

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol

Cabinet Secretary for Health and Social Care



Llywodraeth Cymru  
Welsh Government

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Jan Williams – Chair  
Abi Harris – Chief Executive  
Swansea Bay University Health Board

20 January 2026

Dear Jan and Abi,

This letter follows the Public Accountability Meeting held with members of the Swansea Bay University Health Board on the 18 December 2025. Thank you for both your and your teams' attendance at the meeting, and for the evidence pack provided in advance of the meeting; this forms an important part of the meeting record. The meeting recording can be found at [Bwrdd Iechyd Prifysgol Bae Abertawe | Swansea Bay UHB Public Accountability Meeting](#).

This letter sets out my reflections from the meeting; we will continue to review these themes in our regular review meetings. I wish to acknowledge the commitment shown by your team and the areas of progress made particularly in relation to the sustainability of your planned care services. In your opening reflections, you expressed commitment to open governance, acknowledged operational, strategic, and structural challenges, and outlined recent improvements in governance, accountability, risk management, and organisational structure. You highlighted ongoing work to: address financial deficits including a new integrated planning approach; conduct a forensic review of investments; implement recommendations from independent reviews (especially in maternity and neonatal services); and drive improvements in mental health, digital solutions, and estate management. Underpinning your work is a focus on compassionate leadership, partnership working and financial sustainability.

The Board acknowledged the seriousness of its deteriorating financial deficit position and confirmed that the year-end forecast remains significantly off trajectory. You explained that a revised financial recovery plan is being developed, supported by tighter controls, enhanced scrutiny of discretionary spending, and weekly monitoring of savings delivery. To support this, you have established a dedicated financial improvement group with a remit to reduce reliance on non-recurrent measures given only half of the £130 million savings over the past three years have been recurrent, highlighting the need for sustainable change.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and responding in Welsh will not lead to a delay in responding.

You indicated a shift to risk-based investment decisions, enhanced tracking of return on investment, and willingness to withdraw funding from underperforming areas. While these steps are welcome, the current position is unacceptable and I expect the Board to demonstrate grip and accountability, with credible savings schemes and assurance that financial decisions align with strategic priorities. Transparency in reporting and evidence of delivery will be critical, and I expect to see measurable progress in reducing the deficit within the next quarter. The scale of the financial challenge requires urgent and decisive action, not incremental steps. You described that you had identified actions of £11.7m to close your residual £13m savings gap in this financial year and you expected these actions to be delivered. I require confidence that the health board will deliver its forecast position in this financial year and then identify and deliver actions to improve on this position and deliver a route map to financial balance.

On planned care, the health board have been effective at stabilising the long waits and moving towards a new delivery model. You recognised that despite those improvements having been made, long waits remain a concern and there is a desire to continue to make further improvements through actions to improve theatre utilisation, increase outsourcing, and explore additional capacity through weekend operating. Work is underway to optimise scheduling, reduce cancellations, and prioritise high-risk specialties such as orthopaedics and ophthalmology. Additional sessions have been commissioned, and the Board is working with independent sector providers to expand capacity.

Urgent and emergency care pressures were acknowledged by the Board, and remains challenged by surges in activity, infrastructure limitations, and infection control issues. You outlined initiatives to improve patient flow, reduce ambulance handover delays, and strengthen discharge planning. You indicated a focus on delayed discharges including weekly meetings with social services, creation of dedicated wards for delayed patients, improved partnership working, and plans to record and address patient harm from delays. There is a focus on introducing same-day discharge protocols, enhanced coordination with local authorities to improve community capacity, and the deployment of additional staff in emergency departments. While these actions are positive, performance remains below national expectations, and the impact on patient safety is concerning. I stressed the need for system-wide solutions and for the Board to demonstrate that interventions are delivering tangible improvements. The Board must work closely with partners to ensure that flow is improved across the whole system, not just within hospital walls.

Workforce sustainability was discussed in detail, and you outlined plans to strengthen recruitment pipelines, expand international recruitment, and enhance staff wellbeing initiatives, including a new retention programme for nursing staff.

You acknowledged recent concerns in maternity and mental health services and confirmed that improvement plans are in place, supported by strengthened oversight. You highlighted actions to improve clinical leadership and embed learning from external reviews. On complaints handling, the Board accepted that response times and transparency need improvement and committed to implementing a new complaints management system aiming to clear backlogs and improve

responsiveness by April, and improving learning from patient feedback. You also set out the work you are doing as a Board to ensure that the voices of your patients, workforce and communities are being heard. Assurance mechanisms must be robust and lessons from reviews fully embedded.

Cancer services remain below the national expectations. You outlined plans to improve pathway coordination, increase diagnostic capacity, and strengthen multidisciplinary team working. You also referenced plans to collaborate regionally to share capacity where possible.

Diagnostic delays were acknowledged as a major constraint across multiple pathways. The Board committed to investing in imaging and endoscopy capacity, recruiting additional staff, and exploring extended hours to increase throughput. You confirmed that additional diagnostic sessions have been commissioned and that work is underway to streamline referral processes. While these steps are positive, I challenged the Board to accelerate delivery and provide clear milestones for achieving compliance with national standards. While these actions are welcome, diagnostics must be treated as a strategic enabler for recovery and innovative solutions should be pursued.

Maternity services were discussed in detail, with the Board accepting the findings of recent reviews and confirming that actions are underway to address safety, culture, and governance concerns. You highlighted steps to strengthen governance, data integrity, clinical leadership, improve staff training, and enhance patient engagement, including the introduction of listening events for women and families. The Board also committed to implementing a new escalation framework for clinical concerns and improving compliance with national safety standards. While these actions are positive, I stressed that women and families must have confidence in the quality of care and that the Board must demonstrate sustained improvement, not short-term fixes. Assurance reporting will be critical in this area, and I expect to see evidence that cultural change is embedded and that staff feel supported to raise concerns.

Mental health services continue to face considerable pressures, with concerns around estate, quality and safety, access, waiting times, and patient experience. The Board committed to reducing waiting times, improving crisis response, and reducing out-of-area placements. You confirmed that additional staff have been recruited to community teams and that work is underway to expand crisis capacity.

We also discussed primary care and community services, where the Board recognised the importance of strengthening provision to reduce hospital pressures. You outlined plans to improve GP access and expand community-based interventions, including enhanced home care packages. Integration across sectors is essential to deliver sustainable improvements in urgent care and elective recovery.

Public health and prevention were acknowledged as priorities, with the Board committing to work with partners on initiatives to tackle health inequalities and improve population health outcomes. These must be embedded in strategic planning and supported by measurable targets.

Beyond complaints, the Board confirmed that patient feedback is being used to inform service redesign. I welcomed this but challenged the Board to demonstrate how engagement is shaping decisions and improving outcomes. We discussed high rates of healthcare-associated infections, where you highlighted strategies in place including systematic monitoring, targeted interventions, the use of integrated performance reports to drive improvement and innovations in cleaning regimens and infrastructure changes to reduce infection risks.

The Board also outlined its approach to service change and confirmed alignment with national strategy. Any changes must be transparent, clinically led, and focused on improving outcomes for patients.

Digital transformation and estates planning were also discussed. The Board highlighted progress in implementing electronic patient records and improving data quality, but I challenged the need for greater pace and clarity on benefits realisation. On estates, the Board recognised backlog maintenance and infrastructure constraints and committed to prioritising investment to support safe, modern care environments.

The Board is addressing high sickness absence rates through a dedicated workstream, focusing on both compliance with policy and cultural change. There is targeted support for managers and efforts to improve staff engagement, with participation in staff surveys used as a measure of progress. Plans are in place to reduce the workforce by 5% next year, primarily through reductions in bank and agency staffing and managing turnover and vacancies, with a final workforce plan expected by the end of March.

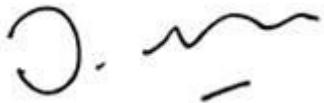
The issue of limited vacancies for final-year nursing students was discussed, with the board acknowledging past planning failures and describing steps taken to offer posts to the current cohort. You committed to avoid similar issues in the future through integrated workforce planning and innovative solutions.

At the end of the meeting, you highlighted ongoing and future regional collaborations with other health boards to address shared challenges in specialties such as gynaecology, general surgery, orthopaedics, ophthalmology, and cardiac services. These collaborations aim to join recruitment and shared learning to strengthen regional services to ensure sustainable service models and optimise resources across the region.

In summary, while I recognise the efforts being made, the health board is not yet delivering the level of improvement required. I expect you to continue with your new approach to new planning and financial controls, expanding patient and family engagement, and continuing service redesign in key areas such as mental health and maternity, ensuring you have the support needed for improvement, and maintain confidence in the sustainability of emergency department improvements and variability management. The Board must take full accountability for addressing these issues and to provide clear evidence of progress at pace.

Thank you for your continued engagement and commitment to improving services for the population you serve.

Yours sincerely,

A handwritten signature in black ink, appearing to read "J. Miles".

**Jeremy Miles AS/MS**

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