Swansea Bay University Health Board (SBUHB)
Minutes of the Special Board Meeting
held on 25 June 2026 at 10:15am (via MS Teams)

Present		
Jan Williams	(JW)	Chair
Stephen Spill	(SS)	Vice Chair
Abigail Harris	(AH)	Chief Executive Officer
Jean Church	(JC)	Independent Member
Anne-Louise Ferguson	(ALF)	Independent Member
Andrew Griffiths	(AG)	Independent Member
Raj Krishnan	(RK)	Interim Executive Medical Director
Martin Lloyd	(ML)	Independent Member
Nicola Matthews	(NM)	Independent Member
Chris Morrell	(CM)	Executive Director of Therapies and Health Science
Claire Osmundsen-Little	(COL)	Interim Executive Director of Finance
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)	Associate Board Member
Pat Dunmore	(PD)	Stakeholder Reference Group Chair
Kate Havard	(KH)	Audit Wales
Matthew John	(MJ)	Director of Digital
Alun Llewelyn	(AL)	Associate Board Member
Hazel Lloyd	(HL)	Director of Corporate Governance
Osian Lloyd	(OL)	Head of Internal Audit
Leanne Malough	(LM)	Audit Wales
Alison McLennan	(AM)	Assistant Director of Finance - Accounting & Governance
Sam Moss	(SM)	Deputy Director of Finance
Aidan Rave	(AR)	Good Governance Institute
Carys Richards	(CER)	Senior Corporate Governance Manager
Karen Stapleton	(KS)	Deputy Director of Strategy

Richard Thomas	(RT)	Director of Insight, Communications and Engagement
Craige Wilson	(CW)	Deputy Chief Operating Officer

Apologies		
Deb Lewis	(DL)	Chief Operating Officer, Executive Director of Primary Care & Community and Mental Health & Learning Disabilities
Reena Owen	(RO)	Independent Member
Marie Davies	(MD)	Executive Director of Planning and Partnerships

Acronyms

Acronym	Definition	Minute reference(s)
AC	Audit Committee	095/26, 102/26, 103/26, 105/26, 106/26
AGM	Annual General Meeting	095/26, 106/26
BCI	Business Continuity Incident	109/26
CHC	Continuing NHS Healthcare	107/26
DU	Delivery Unit	107/26
ENT	Ear, Nose and Throat	109/26
GGI	Good Governance Institute	095/26, 108/26
HCSW	Healthcare Support Worker	107/26
HDUHB	Hywel Dda University Health Board	108/26
IMTP	Integrated Medium-Term Plan	102/26, 103/26, 107/26
ISA	International Standard on Auditing	102/26, 103/26
JCC	Joint Commissioning Committee	107/26
NHS	National Health Service	103/26, 106/26, 107/26, 108/26
NHSPI	NHS Performance and Improvement	107/26
NI	National Insurance	107/26
OD	Organisational Development	Attendance list
PAF	Performance and Accountability Framework	107/26
PFC	Performance and Finance Committee	107/26
PHW	Public Health Wales	109/26
PID	Programme Initiation Document	107/26
PSB	Public Service Board	108/26
Q1	Quarter One	107/26
Q2	Quarter Two	107/26

SBUHB	Swansea Bay University Health Board	095/26, 102/26, 103/26, 106/26, 107/26, 108/26, 109/26
SG	Service Group	107/26
SRO	Senior Responsible Officer	107/26
SRG	Stakeholder Reference Group	106/26, 108/26
WG	Welsh Government	102/26, 104/26, 106/26, 107/26
WTE	Whole Time Equivalent	107/26

The meeting began at 10:17.

Minute Ref:	**Agenda Item**
PART 1. PRELIMINARY MATTERS	
1.1 Welcome and Introductory Remarks	
095/26	JW opened the meeting, extending a warm welcome to all attending, with a particular welcome to colleagues joining the meeting from Audit Wales and Internal Audit. As the governing body of the organisation, the Board represented the highest level of decision making; the purpose of the meeting, held outside the normal bi-monthly business cycle, was to conclude 2025/26 year-end business. The Board had stewardship of £1.8b of public money and had to present a formal, annual audited record of the spend and the value for money achieved. This was set out in the Annual Accounts and subject to scrutiny by Audit Wales and the SBUHB Audit Committee (AC). JW expressed her thanks to NZ, chair of the AC, and to all AC members for the rigorous oversight they applied in discharging their role. The Board would also receive the Internal Auditor's opinion on the approach to governance, risk management and internal controls. The Board was committed to open government and scrutinised the Annual Accounts in public session, as one means of holding itself accountable to the public, stakeholders, partners and government.

	SBUHB also produced a 2025/26 Annual Report; this described the achievements and challenges in year and would be subject to additional scrutiny at the Annual General Meeting on 21 July 2026. As part of the review of 2025/26 the Board had also commissioned the Good Governance Institute (GGI) to conduct a stakeholder survey and advise on the strength of strategic relationships The meeting would receive the feedback from the survey and consider the next steps.
1.2 Apologies for Absence	
100/26	Marie Davies, Deb Lewis, Alan Llewellyn and Reena Owen had tendered apologies. JW advised that NM and RT would join the meeting later.
1.3 Declaration of Interests	
101/26	There were no declarations of interest outside those already on the Declarations of Interest Register.
PART 2. ANNUAL ACCOUNTS	
2.1 Annual Accounts 2025-26	
102/26	Presenting the 2025/26 Annual Accounts, CO-L drew attention to: • The Welsh Government (WG) requirement to provide a set of accounts, in compliance with the Manual of Accounts and other relevant financial reporting standards. • Confirmation that the AC had reviewed the draft Annual Accounts at its 21 May 2026 meeting, and again at a meeting earlier in the day. • The Audit Wales ISA 260 Report, also for consideration in the meeting; CO-L confirmed that the AC would receive a report on the actions taken in response to the issues identified. • The fact that SBUHB had not met its statutory duty to operate within its revenue resource limit over a three-year period; this

	meant that the board could not approve an Integrated Medium-Term Plan (IMTP). • Achievement of both the capital resource limit and creditor payment targets. • Classification-related changes made to the draft accounts in collaboration with Audit Wales. The changes did not impact on the year end position, or on the primary statements set out in the Accounts. CO-L sought Board ratification of the 2025/26 Annual Accounts following consideration of the Audit Wales ISA 260 report; following rectification, the Auditor General for Wales would sign the Accounts on 26 June 2026, prior to submission to WG by 30 June 2026. CO-L extended her thanks to Audit Wales for completion of the necessary audit actions. On behalf of the Board, JW thanked CO-L and the finance team for their hard work and diligence in compiling the Accounts. Before considering the ISA 260 Audit Report, JW invited NZ to relay the views of the AC. NZ confirmed that the AC had scrutinised the Annual Accounts in detail, taken assurance on their compilation in accordance with the relevant standards, and had endorsed them. JW invited SS and AJ, as AC members, to add any further detail. SS extended his thanks to both the in-house finance team and Audit Wales for their work in presenting the Accounts for endorsement, AJ added his thanks. JW thanked NZ, SS and AJ for their rigorous oversight and scrutiny. Before ratifying the Annual Accounts, the Board moved to consider Agenda item 2.2 as an integral part of the process.
2.2 ISA 260 Audit of Financial Statements	
103/26	JW welcomed KH and LM from Audit Wales. KH highlighted:

	• The summarised findings of the audit of the 25/26 Annual Report and Annual Accounts. • That, following Board ratification of the Accounts and the Letter of Representation, Audit Wales would provide an unqualified true and fair opinion, in line with previous years. • The qualified regularity opinion; this reflected the fact that SBUHB had not met its statutory duty to meet its revenue resource limit over a three-year period and could not approve an IMTP. • That auditing took place to a materiality level, with 1% of gross expenditure, equating to £18.15m; more sensitive areas were subject to a lower materiality approach and there were findings in both the Remuneration Report and in the individual related party disclosures. • The fact that there were no uncorrected misstatements. • The recommendations, as outlined by CO-L; the audit team had discussed these in detail with the AC. Audit Wales would support the AC in overseeing delivery against them. • SBUHBs constructive and collaborative approach to the audit. JW thanked KH and LM and invited comments and questions: NZ extended her thanks to Audit Wales for the collaborative approach adopted; she assured the Board that the AC would consider and action the findings, adjustments and learning points arising out of the process. On behalf of the board, JW thanked all those involved in the constructive and rigorous audit process, asking Board members to receive and ratify the 2025/26 Annual Accounts and the ISA 260 Audit Report. Board Members **RECEIVED** the Audit of Accounts report for **ASSURANCE**. Board Members **RATIFIED** the audited Annual Accounts for 2025/26.
2.3 Letter of Representation	
104/26	CO-L outlined the actions required of both the Chair and Chief Executive; the letter supported the preparation and presentation of the Accounts and demonstrated that the Chief Executive had discharged her duties as Accountable Officer and had ensured that appropriate controls

	and measures were in place to comply with the relevant accounting standards and legislation. CO-L sought Board approval for the completion of the Letter of Representation, to underpin submission of the full set of 2025/26 Accounts to WG. JW invited AH to comment. AH echoed her thanks to CO-L for her leadership of the finance team through this period of intensive work; she also extended her thanks to the finance team and to audit partners for completing the work. Board Members **APPROVED** the Letter of Representation.
PART 3. GOVERNANCE, RISK AND INTERNAL CONTROLS	
3.1 Head of Internal Audit's Opinion	
105/26	JW welcomed OL and asked him to provide the Internal Audit opinion for 2025/26. OL set out the main components of the Report as providing: the Head of Internal Audit opinion for 2025/26; a summary of the audit work completed in year; performance against the plan; and an assessment of conformance with internal audit standards. Internal Audit work supported the Accountable Officer and the Board by providing an informed view of the effectiveness of governance, risk management and internal control; collectively these factors underpinned the Annual Governance Statement. The Internal Audit team had delivered the Audit Plan in line with the agreed programme of work. The Audit Plan had covered key areas of organizational risk and strategic priorities; the overall Internal Audit opinion enabled the Board to take reasonable assurance that arrangements to secure governance, risk management and internal control for those areas reviewed were designed appropriately and operated effectively. This was an improvement against the limited assurance delivered in 2025/26, with a positive trajectory in the strengthening of the control environment. The AC had received a briefing prior to the Board meeting; this underpinned the audit view, with the majority of service performance indicators reporting green at year-end.

	Finally, OL extended his thanks to all health board colleagues who had supported and co-operated in delivering the Audit Plan. JW extended her thanks to OL and the Internal Audit team for their professional and constructive approach; she invited NZ to comment as Chair of the AC. NZ advised that the AC was delighted to receive a reasonable assurance rating, acknowledging real improvements over the previous year's assessment; AC members had worked hard to strengthen oversight of overdue recommendations, with the tightening of protocols and systems. Work was continuing in 2026/27. JW invited SS and AJ to comment; both concurred with NZs assessment and comments. JW acknowledged the depth of AC scrutiny; she welcomed the improved trajectory and the confidence the Board could take from the reasonable assurance opinion. JW extended her thanks to HL and the Executive team for their contributions to this improving trajectory. Board Members **RECEIVED** the Head of Internal Audit's Opinion for **ASSURANCE, ACKNOWLEDGED** improvements made and **SUPPORTED** the ongoing work to secure further gains.
3.2 Annual Report 2025-26	
106/26	Introducing this item, HL drew attention to: • The three-component format of the Annual Report; the performance report; the accountability report; and the financial statements. • The detailed consultation process applied during its development, culminating in an AC review prior to the Board meeting. JW referenced the detailed consideration of the Annual Report at the AGM on 21 July; the Board would meet with the Stakeholder Reference Group immediately prior to that meeting. JW then invited AH to comment. AH extended her thanks to HL and the team for the comprehensive report, including recognition of the progress made in addressing the

	challenges faced in 2025/26, with the commitment to improvement continuing into 2026/27. AH drew attention to the 2025/26 five priority areas of: (i) resources and budget setting, (ii) maintaining momentum on planned care recovery, (iii) urgent and emergency care, (iv) mental health, and (v) maternity and neonatal services. On maternity and neonatal, AH reflected on the recent publication of the *Independent Maternity Review of Nottingham University Hospitals NHS Trust and the Shrewsbury and Telford Hospital NHS Trust.* She acknowledged the potential impact of the report on families in the Swansea Bay area who had experienced upsetting and, at times, devastating outcomes. AH encouraged any family wanting to raise concerns about current or historic negative experiences to do so; the SBUHB website would provide points of contact and advice. Whilst there was more to do, the service had made significant progress in the last year, as set out in the Perinatal Committee report to each Board meeting. The Board would also receive the final Perinatal Improvement Plan at its July 2026 meeting. This would include any recommendations from the Nottingham report or from Baroness Amos' work, cross referenced with the SBUHB Independent Review and the WG National Assessment. In this way, SBUHB would capture all the learning for incorporation into local plans. AH apologised again to the women, families and babies who had experienced poor care for the potentially life changing impacts this may have had on their lives; the Board remained fully committed to strengthening communication with women, listening to their views and continuing to improve. JW echoed AH's views on the distressing nature of the Nottingham report and the echoes found in the Independent Review, Family-led Review and Llais report published a year ago. A statement on the SBUHB website would reiterate the Board's sincere apologies for previous failings and set out the progress made, together with ongoing work to secure continuous improvement.

	The Board **APPROVED** the Annual Report 2025-26 for submission to Welsh Government.
PART 4. ANNUAL PLAN	
4.1 Annual Plan 2026-27	
107/26	JW provided the background to the development of the Annual Plan (The Plan), with an initial version considered at the March 2026 Board meeting; acknowledging the financial deficit, to WG, the Board had submitted The Plan for scrutiny rather than for approval. Following feedback from WG, the Board had adjusted The Plan at its May meeting; further adjustments were included in the papers before the meeting today, as WG had provided more feedback and set out additional requirements. JW confirmed that the Board was asked to approve the changes made, and not The Plan itself, given the remaining financial deficit. She asked AH to introduce the report. AH drew attention to: • The need to frame The Plan in the context of the three-year trajectory to return SBUHB to financial balance; in the meantime, the Board could not approve an Integrated Medium-Term Plan (IMTP). • The areas of strengthening. These included: - A clearer line of sight to return to financial balance, through a three-year programme of work; - Reference to the discipline required to utilise current resources to best effect, including service reconfiguration and transformation; - The need for appropriate resourcing for services provided on a regional basis for other health boards/the Joint Commissioning Committee (JCC); - The greater confidence and granularity in the pipeline of opportunities coming through, with a clear process in place for 'grey' schemes that were still subject to full work up and/or may take longer than three years to deliver;

	- Increased confidence in the movement of red schemes through to deliverable plans; - the explicit identification of cost savings, supported by the Delivery Unit (DU); - A clearer and explicit understanding of the cost drivers, to support the identification and delivery of cost reductions; - An enhanced approach to governance and accountability, aligned with *Organised for Success*. • The capacity challenges relating to delivery on planned care; these warranted ongoing discussions with WG on access to funding and its utilisation. • The commitment to delivering the new ambulance target of handover within 45 minutes, with a series of actions to drive delivery. • The Perinatal and Mental Health programme actions to drive improvement. • Oversight of cancer performance, driving an improved position. • The close working underway with NHS Performance and Improvement (NHSPI) to refine improvement plans and trajectories. JW thanked AH for the update and for setting the context for The Plan in a three-year trajectory; she invited CO-L to provide further detail. CO-L referred to the detailed work undertaken by the finance team to: • Demonstrate increased confidence in achieving financial control and balance by 2028/29; an enhanced understanding of both inflationary pressures and risk assumptions underpinned this work and related to: (i) absorbing the cost pressures from National Insurance (NI) and the Band 3 Healthcare Support Worker (HCSW) costs, (ii) medicines management, and (iii) the growth profile for Continuing NHS Healthcare (CHC). • Strengthen the opportunities pipeline of £181m, in line with the need to find £177m to return to balance; pipeline opportunity costs continued to grow, reflecting the increasingly integrated nature of the savings plan alongside the performance framework. The Plan set out a savings plan of £65m, with a resulting deficit of £76.6m.

	• Increase the transfer of schemes from red to amber to green, with confidence in achieving green status for half the pipeline schemes by the end of Quarter One (Q1). • A focus on benchmarking, maturing the level of pipeline savings with a focus on recurrent savings. These stood currently at 78%, enabling a forecast of £9m benefit into 2027/28 from current savings schemes alone. • Strengthen grip and control, through: budget holder accountability for financial, workforce and performance responsibilities; the maintenance of pay and non-pay panels, holding the reduction in head count and focusing on variable pay; improved financial reporting and escalation. CO-L advised that these actions should achieve the deficit run rate by the end of Q1, with oversight by the Performance and Finance Committee (PFC). JW thanked CO-L for the update and invited PP report on the 23 June PFC meeting. PP reported on: • Members taking assurance from the amount of detailed work undertaken, acknowledging the growing Executive confidence in delivery of £76.6m deficit. • A reduced deficit position in Month 2, with the forecast for Month 3 being £6.356m deficit. • Improved Recovery and Sustainability Programme governance through the DU, with a stronger focus on the outcomes of change. • A more robust approach to savings plan development through Programme Initiation Documents (PIDs) that included actions, timescales and accountability for delivery. • The progression of schemes through the WG tracker process; this was a robust approach, with plans tested through 'check and challenge' meetings with Senior Responsible Officers (SROs) and delivery teams, arranged by the DU. The meetings reviewed actions, milestones and financial assumptions to provide assurance on the quality of plans with an experienced cost

	accountant validating figures. Savings plans at tracker status green and amber were subject to cost centre level oversight. • An improved approach to budgetary management and control, as outlined earlier by CO-L. • The accountability of Service Groups (SGs) for savings delivery, with an escalation process in place should savings delivery fall behind schedule; this held SGs to account and challenged them to develop mitigating actions to address savings shortfalls. • Work undertaken with the team of Finance Business Partners to encourage a more open, transparent and less risk adverse approach to monitoring, reporting and forecasting SG financial results. • At Month 2, £16.7m in green and amber on trackers, with a target of £31m (48%) by the end of June and £65m (100%) by the end of Q2. • The recurrent savings pipeline; this currently stood at £74.4m, £9.4m more than the £65m target; this would reduce the underlying deficit in 2027/28. In addition to taking assurance on the above points, PFC members had the following concerns around savings plan delivery: • Limited evidence of actual savings delivery at this early stage of the year. • The lack of alignment or operational integration between SG financial forecasts and Executive-led savings schemes. • Delivery capacity and capability remained a key issue at a number of levels, including at: Executive leadership level, given the scale of savings/performance challenges; SG level to drive the necessary operational change to deliver savings and performance improvement; DU programme and project management capacity and expertise; and finance, where recruitment to the second Deputy Director was underway. • Whilst PFC members welcomed the strengthened approach to performance and accountability, they were not yet seeing the outcomes of the improved approach to delivery discipline coming through in the results.

	• Ongoing system pressures remained, with sickness levels increasing to 7.26% at May 2026 and clinically optimised patients at 192, adding additional pressures into the system. PP advised that the £65m savings target was the absolute minimum in-year requirement; to achieve this, the quantum sum in the pipeline had to exceed this, to provide a 'buffer' for part-year effects. The enhanced pipeline would also impact positively on savings in years two and three; PFC looked for the constant updating and revision of forecasts. PP concluded by advising that The Plan scheduled for submission at the end of Q1 (June) did not identify 100% of £65m of savings schemes as green and amber on the tracker; this should be the case at the end of Q2. JW thanked PP for the detailed assessment and for the rigour and scrutiny applied by PFC. She invited SS and JC to comment. SS echoed PPs assessment summary; he referred to the £65m in year savings requirement and asked CO-L about the level of confidence in delivery, given that some schemes may not commence until late summer, leading to a full year's impact required within six months. He also sought information on the plans underway to line up the Year 2 and Year 3 requirements. JC reflected on the need for a clear focus on consistent performance management, and specifically on the major cultural change required. She welcomed the strengthened governance and accountability arrangements and looked for consistent performance management to align with them. JW thanked SS and JC for their contributions and invited CO-L to respond on the expectations in respect of in-year on the alignment between Executive and SG led schemes. She asked AH to then respond on the capacity and capability concerns outlined.

	Responding, CO-L advised she was increasingly confident of achieving the in-year £65m savings plan; she cited progress against the Executive-led schemes as evidence of progress. CO-L went on to acknowledge the need to set 2026/27 delivery in a three-year context. The Q2 challenge centred on weaving the strategic themes through The Plan ahead of Year 2. The targeting of a high percentage of recurrent savings along with a strengthened accountability expectation would then reinforce the pipeline in Years 2 and 3. JW sought confirmation that the three-year trajectory reflected the £181m pipeline; CO-L confirmed this, with a further £9m recurrent savings already identified. AH outlined a number of actions underway to strengthen capacity and capability, including: • The continuation of some external support focused on the configuration of ward staffing. • Securing expertise to support the management of CHC, partially through the National Programme and through opportunities identified by Deloitte. • Discussions with WG on external support; CO-L was meeting with National Health Service Performance and Improvement (NHSPI) weekly to scrutinise progress and potentially identify additional external support. • The revenue consequences of priority areas for action whilst operating a non-investment approach, as directed by WG; work was ongoing to explore ways to prioritise the totality of financial and other resources available. AH drew attention to a number of examples including the right sizing of the mental health workforce, cancer care and pathology services. On JCs performance point, AH advised that monthly performance review meetings with Service Groups were now in place, with a focus on the priority areas. The introduction of Care Groups would drive strong governance and performance arrangements, with added grip and control.

	NZ extended her thanks to AH, CO-L and the PFC for the update and advice; she highlighted the need to align culture, morale and behaviours with the performance and accountability requirements, and asked about the approach to aligning organisational values and behavioural change. Responding, TR reminded the Board of staff engagement as a key breakthrough objective for 2026/27, with a set of actions focused on the intelligence derived from the Staff Survey. The Performance and Accountability Framework (PAF) and operating arrangements provided clarity on roles and responsibilities, with clear processes to drive a high-performance culture; the Board would consider the Intentional Culture Change programme at the August 2026 Board Development session. **ACTION: TR/HL** PP reflected on the challenging nature of the £181m three-year requirement; delivering on Years 2 and 3 called for radical and complex strategic change involving both WG and regional partners; planning for this needed to commence in-year. AH confirmed the need for planning and preparation to begin in-year, using the DU and revised Recovery and Sustainability Board mechanisms to drive the work. The Strategic Clinical Services Plan was fundamental and would need to align with Community by Design, to deliver a joined up and integrated primary and secondary care model that provided care close to home. JW asked for a specific Board Development Session in the Autumn on the three-year trajectory back to balance. **ACTION: HL/CO-L** Reflecting on earlier comments about current skills gaps in the DU, ALF asked when the Board could expect to see evidence of the impact of the DU in driving change, efficiency and improvement. JW indicated that the AC would scrutinise the investment in the DU and assess the impact at year-end. AH suggested asking JS to update the Independent Members on the role of the DU at a briefing session. JW

	also asked AH to reflect this in the Chief Executive's Report to the July 2026 Board. **ACTION: HL/JS/AH** TR emphasised the role of the DU as an enabler; job descriptions for senior health board leaders were subject to review, to ensure clear lines of responsibility and accountability. Work was also underway to right size the workforce over the three-year period, triangulating the workforce plan, the financial plan and the various phases of the savings programme to ensure connectivity and alignment of the strategic agenda. TR referenced the intent to reduce the workforce by 800 WTE in 2026/27, a recalculation of earlier projections that better reflected salary levels. The overall savings target remained unchanged. In closing the discussion, JW acknowledged the significant progress made during Q1; she thanked all involved in the work, at Executive and Service Group level. She then reminded Board members that, in approving the submission to WG, the Board was approving the additional detail provided, rather than approving The Plan itself. Board Members: • **APPROVED** a submission to Welsh Government updating the 2026/27 Plan, acknowledging that the Plan itself could not be subject to approval; • **ACKNOWLEDGED** the significant progress made through Quarter 1 in strengthening the plan, including: - Delivery against agreed actions - Strengthened financial, performance and delivery frameworks - Evidence of improving grip and control. • **ACKNOWLEDGED** that, while financial and performance risks remained, The Plan now provided a credible and deliverable position for submission; it did not, however, fully meet the requirements of Welsh Government. • **ENDORSED** the continued focus on delivery, oversight and assurance to ensure successful implementation of The Plan throughout 2026/27, including the mitigation of operational and delivery risks.

	• **CONSIDERED** the 3-year trajectory, as set out in the report to return to a balanced position in 2028/29 and **APPROVED** the trajectory.
PART 5. PARTENRSHIPS	
5.1 Stakeholder Feedback Report	
108/26	JW welcomed AR of the Good Governance Institute (GGI) to the meeting to provide feedback on the 2025/26 stakeholder feedback survey that the board had commissioned. Using a slide presentation, AR highlighted that: • The purpose of the review was as an 'objective snapshot', the aim being to strengthen relationships and inform improvement. The approach adopted centered on confidential discussions with stakeholders, followed by a thematic approach to analysing responses. • SBUHB had good, respectful and mature high-level relationships with partners. This provided a robust platform on which to build, with a clear commitment to senior level partnership working, and positive, visible and accessible leadership. Partners appreciated the level of candour in sharing challenges; however, responding at pace and with agility to match the pace of partners was not always possible, leading to some frustrations over missed opportunities. • Executive level turnover had led to a need to rebuild relationships; the wider Board could minimise this risk by providing a 'wrap around' longer-term and consistent set of relationships to protect and build levels of trust. • The strategic level engagement commitment was not always mirrored at operational level; the challenge for the Board lay in converting its strategic intent into a more consistent level of delivery at all levels across the organisation. • The aspiration of the Board was clear: to be high performing itself and enable a mature and high performing organisation; this had to radiate across SBUHB and drive continuous improvement.

	• Health outcomes depended largely on the wider determinants of health and wellbeing, making effective stakeholder engagement and relationships essential. • Partners would welcome earlier involvement in decision making, particularly when there was an impact on their services. They sought meaningful engagement with the whole Board, rather than with only the Executive, as this would help to drive sustainable relationships and a shift to high maturity. • Progress had to develop over time and a rush to quick fix solutions would be counterproductive. • Partners recognized the role of SBUHB Board as a key systems leader for the whole of Swansea Bay and more widely for regional services; the recommendations in the report would assist the Board in operating strategically, including with a shift to the prevention agenda. JW thanked AR for the thought-provoking presentation and welcomed the assessment that SBUHB had strong foundations on which to build. She invited comments and questions: RT welcomed the insightful and helpful report, advising it would add value in supporting the transformational change that the organisation had embarked on. Partner and stakeholder engagement was an intrinsic part of the process and RT reflected on the tangible actions that would enhance the transformation journey. AG welcomed the additional focus that the report provided; he was pleased to read that both partners and stakeholders found the Board to be open and willing to engage; there was a need to translate that into improved operational engagement. AR agreed that the underlying positivity of responses provided a real platform on which to build. RK welcomed the constructive nature of the report and asked about: (i) whether the focus on strategic level working could have prompted the less positive views at an operational delivery level; (ii) whether the views on less than agile decision making were an issue for SBUHB or were influenced by the complex nature of governance, combined with the broader NHS complexities; and (iii) whether there were clinical consequences of the dispersal of risk rather than collective management.

	On risk displacement, AR advised that the analysis of the responses had applied a partnership working lens, rather than one framed around a broader clinical perspective.; that would need further consideration. The strategic level focus of the report had considered corporate level working; there were opportunities through organisational culture development to reflect interactions with stakeholders and partners at all levels. PD welcomed the report, describing it as a fair reflection of relationships with partners; she also recognised the challenge of translating that into operational level practice. The Stakeholder Reference Group (SRG) could contribute to this agenda. NZ referenced her role as third sector representative on the Board and, in that context, recognised the issues identified in the report. Recent opportunities to engage with third sector and primary care stakeholders had evidenced that SBUHB was in a positive position on engagement generally; she asked about hearing the voices of hard-to-reach communities, including through the population health strategy. Close working with MD and KS was important, given the need to understand the complexity of the stakeholder map and how to optimise impact. KS also welcomed the report, accepting the steer around strengthening some aspects of the work; there was a significant focus on partnership working at both Board and Executive level. An Executive meeting held the previous day has considered partnerships within the context of systems leadership and transformation. The shift to Care Groups would require different skills and capabilities, to support and drive operational level partnership working. Responding to NZs point, KS highlighted the work of the Swansea Public Service Board (PSB) and the focus on improvement as a route to improve population health and hard to reach groups. ML referred to the stakeholder groups in place and the effective partnership working culture across the organization; this had benefitted from clear senior leadership over the last months. JW invited AH to sum up the discussion and set out the next steps. AH welcomed the report and the many positive findings. She acknowledged the need to strengthen some aspects of engagement, building on the provisions already in place to increase Board and Executive level visibility. The Executive would consider the

	recommendations, produce an action plan and report back to the Board through the planning and partnerships report. **ACTION: AH/ MD** On external engagement with partners, AH confirmed: • Early discussions with local authority partners on the Strategic Clinical Services Plan; • A forthcoming Executive-to-Executive meeting with Hywel Dda University Health Board (HDUHB); • Ongoing work with both third sector and university partners; • The work to implement the Strategic Equality Plan; • Ongoing work with harder to reach communities, supported by local authority Councillors. Summarising the discussion, JW reflected on the responsibility of the Board to build and sustain strategic partnerships; the GGI survey work and findings would assist in strengthening partnership working and, on behalf of the Board, JW thanked AR and the GGI team. The Board: • **RECEIVED** the Stakeholder Feedback Report for **ASSURANCE**. • **AGREED** to receive updates through the Planning and Partnerships reports at Board meetings.
PART 6. ANY OTHNER BUSINESS	
6.1 Severe Weather	
109/26	JW made reference to the impact of the Severe Weather Warnings and invited HVW to provide an update on the SBUHB position. HVW summarised the actions taken at health board level in response, including a decision just taken to declare a Business Continuity Incident (BCI) because of the possible impacts on patients, staff and demand for services. There were Gold and Silver meetings taking place three times a day.

	The main at-risk groups during the period of excessive heat were children under the age of five, older people, and other vulnerable groups. SBUHB had issued external communications, in conjunction with Public Health Wales (PHW). These highlighted the at-risk groups, the signs of heatstroke, and the risks of dehydration. Internal communications had focused on consistent messaging across the organisation on queries related to uniform and staff wellbeing, including the impacts on staff of school closures and childcare responsibilities. Cooler weather was expected within days; Gold and Silver command would remain in place until then. HVW thanked staff, who were working in challenging temperatures and conditions, and also the Emergency Planning team for their support. AH echoed her thanks to all staff; she welcomed the smooth implementation of Extreme Weather plans. She asked CW about any impacts on theatres and on planned surgical activity. Responding, CW reported the cancellation of a day surgery theatre list of 36 ophthalmology patients; there was also some disruption to Ear, Nose and Throat (ENT) services, with a risk assessment underway on cardiac operations. The cancellations would have a limited impact on the planned care targets, AH confirmed that she had advised WG of the risk that the decisions taken could impact on the 104-week target. On behalf of the Board, JW conveyed her thanks to all staff working in the extreme heat in very difficult and challenging circumstances. The Board: • **RECEIVED** a verbal update on the SBUHB response to the current extreme weather. • **TOOK ASSURANCE** from the discussion on the effective implementation of the Extreme Weather plan. In closing, JW reiterated the Board's thanks and all best wishes to CM on her retirement.
Next SBUHB In-Committee Board Meeting: Thursday 30 July	

The meeting concluded at 12:44.