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

Present		
Jan Williams	(JW)	Chair
Stephen Spill	(SS)	Vice Chair
Abigail Harris	(AH)	Chief Executive Officer
Jean Church	(JC)	Independent Member
Marie Davies	(MD)	Executive Director of Planning and Partnerships
Anne-Louise Ferguson	(ALF)	Independent Member
Andrew Griffiths	(AG)	Independent Member
Raj Krishnan	(RK)	Interim Executive Medical Director
Claire Osmundsen-Little	(COL)	Interim Executive Director of Finance and Performance
Martin Lloyd	(ML)	Independent Member
Nicola Matthews	(NM)	Independent Member
Chris Morrell	(CM)	Executive Director of Therapies and Health Science
Reena Owen	(RO)	Independent Member
Patricia Price	(PP)	Independent Member
Charlotte Rees	(CR)	Independent Member
Tina Ricketts	(TR)	Executive Director of Workforce & OD
Liz Rix	(LR)	Executive Director of Nursing and Patient Experience
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
Pat Dunmore	(PD)	Chair of the Stakeholder Reference Group
Matthew John	(MJ)	Director of Digital
Hazel Lloyd	(HL)	Director of Corporate Governance
Ashley O'Callaghan	(AO)	Chief Business Officer
Theresa Ogbekhiulu	(TO)	WG Aspiring Board Member Programme
Carys Richards	(CER)	Senior Corporate Governance Manager
Jon Scott	(JS)	Interim Delivery Unit Director
Richard Thomas	(RT)	Director of Insight, Communications and Engagement

Craige Wilson	(CW)	Deputy Chief Operating Officer

Apologies		
Deb Lewis	(DL)	Chief Operating Officer/ Interim Executive Director of Primary Care & Community and Mental Health & Learning Disabilities
Alun Llewelyn	(AL)	Associate Board Member

Acronyms	
A&C	Administrative and Clerical
AC	Audit Committee
AI	Artificial Intelligence
APB	Area Planning Board
BCI	Business Continuity Incident
CHC	Continuing NHS Healthcare
CLASC	Capital, Land and Assets Sub-Committee
CT	Computed Tomography
CTMUHB	Cwm Taf Morgannwg University Health Board
CVUHB	Cardiff and Vale University Health Board
DAP	Dental Access Portal
DPs	Direct Payments
DU	Delivery Unit
ED	Emergency Department
GDS	General Dental Services
GMC	General Medical Council
HDUHB	Hywel Dda University Health Board
HIE	Hypoxic Ischaemic Encephalopathy
IA	Internal Audit
IM	Independent Member
IMTP	Integrated Medium-Term Plan
IPR	Integrated Performance Report
JCC	Joint Commissioning Committee
LA	Local Authority
LTA	Long Term Agreement
MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
NHS	National Health Service
NHSPI	NHS Performance and Improvement
NICE	National Institute for Health and Care Excellence
NWJCC	NHS Wales Joint Commissioning Committee

OD	Organisational Development
PADR	Personal Appraisal and Development Review
PAF	Performance Assurance Framework
PFC	Performance and Finance Committee
PFI	Private Finance Initiative
PHC	Population Health Committee
PID	Project Initiation Document
QSC	Quality and Safety Committee
R&D	Research and Development
RAG	Red/Amber/Green
RIF	Regional Integration Fund
RJC	Regional Joint Committee
RPB	Regional Partnership Board
RTT	Referral to Treatment
SBUHB	Swansea Bay University Health Board
SCP	Single Cancer Pathway
SFI	Standing Financial Instruction
SLA	Service Level Agreement
SRO	Senior Responsible Officer
TI	Targeted Intervention
UEC	Urgent and Emergency Care
WG	Welsh Government
WODCOM	Workforce and Organisational Development Committee
WTE	Whole Time Equivalent

The meeting began at 10:46.

Minute Ref:	**Agenda Item**
PART 1. PRELIMINARY MATTERS	
1.1 Welcome and Introductory Remarks	
063/26	JW opened the meeting by extending a warm welcome to everyone, and specifically to Theresa Ogbekhiulu, Jon Scott, and Ashley O'Callaghan, the Chief Business Officer, who would act as the rapporteur for the 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 responsibility for health and care services for approximately 400,000 people across Swansea and Neath Port Talbot. Numbers increased for specialist, regional and supra-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 over its three time horizons: 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. JW highlighted the scale of the challenges and the significant change agenda facing the organisation. The decisions taken by the Board at the meeting would have far reaching consequences, particularly in respect of the 2026/27 Annual Plan.
1.2 Apologies for Absence	
064/26	Councillor Alan Llewellyn, Martin Lloyd and Deb Lewis had tendered apologies.
1.3 Declaration of Interests	
065/26	There were no declarations of interest outside those already on the Declarations of Interest Register.
1.4 Chief Executive's Report	

067/26	AH referred to the detailed update provided in her Report and drew attention to: • Clear evidence of progress with the Mental Health Transformation programme, with benefits to both patients and staff. The Board development session planned for 9 June 2026 would scrutinise progress made in the 18 months since the commissioning of the independent expert appraisal. Discussions with WG on current concerns had taken place at the recent escalation meeting; a follow up meeting was planned for 18 June 2026. The Board would consider a detailed update at the July 2026 Board meeting. • The new WG Escalation Framework; a SBUHB specific escalation framework was also in place across a number of services. Monthly performance review meetings with NHS Performance and Improvement (NHSPI) would inform the bimonthly escalation meetings with WG. • Staff wellbeing; a recent top leaders event had explored compassionate leadership, and this would feature in the cultural development work underway whilst also recognising that staff must be clear on their roles, responsibilities and accountabilities for delivery. • The significant investment in consultant posts, with a number of new appointments, demonstrating SBUHB was an attractive employer; the appointments would lead to a reduction in long term bank and agency usage. • The positive and productive SBUHB Nursing and Midwifery Conference held recently; this had included exploration of the experiences for black and Asian minority ethnic populations in accessing healthcare. JW thanked AH and invited questions. NZ thanked AH for the informative report, she asked about the role of the Delivery Unit (DU) in delivering savings. Responding, AH and JS explained how the DU would provide the opportunity for both local and system-wide savings, including through the *Every Pound Counts* initiative. JS recognised the scale of the challenge and the need to explore both top-down and bottom-up opportunities.

	To date, the DU had brought together 31 skilled staff to focus on the delivery of financial recovery; these staff were drawn from the Programme Management Office, the Recovery and Sustainability Team, and the Value-Based Healthcare Team. This core group had access to wider health board skills and resources including finance, business intelligence and performance, with work already underway to determine the priorities. JW asked JS to produce a report for the Audit Committee (AC) on the DU structure, priorities, and contribution to grip and control, alongside improved outcomes. **Action: NZ** NM asked about staff morale in the Emergency Department (ED) given that some time had elapsed since the Board had met with staff. AH, LR and JS reported ongoing focus, particularly on patient flow, successful recruitment, and positive staff feedback. JW proposed follow-up engagement with staff, as part of an ongoing programme of meetings with staff groups, as part of the priority communications plan. **Action: RT** JC shared a recent experience when waiting in the ED reception area and spoke positively of her observations. She welcomed the bottom-up approach to staff engagement and asked about the maternity and neonatal multidisciplinary team development programme. LR outlined the purpose and linked it to the work on compassionate leadership. Thanking AH for the report, JW confirmed that the Board would consider Maternity and Neonatal, and Mental Health progress papers at the July Board meeting, including the final Perinatal Improvement Plan. Board Members **RECEIVED** the CEO Report for **ASSURANCE**.
1.5 Risk Report	

068/26	Introducing this item, JW reinforced the importance of risk identification, management and mitigation; the Board set risk appetite and agreed strategic risks, maintaining a clear line of sight between the strategic, corporate and operational risk registers. She invited HL to provide an update. HL referred members to the material available in the Reading Room and drew attention to: • The 13 strategic risks set out in Table 1 and the connectivity between these and the SBUHB five strategic objectives. • The addition of new risks, related to maternity services, mental health service staffing and estates. • Committee oversight arrangements, with the alignment of all strategic risks to a named Committee. • The specific role of the Audit Committee (AC) in overseeing internal control and risk management. JW thanked HL and invited NZ, as chair of the AC, to comment. NZ expressed her appreciation to HL and the governance team for their continued work on the Risk Registers. She reminded the Board that the Internal Audit (IA) team had provided a reasonable assurance rating. The AC would review individual scoring queries and the ongoing connectivity between Registers; NZ highlighted the role of Executives. TR confirmed that, in June, the Workforce and Organisational Development Committee (WODCOM) would review refreshed workforce risks. PP also welcomed the progress made in refreshing the Risk Register; she queried a number of risk scores that did not align with the actual performance metrics. HL explained the impact on scoring of different timescales for corporate and strategic risks . NZ reiterated the role of the AC in overseeing connectivity. On corporate risks, ALF asked whether the Strategic Risk Register should include actions arising out of the staff survey on culture and speaking up safely. JW extended her thanks to HL for the work undertaken on the Risk Registers; she emphasised the need for the Board to stay connected to

	front line issues and for Committees to continue strengthening the distinction between strategic and corporate risk scoring. AH and TR agreed to explore this, together with the issues raised in the discussion. **Action: HL/TR** The Board: • **RECEIVED** the information presented in the report and its supporting appendices. • **TOOK ASSURANCE** from the discussion and actions. • **REMITTED** to AC the detailed oversight requirements set out in the paper.
PART 2. PATIENT/STAFF EXPERIENCE	
2.1 Staff Story • **Wound Care**	
069/26	LR introduced the patient story; Peter was an 81-year-old gentleman receiving wound care in the community, delivered through a service based at Gorseinon Hospital. In a video clip, Peter explained that he had suffered from leg ulcers for most of his adult life, requiring a number of surgical interventions over the years, and culminating in skin grafts to both ankles. He had continued to work across a number of countries, but the ongoing pain had impacted on his life and wellbeing. Peter was now ulcer free for the first time in his adult life thanks to the care, treatment and dedication of the wound care team. LR expressed her pride in the service and then invited questions and comments. NM had visited the wound care service and praised the staff for their passion and commitment to their patients. She asked about access to the service. LR outlined the multiple access routes that covered primary, community and secondary care referrals. On behalf of the Board, JW thanked Peter for sharing his story, and the wound care service staff for their excellent service.

	The Board **RECEIVED** the Staff Story for **ASSURANCE** and **CONGRATULATED** the wound care team on the quality of the service.
PART 3. SETTING STRATEGIC DIRECTION	
3.1 Planning and Partnerships Report	
070/26	MD set out the purpose of the Report: to provide the Board with oversight and assurance on the short-, medium- and longer-term planning intentions, both for SBUHB and its partners. MD highlighted: • Progress on the Strategic Clinical Services Plan; the wide stakeholder engagement phase was underway, with a session planned for 1 July 2026 to determine the next steps and the appropriate processes and mechanisms to deliver on these. The timeline was ambitious, with a plan to issue a draft document in November 2026. • The 2026/27 Annual Plan; this was subject to separate consideration. • The range of work underway on regional partnership actions to ensure full alignment with SBUHB transformation priorities, particularly mental health, complex care, including Continuing NHS Healthcare (CHC), the older person's programme, and Urgent and Emergency Care (UEC). • Progress in partnership working with Cardiff & Vale University Health Board (CVUHB). • Closer working with finance colleagues on commissioning and contracting. • Work underway on assigning the correct values to Long Term Agreements (LTAs) and Service Level Agreements (SLAs), including those in place with the Joint Commissioning Committee (JCC). • The partnership commissioning underway through the Area Planning Board (APB); this involved an alliance approach to non-clinical commissioning, with work now underway to adopt the same approach for an integrated clinical model.

	• The overview of emergency preparedness, resilience and response activities. JW thanked MD for the update and invited comments and questions. ALF asked about the implementation of Direct Payments (DPs) for CHC, and the impact on both staff time and spend. MD reported that WG had issued policy guidance just before the required implementation date. WG had provided funding to (i) support a temporary all Wales post to work on behalf of all seven health boards to support implementation, and (ii) to ensure some additional funding to each health board to support local delivery. MD summarised the all-Wales operating procedure, training at SBUHB level, the role of local authorities, and the receipt of four applications to date. JW asked MD to circulate a short briefing note, for background information. **Action: MD** JC asked about the planned cessation of funding, in March 2027, of the Swansea Cancer Crest Recovery College and the consequent need to manage any business continuity costs. MD and CO-L confirmed that discussions were underway with local authority (LA) partners and at Executive level, recognising the need for robust exit planning. JC followed up with a question on the triggering of business continuity arrangements in times of significant operational pressure. MD outlined the processes in place to review every business continuity incident (BCI) to improve subsequent responses; reviews included the financial costs involved as these could be significant if a number of BCIs occurred in a short space of time. NZ asked about resilience planning, regional integration, fund assurance and progress made on the tracker. PP provided some assurance on DPs; the Performance and Finance Committee (PFC) received bimonthly monitoring reports that included financial, demand and capacity risks; the level of national work underway mitigated much of the risk at this point and the PFC took assurance from this. JW acknowledged the breadth of planning work in the papers provided and summarised the discussion and the actions underway. The

	Executive agreed to review the resources available to the team, particularly in respect of CHC. **Action: AH/Executive team** The Board **CONSIDERED** and **AGREED** the items as requested through the report.
3.2 Strengthening the position of our Annual Plan and Financial Update	
071/26	JW introduced the item, advising that the 2026/27 Annual Plan required further strengthening before resubmission to WG at the end of June, with a single-issue Board meeting scheduled for 29 June 2026. MD summarised the WG feedback on the March submission, as set out in a table included in the paper. The required improvements aligned with those already identified by the Board. Key issues remained the forecast deficit, credibility and granularity of the £65m savings plan, the absence of a trajectory to balance, workforce right sizing, performance trajectories, risk alignment, and the need for stronger grip and control. The update was not presented for approval, but for acknowledgement of the approach and the actions underway before the end of June resubmission. Thanking MD, JW referred Board members to Page 59 of the pack setting out the actions required by the end of Q1; these would form the basis of the Board's consideration. She invited CO-L to comment. CO-L highlighted the extensive work already undertaken in response to the WG letter of 14 April 2026. She drew attention to growth and the impact of inflation, the organisation's risk appetite, and the confidence and credibility of the £65m savings plan delivery, with 24% of plan actions already identified as green; this needed to reach 100% by the end of Q1. The Board also had to consider further the pipeline opportunities. JW thanked CO-L and acknowledged the significant amount of work undertaken by the Executive to strengthen the March Plan; she invited PP to provide the views of PFC members.

	PP drew attention to the improved position compared with previous years, emphasising the importance of strengthening the evidence in the Plan to reflect this. She referred to: • Improvements made in the budget setting process, with: training for all 68 key budget holders by start of June, including the monitoring of impact; a strengthened approach to accountability letters; improved granular level monitoring and reporting of variance; and clarity on escalation. • The approach in 2026/27 to provide a detailed monthly financial trajectory linked to the delivery of actions included in the PIDs, with clarity on accountable Executive Senior Responsible Officers (SROs) and delivery leads. This would provide a single clear route to cash release and facilitate effective monitoring. • A more structured approach through the emerging Performance and Accountability Framework; this would also address the limited assurance IA report to some extent. • The improved granularity of analysis; this had increased understanding and enabled more credible trajectories for: - Planned care 104 weeks target, with an 800-risk identified against a zero target. - Cancer, with a need to focus on clearing the backlog over the next 3 months, given the negative impact on the Single Cancer Pathway (SCP) target. September should start to see an improvement, enabling SBUHB to move towards a more sustainable 76% position by March 2027. - UEC, for 45-minute ambulance handovers. The narrative around the 2026/27 financial target needed careful consideration. The main focus to the end of June was on delivery of a credible plan for £65m savings in year, leaving a £76.6m deficit. A significant proportion of savings schemes would result in only a part-year effect in 2026/27 with the sustainable full year effect in subsequent years. CO-L referenced a £52m further savings opportunity and PP drew attention to this, commenting on the potential need to use this to offset the £65m in year. Achieving a year end deficit of £53m would require savings of £100m in year, neither a realistic nor credible ask; SBUHB already had the highest level of savings across Wales. However, full year financial benefits of the emerging savings pipeline would enable SBUHB to move towards the £17m control total by the end of 2028/29. The Board needed a

	realistic timeframe against which to track further deficit reductions. A credible three-year financial trajectory in which the Board had confidence, would be key to meeting WG requirements. PFC had concerns about the capacity and capability to achieve 100% of schemes in green/amber by the end of June; PP referenced: • The variation in Executive level confidence on savings plan delivery across schemes, with particular concern over, and low confidence levels for: planned care, UEC; administrative and clerical (A&C) workforce; and medical workforce. • The development of savings plans for planned care and UEC; these would require a joined-up approach to align with emerging performance improvement plans. Productivity improvements would release some capacity, but the total capacity needed to deliver performance improvement was still subject to calculation. • The Board would need assurance, with weekly monitoring and reporting of progress against actions for plan delivery. JS also flagged issues around DU capacity to support financial savings delivery, performance improvement and major service transformation programmes. Capacity and capability constraints would also affect the resources available to some groups to drive change at the required pace. PP concluded by emphasising the need to include 'worst case' savings mitigations in the submission to WG. JW thanked PP for her rigorous assessment and invited other PFC Independent Members (IMs) to comment: JC emphasised the need to retain a line of sight to the full three-year trajectory, with plans in place to manage any dips in performance that may occur as a consequence of short-term actions. SS supported PPs assessment; he drew attention to the stipulation by WG that there should be no deterioration in the deficit; he was not convinced that the Plan met this criterion, given the scale of annual savings required over the three-year period. RO also supported PPs assessment, highlighting the importance of a better financial performance at the end of Q1 than in previous years.

	The Board then turned to the Table on Page 59 which set out the key components of the Plan. On **savings delivery** JW reflected on the need for Project Initiation Documents (PIDs) for all £65m by the end of June and asked JS to respond. JS confirmed that PIDs were in place, but not yet at a stage to give confidence in delivery or provide clarity on the movement from amber to green. He summarised the work underway across the nursing, medical and UEC related actions. JW thanked JS for the update and confirmed further weekly reporting to IMs as part of the weekly catch up sessions. AH responded on a number of points: building DU capacity, the focus on rightsizing the workforce, productivity and efficiency improvements, and reshaping the CHC delivery model, with support from the National Programme. On **financial grip and control** JW referred to the strengthening of budget holder accountability; the evidence would draw from reductions in agency spend and variable pay, and improved controls over workforce related costs. JW invited TR to provide further detail. TR referred to the Workforce Learning Group; this reported to the Recovery and Sustainability Board, with five professional Workforce Boards, each overseeing variable pay for their core staff group and concentrating on areas that prompted variable pay spend. ALF referred to the staff survey findings of poor morale linked to the financial position; the continued focus on savings could have a negative impact on sickness levels and she emphasised the need for clear messaging. On sickness absence, JS recognised the detrimental impact of high levels of sickness absence on continuity of care. Work underway centred on helping managers apply policies consistently and motivating staff to own their role in delivery. PP referred to the April variable pay level of £4.7m, this was lower than March 2026 but higher than Month 11 of 2025/26. The main reasons for

	this were (i) high levels of sickness in medical and nursing and (ii) the use of surge beds; these were the two key barriers. A reduction in sickness absence and addressing delayed discharges would have a significant effect on variable pay spend. There may be opportunities to learn from other organisations, including higher academic institutions, on how to drive down sickness absence. JW asked CR if she could explore approaches adopted in universities and provide feedback on any learning or improvement opportunities. **Action: CR** AH referred to clear hotspots for sickness absence and the opportunities that came from shared and improved rostering, compassionate leadership, and learning from other areas. Line management was the most important factor in the effective and robust management of sickness absence, delivered with kindness and compassion. LR reflected on previous Board discussions on cultural change and the importance of effective leadership. This was vital in the drive to secure sustainable reductions in variable pay. LR summarised the work underway on good roster management and the early success resulting from this, the rollout would be accelerated, with support from JS and CO-L. TR referred to work underway to explore variation and trends in sickness absence rates, to smooth out issues such as seasonal variation. JC welcomed the work undertaken by CO-L to understand capability requirements and to support workforce and business partners. She also supported the work underway to support compassionate leadership. NZ welcomed AH comments on providing a safe and positive workplace; some negative views expressed by staff in the staff survey posed a challenge for the Board. On **performance improvement**, JW reinforced WG requirement to see improvements in key performance indicators. MD confirmed detailed work underway to finalise trajectories, recognising constraints, and the subsequent actions to mitigate them. This was complex work and involved a number of different specialties.

	AH confirmed the intention to commission above core activity in June in those key specialities experiencing inpatient and day case pressure; this would mirror waiting list initiative processes. Planned Care recovery was a priority for the incoming government, and it called for transformational change in patient pathway design. On **DU implementation** JW acknowledged that expectations of the DU were high, with both the Board and WG expecting full operational implementation with impact measurement at the year-end. JS referenced his earlier comments, differentiating the role of the DU from operational delivery responsibility. On **risk management and governance**, JW reminded the Board of its responsibilities around safety and quality of services; sustainability could not impact adversely on these. Drawing the discussion points together, JW thanked PFC members for their rigour in discharging their role and in providing the Board with objective, independent, evidence-based advice. She also thanked all other Committees for their helpful contributions. The update described a strengthened Plan which, whilst not yet meeting either the WG or the Board's criteria, evidenced a strong direction of travel. The Board conveyed its appreciation of all the actions in hand at Executive level, with the IMs receiving further updates on these at each catch up meeting throughout June. The Board: • **ACKNOWLEDGED** receipt of the strengthened Annual Plan update, whilst recognising that it did not yet meet the criteria for formal submission to WG, also acknowledging that formal approval would not be possible this year, as the statutory responsibility to balance would not be achievable in-year. • **AGREED** to share the update with WG, whilst work continued to develop the content to meet the minimum requirements of both the Board and WG in time for the end of June 2026 submission. • **ACKNOWLEDGED** the significant improvement in the delivery commitments and approach, the further development of the financial plan, including the more detailed presentation of deficit drivers and development of a Total Opportunities List for reducing expenditure on a recurrent basis.

	• **AGREED** the actions proposed in Q1 to enable submission of an updated plan by the end of June.
3.3 Digital, Data, Research and Innovation Committee Key Issues Report	
072/26	AG reported on the following: On **assurance:** (i) the Research and Development (R&D) Annual Review Submission, and a positive meeting with WG, and (ii) Digital operational performance. On **advice**, the effective implementation of: • The deep dive into CanSense supported research which would translate into improved operational practice; • Further work on financial management and benefits realization, to align with the Digital Strategy; • Continued close monitoring of the clinical coding position, with actions to address the backlog, including AI applications and the use of other national initiatives • The progress in increasing the use of dashboards to support business intelligence and analytics. Recommendations in the Audit Wales report on digital transformation would drive strengthened management responses. • The Digital Strategic Plan for 2026/27; work continued on this to ensure full alignment with the Annual Plan, the transformation agenda, and regional working with Hywel Dda University Health Board (HDUHB). AG singled out the implications of the AI trials in use. MJ confirmed that the Annual Plan included the co-pilot clinical documentation, with work underway to identify both the targets and benefits on a monthly and quarterly basis. CO-L confirmed discussions on the financing of the Digital Strategy; the requirement to deliver the £65m would depend in part on a rapid and focused digital response, along with the opportunities identified through AI applications. Rapid identification of these would support the use of new technologies in contributing to efficiency savings.

	Board Members **RECEIVED** the Key Issues Report for **ASSURANCE**.
PART 4. IN YEAR DELIVERY: QUALITY, SAFETY, PERFORMANCE AND RESOURCES	
4.1 Performance and Finance Committee Key Issues Report **i. March 2026** **ii. April 2026**	
073/26	For the finance related updates, PP referred Board members to the earlier discussions. She proposed to flag performance-related issues under the Integrated Performance Report later in the meeting. PP drew two other issues to the Board's attention – Direct Payments, subject to earlier discussion, and the Regional Integration Fund (RIF). Board Members **RECEIVED** the Key Issues Reports for **ASSURANCE**.
4.2 Capital, Land and Assets Sub- Committee Key Issues Report (verbal)	
074/26	JW invited SS to provide an update on the first meeting of the Capital, Land and Assets Sub-Committee (CLASC), a newly formed subcommittee of the PFC. As Chair, SS provided a verbal update, indicating that AG and NM were also members. The initial meeting had focused on the Terms of Reference and the operating arrangements. The Executive level Capital Management Group would feed into CLASC, with meetings timed to ensure appropriate sequencing. SS referred to: • The CLASC need to align its work programme with the Clinical Services Plan, with estates and other assets positioned and managed to support service delivery. • Consideration of the capital financial programme projects; the total costs of these were around £49m, with £32m of funding identified, leaving an £11m deficit at this stage. This could be mitigated, if necessary, by lengthening timescales and milestones; however, this would not be possible for those capital

	schemes linked to transformational work where milestones and timelines were already in place. The capital projects were all operating to different timelines, with funding agreed for some and not others which were still in the pipeline. • Areas of the estate that were underutilized; possible options for use would depend on the Clinical Services Plan. • The Private Finance Initiative (PFI) exit strategy for Neath Port Talbot hospital, with the PFI agreement ending in 2030. JW invited NM and AG to comment; both welcomed the establishment of the subcommittee and the recognition of the role of the estate, land and capital in supporting the Clinical Service Plan. MD referred to the recently established Capital Management Group and its role in feeding into the CLASC; major capital plans had to align with clinical requirements and the transformation plans. Board Members **RECEIVED** the verbal update for **ASSURANCE**.
4.3 Integrated Performance Report **i. Performance Assurance Framework** **ii. WG Oversight and Escalation update**	
075/26	i. <u>Performance Assurance Framework</u> Using a slide presentation, MD drew attention to: • The updated Performance Assurance Framework (PAF); the Structural Assessment recommendations; and the IA recommendations on the assurance of planning processes. • The need to update the Accountability Framework in response to revised WG reporting requirements. • The overarching purpose of the PAF in driving improvement and providing assurance across all functions through an integrated overview lens. • Clarification on levels of escalation and the inter-relationships between programmes and systems. • Clear expectations on performance and expected deliverables. • Clear line of sight from service delivery to Board.

	• Clarity on Service Group delivery requirements across all domains along with accountability measures. • The three key groupings of: Service Group delivery responsibilities; Recovery and Sustainability Board; and Transformation programmes. • The tiers of the operating model; these would drive a continuous cycle of performance review, assessment and adjustment, linked to the quarterly accountability meetings. • The SBUHB objectives aligned to WG priorities, including the Targeted Intervention (TI) enhanced monitoring criteria and the prioritisation of metrics. • The increasingly granular level of detail at Service Group level on financial performance and workforce performance, to support monthly performance reviews and accountability. • The oversight arrangements through PFC. JW thanked MD and confirmed with TR the read across to the Individual Capability Policy, with objective setting through the Personal Appraisal and Development Review (PADR). TR signalled a slight improvement in PADR rates, now at 78%, with further work to do to achieve 95%. JW thanked TR and invited comments and questions. NZ welcomed the PAF and sought assurance that prioritisation would not obscure emerging trends or place unrealistic demands on the workforce. MD said the approach would focus on priority areas while maintaining routine monitoring; it would require clearer expectations, leadership behaviours and streamlined processes. JC welcomed the work undertaken and asked how best to support operational delivery of such a complex process. Responding, MD referred to *Organising for Success* and the importance of staff understanding their operating context, and the requirements of their roles. She drew an analogy with the work undertaken on budget training and the need for a similar approach on accountability, leadership behaviours and values. Streamlined documentation and processes would support this. JW extended her thanks to all who had contributed to the work. The Board:

	• **CONSIDERED** the proposed governance changes, the introduction of lead Committees and changes to reporting. • **APPROVED** the updated Performance & Assurance Framework. • **AGREED** to remit to PFC oversight and approval of any changes required to the Framework in 2026/27. JW then moved on to consider oversight and escalation. ii. <u>WG Oversight and Escalation update</u> JW asked MD to take Board members through the sections of the report, inviting comments and questions accordingly. Using a slide presentation MD invited Executive leads to comment and provide input as necessary. JW asked PP, as chair of PFC, to input and provide the PFC view, as required. MD advised that the IPR now comprised three sections: • A performance summary against (i) the WG criteria, (ii) the SBUHB breakthrough metrics, and (iii) the WG oversight and escalation criteria. The data was now more detailed providing additional assurance to the PFC and the Board. • Detail on performance against SBUHB 'watch metrics' and WG oversight and escalation criteria to provide oversight and information. Metrics could change from a watch position to a priority position, should performance or any other issue warrant that. • Other NHS performance metrics and local measures. MD then considered the metrics on a red/amber/green (RAG) rated basis, drawing particular attention to those targets identified as red, including the red RAG rating linked to the current position on the Annual Plan and the Integrated Medium-Term Plan (IMTP): On **Cancer** performance: • CW commented on the challenges related to cellular pathology; these had impacted on urology and skin cancer pathways. The current backlog should be clear in three months, but the pathway delays were likely to mean a deterioration before improvements by Q3.

	• As this was a Q1 WG milestone requirement, JW invited PP to provide a PFC view. PP expressed concern that the February data, considered in April, had indicated the lowest percentage in 20 months, a deteriorating position that was of great concern. • The main single-issue reason for the deterioration was cellular pathology; a trajectory setting out improvements in the position over time was essential. AH agreed that the Executive would consider accelerating access to this service, including the possibility of commissioning an external service. Discussions with WG would include core constraints and whether WG would support some actions. • AG asked whether the performance data related to SBUHB residents. CW confirmed this but indicated that HDUHB residents could be among patients impacted by the cellular pathology delays. The HDUHB Board would receive reports on these. For regional services, performance targets would fall to SBUHB to deliver. • NM asked about the support for patients during the temporarily extended wait period, CW advised that the impact of extended waiting time would differ across specialties; for some, the delay would not impact on surgery or other diagnostic steps which could take place during that period. • ALF noted some variation compared with other health boards but not to a significant level; she asked about any variation in incidence across Wales and, if so, how planning factored that in to expected levels of demand. HVW referenced a report published on projected cancer growth linked to an ageing population; a clear increase was projected over the coming decade. JW confirmed that the Regional Joint Committee (RJC) was looking to develop a regional approach for cancer services. • LR referred to urgent referrals for patients who may be waiting; she suggested asking each specialty how they contacted patients on their waiting lists, agreeing to undertake this and report back as part of a wider cancer services report. This should form part of the referral to treatment (RTT) pathway. **Action: LR** On **adults placed out of area for mental health treatment**: • Work was underway to convert some time spent on outpatient activity to managing inpatient out of area placements; these were

	of concern, given that service quality was more challenging to monitor. Additional treatment team capacity would provide an alternative to out of area placements. Worked up plans would be subject to Board consideration, with a mapped trajectory to measure delivery. On a **30% reduction in avoidable pressure ulcers**: • Although not RAG rated as red, LR noted a significant increase in pressure ulcers, despite the rollout of an education programme and Tissue Viability team validation of every pressure ulcer. • The Quality and Safety Committee (QSC) had explored this, as the severity and level of damage was increasing; the impact on patients and on outcomes was multifactorial harm. • The increased incidence aligned with an increase in patient volumes and an increase in length of stay, exposing patients to a higher risk. • Further education actions were planned, including the rollout of improved pressure ulcer care bundles. Suboptimal patient flow was a factor in the risk of harm. On **handover times:** • A deterioration in the improved position following a test of change. Work was underway to reintroduce the test of change approach for ambulance handovers. • JS advised that, even with the deteriorating position, there was currently an 80 days per month level of improvement compared with last year. • Work was underway to drive pre-noon discharges and improve the number of weekend discharges, both of which would contribute to improved flow; a test of concept over the recent bank holiday weekend had resulted in a real benefit. There was evidence of this in mental health settings as well as general hospitals, where support to teams had freed up of beds and a reduction in out of area placements. On the **percentage of patients assessed by a clinical decision maker within 60 minutes:** • Performance had dipped since late December 2025,the result of similar barriers to those affecting effective and timely flow. • JS advised of the management of the three UEC Targeted Intervention (TI) targets collectively as part of UEC programme delivery. JW asked for a rounded update on UEC targets at the

	end of June. The current descriptors referred to risks to delivery, associated with limited investment in services. There was a need to review investment opportunities and AH agreed that the descriptors should reflect the shift made in investment. • JC drew attention to the graph that demonstrated the measurement at the point of presentation; other health boards measured this post triage; she asked whether the statistical analysis was accurate. JS agreed to explore this further. **Action: JS** On the **reduction in patients awaiting follow up:** • CW advised this was an ongoing issue and contributed to the lack of de-escalation of planned care. • Work was continuing to validate those patients on waiting lists to determine whether they required review, or a patient information follow up pathway instead. • Options for monitoring in primary care settings were also under consideration; the highest numbers related to ophthalmology, with optometrist monitoring of patients; recent glaucoma related actions could contribute to reducing the number of people placed on a secondary care pathway. • AH referred to the WG requirement to accelerate the pace of transformation; the actions outlined by CW would provide explicit examples of enhanced focus. Access to any additional resources could help meet the required organisational objectives. On **diagnostic waits:** this had an amber score, with a further deterioration anticipated before subsequent improvement; this was linked to clearing the backlog. Work undertaken in March and April was now translating into an increased diagnostics requirement. On **healthcare acquired infections:** RK reported: • a 24% reduction in C.Diff compared with 2025/26. A gold command model under his chairmanship had raised standards and enhanced the scrutiny of antibiotic prescribing, including the move from intravenous administration to oral routes. • A 5% year on year reduction in staph aureus. • A reduction in E.coli; actions were underway in both hospital and community settings, given that onset was not solely linked to inpatient stays.

	• Antimicrobial stewardship; this was subject to a Quality Improvement project. • Klebsiella was the area of most concern with a significant increase, related mostly to hepatobiliary and urinary services. On **compliance with de-escalation criteria:** • On maternity and neonatal, LR confirmed that she would refer to this as part of the Perinatal Report later in the meeting. On **delayed pathways of care:** • MD confirmed work underway through the UEC programme and through the Regional Partnership Board (RPB). Whilst there were limited quick wins, significant work with partners sought to drive improvements PP raised concerns on stroke metrics, citing the fact that PFC had raised repeated concerns about this; the March position had seen a further deterioration. JW asked about the plans in place to improve the position, MD proposed providing a detailed report for a Board meeting in the Autumn, to respond to the points raised. **Action: MD/RK** AH agreed, referencing the need for progress on a regional stroke unit. In the meantime, RK recognised the importance of exploring local actions to ensure that patients needing stroke services could access them in a timely manner. The lack of 24/7 stroke consultant cover was mitigated in part by the emergency department (ED) team actually delivering thrombolysis where clinically indicated. Access to CT scanning was another rate limiting factor, as was timely access to a stroke ward. RK emphasised the need to get the pathway right; rapid access to CT scanning and thrombolysis did not depend solely on a stroke consultant. There were AI opportunities to explore to help mitigate the position. ALF referred to the report looking at culture and workforce-related performance, in addition to patient focused services. JW reflected on the depth and detail of the revised report and asked for further consideration of matters that should come to full Board, and those more appropriate for Committee level oversight. **Action: MD/HL** Board Members:

	• **ACKNOWLEDGED** the updated format of the IPR which aligned to the principles of the Performance and Accountability Framework. • **CONSIDERED** the monthly update in respect of performance against escalation measures and de-escalation criteria. • **ACKNOWLEDGED** and **DISCUSSED** the health board performance against key measures and targets and **ENDORSED** the actions identified to secure improvements. • **AGREED** to receive a specific report on stroke services in the Autumn.
4.4 Finance Report	
076/26	CO-L took Board members through the Month 01 Finance Report, drawing attention to: • The key activities undertaken during Month 01 to support the financial position. • The 2025/26 outturn position; this was not acceptable to either the Board or WG as it did not reflect compliance with statutory duties. It provided a run rate for Month 01 against which to measure progress. • The underlying deficit of £108m, with growth and inflation at £40.5m and commissioning impacts of £5.2m, resulting in a total of £154.1m deficit. WG income and savings targets offset this to a certain extent, with a financial plan deficit for Month 01 of £76.6m. • Achievement of the £76.6m deficit; this required a monthly run rate of £6.42m deficit. The monthly outturn for Month 01 was £8.51m, reflecting gains from inflation, phasing and energy costs. • Achievement of the WG required year-end deficit of £53.2m would necessitate an overspend of no more than £4m per month for the remainder of 2026/27. • Grip and control gains from vacancies and variable pay; these had slowed to £1.12m. • The importance of the £65m savings plan; slippage in any single month against the savings plan requirements would require increased savings for the remainder of the year. • No cash or capital spend reported for Month 01; the impacts of the public sector pay policy outturn at 97.6%, above the target of 95%. • Work continuing on the 2025/26 year-end and on the budget setting process for 2026/27, with budget letters issued to all 68

	senior budget holders. The process followed budget principles as reflected in briefings to IMs and to the Executive. • Budgets issued to budget holders; these included WG funding and set a savings target for each budget holder. This was compliant with the Standing Financial Instructions (SFIs). Budget holders now had to sign and return the allocation letters. • All 68 key budget holders had received training, and the performance and finance team would track progress on returns of the letters. • A toolkit to help budget holders actively manage their budgets. • A regional workshop with HDUHB; this had improved understanding of the process and of the opportunities available to improve the LTA process. Further meetings in June would explore more consistent, relevant and effective methodologies. There would be a separate meeting with Cwm Taf Morgannwg University Health Board (CTMUHB). • The key risks highlighted in the report including: savings delivery; actions to mitigate growth and inflation, energy costs, and medical contract changes. • The ask of the Board to consider the Month 01 position, with a deficit of £8.5m in month; this was significantly above the run rate required to deliver £65m savings. C0-L summarised the work underway to drive savings from red through to green. JW thanked CO-L and invited PP, as chair of PFC, to comment. PP indicated that the plans provided a savings trajectory up to the end of June; she asked whether the 1/12th process - assigning an equal monthly figure- would continue, recognising that there would be monthly variations. CO-L confirmed the intention to maintain the 1/12th approach, with variations reported monthly. PP indicated that variable pay spend was still too high at £4.7m and reiterated the need to hold vacancies. ALF welcomed the grip and control on variable pay but was of the view that the overall position remained one of concern. NM asked about communication of the financial position and the consequences for budget holders who did not stay within their allocation. CO-L set out the different means of communication and information cascades; she also summarised the learning made available

	to budget holders. Some had not yet signed their accountability letters and this was under review. JW asked RO, as chair of WODCOM, if the Committee could explore the reasons for reluctance to sign the letters and the barriers that may require some organisational development support. **Action: RO/TR** CR asked about the context of the accountability letters. CO-L advised that it set out explicitly the expectations on budget holders to balance their budgets and deliver the annual plan activities within that. There was also a requirement to deliver on the breakthrough objectives and those included in the Plan. An open-door policy offer was in place to encourage any budget holder with concerns to seek support and discuss these. JW asked RT about the management of messaging. RT said that a number of tiers of information giving were in place, with the accountability letter and process forming only one part. There were regular updates, reinforcing the *Every Pound Counts* message, along with the supplementary message that SBUHB could not spend money it did not have. A balance was required between positive and optimistic communication and recognition of the severe financial challenge. PP emphasised the importance of the general message on resources and the challenging financial position across NHS Wales, and specifically in SBUHB; the actual figures would change over time and were less important to many staff than the key message that there was a real financial challenge to overcome. NZ compared progress against the savings plan and targets; it was important to distinguish between the two and she suggested possibly seeking behavioural psychology advice on how best to communicate the distinction. JW asked TR to consider this. **Action: TR**

	ALF queried the wording in the Finance Report around overspending by no more than £4m per month; this almost gave the message that up to £4m was acceptable. JW asked CO-L and RT to address this point. **Action: CO-L/RT** Board Members: • **CONSIDERED** The Month 01 financial position and the impact of greater grip and control and savings on the position. • **ACKNOWLEDGED** the current savings plan position and **ENDORSED** the ongoing actions in place to strengthen the £65m savings plans and to support the strengthened approach to the delivery of the 2026/27 Financial Plan. • **CONSIDERED** the risks to the position at Month 01. • **SUPPORTED** the position on the health board reserves.
4.5 Quality and Safety Committee Key Issues Report	
077/26	JC drew attention to: • The Perinatal Committee Report and the Mental Health Transformation Report; these were advisory. JC assured the Board that QSC tracked these two issues constantly to inform risk profiles. • The alert on pressure ulcer incidence, discussed by LR earlier in the meeting. • Outstanding NICE guidance. • The range of issues related to risk and risk management. • Cancer performance, as discussed earlier in the meeting. • Clinically optimised patients and the number of reasons for delay. • The level of cultural change required across the organisation. • The Mental Health Transformation Programme. JW thanked JC for the detailed report and for the rigour with which QSC discharged its role. She turned to CW and invited him to address the Board on the matter of clinically optimised patients. CW corrected a statement that he made at the last meeting, to the effect that there were no health-related delays; approximately 10% of clinically optimised patients were subject to health-related delays. CW apologised to the Board for misspeaking. The current number of

	clinically optimised patients, excluding mental health, was 160, for the following reasons: • 36 awaiting reablement and a community-based package of care • 17 awaiting social worker assessment completion • 17 awaiting best interests decisions • 12 awaiting social worker allocation • 11 awaiting care home manager to visit and assess Twice-weekly data updates informed meetings held between SBUHB and both local authority partners, facilitated by the RPB. JS emphasised the need for SBUHB to optimise all opportunities to improve flow; addressing health related delays for clinically optimised patients formed a key part of that. Addressing delays waiting for therapist input or nursing assessment should drive these times down and this would allow a focused discussion with local authority colleagues on other reasons for delays. Work undertaken on reassessments tended to build in extended lengths of stay that may be unnecessary and inappropriate. JS and LR agreed to provide a further report to the July Board meeting, including both quantitative and qualitative data analysis. **Action: LR/JS** RO recognised the impact that reducing the numbers of clinically optimised patients would have on flow; it would also avoid any harm came to those patients delayed in an inappropriate setting once they no longer required hospital care. She reflected on the intractable nature of this issue and asked about best practice examples that could assist. PP referred to some delays in flow resulting from the assessed discharge model in place, rather than discharging to assess. The all-Wales impacts and resulting costs were significant. JC asked about possible digital dashboard opportunities to support effective management. The different data sources and perspectives often meant that there was no single understanding of the figures or how to best manage the process. She asked whether a digital programme could assist in sense checking the validity of information. **Action: AG/MJ**

	NZ expressed frustration at the raising of the same issues time and again on clinically optimised patients; she urged an increase in pace. JW confirmed that JS and LR would incorporate all the points raised in the July Board report. Board Members **RECEIVED** the Key Issues Report for **ASSURANCE** and **SOUGHT** a definitive report at the July Board meeting.
4.6 Perinatal Services • **Perinatal Committee Report**	
078/26	Introducing this item, LR reflected on the development of the Perinatal Report over time, with openness, transparency, the use of metrics and national quality and safety outcomes for maternity care all included and revised through an iterative process. QSC meetings allocated significant time for scrutiny, with performance now broadly within expected national ranges. LR drew attention to: • Implementation of the BadgerNet digitised maternity records system; this would provide richer data and the opportunity to engage more with women and families. • The quality improvement initiatives underway. • Mortality outcomes, at the UK average. • The rising number of Caesarean Section rates; this reflected the national trend and was having an impact on the postnatal wards; a review of postnatal ward staffing would take place in response to this. • The monitoring of Hypoxic Ischaemic Encephalopathy (HIE) incidence, reporting in to MBBRACE the national reporting system. A 72% reduction in HIE since 2023 was multifactorial. • Training numbers were good and SBUHB met all required Royal College standards. • The risks identified on the risk register. JW thanked LR and invited RK to comment. RK advised that SBUHB was not a negative outlier on any indicators; Page 9 of the report and the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBBRACE) data demonstrated the improvements made and the reduced incidence of HIE. JW thanked LR and RK; she then invited questions and comments.

	RO referred to a statement in the report indicating that mothers giving birth in Swansea were less likely to live in areas of deprivation; she asked if this was correct and why the capture of ethnicity data was so low. NZ referred to the role of data in tracking trends, in service planning and in oversight of compliance against equality duties. RO also asked how many births took place in the Birthing Unit. LR confirmed that she had recently asked for a report on the Birthing Unit, this had seen 300 births since the reopening 18 months previously. AG expressed concern that the patient survey was no longer operational and asked about a manual workaround to gain that information. JW invited LR to respond to the queries raised. On ethnicity data, LR advised that the BadgerNet system would capture ethnicity information more easily; she also referred to the significant work undertaken to engage with communities. The patient survey issues were national; at local level, the patient experience lead midwife had begun to gather information for use in informing service development and engagement. On the number of mothers who birthed at the Birthing Unit, AH confirmed that the dashboard had identified 12 in the last month (April 2026). LR commented on the 24/7 basis staffing for the Birthing Unit and the need to ensure maintenance of midwifery skills through sufficient access to delivering babies. She suggested that QSC should consider a report. **Action: JC/LR** JW referred to the Conference and Workshop planned for the 17 and 18 June and the further development of the Improvement Plan. The Board would receive the final Improvement Plan at the July meeting. Board Members: • **TOOK ADVICE ON:**

	○ The further development of the Perinatal Improvement Plan, through the Executive Programme Board, The final Plan would reference in full to the Independent Review, All Wales Self-Assessment and other improvement actions. All recommendations were subject to triangulation and added to the overall Plan. ○ The continuing role of the Perinatal Improvement Programme Executive Board, with monthly reviews all key metrics for perinatal services. • **TOOK ASSURANCE FROM:** ○ The fact that, currently, the Perinatal Service had no elements of care that would flag as a Negative Outlier. ○ The confirmation that stillbirths or neonatal deaths were subject to sensitive reporting through the MBRRACE process to support learning and improve future care. ○ The MBRRACE 2024 perinatal surveillance analysis and benchmarking for SBUHB presented in the report; this showed an improvement over previous years. • **TOOK AN ALERT ON;** ○ The achieved mitigating action to provide a single point of contact triage phoneline on 3 March 2026.
4.7 Dental Update	
079/26	Taking the paper as read, JW invited CW to provide an update on the key issues. CW highlighted: • The change to the contract, moving from an activity base to one of prevention and outcome. • The introduction of the Dental Access Portal (DAP), meaning that dentists would no longer maintain a waiting list. Instead, the health board allocated new patients to practices. • The handing back of some dental contracts, as practices preferred not to provide NHS services under the new contract. • The registration of 18000 patients through the DAP, with a waiting list for allocation of around 4500. • Health boards across Wales were working to publicise the DAP. • The close monitoring of each practice performance, with the ability to flex rates in year, if necessary.

	• The expectation that assurance would increase once the system had bedded down, with more activity information available. JW thanked CW and invited questions and comments. From a public health perspective, HVW welcomed the preventative elements of the contract. ALF asked about provision for hard to reach population groups, including those with limited language, transport or mobility problems. ALF also asked about awareness raising, particularly among young people in education. Responding, CW advised that individuals could request assistance and guidance through the allocation process; he accepted that there was more to do. On education, CW advised that GPs were not generally aware of the changes; again, this was an area that required further work and that could extend into schools and other academic institutions. **Action: CW** NZ echoed ALFs comments, she welcomed the focus on prevention but had concerns around access for hard-to-reach populations. For assurance purposes, she asked (i) whether SBUHB had the management capacity to deliver the new contract across the practices, and (ii) from an audit perspective, whether there were any accounting risks in the change to the new model due to, for example, accounting estimates in shifting from an activity base to outcomes. She sought assurance on any financial risk to SBUHB. Responding, CW expected some initial issues with the software used to capture work undertaken; it would be usual to review activity levels after six months. On the possible financial risk, some activity was still subject to recommissioning, thereby providing some flex in the system. RO also welcomed the prevention component; she had some concerns about the possible travel distances and the risk of more health inequalities or lack of access because the dentist was not local. She emphasised the need to publicise the new arrangements and to explain to people how the new model worked. JW asked the Population Health Committee (PHC) to consider the issue of equity and access and the risk of widening inequity for dental services, and PFC to consider the financial modelling implications.

	Action: SS/HVW **Action: PP/CO-L** SS recognised ROs comments about the risk of growing inequity; he reflected on the simplification of the new system, where residents could register on the DAP and so gain access to a dentist in this way. CW confirmed that the contract included provision for urgent access; he also emphasised the efforts made to allocate to a dentist as close as possible to the home address. Board Members: • **CONSIDERED** the changes to the General Dental Services (GDS) contract from 1 April 2026 and the significant shift to a prevention-focused model of care. • **TOOK ASSURANCE** from the implementation process, including contract modelling, professional engagement and delivery of new access pathways for this first year of the changes. • **CONSIDERED** the emerging risks to service sustainability and continuity, particularly in relation to contract terminations.
PART 5. PEOPLE	
5.1 Workforce and OD Committee Key Issues Report	
080/26	Before moving to this item, JW advised that, due to time constraints and the need to consider some agenda items in detail, she intended to apply to Consent Agenda Principle for items 6.2 and 6.4. RO drew attention to one alert; the workforce risks in Singleton and Neath Port Talbot, particularly related to theatre performance and workforce availability; planning for a deep dive exercise was underway and this would include visits and discussions with staff. RO confirmed that WODCOM was assured in respect of district nursing staffing and this was encouraging, as was some improvement on workforce and mental health. *Organising for Success* would be subject to ongoing monitoring, along with variable pay and the staff survey results. Board Members **RECEIVED** the Key Issues Report for **ASSURANCE**.

5.2 Staff Survey	
081/26	TR reported that: • The response rate of 19% was disappointing, against a national average of 30%; this indicated that staff engagement was suboptimal, with some staff feeling unable to share their views. • There was more work to do on developing confidence across the workforce, and to enable staff to believe that their voices would be heard and that things would change. • Engagement with staff representatives took place in WODCOM. • Across all themes, the SBUHB staff responses on culture were one of the worst across Wales. • Areas of strength included a strong ethos of team working and good peer support. • There was a deterioration in staff wellbeing, driven by a disconnect between Board-assured staffing levels and concerns that resources were not appropriate to run services, particularly for frontline staff. • Fewer staff would recommend SBUHB as a place to work and had reduced pride in working for the organisation. • The views expressed were indicative of a learned helplessness culture with lower levels of trust. TR went on to consider ways to address these views through an Intentional Culture Change programme; this work had already begun and the Board would receive a report and proposal in the coming months. Managers needed to demonstrate the skills and behaviours that promoted a more positive culture. JW thanked TR for her sobering assessment and invited AH to comment. AH was disappointed to hear that staff did not feel engaged, as delivery of the health board's plans depended on staff feeling valued. The SBUHB position was not significantly worse when compared with other health boards. National opportunities to ensure that staff understood the broader context and the need to modernise and digitise would help staff to operate in their most efficient and effective way, performing to best effect. AH reflected on the fact that reports focused on areas requiring further action; a more balanced approach would include sharing and celebrating the excellent work evident every day across all areas of

	SBUHB. Further work would ensure that managers understood their role and the need to engage with, and be available to, staff. RK referred to the GMC trainee survey where responses were excellent; WODCOM agreed to incorporate all trainee related issues. Summarising the discussion, JW acknowledged the disappointing response rate and the negative issues raised; it was important to balance this with the many examples of excellent service delivery and the Board was committed to working closely with staff, prompted by a constructive workshop with Partnership Forum colleagues. The Board would return to the agenda in the coming months, particularly through the Intentional Culture Change programme. Board Members: • **TOOK COGNISANCE** of the full results of the NHS Wales Staff Survey 2025 for Swansea Bay University Health Board and **CONFIRMED** its **COMMITMENT** to securing improvement. • **RECEIVED** and **ACCEPTED** the recommended top three priorities for improvement for 2026-7 and the actions and timescales set out as part of next steps in appendix three.
PART 6. GOVERNANCE	
6.1 Audit Committee Key Issues Report	
082/26	NZ drew attention to: • The focus on assurance, controls, accounts, readiness and organizational grip. • Two IA limited assurance reports, one on UEC and the other on the Annual Plan; the findings must directly inform current planning and decision making. The AC had escalated the reports to PFC and QSC for scrutiny and alignment with ongoing work. • A backlog in the closing of overdue recommendations; capacity constraints had led to a delay in verification. • Assurance on counter fraud around the application of lessons learned. • The approval of the Annual Accounts 2025/26.

	JW thanked NZ and other AC members for their rigour and diligence in undertaking their role. Board Members **RECEIVED** the Key Issues Report for **ASSURANCE**.
6.2 Mental Health Legislation Committee Key Issues Report	
083/26	Due to time constraints, the Chair applied the Consent Agenda Principle to this item. Board Members **RECEIVED** the Key Issues Report for **ASSURANCE**.
6.3 Charitable Funds Committee Key Issues Report	
084/26	NM referred to: • The delay in communicating the top slicing requirement to fund managers. RT and CO-L had worked with NM to mitigate this, resulting in a reduction in top slicing from 10% to 6%. RT assured the Board that there was now positive engagement with fund managers. He was drafting a refreshed strategy and business plan, and this would include proposals in respect of the 259 funds currently in place, together with the 80 dormant funds. • On advice, the Committee had approved the business case for the Army Welfare and Divorce post, with match funding for a veteran support post to operate across the health board. JW thanked NM and RT, recognising the need for a Board of Trustees meeting on completion of the refreshed strategy and business plan. Board Members **RECEIVED** the Key Issues Report for **ASSURANCE**.
6.4 Regional Joint Committee Key Issues Report	
085/26	Due to time constraints, the Chair applied the Consent Agenda Principle to this item. Board Members **RECEIVED** the Key Issues Report for **ASSURANCE**.
6.5 Nurse Staffing Levels (Wales) Act 2016	

086/26	LR reminded the Board that this was a regular annual report; she confirmed full compliance with the Nurse Staffing Levels (Wales) Act 2016 and advised that the Board would receive a further report in November 2026. NZ asked about the financial implications of the requirements and whether these constituted a new cost pressure. Responding, LR outlined the divisional approach taken to facilitate redeployment of resources, if necessary, at this level. CO-L added detail on the development of a spreadsheet that set out the current and projected future position; she assured the Board that the changes made would not result in a cost pressure. Board Members: • **CONSIDERED** the content of this report and **TOOK ASSURANCE** from the overall compliance with the Nurse Staffing Levels (Wales) Act 2016. • **CONSIDERED** the ongoing reasonable steps taken to monitor and as far as possible maintain the Nurse Staffing Levels (Wales) Act 2016. • **CONSIDERED** the nurse staffing level calculations arising from the January 2026 acuity review, as outlined in the covering paper. The paper presented to the Board in November 2026 would include this data, in line with the all-Wales process. • **CONSIDERED** the quality indicators relating to falls, pressure ulcers, medication administration events, infiltration, extravasation, and complaints related to nursing care (Appendix 1).
6.6 Corporate Governance Report **i. Cycle of Businesses 2026-27** **ii. NWJCC Governance Framework** **iii. Policy for the Management of Health Board-Wide Policies, Procedures and other Written Control Documents** **iv. Board Protocols (x3) and In-Committee Protocol Annual Review**	
087/26	HL advised that the report set out to assure the Board on items considered in committee. Board approval was sought for proposed changes to Standing Orders and Standing Financial Instructions for the JCC; HL summarised a range of other actions taken, as identified in the reports.

	Board Members: • **RECEIVED** for **ASSURANCE**: ○ The matters considered In-Committee at the March 2026 Board meeting; ○ Welsh Health Circulars; ○ The Common Seal Register; ○ Board Work Programme 2026-27; ○ Committee Annual Report; ○ Cycle of Businesses 2026-27. • **APPROVED:** ○ NWJCC Governance Framework; ○ Policy for the Management of Health Board-Wide Policies, Procedures and other Written Control Documents; ○ Board Protocols (x3) and In-Committee Protocol Annual Review
6.7 Minutes of Previous SBUHB Board Meetings **i. 26 March 2026**	
088/26	The Board **APPROVED** the minutes as a true and accurate record of the meeting.
6.8 Action Log	
089/26	HL provided an update on the Action Log. Board Members **RECEIVED** the Action Log updates for **ASSURANCE**.
PART 7. ITEMS FOR NOTING	
7.1 Board Advisory Groups Report **i. Health Board Partnership Forum** **ii. Health Professionals Forum** **iii. Stakeholder Resource Group**	

090/26	JW invited PD as chair of the Stakeholder Reference Group to comment. PP advised that meetings were becoming ever more productive; the next meeting would consider transformation. For the Health Professionals Forum, HA also referenced increased engagement and the helpful discussions related to transformation. Board Members: **RECEIVED** the discussions of the i. Health Board Partnership Forum held on 7 May 2026. ii. Health Professionals Forum held on the 19 May 2026. iii. Stakeholder Reference Group held on 21 May 2026.
7.2 Chair's Report	
091/26	The Board **TOOK COGNISANCE** of the Chair's activities since the last Board meeting on 26 March 2026.
PART 8. ITEMS FOR DISCUSSION	
8.1 Any Other Business	
092/26	There was no other business.
8.2 Review of Meeting Effectiveness	
093/26	JW invited AO to provide a review of the meeting, AO referred to a strong sense of coherence across the agenda with a clear flow through from strategic actions, to here and now issues, mapped across to appropriate level risks. JW had set out the role of the Board clearly, risk discussions featured in many conversations and discussions, with clear references, and a commitment to quality and safety. The AAA reports drew out key issues for the Board's attention and the positioning of the risk discussions early in the meeting supported a reflection of the work of the committees. There was constructive challenge throughout the meeting with consistent messaging and recognition of the impacts on staff and patients of

	decisions taken. For the complex items, with detailed and multiple papers, the drawing out of key issues was helpful.
8.3 Closing Remarks	
094/26	Closing the meeting, JW advised this would be the last face to face Board meeting for CM, who would be leaving the organisation in early July. JW commended CM on her 50 years of public service, including time spent at national level in WG. JW referred to CMs calm and steadfast nature, and her profound belief in, and commitment to, the NHS. CM had held a broad and complex portfolio for services that were fundamental to the delivery of safe and compassionate care. JW recognised particularly the work CM had undertaken during the pandemic; she thanked CM for her decades of services and leadership and, on behalf of the Board, wished her well for the future. AH added her thanks to CM for her calmness and approachability in Board meetings, when representing those professionals included in her portfolio. All Board members extended their thanks and best wishes to CM. Responding, CM extended her thanks to everyone for their kind words.
Next SBUHB Board Meeting: **SPECIAL Thursday 25 June 2026 (via Teams)**	

The meeting concluded at 16:16.