



**Un Bae Ar y Cyd**

**One Bay Way**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

**Swansea Bay University  
Health Board  
Annual Report 2024-25**



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## Statement of the Chief Executive's Responsibilities as Accountable Officer

The Welsh Ministers have directed that the Chief Executive should be the accountable officer to the Health Board.

The relevant responsibilities of accountable officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the accountable officer's memorandum issued by Welsh Government.

I can confirm that:

To the best of my knowledge and belief, there is no relevant audit information of which the Health Board's auditors are unaware, and I have taken all steps that ought to have been taken to make myself aware of any relevant audit information and to establish that the auditors are aware of that information.

The annual report and accounts as a whole are fair, balanced, and understandable, and I take personal responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced and understandable.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer. The accountable officer is responsible for authorising the issue of the financial statements on the date they were certified by the Auditor General for Wales.

Date: 26.6.25

Chief Executive:



## Statement of Directors' Responsibilities in Respect of the Accounts

The directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the Health Board and of the income and expenditure of the Health Board for that period.

In preparing those accounts, the directors are required to:

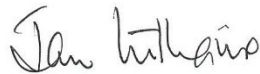
- apply on a consistent basis accounting principles laid down by the Welsh ministers with the approval of the Treasury;
- make judgements and estimates which are responsible and prudent;
- state whether accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors confirm that they have complied with the above requirements in preparing the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with the requirements outlined in the above mentioned direction by Welsh ministers.

By order of the board, signed:

Chair



Date: 26.06.25

Chief  
Executive



Date: 26.06.25

Director of  
Finance



Date: 26.06.25

## About the Health Board

Swansea Bay University Health Board plans, commissions and delivers healthcare services for the people of Neath Port Talbot and Swansea, and works to improve their health and wellbeing. We serve a population of approximately 390,000, have a budget of around £1.375 billion and employ over 14,000 staff.

We have three major hospitals providing a range of services: Morriston and Singleton hospitals in Swansea and Neath Port Talbot Hospital in Baglan, Port Talbot. We also have a community hospital at Gorseinon, an inpatient specialist mental health provision at Tonna Hospital and primary care resource centres providing clinical and wellbeing services outside the main hospitals.



We provide more than 70 specialised services to the populations of south-west Wales, south Wales and for certain services, on a Wales-wide and UK basis. These are commissioned by the other Health Boards in Wales either through the NHS Wales Joint Commissioning Committee or directly.

Primary care independent contractors play an essential role in the care of our population, and the health board commissions services from 44 GP practices, 32 optometry practices, 64 dental practices (including orthodontic and specialist providers) and 91 community pharmacies across our region.

Mental health and learning disability services are provided in both hospital and community settings for residents within the Swansea Bay region, and we provide a regional service for both learning disability and forensic mental health services.

There are five all-Wales services hosted by the Health Board:

- Emergency Medical Retrieval and Transfer Service (EMRTS) – provides advanced decision-making and critical care for life or limb-threatening emergencies requiring transfer for time-critical treatment at an appropriate facility;

- Major Trauma Network Operational Delivery Network – provides the management function overseeing the major trauma network, coordinating patient transfers between the major trauma centre, trauma units and local hospitals and enhancing major trauma learning to improve patient outcomes, patient experience and quality standards from the point of wounding to recovery;
- Lymphoedema Network – manages the Lymphoedema Network Wales National Team;
- Neonatal Transport Service - the Neonatal Transport Service is the service which safely moves babies (neonates) between hospitals across Wales and further when this is required;
- Spinal Operational Delivery Network – the management function for the network, co-ordination of patient flow across the spinal pathway, lead the development, and coordinate implementation and delivery of standards and pathways.

The board has a clear purpose, ambition, strategic aims, and strategic objectives have been developed to fulfil our civic responsibilities by improving the health of communities, reducing health equities and delivering prudent healthcare in which patients and service users feel cared for, confident and safe. These are set out in our [annual plan](#).



While our objectives ensure we meet national and local priorities and professional standards, our ways of working are underpinned by a values and behaviour framework, which was developed following many conversations with staff, patients and service users, relatives and carers. These are at the heart of all that we do.

## Foreword: Jan Williams, Chair of the Board



On behalf of the Board of Swansea Bay UHB, I am pleased to provide the Foreword for the 2024-25 Annual Report.

I joined the Board as Chair in June 2024 and, over the last year, I have been privileged to meet many patients, service users and their families, staff from services across the Health Board, key stakeholders and those who work in partnership with us across the public and third sectors. It has been a real pleasure and I am grateful to everyone who has given me their time, made me feel so welcome and answered my many questions.

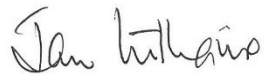
Swansea Bay UHB is one of the largest public bodies in the UK and the Board is the Governing Body, responsible for population health as well as for delivering health services. The Board makes a number of major decisions every year, both around shaping the future and on how to spend a significant amount of public money- £1.741bn in 2024/25. The Chief Executive's Introduction to the 2024/25 report sets out a number of achievements, across the breadth of services. There is so much to celebrate and, as a Board, we extend our thanks to, and appreciation of, staff across the organisation who have worked so hard to deliver those achievements.

We also, however, acknowledge the challenges that we faced last year. From the Board's perspective, we spent some considerable time focussing on services where we know we need to do better, for patients, service users and their families, and for staff who have found themselves working in pressurised environments. Maternity and Neonatal services, Mental Health and Learning Disability services and Unscheduled Care were all important items on the Board agenda. As Board members, we apologise to patients, service users and their families for whom our services were not as they should be and give you our commitment to continue working our hardest to secure continuous improvements.

The Board has the privilege of overseeing the work of our Charity – Swansea Bay Health Charity. The Charity has a new brand and a new strategy and has also delivered high profile appeals and campaigns, not least of which is the Cwtsh Clos campaign. This has a fundraising target of £160k to refurbish houses at Singleton, for use by parents of babies in our neonatal intensive care unit and we are in sight of reaching it! . The Charity attracts high profile supporters from the world of sport and entertainment, from community groups and individuals who generously give what they can. We are always grateful for your support and thank you all.

In conclusion, I would like to thank all staff across the organisation for your dedication and commitment and the vital services you provide, day in, day out. Thank you also to our partners, without whom we could not succeed.

I am indebted to all my Board colleagues for their welcome, support and guidance and thank them for their significant contributions throughout the year. It is my privilege to Chair the Board of Swansea Bay UHB and I look forward to meeting as many people as I can again in this coming year.

A handwritten signature in black ink, appearing to read 'Jan Williams', written in a cursive style.

Jan Williams

## Introduction: Chief Executive's Overview



I was delighted to join Swansea Bay University Health Board part way through the 2024-25 financial year. In the relatively short time I've already been here, I've been incredibly impressed with much of the work being done across a range of teams and roles to provide the best possible service to our patients and wider population.

While the 2024-25 financial year wasn't without its challenges, I feel there is much for our dedicated staff to be proud about.

In particular, our Health Board's achievement in eradicating waits of more than two years for operations and procedures is extremely important. Achieving this has involved a monumental effort from staff across a range of roles and would not have been possible without additional financial support from the Welsh Government, for which we are grateful.

Eradicating waits of more than two years was an important ministerial priority but it was also a big focus for us because of their impact on people's lives. Many people have been waiting a long time for their treatment or operation, some in pain or unable to work. We have also provided greater focus on helping people to improve their health whilst waiting for treatment. We'd like to continue the improvement but it won't be easy.

There's no doubt another big achievement – eradicating waits of more than 52 weeks for a first outpatient appointment – helped us eradicate the two year waits for treatment. Seeing patients more quickly has meant that we have a better understanding of the demands facing us as a Health Board whilst at the same time, it has helped many patients get an early answer to their health concerns. For some, that will have been the start of a treatment pathway whilst others will have been given an all-clear. This is why we have placed such an emphasis on maintaining our 52 week outpatient appointment position and why our ambition is to reduce the wait further going forwards.

Elsewhere, our performance against a range of Welsh Government metrics compares favourably with other Health Boards across Wales - from waiting times in our emergency department to diagnostic waiting times.

Despite that, we are very clear that there are some areas where we need to do better. Indeed, our placement in the Welsh Government's Targeted Intervention status as part of its escalation framework reflects that need.

Our urgent and emergency care services have been under sustained pressure over the last year or so. While there's no doubt that demand has increased, the underlying challenge we have faced is that our staff in the Emergency Department have been unable to work efficiently due to over crowding caused by a lack of bed availability elsewhere on our hospital sites. In turn, the lack of beds comes about as

a result of too many patients in beds when they no longer need acute medical care and would be better served being at home or in a non acute alternative care setting. We are working hard internally and with our Local Authority and third sector partners to improve the situation here, reducing the number of what we call Clinically Optimised Patients (COP). This will help free up space on our wards and in turn, decongest our Emergency Department.

Another big area of focus for us is our maternity and neonatal services. We recognise that there has been some concern regarding these services and I think it important to acknowledge that. This is why we commissioned an Independent Review of our Maternity and Neonatal services and we look forward to that reporting in the summer of 2025-26. The Independent Review will help us identify any weaknesses in our services, outline what we can do to improve them and provide reassurance to expectant mothers. The Independent Review gathered momentum during the 2024-25 financial year, undertaking a review of clinical outcomes, reviewing our leadership and governance arrangements and engaging with the public in order to secure feedback on the experience of mothers and families. As I write, this work is ongoing but is building to a conclusion. I want to acknowledge that some women, babies and families had a poor experience and in some cases an outcome that changed their lives and I am deeply sorry for that.

Our Health Board covers a huge range of activities, serving the Swansea and Neath Port Talbot populations as well as many from further afield via the tertiary services we provide.

The scale is quite incredible and individuals might access one or more of our services on a regular basis, including mental health and learning disability services, planned care, urgent and emergency care, cancer and primary care.

During the year we also identified the need to improve our mental health services as a priority. We commissioned some additional support to help us. In delivering these services we need to make the best possible use of public money. I'm pleased that we were able to hit the financial control target the Welsh Government set us during 2024-25, limiting our deficit to just under the £43m they required of us. We encountered huge financial challenges during the year, due to demand, underlying costs pressures and inflation across a range of budget headings, so I'm glad that everybody's hard work paid off and we were able to deliver once again what we said we'd deliver. We achieve a level of savings not achieved before, with 60% of those being recurrent.

The financial challenges ahead of us remain significant – but we are continuing to ensure that our plans and projections are stretching but realistic and that we continue our track record of delivering the financial out-turn we said we would, preventing disease and ill health is an important part of achieving sustainable services into the future and we ramped up our focus on population health and the preventative agenda during 2024-25. Our population health strategy provided clarity about what we were seeking to achieve and each of our service groups responded with specific actions to push the agenda forwards.

We know we have a responsibility to ensure we achieve service sustainability, where we are able to deliver high quality, patient centred services, that represent value, and are affordable within the financial resources available to us. We are working hard to achieve this over a realistic timeframe.

Like most NHS organisations across the UK we would like to do more in this field and I know the Welsh Government shares that view, moving more resources from treatment to prevention. That will be a focus during 2025-26.

Almost everything we do is done in partnership. I've already mentioned the work we are doing around discharging patients in conjunction with our Local Authority and third sector partners. We also have longstanding partnerships with volunteers, suppliers, regulatory bodies, trades unions, Government and others. We pride ourselves on being a good, reliable partner and I believe we delivered against that in 2024-25.

Likewise, we pride ourselves in being a good employer. Our values as an organisation are always front and centre in our decision-making and our People Strategy is built around that. Having said that, we recognise that the results from the Staff Survey conducted in Autumn 2024 tell us we have a lot to work on if we are to consistently deliver the working environment and culture we aspire to. We have more work to do to ensure that everyone feels a strong sense of belonging and that we support and celebrate the diversity of our workforce and our local communities.

During the second half of the year we appointed four executive directors, three permanent appointments – executive nursing, workforce and planning and one interim director – public health, covering a secondment to Welsh Government. The Health Board now has a complete and experienced executive team, which is part of the Board, will drive forward our ambitious programme for health improvement and service transformation.

I'd like to finish this introduction where I started it; by thanking our wonderful staff.

Everything we achieved during 2024-25 on behalf of our wider population and patients, was down to our staff. Everywhere I have visited, I have been impressed by the compassionate, professional and innovative teams we have and I look forward to working together over the next few years as we continue on our journey of improvement. No matter what their role or where they're based, every single member of staff is an important part of the team and their contribution is both essential and valued.

Diolch yn fawr one and all.



**Abigail Harris**  
**Chief Executive**

# **Performance Report**

## **2024-25**

## Our Performance Summary

The financial year 2024-25 was another highly pressurised year. During the year the Health Board was reassessed for its escalation status and was placed into Targeted Intervention for Urgent Emergency Care, Cancer, CAMHS, Planned Care and some elements of infection control. Significant progress has been made in planned care and good progress has been seen in cancer delivery, although the Health Board recognises further improvement is required in both these areas to achieve national targets.

In November 2024, the escalation status for finance and planning was increased from enhanced monitoring to targeted intervention due to the challenging financial position.

On 12 April 2024, the Health Board had its inception meeting with Welsh Government colleagues and on 24 April 2024 the first quarterly meeting was held with the Chief Executive of NHS Wales. Quarterly meetings subsequently alternate with formal Joint Executive Team (JET) meetings. Monthly review meetings are with Welsh Government officers focussing on key updates against the escalated areas. The Chief Operating Officer is the Senior Responsible Officer (SRO) for targeted intervention and each work programme is supported by senior management and clinical leads. Summarised updates against the escalation levels will be provided throughout this report.

Following the Tripartite meeting in February 2025, the levels of escalation have been revised and updated as follows;

- Child and Adolescent Mental Health Services de-escalated from level 4 (targeted intervention) to level 3 (enhanced monitoring).
- Planned care de-escalated from level 4 (targeted intervention) to level 3 (enhanced monitoring).

### Areas of Escalation Performance

The escalation areas were a focus for the Health Board's performance in 2024-25. Below is a summary of our end-of-year position to demonstrate progress against final figures for 2024-25.

#### Performance against Areas of Enhanced Monitoring (Level 3)

Measure	De-escalation Target	March 2024	March 2025
<b>Planned Care</b>			
<b>Number of patients waiting less than 52 weeks for an outpatient appointment</b>	100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.	100%	100%
<b>Number of patients waiting less than 104 weeks at all stages</b>	100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.	98%	100%

Measure	De-escalation Target	March 2024	March 2025
<b>Planned Care</b>			
<b>Number of patients waiting less 52 weeks at all stages</b>	80% of open pathways to be waiting less than 52 weeks and maintained for 3 months.	85.57%	86.18%
<b>Number of patients delayed by 100% for their Follow-up appointment</b>	15% reduction in the number of patients delayed by 100% for their follow up appointment in three consecutive months and maintained for 3 months (Based on the November 2023 baseline.)	18.89%	-4.59%
<b>R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment</b>	65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months.	66%	74.38%
<b>Number patients waiting less than 8 weeks for a diagnostic test</b>	80% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.	67.99%	82.08%
<b>Number of patients waiting less than 8 weeks for a diagnostic endoscopy</b>	80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.	22.96%	40.78%
<b>Number of patients waiting less than 9 weeks for a NOUS** and non-cardiac MRI</b>	80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.	99.92%	99.96%
<b>Number of patients waiting less than 14 weeks for therapies</b>	85% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.	99.98%	100%

Child and Adolescent Mental Health Services			
<b>Number of LPMHSS* mental Health assessments undertaken within 28 days from receipt of referral</b>	80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.	40%	75%
<b>Number of therapeutic interventions started within 28 days following an LPMHSS assessment</b>	65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	100%	100%
<b>Number of HB residents in receipt of a secondary mental health service who have a valid care and treatment plan</b>	80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	97%	98%

\*LPMHSS – Local Primary Mental Health Services

\*\* NOUS – Non-Obstetric Ultrasound Service

#### Performance against Areas of Targeted Intervention (Level 4)

Measure	De-escalation Target	March 2024	March 2025
<b>Cancer</b>			
<b>% Patients started treatment within 62 days on a Single Cancer Pathway</b>	60% performance maintained for 3 months against the Single Cancer Pathway (SCP) target.	58%	56% (Feb-20 25)
<b>Unscheduled Care</b>			
<b>Number of ambulance handovers over an hour</b>	A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on quarter 2 and 3 2023 baseline).	642	555 (0.18% reduction on previous month)
<b>Number of patients waiting over 12 hours in A&amp;E</b>	Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.	10%	11.3%

### Performance against Areas of Targeted Intervention (Level 4)

Measure	De-escalation Target	March 2024	March 2025
<b>Unscheduled Care</b>			
<b>Median time from arrival at an emergency department to assessment by a clinical decision maker</b>	Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.	81%	82.21%
<b>Number of delayed Pathways of Care</b>	A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 23 baseline).	243	219 (13.7% reduction on previous month)
<b>Infection, Prevention &amp; Control</b>			
<b>Number of hospital onset infections of C-Diff</b>	C-Diff: reduce the number of hospital onset infections by 40% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 10 cases to no more than 6 per month)	8 (April-24)	15
<b>Number of hospital onset infections of Staph aureus</b>	Staph aureus: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 4 cases to no more than 3 per month)	6 (April-24)	3
<b>Number of hospital onset infections of E-coli</b>	E-coli: reduce the number of hospital onset infections by 20% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 5 cases to no more than 4 per month)	8 (April-24)	4
<b>Number of hospital onset infections of Klebsiella</b>	Klebsiella: reduce the number of hospital onset infections by 10% and maintain for 3 months based on 2017/18 figures (baseline – 54 cases in 2017/18, reduce to average of at most 4 per month)	3 (April-24)	5

## Our Performance Report

The Performance and Finance and Quality and Safety Committees receive the integrated performance report at each meeting to track and monitor progress throughout the year. Deep dives are also received by the Performance and Finance Committee on the three highest risk areas – urgent and emergency care, planned care and cancer. In addition, the board received this report on a bi-monthly basis along with an in-depth report from the Chief Executive which not only updated on performance but other key areas, such as quality, workforce and achievements. As these reports are readily available from our website and provide a significant amount of detail, our annual report provides a snapshot of some of the work over the year.

### Urgent and Emergency Care

Urgent and emergency care (UEC) has continued to be one of our most challenging performance areas throughout 2024-25 as was the case within 2023-24 and we continue to be within 'Targeted Intervention' following escalation in December 2023, as per Welsh Government's escalation and intervention framework.

Our vision for UEC services supports the national 'Six Goals of Urgent and Emergency Care' to create 'one urgent and emergency care system' which clearly supports patients and communities in knowing where and when they can get the care needed in an emergency. We have worked to this vision driving and monitoring activity via our 6 Goals UEC Board with the framework of 4 programmes of namely:

- Programme 1: Co-ordination, signposting and alternatives to admission
- Programme 2: Integrated Front Door
- Programme 3: Acute Hospital flow and discharge
- Programme 4: Integrated Discharge

Key service areas for UEC activity include:

- Minor Injuries Unit (MIU)
- Emergency Department (ED)
- Same Day Emergency Care (SDEC)
- Acute Medical Unit (AMU)
- Urgent Primary Care Centre (UPCC)
- Older Persons Assessment Unit (OPAU)

The Minor Injuries Unit (MIU) at Neath Port Talbot Hospital remains one of the busiest units in the UK with attendances increasing year on year. During 2023-24 the MIU received 52,477 patient attendances, while in 2024-25 this figure increased to 58,969 attendances. The MIU is a key element of our UEC service offer, with MIU attendances accounting for approximately 38% of the total hospital unscheduled activity which is a significant contribution to ensuring patients receive the right care, in the right place in a timely way.

The Emergency Department (ED) at Morriston Hospital continued to be challenged within 2024-25 financial year with significant periods of patient overcrowding, many

patients spent too long in the department waiting for treatment or admission to a hospital bed if this was what they needed. Too many patients also waited too long for an ambulance or to be transferred into hospital from an ambulance. The high level of Clinically Optimised Patients (COPs i.e. those patients fit enough to leave hospital with a package of care) within the hospital exacerbated the situation with poor flow out of ED due to lack of available beds. This linked with overall poor patient flow through our acute hospital system due in part to broader social care challenges to support timely discharge impacted on the flow of patients across the system.

As part of our Frailty Strategy, during 2024-25 we rolled out our Older Persons Assessment Unit (OPAU) at Morriston Hospital. This supports our frail older people and allows for speedier assessment (and short stay facilities if required) and more timely discharge back to their place of residence. Early indications note positive performance although being constrained in part by workforce and estate/overcrowding issues due to the delayed pathways of care position previously outlined.

Next steps for rolling out the frailty strategy, will be to ensure our frail, older population stay well at home for as long as possible and ensure that any hospital admission is as short as it needs to be via initiatives such as Hospital@Home in 2025/26 (building on the services already developed such as Virtual Wards and Acute Clinical Teams).

Our Same Day Emergency Care (SDEC) service continues to work on turning around those patients at the front door with timely treatment to avoid an admission to hospital wherever possible. We believe that an 'ambulatory first' ethos is required to ensure all unnecessary admissions are avoided, while our Acute Medical Unit (AMU) is there to treat those patients that would benefit from a short stay (up to 72hrs) but do not require a full admission to hospital.

The SDEC service within our acute hospital system is supported by our already developed two Urgent Primary Care Centre (UPCC) services within our primary and community care service group. These services act as interface between general practice (GP) and the Emergency Department (ED) to ensure an effective filter of all urgent primary care-related cases and are for patients who need to see a clinician on the same day, but who are not an emergency needing to be seen in the Emergency Department (ED).

Moving into 2025-26 we will continue to carry out activity related to improving front door efficiency but also work to signpost (via a UEC Navigation Hub) to alternative areas of treatment other than ED such as UPCC and SDEC and the Hospital@Home initiative.

Furthermore, there will be significant work carried out regarding improving the hospital 'back door' by working to roll out our 'Discharge to Recover then Assess' (D2RA) model. This is being developed in conjunction with Local Authority colleagues via the Regional Partnership Board.

**Key achievements have included:**

**Programme 1: Co-ordination, signposting and alternatives to admission**

- Improved Management of LongTerm Conditions: community diagnostic hubs
- Technology enabled care: virtual wards
- Hospital at Home Model Trialed
- High Intensity Users (HIU) project developed

**Programme 2: Integrated Front Door**

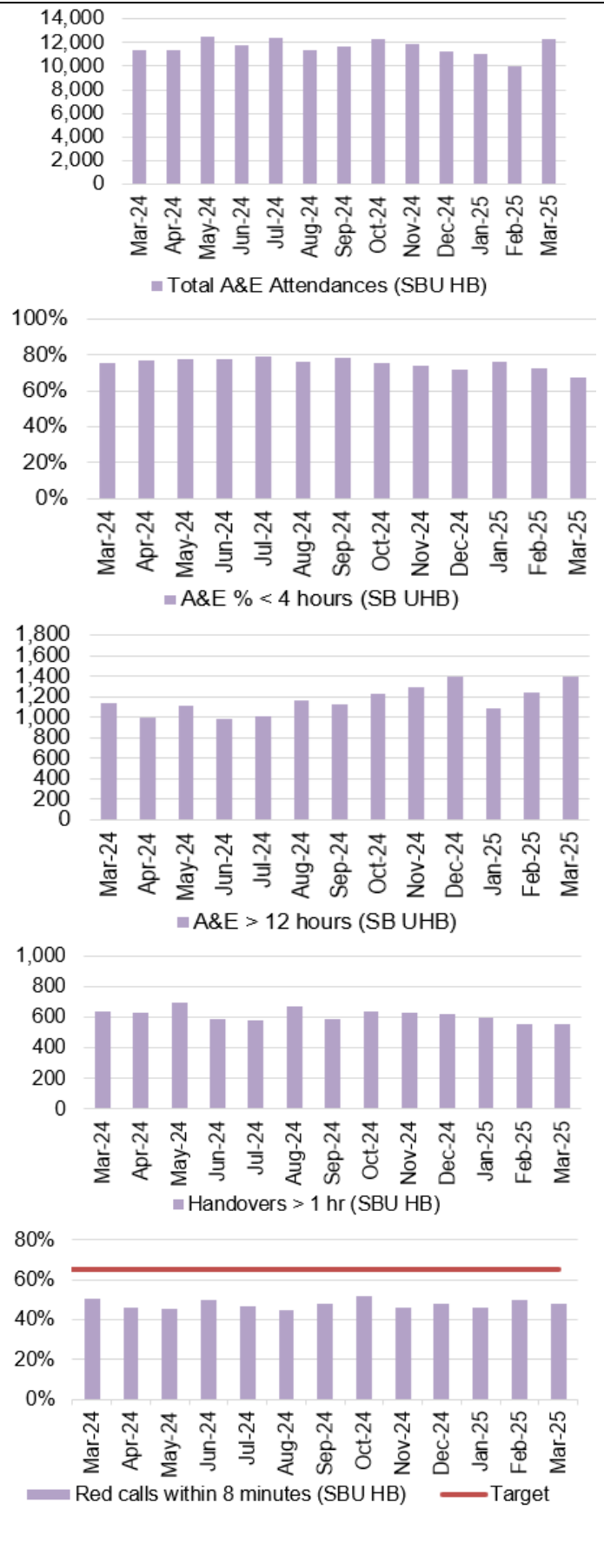
- Clear review & admission pathway for medicine
- Development of a frailty strategy to cover both planned and unplanned care
- Redesigning clinical pathway within the ED to include the workforce in ED and redesigning the Estate

**Programme 3: Acute Hospital Flow and Discharge**

- Productive wards to reduce length of stay
- Develop a cohesive and compliant approach to the delivery of stroke services

**Programme 4: Pathway of Care Delays Action Plan Development**

- Pathway of Care Delays action plan refreshed
- Internal Pathway of Care Delays escalation framework
- Integrated discharge hub
- Provision of additional EMI beds



## Planned Care

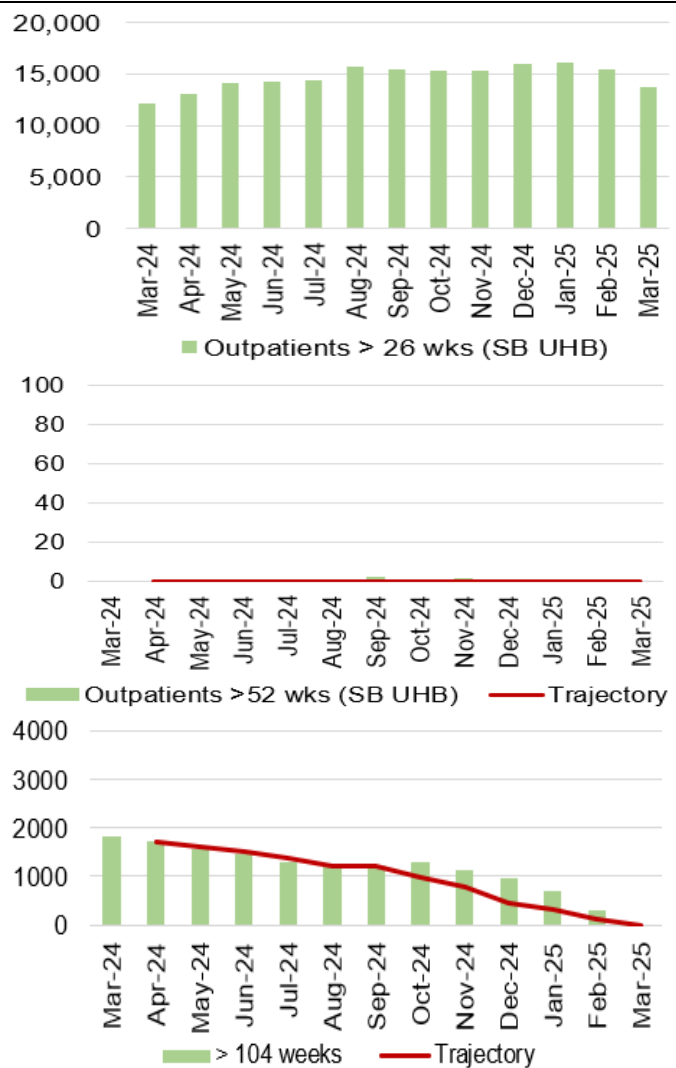
We continued to see significant improvements in our waiting times for planned care with the Health Board continuing to maintain the Ministerial Target for patients waiting less than 52 weeks for an outpatient appointment; the best in Wales.

We achieved our goal and have treated all patients waiting over 2 years by the end of March 2025.

The Health Board has continued to work with Hywel Dda Health Board to work on a regional solution to support reduction of waiting times for Orthopaedics and has undertaken local work to improve the cohort of patients we can operate on in Neath Port Talbot Hospital.

Further strategic developments to support increasing our patient flow work in Neath Port Talbot Hospital remained a priority along with increasing our Operating productivity and efficiency across our three hospitals to further enable the Health Board to sustain our Waiting Times position.

- Further strengthened GP-led services to prevent unnecessary referrals to secondary care by diagnosing and treating at source; such as the new pessary pathways in Gynaecology.
- Developed demand management solutions across our systems of care;
- Increasing core capacity for treatment through insourcing and outsourcing with the independent sector;
- Therapy-led education and lifestyle programme implemented for patients awaiting arthroplasty surgery;
- Successfully removed some patients from waiting list as their symptoms improved;
- Continue to optimize patient's physical condition for surgery



leading to improved outcomes	
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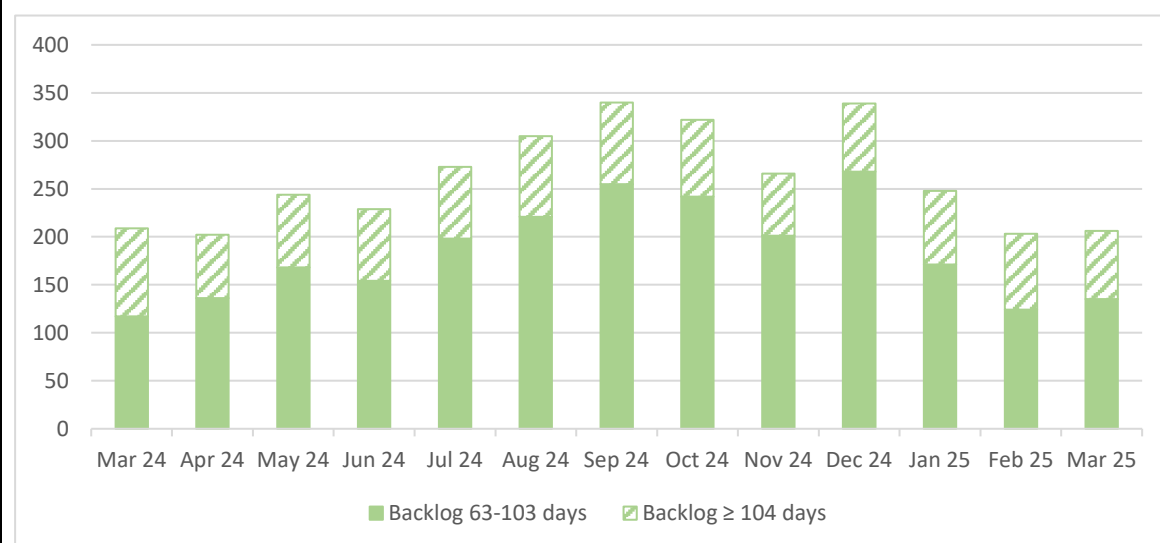
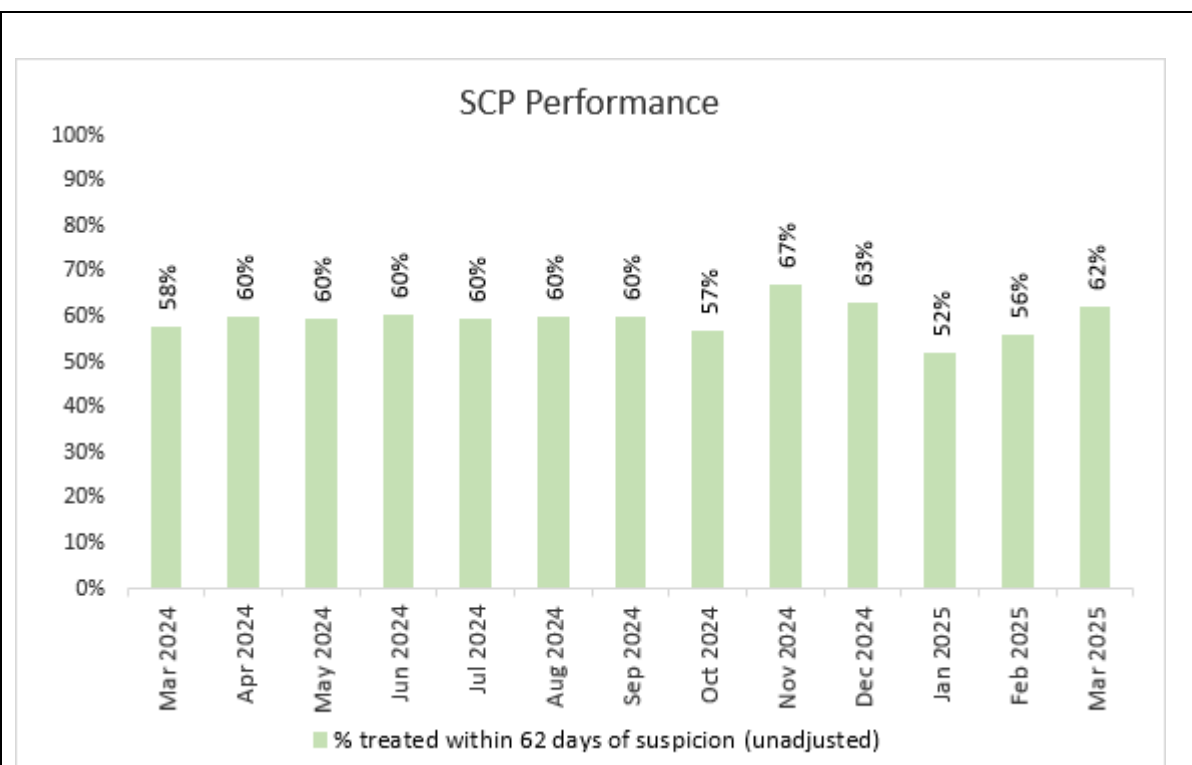
### Cancer

The delivery of the Single Cancer Pathway (SCP) (62 days) in common with all other health boards in Wales continues to be one of the most significant challenges for the organisation. There has been steady reduction in the backlog of cases waiting. The Health Board has consistently achieved 60% or above from April to December 24 (against a target of 75%) but performance dipped in January. There has been considerable improvement in meeting the Single Cancer Pathway most noticeable in breast cancer and the establishment of robotic surgery for urology patients in Morriston is also now resulting in improving performance. There has been a concerted focus on ensuring that patients are seen within two weeks of referrals and this has contributed to improvement in achieving a decision to treat (DTT) within 31 days. However, there are still challenges for the Health Board in delivering timely histopathology results despite a wide range of improvements introduced during the year and outsourcing of capacity for routine cases to allow Health Board consultants to focus on the urgent and suspected cancer patients.

Whilst improvements have been seen the Health Board recognised that there is still much to be done to achieve the increased target of 80% compliance by March 2026. To achieve this, not only will the focus on ensuring that a DTT within 31 day is delivered but that treatment can be delivered in the same timescale. There are improvements that are required to meet this target in some surgical specialties, notably colorectal cancer and there is significant pressure on the chemotherapy service with changes in treatment regimes.

Therefore the focus for the 2025/26 will be:

- Maintaining a focus of seeing patients within two weeks of referral for an urgent suspected cancer and target obtaining a decision to treat for each patient is available by day 31.
- Ensuring diagnostic capacity is available to ensure timely decision making for each patient.
- Increasing operating capacity for cancer patients, in particular for those with colorectal, urology and gynaecology
- Increasing capacity for chemotherapy planning and expansion in radiotherapy capacity to meet the anticipated increase in adjuvant treatment regimens
- In addition the Health Board will work with general practice and patients to ensure that the importance of attending appointments when on an urgent suspected pathway is understood. Patients deferring appointments are still a significant factor in the Health Board failing to achieve the 62-day target.



**Primary and Community Care**

The Health Board remains focused on delivering more care closer to home, working closely with our partners in social care and third sector to do so.

With Primary Care being the first point of contact for the majority of patients it plays a key role in supporting the prevention of ill health and the management of chronic health conditions. Primary Care includes the provision of medical, optometric, dental and pharmaceutical services. The Health Board now has 33 independent prescribers within community pharmacies that have undertaken over 10,000 consultations. This is set to increase and we have also started to roll out an independent prescribing service in optometry, which is now being delivered in 9 optometry practices.

From April to December 2024 (data from Jan-March is awaiting validation) over 43,000 patients have attended pharmacies to get help with common ailments over 10,000 more than the previous year; over 25,000 new routine and urgent dental appointments have been provided and over 20,000 eye health examinations have been delivered by primary care. In addition, by the end of the year we expect our local GPs to have provided over 2,000,000 appointments via phone, digital and face to face contacts, with ever increasing levels of patient demand for the services. The Urgent Primary Care Centre and GPOOH service continue to provide enhanced support though the day time and across evenings and weekends, with over 13,000 and over 55,000 patient contacts up to end December 2024.

We have worked with our GP colleagues to improve the GP estates with over 20 improvement grants being supported in 2024/25. This is critical in terms of providing appropriate, safe and effective environments for our services to operate from.

Our eight locality-based Clusters have maintained their momentum in terms of implementing the nationally driven Accelerated Cluster Development Programme (ACDP). We continue to have the support of the Professional Collaboratives (including Dental, Optometry, Community Pharmacy and GP) as well as having developed the (first in Wales) 3<sup>rd</sup> Sector Collaborative to provide clinically led, service planning and delivery within Clusters. This continued focus has seen developments in the Community Psychology serviced, supporting carers, primary care services and people with a learning disability.

At Cluster level, we have seen a range of local projects with Wellbeing Events for our public being delivered, all eight Clusters supporting the domestic violence agenda with better identification and pathways into appropriate support. There has been development of a bespoke dental antimicrobial prescribing guidance and a continued focus on improving the mental health of our population. There are Cluster specific projects in all eight clusters, including the NHS Award winning Cwmtawe Mental Health model.

Our Primary and Community Care Academy continues to develop to work with Primary Care contractors to ensure that we support our current workforce and prepare for the workforce of the future.

There is a strategic Pathways of Care Delays (POCD) reduction programme which is focused on ensuring that patients are discharged in a timely manner to the most appropriate setting with appropriate support.

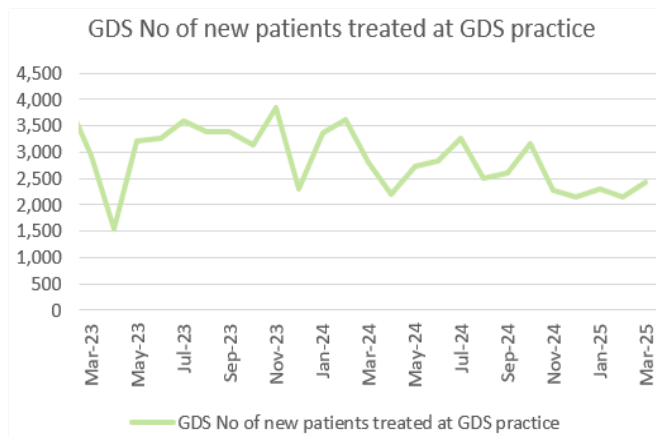
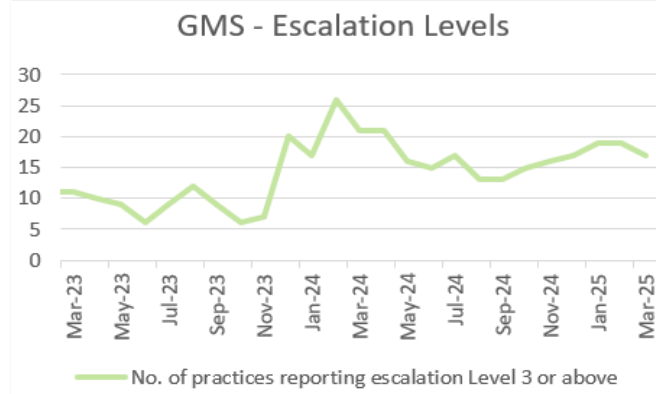
Our community nursing services are subject to ongoing review and modernisation to align with strategic workforce planning and the nurse retention plan. This has provided assurance around introduction of skill mix and use of student streamlining to support workforce plans. The senior nursing structure had been strengthened with the introduction of deputy heads of nursing roles, over specialist and children services.

Staff wellbeing has been a focus to ensure professional and personal resilience, including introducing restorative clinical supervision for all nursing staff in conjunction with professional nurse advocate roles, to support staff experience, satisfaction and retention.

There has been increased introduction/update of digital platforms across services to support and enable performance and data collection.

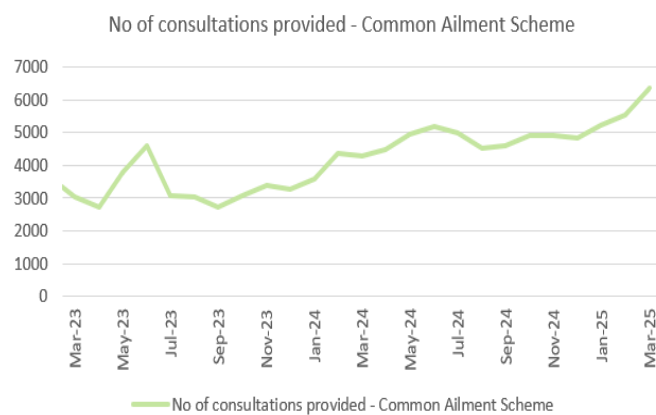
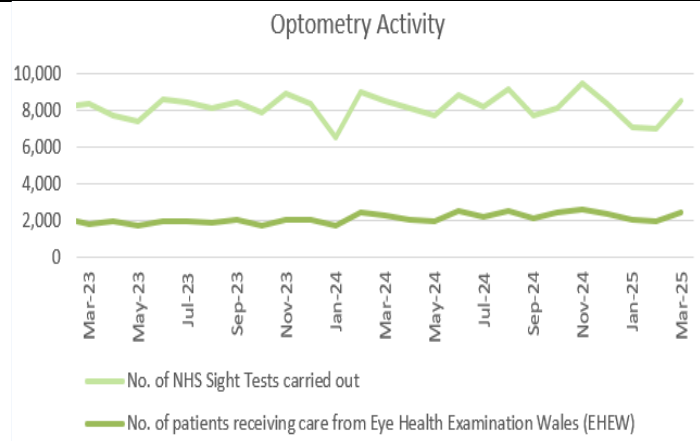
Some of the developments last year include:

- Expansion of common ailments scheme which had over 43,000 consultations;
- New dental appointments with 16,000 new appointments made available and 14,000 urgent appointments ;
- Ongoing collaboration with LAs in Paediatric OT + SLT to deliver universal and targeted intervention + school-based consultations through SLA
- Whole service roll out of digital wound app, improving wound healing rates.
- Streamlining of services to work collaboratively reducing duplication, between wound clinic and podiatry. And between District Nursing and Specialist Palliative Care.
- Roll out of the Health Child Wales



Programme Part 2 across school nursing.

- Increasing end-of-life care at home.
- Adferiad – multi-disciplinary service development for adults with long term conditions e.g., ME/CFS to provide equitable and evidence-based service. Commencing Golau Adferiad service for Children and Young People with long term conditions
- Stroke outreach therapy team established enabling timely discharge & continued rehabilitation with community
- Community Podiatry diabetic wound clinic – foot protection in place for all diabetic foot wounds
- Podiatry lower limb vascular diagnostics project with City cluster
- Launch of Audiology volunteer first repair service
- Increased partnership working with community leisure centres – Musculo skeletal exercise classes and promotion of healthier lifestyle choices



**Mental Health and Learning Disabilities**

Modernisation of services across both Mental Health and Learning Disabilities has been an important priority for 2024-25, with ongoing reviews of our current processes and pathways including outpatients, CDAT, and inpatient models.

The Service Group has worked closely with NHS Executive to review services and work commenced on a specific Mental Health and Learning Disabilities Service Group transformation programme. In addition the Health Board appointed an expert advisor to assess our services and to make recommendations for improvement.

Short term plans to improve the inpatient estates have been developed whilst interim and long term plans are firmed up to address the wholly inadequate inpatient provision for adult mental health treatment.

We continue to see significant increases in demand for our Mental Health Services both inpatients and community and particularly around Psychological Therapies which has impacted on our waiting times and admissions.

Child and Adolescent Mental Health Services (CAMHS) had continued to settle during their first year, with performance against the national targets steadily improving. In collaboration with Neath Port Talbot Local Authority, we are able to provide an In-reach CAMHS service into the Young Offenders Unit at Hillside.

The Service Group launched the Neath Port Talbot Sanctuary Service, which is an extension of the current service provided in Swansea and is located at The Forge Centre, Port Talbot. This was followed by the launch of the CAMHS Sanctuary Service in Swansea on 7<sup>th</sup> June 2024.

Implementation of key digital clinical systems including HEPMA (Hospital Electronic Prescribing & Medicines Administration) an electronic system that replaces paper medication charts and SIGNAL which supports patient journeys from admission through to discharge all in one single view, was rolled out across all our inpatient services in both Mental Health and Learning Disabilities.

This year we have reviewed the operation of the Learning Disability Intensive Support Service. This 7day service, that also works extended hours into the evening, and was expanded to cover all three Health Board areas with the intention of supporting people in crisis and avoiding the need for admission to hospital. The review has found that the service was valued by service users, families and staff for the support they provide, and it effectively prevents hospital admissions, supporting crisis intervention.

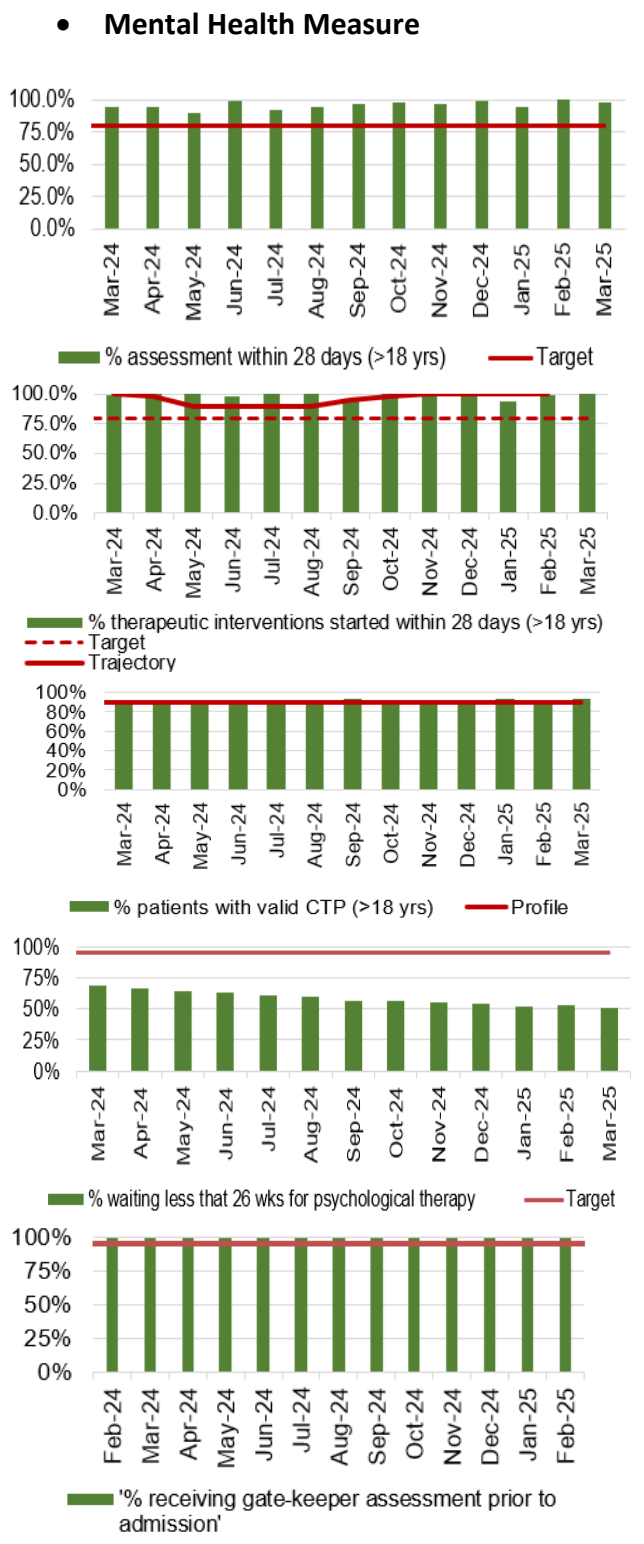
The Learning Disabilities Division had an innovative approach to addressing the physical health needs of patients with a learning disability, particularly where challenges were experienced in accessing general primary and secondary services. A general practitioner provides advice and consultation on a sessional basis that supports the management of complex physical health presentations. This has allowed access to a level of expertise that otherwise would not be easily available, and facilitated more timely interventions.

### **Key Performance metrics for our services**

Performance was sustained against Part 1a and 1b of the Mental Health Measure in adult services and is exceeding the targets for both assessment and interventions.

Focused work to achieve Care and Treatment Plans (CTP) compliance remains ongoing with Care Co-ordinators in both Health and Local Authority.

There has been a deterioration in the performance against the psychological therapies target, which is consistent with the national picture. Unprecedented demand for psychological therapies is driving the decrease in performance.



**Quality**

We have continued to embed the duty of quality across the organisation over the past year. This includes

- Strengthening our **quality control** systems through launching our quality dashboard,

- Broadening our **quality assurance** processes to visit more areas, including unscheduled and ambulatory care areas
- Embedding quality within our **quality planning** through progressing with the implementation of our Quality Strategy

Expanding our **quality improvement** work through developing skills and capacity across the organisation as well as progressing our annual quality priorities.

### **Quality Control**

Our quality dashboard was launched in March 2024 and uses live data to provide ward, service and organisational data on the quality and safety of our care. We will be expanding the information in the dashboard over the coming year as well as talking to our communities about what data they would wish to see us report to them.

### **Quality Assurance**

During 2024-25 we have undertaken monthly unannounced visits to clinical areas to look at care and patient experience in these areas. We have expanded this programme through adapting the toolkit we use for use in paediatric areas and in clinic-based settings.

Through using the AMaT audit tracking system we have strengthened how we track improvement actions following audits so that we can see at a glance what progress is being made. During the coming year we will expand these visits to community settings, including teams such as District Nursing, and through introducing a programme on monthly Board visits to services in addition to these audits.

### **Quality Planning**

Our Quality Strategy is now two years old and whilst we have made progress in several areas, including implementing the Duty of Candour and establishing quarterly learning events through our Patient Safety Congresses, we are going to take stock in 2025/26 to make sure that our strategic goals for quality align with the wider goals for the Health Board.

We continue to embed the duty of quality through our quality impact assessment tool and initiatives within the Annual Plan will be assessed for the quality impact.

### **Quality Improvement**

Expanding our quality improvement capacity means that staff at every level of the organisation can have the skills to make improvements. Over 2024-25 we have expanded our training offer to provide monthly one day courses in Fundamentals of Improvement as well as quarterly cohorts of a more in-depth improvement in Practice course.

Nationally we have been a part of the Safe Care Collaborative and have delivered quality improvement projects including an app to reduce the number of people brought to hospitals from a care home following a fall.

We have made improvements within our quality priority areas as follows:

**Preventing deconditioning** is important to get the best outcomes for our patients. Across our services we have trained 56 reconditioning ambassadors who promote the importance of helping patients to do as much as possible for themselves in their areas. In the coming year we are going to prioritise this work through work with national partners as part of the Safe Care Partnership

**Falls** our falls rates per 1000 bed days are 4.3 which is well below the national average of 6.6. This means that fewer patients are falling whilst in our hospitals.

Supporting patients with their **nutrition and hydration** is important not only for their experience but also for their outcomes. We have delivered a number of improvement projects including increasing the number of patients who we weigh when they come into our care so that we know if they are gaining or losing weight and so we can know if they require specialist support.

**Pressure damage** causes harm to patients and can affect their recovery or care outcomes. We are increasing our training in care homes and within our staff group to reduce the number of avoidable pressure ulcers that occur in our care.

Building on the achievements of our work on Sepsis, we are improving how we recognise **acute deterioration** amongst our patients. This is being done through our roll-out of national tools to detect deterioration in patients, including children and pregnant women.

High quality **end of life care** is important to us and we have trained our staff in talking to people and supporting people at the end of life.

In recognition of the link between language and high quality care, we have developed a five year plan to increase access to clinical consultations through the **Welsh language**. This work is being commenced within the priority areas in the More Than Just Words framework, namely Stroke, Care of the Elderly, Speech and Language Therapy, Children's Services and Mental Health Services. Successes within these areas will then be spread to other areas.

#### **Arts in Health**

- Our Arts in Health team have supported a range of exciting projects, improving the experience of patients, staff and communities. This includes providing regular music events in Neath Port Talbot Hospital in order to reduce boredom amongst patients and to improve their wellbeing, which makes a positive difference to their outcomes.
- We are excited to be developing an Arts Council Wales programme aimed at improving young people's emotional wellbeing, through creative input. This will be delivered through our Schools In-reach Service.

#### **Patient Experience**

A core value for the Health Board is 'always improving'. Feedback is invaluable in terms of informing the Health Board of positive experiences which we can share

across the organisation and also experience which we can use to learn and improve the services we provide.

To capture peoples' experiences, we use a range of methods from face-to-face, telephone, paper cards and QR codes on posters. The main method is text messaging, which is used to send patients a survey following their discharge/appointment. The feedback is shared across the services, and generates real-time alerts to any poor satisfaction scores, allowing teams the opportunity to act quickly on any issues raised. In 2024-25 we received a total of 66,816 responses from our 'Friends and Family' programme, achieving an impressive satisfaction score of 93%.

We have also developed bespoke surveys to help Heads of Services and clinical teams improve their services and pathways. In 2024-25 we developed 15 bespoke surveys for the following areas: Cancer Prehabilitation, COPD, Burns and Plastic Surgery Occupational Therapy, GP Out Of Hours, Bariatric Surgery, Upper GI, Pancreatic Clinical Nurse Specialist, Stroke, Maternity Quit Smoking, Help Me Quit and a patient visiting survey.

We have also received 2,258 formal complaints. Common themes included incorrect information, delays or lack of treatment and attitude/behaviour of clinical staff.

The health board reported 87 nationally reportable incidents to the NHS Wales Delivery Unit last year which included 3 Never Events.

We had 17 Ombudsman investigations over the last 12 months.

Some changes we made as a result of patient feedback:

**Examples of 'you said -we did'**

**You said:**

Just back from an immunotherapy session at Singleton Hospital. While the staff were brilliant, the new reclining chairs are terrible—causing poor circulation, backache, and discomfort even after an hour. People already unwell with cancer and suffering the rigours of chemo do not need this.

**We did:**

We've received your concern about the chemotherapy chairs. Sorry you have found these so uncomfortable. The company is keen to speak with you directly and welcome a chat with you. He will visit the department to speak with staff and patients and provide a lumbar support cushion for the chairs. Thank you for bringing this to our attention so we can

**Complaint Top Themes;**

- Communication – insufficient/incorrect information – 485
- Clinical Treatment – delay/lack of treatment – 416
- Attitude & /behaviour of clinical staff – 257

**Actions taken;**

- Bespoke training on complaints/communication
- Reminders in Concerns Redress Assurance Group (CRAG) meetings of the importance of clear communication and regular meaningful

continue to make improvements for all our patients.

**You said:**

I attended the 'new' centre yesterday for an appointment and couldn't get in! Being on 2 crutches I was not able to open the heavy manual doors that have been installed. Receptionist had to open them for me. As the centre caters for primarily patients with mobility issues, who may be using sticks/crutches/wheelchairs, why isn't there automatic doors?

**We did:**

Linked with Site Management & Capital Planning colleagues. Work has now been completed to install automatic doors to the new unit.

updates to complainants or patients

- Training during consultant development programme where the importance of good and clear communication is discussed.

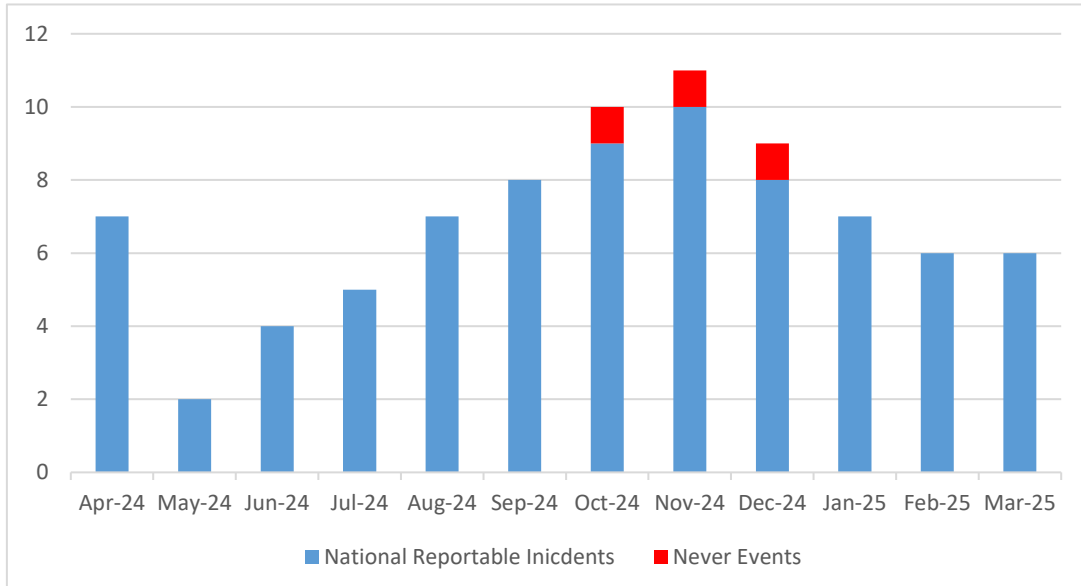
**National Reportable Incidents:**

Out of the 87 reported, top incident theme include:

- Avoidable pressure damage – 7
- Avoidable in-patient falls – 6
- Must Reports (Obstetrics / Neonatal) – 23

**Never Events:**

- 1 x Wrong procedure
- 1 x Retained throat pack
- 1 x Wrong implant



**Workforce and Staff Experience**

Our people are pivotal to delivering our ambitious vision to becoming a high-quality healthcare organisation for our patients, families and communities. In 2023/2024, we collaboratively developed and launched our 5-year People Strategy 2024-2029 to enable us to collectively focus on what is important to our people, creating an environment where they feel empowered and able to flourish. The People Strategy outlines 7 overarching strategic aims for our people: Engaged, motivated and

healthy; Attract and recruit; Well planned; Digitally ready; Excellent learning and education; Leaders that live our values; and Equality, diversity and belonging.

In 2024/25 we continued to support the delivery of our People Strategy by launching several new initiatives aligned to the seven strategic aims, as follows:

**Engaged, Motivated and Healthy:**

- ✓ Delivered a people recognition programme in 2024-25 to support our staff to feel valued. Patient Choice Awards saw a total of 201 individuals and teams recognised across 15 events, our One Bay Way Awards recognised 26 teams and 17 individuals across 15 categories, and we recognised 30 staff and volunteers for 25+ or 40+ Year's cumulative NHS Service
- ✓ Commenced the delivery of the national Speaking Up Safely Framework Action Plan to help our staff feel confident to speak up, including development of an online Speaking Up Safely Hub
- ✓ Development of our 'You Said, We're Delivering Together' Executive Led Health Board Action Plan informed by the 2024 NHS Wales Staff Survey results
- ✓ Agreed a joint compact with our trade union partners to improve partnership working
- ✓ Commenced a best practice review of our employee relations processes to facilitate a positive improvement and embed the principles of a just culture (fair, open, learning)
- ✓ Designed an organisation wide retention plan for our people including increasing flexible working opportunities
- ✓ Developed and implemented a series of bitesize webinars (Steps to Wellbeing) for staff to access to proactively support their wellbeing
- ✓ Launched a dedicated Men's Health Group, which aims to promote and reduce the stigma associated with health-related conversations amongst the male workforce
- ✓ Set up a Healthy People Forum
- ✓ Introduction of Staff Health Checks to promote proactive health management, healthy behaviours and signposting to relevant support and advice when indicated
- ✓ Supported a 33% increase in referrals during 2024 to the Staff Wellbeing Service and a significant increase in TRiM support to teams
- ✓ Commenced support to the AMD for Education and Training to deliver on the requirements outlined in the NHS Wales Fatigue and Facilities Charter
- ✓ Completed a PADR deep dive in the Estates and Support Services Directorate to highlight challenges and opportunities to PADR delivery within the area. The Estates and Ancillary staff group PADR compliance has improved from 55.06% reported in June 2024 to 74.03% reported in March 2025
- ✓ The introduction of the Professional Nurse Advocate (PNA) role continues to provide Restorative Clinical Supervision, strengthening emotional resilience and supporting staff wellbeing, particularly in high-pressure areas like nursing
- ✓ Upgrades to doctors' mess and break rooms across key sites have received positive feedback and align with the All-Wales Fatigue and Facilities Charter, directly improving rest, recovery, and morale during shifts.

- ✓ Ongoing initiatives such as the Staff MOT and Wellbeing Champions Network are also supporting this aim

#### **Attract and Recruit:**

- ✓ Refreshed our Medical Clinical Work Observation programme to promote inclusion. 145 observational placement opportunities were provided over a 13-week period in 2024 across the Health Board
- ✓ Launched a “widening access to careers in healthcare” programme
- ✓ Launched a work experience framework to support local communities to access healthcare careers and increase diversity
- ✓ Designed gateway academy programmes to provide career pathways for hard to recruit roles
- ✓ The Health Board has invested approximately £3 million into the Apprenticeship Levy in Wales between April 2024 and March 2025. The return on investment for the Health Board has included the recruitment of 24 Apprentices as new starters on various pathways and 174 staff enrolling on 17 different learning pathways as funded opportunities including some apprentices securing permanent employment with the HB.
- ✓ The Vocational Training team have continued to work with DWP and Local Authorities to provide work placements for long term unemployed people in our communities. During April 2024 and March 2025, 54 trainees started the programme and we have seen successes with 9 securing employment within Swansea Bay and 2 securing employment elsewhere in NHS Wales
- ✓ Cohort 5 of the SBUHB Graduate Gateway Programme saw all Graduates successfully completing the programme and securing roles before the end of the scheduled completion date of May 2025. All had started their new roles before the end of March 2025, and have remained within NHS Wales

#### **Well-Planned:**

- ✓ Appointed a dedicated Retention Lead in April 2024 to bring a clear focus and to coordinate workforce stabilisation efforts
- ✓ The Retention Plan is fully aligned with organisational turnover data and national workforce strategies, targeting known hotspot areas
- ✓ Facilitated workforce planning training for over 100 managers and team leaders in 2024-2025

#### **Digitally Ready:**

- ✓ Added our funded establishment to our Electronic Staff Record (ESR) system to improve the accessibility of workforce data
- ✓ Retention activity is now tracked and visualised through Power BI dashboards, enabling data-driven decisions
- ✓ Turnover rates are monitored across all staff groups, helping to measure intervention impact in real time

#### **Excellent Learning and Education:**

- ✓ Development of bitesize learning modules aligned to key workforce areas including finance basics, completing a meaningful Personal Appraisal Development Review (PADR) and Managing Attendance at Work policy as part of the first phase of development for the Brilliant Basics digital learning platform
- ✓ Providing support sessions for staff to access Statutory and Mandatory E-learning training via ESR. Health Board compliance is currently 87.26%, which is exceeding the Welsh Government Target of 85%.

- ✓ Continued to champion staff to study apprenticeships both bilingually through the medium of Welsh. Currently, 47 out of the 164 Health Board College apprentices study through bilingual delivery – that’s 29% of our learners. This is aligned to the Health Board’s current People Strategy, which emphasises the importance of enhancing Welsh language skills among staff to improve patient and service user experiences

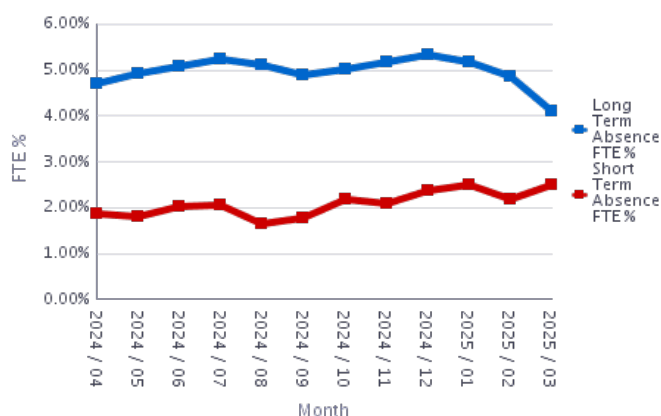
**Leaders that Live our Values:**

- ✓ Commenced a refresh of our suite of leadership development programmes to support our leaders to act as role models and advocates for our Health Board values, in addition to harnessing essential skills of management. This resulted in the launch of our “Brilliant Basics” digital management learning platform to provide accessible bite size learning for our staff 24/7 in January 2025. Following launch, the platform was accessed 1,500 times by over 350 viewers during the first week
- ✓ Reviewed our talent and succession planning pilot and its implication for wider cascade to support a sustainable workforce
- ✓ Promoted Compassionate Leadership and Healthy Working Relationship resources during October’s Speak Up Month and Anti-bullying Week in November 2024
- ✓ Revised and re-launched our Consultant Development Programme for newly appointed Consultants during October 2024. The modular programme saw 15 Consultants attend across the 5 modules
- ✓ Engaged with HEIW’s national work programme to further integrate content around Compassionate Leadership into our Local Leadership offering
- ✓ Developed an easy-to-read/access Management and Leadership Development Digital Toolkit and resources on Compassionate Leadership, built into Brilliant Basics. Resources include short films and case studies bringing it to life.

**Equality, Diversity and Belonging:**

- ✓ Expanded existing cultural conversations to other staff groups to promote an inclusive culture where staff feel they belong
- ✓ Continued to deliver our Anti-Racist Wales Workforce Action Plans

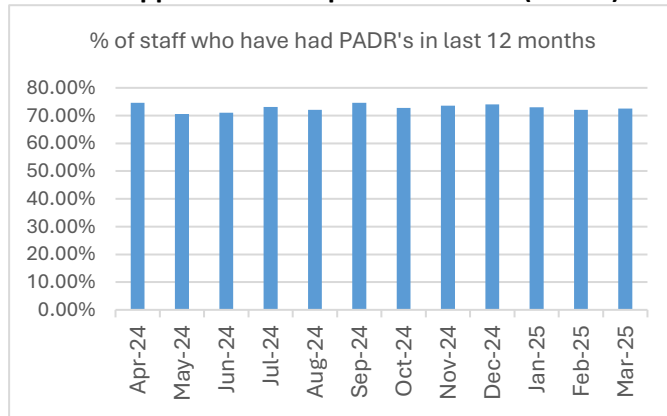
**Key Workforce Metrics - Sickness absence**



At the end of March 2025, the rate of long-term sickness absence was 4.1% and the rate of short-term absence was 2.5%. The total absence rate for SBUHB improved to 6.65% against a target of 5%.

In 2025 we will continue utilising Occupational Health and maintain Managing Attendance at Work training commitments

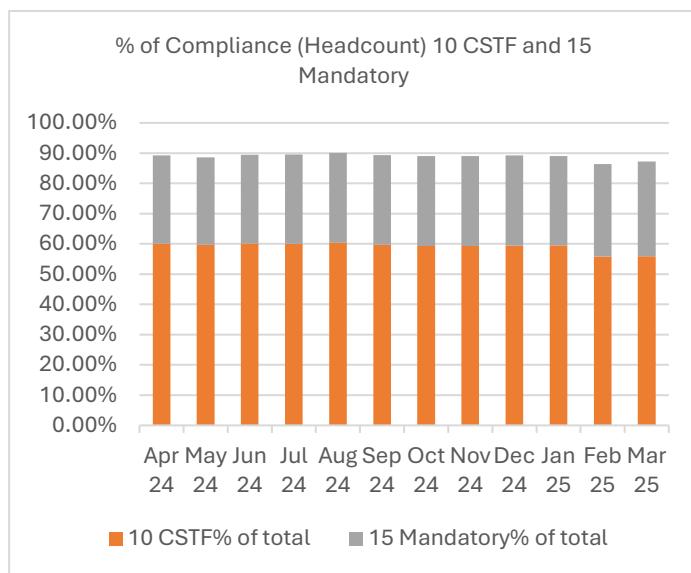
**Personal Appraisal Development Reviews (PADRs)**



The percentage of PADR reviews completed as at 31st March 2025 was 72.5%, increased from 69% in 2024 (target 85%).

In November 2024, Bite size learning videos were added to the PADR SharePoint page and integrated into the Brilliant Basics learning platform from January 2025. System update training is provided by the ESR team.

**Mandatory & Statutory Training**



The overall compliance rate as at 31<sup>st</sup> March 2025 was 87.26% (target 85%).

Workforce and OD continue to support users with compliance, with a particular focus on Medical and Dental colleagues and in conjunction with the Revalidation and Appraisal team.

**Conclusion and Forward Look**

Much has already been achieved but there is significant work ahead to continue to deliver timely care; to continue to modernise our services and to stabilise the health board’s financial position on the road to long term sustainability. To support this, the next phase of our [Swansea Bay UHB Annual Plan 2025/26](#) was approved by the board in March 2025, which sets out what we will achieve over the next few years, and how.

# **Accountability Report 2024-25**

## Annual Governance Statement

### ❖ Scope of Responsibility

The board is accountable for governance, risk management and internal control. As Chief Executive of the board, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which I am personally responsible. These are carried out in accordance with the responsibilities assigned by the accountable officer of NHS Wales.

The annual report outlines the different ways the organisation has had to work both internally and with partners in response to the unprecedented pressure in planning and providing services. It explains arrangements for ensuring standards of governance are maintained, risks are identified and mitigated and assurance has been sought and provided. Where necessary additional information is provided in the governance statement, however the intention has been to reduce duplication where possible. It is therefore necessary to review other sections in the annual report alongside this governance statement.

In January 2024, the Health Board was escalated under the NHS Wales escalation and oversight framework. At this time, the Health Board was placed in enhanced monitoring (Level 3) for maternity and neonatal services as well as for finance, strategy, and planning. The Health Board was also placed into Targeted Intervention (Level 4) for performance and outcomes. However, in November 2024, finance, strategy, and planning was further escalated to targeted intervention (Level 4) due to the Welsh Government's reduced confidence in the Health Board's financial position and forecast deficit for 2024-25. Escalation status for Child & Adolescent Mental Health Services (CAMHS) has reduced to due to improvements in performance waiting times.

## Our Governance Framework

### ❖ Overview

The Health Board has a statutory requirement to comply with the Local Health Board (Constitution, Membership and Procedures) (Wales) Regulations 2009 and comprises chair, vice-chair, chief executive, nine independent members and eight executive directors.

All of these ensure that the board is made up of people with a range of backgrounds, disciplines and expertise. This is enhanced further by non-voting director posts comprising the Director of Insight, Communications and Engagement, Director of Digital and the Director of Corporate Governance.

The board works as a corporate decision-making body with executive directors and independent members as equal members sharing responsibility. Its main role is to exercise leadership, direction and control which includes setting the overall strategic direction for the organisation (in-line with Welsh Government policies and priorities) and establishing and maintaining high-levels of corporate governance and accountability, including risk management and internal control. It is also there to:

- Ensure delivery of aims and objectives through effective challenge and

- scrutiny of performance across all areas of responsibility;
- Ensure delivery of high quality and safe patient care;
- Build capacity and capability within the workforce to build on the values of the health board and creating a strong culture of learning and development;
- Enact effective financial stewardship by ensuring the health board is administered prudently and economically with resources applied appropriately and efficiently;
- Instigate effective communication between the organisation and its community to ensure its services are planned and responsive to the identified needs;
- Appoint, appraise and oversee arrangements for remunerating executives.
- Creating a culture within the organisation that supports living our values.

The day-to-day running of the board is covered through its [standing orders and standing financial instructions](#) which tailor the statutory requirements of the Local Health Board (Constitution, Membership and Procedures) (Wales) Regulations 2009, together with a scheme of delegation which is relevant for officers as well as the board and its committees. The standing orders and standing financial instructions are reviewed regularly and are supported by corporate policies and procedures.

#### ❖ Director's Report

The board is made-up of executive directors, who are employees of the Health Board, and independent members appointed by the Minister through the public appointment process. Current board members and other members of the senior team are set out below along with the changes for the year. There have been challenges around a permanent chair of the Stakeholder Reference Group with independent members chairing the meetings. Another advisory group the Health Board is required to have is the Health Professionals' Forum, relaunched in March 2022. Its co-chairs, Andrew Griffiths and Judith Vincent, are now associate board members.

In May 2024 our Chair, Emma Woollett stood down. She was replaced in June 2024 by Jan Williams. Then in October 2024 our independent member Tom Crick, stood-down. He was replaced in January 2025 by Andrew Griffiths.

There have been many changes through the year regarding board and committee membership. The information below reflects the membership as at 31 March 2025.

#### ❖ Chair and Independent Members



##### **Jan Williams, Chair**

##### **Appointment:**

Jan was appointed as Chair in June 2024.

##### **Board and Committee Membership**

Jan chairs the Board and Remuneration and Terms of Service Committee and is co-chair of the Regional Joint Committee.



**Stephen Spill, Vice-Chair**

Stephen was appointed as Vice-Chair in January 2021. Prior to this he was a special advisor to the board on performance and finance from May 2020.

**Board and Committee Membership**

Stephen chairs the Population Health Committee. He is a member of the Board, Remuneration and Terms of Service Committee, Charitable Funds Committee, Mental Health Legislation Committee and Performance and Finance Committee.



**Reena Owen, Independent Member**

**Appointment:**

Reena was appointed as an independent member in August 2018.

**Area of Expertise:**

Community.

**Board and Committee Membership**

Reena chairs the Workforce and Organisational Development Committee. She is a member of the Board, Performance and Finance Committee, Population Health Committee and Remuneration and Terms of Service Committee.



**Andrew Griffiths, Independent Member**

**Appointment:**

Andrew was appointed as an independent member in January 2025.

**Area of Expertise:**

Information and Communications Technology.

**Board and Committee Membership**

Andrew chairs the Digital, Data, Research and Innovation Committee. He is a member of the Board, Remuneration and Terms of Service Committee Workforce and Organisational Development (OD) Committee and Audit Committee.



**Jean Church, Independent Member**

**Appointment:**

Jean was appointed as an independent member in May 2023.

**Board and Committee Membership**

Jean is a member of the Board, Remuneration and Terms of Service Committee, Performance and Finance Committee, Digital, Data, Research and Innovation Committee and the Regional Joint Committee.



**Keith Lloyd, Independent Member**

**Appointment:**

Keith was appointed as an independent member in May 2020.

**Area of Expertise:**

University

**Board and Committee Membership**

Keith is a member of the Board, Remuneration and Terms of Service Committee, Digital Data Innovation and Research Committee. Quality and Safety Committee and the Regional Joint Committee.



**Nuria Zolle, Independent Member**

**Appointment:**

Nuria was appointed as an independent member in October 2019.

**Area of Expertise:**

Third sector

**Board and Committee Membership**

Nuria chairs the Audit Committee. She is a member of the Board, Remuneration and Terms of Service Committee, Digital, Data, Research and Innovation Committee and Population Health Committee.



**Jackie Davies, Independent Member**

**Appointment:**

Jackie was appointed as an independent member in August 2017.

**Area of Expertise:**

Trade union

**Board and Committee Membership**

Jackie is a member of the Board, Remuneration and Terms of Service Committee, Mental Health Legislation Committee, Workforce, Organisational Development (OD) Committee and Charitable Funds Committee and Quality and Safety Committee.



**Patricia Price, Independent Member**

**Appointment:**

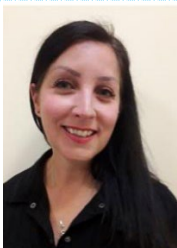
Patricia was appointed as an independent member in October 2021.

**Area of Expertise:**

Finance

**Board and Committee Membership**

Patricia chairs the Performance and Finance Committee. She is a member of the Board, Audit Committee, Mental Health and Legislation Committee, Remuneration and Terms of Service Committee and the Regional Joint Committee.



**Nicola Matthews, Independent Member**

**Appointment:**

Nicola was appointed as an independent member in February 2023.

**Area of Expertise:**

Local Authority

**Board and Committee Membership**

Nicola chairs the Charitable Funds Committee. Nicola is a member of the Board, Remuneration and Terms of Service

Committee, Population Health Committee and Quality and Safety Committee



**Anne-Louise Ferguson, Independent Member**

**Appointment:**

Anne-Louise joined the board in an advisory role for legal in August 2022 while the recruitment for the independent member vacancy for this speciality was undertaken. From March 2023, she was a full board member as the legal independent member of the board.

**Area of Expertise:**

Legal

**Board and Committee Membership**

Anne-Louise chairs the Mental Health Legislation Committee. Anne-Louise is a member of the Board, Remuneration and Terms of Service Committee, Quality and Safety Committee and Workforce and Organisational Development (OD) Committee.

❖ **Chief Executive and Executive Directors**



**Abigail Harris, Chief Executive**

**Appointment:**

Abigail was appointed as Chief Executive in October 2024.

**Board and Committee Membership**

Abigail is a member of the Board and attends the Remuneration and Terms of Service Committee.



**Richard Evans, Medical Director/Deputy Chief Executive**

**Appointment:**

Richard was appointed as Medical Director in November 2018 and Deputy Chief Executive from March 2021. He was appointed as Interim Chief Executive in August 2023 until October 2024.

**Board and Committee Membership**

Richard is a member of the Board and attends the Quality and Safety Committee, Digital, Research and Innovation Committee and Audit Committee (the latter as required).



**Hazel Powell, Interim Director of Nursing and Patient Experience**

**Appointment:**

Hazel was appointed as Interim Director of Nursing and Patient Experience in September 2024.

**Board and Committee Membership**

Hazel is a member of the Board. She attends Quality and Safety Committee, Mental Health Legislation Committee, and Workforce and Organisational Development (OD) Committee.



**Sarah Jenkins, Interim Director of Workforce and Organisational Development (OD)**

**Appointment:**

Sarah was appointed as Interim Director of Workforce and OD in March 2024.

**Board and Committee Membership**

Sarah is a member of the Board. She attends Workforce, Organisational Development (OD) Committee and Remuneration and Terms of Service Committee.



**Darren Griffiths, Director of Finance**

**Appointment:**

Darren was appointed as Interim Director of Finance in February 2020 and substantively in July 2021. He was appointed Interim Deputy Chief Executive in September 2023 to October 2024.

**Board and Committee Membership**

Darren is a member of the Board. He attends Audit Committee, Performance and Finance Committee, Population Health and Partnerships Committee and Charitable Funds Committee.



**Gill Richardson, Interim Director of Public Health**

Gill was appointed as Interim Director of Public Health in March 2025.

**Board and Committee Membership**

Gill is a member of the Board. She attends Population Health Committee.



**Marie Davies, Director of Planning & Partnerships**

**Appointment:**

Marie was appointed as Director of Planning & Partnerships in February 2025.

**Board and Committee Membership**

Marie is a member of the Board. She attends Population Health Committee, Charitable Funds Committee and Performance and Finance Committee.



**Christine Morrell, Director of Allied Health Professional and Health Sciences**

Chris was appointed as Interim Director of Therapies and Health Science in March 2021 and substantively in August 2021.

**Board and Committee Membership**

Chris is a member of the Board. She attends Quality and Safety Committee and Workforce and Organisational Development (OD) Committee.



**Deb Lewis, Chief Operating Officer/Director of Primary Care & Mental Health**

Deb was appointed as interim Chief Operating Officer at the start of March 2023 and then substantively in April 2023. Along with Director of Primary Care and Mental Health in April 2024.

**Board and Committee Membership**

Deb is a member of the Board and attends the Performance and Finance Committee.

❖ **Associate Board Members (non-voting)**



**Andrew Jarrett, Director of Social Services, Neath Port Talbot Council**

**Appointment:**

Andrew was appointed as an associate board member in April 2019 and attends Board meetings.



**Judith Vincent, Clinical Director for Pharmacy and Medicines Management**

**Appointment:**

Judith became an associate board member in March 2022 as a co-chair of the Health Professionals' Forum.



**Andrew Griffiths, Head of Cluster Development and Planning**

**Appointment:**

Andrew became an associate board member in March 2022 as a co-chair of the Health Professionals' Forum.

❖ **Members of the Executive Team (Non-Board Members)**



**Matt John, Director of Digital**

**Appointment:**

Matt was appointed as Director of Digital in August 2020.

**Board and Committee Membership**

Matt attends the Board in a non-voting capacity as well as the Digital, Data, Research and Innovation Committee



**Hazel Lloyd, Director of Corporate Governance**

**Appointment:**

Hazel was appointed as Acting Director of Corporate Governance in December 2021 and substantively in October 2022.

**Board and Committee Membership**

Hazel is the main governance advisor to the board. She attends the board in a non-voting capacity, Quality and Safety Committee, Population Health and Partnerships Committee, Charitable Funds Committee, Audit Committee, Mental Health Legislation Committee, Performance and Finance Committee, Remuneration and Terms of Service Committee and the Workforce and Organisational Development (OD) as well as the Digital, Data, Research and Innovation Committee.



**Richard Thomas, Director of Insight, Communications and Engagement**

**Appointment:**

Richard took up post as the Director of Insight, Communications and Engagement in March 2023.

**Board and Committee Membership**

Richard attends the Board in a non-voting capacity. He also attends Charitable Funds Committee.

❖ **Board Member Departures for 2024-25**



**Emma Woollett, Chair**

**Appointment:**

Emma was appointed as Chair in April 2020. Prior to this she held the office of vice-chair but also undertook the interim Chair role from July 2019. Stood down at the end of May 2024.

**Board and Committee Membership**

Emma chaired the Board, Population Health & Partnerships Committee and Remuneration and Terms of Service Committee.



**Tom Crick, Independent Member**

**Appointment:**

Tom was appointed as an independent member in October 2017 (reappointed October 2020). Stood down in October 2024.

**Area of Expertise:**

Information and Communications Technology.

**Board and Committee Membership**

Tom chaired the Workforce, Organisational Development (OD) and Digital Committee. He was a member of the Board, Remuneration and Terms of Service Committee and Audit Committee.



**Gareth Howells, Director of Nursing and Patient Experience**

**Appointment:**

Gareth was appointed as Director of Nursing and Patient Experience in September 2021 on secondment from Welsh Government and left the organisation in August 2024.

**Board and Committee Membership**

Gareth was a member of the Board. He attended Audit Committee, Quality and Safety Committee, Mental Health Legislation Committee, and Workforce, Organisational Development (OD) and Digital Committee.



### **Raj Krishnan, Acting Medical Director**

#### **Appointment:**

Raj was appointed as Acting Medical Director in September 2023 and this ended in October 2024.

#### **Board and Committee Membership**

Raj was a member of the board and attended the Quality & Safety Committee and Audit Committee (the latter as required)



### **Anjula Mehta, Acting Medical Director**

#### **Appointment:**

Anjula was appointed as Acting Medical Director in September 2023 and this ended in October 2024.

#### **Board and Committee Membership**

Anjula was a member of the board and attended the Workforce, OD and Digital Committee.



### **Nerissa Vaughan, Interim Director of Strategy**

#### **Appointment:**

Nerissa was appointed as Interim Director of Strategy in April 2023 and this ended in February 2025. Nerissa has remained within the organisation as programme lead for mental health transformation.

#### **Board and Committee Membership**

Nerissa was a member of the board. She attended the Population Health & Partnerships Committee and Performance and Finance Committee.



### **Jennifer Davies, Interim Director of Public Health**

#### **Appointment:**

Jennifer was appointed as Interim Director of Public Health in April 2024 and this ended in January 2025.

#### **Board and Committee Membership**

Jennifer was a member of the Board. She attended Population Health Committee and Quality and Safety Committee.

Each board member has stated in writing that he/she has taken steps to make the auditors aware of any relevant audit information. Board members and senior managers have advised of any interests which may have a conflict with their board responsibilities and no material interests have been declared in 2024-25. A full [Declarations of Interest Register](#) is available for 2024-25 and details are also included in the remuneration report.

#### **❖ Role of the Board**

The board has the overall responsibility for the strategic direction of the organisation and provides leadership and direction. It also has a key role in ensuring that there are robust governance arrangements in place as well as an open culture and high standards as to how its work is carried out. Board members share corporate responsibility for all decisions and play a key role in monitoring the performance.

As a standard, the board meets in public six times a year, but there were occasions when special board meetings took place, for example in summer 2024 to agree the annual accounts and quarter two for an update on the re-opening of the Neath Port Talbot Birthing Centre. Each regular meeting begins with a patient or staff story, setting out personal experience of the health board's services. This is an opportune way to learn lessons and help improve and plan services for the future. The stories received in 2024-25 included:

- Patient story – Sharing Hope
- Patient story – Reopening of the Brith Centre at Neath Port Talbot Hospital
- Patient story – Silence to Strength – Occupational Therapy and CAMHS Service
- Staff Story – Urgent and Emergency Care
- Patient/Staff Story – Digital Services

The health board runs accredited digital storytelling training for the NHS across the UK. We have also convened a series of international conferences on storytelling for health. But above all, we have helped people have their voices heard and have listened and improved our services. More information can be found on the [Arts in Health website](#).

In addition to formal board meetings, there are board development sessions. These are a chance to talk through plans or strategies in the developmental stage, undertake training or hear about good practice internal and external to the organisation:

Board Development
Board Effectiveness (April 24)
A presentation from Deloitte on Strategic Risk Management (July 24)
Winter Preparedness (Sept 24)
Mental Health (Sept 24)
Health Board Strategic Objectives (Dec 24)
Board Assurance Framework (Dec 24)
IMTP Priorities 25/26 (Dec 24)
Chief Executive Feedback from Denmark (Dec 24)
Board Engagement (Dec 24)
IMTP Priorities and Risks (Feb 25)
Chief Executives 90 day Feedback (Feb 25)

Members are also involved in a range of other activities on behalf of the board, such as service visits and meetings with local partners.

The Board is required to undertake an annual self-assessment of its effectiveness in terms of governance and internal controls. In April 2024, at a board development

session, a review of board effectiveness was undertaken. Three themes were highlighted: board leadership, board governance and board connectivity.

#### ❖ **Committees of the Board**

The health board has established a number of committees as set out in the diagram at **appendix one**. Each one is chaired by an independent member and has a key role in relation to the system of governance and assurance, decision making, scrutiny, assessment of current risks and performance monitoring. Following each meeting, a summary of the discussion is shared with the board at its next formal meeting and all the papers for the public sessions of board and committee meetings are on the health board's [website](#), including the [Terms of Reference](#) for each committee. There are some meetings for which papers are not made public either because of the confidential nature of the business or because the items are in a developmental stage. The board recognises that it has a commitment to holding its committee meetings in public however, due to the number of committees and frequency of these, it is too resource intensive to livestream committee meetings but the health board will look at ways in which committees could be held in public where possible.

In the Autumn of 2024, it was agreed to establish a Digital, Data, Research & Innovation Committee. The purpose of the committee is to provide advice and assurance to the Board that appropriate arrangements are in place for the successful delivery of current and future digital tools and services and that there are effective measures to drive the desired digital culture throughout the Health Board to enable the delivery of safe, high quality and efficient healthcare.

Assurance committees the health board is required to have comprise:

#### **Audit Committee**

The Audit Committee supports the overall board assurance framework arrangements, including the development of the annual governance statement, and provides advice and assurance as to the effectiveness of arrangements in place around strategic governance, risk management and internal controls. More specifically it has:

- overseen the system of internal controls;
- continued to focus on the improvements of the financial systems and control procedures;
- overseen the development and implementation of the board assurance framework;
- monitored local counter fraud arrangements;
- sought assurance in relation to the risk management process;
- considered and recommended for approval revisions to standing orders and standing financial instructions;
- reviewed findings of internal and external audits and progress against corresponding action plans;
- held executive directors to account where appropriate;
- discussed and recommended for approval by the board the audited annual accounts, accountability report, annual report and head of internal audit opinion;

- continued to monitor the implementation of the recommendations as set out in the governance work programme.
- Conducted deep dives throughout the year, some examples are; consultant job planning, workforce planning arrangements, follow-up outpatient services and continuing healthcare transformation programme.

### **Quality and Safety Committee**

The Quality and Safety Committee is the main assurance mechanism for reporting evidence-based and timely advice to the board in relation to the quality and safety of healthcare as well as the arrangements for safeguarding and improving patient care in line with the standards and requirements set out for NHS Wales. Each meeting begins with a patient story and also includes updates from internal and external regulatory bodies, and where reports have raised concerns, action plans are monitored by the committee.

### **Remuneration and Terms of Service Committee**

The purpose of the Remuneration and Terms of Service Committee is to provide advice to the board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by Welsh Government and assurance to the board in relation to the health board's arrangements for the remuneration and terms of service, including contractual arrangements, for *all staff*, in accordance with the requirements and standards determined for the NHS in Wales and to perform certain, specific functions on behalf of the board.

### **Mental Health Legislation Committee**

The remit of this committee is to consider and monitor the use of the Mental Health Act 1983 (MHA), as amended, the Mental Capacity Act 2005 (which includes the Deprivation of Liberty Safeguards (DoLS)) (MCA) and the Mental Health (Wales) Measure 2010 (the measure).

### **Information Governance**

It is also required to have a committee which monitors information governance. This is discharged through the Digital, Data, Research and Innovation Committee which has a sub-group the Information Governance and Cyber Security Assurance Group. Its remit is to support and drive the broad information governance agenda and provide the health board with the assurance that effective, best practice mechanisms are in place within the organisation.

### **Charitable Funds Committee**

The health board was appointed as corporate trustee of the charitable funds and the serves as its agent in the administration of the charitable funds held by the organisation. The purpose of the committee is to make and monitor arrangements for the control and management of the charitable funds.

In addition to the committees the health board is required to have under its standing orders, the following committees have also been established:

## *Population Health Committee*

The purpose of the Population Health Committee is to embed a population health mindset across the organisation and in particular will adopt the following approaches and seek assurance on progress against each one through an agreed work programme:

- Epidemiologically driven approach - the Committee will focus on specific health challenges based on epidemiological data, such as diabetes, mental health, and respiratory diseases and will receive reports on the priorities and strategies developed to address these challenges.
- Life course approach - the Committee will seek assurance on addressing health challenges at different stages of life, from starting well to ageing well. As well as focusing on secondary and tertiary prevention where necessary.
- Prioritised approach – seek assurance on the clear method and approach to setting priorities for the organisation to enable a shift in health outcomes and monitor progress of the changes and outcomes.
- Cultural Change approach – seek assurance on the cultural change program to embed a population health mindset across the organisation. Integrated with leadership, strategic planning, and capacity building.
- Engagement and lived experience – Committee to hear patient and staff stories lived experiences relevant to the work programme to support understanding and of the decisions made and the models being embedded across the Health Board.
- Benchmarking and Learning – receive reports benchmarking against recognised successful models and strategies.

## *Performance and Finance Committee*

The Performance and Finance Committee applies appropriate scrutiny and review to a level of detail not possible in board meetings in respect of performance relating to:

- financial planning and monitoring, including delivery of savings programmes;
- activity and productivity including operation efficiency and effectiveness.

## *Workforce and Organisational Development (OD) Committee*

The Workforce and OD Committee seeks assurance on:

- **Health and Wellbeing** – that there is an integrated approach to staff health and wellbeing with the aim of reducing staff sickness related to mental health and increasing resilience of staff;
- **Staff Experience** – that there is a strategic approach to increasing positive engagement index, and reducing formal grievance procedures;
- **Recruitment and Retention** that there is a robust and strategic approach on which progress is made;
- **Workforce Development** – to ensure there is effective, integrated approaches to the development of the workforce and its contribution to the objectives of the organisation;;
- **Widening access and participation** – compliance with workforce equality, diversity and inclusion legislative requirements, including Welsh language and cultural identity.

## Digital, Data, Research and Innovation Committee

The purpose of the Digital, Data, Research and Innovation Committee is to:

- provide evidence based and timely **advice** to the Board to assist it in discharging its functions and meeting its responsibilities in relation to digital, data, research and innovation, in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales and other relevant bodies
- **assure** the Board on whether effective arrangements are in place in relation to the quality and impact of the organisations digital, data, research and innovation activities.

A summary of board and committee dates, memberships, attendances and key matters considered are included within **appendices two to five**.

### ❖ Advisory Groups and Joint Committees

As well as its board level committees, the health board has three advisory groups which report to the board: Stakeholder Reference Group, Health Professionals' Forum and Local Partnership Forum.

#### Advisory Boards

- *Stakeholder Reference Group*

The Stakeholder Reference Group (SRG) is formed from a range of partner organisations from across the health board's local communities and engages with the strategic direction, provides feedback on service improvement proposals and advises on the impact on local communities of the current ways of working. Its membership includes representatives from wide ranging community groups, including children and young people, LGBTQ+, older people and ethnic minorities, as well as statutory bodies such as police and fire, rescue services and environment agency. As a result, the group has excellent links to the wider general public and each member can highlight issues raised by their particular communities. The Chair of the SRG is an associate board member.

- *Health Professionals' Forum*

The role of the Health Professionals' Forum provides balanced, multidisciplinary professional advice to the board on local strategy and delivery. This now meets on a regular basis but still has some more work to do to ensure a robust membership and attendance as well as work programme. Its co-chairs attend the board as associate board members.

- *Health Board Partnership Forum*

The health board's partnership forum's role is to provide a way by which the health board, as an employer, and the professional bodies, such as trade unions, who represent staff, can work together to improve health services. It is an opportunity to engage with each other, inform debate and agree local priorities for workforce within health services.

#### Joint and All-Wales Committees

There are two all-Wales committees as detailed below:

- *Joint Commissioning Committee (JCC)*

The JCC was established on 1<sup>st</sup> April 2024. This resulted in the ceasing of EASC and WHSSC. The amendments were adopted by the Board at the end of March 2024.

- *NHS Wales Shared Services Partnership (NWSSP) Committee*

The NWSSP Committee was established in 2012 and is hosted by Velindre NHS Trust. It looks after the shared functions for NHS Wales, such as procurement, recruitment and legal services. The Health Board's representative is the Director of Workforce and OD and regular reports are received by the board.

### ❖ **Partnership Working**

The health board works in partnership with a number of organisations, including local authorities, Swansea University, other NHS organisations including the NHS Executive and the third sector. The Health Board is in the process of establishing a Joint Committee with Hywel Dda UHB. In addition, it has joint executive groups with Cardiff and Vale, Cwm Taf Morgannwg and Hywel Dda university Health Boards.

We strongly believe that to deliver effective health and wellbeing services for our population we work best in close collaboration with key partners, including Swansea and Neath Port Talbot local authorities, third sector organisations, universities, other health boards and our public. We place great importance on our membership of local partnership boards, including public service boards and West Glamorgan Regional Partnership Board.

We are also part of A Regional Collaboration for Health (ARCH), which is a unique collaboration between three partners: Swansea Bay University Health Board, Hywel Dda University Health Board and Swansea University. It spans the local authority areas of Ceredigion, Pembrokeshire, Carmarthenshire, Neath Port Talbot and Swansea and aims to improve the health, wealth and wellbeing of the south-west Wales region.

Collaboration is an increasingly important aspect of public service delivery, particularly in the context of rising demand, reduced funding and the need to do more with less. Both the Well-Being of Future Generations (Wales) Act (2015) (WBFGA) and the Social Services and Well-being (Wales) Act 2014 drive the agenda locally, specifically with the Regional Partnership Board and the Public Services Boards. The Health Board is a Statutory Partner in both of these formal partnerships, and in order to align ourselves we need to create a partnership and leadership culture that cuts across organisational boundaries and sectors.

The Health Board's vision is to become a productive partner and in 2024 a set of Principles for Collaboration was agreed. These principles include recognising the value of partners and developing trust and mutual respect and demonstrating commitment to develop and agree shared goals and values. The Principles for Collaboration will enable a Swansea Bay UHB approach to Collaboration and Partnership Working, with a focus on achieving the following specifically:

- Collective Responsibility
- Coherent Approach
- Population Focussed
- Statutory Compliance.

#### ❖ **Organisational Structure**

The organisation is comprised four service groups:

- Primary, Community, and Therapies;
- Mental Health and Learning Disabilities;
- Singleton and Neath Port Talbot;
- Morriston.

Each one is led by a service group director, supported by service group nurse and medical directors, and in the case of primary, community and therapies, there is also a service group dental director. Corporate directorates, such as finance, governance, workforce, digital services, insight, communications and engagement and strategy/planning also play a central role in supporting the service groups as well as the organisation as a whole. All of these elements of the structure are subject to regular performance reviews.

#### ❖ **System of Control**

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

#### ❖ **Capacity to Handle Risk**

The board is responsible for the effective management of the organisation's risks in pursuance of its aims and objectives. The board collectively has responsibility and accountability for setting the organisation's objectives, defining strategies to achieve those objectives, and establishing governance structures and processes to best manage the risks in accomplishing those objectives.

The Chief Executive, as Accountable Officer, has overall responsibility for ensuring that the health board has an effective risk management framework and system of internal control, however the Director of Corporate Governance has specific responsibilities for risk management and supports the Chief Executive by providing competent advice and support in the development of effective systems and arrangements to help facilitate the management of risk. Alongside, the Executive Director of Nursing is the Executive Director with lead responsibility for ensuring the effective operation of risk management processes. In this role, he/she is supported

by the Executive Medical Director, and together they provide clinical expertise and leadership to the oversight of clinical risk management.

Executive Directors have responsibility for the ownership and management of risks within their portfolios, and Service Group Directors (Service Director, Director of Nursing and the Medical Director/Dental Director) have devolved responsibilities for risk management within their services.

Training has continued to be provided for new staff joining the organisation, and risk management has been incorporated as a mandatory module within the health board's Manager's Pathway training programme. Training and advice are provided by the Risk and Assurance team to meet needs identified within teams and at an individual level.

### ❖ Risk Control and Framework

The [risk management policy](#) sets out a framework for consistent management of risk in the health board, directing the way in which risks are identified, evaluated and controlled. The operation of the risk management framework is overseen by the Audit Committee, with individual executives and senior managers having specific delegated responsibilities.

Within the service groups, the service group directors manage risk and ensure there are effective arrangements to carry this out. Any risks outside of a group's control are escalated to the Chief Operating Officer and/or the executive director professionally responsible for the risk area.

Risks are escalated via a risk scrutiny panel. A process is in place to seek and collate risks for regular consideration by the panel. The panel scrutinises each risk presented, and considers the sufficiency of information provided against the assessment recorded, directing each for decision to the executive director responsible for the area. Feedback is provided to service groups. The Management Board, chaired by the Chief Executive and comprised executive directors and service group directors, receives and ratifies changes made to the health board risk register prior to its receipt at the full board.

Communicating and consulting with internal and external stakeholders and partners, as appropriate, at each stage of the risk management process and concerning the process as a whole is important. The frequency of the communication will vary depending upon the severity of the risk and is discussed and agreed with the stakeholders and partners. This process is led by the person nominated as the lead to manage the risk and for communication with external stakeholders this will be the appointed executive director lead for the risk.

Effective internal and external communication is important to ensure that those responsible for implementing risk management, and those with a vested interest, understand the basis on which decisions are made and why particular actions are required. External stakeholders will vary depending on the type of risk and the risk lead for the service group will need to consider which external stakeholders will need to be notified and included on or briefed following the establishment of task and

finish groups/executive gold command groups set up to oversee actions to minimise the risk. All significant risks will be reported to Welsh Government through the weekly brief from organisations and quarterly performance review meetings.

The Board approved the Risk Management Strategy in its November 2024 meeting, supporting a 'review & reset' of the framework which underpinned the ways in which the Board gained assurance on delivery of its strategic objectives and its risk management arrangements.

The Risk Management Strategy stretches the ambition of the Health Board in its management of risk, via six key objectives:

- Strengthen the system of assurance regarding risk management
- Refresh the organisation's appetite for risk
- Consistent approach to managing risks in the organisation and with partner organisations
- Enhance the knowledge of staff in risk management across the Health Board
- Tools to support effective risk management
- Measure the impact of implementing the strategy objectives

The Board Assurance Framework (BAF) summarises how the Health Board delivers and sustains good corporate governance to ensure the delivery of its strategic objectives outlined within the Annual Plan. It describes the functions, the enablers, the assurance framework, the integrated governance system and the operating guidance in place to support good governance within the Health Board, and to give the Board confidence that systems and processes are:

- Robust
- Operating in ways that are efficient and effective
- Delivering against strategic objectives
- Provide accountability and transparency
- Appropriately managing risk at a strategic level

The BAF has recently been revised as part of the 'review and reset' to support the recording and monitoring of the strategic risks to the achievement of the strategic objectives, and introduces the use of a strategic risk register.

The Strategic Risk Register (SRR) is under development and will ensure those risks impacting the delivery of the strategic objectives are identified and appropriately managed. The SRR will be received by the Board early in 2025-26 and it will become a living document subject to ongoing review and scrutiny by the Board.

The current Health Board Risk Register (HBRR) is intended to summarise the greatest organisational risks facing SBUHB and the actions being taken to mitigate them. As the Strategic Risk Register is developed, risks currently captured on the HBRR will be reviewed and refreshed, and the HBRR replaced with a new Corporate Risk Register, reflecting risks that cannot be managed within Service Groups or individual Corporate Directorates alone and / or are assessed as exceeding the

Health Board's risk appetite. Where they exist, links will be made between risks within the CRR and the strategic risks within the SRR, and operational risk registers within Service Group and Corporate Directorates.

The Service Group / Corporate Directorate continue to manage risk registers comprising the aggregation of operational risks they hold, as recorded within the electronic risk management system.

The Board last received a Risk Report at its meeting in March 2025. This followed a meeting of the Audit Committee earlier the same month at which it reviewed the developments to the Board Assurance Framework and the Strategic Risk Register.

#### ❖ Risk Appetite

In November 2022, the board approved a revised risk appetite statement that described the level of risk it was prepared to tolerate according to the type of risk presented. The appetite was incorporated within the board Risk Management Policy approved in March 2023, and which is currently under review. At a high level, this has been incorporated in the table below (the full statement expresses further nuance within individual risk types):

Type of Risk	Risk Appetite	Risk Tolerance Levels*
Quality	Seeking	20
Workforce	Seeking	20
Financial	Seeking	20
Regulatory Compliance	Open	16
Reputational	Seeking	20
Health & Safety	Seeking	20
Estates management	Seeking	20
Digital & Informatics	Seeking	20
Business Continuity	Seeking	20

\* Risks below these levels will be tolerated, but action is expected to reduce those risks achieving or exceeding these levels.

In determining these thresholds, the Board recognised that the high demand on services, pressures on staffing availability and financial constraints created a high risk environment. This has continued to be the context within which the organisation has operated during 2024-25. The Health Board's aspiration remains to reduce its tolerance to risk further as soon as practicable. Arrangements are being made for the Board to review & refresh its risk appetite early in 2025-26.

#### ❖ Risk Profile 2024-25

The risk register is updated regularly during the year and reported to the Management Board, Audit Committee and the board periodically. It has also been used to inform development of the annual plan.

While the Audit Committee has the overarching responsibility for overseeing risk management, it has delegated relevant risks to each of the other Board Committees.

Committees receive corresponding extracts of the Health Board Risk Register to enable alignment of their work programmes to ensure they review and receive reports on the progress made to mitigate key risks as far as possible.

Regular reports are submitted to each of the Committees of the Board to accompany the specific Health Board Risk Register extracts assigned to the Committees.

The most significant risks the Health Board is managing relate to access to services – principally unscheduled care and cancer services.

Key controls and actions taken to manage risks are captured in the Health Board Risk Register, which is reported to the Executive team, Audit Committee and Board.

Actions and controls to address two of the most significant current risks (with assessed scores of 25 within the risk register), included:

Risk	Controls and Actions
<p><b>#1: Access to Unscheduled Care</b>  <i>If we fail to provide timely access to Unscheduled Care then this will have an impact on quality &amp; safety of patient care as well as patient and family experience and achievement of targets. There are challenges with capacity/staffing across the Health and Social care sectors. (This risk includes the Emergency Department, Acute Medical Unit and impact in community from ability to release ambulances at both front doors).</i></p>	<p>Five main areas of work within the plan:</p> <ul style="list-style-type: none"> <li>• Frailty strategy</li> <li>• Grip and control operational management</li> <li>• Senior decision makers at front door services</li> <li>• Pathway of care delays (PoCD)</li> <li>• Implementation of D2RA (Discharge 2 Recover and Assess) <ul style="list-style-type: none"> <li>○ Home First</li> <li>○ ACT</li> <li>○ Interface with Local Authority</li> </ul> </li> <li>• Urgent &amp; Emergency Care (UEC) redesign programme linked to capital expansion scheme.</li> <li>• Development of an Urgent and Emergency Care Co-ordination Hub to promote pre-hospital triage redirection and streaming.</li> </ul> <p>Business-as-usual improvement actions:</p> <ul style="list-style-type: none"> <li>• Continued roll-out of 6-Goals schemes of work</li> <li>• D2RA / Trusted assessor model</li> <li>• SAFER (Seen, Aim, Flow, Early Discharge and Recovery).</li> <li>• Criteria-led discharge</li> <li>• Continuous Flow Model (CFM)</li> <li>• Robust Same Day Emergency Care (SDEC) model</li> </ul> <p>Further actions:</p> <ul style="list-style-type: none"> <li>• Implementation of revised senior decision-making capacity within SDEC and AMU (Acute Medical Unit)</li> </ul>

Risk	Controls and Actions
	<ul style="list-style-type: none"> <li>• A review of community services is being undertaken by Service Group Nurse Directors for Primary Community &amp; Therapies and Morriston service groups to ensure return of investment ahead of expansion.</li> <li>• Implementation of UEC Navigation Hub to decrease demand and implement right patient right place process</li> <li>• Focus on reducing pathway of care delays (PoCDs) as per the Care Action Committee 50-day Challenge</li> <li>• Further development of admission avoidance pathways with Welsh Ambulance Services University NHS Trust (WAST), on falls prevention and respiratory conditions</li> <li>• Reintroduction of D2RA Principles across the Health Board with external consultancy support</li> </ul>
<p><b>#50: Access to Cancer Services</b></p> <p>There is a risk of delay in diagnosing patients with cancer, and consequent delay in commencement of treatment, which could lead to poor patient outcomes and failure to achieve targets.</p> <p>The Board remains unable to deliver on the target of 75% of patients being treated within 62 days and is currently under targeted intervention by Welsh Government to improve performance. The Health Board has been given an initial target of 60% to be delivered by the end of Dec 2024, increasing to 70% by the end of March 2025.</p>	<p>Arrangements in place include:</p> <ul style="list-style-type: none"> <li>• Processes are in place to manage each individual case on the Urgent Suspected Cancer Pathway (USCP). Enhanced monitoring &amp; weekly monitoring of action plans for top six tumour sites are in place.</li> <li>• Initiatives to protect surgical capacity to support SCPs have been put in place</li> <li>• A specific plan is being delivered to support Pathology services and ensure Suspected Cancer Pathway (SCP) tests are turned around within 5 days.</li> <li>• Cancer Performance and Information Group to monitor improvement trajectories for both cancer backlog and Suspected Cancer Pathway performance on a monthly basis.</li> </ul>
<p><b>#66: Access to Systemic Anti-Cancer Therapy</b></p> <p>The demand &amp; complexity of planned treatment regime for cancer patients requiring chemotherapy currently exceed</p>	<p>Arrangements in place include:</p> <ul style="list-style-type: none"> <li>• Review of scheduling by staff to ensure all chairs used appropriately.</li> <li>• A daily scrutinising process in progress to micro manage individual cases, deferrals etc.</li> <li>• Increased homecare capacity</li> </ul>

Risk	Controls and Actions
<p>the available chair capacity, risking unacceptable delays in access to SACT treatment in Chemotherapy Day Unit with impact on targets and patient outcomes.</p>	<ul style="list-style-type: none"> <li>• Adopted principles from UK SACT board publication: General Principles to Support Systemic anti-Cancer Therapy Aseptic Pressures September 2023</li> </ul> <p>Further actions: Further options to address demand and capacity are subject to internal review.</p>
<p><b>#92: Forecast Deficit</b> Forecast deficit is not met due to (1) insufficient progress on run rate reduction, (2) the extended saving targets required across all areas to meet the financial assessment submitted to WG on 26<sup>th</sup> September are not achieved, and (3) 30 other risks within the financial assessment are not mitigated.</p>	<p>Arrangements in place include:</p> <ul style="list-style-type: none"> <li>• Enhanced governance arrangements in place from April 2024, including the submission of Financial Strategies from all Service Groups on 31 May 2024.</li> <li>• Financial plan was in place for 2024-25 alongside supporting documentation with regard to Budgetary Management. The initial plan set out the details on Accountability Letters issued in April 2024, with further actions outlined in October.</li> <li>• Publication of control targets in October to all Service Areas for 2024-25 to provide additional controls in the process following the work on Star Chambers and associated options.</li> <li>• Establishment of the Recovery and Sustainability (R&amp;S) Team from July 2024 to support both immediate actions and longer term sustainability, with a Recovery &amp; Sustainability Board overseeing the delivery from October 2024.</li> <li>• Review of all controllable expenditure and directions issued via the R&amp;S Team, including Variable Pay targets.</li> <li>• Savings Programme Management Office (PMO) in place to support savings delivery. In July 2024, the PMO team expanded their remit to support the Recovery &amp; Sustainability Programme</li> <li>• Standard Day 5 Finance Reports on Variable Pay, Savings Performance and Flash report published via SharePoint site.</li> <li>• Continuation of financial performance meetings and escalation as necessary.</li> </ul>

At its March 2025 meeting, the Board was apprised of 20 risks assessed as reaching or exceeding its tolerance threshold. As noted earlier, information on action to address these is presented to the Board Committees to risks are assigned for detailed scrutiny and oversight.

### ❖ **Emergency Preparedness**

Under the Civil Contingencies Act 2004, the Health Board is a 'Category One' responder organisation with specific duties to effectively prepare, plan and manage the response and recovery to emergencies. The Health Board is committed to ensuring the safety and wellbeing of patients, staff, and the wider community by focussing on maintaining robust emergency preparedness, enhancing resilience and ensuring a timely, coordinated response to critical incidents. This approach to Emergency Preparedness, Resilience and Response (EPRR) ensures that the Health Board is equipped to respond and recover from incidents of any scale, providing optimal care, minimising disruption, and returning to 'business as usual' as quickly as possible. This is achieved through a structured cyclical process of assessment, planning, response, and recovery.

A dedicated EPRR risk register, aligned with national and regional frameworks, is reviewed regularly, and includes necessary risk scoring and mitigation strategies. To support this, the Health Board maintains an overarching EPRR strategy, along with a training and exercise schedule, and a lessons identified register. There are a suite of emergency response procedures, including a Major Incident Procedure and Business Continuity Management arrangements, in place to guide the wide range of required response efforts.

Oversight of EPRR activities is provided by the Health Board's EPRR Strategy Group, with performance monitored through a digital dashboard. A NHS Executive Civil Contingencies assurance report is submitted annually. The aim of EPRR is to provide high-quality, safe care even in the most challenging situations. Furthermore, collaboration with local and national partners, within the health sector and multi-agency, strengthens the Health Boards collective ability to respond to emergencies effectively.

Training and exercising form a vital part of the Health Board's approach to Emergency Preparedness, Resilience and Response (EPRR), ensuring staff are equipped with the knowledge, skills, and confidence needed to respond safely and effectively during emergencies.

During 2024 to date, the following examples of key training sessions and exercises have been delivered: Major Incident Communication tests, Gold and Silver Commander training, Logistics training, Simulation exercises to assess the Health Board's response to high-consequence infectious disease outbreaks and chemical contamination, Live activation of procedures during live incidents, including a major incident stand-by notification, a declared business continuity incident following a fire at a Mental Health facility, and disruptions due to loss of telephone and network services.

These activities reflect the Health Board's ongoing commitment to maintaining preparedness and resilience across all services.

The Health Board remains committed to active participation in national resilience structures. Recently, the Wales Resilience Framework and Delivery Plan, developed collaboratively with partners across the resilience community, were published, setting out a clear suite of actions and deliverables aimed at strengthening preparedness, response, and recovery capabilities across our communities.

## ❖ The Control Framework

### **Quality Governance Arrangements**

Whilst progress against our Quality Management system is described elsewhere within this report, in relation to our governance arrangements, during the year we conducted an internal reflection on our quality governance arrangements and found that they were fit for purpose. This was subject to some small changes in relation to the frequency of some sub-group meetings in order to strengthen attendance and reporting into the groups. The Welsh Language Standards in relation to patient care (in particular Standard 110) now report into the Quality and Safety Group. This is in recognition of the direct link between language and quality outcomes and experience for our patients.

Progress against our Quality Strategy remains on track, though we recognise that at the half way point of the strategy it is now timely to review the original ambitions and to engage on what our priorities are for the remainder of the strategy.

We are continually developing our 'Always on Reporting' systems and have begun this work through developing a series of website pages on quality and safety. During the coming year we will build upon the work to develop a quality dashboard and begin publishing some key quality metrics on these pages.

Underpinning our work on quality and safety is our commitment to engaging with patients. Our annual workplan reflects our ambitions to engage with patients across all elements of our quality management system, including assurance and improvement.

The Duty of Quality annual report will be published on our website in the Quality & Safety Committee in June 2025.

### **Duty of Candour**

In Wales, the Health and Social Care (Quality and Engagement) (Wales) Act 2020 provides a consistent definition of quality across Welsh Ministers and NHS Wales bodies, which is 'continuously, reliably, and sustainably meeting the needs of the population that we serve'. Key to achieving this is ensuring that Welsh Ministers and NHS bodies provide health services that are safe, timely, effective, efficient, equitable and person-centred. As part of the statutory duties placed upon the Health Board, a Duty of Candour Annual Report will be produced alongside the existing requirement for a Putting Things Right Annual Report.

The Health Board is taking appropriate steps to ensure compliance with the Duty of Candour and is improving its overall approach to overseeing the quality and safety of services. We continue to provide education and support in the delivery of the Duty of Candour to improve staff knowledge and understanding in the delivery of the Duty. Whilst the Health Board has arrangements for tracking audit and reviewing recommendations, the Health Board are consistently looking at improving these arrangements further to support learning and improvement. Quality governance is led by the Executive Director of Nursing and Midwifery supported by a Head of Patient Feedback.

### **Corporate Governance Code**

For NHS Wales, governance is defined as ‘a system of accountability to citizens, service users, stakeholders and the wider community, within which healthcare organisations work, take decisions and lead their people to achieve their objectives’. This ensures NHS bodies are doing the right things, in the right way, for the right people, in a manner that upholds the values set for the public sector.

An assessment of compliance with the HM Treasury’s Corporate Governance code was undertaken in February 2025 and found no departures from the code. This was reported to the Audit Committee in March 2025.

### **Health and Care Standards**

The Health and Care Quality Standards replace the 2015 Health and Care Standards as set out in [WHC/2023/013](#).

The Standards provide a consistent framework that enables health services to look across the range of their services in an integrated way to ensure that all that they do is of the highest quality and that they are doing the right thing, in the right way, in the right place at the right time and with the right staff. The Health and Care Quality Standards are a way to apply the Duty of Quality in practice across all services and functions, whether clinical or non-clinical. Quality-driven decision making should improve the quality of health services and maintain focus on improving outcomes for people.

The Health Board has fully embedded the standards within its quality and safety governance processes, to help ensure we deliver on our aims and objectives for the delivery of safe, high quality health services. We do this through routine governance and a self-assessment against the standards across all activities, with service group directors, medical group directors and group nurse directors collectively responsible for embedding and monitoring the standards within their areas. Furthermore, reporting on the standards through governance groups and committees ensures registered risks are incorporated and acted upon.

Through listening and learning from previous years, we added increased support and scrutiny to service groups in completing their annual health and care standards self-assessments in 2024-25. Scrutiny panels were held during the year, where service groups discussed their progress against the standards and their planned improvements; additionally subject experts met with service groups to discuss individual standards.

The end of year self-assessment reflects a year of increased operational demands and disruption. Service groups reflected on the challenges they faced, in particular in relation to the provision of timely care and their self-assessments reflect this. The self-assessment includes examples of innovation, including pro-active work to promote health and wellbeing for our staff, patients and communities. We look forward to receiving and adopting the Welsh Government's revised approach to health and care standards in order drive forward our commitment to quality across the organisation.

### ❖ Planning Arrangements

#### Assessment Against Section 175 of the National Health Service (Wales) Act 2014

There are two requirements for the health board to meet under the Act:

1. to secure that expenditure does not exceed the aggregate of the funding allotted to it over a period of three financial years;

For 2024-25 the health board has not met its financial duty of remaining within the financial funding provided for revenue (as set out below) and capital. Whilst the Health Board did meet its financial duties in 2022/23, this was the only year between 2022-23 – 2024-25 this requirement was achieved. Therefore the Health Board did not meet its financial duty to break-even over the three year period of 2022-23 to 2024-25.

	2022-23 £000	2023-24 £000	2024-25 £000	Total £000
<b>Net operating costs for the year</b>	1,165,677	1,282,337	1,420,276	<b>3,868,290</b>
Less general ophthalmic services expenditure and other non-cash limited expenditure	1,206	1,562	833	<b>3,601</b>
Less unfunded revenue consequences of bringing PFI schemes onto SoFP	(2,024)	(2,711)	(3,352)	<b>(8,087)</b>
Less any non funded revenue consequences of IFRS 16	0	0	0	<b>0</b>
Total operating expenses	1,164,859	1,281,188	1,417,758	<b>3,863,805</b>
Revenue Resource Allocation	1,166,697	1,264,375	1,375,303	<b>3,806,375</b>
<b>Under /(over) spend against Allocation</b>	<b>1,838</b>	<b>(16,813)</b>	<b>(42,454)</b>	<b>(57,429)</b>

The table above constitutes the Health Boards performance against its revenue resource limit and the full financial performance is set out later in this report as part of the financial accounts.

2. To prepare a plan which sets out the strategy for securing compliance with the duty while improving healthcare, and for that plan to be submitted to and approved by Welsh Government.

As the Health Board was unable to submit a balanced integrated medium-term plan in accordance with NHS Wales Planning Framework , the Board

submitted an Annual Plan for 2024-25 on 28 March 2024. This plan did not include a break even position. A response to the Annual Plan was published by Welsh Government on 3 May 2024.

Following receipt of the response the Board urgently reflected on the underlying risks and choices within the plan particularly referencing improvement in urgent emergency care, planned care and cancer delivery alongside the financial deficit position. This resulted in a revised Annual Plan being submitted on 31 May 2024, which again did not include a break-even position.

Throughout 2024-25 the Health Board worked with Welsh Government to identify options to reduce the deficit annual plan and in December 2024 the Health Board received additional funding of £6.4m to reduce the deficit plan.

However the Health Board has been unable to meet its statutory duty to have an approved financial plan.

#### ❖ **Disclosure Statements**

##### ***Equality, Diversity, Inclusion and Human Rights***

The health board is committed to treating everyone fairly and does not tolerate discrimination on the grounds of age, disability, gender identity, marriage or civil partnership status, pregnancy or maternity, race or nationality, religion or belief, sex or sexual orientation. It continues to widen access to opportunities to employment and training to attract, develop and nurture people from different backgrounds.

We All Belong is the Health Board's [Strategic Equality Plan 2025-2028](#). We called this plan We All Belong because throughout our discussions with people, whether they were the public, patients, families, or our staff, they told us how they felt there were barriers to them accessing services because of their protected characteristic(s) under the Equality Act 2010, and they were made to feel different within our services. We wanted to ensure that every single person felt that they belonged in all our services – whether as a service user, family member supporting them, or as a member of staff. This also applied to services we commissioned from other organisations for our population

The health board ensures that the potential impacts on any changes to its services are considered on the above protected characteristic groups under the Equality Act 2010. It does this by developing equality impact assessments for these proposed changes which outline any impacts, including under the socioeconomic duty, so that these can be taken into account when decisions on changing services are made. This is done in partnership with Llais (formerly Swansea Bay Community Health Council), as the local NHS watchdog, to ensure that they are identified and considered appropriately as part of this.

##### ***Information Governance***

Information governance is robustly managed within the Health Board and the framework includes the following:

- the Digital, Data, Research and Innovation Committee responsible for overseeing the information governance agenda at Board subcommittee level;
- the Information Governance and Cyber Security Assurance Group (IGCAG) whose role it is to support and drive the information governance agenda providing the Digital, Data, Research & Innovation Committee with assurances that effective information governance best practice mechanisms are in place;
- a Caldicott Guardian whose role it is to safeguard patient information;
- a Senior Information Risk Owner (SIRO) whose role it is to manage information risk from a corporate viewpoint;
- a Data Protection Officer (DPO) whose role it is to ensure the Health Board is compliant with data protection legislation; and
- Information Governance Champions within each service delivery group and corporate department whose role it is to champion data protection and good information governance practices within their areas.

The Health Board follows a dedicated strategic work plan to maintain, review and develop organisational compliance with data protection legislation. It continues to further improve its data protection compliance through measures and assurances which are evidenced in assurance reports to the Information Governance & Cyber Security Assurance Group and the Digital, Data, Research & Innovation Committee.

Data protection legislation requires that where personal data breaches meet a certain criteria they be notified to the Information Commissioner’s Office (ICO). During the financial year 2024-25, seven data breaches were notified to the ICO. A summary of these breaches are outlined in the table below.

Where the ICO has provided recommendations, they have been considered for implementation by the Health Board.

<b>Breach Category</b>	<b>Summary of Breach</b>	<b>Summary of Actions</b>
Other	Agency staff identity fraud	<ul style="list-style-type: none"> <li>• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence</li> <li>• Counter Fraud investigation</li> <li>• Information Governance audit process undertaken and recommendations for improvement provided</li> </ul>
Disclosure – Paper	Formal complaint response erroneously shared with incorrect recipient	<ul style="list-style-type: none"> <li>• Apology provided to data subject</li> <li>• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence</li> <li>• Standard Operating Procedure developed and disseminated within relevant team</li> </ul>

Disclosure – Electronic	Excessive personal data of staff member included within incident report accessible by unintended recipients	<ul style="list-style-type: none"> <li>• Report removed and resubmitted without personal data.</li> <li>• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence</li> <li>• Information governance audit process underway</li> </ul>
Disclosure – Verbal	Staff member’s clinical information disclosed to clinician without a legitimate business need	<ul style="list-style-type: none"> <li>• Apology provided to data subject</li> <li>• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence</li> <li>• Information governance audit undertaken and recommendations provided</li> </ul>
Disclosure – Paper	Court ordered information disclosure contained extraneous information regarding the data subject	<ul style="list-style-type: none"> <li>• Apology provided to data subject</li> <li>• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence</li> <li>• Information governance audit process underway</li> </ul>
Disclosure – Paper	Letter sent to incorrect address, unintended recipient subsequently shared the name of data subject via social media app	<ul style="list-style-type: none"> <li>• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence</li> <li>• Information governance audit process underway</li> </ul>
Disclosure – Paper	Statutory Sick Pay information erroneously shared with incorrect data subject	<ul style="list-style-type: none"> <li>• Apology provided to data subject</li> <li>• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence</li> <li>• Information governance audit process underway</li> </ul>

### **Ministerial Directions**

Welsh Government has issued non-statutory instruments and Welsh health circulars (WHC) since 2014-15, and a list of ministerial directions circulated for 2024-25 can be found on the [Welsh Government website](#). All relevant directions have been fully considered and implemented appropriately, with Welsh health circulars logged corporately and an executive lead assigned, as well as reported to the board. These are set out at **appendix seven**.

### **Wellbeing of Future Generations Act**

The board published its original objectives in relation to the Wellbeing of Future Generations Act in 2017 in its wellbeing statement and then incorporated them as part of the organisational strategy. These were:

- Giving every child the best start in life;
- Connecting communities with services and facilities;
- Maintaining health, independence and resilience of communities of individuals, communities and families.

Following a Wellbeing of Future Generations Act self-assessment in August 2019, the Future Generations Commissioner feedback to the health board suggested a need for greater alignment between its wellbeing objectives and the seven national wellbeing goals, in particular those for the environment, culture (including Welsh language) and global impact. On that basis, it was agreed by the senior leadership team that the existing wellbeing objectives be reviewed and a set of refreshed wellbeing objectives published in the annual plan.

The engagement on the refresh identified the need to also take into account:

- Our role as provider, commissioner, partner and employer;
- Direct control, collaboration and influencing opportunities;
- Ability to demonstrate delivery;
- Focus on health inequalities and inclusivity;
- Use of clear, concise, uncomplicated language.

The refreshed wellbeing objectives for inclusion in the annual plan were agreed as set out below and remain extant:

*“In our role as an anchor institution in the region we are a major employer, commissioner, provider of health and care services and key contributor to the reduction of health inequalities. In support of this we will collaborate with communities and partners to:*

- *Give every child the best start in life*
- *Nurture and use the environment to improve health and wellbeing*
- *Apply ethical recruitment practices and support health and care workers to be healthy, skilled, diverse and resilient*
- *Plan, commission, deliver and promote equitable, inclusive and accessible health and wellbeing services*
- *Provide opportunities to support every adult to be healthier and to age well*
- *Seek to allocate our resources to meeting the needs of, and improving, the population’s health”*

While national guidance requires the health board to annually publish progress made in meeting the wellbeing objectives for each preceding financial year, should the annual review find that one or more objectives no longer maximise contribution to the achievement of the well-being goals, then these must be changed and new well-being objectives published as soon as possible.

### **Modern Slavery**

Modern slavery is a crime and a violation of fundamental human rights. It takes various forms, such as slavery, servitude, forced and compulsory labour and human trafficking, all of which have in common the deprivation of a person's liberty by another to exploit them for personal or commercial gain. This statement is made

pursuant to section 54(1) of the [Modern Slavery Act 2015](#) and constitutes the health Board's slavery and human trafficking statement for the financial year 2024-2025.

### ***Welsh Language***

As a health board, the vital part that the Welsh language and culture has to play in the provision of health and social care services to our resident population is recognised. Many people choose to receive services in Welsh because that is what they prefer. For others, however, it is more than a matter of choice – it is a matter of need. It is especially important for many vulnerable people and their families who need to access services in their first language, such as older people with dementia or stroke who may lose their second language and children who speak only Welsh. In addition, when discussing mental health, being able to communicate in your first language to express feelings, thoughts and emotions is important. The [annual report](#) for our Welsh language service is now available on our website.

### ***Sustainability and Carbon Reduction***

2024/25 has seen the sustainability narrative at Swansea Bay University Health Board grow. This has been achieved through the collaborative governance structure; engaging with staff and highlighting great work through the Communication Team; and working in partnership through the Public Services Board and wider NHS Wales. The governance structure has evolved over the last year to support development of climate adaptation work, both internally and with the Public Services Boards.

As the Health Board progresses with the Well-Being of Future Generations Act (WBFGA) (2015) journey, a better understanding has been built around the breadth of work and leads from across the organisation to support implementation of the Act have been identified. This includes acknowledging that the Act covers everything from procurement, equality, climate change, and foundational economy/wellbeing economy (Figure 1). Capturing this expansive remit is improving every year.

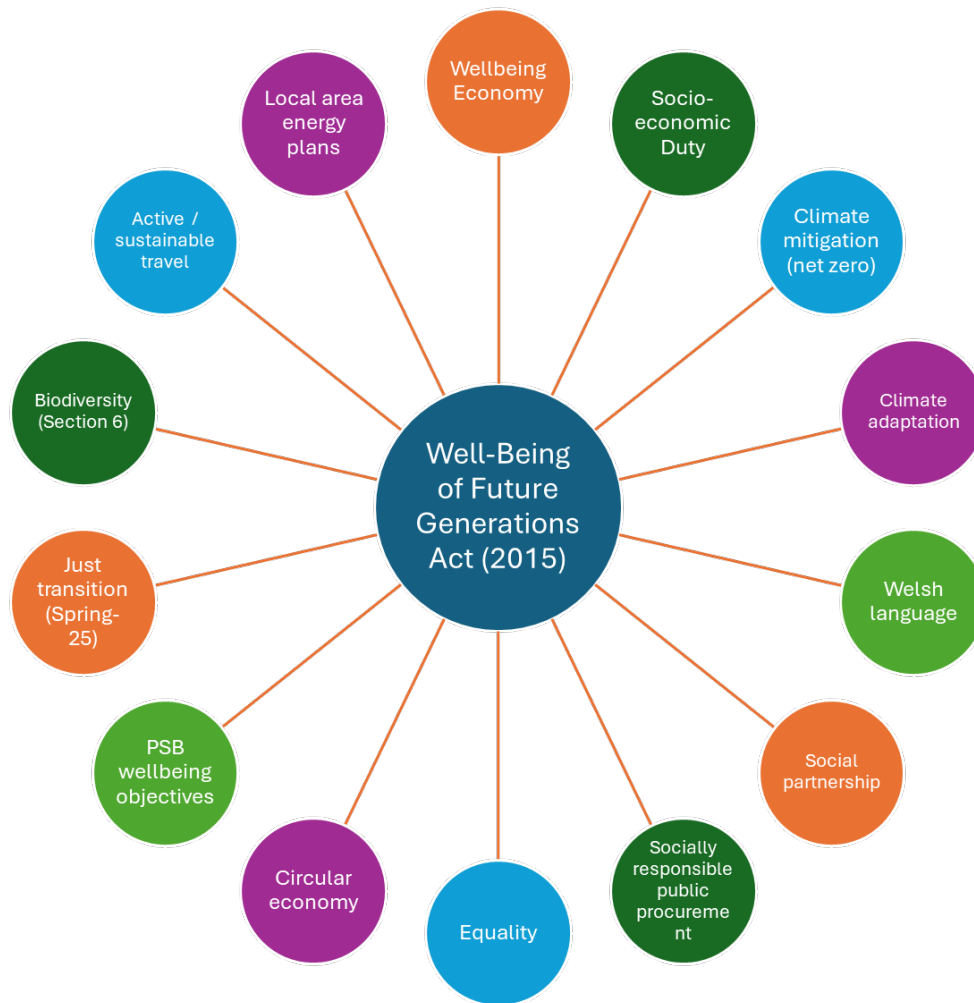


Figure 1 WBFGA and related workstreams

## Foundational economy (FE)

The Foundational Economy (FE) is the part of our economy that creates and distributes goods and services that we rely on for everyday life, including health. It seeks to understand how public spend is linked with wellbeing of the region and can be considered through the lenses of people, place and procurement.

**PEOPLE:** Employment initiatives cover the potential to increase training and employment opportunities for individuals from Swansea Bay region. When designed well, they can also target individuals who are furthest from the labour market e.g. long term unemployed, disabled workers etc. Health Board examples include:

- Co-delivery across the teams in supporting communities on programmes such as Graduate Gateway recruitment and identification of posts, careers information sessions with local schools.
- Programme development moving students with additional learning needs from long term work experience to apprenticeship roles.
- Talent identification pilot in Finance and administration roles to improve retention and upskill existing staff.

**PLACE:** Currently there is limited understanding of the 'Place' element of the report, which seeks to detail the benefits of co-location of services within the Health Board. Examples include care closer to home and understanding what services can be taken out of the acute sector and placed in town centres to enable accessibility and support regeneration of town centres. Three examples have been identified in this report, including:

- **Local Development Plan (LDP):** Providing a strategic and coordinated approach in relation to the objectives of the LDP and to inform the Health Impact assessment across the Health Board and Local Authorities
- **Paediatric SARC:** Providing the service in Health Board footprint as opposed to patients travelling to Cardiff
- **Community respiratory hubs:** Based in GPs and allowing patients to access care closer to home

**PROCUREMENT:** The Health Board's procurement process is managed through our NWSSP based team, ensuring that work within procurement follows best practice across Wales. Examples of recent developments include the use of multi-quote to encourage collaboration with Welsh companies/suppliers, an FE calculator to understand impacts of Welsh-based contracts, and work with a key Welsh provisions' supplier, Castell Howell, where social value weighting was key.




## Climate change



Climate is one of the key areas within the WBFGA, with the Health Board's Climate Action Plan 2024-26 (CAP) focusing on five pivotal areas:

- **Our Culture and Ways of Working:** Considering leadership, training, communications, benchmarking, and reporting
- **Our Buildings & Estate:** Understanding how our buildings and estate can support emissions reductions
- **Our Transport:** Building sustainable transport and travel to/from and within the HB
- **Our Procurement:** Understanding and addressing impacts from our supply chain with NWSSP
- **Our Sustainable Healthcare:** How we can deliver clinical services in a way that is mindful of environment, impacts on future generations and improving patient outcomes

The Climate Action Plan (CAP) was introduced in 2024-25, expanding the remit of the climate programme to include climate change adaptation, instead of focusing on climate mitigation/emissions reduction. This change was in response to the publication of the 'Climate Adaptation Strategy for Wales' and the 'Health and Social Care Climate Adaptation Toolkit,' in October 2024. Since then, the Health Board has adopted the proposed approach in the toolkit and commenced the work, including an 'Adaptation Literacy' session held in March 2025. This work compliments what is occurring in Swansea Public Services Board's 'Climate change adaptation and mitigation strategy and action plan' project, where the Health Board is identified as a lead, and key contributor.

There have been multiple developments this year that demonstrate further evolution in the Health Board’s Climate Change approach. A summary of this is provided below.

Area	Application within Swansea Bay UHB
 <p><b>OUR CULTURE &amp; WAYS OF WORKING</b></p>	<p>Initiatives include close collaboration with the Communications Team, resulting in 55 staff bulletins, 13 website press releases, and a sustainability theme for COP 29 and Wales Climate Week.</p> <p>A public webpage on sustainable healthcare was published, as well as additional intranet resources created to help staff integrate sustainability.</p> <p>Other initiatives supporting embedding into the culture and ways of working at the HB include:</p> <ul style="list-style-type: none"> <li>• The ‘One Bay Way Staff Awards’ introduced a ‘Sustainable Healthcare’ category, won by Cae Felin.</li> <li>• Sustainability was added to the induction handbook for new starters.</li> <li>• An Independent Member Champion for sustainability was appointed.</li> <li>• Well-being of Future Generations was included in research protocols</li> <li>• Work has commenced to include Climate Change in the HB’s risk register.</li> </ul>
 <p><b>OUR BUILDINGS &amp; ESTATE</b></p>	<p>Without dedicated funding it is challenging to make progress on emissions reduction, however, initiatives have been undertaken including:</p> <ul style="list-style-type: none"> <li>• Two Swansea University interns have started to develop an energy awareness campaign for the HB. They will be working with Swansea University, Vital Energi and staff from the HB and aiming to deliver this by mid-April 2025-26, as well as establishing an annual event via social media campaign.</li> <li>• Endotherm has been trialled at one site with an 18% energy saving. A chemical added to the water to improve heat transfer which has also been completed at other sites</li> </ul>
 <p><b>OUR TRANSPORT</b></p>	<p>Supporting sustainable transport requires extensive collaboration with public transport providers, staff, and wider public sector. Being involved in the Swansea Bay Healthy Travel Charter and Swansea Council’s Active Travel Group has provided forums for this collaborative approach. Initiatives completed by the Health Board include:</p> <ul style="list-style-type: none"> <li>• Regularly updated intranet page with frequent bulletins and social media regarding travel and transport</li> <li>• Annual staff travel survey completed</li> <li>• No Idling Policy included in the draft Car Parking Strategy (awaiting approval)</li> </ul>

Area	Application within Swansea Bay UHB
	<ul style="list-style-type: none"> <li>• Regular meetings with First Cymru and first meeting with Transport for Wales in September</li> <li>• Working with the HB's Disability Liaison Group to enable better access/wheeling around sites. Further work to implement the Healthy Travel Charter and member of Swansea Council's Active Travel Group</li> </ul>
 <p><b>OUR PROCUREMENT</b></p>	<p>Significant work is undertaken centrally through NHS Wales Shared Services Partnership, including working with suppliers to obtain supplier specific emissions factors (Tier 2). This includes all contracts over £5 million requiring the supplier to have a carbon reduction plan. This move to Tier 2 resulted in 223 supplier specific emissions factors reducing the total emissions by 35,954.54 tCO<sub>2</sub>e. Other initiatives include:</p> <ul style="list-style-type: none"> <li>• Ongoing stock reviews to reduce waste being undertaken identifying overstocking and items expiring</li> <li>• Potential use of reusable items incorporated into Procurement Team's planning process</li> </ul>
 <p><b>OUR SUSTAINABLE HEALTHCARE</b></p>	<p>Sustainable healthcare is the area of most considerable progress, especially where improving sustainability also results in reducing costs. Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• Emissions, foundational economy and WBFGA related KPI's are included in all new third sector contracts</li> <li>• Primary Care Cluster IMTPs incorporating actions from the Greener Primary Care Framework including greener dentistry, reducing emissions from inhalers, inhaler recycling, and electric vehicles</li> <li>• RCEM Green ED Multi-Disciplinary Group established and currently working towards Bronze Actions. These include reviewing waste streams, eliminating single-use plastic cutlery, discharge medications reviewed to eliminate excessive dispensing and reduced cannulation equipment.</li> <li>• Decommissioning of Nitrous Oxide Manifold System. Work undertaken to look at all wall outlets and piping routes, collating a list of every department currently using this. Cylinder trial commenced with monitoring in place, to determine use of manifold system has reduced.</li> <li>• Digital work programmes supporting emissions reductions, including: <ul style="list-style-type: none"> <li>○ Electronic Radiology test requesting live in 7 areas</li> <li>○ Community Children's Nursing app – now in pilot to remove paper notes</li> <li>○ Digitalisation of pathology test reporting – ceasing of printing of paper reports in most areas from January 10<sup>th</sup>. Approximately 16,000 less pages of A5 printed per week</li> <li>○ Paperlight in 12 areas</li> </ul> </li> </ul>

Area	Application within Swansea Bay UHB
	<ul style="list-style-type: none"> <li>○ Hybrid mail to reduce paper, printing and postal as well providing more timely communications to patients</li> <li>● Pharmacist led Green ED initiatives: <ul style="list-style-type: none"> <li>○ Working with care homes to reduce medication waste</li> <li>○ Optimising medication management by enabling pharmacists to identify unnecessary prescribing and 71nstitut medicines waste</li> <li>○ Reducing the carbon footprint of inhaler prescribing – National programme</li> <li>○ Reduce waste of medications in ED: Estimated waste of £58k per year of medicines left in ED and not transferring with patients</li> <li>○ Appropriate prescribing of paracetamol IV: Supporting staff in 71nstitute oral paracetamol as opposed to IV, where clinically feasible.</li> <li>○ Introducing the use of Pentrox (methoxyflurane) in ED: Utilising Pentrox as opposed to nitrous oxide as lower emissions, where clinically feasible.</li> </ul> </li> </ul>

## Climate Related Financial Disclosures Statement (TCFD)

The Health Board is committed to action on climate change through reducing the emissions associated with service delivery and building a response to climate adaptation. This is being achieved through implementing the CAP 2024-26.

In 2024/25, public sector organisations in Wales have been requested to provide a TCFD Compliance Statement and the recommended disclosures for: Governance; and Metrics and Targets (b), only where available from existing reporting processes. The following statements fulfil this requirement.

### Governance Arrangements

The Health Board's Senior Responsible Officer for Sustainability, which includes climate related work is the Executive Director of Planning and Partnerships. The core group overseeing work on sustainability is the Sustainable Swansea Bay Steering Group, chaired by the Acting Assistant Director of Planning and Partnerships (Commissioning & Sustainability).

The governance structure is shown in Figure 2 whereby, Sustainable Swansea Bay Steering Group reports directly to the HB's Management Board and information is shared through the Population Health and Partnerships Programme Board, as required. The CAP is led through the Implementation Group, with representation from all action owners across all areas within the Health Board.

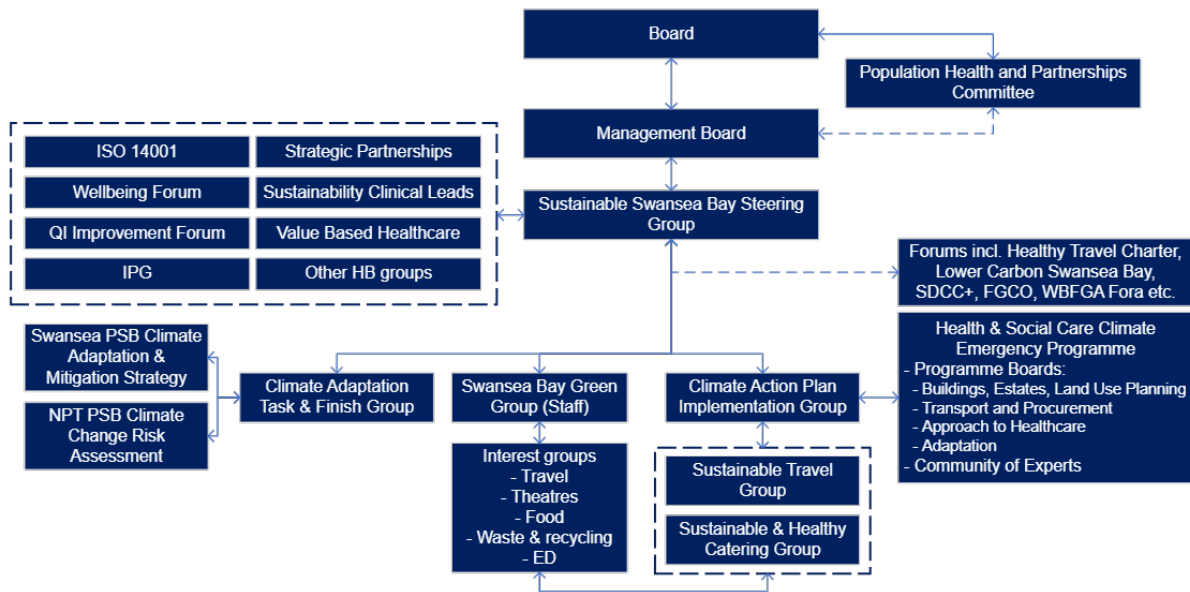


Figure 2 Organogram of Sustainability

During this period, eight climate-related reports were approved by Management Board including:

- Annual emissions assessment using the Welsh Government Public Sector Emissions Tool
- Audit feedback
- Bi-annual progress against NHS Wales Decarbonisation Strategic Delivery Plan
- Annual report against additional actions in the CAP
- Health Board's climate adaptation methodology for approval

These regular reports keep senior leaders informed of the current position. In addition, an Independent Member of the Board has been recruited as a sustainability champion

During 2024-25 we saw the inclusion of sustainability and climate related work into the Annual Plan and this is being further strengthened in the 2025-26 through the alignment with the Health Board's strategic objectives as shown in Figure 3 below and by emissions being a strategic indicator in understanding how the objectives are being achieved.

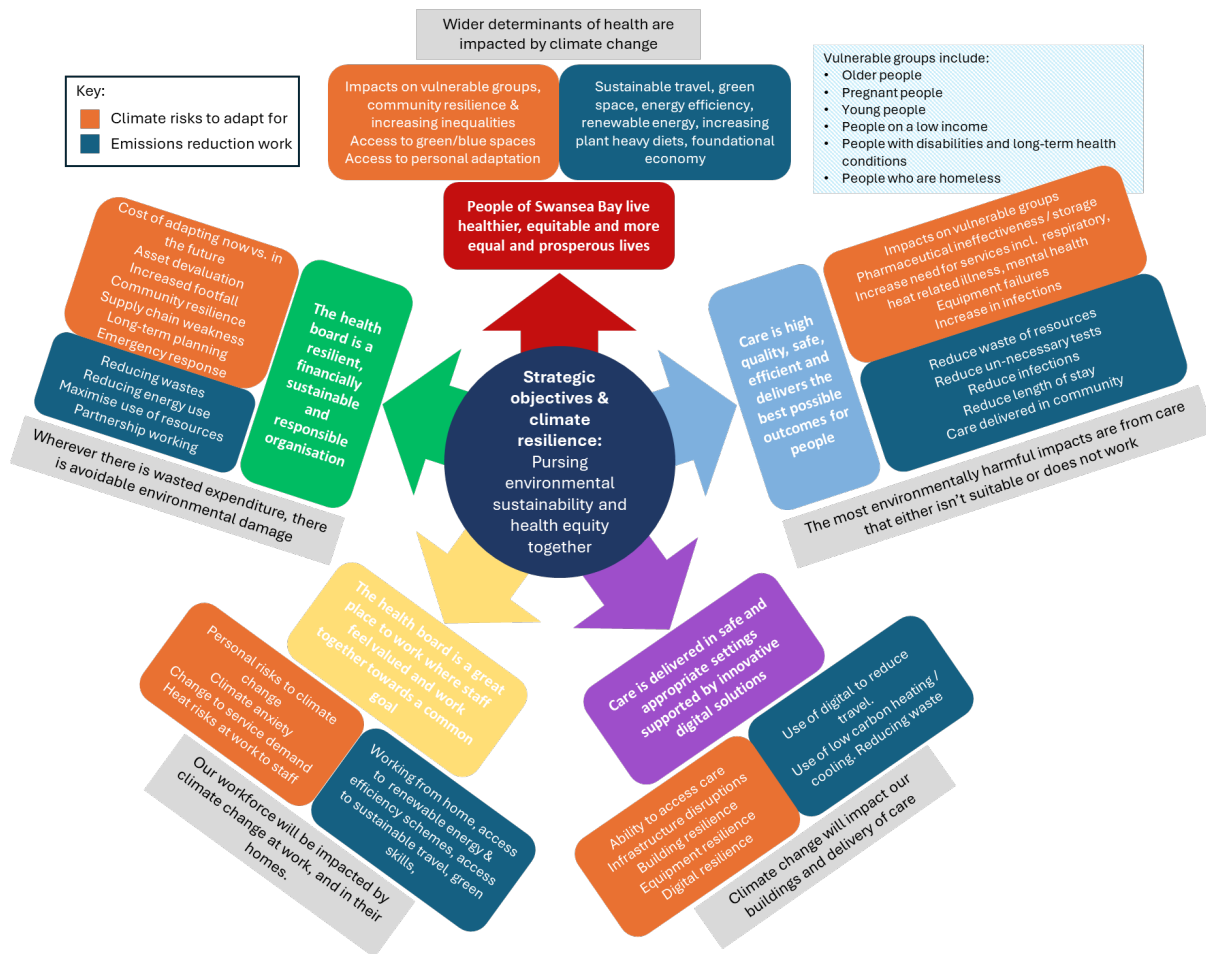


Figure 3: Health Board objectives and climate change

Climate change is a key area of focus within the Population Health Strategy which sets out the guiding principles by which the Health Board and its partners will seek to improve the overall health and well-being of the local population. It also seeks to tackle how to reduce the gap between our least and most deprived communities with a focus on prevention and tackling the ‘causes of the causes’ of ill-health. Climate change is most evident in:

- Objective 5: Creating healthy and sustainable places and communities
- Cross-cutting theme 2: Pursue environmental sustainability and health equity together

Swansea and Neath Port Talbot’s Public Service Boards are working on climate adaptation, with Swansea developing a strategy and Neath Port Talbot using the Natural Resources Wales Climate Change Risk Assessment Framework. Both pieces of work seek to understand climate related impacts on communities and existing inequalities, whilst understanding what actions need to be undertaken by the regions to build a just transition.

## Metrics and Targets

The 2023-24 emissions assessment for the Health Board provided the most comprehensive data set for the three scopes. Emissions totalled 141,944.21 tCO<sub>2</sub>e,

452 tCO<sub>2</sub>e less than in 2022-23, a summary of the sources are shown in Figure 4. 2024/25 data will be submitted in September 2025 and published by Welsh Government after this.

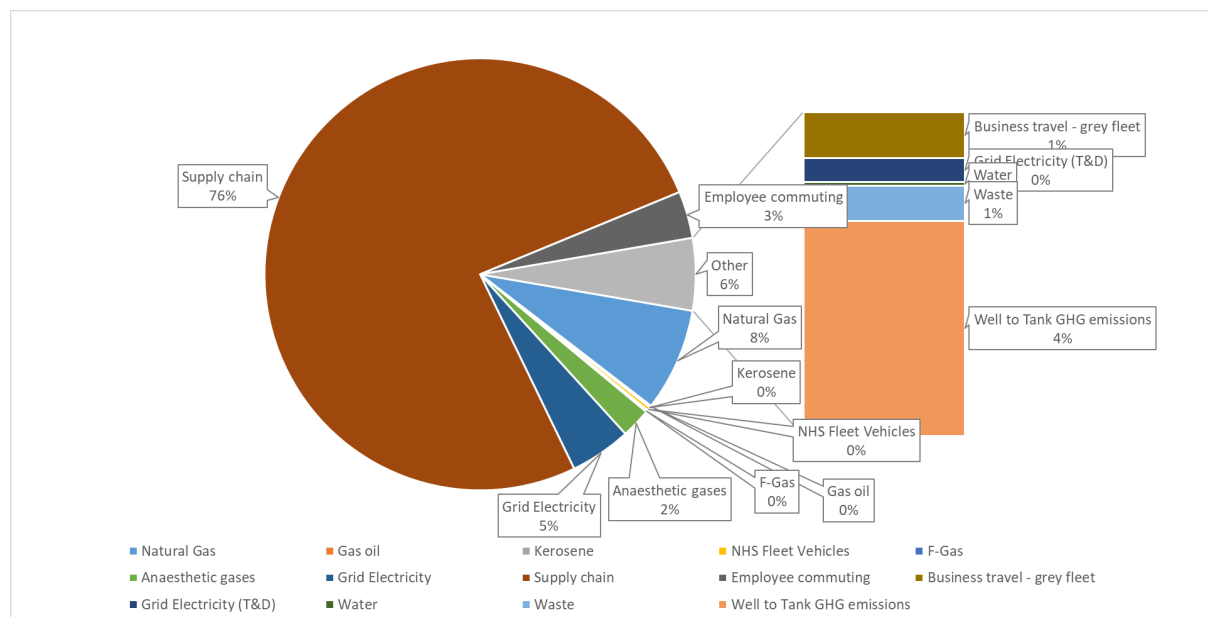


Figure 4 SBUHB emissions 2023/24

Changes to emissions in comparison to 2022-23 are provided in the table below. Most emissions are from the Supply Chain, see 'Our Procurement' section above for how this is being addressed.

Aspect	2023-24 (tCO <sub>2</sub> e)	Variance to 2022/23 (%)	Driver
<b>SCOPE 1</b>			
Natural gas	10,970.85	-6.48	• Reduction in use
Gas oil	133.26	-21.12	• Reduction in use
Kerosene	71.78	+19.49	• Catastrophic failure at NPT requiring back-up generator to be refilled.
Fleet vehicles	374.06	+11.26	• 14% increase in litres of fuel purchased
F-Gas	215.17	-59.48	• Quantities of F-gas used reduced
Anaesthetic gases	3,178.06	+213.80	• Increase in purchase: isoflurane (+982%), nitrous oxide (+22.6%) and sevoflurane (+60.4%) • First inclusion of Entonox = 1,853.37 tCO <sub>2</sub> e OR 58% of total anaesthetic gas emissions
<b>Scope 1 total</b>	<b>14,943.18</b>	<b>+7.97</b>	
<b>SCOPE 2</b>			
Grid electricity	6,501.08	+7.61	• 0.01 per kWh increase in emissions factor • Real time increase of 154,326 kWh
<b>Scope 2 total</b>	<b>6,501.08</b>	<b>+7.61</b>	
<b>SCOPE 3</b>			
Supply chain	107,835.65	-1.56	• £91,732,445.90 excluded due to double counting • 223 supplier specific emissions factors, reducing total emissions by 35,954.54 tCO <sub>2</sub> e

Aspect	2023-24 (tCO <sub>2</sub> e)	Variance to 2022/23 (%)	Driver
Commuting	4,987.76	-0.34	• Decrease in total full time staff number
Business travel	1,088.55	+6.18	• 10% increase in miles claimed by staff • Increased accuracy in the type of vehicle
Transmission & distribution (grid)	564.78	+2.20	• Linked to increases in 'Grid electricity' & electric vehicle use
Water	90.47	-20.42	• Reduction in volumes of water supplied/treated
Waste	826.62	-16.83	• Reduction in volume of waste
Well to tank GHG emissions	5,107.25	-3.72	• Linked to 'Natural gas', 'Gas oil', 'Kerosene', 'Fleet vehicles', 'Commuting' and 'Business travel'.
<b>Scope 3 total</b>	<b>120,499.95</b>	<b>-1.66</b>	
<b>Total</b>	<b>141,944.21</b>	<b>-0.32</b>	

The Health Board supports the wider NHS Wales emissions reduction targets of:

- 16% reduction by 2025
- 34% reduction by 2030

The Health Board acknowledges that they are unlikely to meet the 2025 target across all three scopes but have been successful in Scope 1 and 2.

Scope		2018/19* (tCO <sub>2</sub> e)	2023/24 (tCO <sub>2</sub> e)	Difference (%)
1	Direct emissions from owned or controlled sources incl. natural gas, gas oil, kerosene, fleet, fluorinated gases, anaesthetic gases	26,123.40	21,444.26	-17.91
2	Indirect emissions from the purchase/use of electricity incl. grid electricity			
3	All other indirect emissions (up/downstream) incl. supply chain, commuting, business travel, water, waste, well to tank, and transmission and distribution (grid)	110,063.30	120,499.95	+9.48
<b>Total</b>		<b>136,186.70</b>	<b>141,944.21</b>	<b>+4.22</b>

\*Readjusted baseline from Welsh Government, based on the change in footprint: Abertawe Bro Morgannwg University Health Board to Swansea Bay University Health Board

### Local Counter Fraud Services

The Local Counter Fraud Specialist (LCFS) is an accredited counter fraud professional who delivers both proactive work (e.g., raising fraud awareness, preventing, and deterring fraud) and reactive work to hold those who commit fraud to account (e.g., fraud investigations). The LCFS provides reports to Audit Committee and the Executive Leadership Team in relation to the quality and effectiveness of all counter fraud bribery and corruption work undertaken.

Counter fraud, bribery and corruption objectives are discussed and reviewed at a strategic level within the organisation. The Audit Committee is accountable for gaining assurance that sufficient control and management mechanisms in relation to counter fraud, bribery and corruption are present.

This is achieved through quarterly updates to the Committee from the LCFS, supported by an annual report on counter fraud, bribery and corruption work which complies with the NHS Counter Fraud Authority's guidance in relation to content regarding all applicable standards for fraud, bribery, and corruption; and provides a clear update on progress against work plan objectives. Additionally, the Counter Fraud Policy has been reviewed in year and approved by Audit Committee.

The Committee must satisfy itself that the Health Board has adequate arrangements in place for countering internal fraud and reviews the outcomes of that work, and acknowledges work completed against presented risks and an agreed work plan. The Committee reviews and approves the internal counter fraud arrangements on an annual basis.

### ***NHS Pensions***

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments are in accordance with the scheme rules, and that member records are accurately updated in accordance with the timescales detailed in the regulations.

### ***Quality of Data***

The Management Board, Performance and Finance Committee and Board receives a report on regular basis setting out key performance data. In addition, the health board has a comprehensive information team. Through all these mechanisms, assurance can be taken around the quality of the data of the organisation. Also, SBUHB has a [business intelligence strategy 2022-25](#) which will create an even more robust data process once fully implemented.

### ***Nurse Staffing Levels (Wales) Act 2016***

The board reviews compliance with the Nurse Staffing Levels (Wales) Act 2016, with reports received twice a year – May and November. The most recent report was in [November 2024](#)

#### **❖ Review of Effectiveness**

As accountable officer, I have responsibility for reviewing effectiveness of the system of internal control. This is informed by the work of internal audit and executive directors who are responsible for the development and maintenance of the internal control framework and comments made by external auditors. Work has continued to improve the performance information provided to the board and its committees so that it can be assured on its accuracy and reliability as well as ensure the achievement of organisational objectives. As part of the implementation of the board assurance framework, committees now have delegated responsibilities to monitor developments in their areas, as the board is accountable for maintaining a sound

system of internal control which supports the delivery of the organisation’s objectives, primarily through the Audit and Quality and Safety committees.


**Internal Audit**

Internal audit provide me as Accountable Officer and the board through the Audit Committee with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit Committee and is focussed on significant risk areas and local improvement priorities.

The overall opinion by the head of internal audit on governance, risk management and control is a function of this risk based audit programme and contributes to the picture of assurance available to the board in reviewing effectiveness and supporting our drive for continuous improvement.

❖ **Head of Internal Audit Opinion**

The purpose of the annual head of internal audit opinion is to contribute to the assurances available to the Chief Executive as Accountable Officer and the Board which underpin the board’s own assessment of the effectiveness of the system of internal control. The approved Internal Audit plan is focused on risk and therefore the board will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the annual governance Statement. The overall opinion for 2024-25 is that:

<b>Limited Assurance</b>		<p>The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively.</p> <p>More significant matters require management attention.</p> <p><b>Moderate impact</b> on residual risk exposure until resolved.</p>
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❖ **Delivery of the Audit Plan**

*The plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit Committee (the ‘committee’). In addition, regular audit progress reports have been submitted to the committee. Although changes have been made to the plan during the year, we can confirm that we have undertaken sufficient audit work during the year to be able to give an overall opinion in line with the requirements of the Public Sector Internal Audit Standards.*

*The internal audit plan for the 2024-25 year was initially presented to the committee in March 2024. Changes to the plan have been made during the course of the year and these changes have been reported to the Audit Committee as part of our regular progress reporting.*

*There are, as in previous years, audits undertaken at NHS Wales Shared Services Partnership (NWSSP), Digital Health & Care Wales (DHCW), and the new NHS Wales Joint Commissioning Committee (JCC) that support the overall opinion for NHS Wales health bodies.*

*Our latest External Quality Assessment (EQA), conducted by the Chartered Institute of Public Finance and Accountancy (CIPFA) in March 2023, reported in April 2023, stated we ‘Fully Conform’, and our own annual Quality Assurance and Improvement Programme (QAIP) confirmed that our internal audit work continues to ‘generally conform’ to the requirements of the Public Sector Internal Audit Standards (PSIAS) for 2024/25. We can state that our service ‘conforms to the Institute of Internal Auditors’ professional standards and to PSIAS.’*

### **❖ Summary of Audit Assignments**

*This report summarises the outcomes from our work undertaken in the year. In some cases, audit work from previous years may also be included and where this is the case, details are given. This report also references assurances received through the internal audit of control systems operated by other NHS Wales organisations.*

*The audit coverage in the plan agreed with management has been deliberately focused on key strategic and operational risk areas; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.*

*Overall, we can provide the following assurances to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the substantial and reasonable areas in the table below.*

*Where we have given Limited or Unsatisfactory Assurance, management are aware of the specific issues identified and have agreed action plans to improve control in these areas. These planned control improvements should be referenced in the Annual Governance Statement where it is appropriate to do so.*

*In addition, we also undertook advisory and non-opinion reviews to support our overall opinion. A summary of the audits undertaken in the year and the results are summarised in the table below.*

<b>Substantial Assurance</b>	<ul style="list-style-type: none"> <li>• Business Intelligence Strategy Implementation</li> </ul>
<b>Reasonable Assurance</b>	<ul style="list-style-type: none"> <li>• Risk Management and Board Assurance Framework</li> <li>• Follow Up of Internal Audit Recommendations (draft)</li> <li>• Service Group Governance Arrangements: Neath Port Talbot &amp; Singleton</li> <li>• Learning from Incidents and Concerns</li> <li>• Mortality Reviews</li> <li>• Discharge Planning</li> <li>• Primary Care Cluster Plans</li> <li>• Acute Medical Services Redesign Programme – Benefits Realisation (draft)</li> </ul>

	<ul style="list-style-type: none"> <li>• Child and Adolescent Mental Health Service Transition</li> <li>• Wales Fertility Institute</li> <li>• Data Quality</li> <li>• Job Evaluation</li> <li>• Neath Port Talbot District General Hospital Private Finance Initiative (draft)</li> <li>• Estates Assurance: Energy Management</li> <li>• Estates Assurance: Estates Condition (Governance and Assurance Arrangements)</li> <li>• Morriston Hospital: Burns / Intensive Care Unit Project (Phase 1)</li> </ul>
Limited Assurance	<ul style="list-style-type: none"> <li>• Asset Management</li> <li>• Business Continuity Planning (draft)</li> <li>• Tertiary Services</li> <li>• Population Health Strategy</li> <li>• Quality Assurance Framework</li> <li>• Mortuary Service (Joint review with Hywel Dda UHB)</li> <li>• Clinical Coding</li> <li>• Records Management (non-health)</li> <li>• Speaking Up Safely</li> </ul>
Unsatisfactory	N/A
Advisory/Non-Opinion	<ul style="list-style-type: none"> <li>• Contract Management (draft)</li> </ul>

*From the opinions issued during the year, one was allocated Substantial Assurance, sixteen were allocated Reasonable Assurance and nine were allocated Limited Assurance, with none allocated an Unsatisfactory assurance opinion. One advisory or non-opinion report was also issued.*

*In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited assurance was reported. Further, the Head of Internal Audit has considered the impact where audit assignments planned this year did not proceed to full audits following preliminary planning work and these were either: removed from the plan; removed from the plan and replaced with another audit; or deferred until a future audit year. The reasons for changes to the audit plan were presented to the Audit Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit has considered the impact of changes made to the plan when forming the overall opinion.*

Every internal audit review is reported to the Audit Committee with the executive leads for any which receive limited assurance asked to attend to explain the findings and present an action plan. These are also referred to the relevant board committee to monitor improvement and progress. There is also an audit tracker in place which records the status of every internal and external audit recommendation. This is reported to the Audit Committee at every meeting to ensure progress is being made

and the leads for the ones which are overdue are asked to attend a committee meeting to outline the reasons why.

#### ❖ External Audit

The organisation's financial planning and management arrangements, governance and assurance arrangements and progress on improvement issues identified in the previous year's structured assessment were examined by Audit Wales and it was concluded that:

*“Overall, we found that the Health Board is improving aspects of its governance arrangements, and good progress has been made to stabilise the Board. However, the financial position for 2024-25 remains extremely challenging, and urgent and on-going action is needed to manage the factors that are driving costs. A refreshed and re-aligned approach to strategic planning is also needed to set a direction towards models of care which support good population health and services which are clinically and financially sustainable.*

*We considered whether the Health Board has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery. We found that the Health Board lacks a long-term strategy which is affecting the ability to develop plans which support improvements to population health, enable sustainable service transformation and achieve financial balance.*

*We considered whether the Health Board has a sound corporate approach to managing its financial resources. We found that that the Health Board's financial position for 2024-25 is deteriorating with delivery of savings and arrangements for managing and holding to account for financial delivery within service groups of continued concern.*

*We considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services. We found that whilst the Health Board is strengthening its risk management arrangements, there are significant operational financial and performance challenges, and arrangements for holding to account for both finance and performance need urgent action. There also remain opportunities to strengthen oversight of the quality and safety of services*

*We considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently. We found the Board remains committed to conducting its business in an open and transparent manner, and recent changes have improved the committee structure. Progress is also being made to stabilise the Board. However, opportunities remain to strengthen performance reporting”.*

The full structured assessment report is available from [Audit Wales's website](#) and the management response is being monitored through the Audit Committee.

In addition to the structured assessment, the health board received the annual report from Audit Wales in which the Auditor General summarised:

*“ I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify*

*any material weaknesses in internal controls (as relevant to my audit) however, I brought some issues to the attention of officers and the Audit Committee for improvement.*

*I qualified the regularity opinion. In line with prior years, the regularity opinion was qualified because the Health Board did not meet its revenue resource allocation over the three-year period ending 2023-24. 14*

*Alongside my audit opinion, I placed a substantive report on the Health Board's accounts to highlight the failure to achieve financial balance and the failure to have an approved three-year plan in place.'*

*"My programme of Performance Audit work has led me to draw the following conclusions:*

- the Health Board is improving aspects of its governance arrangements, and good progress has been made to stabilise the Board. However, the financial position for 2024-25 remains extremely challenging, and urgent and ongoing action is needed to manage the factors that are driving costs. A refreshed and re-aligned approach to strategic planning is also needed to set a direction towards models of care which support good population health and services which are clinically and financially sustainable.*
- whilst the Health Board met its control deficit target for 2023-24, it has a generally poor track record of achieving its savings targets and delivering recurrent savings. Given the Health Board's extremely challenging financial position, it urgently needs to demonstrate that it can manage the factors that are driving its costs and accelerate work to embed a more sustainable approach to the financial savings it needs to deliver.*
- operational governance arrangements in the Health Board's service groups need strengthening. Action is needed to address long standing vacancies and reliance on interim roles, and to strengthen escalation arrangements, quality and safety reporting, and risk management. The Acute Medical Services Redesign programme needs to be concluded quickly, accompanied by an assessment of the operational capacity needed within service groups to support the required governance arrangements.*
- despite the Health Board starting to transform its outpatient services, it has made limited progress in implementing our previous audit recommendations and continues to carry significant clinical risks associated with delayed follow-up appointments.*
- the Health Board is making good progress to address my previous audit recommendations on primary care. It has strengthened its arrangements for financial planning analysis, and new ways of working, and is progressing work to strengthen Local Cluster Collaboratives and shift resources from secondary to primary care. However, central primary care services capacity remains stretched, and the Health Board does not have a comprehensive understanding of its primary care workforce. There is limited oversight and scrutiny of primary care at Board and committees and reporting on primary care performance and outcomes needs strengthening.*
- the Health Board is taking appropriate action to address its workforce challenges. However, it needs to ensure that it has sufficient workforce planning resources to*

*support delivery of its new People Strategy and improve committee level oversight of its Workforce and OD Directorate's Goals, Methods and Outcomes (GMO) plan, which supports delivery of the People Strategy.*

### ❖ Conclusion

As accountable officer, and based on the process outlined above, I have reviewed the relevant evidence and assurance relating to internal control. While the challenges faced remain similar to those outlined in the previous annual report, with the support of the board there is confidence these can be addressed and improvement in governance has been demonstrated. However, 2025-26 is going to be a significant challenge with a deficit end-of-year position forecasted.

This governance statement highlights positive improvements in strengthening governance arrangements and I am confident that we have plans in place to address the weaknesses highlighted within the statement. As an organisation, there is disappointment with the number of areas that have received a limited assurance rating from internal audit and work is continuing to strengthen and improve its services. On receiving limited assurance, action plans are developed to present to audit committee and these are also referred to the relevant board committee to monitor improvement and progress.

The independent review of maternity and neonatal services findings will be used to develop an improvement plan and ensure that the service is appropriate for the new needs of the diverse population

While the last year has been difficult and challenging, some stability and progress was being made despite the operational pressures illustrated by the health board's de-escalation from some areas of enhanced monitoring and targeted intervention.

My review has concluded that the health board has a generally sound system of internal control that supports the achievement of policies, aims and objectives, and no significant issues have been identified. The independent review of maternity and neonatal services findings will be used to develop an improvement plan. Along with detailed action plans which have been agreed to improve performance in all areas and these will be monitored through the governance structure.



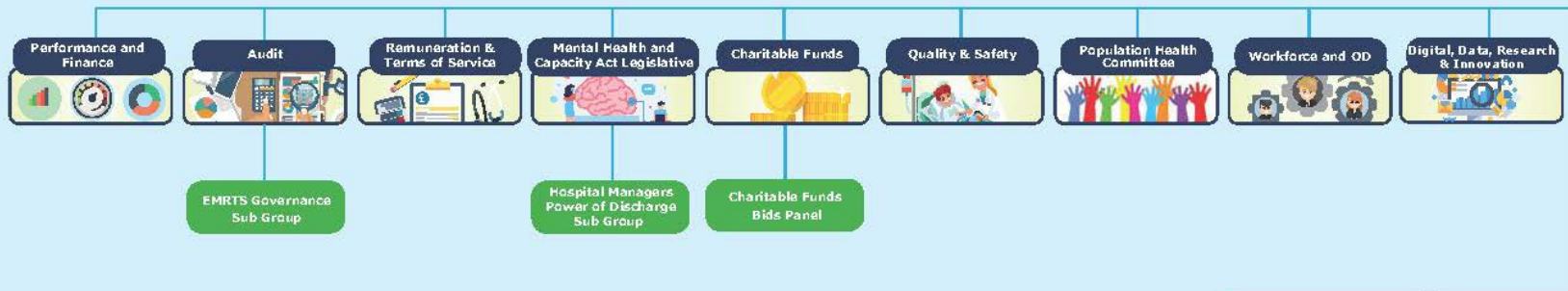
Abigail Harris  
**Chief Executive**  
**Swansea Bay University Health Board**

# Board and Committee Arrangements

**NB:** Other groups also have a reporting line to committees, however they are not shown on this diagram.



## BOARD



## Groups Reporting to the Board

- ARCH Programme Board
- Public Service Boards
- West Glamorgan Regional Partnership Board

### KEY

- Committees
- Sub Groups
- Advisory Groups
- Groups Reporting to the Board
- Joint Committees

## Joint Committees

- National Health Service Wales Joint Commissioning Committee
- NHS Wales Shared Services Partnership (NWSSP)

## Advisory Groups

- Local Partnership Forum
- Stakeholder Reference Group
- Healthcare Professionals Forum

### Appendix Two – Board and Committee Dates 2024-25

The table outlines dates of board and committee meetings held during 2024-25. Where meetings were not quorate, escalation arrangements were in place to ensure that any matters of significant concern that could not be brought to the attention of the committee could be raised with the health board chair.

Board/Committee														
Health Board	23 May 24	25 July 24	26 July 24	26 Sept 24	28 Nov 24	31 Jan 25	28 Mar 25							
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate							
Audit Committee	16 May 24	18 July 24	19 Sept 24	2 Nov 24	18 Jan 25	21 March 25								
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate								
Mental Health Legislation Committee	2 May 24	1 Aug 24	10 Dec 24	1 Feb 25										
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate										
Remunerations and Terms of Service Committee	18 April 24	12 June 24	29 July 24	21 Aug 24	2 Sept 24	30 Sept 24	10 Oct 24	5 Nov 24	2 Dec 24	6 Mar 25	26 Mar 25			
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate		

<b>Board/Committee</b>												
Performance and Finance Committee	23 April 24	21 May 24	25 June 24	23 July 24	27 Aug 24	24 Sept 24	29 Oct 24	26 Nov 24	17 Dec 24	23 Jan 25	27 Feb 25	26 March 25
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate
Charitable Funds Committee	25 April 24	4 July 24	15 Oct 24	20 Jan 25								
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate								
Quality and Safety Committee	21 May 24	25 June 24	23 July 24	24 Sept 24	29 Oct 24	26 Nov 24	28 Jan 25	25 Mar 25				
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate				
Workforce, OD and Digital Committee	18 April 24	20 June 24	15 Aug 24									
Quorate/Not Quorate	Quorate	Quorate	Quorate									
Workforce and OD Committee	24 Oct 24	18 Dec 24	20 Feb 25									

Quorate/Not Quorate	Quorate	Quorate	Quorate									
Digital, Data, Research and Innovation Committee	7 Nov 24	16 Jan 24	11 Mar 25									
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate								
Population Health Committee	6 June 24	5 Sept 24	3 Dec 24	6 Mar 25								
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate								

### Appendix Three – Board and Committee Membership

The board has been constituted to comply with the Local Health Boards (constitution, Membership and Procedures) (Wales) Regulations 2009. In addition to responsibilities and accountabilities set out in term and conditions of appointment, board members also fulfil a number a champions roles where they act ambassadors for these matters. In January 2021, Welsh Government issued a revised circular on board champion roles and the health board is currently reviewing this to align the roles to board committees.

\*The following table provides information on committee membership as at 31 March 2025\*

Independent Members				
Name	Position	Area of Expertise Representation Role	Board Committee Membership	Champion Roles
Emma Woollett	Chair (until May 2024)	N/A	<ul style="list-style-type: none"> <li>Health Board (Chair)</li> <li>RATS Committee (Chair)</li> <li>Population Health and Partnerships Committee (Chair)</li> </ul>	<ul style="list-style-type: none"> <li>Whistleblowing Champion</li> </ul>
Jan Williams	Chair (from June 2024)	N/A	<ul style="list-style-type: none"> <li>Health Board (Chair)</li> <li>RATS Committee (Chair)</li> <li>Regional Joint Committee (Co-Chair)</li> </ul>	
Steve Spill	Vice-Chair	Mental Health Primary Care	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Mental Health Legislative (Member)</li> <li>Charitable Funds Committee (Vice-Chair)</li> <li>RATS Committee (Member)</li> <li>Performance and Finance Committee (Member)</li> <li>Population Health Committee (Chair)</li> </ul>	<ul style="list-style-type: none"> <li>Primary Care</li> <li>Mental Health and Learning Disabilities</li> <li>Veterans</li> </ul>

Anne-Louise Ferguson	Independent Member	Legal	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• RATS Committee (Member)</li> <li>• Quality and Safety Committee (Member)</li> <li>• Workforce and OD Committee (Member)</li> <li>• Mental Health Legislation Committee (Chair)</li> </ul>	
Tom Crick	Independent Member (until Oct 2024)	ICT	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Audit Committee (Member)</li> <li>• Workforce, OD and Digital Committee (Chair)</li> </ul>	
Andrew Griffiths	Independent Member	ICT	<ul style="list-style-type: none"> <li>• Health Board</li> <li>• Audit Committee (Member)</li> <li>• Digital, Data, Innovation and Research Committee (Chair)</li> <li>• RATS Committee (Member)</li> </ul>	
Keith Lloyd	Independent Member	University	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Digital, Data, Research and Innovation Committee (Member)</li> <li>• Quality and Safety Committee (Vice Chair)</li> <li>• RATS Committee (Member)</li> <li>• Regional Joint Committee (Member)</li> </ul>	Research and development
Jackie Davies	Independent Member	Trade Union	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• RATS Committee (Member)</li> <li>• Workforce and OD Committee (member)</li> <li>• Mental Health Legislative Committee (Member)</li> </ul>	

			<ul style="list-style-type: none"> <li>• Charitable Funds Committee (Member)</li> </ul>	
Jean Church	Independent Member	General	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• RATS Committee (Member)</li> <li>• Digital, Data Research and Innovation Committee (Member)</li> <li>• Performance and Finance Committee</li> <li>• Quality and Safety Committee (Chair)</li> <li>• Regional Joint Committee (Member)</li> </ul>	
Nicola Matthews	Independent Member	Local Authority	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• RATS Committee (Member)</li> <li>• Charitable Funds Committee (Chair)</li> <li>• Population Health Committee (Vice Chair)</li> <li>• Quality and Safety Committee (Member)</li> </ul>	
Reena Owen	Independent Member	Community	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• RATS Committee (Member)</li> <li>• Performance and Finance Committee (Member)</li> <li>• Population Health Committee (Member)</li> <li>• Workforce and OD Committee (Chair)</li> </ul>	
Nuria Zolle	Independent Member	Third Sector	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• RATS Committee (Member)</li> <li>• Audit Committee (Chair)</li> </ul>	

			<ul style="list-style-type: none"> <li>• Digital, Data, Research and Innovation Committee (Member)</li> <li>• Population Health Committee (Member)</li> </ul>	
Patricia Price	Independent Member	Finance	<ul style="list-style-type: none"> <li>• Health Board (member)</li> <li>• RATS Committee (Member)</li> <li>• Mental Health Legislation Committee (Member)</li> <li>• Performance and Finance Committee (Chair)</li> <li>• Audit Committee (Vice-Chair)</li> <li>• Regional Joint Committee (Member)</li> </ul>	
Andrew Jarrett	Associate Board Member	Social Services	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> </ul>	
Andrew Griffiths	Associate Board Member	Health Professionals' Forum	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> </ul>	
Judith Vincent	Associate Board Member	Health Professionals' Forum	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> </ul>	

<b>Executive Directors</b>				
<b>Name</b>	<b>Position</b>	<b>Area of Expertise Representation Role</b>	<b>Board Committee Membership</b>	<b>Committee Roles</b>
Abigail Harris	Chief Executive	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Remuneration and Terms of Service Committee (in attendance)</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

Richard Evans	Interim Chief Executive (until Oct 2024)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Remuneration and Terms of Service Committee (in attendance)</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Ambulance Services Committee (Member)</li> <li>• WHSSC (Member)</li> </ul>
Richard Evans	Executive Medical Director/Deputy Chief Executive	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Quality and Safety Committee (Lead Executive)</li> <li>• Workforce and OD Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Ambulance Services Committee (Member)</li> <li>• WHSSC (Member)</li> </ul>
Darren Griffiths	Director of Finance and Performance  Interim Deputy Chief Executive (until Oct 24)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Audit Committee (In attendance)</li> <li>• Charitable Funds (Lead Director/Member)</li> <li>• Performance and Finance (Lead Director/Member)</li> </ul>	
Gareth Howells	Executive Director of Nursing and Patient Experience (until Aug 2024)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Audit Committee (In attendance)</li> <li>• Mental Health Legislative Committee (Lead Director/In attendance)</li> <li>• Quality and Safety Committee (Lead Director/In attendance)</li> <li>• Workforce, OD &amp; Digital Committee (In attendance)</li> </ul>	
Deb Lewis	Chief Operating Officer/Director of Primary Care and Mental	N/A	<ul style="list-style-type: none"> <li>• Health Board (member)</li> <li>• Performance and Finance (in attendance)</li> </ul>	

Christine Morrell	Director of Allied Health Professions and Health Science	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Quality and Safety Committee (In Attendance)</li> <li>• Workforce, OD &amp; Digital Committee (In Attendance)</li> </ul>	
Hazel Powell	Interim Executive Director of Nursing (from Sept 2024)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Audit Committee (In attendance)</li> <li>• Mental Health Legislative Committee (Lead Director/In attendance)</li> <li>• Quality and Safety Committee (Lead Director/In attendance)</li> <li>• Workforce, OD &amp; Digital Committee (In attendance)</li> </ul>	
Jennifer Davies	Interim Director of Public Health (until Jan 2025)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Quality and Safety Committee (In attendance)</li> <li>• Population Health Committee</li> </ul>	
Sarah Jenkins	Interim Director of Workforce and OD	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Remuneration and Terms of Service Committee (Lead Director/In attendance)</li> <li>• Workforce, OD and Digital (Lead Director/In attendance)</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Wales Shared Services Partnership Committee (NWSSP) Member</li> </ul>
Nerissa Vaughan	Interim Director of Strategy (until Feb 2025)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Population Health &amp; Partnerships Committee (in attendance)</li> </ul>	<ul style="list-style-type: none"> <li>• Western Bay Partnership Board</li> <li>• ARCH Programme Board Member</li> </ul>

			<ul style="list-style-type: none"> <li>• Performance and Finance Committee ( Member)</li> </ul>	
Marie Davies	Executive Director of Planning and Partnerships (from Feb 2025)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Population Health Committee (in attendance)</li> <li>• Performance and Finance Committee ( in attendance)</li> </ul>	<ul style="list-style-type: none"> <li>• Western Bay Partnership Board</li> <li>• ARCH Programme Board Member</li> </ul>
Raj Krishnan	Acting Medical Director (until Oct 2024)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Quality and Safety Committee (In attendance)</li> <li>• Audit Committee (In Attendance)</li> </ul>	
Anjula Mehta	Acting Medical Director (until Oct 2024)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Workforce, OD and Digital Committee (In attendance)</li> </ul>	

## Appendix Four – Members’ Attendance at Meetings

\*Due to the turnover of board members and some taking the opportunity to observe committees before their portfolios were confirmed, the attendance at committees has varied, especially as the need for independent members to provide cover in times of absence for each other. There are also times when board members are engaged in other board business. On occasions where an executive was unable to attend, a deputy was sent ensure representation. Where attendance is not required by a board member at a committee, this is represented by a dash (-)\*

	Health Board	Audit Committee	Charitable Funds Committee	Population Health Committee	Mental Health Legislation Committee	Performance and Finance Committee	Quality and Safety Committee	Remuneration and Terms of Service Committee	Workforce and OD Committee	Digital, Data, Innovation Committee (from July 24)
	6	6	3	4	4	12	7	12	7	3
Emma Woollett, Chair (until June 2024)	1	-	0	0	-	0	-	4	0	-
Jan Williams, Chair (from June 2024)	5	1	0	0	-	1	-	9	0	-
Steve Spill, Vice-Chair	6	-	3	4	4	12	7	14	1	-
Jackie Davies, Independent Member	4	-	1	0	2	0	-	10	5	-
Keith Lloyd, Independent Member	2	-	1	2	-	0	-	1	0	2
Anne-Louise Ferguson, Independent Member	6	3	0	0	4	0	6	5	1	-
Nuria Zolle, Independent Member	6	6	2	3	-	0	2	10	2	
Reena Owen, Independent Member	6	-	0	4	-	11	3	10	4	3
Tom Crick, Independent Member (until Oct 24)	2	3	0	0	-	0	-	2	3	-
Jean Church, Independent Member	5	2	0	0	1	12	-	10	6	3
Patricia Price, Independent Member	6	5	0	0	3	10	-	7	0	-
Nicola Matthews, Independent Member	6	-	2	3	-	0	6	7	0	-
Andrew Griffiths, Independent Member (from Jan 24)	2	2	0	0	-	0	-	0	1	2
Andrew Griffiths, Associate Board Member	0	2	0	0	-	0	-	-	0	2

Judith Vincent, Associate Board Member	2	-	0	0	-	2	-	-	0	-
Andrew Jarrett, Associate Board Member	2	-	0	0	-	0	-	-	0	-

	Health Board	Audit Committee	Charitable Funds Committee	Partnerships, Planning & Pop Health	Mental Health Legislation Committee	Performance - and Finance - Committee	Quality and Safety Committee	Remuneration and Terms of Service Committee	Workforce and OD Committee	Digital, Data, Innovation Committee (from July 24)
	6	6	3	4	4	12	7	12	7	3
Abigail Harris, Chief Executive (from Oct 24)	3	-	0	0	-	1	-	5	0	-
Richard Evans, Interim Chief Executive (until Oct 24)	3	1	0	0	-	0	-	7	0	-
Richard Evans, Executive Medical Director (from Oct 24)	3	-	0	0	-	0	-	-	3	2
Christine Morrell, Executive Director of Allied Health Professions and Health Science	5	-	0	0	-	0	-	-	3	-
Gareth Howells, Executive Director of Nursing and Patient Experience (until Aug 24)	1	-	0	0	1	0	-	-	0	-
Hazel Powell, Interim Executive Director of Nursing	3	-	0	0	4	0	5	-	2	-
Darren Griffiths, Director of Finance and Performance	6	6	2	0	-	11	-	-	0	-
Sarah Jenkins, Interim Director of Workforce and OD	6	-	0	0	-	1	-	11	5	-
Jennifer Davies, Interim Director of Public Health	3	-	0	3	-	0	-	-	0	-
Anjula Mehta, Acting Medical Director (until Oct 24)	2	-	0	0	-	2	4	-	3	-
Raj Krishnan, Acting Medical Director (until Oct 24)	2	2	0	0	-	0	6	-	1	1
Nerissa Vaughan, Interim Director of Strategy	3	-	0	2	-	6	-	-	0	-
Marie Davies, Director of Planning and Partnerships	1	--	0	1	-	2	-	-	0	-

Deb Lewis, Chief Operating Officer and Director of Primary Care and Mental Health	4	1	0	1	-	8	-	-	0	-
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## Appendix Five Topics Considered by Board and Committees

### Health Board

#### **10 April 2024 (Special)**

- Approval of the Emergency Medical Retrieval Transfer Service (EMRTS) service Review

#### **23 May 2024**

- Patient story 'Sharing Hope'
- Targeted Intervention Report
- Nurse Staff Act Levels Annual Report 2023/24
- Quarter 4 Progress Report Annual Plan 2023/24
- Estate Strategy Priorities
- Regional Pathology Memorandum of Understanding
- Hybrid Theatres Business Case
- Report on NHS Wales Partnerships
- Report on External Partnerships
- Chief Executive's Report
- Chair's Report
- Key issues reports from board committees
- Corporate governance issues
- Performance report
- Finance report
- Summary reports from the health board's advisory groups

#### **30 May 2024 (Special)**

- Submission of the Annual Plan and Accountable Officer Letter

#### **11 July 2024 (Final Accounts)**

- Approve the financial annual accounts 2023/24
- ISA 260 Audit of Financial Statements
- Letter of Representation
- Head of Internal Audit's Opinion
- Annual Report 2023/24

#### **25 July 2024**

- A presentation on Tackling Diabetes
- CT Sim Business Case
- Targeted Intervention Report
- Maternity Services Healthcare Inspectorate Wales Report Update
- Chief Executive's Report
- Chair's Report
- Key issues reports from board committees
- Corporate governance issues
- Performance report

- Finance report
- Summary reports from the health board's advisory groups

### **10 September 2024 (Special)**

- Re-opening of Neath Port Talbot Birthing Centre

### **25 September 2024**

- Patient story
- Urology Business Case
- PET CT Business Case
- Targeted Intervention Report
- A verbal report on MPox
- Gold Command Report on Maternity and Neonatal
- Report on Maternity and Neonatal External Review
- Year Three Nurse Staffing Levels (Wales) Act 2016 Report
- Chief Executive's Report
- Chair's Report
- Corporate Governance Report including the NHS Wales Joint Commissioning Committee hosting agreement and MOU
- Performance report
- Finance report including the Financial Plan
- Summary reports from the health board's advisory groups
- Welsh Language Annual Report 2023/24

### **28 November 2024**

- Patient Story
- Presentation on Vaccinations and Immunisations
- Targeted Intervention Report
- Winter Plan
- Public Service Ombudsman for Wales Annual Letter
- Annual Mandatory Nurse Staffing Act Monitoring Report
- Gold Command Maternity and Neonatal Services
- Maternity and Neonatal External Review Report
- Board Assurance Framework and Risk Management
- A report on Mental Health Services
- A report on the Joint Committee with Hywel Dda University Health Board
- Chief Executive's Report
- Chair's Report
- Key issues reports from Board committees
- Corporate Governance Report
- Performance report
- Finance report
- Summary reports from the health board's advisory groups

**19 December 2024 (Special)**

- Financial Plan; Quarter Four Priorities

**30 January 2025**

- Staff Story; Urgent and Emergency Care
- Progress update on the Estates Strategy
- Targeted Intervention
- Report on the Wales Fertility Institute
- Gold Command on Maternity and Neonatal Services
- Maternity and Neonatal External Review Report
- A report on the Joint Committee and approval of the Terms of Reference
- Charter for Families Bereaved through Public Tragedy
- Chief Executive's Report
- Chair's Report
- Key issues reports from board committees
- Summary reports from the health board's advisory groups
- Corporate Governance Report including;
  - A Review of Standing Orders';
  - Committee Terms of Reference;
  - Committee Annual Report
  - JCC Sub Committee Terms of Reference
- Performance report
- Finance report

**27 March 2025**

- Staff Story ; Digital Story
- Health Board Risk Register
- Presentation from the NHS Wales Joint Commissioning Committee
- 2025/28 Integrated Medium Term Plan
- Digital Strategy
- Pathology Operational Delivery Network update
- Escalation and Oversight Report
- Finance Report
- Cancer Services Report
- Gold Command on Maternity and Neonatal Services
- Maternity and Neonatal External Review Report
- Audit Wales Structured Assessment and Annual Report
- Chief Executive's Report
- Chair's Report
- Key issues reports from board committees
- Summary reports from the health board's advisory groups
- Corporate Governance Report

**Quality and Safety Committee****21 May 2024**

- Patient Story: Alexandra's Story

- Service Group Highlight Report: Neath Port Talbot Hospital/ Singleton Hospital
- Executive summary of the Quality and Safety of Patient Services Group
- Risk associated with the additional learning needs act
- External inspections report
- Quality and Safety Performance Report
- Infection, Prevention and Control Report
- Sepsis quality priority
- Health Board Risk Register
- Learning From Events Report

#### **25 June 2024**

- Patient Story: Impact of Adult Child Interaction Therapy
- Service Group Highlight Report: Primary, Community and Therapies Services HMP Action Plan to include dates on actions moving into the next reporting period.
- Executive summary of the Quality and Safety of Patient Services Group
- Quarterly Patient Experience report
- Duty of candour annual report
- Frailty Strategy
- Healthcare Associated Infections Governance and Implementation Plan
- Maternity services' update report to include: The implementation of support workers in supporting smoking cessation
- Quality and Safety Performance Report
- Action plan following the recent inquest
- Quarterly Health and Safety Report
- Committee Self-Assessment report

#### **23 July 2024**

- Patient Story: Burns Service: Recovery from Traumatic Injuries
- Service Group Highlight Report: Morriston Hospital
- Quarterly Clinically Optimised Patients report to include: Discharge Planning, Pathway of care delays action plan and; A breakdown of length of stay
- External review action plan for Wales Fertility Institute
- Controlled Drugs Governance and Assurance Progress Report
- Clinical Outcomes and Effectiveness
- Quality and Safety Performance Report
- Management response on the progress made against the SBU action plan agreed with HIW for the Community learning Disabilities Team
- Executive summary of the Quality and Safety of Patient Services Group
- Quality Priority Nutrition & Hydration
- Work taking place to address population health suicide
- Board effectiveness action plan
- Health board risk register

#### **24 September 2024**

- Patient Story: Trauma Stabilisation Group

- Service Group Highlight Report: Mental Health and Learning Disabilities Service Group to include: The updated Community Learning Disability Team Improvement Plan
- Health and safety report
- Quality and safety performance report
- Infection, prevention and control report to include an update on the position of: CDiff and MPox
- Executive summary of the Quality and Safety of Patient Services Group
- Final annual quality report
- Compliance with the NRFit Safety Alert
- Maternity Gold Command report
- Children Community Nursing Service
- Suicide Prevention Quality Priority
- End-of-Life Care Quality Priority
- Health board risk register
- External inspections report
- Committee work programme
- Committee terms of reference

#### **29 October 2024**

- Patient Story: Baby Theo
- Service Group Highlight Report: Neath Port Talbot and Singleton Service Group
- Quality and safety performance report
- Quality and Safety of Patient Services Group
- Maternity Gold Command report
- Research and development annual report
- Patient experience report
- Clinically optimised patients, report
- Falls Quality Priority
- Public Service Ombudsman for Wales Annual Letter
- Operational Governance Arrangements Audit Wales report
- Follow Up Outpatients Audit Wales report
- Deep dive into outstanding complaints
- Joint Commissioning Committee Quality and Patient Safety Committee report

#### **26 November 2024**

- Patient Story: misconception people hold of a hospice
- Service Group Highlight Report: Primary, Community and Therapies Services
- Quality and Safety of Patient Services Group
- Maternity Gold Command report
- Clinical Audit Mid-year progress and Annual report; To deep dive into the findings
- Dental waiting lists

- Quarterly Clinically Optimised Patients report
- Winter Plan
- Quality Priority Deep Dive into Sepsis
- Infection, prevention and control report
- Quality Priority Deep Dive into falls
- Wales Fertility Institute
- Health board risk register
- External inspections report
- Welsh language standard 110 report - Increasing our ability to deliver clinical consultations in Welsh - 5-year implementation plan
- Quality and safety performance report

### **28 January 2025**

- Patient Story: Patient Experience Service Improvement within Phlebotomy Services
- Service Group Highlight Report: Murrison Service Group
- Health and safety report
- Executive summary of the Quality and Safety of Patient Services Group November 2024; December 2024
- Patient Experience report
- Clinically Optimised Patients report
- Controlled drugs governance and assurance progress
- Tackling Diabetes Together
- System wide pressures including ambulance delays and to include: How the Health Board captures the harm caused across the system
- Pressure damage quality priority progress report
- Nutrition and hydration quality priority progress report
- Maternity gold command report
- Maternity and Neonatal Dashboard report
- Health board risk register
- Committee effectiveness
- Joint Commissioning Committee Quality and Patient Safety Committee report
- Quality and safety performance report

### **25 March 2025**

- Patient Story: Mental Health and Learning Disabilities
- Service Group Highlight Report: Mental Health and Learning Disabilities
- Children's Community Nursing
- Clinical Outcomes and Effectiveness
- General Dental Service access report to include: An update of the Dental access report
- End-of-Life Care Quality Priority Plan
- Primary Care new National Contract assurance framework for GP practices being implemented in SBUHB
- Right Person Right Care

- MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK 2023
- Maternity gold update to include: Progress against the actions required in response to the HIW review of maternity services
- Prevention & Control quarterly update
- External inspections report
- Health board risk register
- Joint Commissioning Committee Quality and Patient Safety Committee report
- Quality and Safety Performance report
- Quality and Safety of Patient Services Group

### **Workforce, OD and Digital Committee**

#### **18 April 2024**

- Workforce Metrics and key performance indicators
- Recruitment and Retention
- Digital Leadership Group report
- The Workforce, OD and Digital risk register
- Board Effectiveness Action Plan
- Nurse Staffing Levels for Neonatal Services
- Midwifery Workforce Transformation Action Plan
- 3 Year Welsh Government Caveated Nurse Staffing Act paper
- Deep dive into employee relations best practice
- Workforce Plans for Child and Adult Mental Health Service
- Nursing and Midwifery Board update
- Medical Workforce Board update
- Substantial Assurance Internal Audit report: Digital Support; effectiveness and efficiency

#### **20 June 2024**

- Workforce Metrics and key performance indicators
- The Quarterly Medical Workforce Efficiencies report
- Digital Strategy Update
- Information Governance and Cyber Assurance Group Update
- Guardian Service Update
- Older People's digital inclusion report
- Medical Revalidation report
- Deep dive into sickness absence
- Welsh Language Delivery Group update
- Board Effectiveness Action Plan 2024
- Internal Audit Reports in relation to Workforce and Digital - Consultant Job Planning Limited Assurance Report
- Therapies and Health Science Group report
- Medical Workforce Group update
- Workforce Delivery Group update report
- Staff Survey update

## **15 August 2024**

- Workforce Metrics and key performance indicators
- Thinking of leaving pilot and consider endorsing of the recommendations
- Swansea Bay University Health Board (SBUHB) Digital Strategy: Digitally Enabling the One Bay Way
- The Workforce, OD and Digital risk register
- Midwifery Workforce Transformation Action Plan
- Progress report of the neonatal recruitment and retention plan
- PADR metrics deep dive report
- Workforce Delivery Group update
- Medical Workforce Group update
- Workforce & OD's 2024/25 GMO Progress Report for Quarter 1
- Internal and External Audit Reports in relation to Workforce: Agency Staff Management; and Workforce Planning Arrangements
- Nursing and Midwifery Board report
- Therapies and Health Science Group report

*\*As of September 2024, the Workforce, OD and Digital Committee has been renamed, Workforce and OD Committee. \**

## **24 October 2024**

- Workforce Metrics and key performance indicators
- Supporting attendance at work and reducing sickness absence
- Baseline review of current offering and learning from the recent review of what we need to do differently
- Progress report on the introduction of Safe Care update
- Maternity – To receive an update from the Deep Dive and Spotlight on reducing sickness absence
- Recruitment and Retention report
- Deep dive on Medical Revalidation
- Consider and approve the committee Terms of Reference
- NHS Wales, Staff Survey 2024
- Workforce Delivery Group update
- Therapies and Health Science Group report
- The Committee Work Programme

## **18 December 2024**

- Workforce Metrics and key performance indicators
- Our Best Practice Review Report
- Managing attendance at work, lessons learnt and how we are embedding across the organisation report
- Ensuring managers are equipped to effectively manage budgets through our brilliant basics' digital platform
- Quarterly Maternity Services report
- The Workforce and OD risk register
- Job Planning Compliance report

- Ratify the Sabbatical Policy for medical staff report
- Workforce Delivery Group update
- Medical Workforce Group update
- Nursing and Midwifery Board report
- Therapies and Health Science Group report

### **20 February 2025**

- Workforce Metrics and key performance indicators
- Managing attendance at work, lessons learnt and how we are embedding across the organisation
- Progress of the Support Services Department in managing sickness absence
- Theatre performance - supporting sickness management and wellbeing
- Medical workforce efficiencies report
- Appraisal and revalidation report
- Committee Effectiveness
- Speaking Up Safely report - Including the audit report and the Guardian Service 6-month Activity Report
- Workforce Delivery Group update
- Medical Workforce Group update
- Therapies and Health Science Group report

## **Population Health and Partnership Committee**

### **6 June 2024**

- Committee risk register
- Well-being of Future Generations Act (2015) Annual Report 2023-24
- External partnerships update
- Verbal update on ARCH
- Pooled Budgets
- The anchor institution baselining update
- The organisational capability & capacity development in support of Population Health Strategy implementation
- Whole systems approaches to population health – Healthy Weight, Healthy Wales
- Verbal update on Tata Steelworks

### **5 September 2024**

- Committee Terms of Reference
- Committee Work Programme
- Committee risk register
- Public Service Board
- Regional Partnership Board update
- The work of driving forward children and young people services'
- Commissioning of substance misuse update
- The anchor institution baselining update
- Access to healthcare and its contribution to inequalities

- Verbal update on Tata Steelworks

### **3 December 2024**

- Committee risk register
- Right Care, Right Person report
- Partnership Governance Arrangements – Area Planning Board, Regional Partnership Board, Public Service Board
- Strategic Partnerships Group update
- The anchor institution baselining update
- Access to healthcare and its contribution to inequalities
- Measuring the health of our population
- Verbal update on Tata Steelworks

### **6 March 2025**

- Committee Terms of Reference
- Committee Effectiveness
- Committee risk register
- The anchor institution baselining update
- Verbal update on Tata Steelworks

## **Performance and Finance Committee**

### **23 April 2024**

- The final financial plan
- Month twelve financial position
- Month twelve performance report
- Long-term agreements
- Velindre Long Term Agreement rebasing
- Qualitative measures not routinely reported in the performance report
- Theatre efficiency
- Neck of Femur Frailty Strategy update
- Endoscopy performance update

### **21 May 2024**

- Month one financial position
- Month one performance report
- Hybrid Theatre Business Case
- Quarter four continuing Healthcare Performance Report
- Quarter 4 2023/24 Annual Plan
- Planned Care quarterly report
- Stroke performance update
- Committee risk register
- Month one and twelve financial monitoring return

**25 June 2024**

- Month two financial position
- Month two performance report
- Service Group Financial Position: Morriston Hospital
- Capital Resource Plan
- Population Health Briefing
- Cancer performance update
- Quarterly Operational Estates report
- Committee Self-Assessment
- Month two Financial Monitoring Return
- Management response following the limited assurance internal audit report of: Decarbonisation

**23 July 2024**

- Month three financial position
- Month three performance report
- Service Group Financial Position Report: Neath Port Talbot/Singleton Hospital
- Targeted Intervention report
- Endoscopy performance update
- Impacts of Industrial Action
- A business case for CT-SIM
- Board effectiveness action plan
- Month three Financial Monitoring Return

**27 August 2024**

- Month four financial position
- Month four performance report
- Service Group Financial Position Report: Primary, Community and Therapies Services
- Revised financial plan
- Quarter One Continuing Healthcare Performance report
- Theatre performance update
- The Neurodevelopment Service update
- Cancer performance update
- Ophthalmology target Figures
- PET CT business case
- Urology OR 1 business case
- Month four Financial Monitoring Return

**24 September 2024**

- Month five financial position
- Month five performance report
- Service Group Financial Position: Mental Health and Learning Disabilities
- Targeted intervention report

- Sickness absence performance report
- Planned care update
- Urgent and emergency care update
- Stroke performance update
- Follow-up review of outpatient services' report and the management response
- Waiting List Management limited assurance internal audit report
- Speech and Language Therapy performance
- Quarter 1 2024/2025 Annual Plan
- Terms of Reference
- Work programme
- Month five Financial Monitoring Return

### **29 October 2024**

- Month six financial position
- Month six performance report
- Service Group Financial Position: Morriston Hospital
- Targeted intervention report
- Quarter 2 2024/2025 Annual Plan
- Quarterly Operational Estates report
- Quarterly Estates Strategy
- Committee risk register
- Cost Savings Arrangements Audit Wales report
- Month five Financial Monitoring Return

### **26 November 2024**

- Month seven financial position
- Month seven performance report
- Service Group Financial Position: Neath Port Talbot/Singleton
- Medicines and Prescribing in Swansea Bay University Health Board update
- Targeted intervention report
- Quarter two continuing healthcare performance
- Quarter Two 2024/2025 Annual Plan
- Month seven Financial Monitoring Return

### **17 December 2024**

- Month eight financial position
- Month eight performance report
- Capital resource plan
- Theatre Performance
- Neurodevelopment Service
- Follow-up Outpatient Services
- Population Health Briefing
- Month eight Financial Monitoring Return

### **28<sup>th</sup> January 2025**

- Month nine financial position
- Performance Report for month nine and Targeted Intervention
- Service Group Financial Position: Mental Health and Learning Disabilities
- Capital plan update for 2025/26
- Delivery of the work-programme of the Recovery and Sustainability Board
- Stroke performance update
- Endoscopy performance
- Annual Plan 24/25 Mid-Year Review
- Committee risk register
- Month nine Financial Monitoring Return

### **25 February 2025**

- Month ten financial position
- Month ten and the Targeted Intervention
- Service Group Financial Position: Morriston Hospital
- Recovery and Sustainability update
- NHS Performance Framework 2025-26 Update
- Quarter three Continuing Healthcare performance
- Planned Care update
- Urgent and Emergency Care performance
- Annual Plan 2025/26 update
- Month ten Financial Monitoring Return
- Operational Governance Arrangements Audit Wales report

### **25 March 2025**

- Month eleven financial position
- Performance report for month eleven and the targeted intervention
- Service Group Financial Position: Neath Port Talbot/Singleton
- Recovery and Sustainability update
- Draft Financial plan
- Escalation and Oversight Report
- Update on the performance of cancer care
- The continuing healthcare transformation programme and the progress with centralisation of the CHC commissioning function
- Quarter three annual plan 2024/25 report
- Draft Annual Plan 2025/26
- Annual Regional Integrated Funds assurance report
- Quarterly estates strategy and to include: Cefn Coed Hospital location and decision
- Highlight report following the capital and estates task force group
- Month eleven Financial Monitoring Return

## Mental Health Legislation Committee

### 2 May 2024

- Mental Health Act Monitoring Report
- Mental Capacity Act Monitoring Report
- Deprivation of Liberty Safeguards Annual Monitoring Report for Health and Social Care 2022-23
- Mental Health Measure Monitoring Report
- Limited assurance Transition from Child and Adolescent to Adult Mental Health Service report and an update on actions
- Learning needs limited assurance report

### 10 September 2024

- Mental Health Act Monitoring Report to include: Care and Treatment Plans, Audit and Action Plans
- Mental Capacity Act Monitoring Report
- Mental Health Measure Monitoring Report
- Report on court of protection cases
- Mental Health Legislation Committee Work Programme
- Mental Health Legislation Committee terms of reference
- Mental Health Legislation Committee Self-Assessment
- Limited assurance report: The 111 service and outpatients follow up review

### 10 December 2024

- Mental Health Act Activity Report: July - September 2024
- Mental Capacity Act and Deprivation of Liberty Safeguards Monitoring Report
- Mental Health Measure Monitoring Report
- Monitoring and Management Action Plan for the Additional Learning Needs limited assurance internal audit report
- Right Care Right Person initiative being implemented by the Police and the impact on the Health and Social Care Services

### 6 February 2025

- Mental Health Act Activity Report
- Mental Capacity Act and Deprivation of Liberty Safeguards Monitoring Report
- Mental Health Measure Monitoring Report
- Committee effectiveness report

## Audit Committee

### 16 May 2024

- Draft organisational annual report
- Audit registers and status of recommendations
- Compliance with the corporate governance code
- Limited assurance reports: Consultant job planning, Decarbonisation

- Clinical Audit and Outcome Review Plan
- 2024 audit plan
- Performance and progress reports
- Workforce planning arrangements
- Finance update
- Draft annual accounts
- Draft remuneration and staff report
- Losses and special payments
- NWSSP Procurement single tender actions and quotations
- Counter fraud report

### **11 July 2024**

- Final annual accounts
- ISA 260 audit of financial statements
- Agree the letter of representation
- Final annual report, including remuneration report
- Board Assurance Framework
- Audit registers and status of recommendations
- Health Board Risk Register
- Board Effectiveness Action Plan
- Committee self-assessment
- Progress reports
- Head of Internal Audit opinion and annual report
- Follow up review of follow up outpatient services'
- Performance and progress reports
- Workforce planning arrangements to include: Management response; and Actions of the recommendations
- Finance update
- Post Payment Verification (PPV) End of Year Report
- Counter fraud report

### **19 September 2024**

- Audit tracker and status of recommendations
- Declaration of interest and hospitality register
- Committee terms of reference
- Discuss the committee work programme
- Standing orders
- Clinical audit mid-year progress and annual report
- Performance and progress reports to include: Operational Governance report and action plan, financial efficiencies, Follow up outpatients' management response
- Finance update
- Losses and special payments
- NWSSP Procurement single tender actions and quotations
- Counter fraud report
- Continuing Health Care (CHC) and the move to a centralised commissioning model
- Lymphoedema 2023-24 Annual Report

- Note the minutes of the May 2024 and July 2024 All-Wales Audit Committee Chairs Group to include; Operating arrangements

### **21 November 2024**

- Internal Audit progress report and to include; A verbal update on the waiting list management response
- audit tracker and status of recommendations to include: The overdue actions as a percentage
- Board Assurance Framework and the Health Board risk register
- Audit Wales performance and progress reports
- Finance update
- Financial control procedure
- Counter fraud report
- Emergency Medical Retrieval and Transfer Service (EMRTS) Annual report
- Spinal Operational Delivery Network Annual report
- Minutes of the All-Wales Audit Committee Chairs Meeting September 2024

### **23 January 2025**

- Committee self-assessment
- Internal audit progress reports
- Audit Wales performance and progress report
- Finance update
- Governance arrangements and terms of reference of the recovery and Sustainability board
- Annual accounts update to include: Approval of the timetable
- Special losses and special payments report
- NWSSP Procurement: single tender actions and quotations to include:
- Lessons learnt from other Health Board's across Wales
- Counter fraud report
- Minutes of the All-Wales Audit Committee Chairs Meeting December 2024

### **20 March 2025**

- Board Assurance Framework and strategic risk register
- Audit Tracker and Status of Recommendations
- Board Effectiveness Action Plan
- Governance code
- Population Health and Partnerships committee workshop, 25<sup>th</sup> November 2024
- Health Board Policies, Procedures and Written Control Documents
- Internal audit progress reports
- Review and approve the internal audit plan
- Audit Wales performance and progress report
- Audit Wales plan and fees
- Structured assessment and management response
- Finance update
- Review and approve a bad debt
- Annual accounts update
- Counter fraud progress report

## Charitable Funds Committee

### 14 July 2024

- Investment Manager update
- Charitable Funds Finance update
- Progress of the Charity Financial plan
- Request for new Funds
- Charity Team update
- Latest spending proposal for the stroke fund legacy
- Outcomes of the small grant funding and to consider and approve funding for 2025-26
- Staff employed from Charitable Funds
- Colorectal Robotic Assisted Surgery Business Case
- Committee Self-Assessment

### 15 October 2024

- Investment Manager update
- Charitable Funds Finance update
- Charity Team update
- The risks of Enthuse
- Requesting to open New or Re-open Closed Existing Charitable Funds
- Committee risk register
- Governance and arrangements of bids

## Digital, Data, Research and Innovation Committee

### 7 November 2024

- Consider the committee terms of reference
- Risk register Digital/Data Risk Register, Risk Review and appetite
- Internal and external audit reports to include: Clinical Coding Limited Assurance
- Digital financial management
- Operating Performance: Performance and Stability of key Health Board digital solutions
- Digital projects in the annual plan
- Business intelligence and analytics Progress against the organisation priorities
- Information governance: Health Board wide Information Governance KPIs
- Digital strategy
- Artificial Intelligence Governance
- Integrated Medium Term Plan (IMTP) Digital Planning
- Committee effectiveness to include: A discussion on how we ensure congruence with the Terms of Reference of other established Board Committees

**16 January 2025**

- Digital and Data risk register
- Internal audit reports to include: Record Management (non-acute health); Limited Assurance
- Clinical Coding internal audit actions
- Digital financial management
- Operating Performance: Performance and Stability of key Health Board digital solutions
- Progress of Digital projects in the annual plan
- Business intelligence and analytics to include: Progress against the organisation priorities
- Digital Projects to support Value Based Healthcare
- Digital strategy
- Integrated Medium-Term Plan (IMTP) Digital Planning
- Research and Development Strategy and Governance Arrangements

**11 March 2025**

- Consider the draft Terms of Reference
- Digital and Data risk register
- Clinical Coding internal audit actions
- Limited Assurance Report on Records Management
- Digital financial management
- Operating Performance: Performance and Stability of key Health Board digital solutions
- Digital projects in the annual plan to include; An update on the Digital Projects to support Value Based Healthcare
- Business intelligence and analytics to include: Progress against the organisation priorities
- Digital strategy
- Integrated Medium-Term Plan (IMTP) Digital Planning
- Research and development strategy
- Voluntary Scheme for Branded Medicines Pricing, Access and Growth programme



## Ministerial Directions

WHC Number and Title	Date Received	Month Reported to Board
WHC/2024/017 – Implementation of the Non-pay Elements of the 2022-4 Collective Agreement	08/04/2024	May 2024
WHC/2024/013 - Governance on interim appointments to Executive and Senior Positions	10/04/2024	May 2024
WHC/2024/019 - Interim amendments to the Model Standing Orders for Local Health Boards and NHS Trusts in Wales	18/04/2024	May 2024
WHC/2024/022 - Dispute Arbitration Process - Guidance for Disputed Debts (invoices and service agreements) within NHS Wales: 2024/25 – 2026/27	25/04/2024	May 2024
WHC/2024/024 - Implementation the agreed approach to preventing Violence and Aggression towards NHS staff in Wales.	20/05/2024	July 2024
WHC/2024/026 - 2024/25 LHB, SHA & Trust Monthly Financial Monitoring Return Guidance	22/05/2024	July 2024
WHC/2024/025 - NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2024/25	04/06/2024	July 2024
WHC/2024/029 - Certification of Vision Impairment in Primary and Community Care	11/06/2024	July 2024
WHC/2024/028 - The National Influenza Immunisation Programme 2024-25	13/06/2024	July 2024
WHC/2023/047 - Influenza Vaccines and Eligible Cohorts for the 2024/25 season. (Revised June 2024)	13/06/2024	July 2024
WHC/2024/031 - Agency Workforce Reduction Programme and Control Framework 2024-25	17/06/2024	July 2024
WHC 2024/027 All Wales Critical Care Escalation Guidance for the Management of All Unplanned Increases In Demand	19/06/2024	July 2024
WHC/2024/032 Introduction of new NHS Wales Vaccination Programmes against respiratory	24/06/2024	July 2024

<b>WHC Number and Title</b>	<b>Date Received</b>	<b>Month Reported to Board</b>
WHC/2024/033 The Winter Respiratory Programme 2024-25	02/08/2024	September 2024
WHC/2024/020 Exemptions for local health boards and NHS Trusts to the requirement to implement recommendations made by the National Institute for Health and Care Excellence or the All Wales Medicines Strategy Group within the usual period, in specified circumstances	16/08/2024	September 2024
WHC/2024/014 Introduction of the Office of National Statistics' (ONS) Register of Geographic Codes (RGCs) as a foundational standard for use across NHS Wales Bodies.	16/08/2024	September 2024
WHC/2024/07 Guidelines for managing patients on the suspected cancer pathway	16/08/2024	September 2024
WHC/2024/034 Directions to apply the National Framework for the Commissioning of Care and Support in Wales: Code of Practice to local health boards and NHS trusts – August 2024	28/08/2024	September 2024
WHC/2024/036 Oxygen Cylinders – Regulation 28 Report and Patient Safety Notice (PSN) 042 reminder	28/08/2024	September 2024
WHC/2024/038 AMR & HCAI Improvement Goals for 2024-2025	20/09/2024	November 2024
WHC/2024/035 Standardising the management of acute deterioration	20/09/2024	November 2024
WHC/2024/037 Winter Respiratory Framework 2024 to 2025	24/09/2024	November 2024
WHC/2024/038 AMR & HCAI Improvement Goals for 2024-2025	27/09/2024	November 2024
WHC/2024/039 Pre-Transfusion Sample taking Compliance with the confirmatory sample rule	03/10/2024	November 2024
WHC/2024/040 Adopting a patient and family-initiated escalation approach	04/10/2024	November 2024
WHC/2024/041 - Ambulance patient handover guidance	04/11/2024	January 2025

<b>WHC Number and Title</b>	<b>Date Received</b>	<b>Month Reported to Board</b>
WHC/2024/044 - Mandatory E-Learning Module – Anti-Racism	04/11/2024	January 2025
WHC/2024/030 - Weight Management Medication Pathway	06/11/2024	January 2025
WHC/2024/042 - Introduction of the 'Dictionary of medicines and devices	06/11/2024	January 2025
WHC/2024/043 - Pertussis Vaccine Offer for Healthcare Workers	14/11/2024	January 2025
WHC/2024/045 – Spotting Sepsis in Children Awareness Leaflet	19/11/2024	January 2025
WHC/2024/046 - Influenza (flu) Vaccination programme mop up 2024-2025	04/12/2024	January 2025
WHC/2024/047 covid-19 spring vaccination programme 2025	18/12/2024	January 2025
WHC/2025/002 -Timelines and Responsibilities for the Implementation of Early Warning Scores (EWS) to identify Acute Deterioration	27/02/2025	March 2025
WHC (2025) 001 NHS Wales Sustainability Conference and Awards 2025	05/03/2025	March 2025
WHC/2025/007 Amendments to Model Standing orders for LHBs, Trusts and SHAs January 2025	06/03/2025	March 2025
WHC/2025/005 - Climate Emergency Spread & Scale Leadership Day & Adaptation	07/03/2025	March 2025

# **Parliamentary Accountability and Audit Report 2024-25**

## Senedd Cymru/Welsh Parliamentary Accountability Report

Swansea Bay University Health Board makes the following parliamentary disclosures for 2024-25:

- **Regularity of expenditure** - public resources were used to deliver the intended objectives and expenditure was compliant with relevant legislation including EU legislation, delegated authorities and followed the guidance in Managing Welsh Public Money.
- **Fees and charges** - charges for services provided by public sector organisations normally pass on the full cost of providing those services. Public sector organisations may also supply commercial services on commercial terms designed to work in fair competition with private sector providers. The Welsh Government expects proper controls over how, when and at what level charges may be levied. This is not applicable to the health board – all items are charged at full cost recovery.
- The health board is compliant with the cost allocation and charging requirements set out in HM Treasury guidance.
- All remote contingent liabilities are disclosed under IAS37.

## **The Certificate and report of the Auditor General for Wales to the Senedd**

### **Opinion on financial statements**

I certify that I have audited the financial statements of Swansea Bay University Local Health Board for the year ended 31 March 2025 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Swansea Bay University Local Health Board as at 31 March 2025 and of its net operating costs for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

### **Opinion on regularity**

In my opinion, except for the matters described in the Basis for Qualified Regularity Opinion section of my report, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

### **Basis for Qualified Opinion on regularity**

I have qualified my opinion on the regularity of Swansea Bay University Local Health Board's financial statements because the Health Board has breached its resource limit by spending £57.429 million over the £3,806 million that it was authorised to spend in the three-year period 2022-2023 to 2024-2025. This spend constitutes irregular expenditure.

### **Basis for opinions**

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the

audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

### **Conclusions relating to going concern**

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Swansea Bay University Local Health Board is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

### **Other Information**

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

### **Opinion on other matters**

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service

- (Wales) Act 2006 and directions made there under by Welsh Ministers' directions; and;
- the information given in the Foreword, Accountability Report and Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with Welsh Ministers' guidance.

### **Matters on which I report by exception**

In the light of the knowledge and understanding of the Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Foreword and Accountability Report or the Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

### **Responsibilities of Directors and the Chief Executive for the financial statements**

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Board will not continue to be provided in the future.

## **Auditor's responsibilities for the audit of the financial statements**

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the audited entity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Swansea Bay University Local Health Board policies and procedures concerned with
- identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
- detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
- the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: expenditure recognition, posting of unusual journals and biases in accounting estimates;
- Obtaining an understanding of Swansea Bay University Local Health Board's framework of authority as well as other legal and regulatory frameworks that the Swansea Bay University Local Health Board operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Swansea Bay University Local Health Board;
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, those charged with governance and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and

- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Swansea Bay University Local Health Board controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

#### **Other auditor's responsibilities**

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit report.

Please see below.

**Adrian Crompton 1 Capital Quarter**

**Auditor General for Wales Tyndall Street**

**26 June 2025 Cardiff**

**CF10 4BZ**

## Report of the Auditor General to the Senedd

### Introduction

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Swansea Bay University Local Health Board's (the LHB's) financial statements.

I am reporting on these financial statements for the year ended 31 March 2025 to draw attention to key matters for my audit, as follows:

- qualification of my regularity opinion due to failure of the Health Board to achieve the first financial duty; and
- the failure of the Health Board to achieve the second financial duty.

I have not qualified my 'true and fair' opinion in respect of any of these matters.

### Financial duties

Local Health Boards (LHBs) are required to meet two statutory financial duties – known as the first and second financial duties.

For 2024-25, the LHB failed to meet both the first and the second financial duty.

#### Failure of the first financial duty

The **first financial duty** gives additional flexibility to LHBs by allowing them to balance their income with their expenditure over a three-year rolling period. The three-year period being measured under this duty this year is 2022-2023 to 2024-2025.

As shown in Note 2.1 to the Financial Statements, the LHB did not manage its revenue expenditure within its resource allocation over this three-year period, exceeding its cumulative revenue resource limit of £3,806 million by £57.429 million. Where an LHB does not balance its books over a rolling three-year period, any expenditure over the resource allocation (i.e. spending limit) for those three years exceeds the LHB's authority to spend and is therefore 'irregular'. In such circumstances, I am required to qualify my 'regularity opinion' irrespective of the value of the excess spend.

#### Failure of the second financial duty

The **second financial duty** requires LHBs to prepare and have approved by the Welsh Ministers a rolling three-year integrated medium-term plan. This duty is an essential foundation to the delivery of sustainable quality health services. An LHB will be deemed to have met this duty for 2024-25 if it submitted a 2024-25 to 2026-27 plan approved by its Board to the Welsh Ministers, who were required to review and consider approval of the plan.

As shown in Note 2.3 to the Financial Statements, the LHB did not meet its second financial duty to have an approved three-year integrated medium-term plan in place for the period 2024-25 to 2026-27.

**Adrian Crompton**  
**Auditor General for Wales**  
**26 June 2025**

# **Staff and Remuneration Report 2024-25**

## Staff Report

### ❖ Pre-Employment

Swansea Bay University Health Board is a disability confident employer. This means that we support and encourage applications from a wide range of individuals including those who are disabled. The following provisions are built into the recruitment process for applicants with a disability:

- Option to receive an electronic or paper application upon request;
- Guidance for applicants with a disability included in the applicant guide, which is attached to all adverts;
- As a disability confident employer, applicants with a disability can request a guaranteed interview. (Applicants must meet the minimum essential criteria listed in the person specification to qualify for a guaranteed interview);
- Applications are anonymised during shortlisting, with a two tick symbol visible if the applicant has requested a guaranteed interview;
- Applicant are asked in the interview invite if they require any reasonable adjustments prior to or during the interview and the recruitment system emails any requested adjustments requested to the manager for their consideration/action;
- Equal opportunities monitoring information is never provided to the recruiting manager at any time;
- Equality Act, unconscious bias and disability confident training is part of the recruitment module in the managers' pathway;
- The above subjects are also included in the recruiting managers recruitment and selection e-learning available in ESR (electronic staff record).

### ❖ Managing Attendance

The Managing Attendance at Work Policy addresses the needs of staff with disabilities in a number of ways. The purpose of the policy is to support the health and wellbeing of all employees in the workplace, support employees to return to work following a period of sickness absence safely and as quickly as possible and support employees to sustain their attendance at work.

The policy ensures that all employees are treated according to their circumstances and needs, that there is fair treatment of employees with a disability, and that the obligations in respect of the Equality Act 2010 are met. The health board is under a legal duty to make reasonable adjustments to ensure employees with disabilities are not put at a disadvantage when doing their jobs. This also applies to job applicants (see above).

Throughout the policy there are considerations in place for those staff who are, or who become disabled during the course of their employment:

- Where an employee is required to attend medical appointments as part of an ongoing treatment programme related to a disability or long-term health condition, their manager will discuss these appointments with them to plan any necessary support to be offered. Reasonable time off to attend such appointments as part of their programme of care and support will be given full consideration. This is regarded as disability / health and wellbeing condition leave and is not disability related sickness absence. It is a form of special

leave and will usually be requested by the employee and approved by the manager in advance;

- Employees with hearing impairment are able to use a text phone to notify their manager of their absence;
- At every stage of the absence management process, managers will consider what reasonable adjustments may be required to support the disabled employee in attending work regularly;
- The same will apply when supporting a disabled employee to return to work after a period of long-term sickness;
- Where an employee has become disabled as a result of illness or injury, a therapeutic return may be used to support the employee to get back into the workplace with reasonable adjustments in place;
- A phased return to work may also be considered in supporting an employee back into work;
- Reasonable adjustments may also be put into place proactively to support a disabled employee to stay in work rather than go off sick, as it is recognised that remaining in work is beneficial for the health and wellbeing of staff.

#### ❖ **Redeployment Policy**

Where it is not possible for an employee to return to work to their own role even with reasonable adjustments, then they will be placed on the redeployment register for a period of 12 weeks, during which time suitable alternative employment will be sought.

When considering if a role is suitable, consideration will be given to any reasonable adjustments that may be required. Where the employee is on the redeployment register for ill health amounting to a disability, if they meet the essential criteria for the role, they will be interviewed before others on the redeployment register.

#### ❖ **Off Payroll Policy**

The health board has a clear and well established process in place since 2017 for ensuring there are no off payroll payments made where the HMRC IR35 regulations apply to services provided by individuals. All invoices are routed through senior workforce staff prior to payment through payroll ensuring the correct tax deduction is made and no invoices for services submitted by individuals can be paid through. IR35 assessment are managed through senior workforce staff and HMRC has reviewed arrangements in previous audits.

## Remuneration and Staff Report

### REMUNERATION AND STAFF REPORT

This report provides information in relation to Executive Directors' and Independent Members' remuneration and outlines the arrangements which operate within the Health Board to determine this. It also includes information on staff numbers, composition, sickness absence data, staff policies applied during the year, expenditure on consultancy, off-payroll engagements and exit packages.

#### 1. The Remuneration and Terms of Services Committee

This Committee considers the remuneration and performance of Executive Directors in accordance with the policy detailed below.

The norm is for Executive Directors and very senior managers' salaries (those outside of Agenda for Change) to be uplifted in accordance with the Welsh Government identified normal pay inflation percentage. For 2024/25 there was a 5% consolidated pay award for Executive Directors and very senior managers, and 5.5% for A4C pay award agreed nationally for NHS staff. Medical staff were awarded a 6% pay award for 2024/25, with junior doctors and dentists receiving an additional consolidated payment of £1000.

If there were to be an up-lift over and above this level, this would always be agreed as a result of changes in roles and responsibilities. The Remuneration and Terms of Services Committee would receive a detailed report in respect of issues to be considered in relation to any uplift to Executive Directors salaries (including advice from the Welsh Government) and having considered all the advice and issues put before them, would report their recommendations to the Health Board for ratification.

The Committee also reviews objectives set for Executive Directors and assesses performance against those. It should be noted that Executive Directors are not on any form of performance related pay.

The Remuneration and Terms of Services Committee is chaired by the Health Board's Chair, and the membership comprises all independent members. The Committee meets quarterly to address business and formally reports in writing its recommendations to the Health Board, with special meetings called to discuss urgent matters as required. Meetings are minuted and decisions fully recorded.

The Committee also recommends to the Board annual pay uplifts in respect of Executive Directors and very senior managers in the Health Board who are not within the remit of Agenda for Change. For 2024/25, the only uplift recommended was a pay uplift of 5%..

## **2. Independent Members' Remuneration**

Remuneration for Independent Members is decided by the Welsh Government, who also determine tenure of appointment.

## **3. Single Remuneration Report**

The Single Total Remuneration for each Director and Independent Member for 2024/25 and 2023/24 are shown in the table below. Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

The salaries disclosed in the table below reflect new appointments and leavers during the financial years 2024/25 and 2023/24. Whilst the salaries disclosed relate to the period in post during the year unless specified in the tables, the NHS Pensions Agency is unable to attribute part year pension benefits to post holders and therefore, the full financial year Pension Benefits are shown.

The value of pension benefits is calculated as follows: (real increase in pension<sup>1</sup> multiplied by 20) plus real increase in lump sum, less contributions made by the individual.

The pension calculation is based on information received from NHS BSA Pensions Agency included in the Disclosure of Senior Managers' Remuneration (Greenbury) 2022 report. Further details on the Single Total Remuneration and Salary allowances figure from Cabinet Office can be found at the Employer Pension Notices website: disclosure of salary pension and compensation information.

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<sup>1</sup> excluding increases due to inflation or any increase or decrease due to a transfer of pension rights

Names	Titles	2024/25					2023/24				
		Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)
		£000	£000	£	£000	£000	£000	£000	£	£000	£000
E Woollett	Chair to end May 24 (in post for all of 2023/24)	10-15	0	0	0	<b>10-15</b>	70-75	0	0	0	<b>70-75</b>
J Williams	Chair from Jun 24	55-60	0	0	0	<b>55-60</b>	0	0	0	0	<b>0</b>
S Spill	Vice Chair	55-60	0	0	0	<b>55-60</b>	55-60	0	0	0	<b>55-60</b>
A Harris	Chief Executive from end Oct 24	95-100	0	0	278	<b>370-375</b>	0	0	0	0	<b>0</b>
M Hackett	Chief Executive to end Aug 23 (in post for all of 2023/24)	0	0	0	0	<b>0</b>	95-100	0	0		<b>95-100</b>
R Evans	Interim Chief Executive from Sep 23 to end Oct 24, Medical Director and Deputy Chief Executive from Nov 24	220-225	0	0	109	<b>325-330</b>	215-220	0	0	0*	<b>215-220</b>
D Griffiths	Director of Finance and Performance and Acting Deputy Chief Executive from Sep 23 to end Oct 24, Director of Finance and Performance from Nov 24	160-165	0	400	91	<b>250-255</b>	155-160	0	300	0*	<b>155-160</b>

Names	Titles	2024/25					2023/24				
		Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)
		£000	£000	£	£000	£000	£000	£000	£	£000	£000
A Mehta	Interim Medical Director from Sep 23 to end Oct 24, Deputy Medical Director from Nov 24 – part year salary costs included.. 23-24 salary costs from Sep 23 and full year pension costs shown	110-115	0	100	66	<b>175-180</b>	115-120	0	100	578	<b>690-695</b>
R Krishnan	Interim Medical Director from Sep 23 to end Oct 24, Deputy Medical Director from Nov 24 – part year salary costs included.. 23-24 salary costs from Sep 23 and full year pension costs shown	105-110	0	0	0*	<b>105-110</b>	100-105	0	0	1274	<b>1270-1275</b>
G Howells	Director of Nursing (seconded from WG) to Aug 24 (in post for all of 2023/24)	25-30	0	0	0	<b>25-30</b>	135-140	0	0	0	<b>135-140</b>

Names	Titles	2024/25					2023/24				
		Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)
		£000	£000	£	£000	£000	£000	£000	£	£000	£000
H Powell	Interim Director of Nursing & Patient Experience from Sep 24 (cost reflects part year salary and full year pension costs as pension benefits can't be split)	90-95	0	0	428	515-520	0	0	0	0	0
C Morrell	Director of Allied Health Professionals and Health Science	110-115	0	0	0	110-115	95-100	0	0	0	95-100
D Eytayo	Director of Workforce & OD to 1/3/24	0	0	0	0	0	145-150	0	0	0*	145-150
S Jenkins	Interim Director of Workforce & OD (from Mar 24 – 1 month salary costs from Mar 24 included in 23-24)	140-145	0	0	251	390-395	5-10	0	0	0	5-10
K Reid	Director of Public Health (seconded to WG Apr 24) (in post for all of 2023/24)	0	0	0	0	0	135-140	0	0	32	165-170

Names	Titles	2024/25					2023/24				
		Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)
		£000	£000	£	£000	£000	£000	£000	£	£000	£000
J Davies	Interim Director of Public Health from Apr 24 to Feb 25	115-120	0	0	208	<b>320-325</b>	0	0	0	0	<b>0</b>
S. Harrop-Griffiths	Director of Strategy – retired 30/4/23	0	0	0	0	0	10-15	0	0	0*	<b>10-15</b>
N Vaughan	Interim Director of Strategy to Feb 25 (salary to 17 <sup>th</sup> Feb 2025 shown)	95-100	0	0	0	<b>95-100</b>	95-100	0	0	0	<b>95-100</b>
D Lewis	COO & Executive Director of Primary Care & Mental Health from Apr 24	155-160	0	0	102	<b>255-260</b>					
M Davies	Director of Planning & Partnerships from Feb 25	20-25	0	0	298	<b>315-320</b>	0	0	0	0	<b>0</b>
H Lloyd	Director of Corporate Governance/Board Secretary	110-115	0	0	67	<b>175-180</b>	100-105	0	0	0*	<b>100-105</b>
M Berry	Independent Member to Jul 23	0	0	0	0	<b>0</b>	0-5		0	0	<b>0-5</b>
P Price	Independent Member	15-20	0	0	0	<b>15-20</b>	15-20	0	0	0	<b>15-20</b>

Names	Titles	2024/25					2023/24				
		Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)
		£000	£000	£	£000	£000	£000	£000	£	£000	£000
T Crick	Independent Member to Oct 24 (in post for all of 2023/24)	5-10	0	0	0	5-10	15-20	0	0	0	15-20
R Owen	Independent Member	15-20	0	0	0	15-20	15-20	0	0	0	15-20
N Zolle	Independent Member	15-20	0	0	0	15-20	15-20	0	0	0	15-20
N Matthews	Independent Member	15-20	0	0	0	15-20	15-20	0	0	0	15-20
A Ferguson	Independent Member	15-20	0	0	0	15-20	15-20	0	0	0	15-20
J Church	Independent Member	15-20	0	0	0	15-20	10-15	0	0	0	10-15
A Griffiths	Independent Member from Jan 25	1-5	0	0	0	1-5	0	0	0	0	0
K Lloyd	Independent Member	0	0	0	0	0	0	0	0	0	0
J Davies	Independent Member	0	0	0	0	0	0	0	0	0	0
A Jarrett	Associate Board Member	0	0	0	0	0	0	0	0	0	0
J Vincent	Associate Board Member	0	0	0	0	0	0	0	0	0	0
A Griffiths	Associate Board Member	0	0	0	0	0	0	0	0	0	0

\* This indicates that the pension benefits have been set to zero as the pension benefit calculation results in a negative figure. Where the calculation produces a negative figure the Greenbury Disclosure of Senior Managers Remuneration states that zero value should be disclosed.

R Krishnan is affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1st October 2023. Negative values are not disclosed in this table but are substituted with a zero."

G Howells (to Aug 24), C Morrell and N Vaughan were not covered by the NHS Pension Arrangements in 2024/25.

The reason for the negative pension calculations for the 2024/25 financial year are as follows:

\*R Krishnan – the real increase in pension is negative when applying an inflationary uplift of 6.7% to the value at 31<sup>st</sup> March 2024, and then compared with the value at 31<sup>st</sup> March 2025.

The following notes provide explanations for either no salary or changes in salary or post between the financial years:

- G Howells secondment from WG ceased on 31<sup>st</sup> August 2024.
- A Harris, Chief Executive Officer (CEO) commenced in post on 28<sup>th</sup> October 2024.
- R Evans returned to Medical Director and Deputy Chief Executive on 28<sup>th</sup> October 2024 from Acting Chief Executive Officer, following commencement of A Harris as CEO.
- D Griffiths returned to Director of Finance & Performance on 28<sup>th</sup> October 2024 from Director of Finance & Performance & Deputy Chief Executive Officer, following commencement of A Harris as CEO.
- D Griffiths gross salary is in the range £165-£170k as at 31<sup>st</sup> March 2025- the salary in the table is net of a salary sacrifice lease car deduction, and includes deputy chief executive role payments to 28<sup>th</sup> October 2024.

- A Mehta returned to Deputy Medical Director on 28<sup>th</sup> October 2024, from Acting Medical Director Post following Richard Evans' return to Medical Director in October 2024. Full year salary for acting and substantive roles and pension costs are included in the report.
  - A Mehta gross salary is in the range £175-£180k as at 31<sup>st</sup> March 2025- the salary in the table is net of a salary sacrifice lease car deduction, and includes deputy medical director payments to 28<sup>th</sup> October 2024.
  - R Krishnan returned to Deputy Medical Director on 28<sup>th</sup> October 2024, from Acting Medical Director Post following Richard Evans' return to Medical Director in October 2024. Full year salary for acting and substantive roles and pension costs are included in the report.
  - M Davies, Director of Planning & Partnerships commenced in post of 1<sup>st</sup> February 2025.
  - N Vaughan, Interim Director of Strategy, within the salary range disclosed in the above table, there was an overpayment during 2024/25 of £2.5k, which will be recovered during 2025/26.
  - N Vaughan, Interim Director of Strategy ceased this post in mid February 2025 when M Davies commenced in post on 1<sup>st</sup> February. Whilst N Vaughan continues to work for the organisation post February 2025, this is within a non Executive Director role.
  - D Lewis was appointed to Executive Director of Primary Care and Mental Health in addition to role as COO from 1<sup>st</sup> April 2024. During 2023-24 as COO she was a non-voting member of the Board and therefore salary costs are not included for prior year.
- 
- E Woollett left the role of Chair of the Health Board on 31<sup>st</sup> May 2024.
  - J Williams commenced as Chair of the Health Board on 1<sup>st</sup> June 2024.
  - A Griffiths, New Independent member started in post 1<sup>st</sup> January 2025.
  - Professor T Crick left the role of Independent Member on 15<sup>th</sup> October 2024.
  - K Lloyd has declined remuneration for his post as an Independent Member.
  - J Davies is a full time employee of the Health Board and as such, has not received the remuneration that is normally paid to an Independent Member.
  - M John (Director of Digital Services) & R Thomas (Director of Insight, Communication & Engagement) are non-voting members of the Board.
  - A Jarrett, J Vincent and A Griffiths as Associate Board Members receive no remuneration.

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

The highest paid director in the LHB in 2024/25 as in 2023/24 was the Chief Executive (R Evans to 28<sup>th</sup> October 2024, and A Harris 28<sup>th</sup> October 2024 to March 25) and the tables below provide details on the relationship between the remuneration of the Chief Executive and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce

	2024/25			2023/24		
	Chief Executive Salary (£5k bands)	Employee Salary £000	Ratio	Chief Executive Salary (£5k bands)	Employee Salary £000	Ratio
25th percentile pay ratio	225-230	28	8.11:1	220-225	27	8.26:1
Median pay	220-225	36	6.31:1	220-225	34	6.56:1
75th percentile pay ratio	220-225	49	4.63:1	220-225	47	4.74:1

The reduction in the ratio of the Chief Executive salary to the 25th percentile, median and 75% percentile is greater than in the previous year due to the one off payment received by A4C staff during 2023/24. Non A4C staff, the Chief Executive and other Executive Directors did not receive this payment in 2023/24. The payment related to a non-consolidated recovery payment for A4C staff of between £900 and £1,190. All staff received a 5% pay uplift during 2023/24, and 5% uplift in 2024/25 for VSM staff, 5.5% uplift in 2024/25 for A4C staff, and 6% for medical and dental staff.

In 2024/25, 24 (2023/24, 13) employees received remuneration in excess of the highest-paid director. The remuneration for those employees in 2024/25 and 2023/24 included payments in respect of waiting list initiatives undertaken in addition to their normal salary. Remuneration for staff ranged from £23,970 to £323,663 during 2024/25 (2023/24 £22,720 to £314,381).

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. Benefits in kind relate to benefits derived from the provision of a leased or salary sacrifice car.

The employees who received remuneration in excess of the highest paid director in 2024/25 and 2023/24 were all medical staff. None of these staff members were related to the Chair, Executive Directors or Independent Members.

The following table shows the percentage change in the remuneration of the highest paid director and the percentage change in the remuneration of the employees of the entity taken as a whole.

	2023/24 - 2024/25 (%)	2022/23- 2023/24 (%)
<b>Percentage Change from previous year in respect of the Chief Executive</b>		
Salary and Allowances	1.07	(0.3)
Performance Pay and Bonuses	0.00	0.00
<b>Average % Change from previous financial year in respect of employees takes as a whole</b>		
Salary and Allowances	5.51	5.47
Performance Pay and Bonuses	0.00	0.00

The increase in the average salary and allowances of employees taken as a whole in the financial years 2022/23-2023/24 is due to the structure of the 2022/23 NHS pay award which gave higher percentage increases to staff at lower pay bands. In 2023/24 this reduced down to 5.47% due to a more consistent pay uplift of 5% across all pay grades, but with A4C staff also receiving the one off non-consolidated recovery payment of between £900 and £1190. In 2023/4, all staff were awarded a 5% pay award, with the additional consolidated recovery payment continuing to impact in 2023/24. In 2024-25 all A4C staff were awarded a 5.5% pay award, VSM staff 5%, and Medical staff 6% (with Junior doctors and dentists also receiving a consolidated payment of £1000).

#### 4. Directors Pension Benefits

The NHS scheme requires that employees pay from 5.2% up to 12.5%, on a tiered scale, of their earnings, into the NHS Pension Scheme, with the employer contributing 23.78%. The employer's contribution to the NHS Pension Scheme is excluded from the salary figures shown for Executive Directors.

### **Cash Equivalent Transfer Value**

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated in accordance with The Occupational Pension Schemes (Transfer Values) (Amendment) Regulations 2008 and do not take account of any actual or potential reduction to benefits resulting from Lifetime Allowance Tax which may be due when pension benefits are taken.

### **Real Increase in CETV**

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period

The disclosures in the table below do not apply to independent members as they are not members of the NHS Pension Scheme and do not receive pensionable remuneration.

Name and Title	Accrued pension at pension age as at 31 March 2025 and related lump sum	Real Increase/ (Decrease) in pension and related lump sum at pension age	CETV at 31/03/2025	CETV at 31/03/2024	Real increase in CETV
	(bands of £5,00) £'000	(bands of £2,500) £'000	£'000	£'000	£'000
D Griffiths Director of Finance and Performance and Acting Deputy Chief Executive from October 2023 to October 2024, Director of Finance and Performance form Oct 2024	65-70 plus lump sum of 165-170	5-7.5 plus lump sum of 5-7.5	1,480	1,277	118
A Harris Chief Executive Officer from October 2024	65-70 plus lump sum of 175-180	12.5-15 plus lump sum of 32.5-35	1,587		0*
A Mehta Medical Director form Sep 2023 to October 2024, then Deputy Medical Director (full year costs included)	30-35 plus lump sum 70-75	2.5-5 plus lump sum of 2.5-5	680	578	64
R Krishnan Medical Director from Sep 2023 to October 2024, then Deputy Medical Director (full year costs included)	50-55 plus lump sum 130-135	(12.5-15) Plus lump sum 72.5-75	1,167	1,041	57
K Reid Director of Public Health – seconded to WG from Apr 24 (in post for all of 2023/24)				680	
J Davies Acting Director of Public Health Apr 24-Feb 25	45-50 plus lump sum 1225-130	10-12.5 Plus lump sum 7.5-10	1,122		0*
R Evans Acting Chief Executive from October 2023 to October 2024, then Medical Director and Deputy Chief Executive	90-95 plus lump sum of 235-240	5-7.5 plus lump sum of 5-7.5	2,189	1,905	157

Name and Title	Accrued pension at pension age as at 31 March 2025 and related lump sum	Real Increase/ (Decrease) in pension and related lump sum at pension age	CETV at 31/03/2025	CETV at 31/03/2024	Real increase in CETV
	(bands of £5,00) £'000	(bands of £2,500) £'000	£'000	£'000	£'000
H Powell Acting Director of Nursing & Patient Experience Sep 24-Mar 25 (full year costs included)	20-25 no lump sum	20-22.5 no lump sum	349		0*
M Davies Director of Planning & Partnerships from Feb 25	70-75 plus lump sum 75-80	12.5-15 plus lump sum 12.5-15	1,329		0*
S Jenkins Interim Director of Workforce & OD from Mar 24	10-15 no lump sum	12.5-15 no lump sum	1,329	1,000	185
D Lewis COO and Executive Director of Primary Care and Mental Health from Apr 24	50-55 plus lump sum 125-130	5-10 plus lump sum 1-5	1,201		0*
H Lloyd Director of Corporate Governance/Board Secretary	40-45 plus lump sum of 105-110	2.5-5 plus lump sum of 2.5-5	927	789	85

\* A Harris, J Davies, M Davies and H Powell were not executive directors in the prior year and hence no comparative figure is given to compare to 2023/24. K Reid was seconded to WG from April 24 and therefore no comparative figure is supplied. Full year comparators are included to A Mehta & R Krishnan despite not being executive directors from the end of October 2024. D Lewis was a non-voting member of the Board in 2023-24 therefore no comparative figures are included.

- Gareth Howells, Director of Nursing & Patient Experience, C Morrell, Director of Therapies and Health Science and N Vaughan, Director of Strategy chose not to be covered by the NHS Pension Arrangements during 2024/25.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2025 of 6.7%. HM Treasury published updated guidance in 2025 that will be used in the calculation of 2025-26 CETV figures of 1.7%.

## **5. Contracts of employment**

With the exception of the Director of Nursing and Patient Experience, (G Howells) who rejoined the health board on secondment from his permanent contract at Welsh Government to the 31<sup>st</sup> August 2024, all Executive Directors are on permanent Contracts of Employment with Swansea Bay University Local Health Board (however, R Krishnan (to Oct 24), A Mehta (to Oct 24), J Davies (to Feb 25), and S Jenkins are on interim Executive Director contracts with permanent contracts for substantive roles; N Vaughan is on an interim contract only. Executive Directors are required to give the Health Board three months' notice and are eligible to receive three months' notice from the Health Board. The policy on duration of contracts, notice period and termination periods is that set by the Welsh Government.

The only provisions for early termination are as allowed by the NHS Pension Scheme (compensation for premature retirement) regulations. In all other cases of early termination this will be as detailed in individuals' contract of employment.

## **6. Other information**

There are no local pay bargaining initiatives within the Health Board. No payments have been made for Professional Indemnity Insurance for any Officer or Director.

## **7. Staff Report Section**

This section of the report includes information on staff numbers, composition, sickness absence data, staff policies applied during the year, expenditure on consultancy, off-payroll engagements and exit packages.

## 7.1 Staff Numbers and Composition

The average number of employees by staff group for 2024/25 is set out in the table below, along with the comparison for 2023/24. The average is calculated as the whole time equivalent number of employees under contract of service at the end of each calendar month in the financial year, divided by the number of months in the financial year.

Staff Group	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainees (SLE)	Collaborative Bank	Other	Total 2024/25	Total 2023/24
Administration, Clerical & Board Members	2,419	7	18	0	0	0	2,444	2,426
Medical & Dental	891	10	20	524	0	63	1,508	1,431
Nursing, Midwifery registered	4,183	3	57	0	0	0	4,243	4,180
Professional, Scientific & technical staff	413	0	1	0	0	0	414	392
Additional Clinical Services	2,621	1	61	0	0	0	2,683	2,682
Allied Health Professions	995	0	13	0	0	0	1,008	934
Healthcare Scientists	360	0	14	0	0	0	374	354
Estates and Ancillary	953	0	10	0	0	0	963	975
<b>Totals</b>	<b>12,835</b>	<b>21</b>	<b>194</b>	<b>524</b>	<b>0</b>	<b>63</b>	<b>13,637</b>	<b>13,374</b>

Staff included as Specialist Trainees (SLE) in the table above are Medical, Dental and GP Trainees employed under the Single Lead Employer Arrangement by Velindre NHS Trust but who are placed for their training within the Health Board. Prior to August 2020 these trainees were directly employed by the Health Board and as such would have been classified as permanent staff.

Staff included as Collaborative Bank staff in the table above are also directly employed by Velindre NHS Trust and provide bank nurse cover across Wales. Currently only Swansea Bay University Health Board, Cwm Taf Morgannwg Health Board and Digital Healthcare Wales (DHCW) are members of the Collaborative Bank Scheme.

Staff listed under the “Other” column in the table above are temporary staff sourced through the MEDACS managed service contract. These staff are paid through the NHS payroll.

As at 31<sup>st</sup> March 2025, the Health Board has 17,438 employees, of which 10 are Executive Directors. Of these staff, 4,304 are male, including 2 Executive Directors, and 13,134 are female, including 8 female Executive Directors.

There are also 9 Independent Members, of which 2 are male and 7 are female.

## 7.2 Sickness Absence Data

	2024/25	2023/24
Total days lost	393,602	341,246
Short Term Sickness (27 days or less)	111,265	103,251
Long Term Sickness (28 days or more)	282,337	237,996
Average working days lost	26	24
Total staff employed in period (headcount)	14,805	14,005

	2024/25	2023/24
Total staff employed in period with no absence (headcount)	4,225	5,169
Percentage staff with no sick leave	25.54%	36.90%

### 7.3 Staff Policies applied during the year:

The staff policy on equality was applied during the year to address the following:

- For giving full and fair consideration to applications for employment by the Health Board made by disabled persons, having regard to their particular aptitudes and abilities.
- For continuing the employment of, and for arranging appropriate training for, employees of the Health board who have become disabled persons during the period when they were employed by the Health Board.
- Otherwise for the training, career development and promotion of disabled persons employed by the Health Board.

### 7.4 Expenditure on Consultancy

As disclosed in Note 3.3 of the Health Board's Accounts, the Health Board incurred expenditure of £0.678m on Consultancy Services in 2024/25, (£0.660m in 2023/24). Expenditure on Consultancy Services is incurred when outside expertise is required by the Health Board to support the Health Board in managing its services and functions on a day to day basis. Such examples for 2024/25 include:

- Management Consultancy support to Morriston Service Group to support the development of a Vascular Strategy and Business Case for the next 5 years.
- Management Consultancy to support the Neath Port Talbot Service Group with a review of Maternity Services.
- Management Consultancy to support the Health Board with its Population Health Communication & Engagement Strategy.

- Management Consultancy to assess, identify and optimise savings across the Pharmacy Supply chain.
- Management Consultancy of Specialist Analysis and Evaluation of MDTs across Primary Care Clusters.
- External advice and support for Staff & Patient Wellbeing.

## 7.5 Off-payroll Engagements

**Table 1: For all off-payroll engagements as of 31 March 2025, for more than £245 per day and that last for longer than six months**

Number of existing engagements as of 31 March 2025	0
Of which...	
Number that have existed for less than one year at time of reporting.	0
Number that have existed for between one and two years at time of reporting.	0
Number that have existed for between two and three years at time of reporting.	0
Number that have existed for between three and four years at time of reporting.	0
Number that have existed for four or more years at time of reporting.	0

**Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2024 and 31 March 2025, for more than £245 per day and that last for longer than six months**

Number of new engagements, or those that reached six months in duration, between 1 April 2023 and 31 March 2024	0
Number of these engagements which were assessed as caught by IR35	0
Number of these engagements which were assessed as not caught by IR35	0
Number of these engagements that were engaged directly (via PSC contracted to department) and are on the departmental payroll;	0

Number of these engagements that were reassessed for consistency/assurance purposes during the year whom assurance has been requested but not received;	0
Number that saw a change to IR35 status following the consistency review.	0

**Table 3: For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025**

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Details of the exceptional circumstances that led to each of these engagements.	Not Applicable
Details of the length of time each of these exceptional engagements lasted	Not Applicable
Total number of individuals both on and off-payroll that have been deemed “board members and/or senior officials with significant financial responsibility”, during the financial year. This figure includes engagements which are ON PAYROLL as well as those off-payroll.	0

There were 0 off payroll engagements in place at the start of the 2024/25 financial year. There have been no new off payroll engagements during the year.

## 7.6 Exit packages

The figures disclosed relate to exit packages agreed in the year as per note 9.5. The actual date of departure might be in a subsequent period, and the expense in relation to the departure costs may have been accrued in a previous period. The data here is therefore presented on a different basis to other staff costs and expenditure noted in the Health Board's Annual Accounts.

	2024/25				2023/24
<b>Staff Numbers</b>					
<b>Exit packages cost band (including any special payment element)</b>	<b>Number of compulsory redundancies</b>	<b>Number of other departures</b>	<b>Total number of exit packages</b>	<b>Number of departures where special payments have been made</b>	<b>Total number of exit packages</b>
less than £10,000	0	5	5	0	14
£10,000 to £25,000	0	3	3	0	2
£25,000 to £50,000	0	6	6	0	2
£50,000 to £100,000	0	0	0	0	2
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>14</b>	<b>14</b>	<b>0</b>	<b>20</b>

	2024/25				2023/24
<b>Exit Packages Costs</b>					
<b>Exit packages cost band (including any special payment element)</b>	<b>Cost of compulsory redundancies</b>	<b>Cost of other departures</b>	<b>Total cost of exit packages</b>	<b>Cost of special element included in exit packages</b>	<b>Total cost of exit packages</b>
	£	£	£	£	£
less than £10,000	0	16,687	16,687	0	36,019
£10,000 to £25,000	0	45,832	45,832	0	34,893
£25,000 to £50,000	0	196,895	196,895	0	68,429
£50,000 to £100,000	0	0	0	0	101,614
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>259,414</b>	<b>259,414</b>	<b>0</b>	<b>240,955</b>

Where the LHB has agreed early retirements, the additional costs are met by the LHB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

£229,863 exit costs were paid in 2024/25 (2023/24, £240,955).

# **Long Term Expenditure Trends 2024-25**

## Long Term Expenditure Trends

### 1. Long Term Expenditure Trends

The Swansea Bay University Local Health Board was established on 1st April 2019 under statutory instrument 2019 No.349 (W.83), the Local Health Boards (Area Change) (Wales) (Miscellaneous Amendment) Order 2019.

This statutory instrument transferred the principal local government area of Bridgend from Abertawe Bro Morgannwg University Local Health Board to Cwm Taf University Local Health Board in addition confirmed that Abertawe Bro Morgannwg University Local Health Board would be renamed as Swansea Bay University Local Health Board.

Swansea Bay University Local Health Board is responsible for the provision of healthcare services for the populations falling under the local government areas of Swansea and Neath Port Talbot.

2023/24 presented a challenging financial year with the Health Board reporting a deficit position having delivered a small underspend in 2022/23. 2024/25 financial year continued to provide challenges for the health board in part due to the non delivery of recurrent savings from previous financial years plus operational pressures across planned care and urgent and emergency care resulting in the continued use of variable pay and increased costs in clinical consumables alongside significant growth in Continuing Health Care (CHC) costs, which can be seen within Note 3 of the Health Board Annual Accounts on Operating Costs

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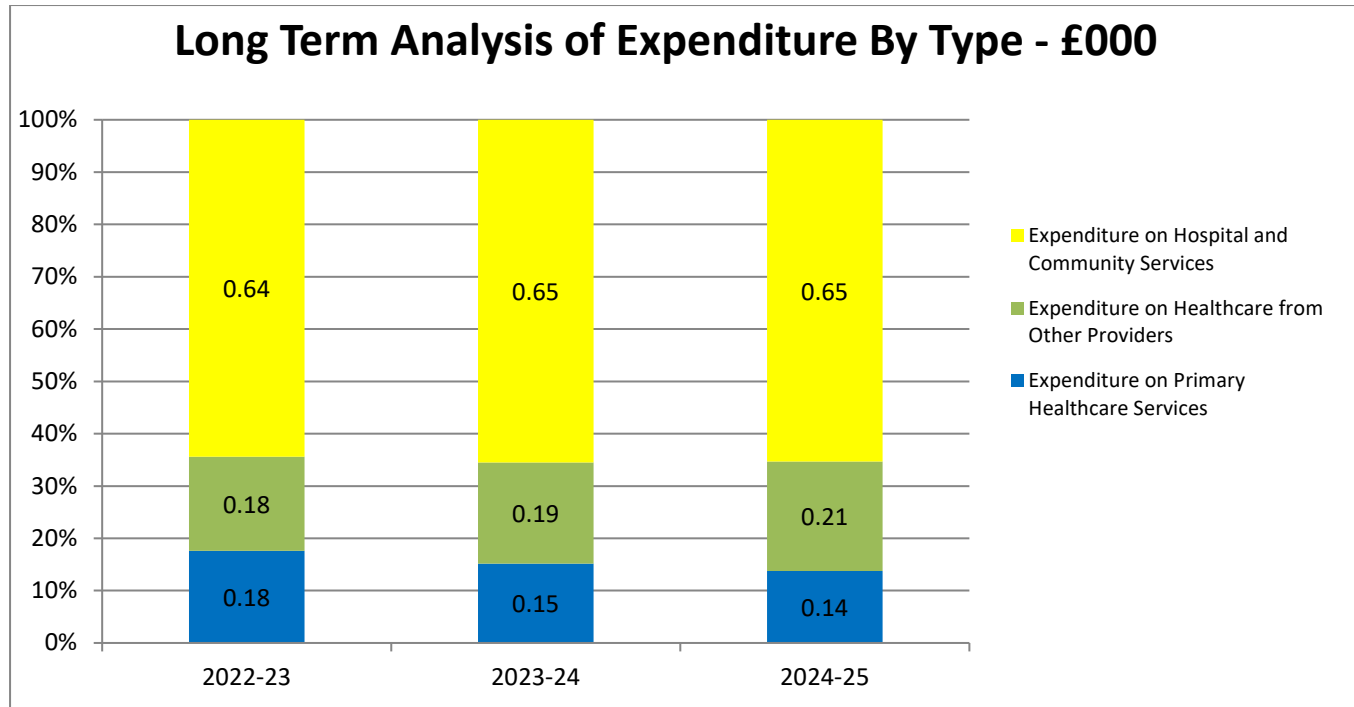
The movements in expenditure for the financial years 2022/23 to 2024/25 are documented below by the main expenditure headings of:

- Expenditure on Primary Healthcare Services
- Expenditure on Healthcare from Other Providers
- Expenditure on Hospital and Community Services

In 2024/25 there has been a 6.6% increase in expenditure on Primary Care Services compared to 2023/24, and similarly an increase of 8.4% on Healthcare from Other Providers and 9.7% increase on Hospital & Community Services in 2024/25 when compared to

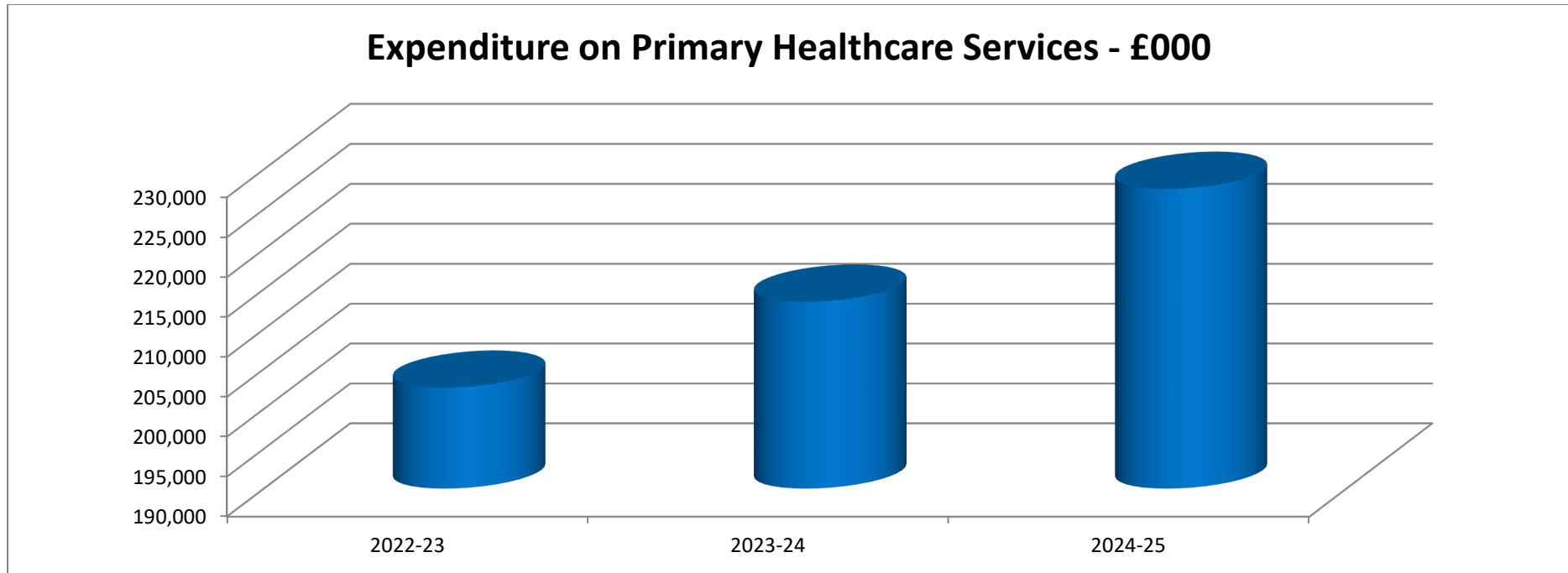
2023/24. However the distribution across the categories of expenditure remains consistent with that of 2023/24, as indicated in the chart below. The main increases in Primary Healthcare Services are attributable to General Medical Services and General Ophthalmic Services. For Healthcare from Other Providers, expenditure with JCC (Joint Commissioning Committee) and CHC are the primary drivers for the increases in this category. Within Hospital & Community Services, the main increases in expenditure in 2024/25 have been in respect of staffing costs and Clinical Supplies & Services.

	2022/23	2023/24	2024/25
	£000	£000	£000
Primary Healthcare Services	202,658	213,436	227,549
Healthcare from Other Providers	282,070	309,640	335,625
Hospital and Community Services	981,563	1,073,680	1,178,190



### 3.1 Expenditure on Primary Healthcare Services

Expenditure on Primary Healthcare Services comprises expenditure on the Primary Care contracts for General Medical Services, Pharmaceutical Services, General Dental Services, General Ophthalmic Services, Prescribed Drugs and Appliances and other Primary Health Care Expenditure.

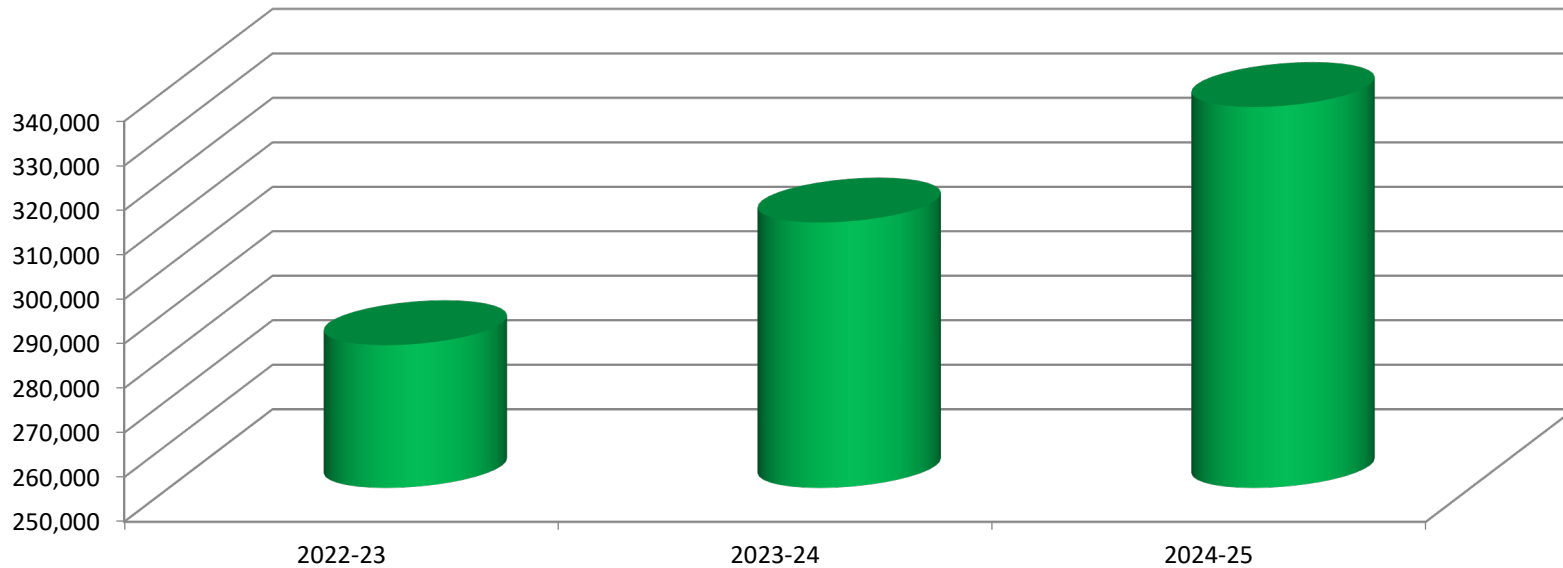


In 2024/25, expenditure increased to £227m, an increase of 6.6%. The greatest increase was in General Medical Services £6.5m (9%) and General Ophthalmic Services £2m (39%)

### 3.2 Expenditure on Healthcare from Other Providers

Expenditure on healthcare from other providers comprises expenditure with other NHS organisations, Local Authorities, Voluntary Organisations, private providers and for NHS funded nursing and continuing healthcare.

## Expenditure on Healthcare from Other Providers - £000

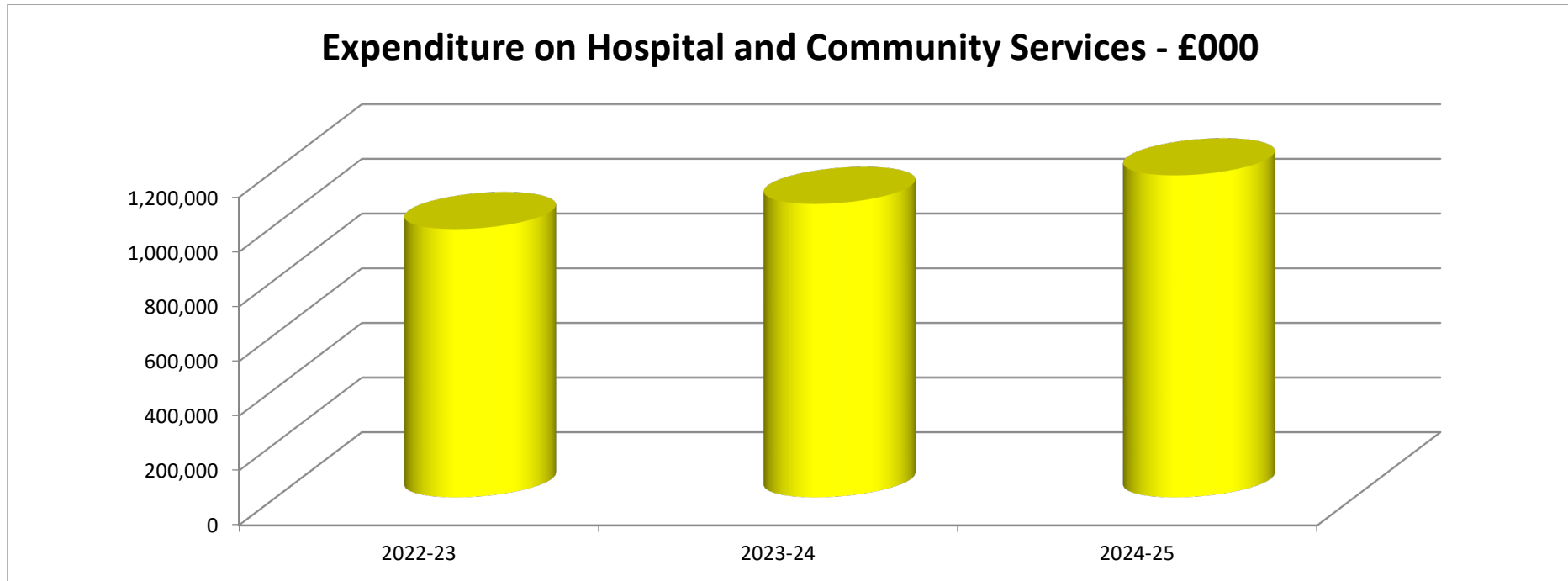


In 2024/25 expenditure on Healthcare from Other Providers increased by 8.4% to £336m. The main increases were in expenditure on CHC which increased by £12.6m (4.1%) and Funded Nursing Care which increased by £0.7m (7.6%) from 2023/24. A combination in increased growth in cases and process of packages rising with basic nursing packages increasing by 13.5%, impacted on by the growth in Real Living Wage has impacted significantly on expenditure.

There was a significant decrease in the costs of private providers in 2024/25 – a decrease of £4.9m (31%). This is due to reductions in patients waiting for long periods of time on the planned care waiting list, and changes to the provision of community care beds. There was a large increase in expenditure on goods and services with JCC which increased by £12.6m (9.4%). This increase relates to the nationally agreed JCC plan, inflation and pay award funding for 2024/25. There was also a reduction in goods and services from other NHS Wales Health Boards of £3.8m which primarily relates to the Cwm Taf Morgannwg Health Board.

### 3.3 Expenditure on Hospital and Community Health Services

This area represents the majority of the health board's expenditure and as such sees the biggest fluctuations over time.



In 2024/25 expenditure on Hospital & Community services increased by £104.5m (9.7%) to £1,178m. The largest increase was in staff costs of £95.6m (12.3%) which includes staff costs in respect of junior medical staff under the Single Lead Employer (SLE) arrangement with Velindre NHS Trust. Of the increase £58.1m relates to the consolidated pay award of 5% for A4C staff, and 6% in general for medical staff. There has also been a large increase of £24.2m on expenditure on Clinical supplies and services, £1m on General supplies and services and £1m on Premises costs. In addition there has been a large reduction in Other Operating expenses of £17.2m as the categorisation of expenditure has improved across the last two financial years.

# **Financial Statements and Notes 2024-25**

## **SWANSEA BAY UNIVERSITY HEALTH BOARD**

### **FOREWORD**

These accounts have been prepared by the Local Health Board under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

#### **Statutory background**

The Local Health Board was established on 1st April 2019 under statutory instrument 2019 No.349 (W.83), the Local Health Boards (Area Change) (Wales) (Miscellaneous Amendment) Order 2019.

This statutory instrument transferred the principal local government area of Bridgend from Abertawe Bro Morgannwg University Local Health Board to Cwm Taf University Local Health Board in addition to confirming that Abertawe Bro Morgannwg University Local Health Board is renamed and is to be known as Swansea Bay University Local Health Board.

Swansea Bay University Local Health Board is responsible for the provision of healthcare services for the populations falling under the local government areas of Swansea and Neath Port Talbot.

On 1st April 2019 all staff property, assets and liabilities relating to services provided to the local government area of Bridgend transferred from Swansea Bay University Local Health Board to Cwm Taf Morgannwg Local Health Board. This transfer was undertaken in line with the Local Health Boards (Area Change) (transfer of Staff, Property and Liabilities) (Wales) Order 2019. The transfer was accounted for under absorption accounting rules.

The Health Board's predecessor organisation, Abertawe Bro Morgannwg University Health Board, was established on 1st October 2009 following the merger of the former Abertawe Bro Morgannwg University NHS Trust, Swansea Local Health Board, Neath Port Talbot Local Health Board and Bridgend Local Health Board, providing services to the local government areas of Swansea, Neath Port Talbot and Bridgend.

#### **Performance Management and Financial Results**

Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2024-25. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-17.

Local Health Boards in Wales must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the primary statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by the Local Health Board which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

Under the National Health Services Finance (Wales) Act 2014, the annual requirement to achieve balance against Resource Limits has been replaced with a duty to ensure, in a rolling 3 year period, that its aggregate expenditure does not exceed its aggregate approved limits.

The Act came into effect from 1st April 2014 and under the Act the first assessment of the 3 year rolling financial duty took place at the end of 2016-17.

## Statement of Comprehensive Net Expenditure for the year ended 31 March 2025

	Note	2024-25 £000	2023-24 £000
Expenditure on Primary Healthcare Services	3.1	227,549	213,437
Expenditure on healthcare from other providers	3.2	335,625	309,640
Expenditure on Hospital and Community Health Services	3.3	1,178,189	1,073,680
		<u>1,741,363</u>	<u>1,596,757</u>
Less: Miscellaneous Income	4	(330,267)	(319,587)
<b>LHB net operating costs before interest and other gains and losses</b>		<b>1,411,096</b>	<b>1,277,170</b>
Investment Revenue	5	0	0
Other (Gains) / Losses	6	103	(8)
Finance costs	7	9,077	5,175
<b>Net operating costs for the financial year</b>		<b><u>1,420,276</u></b>	<b><u>1,282,337</u></b>

Details of the Health Board's performance against its revenue and capital allocations over the last three financial periods are provided in Note 2 on page 27.

The notes on pages 8 to 76 form part of these accounts.

**Other Comprehensive Net Expenditure**

	<b>2024-25</b>	2023-24
	<b>£000</b>	£000
Net (gain) / loss on revaluation of property, plant and equipment	<b>(2,594)</b>	<b>(17,751)</b>
Net (gain)/loss on revaluation of right of use assets	<b>0</b>	0
Net (gain) / loss on revaluation of intangibles	<b>0</b>	0
(Gain) / loss on other reserves	<b>0</b>	0
Net (gain)/ loss on revaluation of PPE & Intangible assets held for sale	<b>0</b>	0
Net (gain)/loss on revaluation of financial assets held for sale	<b>(69)</b>	166
Impairment and reversals	<b>0</b>	0
Transfers between reserves	<b>0</b>	0
Transfers to / (from) other bodies within the Resource Accounting Boundary	<b>0</b>	<b>(6)</b>
Reclassification adjustment on disposal of available for sale financial assets	<b>0</b>	0
Other comprehensive net expenditure for the year	<b>(2,663)</b>	<b>(17,591)</b>
<b>Total comprehensive net expenditure for the year</b>	<b>1,417,613</b>	<b>1,264,746</b>

The notes on pages 8 to 76 form part of these accounts.

## Statement of Financial Position as at 31 March 2025

		31 March 2025 £000	31 March 2024 £000
	Notes		
<b>Non-current assets</b>			
Property, plant and equipment	11	597,819	595,358
Right of Use Assets	11.3	37,984	31,269
Intangible assets	12	2,058	2,987
Trade and other receivables	15	148,795	142,699
Other financial assets	16	0	0
<b>Total non-current assets</b>		<b>786,656</b>	<b>772,313</b>
<b>Current assets</b>			
Inventories	14	12,886	12,264
Trade and other receivables	15	102,323	100,278
Other financial assets	16	0	0
Cash and cash equivalents	17	3,444	2,824
		<b>118,653</b>	<b>115,366</b>
Non-current assets classified as "Held for Sale"	11	1,434	170
<b>Total current assets</b>		<b>120,087</b>	<b>115,536</b>
<b>Total assets</b>		<b>906,743</b>	<b>887,849</b>
<b>Current liabilities</b>			
Trade and other payables	18	(199,721)	(198,904)
Other financial liabilities	19	0	0
Provisions	20	(43,580)	(53,082)
<b>Total current liabilities</b>		<b>(243,301)</b>	<b>(251,986)</b>
<b>Net current assets/ (liabilities)</b>		<b>(123,214)</b>	<b>(136,450)</b>
<b>Non-current liabilities</b>			
Trade and other payables	18	(81,477)	(80,726)
Other financial liabilities	19	0	0
Provisions	20	(154,048)	(147,307)
<b>Total non-current liabilities</b>		<b>(235,525)</b>	<b>(228,033)</b>
<b>Total assets employed</b>		<b>427,917</b>	<b>407,830</b>
<b>Financed by :</b>			
<b>Taxpayers' equity</b>			
General Fund		358,950	340,985
Revaluation reserve		68,967	66,845
<b>Total taxpayers' equity</b>		<b>427,917</b>	<b>407,830</b>

The financial statements on pages 2 to 7 were approved by the Board on 25th June 2025 and signed on its behalf by:

Chief Executive and Accountable Officer

Date: 25 June 2025



The notes on pages 8 to 76 form part of these accounts.

## Statement of Changes in Taxpayers' Equity For the year ended 31 March 2025

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
<b>Changes in taxpayers' equity for 2024-25</b>			
Balance as at 31 March 2024	340,985	66,845	407,830
NHS Wales Transfer	0	0	0
RoU Asset Transitioning Adjustment	0	0	0
Impact of IFRS 16 on PPP/PFI Liability	0	0	0
<b>Balance at 1 April 2024</b>	<b>340,985</b>	<b>66,845</b>	<b>407,830</b>
Net operating cost for the year	(1,420,276)		(1,420,276)
Net gain/(loss) on revaluation of property, plant and equipment	0	2,594	2,594
Net gain/(loss) on revaluation of right of use assets	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	(69)	(69)
Impairments and reversals	0	0	0
Other Reserve Movement	0	0	0
Transfers between reserves	403	(403)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	0	0	0
<b>Total recognised income and expense for 2024-25</b>	<b>(1,419,873)</b>	2,122	<b>(1,417,751)</b>
Net Welsh Government funding	1,385,684		1,385,684
Notional Welsh Government Funding	52,154		52,154
<b>Balance at 31 March 2025</b>	<b>358,950</b>	<b>68,967</b>	<b>427,917</b>

Notional Welsh Government funding line includes 9.4% staff employer pension and Pensions Annual Allowance Charge Compensation Scheme (PAACCS) costs paid centrally by Welsh Government. The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has resulted in an increase in the central payments made by Welsh Government from 6.3% to 9.4%.

### Notional Welsh Government funding split:

Notional 9.4% staff employer pension £52,138,000  
Pensions Annual Allowance Charge Compensation Scheme (PAACCS) £16,000

The notes on pages 8 to 76 form part of these accounts.

## Statement of Changes in Taxpayers' Equity For the year ended 31 March 2024

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
<b>Changes in taxpayers' equity for 2023-24</b>			
<b>Balance at 31 March 2023</b>	327,629	66,729	<b>394,358</b>
NHS Wales Transfer	0	0	<b>0</b>
RoU Asset Transitioning Adjustment	0	0	<b>0</b>
<b>Balance at 1 April 2023</b>	<u>295,503</u>	<u>66,729</u>	<b><u>362,232</u></b>
Net operating cost for the year	(1,282,337)		<b>(1,282,337)</b>
Net gain/(loss) on revaluation of property, plant and equipment	0	17,751	<b>17,751</b>
Net gain/(loss) on revaluation of right of use assets	0	0	<b>0</b>
Net gain/(loss) on revaluation of intangible assets	0	0	<b>0</b>
Net gain/(loss) on revaluation of financial assets	0	0	<b>0</b>
Net gain/(loss) on revaluation of assets held for sale	0	(166)	<b>(166)</b>
Impairments and reversals	0	0	<b>0</b>
Other reserve movement	0	0	<b>0</b>
Transfers between reserves	17,469	(17,469)	<b>0</b>
Release of reserves to SoCNE	0	0	<b>0</b>
Transfers to/from LHBs	6	0	<b>6</b>
<b>Total recognised income and expense for 2023-24</b>	<u>(1,264,862)</u>	<u>116</u>	<b><u>(1,264,746)</u></b>
Net Welsh Government funding	1,278,416		<b>1,278,416</b>
Notional Welsh Government Funding	31,928		<b>31,928</b>
<b>Balance at 31 March 2024</b>	<u><u>340,985</u></u>	<u><u>66,845</u></u>	<b><u><u>407,830</u></u></b>

Notional Welsh Government funding line includes the 6.3% staff employer pension and Pensions Annual Allowance Charge Compensation Scheme (PAACCS) costs paid centrally by Welsh Government.

### Notional Welsh Government funding split;

Notional 6.3% staff employer pension £31,901,000

Pensions Annual Allowance Charge Compensation Scheme (PAACCS) £27,000

The notes on pages 8 to 76 form part of these accounts.

**Statement of Cash Flows for year ended 31 March 2025**

	2024-25	2023-24
	£000	£000
<b>Cash Flows from operating activities</b>		
Net operating cost for the financial year	(1,420,276)	(1,282,337)
Movements in Working Capital	27 (18,355)	(64,720)
Other cash flow adjustments	28 118,628	136,985
Provisions utilised	20 (17,956)	(12,023)
<b>Net cash outflow from operating activities</b>	<b>(1,337,959)</b>	<b>(1,222,095)</b>
<b>Cash Flows from investing activities</b>		
Purchase of property, plant and equipment	(35,357)	(48,375)
Proceeds from disposal of property, plant and equipment	552	66
Purchase of intangible assets	(829)	(242)
Proceeds from disposal of intangible assets	0	0
Payment for other financial assets	0	0
Proceeds from disposal of other financial assets	0	0
Payment for other assets	0	0
Proceeds from disposal of other assets	0	0
<b>Net cash inflow/(outflow) from investing activities</b>	<b>(35,634)</b>	<b>(48,551)</b>
<b>Net cash inflow/(outflow) before financing</b>	<b>(1,373,593)</b>	<b>(1,270,646)</b>
<b>Cash Flows from financing activities</b>		
Welsh Government funding (including capital)	1,385,684	1,278,416
Capital receipts surrendered	0	0
Capital grants received	0	0
Capital element of payments in respect of finance leases and on-SoFP PFI Schemes	(7,058)	(3,538)
Capital element of payments in respect of on-SoFP PFI	0	0
Capital element of payments in respect of Right of Use Assets	(4,413)	(4,267)
Cash transferred (to)/ from other NHS bodies	0	0
<b>Net financing</b>	<b>1,374,213</b>	<b>1,270,611</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>620</b>	<b>(35)</b>
<b>Cash and cash equivalents (and bank overdrafts) at 1 April 2024</b>	<b>2,824</b>	<b>2,859</b>
<b>Cash and cash equivalents (and bank overdrafts) at 31 March 2025</b>	<b>3,444</b>	<b>2,824</b>

The notes on pages 8 to 76 form part of these accounts.

## Notes to the Accounts

### 1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Local Health Boards (LHBs) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2024-25 Manual for Accounts. The accounting policies contained in that manual follow the 2024-25 Financial Reporting Manual (FReM) in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the LHB Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the LHB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the LHB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

#### 1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

#### 1.2. Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

#### 1.3. Income and funding

The main source of funding for the LHBs are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the LHB. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the LHB and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the LHB for the Welsh Government such as funding provided to agencies and non-activity costs incurred by the LHB in its provider role. Income received from LHBs transacting with other LHBs is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FREM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred. Only non-NHS income may be deferred.

#### **1.4. Employee benefits**

##### **1.4.1. Short-term employee benefits**

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is not recognised in the financial statements to the extent that employees are not permitted to carry forward leave into the following period.

##### **1.4.2. Retirement benefit costs**

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme. The cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has resulted in an increase in the central payments made by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency) from 6.3% to 9.4%.

However, NHS Wales' organisations are required to account for their staff employer contributions of 23.78% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see the Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

### 1.4.3 PENSION COSTS

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

#### **a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as 31 March 2024, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

#### **1.4.4. NEST Pension Scheme**

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

#### **1.5. Other expenses**

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

#### **1.6. Property, plant and equipment**

##### **1.6.1. Recognition**

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

##### **1.6.2. Valuation**

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use

- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1st April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However, IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

### **1.6.3. Subsequent expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated, for All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs identified are then charged to operating expenses.

## **1.7. Intangible assets**

### **1.7.1. Recognition**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use.
- the intention to complete the intangible asset and use it.
- the ability to use the intangible asset.
- how the intangible asset will generate probable future economic benefits.
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it.
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

### **1.7.2 Measurement**

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

### **1.8. Depreciation, amortisation and impairments**

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings. Right of use (ROU) asset impairments are reflected in ROU liability.

### **1.9. Research and Development**

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits therefrom can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

### **1.10 Non-current assets held for sale**

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale,

within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

### 1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1st April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: The entity has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application Swansea Bay University LHB has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by Swansea Bay University LHB in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

Swansea Bay University LHB will not apply IFRS 16 to any new leases of intangible assets, applying the

List any other expedients employed by the entity (such as low value 5(b) or 15 on componentisation HM Treasury public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements accounted for under IFRS 16.

Swansea Bay University LHB is required to apply IFRS 16 to lease like arrangements entered into with other parties that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. For such arrangements under IFRS 16 Swansea Bay University LHB has assessed that in all other respects these meet the definition of a lease under the standard.

Swansea Bay University LHB is required to apply IFRS 16 to lease like arrangements entered into in which consideration is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the financial statements. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. The singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to the underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

#### 1.11.1 Swansea Bay University Health Board as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding liability. The LHB employs a revaluation model for the subsequent measurement of its right of use assets unless there is an appropriate proxy for current value in existing use or fair value in line with the accounting policy for own assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy for the value of the use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the right of use asset and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are measured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset the LHB applies a revised discount rate to the remaining lease liability.

Where existing leases are modified the LHB must determine whether the arrangement constitutes a separate lease and account for it accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term if the term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by the LHB.

#### 1.11.2 Swansea Bay University Health Board as lessor

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as a finance lease if it substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of the LHB's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. The costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Where the LHB is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, a direct lease sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the use asset arising from the head lease.

On transition the LHB has reassessed the classification of all of its continuing subleasing arrangements to include finance leases.

## 1.12. Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

## 1.13. Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in three months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

## 1.14. Provisions

Provisions are recognised when the LHB has a present legal or constructive obligation as a result of a past event, it is probable that the LHB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the LHB has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the LHB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

### 1.14.1. Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in both 2024-25 and 2023-24. The WRPS is hosted by Velindre University NHS Trust.

### **1.14.2. Future Liability Scheme (FLS) - General Medical Practice Indemnity (GMPI)**

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GMP services in Wales.

In March 2019, the Minister issued a Direction to Velindre University NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1st April 2019.

GMP Service Providers are not direct members of the GMPI FLS, their qualifying liabilities are the subject of an arrangement between them and their relevant LHB, which is a member of the scheme. The qualifying reimbursements to the LHB are not subject to the £25,000 excess.

### **1.15. Financial Instruments**

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

### **1.16. Financial assets**

Financial assets are recognised on the SoFP when the LHB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

#### **1.16.1. Financial assets are initially recognised at fair value**

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

#### **1.16.2. Financial assets at fair value through SoCNE**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

### **1.16.3 Held to maturity investments**

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

### **1.16.4. Available for sale financial assets**

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

### **1.16.5. Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the LHB assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

### **1.17. Financial liabilities**

Financial liabilities are recognised on the SOFP when the LHB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

### **1.17.1. Financial liabilities are initially recognised at fair value**

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

### **1.17.2. Financial liabilities at fair value through the SoCNE**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

### **1.17.3. Other financial liabilities**

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

### **1.18. Value Added Tax (VAT)**

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

### **1.19. Foreign currencies**

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

### **1.20. Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

### **1.21. Losses and Special Payments**

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the LHB not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

Swansea University LHB accounts for all losses and special payments gross (including assistance from the WRP).

Swansea University LHB accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

### **1.22. Pooled budgets**

The NHS Wales organisation has entered into pooled budgets with the City and County of Swansea and Neath Port Talbot County Borough Council Local Authorities.. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pooled budget is hosted by the City and County of Swansea. Payments for services provided are accounted for as miscellaneous income. Swansea Bay University LHB accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

### **1.23. Critical Accounting Judgements and key sources of estimation uncertainty**

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

### **1.24. Key sources of estimation uncertainty**

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the Welsh Risk Pool.

Significant estimations are also made for continuing care costs resulting from claims post 1st April 2003. An assessment of likely outcomes, potential liabilities and timings of these claims are made on a case by case basis. Material changes associated with these claims would be adjusted in the period in which they are revised.

Estimates are also made for contracted primary care services. These estimates are based on the latest payment levels. Changes associated with these liabilities are adjusted in the following reporting period.

#### **1.24.1. Provisions**

Swansea University LHB provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisation, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

**1.24.2. Probable & Certain Cases – Accounting Treatment**

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

<b>Remote</b>	Probability of Settlement	0 – 5%
	Accounting Treatment	Remote Contingent Liability.
<b>Possible</b>	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision*
<b>Probable</b>	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
<b>Certain</b>	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

\* *Personal injury cases - Defence fee costs are provided for at 100%.*

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of 0.5%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

### 1.24.3 Annual Leave Accrual

In the 22-23 accounts and in line with International Accounting Standard (IAS) 19, the Health Board included in its accounts an accrual for untaken annual leave as at 31st March 2023. The impact of Covid-19 and the availability of staff across the service due to sickness absence had a significant impact on the ability of staff to take annual leave during both 2020-21 and 2021-22, however in 2022-23 given the ability to sell back leave and the reducing prevalence of Covid-19 the carry forward arrangements were set at a maximum of 5 days untaken leave requiring managers approval.

During the 2024-25 financial year (as it did in the 2023-24 financial year), the Health Board once again issued a bulletin to all Staff during February 2025, that there would be no carry forward of annual leave permitted into the financial year 2025-26, and that all leave was to be utilised within the period for which it relates during the financial year, to ensure staff wellbeing and following recovery of services back to pre-Covid levels.

This has removed the need to provide for unused leave as per IAS19. As a result there is no accrual within the 2024-25 financial statements for unused carried forward annual leave.

### 1.24.4 Primary Care Expenditure

As in previous years, due to the short timescale available to prepare the year end accounts, the primary care expenditure disclosed contains a number of significant estimates where the value of the actual liabilities was not available prior to the date for accounts submission, the most material areas being:

#### General Medical Services Quality and Assurance Improvement Framework (QAIF)

From 1<sup>st</sup> October 2019, QAIF was introduced as part of the 2019/20 GMS contract reform, replacing the quality and outcomes framework. Under both schemes, GP Practices achieve a certain level of points and these are multiplied by a financial value per point to establish the payments due.

Clinical QAIF domains transferred into Core contract from 1 October 2022, resulting in a transfer of funding into Global Sum (GSUM). This quantum represents full achievement in all indicators for all practices moving into total GSUM and then distributed to practices via the Carr-Hill formula. The removal of Assurance indicators from the framework means that QAIF has become QIF (Quality Improvement Framework).

The points that are remaining in the Quality Improvement domains, namely Access (100 pts) and the newly drafted mandatory QI projects (170 pts), were revalued at £198 per point for 2024/25.

This compares to the 2021/22 points of Access (125 pts) and QI projects (185 pts) and QA projects (382 pts).

**An amount of £1.358m (2023-24, £1.092m) has therefore been accrued on the basis of the number of points achieved by each GP Practice in 2024/25 capped at 270 points payable at £198 per point.**

#### **1.24.5 Prescribing Costs**

For 2024/25, the Health Board has used the accrual methodology used in previous years. This has resulted in an accrual of £13.442m (2023-24: £13.509m accrual) in respect of prescribing costs for the months of February and March 2025.

The costs were derived using the average daily charge for the 4 month period October to January to derive an average weighted daily run rate for prescribing. This weighted daily run rate is based on 50% calendar days in the month and 50% prescribing days in the month. This average cost was then applied to the number of days in February and March to arrive at an amount for accrual.

As in previous years, this amount was then reviewed to take into account the estimated impact of the growth factor that was seen previously at the latter end of 2023/24.

#### **1.24.6 Pharmacy**

A total of £5.092m (2023-24: £5.013m) was accrued for February and March pharmacy contract payments.

For the past six years, the run rate for November to January was used to accrue for February and March due to several changes to the fees and allowances within the pharmacy contract from April to October. This approach was used again for 2024-25 with estimated adjustments made for the increase in contract price per item for February and March 2025.

The basis of the primary care estimates disclosed above was agreed in advance with the Health Board's Auditors and reported to the Health Board's Audit Committee in March 2025.

#### **1.25 Discount Rates**

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

## **1.26 Private Finance Initiative (PFI) transactions**

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The LHB therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including finance costs; and
- c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

### **1.26.1. Services received**

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

### **1.26.2. PFI asset**

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the LHB's approach for each relevant class of asset in accordance with the principles of IAS 16.

### **1.26.3. PFI liability**

A PFI liability is recognised at the same time as the PFI assets are recognised.

#### **Prior year treatment**

It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the SoCNE.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the SoCNE.

#### **1.26.4 Impact of IFRS 16 on on-balance sheet PFI/PPP Schemes as from 1st April 2023.**

On-balance sheet PPP arrangements should be based on IFRS 16 accounting principles from 2023-24.

When measuring the liability for on-balance sheet PPP contracts containing capital payments linked to a price index IFRS 16 requires that a lessee shall remeasure the lease liability where there is a change in future lease payments resulting from a change in an index or a rate used to determine those payments. The lessee shall remeasure the lease liability to reflect those revised lease payments only when there is a change in the cash flows.

Initial remeasurement - the future PPP liability will need to be remeasured at 1st April 2023 to include the actual indexation-linked changes to payments for the capital/infrastructure element which have taken effect in the cash flows since the PPP agreement commenced. This should use a cumulative catch-up approach, where the cumulative effect is recognised as an adjustment to the opening balance of retained earnings.

Subsequent measurement - The PPP liability will continue to require remeasurements whenever cash payments change in response to indexation movements as set out in the individual PPP contract. The double entry for the subsequent liability remeasurement should be Debit Finance Cost, Credit PPP liability.

The liability does not include estimated future indexation linked increases.

#### **1.26.5. Lifecycle replacement**

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the LHB's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

#### **1.26.6. Assets contributed by the LHB to the operator for use in the scheme**

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the LHB's SoFP.

#### **1.26.7. Other assets contributed by the LHB to the operator**

Assets contributed (e.g. cash payments, surplus property) by the LHB to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the LHB, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the NHS Wales organisation through the asset being made available to third party users.

### 1.27. Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the LHB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the LHB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value. Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

### 1.28. Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where transfer of function is between LHBs the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

### 1.29. Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

**IFRS14 Regulatory Deferral Accounts** - Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

**IFRS 17 Insurance Contracts**, Application required for accounting periods beginning on or after 1 January 2023, Standard is UK endorsed and adopted by the FReM. The date of initial application is the beginning of the annual reporting period in which IFRS 17 is first applied. In central government the date of initial application is 1 April 2025.

**IFRS 18 Presentation and Disclosure in Financial Statements** - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

**IFRS 19 Subsidiaries without Public Accountability: Disclosures** - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

### 1.30. Accounting standards issued that have been adopted early

During 2024-25 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

### **1.31. Charities**

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the LHB has established that as it is the corporate trustee of the Swansea Bay University LHB NHS Charitable Fund, it is considered for accounting standards compliance to have control of the Swansea Bay University LHB NHS Charitable Fund as a subsidiary. The determination of control is an accounting standard test of control and there has been no change to the operation of the Swansea Bay University LHB NHS Charitable Fund or its independence in its management of charitable funds.

Whilst there is a requirement to consolidate the results of the Swansea Bay University LHB NHS Charitable Fund within the statutory accounts of the LHB, the LHB has, with the agreement of the Welsh Government, adopted the IAS 27 (10) exemption to consolidate.

Welsh Government as the ultimate parent of the Local Health Boards will disclose the Charitable Accounts of Local Health Boards in the Welsh Government Consolidated Accounts.

Details of the transactions with the charity are included in the related parties' notes.

## 2. Financial Duties Performance

The National Health Service Finance (Wales) Act 2014 came into effect from 1st April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1st April 2014 section 175 of the National Health Service (Wales) Act places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years;
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The first assessment of performance against the 3 year statutory duty under section 175 (1) was at the end of 2016-17, being the first 3 year period of assessment.

Welsh Health Circular WHC/2016/054 "Statutory and Financial Duties of Local Health Boards and NHS Trusts" clarifies the statutory financial duties of NHS Wales bodies effective from 2016-17.

### 2.1 Revenue Resource Performance

#### Annual financial performance

	2022-23	2023-24	2024-25	Total
	£000	£000	£000	£000
<b>Net operating costs for the year</b>	1,165,677	1,282,337	1,420,276	<b>3,868,290</b>
Less general ophthalmic services expenditure and other non-cash limited expenditure	1,206	1,562	833	<b>3,601</b>
Less unfunded revenue consequences of bringing PFI schemes onto SoFP	(2,024)	(2,711)	(3,352)	<b>(8,087)</b>
Less any non funded revenue consequences of IFRS 16	0	0	0	<b>0</b>
Total operating expenses	1,164,859	1,281,188	1,417,757	<b>3,863,804</b>
Revenue Resource Allocation	1,166,697	1,264,375	1,375,303	<b>3,806,375</b>
<b>Under /(over) spend against Allocation</b>	<b>1,838</b>	<b>(16,813)</b>	<b>(42,454)</b>	<b>(57,429)</b>

Swansea University LHB has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2022-23 to 2024-25.

The Health Board received £43.7m Strategic cash support and £15m of working capital cash support from Welsh Government during 2024-25. This support has been provided by Welsh Government to assist the Health Board with making payments to staff and suppliers; there is no requirement for this funding to be repaid.

### 2.2 Capital Resource Performance

	2022-23	2023-24	2024-25	Total
	£000	£000	£000	£000
<b>Gross capital expenditure</b>	38,937	64,390	56,723	<b>160,050</b>
Add: Losses on disposal of donated assets	0	0	0	<b>0</b>
Less NBV on disposal of property, plant and equipment, right of use and intangible assets	(16)	(399)	(654)	<b>(1,069)</b>
Adjustment for transfers (to)/from NHS Trusts	0	0	0	<b>0</b>
Less capital grants received	(43)	0	(983)	<b>(1,026)</b>
Less donations received	(232)	(259)	(331)	<b>(822)</b>
Less IFRS16 Peppercorn income	0	0	0	<b>0</b>
Less <b>initial recognition</b> of RoU Asset Dilapidations	0	0	(852)	<b>(852)</b>
Charge against Capital Resource Allocation	38,646	63,732	53,903	<b>156,281</b>
Capital Resource Allocation	38,684	63,787	53,964	<b>156,435</b>
<b>(Over) / Underspend against Capital Resource Allocation</b>	<b>38</b>	<b>55</b>	<b>61</b>	<b>154</b>

Swansea Bay University LHB has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2022-23 to 2024-25.

### 2.3 Duty to prepare a 3 year integrated plan

The NHS Wales Planning Framework for the period 2024-2027 issued to LHBs placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government which sets out its strategy for securing that it complies with its 'break even' duty, whilst improving the health of the people for whom it is responsible and the provision of healthcare to such people.

As the LHB was unable to submit a balanced integrated medium-term plan in accordance with NHS Wales Planning Framework the Board submitted an Annual Plan for 2024-25 on 28th March 2024. This plan did not include a break-even position. A response to the Annual Plan was published by Welsh Governance on 3<sup>rd</sup> May 2024.

Following receipt of the response the Board urgently reflected on the underlying risks and choices within the plan particularly referencing improvement in urgent emergency care, planned care and cancer delivery alongside the financial deficit position. This resulted in a revised Annual Plan being submitted on 31st May 2024, which again did not include a break-even position.

Throughout 2024-25 the LHB worked with WG to identify options to reduce the deficit annual plan and in December 2024 the Health Board received additional funding of £6.4m to reduce the deficit plan.

However, the LHB has been unable to meet its statutory duty to have an approved financial plan.

The Minister for Health and Social Services extant approval

**Status**  
**Date**

Not Approved

Swansea University LHB has not therefore met its statutory duty to have an approved financial plan.

### 2.4 Creditor payment

The LHB is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The LHB has achieved the following results:

	<b>2024-25</b>	2023-24
Total number of non-NHS bills paid	<b>297,249</b>	314,675
Total number of non-NHS bills paid within target	<b>282,501</b>	302,538
Percentage of non-NHS bills paid within target	95.0%	96.1%

**The LHB has met the target.**

### 3. Analysis of gross operating costs

#### 3.1 Expenditure on Primary Healthcare Services

	Cash limited £000	Non-cash limited £000	2024-25 Total £000	2023-24 Total £000
General Medical Services	80,023		80,023	73,518
Pharmaceutical Services	25,908	(6,372)	19,536	17,684
General Dental Services	31,392		31,392	30,538
General Ophthalmic Services	2,642	5,539	8,181	5,919
Other Primary Health Care expenditure	3,316		3,316	1,428
Prescribed drugs and appliances	85,101		85,101	84,350
<b>Total</b>	<b>228,382</b>	<b>(833)</b>	<b>227,549</b>	<b>213,437</b>

Return of excess funds from primary care contractors are included in the figures above

#### Included within other notes to the accounts

Additional Primary Care Expenditure	Positive	0	0
Additional Primary Care Income	Negative	-5294	0
<b>Overall total</b>		<b>222,255</b>	<b>213,437</b>

The additional Primary Care income shown above relates to:

- GMS income with NHS Wales Trusts and Local Authorities (£190k)
- Pharmaceutical income from NHS Wales Trusts and Local Authorities (£263k)

#### 3.2 Expenditure on healthcare from other providers

	2024-25 £000	2023-24 £000
Goods and services from other NHS Wales Health Boards	36,072	39,934
Goods and services from other NHS Wales Trusts	9,556	8,787
Goods and services from Welsh Special Health Authorities	2,102	1,701
Goods and services from other non Welsh NHS bodies	1,269	830
Goods and services from NWJCC /WHSSC and EASC	146,913	134,297
Local Authorities	18,871	14,257
Voluntary organisations	7,297	4,860
NHS Funded Nursing Care	10,039	9,325
Continuing Care	92,132	79,468
Private providers	10,778	15,755
Specific projects funded by the Welsh Government	0	0
Other	596	426
<b>Total</b>	<b>335,625</b>	<b>309,640</b>

**3.3 Expenditure on Hospital and Community Health Services**

	2024-25	2023-24
	£000	£000
Directors' costs	2,548	2,246
Operational Staff costs	826,855	742,212
Single lead employer Staff Trainee Cost	44,947	33,930
Collaborative Bank Staff Cost	0	417
Supplies and services - clinical	181,653	157,374
Supplies and services - general	11,628	10,610
Consultancy Services	678	660
Establishment	20,423	19,646
Transport	1,353	1,282
Premises	34,032	33,110
External Contractors	4,879	4,419
Depreciation	33,830	32,451
Depreciation Right of Use assets (RoU)	4,965	4,084
Amortisation	1,433	1,608
Fixed asset impairments and reversals (Property, plant & equipment)	8,840	12,902
Fixed asset impairments and reversals (RoU Assets)	0	0
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments & reversals of financial assets	0	0
Impairments & reversals of non-current assets held for sale	0	0
Audit fees	410	441
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	(3,704)	(8,421)
Research and Development	5,465	8,860
Expense related to short-term leases	0	0
Expense related to low-value asset leases (excluding short-term leases)	0	0
Other operating expenses	(2,046)	15,849
<b>Total</b>	<b>1,178,189</b>	<b>1,073,680</b>

**3.4 Losses, special payments and irrecoverable debts: charges to operating expenses**

	2024-25	2023-24
	£000	£000
<b>Increase/(decrease) in provision for future payments:</b>		
Clinical negligence;		
Secondary care	18,822	49,577
Primary care	2,009	(68)
Redress Secondary Care	984	334
Redress Primary Care	0	0
Personal injury	976	1,689
All other losses and special payments	55	152
Defence legal fees and other administrative costs	837	1,917
Gross increase/(decrease) in provision for future payments	23,683	53,601
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	0	0
<b>Less: income received/due from Welsh Risk Pool</b>	<b>(27,387)</b>	<b>(62,022)</b>
<b>Total</b>	<b>(3,704)</b>	<b>(8,421)</b>

	2024-25	2023-24
	£	£
Permanent injury included within personal injury £:	(420,000)	(582,000)

#### 4. Miscellaneous Income

	2024-25 £000	2023-24 £000
Local Health Boards	107,585	106,274
NWJCC/ WHSSC and EASC	151,170	143,546
NHS Wales trusts	8,883	6,726
Welsh Special Health Authorities	20,497	18,740
Foundation Trusts	0	0
Other NHS England bodies	2,856	3,071
Other NHS Bodies	4	9
Local authorities	6,983	7,964
Welsh Government	1,520	1,048
Welsh Government Hosted bodies	0	0
Non NHS:		
Prescription charge income	0	0
Dental fee income	3,185	2,598
Private patient income	741	610
Overseas patients (non-reciprocal)	394	162
Injury Costs Recovery (ICR) Scheme	1,007	1,277
Other income from activities	2,940	2,999
Patient transport services	0	0
Education, training and research	9,425	12,949
Charitable and other contributions to expenditure	469	393
Receipt of NWSSP Covid centrally purchased assets	0	0
Receipt of Covid centrally purchased assets from other organisations	0	0
Receipt of donated assets	332	259
Receipt of Government granted assets	983	0
Right of Use Grant (Peppercorn Lease)	175	0
Non-patient care income generation schemes	669	464
NHS Wales Shared Services Partnership (NWSSP)	0	0
Deferred income released to revenue	154	807
Right of Use Asset Sub-leasing rental income	0	0
Contingent rental income from finance leases	0	0
Rental income from operating leases	44	44
Other income:		
Provision of laundry, pathology, payroll services	351	337
Accommodation and catering charges	3,152	2,981
Mortuary fees	171	374
Staff payments for use of cars	5,888	4,900
Business Unit	0	0
Scheme Pays Reimbursement Notional	(123)	(108)
Other	812	1,163
<b>Total</b>	<b>330,267</b>	<b>319,587</b>
<b>Other income Includes;</b>		
Grant income	12	0
Pharmacy and other sales income	39	38
Clinical trial income	163	126
All other income	598	998
Licence Fee Income	0	0
<b>Total</b>	<b>812</b>	<b>1,162</b>

Injury Cost Recovery (ICR) Scheme income

	2024-25 %	2023-24 %
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	24.45	23.07

**5. Investment Revenue**

	2024-25	2023-24
	£000	£000
<b>Rental revenue :</b>		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
<b>Interest revenue :</b>		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

**6. Other gains and losses**

	2024-25	2023-24
	£000	£000
Gain/(loss) on disposal of property, plant and equipment	(107)	10
Gain/(loss) on disposal other than by sale of right of use assets	(1)	(2)
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	5	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
<b>Total</b>	<b>(103)</b>	<b>8</b>

**7. Finance costs**

	2024-25	2023-24
	£000	£000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under Right of Use Leases	991	696
Interest on obligations under PFI contracts;		
main finance cost	3,527	3,606
contingent finance cost	0	0
Impact of IFRS 16 on PPP/PFI contracts	4,450	800
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
<b>Total interest expense</b>	<b>8,968</b>	<b>5,102</b>
Provisions unwinding of discount	109	73
Other finance costs	0	0
<b>Total</b>	<b>9,077</b>	<b>5,175</b>

**8. Future charges to Statement of Comprehensive Net Expenditure (SoCNE)**

**LHB as lessee**

As at 31st March 2025 the Health Board had 447 leases agreements in place; 297 arrangements in respect of equipment, 140 in respect of vehicles, and 10 in respect of land and Buildings.

The periods in which the remaining agreements will expire are shown below:

	2024-25	2024-25	2024-25	2023-24
	Low Value & Short Term	Other	Total	Total
	£000	£000	£000	£000
<b>Payments recognised as an expense</b>				
Minimum lease payments	852	338	1,190	1,724
Contingent rents	0	0	0	0
Sub-lease payments	0	0	0	0
<b>Total</b>	<b>852</b>	<b>338</b>	<b>1,190</b>	<b>1,724</b>
<b>Total future minimum lease payments</b>				
<b>Payable</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Not later than one year	280	300	580	828
Between one and five years	148	366	514	2,030
After 5 years	0	638	638	1,570
<b>Total</b>	<b>428</b>	<b>1,304</b>	<b>1,732</b>	<b>4,428</b>

As a result of the implementation of IFRS 16 the lease figures disclosed relate only to low value and short term leases, in addition to other leases outside the scope of IFRS16.

**LHB as lessor**

	2024-25	2023-24
	£000	£000
<b>Rental revenue</b>		
Rent	44	44
Contingent rents	0	0
<b>Total revenue rental</b>	<b>44</b>	<b>44</b>
<b>Total future minimum lease payments</b>		
<b>Receivable</b>	<b>£000</b>	<b>£000</b>
Not later than one year	180	220
Between one and five years	701	944
After 5 years	63	239
<b>Total</b>	<b>944</b>	<b>1,403</b>

## 9. Employee benefits and staff numbers

9.1 Employee costs	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2023-24
	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	648,140	1,416	11,994	35,219	0	4,907	701,676	638,312
Social security costs	52,950	0	0	4,214	0	784	57,948	52,807
Employer contributions to NHS Pension Scheme	116,821	0	0	5,514	0	0	122,335	97,138
Other pension costs	118	0	0	0	0	0	118	117
Other employment benefits	0	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0	10
<b>Total</b>	<b>818,029</b>	<b>1,416</b>	<b>11,994</b>	<b>44,947</b>	<b>0</b>	<b>5,691</b>	<b>882,077</b>	<b>788,384</b>

Charged to capital							791	645
Charged to revenue							881,286	787,740
							<b>882,077</b>	<b>788,385</b>

Net movement in accrued employee benefits (untaken staff leave) 0 (2,112)

The employer contributions to the NHS Pension Scheme disclosed above include £52.138m (2023-24 £31.9m) of NHS Pension contributions paid by Welsh Government for the twelve month period, 1 April 2024 to 31 March 2025. This has been calculated from actual Welsh Government expenditure for the 9.4% staff employer pension contributions between April 2024 and February 2025 alongside Health Board data for March 2025. This expenditure accounted for by the health board as notional expenditure paid to NHS BSA by Welsh Government has been covered off by notional funding provided to the health board. There is therefore no impact on the health board's Revenue Resource Performance as a result of the inclusion of these notional transactions. Further information is disclosed in Note 34.1.

Included within Note 9.1 above are £230k (2023-24 £241k) of final pay control charges relating to 13 (2023-24, 6) individuals.

The £5,691k (2023-24 £4,055k) other staffing cost in Note 9.1 relates to the cost of temporary staff sourced through the MEDACS managed service contract. These staff are paid via payroll.

### 9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2023-24
	Number	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	2,419	7	18	0	0	0	2,444	2,426
Medical and dental	891	10	20	524	0	63	1,508	1,431
Nursing, midwifery registered	4,183	3	57	0	0	0	4,243	4,180
Professional, Scientific, and technical staff	413	0	1	0	0	0	414	392
Additional Clinical Services	2,621	1	61	0	0	0	2,683	2,682
Allied Health Professions	995	0	13	0	0	0	1,008	934
Healthcare Scientists	360	0	14	0	0	0	374	354
Estates and Ancillary	953	0	10	0	0	0	963	975
Students	0	0	0	0	0	0	0	0
<b>Total</b>	<b>12,835</b>	<b>21</b>	<b>194</b>	<b>524</b>	<b>0</b>	<b>63</b>	<b>13,637</b>	<b>13,374</b>

### 9.3. Retirements due to ill-health

	2024-25	2023-24
Number	18	28
Estimated additional pension costs £	1,277,658	2,066,662

This note discloses the number and additional pension costs for individuals who retired early on ill-health grounds during the year. These additional pension costs have been calculated on an average basis and will be borne by the NHS Pension Scheme.

### 9.4 Employee benefits

Swansea Bay ULHB does not have an employee benefit scheme.

9.5 Reporting of other compensation schemes - exit packages

9.5.1 Exit Packages Costs and Numbers

	2024-25	2024-25	2024-25	2024-25	2023-24
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	5	5	0	14
£10,000 to £25,000	0	3	3	0	2
£25,000 to £50,000	0	6	6	0	2
£50,000 to £100,000	0	0	0	0	2
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>14</b>	<b>14</b>	<b>0</b>	<b>20</b>

	2024-25	2024-25	2024-25	2024-25	2023-24
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£	£	£	£	£
less than £10,000	0	16,687	16,687	0	36,019
£10,000 to £25,000	0	45,832	45,832	0	34,893
£25,000 to £50,000	0	196,895	196,895	0	68,429
£50,000 to £100,000	0	0	0	0	101,614
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>259,414</b>	<b>259,414</b>	<b>0</b>	<b>240,955</b>

<b>Total Exit Costs Paid in Year</b>	<b>Total paid in year</b>	<b>Total paid in year</b>
	<b>2024-25</b>	<b>2023-24</b>
	<b>£</b>	<b>£</b>
Exit costs paid in year	<b>229,863</b>	<b>240,955</b>
<b>Total</b>	<b>229,863</b>	<b>240,955</b>

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS).

£229,863 exit costs were paid in 2024-25 (2023-24, £240,955).

Where the LHB has agreed early retirements, the additional costs are met by the LHB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

**9.5 Reporting of other compensation schemes - exit packages continued**

**9.5.2 Analysis of other departures**

<b>Type of other departures</b>	<b>2024-25 Agreements Number</b>	<b>2024-25 Total value of agreements £</b>
Voluntary redundancies including early retirement contractual costs	14	259414
Contractual payments in lieu of notice*	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring Welsh Government Approval**	0	0
Other please specify	0	0
Other please specify	0	0
<b>Total</b>	<b>14</b>	<b>259414</b>

This disclosure provides detail for the number and value of exit packages agreed in the year.

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 9.5.1 which will be the number of individuals.

There were no non-contractual severance payments made during 2024/25.

**9.6 Fair Pay disclosures**

**9.6.1 Remuneration Relationship**

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

	2024-25 £000 Chief	2024-25 £000 Employee	2024-25 £000 Ratio	2023-24 £000 Chief	2023-24 £000 Employee	2023-24 £000 Ratio
<b>Total pay and benefits</b>	<b>Executive</b>	<b>Employee</b>	<b>Ratio</b>	<b>Executive</b>	<b>Employee</b>	<b>Ratio</b>
25th percentile pay ratio	227	28	8.11:1	223	27	8.26:1
Median pay	227	36	6.31:1	223	34	6.56:1
75th percentile pay ratio	227	49	4.63:1	223	47	4.74:1
<b>Salary component of total pay and benefits</b>						
25th percentile pay ratio	227	28		223	27	
Median pay	227	36		223	34	
75th percentile pay ratio	227	49		223	47	
	<b>Highest Paid Director</b>	<b>Employee</b>	<b>Ratio</b>	<b>Highest Paid Director</b>	<b>Employee</b>	<b>Ratio</b>
<b>Total pay and benefits</b>	<b>Director</b>	<b>Employee</b>	<b>Ratio</b>	<b>Director</b>	<b>Employee</b>	<b>Ratio</b>
25th percentile pay ratio	227	28	8.11:1	223	27	8.26:1
Median pay	227	36	6.31:1	223	34	6.56:1
75th percentile pay ratio	227	49	4.63:1	223	47	4.74:1
<b>Salary component of total pay and benefits</b>						
25th percentile pay ratio	227	28		223	27	
Median pay	227	36		223	34	
75th percentile pay ratio	227	49		223	47	

In 2024-25, 24 (2023-24, 13) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £23,970 to £323,663 (2023-24, £22,720 to £314,381).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

**Financial Year Summary**

The reduction in the ratio of the Chief Executive salary to the 25th percentile, median and 75% percentile is not as great as in previous years due to Non A4C staff and the Chief Executive/other Executive Directors not receiving the 5.5% pay scale increase payment received by A4C staff.

<b>9.6.2 Percentage Changes</b>	<b>2023-24 to 2024-25 %</b>	<b>2022-23 to 2023-24 %</b>
% Change from previous financial year in respect of Chief Executive		
Salary and allowances	1.07%	-0.30%
Performance pay and bonuses	0.00%	0.00%
% Change from previous financial year in respect of highest paid director		
Salary and allowances	1.07%	-0.30%
Performance pay and bonuses	0.00%	0.00%
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	5.51%	5.47%
Performance pay and bonuses	0.00%	0.00%

The health board does not pay any performance pay or other bonuses.

## PENSION COSTS

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of benefits payable and rules of the schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both the 1995/2008 and 2015 schemes are accounted for, and the liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would require NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, FReM requires that “the period between formal valuations shall be four years, with approximate actuarial assessments in intervening years”.

An outline of these follows:

### **a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment of the liability at the end of the previous accounting period in conjunction with updated membership and financial data for the reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The latest valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2024 updated to 31 March 2025 with summary global member and accounting data. In undertaking the actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from the Stationery Office.

### **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rates payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 on pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

**c) National Employment Savings Trust (NEST)**

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2024-25 tax year (2023-24 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1st April 2017.

## 10. Public Sector Payment Policy - Measure of Compliance

### 10.1 Prompt payment code - measure of compliance

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the Health Board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

	2024-25	2024-25	2023-24	2023-24
	Number	£000	Number	£000
<b>NHS</b>				
Total bills paid	5,404	313,634	5,139	236,199
Total bills paid within target	4,504	292,436	4,445	225,050
Percentage of bills paid within target	83.3%	93.2%	86.5%	95.3%
<b>Non-NHS</b>				
Total bills paid	297,249	502,648	314,675	469,951
Total bills paid within target	282,501	468,300	302,538	436,052
Percentage of bills paid within target	95.0%	93.2%	96.1%	92.8%
<b>Total</b>				
Total bills paid	302,653	816,282	319,814	706,150
Total bills paid within target	287,005	760,736	306,983	661,102
Percentage of bills paid within target	94.8%	93.2%	96.0%	93.6%

### 10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2024-25	2023-24
	£	£
Amounts included within finance costs (note 7) from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

11.1 Property, plant and equipment

2024-25

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Cost or valuation at 1 April 2024</b>	39,700	474,359	10,823	28,131	149,366	1,660	41,454	4,459	749,952
Indexation	349	2,494	195	0	0	0	0	0	3,038
Additions									
- purchased	120	699	0	29,758	8,669	0	3,651	392	43,289
- donated	0	0	0	0	221	0	2	108	331
- government granted	0	0	0	886	97	0	0	0	983
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	(100)	36,354	0	(37,347)	519	0	496	0	(78)
Revaluations	(69)	0	0	0	0	0	0	0	(69)
Reversal of impairments	74	6,053	0	0	0	0	0	0	6,127
Impairments	0	(20,376)	0	0	0	0	0	0	(20,376)
Reclassified as held for sale	(1,434)	0	0	0	0	0	0	0	(1,434)
Disposals	(100)	(213)	0	0	(28,363)	(722)	(3,809)	(221)	(33,428)
<b>At 31 March 2025</b>	<b>38,540</b>	<b>499,370</b>	<b>11,018</b>	<b>21,428</b>	<b>130,509</b>	<b>938</b>	<b>41,794</b>	<b>4,738</b>	<b>748,335</b>
<b>Depreciation at 1 April 2024</b>	0	23,985	670	0	100,989	1,230	25,361	2,359	154,594
Indexation	0	432	12	0	0	0	0	0	444
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(5,409)	0	0	0	0	0	0	(5,409)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	(38)	0	0	(28,153)	(722)	(3,809)	(221)	(32,943)
Provided during the year	0	16,317	341	0	11,297	89	5,334	452	33,830
<b>At 31 March 2025</b>	<b>0</b>	<b>35,287</b>	<b>1,023</b>	<b>0</b>	<b>84,133</b>	<b>597</b>	<b>26,886</b>	<b>2,590</b>	<b>150,516</b>
<b>Net book value at 1 April 2024</b>	<b>39,700</b>	<b>450,374</b>	<b>10,153</b>	<b>28,131</b>	<b>48,377</b>	<b>430</b>	<b>16,093</b>	<b>2,100</b>	<b>595,358</b>
<b>Net book value at 31 March 2025</b>	<b>38,540</b>	<b>464,083</b>	<b>9,995</b>	<b>21,428</b>	<b>46,376</b>	<b>341</b>	<b>14,908</b>	<b>2,148</b>	<b>597,819</b>
<b>Net book value at 31 March 2025 comprises :</b>									
Purchased	38,540	460,600	9,995	20,619	44,811	341	14,901	2,040	591,847
Donated	0	2,720	0	0	657	0	7	108	3,492
Government Granted	0	763	0	809	908	0	0	0	2,480
<b>At 31 March 2025</b>	<b>38,540</b>	<b>464,083</b>	<b>9,995</b>	<b>21,428</b>	<b>46,376</b>	<b>341</b>	<b>14,908</b>	<b>2,148</b>	<b>597,819</b>
<b>Asset financing :</b>									
Owned	36,640	397,705	9,995	21,428	46,376	341	14,908	2,148	529,541
On-SoFP MIMS Funded PPP contracts	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	1,900	66,378	0	0	0	0	0	0	68,278
PFI residual interests	0	0	0	0	0	0	0	0	0
<b>At 31 March 2025</b>	<b>38,540</b>	<b>464,083</b>	<b>9,995</b>	<b>21,428</b>	<b>46,376</b>	<b>341</b>	<b>14,908</b>	<b>2,148</b>	<b>597,819</b>

The net book value of land, buildings and dwellings at 31 March 2025 comprises :

	£000
Freehold	512,618
Long Leasehold	0
Short Leasehold	0
	<b>512,618</b>

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account. 0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

**Write Downs**

£14.964m of assets have been written down to depreciated replacement cost following the initial professional valuation on completion of 5 specialised building assets. These are detailed in Note 13 on page 51 of these accounts.

11.1 Property, plant and equipment

2023-24

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost at 31 March bf	40,795	437,749	10,214	38,505	145,297	1,303	47,917	4,566	726,346
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
<b>Cost or valuation at 1 April 2023</b>	<b>40,795</b>	<b>437,749</b>	<b>10,214</b>	<b>38,505</b>	<b>145,297</b>	<b>1,303</b>	<b>47,917</b>	<b>4,566</b>	<b>726,346</b>
Indexation	(1,041)	18,581	609	0	0	0	0	0	18,149
<b>Additions</b>									
- purchased	209	1,032	0	34,507	3,312	357	5,133	201	44,751
- donated	0	0	0	0	258	0	1	0	259
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	6	0	0	0	6
Reclassifications	0	33,450	0	(44,881)	8,711	0	1,399	0	(1,321)
Revaluations	128	(523)	0	0	0	0	0	0	(395)
Reversal of impairments	0	7,538	0	0	0	0	0	0	7,538
Impairments	(221)	(23,469)	0	0	0	0	(32)	0	(23,721)
Reclassified as held for sale	(170)	0	0	0	0	0	0	0	(170)
Disposals	0	0	0	0	(8,218)	0	(12,964)	(308)	(21,490)
<b>At 31 March 2024</b>	<b>39,700</b>	<b>474,359</b>	<b>10,823</b>	<b>28,131</b>	<b>149,366</b>	<b>1,660</b>	<b>41,454</b>	<b>4,459</b>	<b>749,952</b>
Depreciation at 31 March bf	0	12,591	316	0	98,176	1,154	33,464	2,234	147,935
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
<b>Depreciation at 1 April 2023</b>	<b>0</b>	<b>12,591</b>	<b>316</b>	<b>0</b>	<b>98,176</b>	<b>1,154</b>	<b>33,464</b>	<b>2,234</b>	<b>147,935</b>
Indexation	0	751	19	0	0	0	0	0	770
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	(602)	0	0	0	0	0	0	(602)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(4,525)	0	0	0	0	0	0	(4,525)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(8,204)	0	(12,923)	(308)	(21,435)
Provided during the year	0	15,770	335	0	11,017	76	4,820	433	32,451
<b>At 31 March 2024</b>	<b>0</b>	<b>23,985</b>	<b>670</b>	<b>0</b>	<b>100,989</b>	<b>1,230</b>	<b>25,361</b>	<b>2,359</b>	<b>154,594</b>
<b>Net book value at 1 April 2023</b>	<b>40,795</b>	<b>425,158</b>	<b>9,898</b>	<b>38,505</b>	<b>47,121</b>	<b>149</b>	<b>14,453</b>	<b>2,332</b>	<b>578,411</b>
<b>Net book value at 31 March 2024</b>	<b>39,700</b>	<b>450,374</b>	<b>10,153</b>	<b>28,131</b>	<b>48,377</b>	<b>430</b>	<b>16,093</b>	<b>2,100</b>	<b>595,358</b>
<b>Net book value at 31 March 2024 comprises :</b>									
Purchased	39,700	446,995	10,153	28,130	46,638	430	16,075	2,099	590,220
Donated	0	2,682	0	0	609	0	18	0	3,309
Government Granted	0	697	0	0	1,129	0	0	3	1,829
<b>At 31 March 2024</b>	<b>39,700</b>	<b>450,374</b>	<b>10,153</b>	<b>28,130</b>	<b>48,376</b>	<b>430</b>	<b>16,093</b>	<b>2,102</b>	<b>595,358</b>
<b>Asset financing :</b>									
Owned	37,820	385,607	10,153	28,005	48,376	430	16,093	2,102	528,586
On-SoFP PFI contracts	1,880	64,767	0	125	0	0	0	0	66,772
PFI residual interests	0	0	0	0	0	0	0	0	0
<b>At 31 March 2024</b>	<b>39,700</b>	<b>450,374</b>	<b>10,153</b>	<b>28,130</b>	<b>48,376</b>	<b>430</b>	<b>16,093</b>	<b>2,102</b>	<b>595,358</b>

The net book value of land, buildings and dwellings at 31 March 2024 comprises :

	£000
Freehold	500,227
Long Leasehold	0
Short Leasehold	0
	<u>500,227</u>

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account.

0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

**11. Property, plant and equipment (continued)****Disclosures:****Disclosures:****i) Donated Assets**

The majority of donated assets were purchased from SBU Charitable funds.

**ii) Valuations**

The LHBs land and Buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

The LHB is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

**iii) Asset Lives**

Depreciated as follows:

Land is not depreciated.

Building asset lives are as determined by the District Valuer and range from 2 to 84.

Equipment assets are allocated lives on based on the professional judgement and past experience of clinicians, finance staff and other Health Board professionals. The appropriateness of these lives is reviewed regularly

Medical Equipment range from 5 to 15 Years

Non-clinical Equipment - 5 Years

Vehicles - 7 Years

Furniture - 10 Years

IMT Hardware & Software - 5 years or reflects contract life for some software assets

**iv) Compensation**

There has/has not been no compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

**v) Write Downs**

There has been one DEL impairment for the following scheme which is not continuing:

- Ystalyfera Clinic - £0.004m

**vi)** The LHB does/does not hold any property where the value is materially different from its open market value.

**vii) Assets Held for Sale or sold in the period.**

There are assets held for sale or sold in the period. They are:

Assest Held for Sale

- Morriston Land

Assets Sold

- Cymmer Health Centre

The following assets were valued on completion by the District Valuer:

Sapphire Suite SA1 (SARC) - April 2024

Environmental Modernisation Phase 2 - Sub Station 6 - July 2024

Catheter Lab A Replacement, Morriston - October 2024

Burns, Morriston - October 2024

Tawe Reversion - January 2025

**viii) IFRS 13 Fair value measurement**

There are no assets requiring Fair Value measurement under IFRS 13.

**11. Property, plant and equipment****11.2 Non-current assets held for sale**

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
<b>Balance brought forward 1 April 2024</b>	170	0	0	0	0	170
Plus assets classified as held for sale in the year	1,434	0	0	0	0	1,434
Revaluation	0	0	0	0	0	0
Less assets sold in the year	(170)	0	0	0	0	(170)
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
<b>Balance carried forward 31 March 2025</b>	<b>1,434</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,434</b>
<b>Balance brought forward 1 April 2023</b>	0	0	0	0	0	0
Plus assets classified as held for sale in the year	170	0	0	0	0	170
Revaluation	0	0	0	0	0	0
Less assets sold in the year	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
<b>Balance carried forward 31 March 2024</b>	<b>170</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>170</b>

11.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings within the note. Most are individually insignificant, however, ten are significant in their own right:

- Briton Ferry PCC (GP1 Premises) held under land and buildings NBV at 31 March 2025 £1,100k; - Briton Ferry PCC (GP2 Premises) held under land and buildings NBV at 31 March 2025 £1,004k
- Mayhill PCC held under land and buildings NBV at 31 March 2025 £1,123k; - Port Talbot Resource Centre held under land and buildings NBV at 31 March 2025 £1,544k
- Vale of Neath PCC (GP2 Premises) held under land and buildings NBV at 31 March 2025 £2,483k; - NPT Modular Orthopaedic Theatres held under land and buildings NBV at 31 March 2025 £13,036k
- Pontardawe PCC held under land and buildings NBV at 31 March 2025 £1,030k; - Health Records Facility held under land and buildings NBV at 31 March 2025 £4,081k
- Surgical Robot held under plant and machinery NBV at 31 March 2025 £2,386k; - Renal Dialysis unit - Bridgend held under land and buildings NBV at 31 March 2025 £1,068k

	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>2024-25</b>									
<b>Cost or valuation at 1 April 2024</b>	0	31,962	0	0	3,791	887	1,101	0	37,741
Additions	0	7,199	0	0	4,200	95	198	0	11,692
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	(25)	0	0	(25)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	(147)	(53)	0	(200)
<b>At 31 March 2025</b>	<b>0</b>	<b>39,161</b>	<b>0</b>	<b>0</b>	<b>7,991</b>	<b>810</b>	<b>1,246</b>	<b>0</b>	<b>49,208</b>
<b>Depreciation at 1 April 2024</b>	0	4,674	0	0	1,062	433	303	0	6,472
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	(11)	0	0	(11)
Reclassifications	0	0	0	0	(251)	0	251	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	(147)	(53)	0	(200)
Provided during the year	0	3,394	0	0	1,099	218	252	0	4,963
<b>At 31 March 2025</b>	<b>0</b>	<b>8,068</b>	<b>0</b>	<b>0</b>	<b>1,910</b>	<b>493</b>	<b>753</b>	<b>0</b>	<b>11,224</b>
<b>Net book value at 1 April 2024</b>	<b>0</b>	<b>27,288</b>	<b>0</b>	<b>0</b>	<b>2,729</b>	<b>454</b>	<b>798</b>	<b>0</b>	<b>31,269</b>
<b>Net book value at 31 March 2025</b>	<b>0</b>	<b>31,093</b>	<b>0</b>	<b>0</b>	<b>6,081</b>	<b>317</b>	<b>493</b>	<b>0</b>	<b>37,984</b>
<b>RoU Asset Total Value Split by Lessor</b>									
<b>Lessor</b>	<b>Land £000</b>	<b>Land &amp; buildings £000</b>	<b>Buildings £000</b>	<b>Dwellings £000</b>	<b>Plant and machinery £000</b>	<b>Transport equipment £000</b>	<b>Information technology £000</b>	<b>Furniture &amp; fittings £000</b>	<b>Total £000</b>
NHS Wales Peppercom Leases	0	27	0	0	0	0	0	0	27
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Peppercom Leases	0	202	0	0	0	0	0	0	202
Other Public Sector Market Value Leases	0	0	0	0	0	0	0	0	0
Private Sector Peppercom Leases	0	788	0	0	0	0	0	0	788
Private Sector Market Value Leases	0	30,076	0	0	6,081	317	493	0	36,967
<b>Total</b>	<b>0</b>	<b>31,093</b>	<b>0</b>	<b>0</b>	<b>6,081</b>	<b>317</b>	<b>493</b>	<b>0</b>	<b>37,984</b>

11.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings below. Most are individually insignificant, however, six are significant in their own right:

- Briton Ferry PCC (GP1 Premises) held under land and buildings NBV at 31 March 2024 £1,203k
- Briton Ferry PCC (GP2 Premises) held under land and buildings NBV at 31 March 2024 £1,099k
- Mayhill PCC held under land and buildings NBV at 31 March 2024 £1,209k
- Port Talbot Resource Centre held under land and buildings NBV at 31 March 2024 £1,895k
- Vale of Neath PCC (GP2 Premises) held under land and buildings NBV at 31 March 2024 £2,656k
- NPT Modular Orthopaedic Theatres held under land and buildings NBV at 31 March 2024 £13,969k

	Land	Land & buildings	Buildings	Dwellings	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
2023-24	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 31 March 2023</b>	0	16,224	0	0	1,250	903	1,101	0	19,478
Lease prepayments in relation to RoU Assets	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
<b>Cost or valuation at 1 April 2023</b>	0	16,224	0	0	1,250	903	1,101	0	19,478
Additions	0	16,158	0	0	2,616	121	0	0	18,895
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	-420	0	0	0	0	0	0	-420
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	-75	-137	0	0	-212
<b>At 31 March 2024</b>	0	31,962	0	0	3,791	887	1,101	0	37,741
<b>Depreciation at 31 March 2023</b>	0	1,686	0	0	398	315	277	0	2,676
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
<b>Depreciation at 1 April 2023</b>	0	1,686	0	0	398	315	277	0	2,676
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	-77	0	0	0	0	0	0	-77
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	-75	-137	0	0	-212
Provided during the year	0	3,065	0	0	739	255	26	0	4,085
<b>At 31 March 2024</b>	0	4,674	0	0	1,062	433	303	0	6,472
<b>Net book value at 1 April 2023</b>	0	14,538	0	0	852	588	824	0	16,802
<b>Net book value at 31 March 2024</b>	0	27,288	0	0	2,729	454	798	0	31,269
<b>RoU Asset Total Value Split by Lessor</b>									
<b>Lessor</b>									
	Land	Land & buildings	Buildings	Dwellings	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
NHS Wales Peppercorn Leases	0	0	0	0	0	0	0	0	0
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Peppercorn Leases	0	937	0	0	0	0	0	0	937
Other Public Sector Market Value Leases	0	0	0	0	0	0	0	0	0
Private Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Private Sector Market Value Leases	0	26,351	0	0	2,729	454	798	0	30,332
<b>Total</b>	0	27,288	0	0	2,729	454	798	0	31,269

11.3 Right of Use Assets continued

Quantitative disclosures

	2024-25	2024-25	2024-25	2024-25	2023-24
	Land	Buildings	Other	Total	Total
	£000	£000	£000	£000	£000
<b>Maturity analysis</b>					
<b>Contractual undiscounted cash flows relating to lease liabilities</b>					
Less than 1 year	0	3,893	1,534	5,427	4,508
2-5 years	0	14,454	4,327	18,781	14,842
> 5 years	0	16,058	2,084	18,142	14,444
Less finance charges allocated to future periods	0	-4,788	-1,041	-5,829	-3,512
<b>Total</b>	<b>0</b>	<b>29,617</b>	<b>6,904</b>	<b>36,521</b>	<b>30,281</b>
<b>Lease Liabilities (net of irrecoverable VAT)</b>				<b>2024-25</b>	<b>2023-24</b>
Current				4,357	3,817
Non-Current				32,164	26,465
<b>Total</b>				<b>36,521</b>	<b>30,282</b>
<b>Amounts Recognised in Statement of Comprehensive Net Expenditure</b>				<b>2024-25</b>	<b>2023-24</b>
Depreciation				4,965	4,084
Impairment				0	0
Variable lease payments not included in lease liabilities - Interest expense				991	696
Sub-leasing income				0	0
Expense related to short-term leases				0	0
Expense related to low-value asset leases (excluding short-term leases)				0	0
<b>Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT )</b>					
Interest expense				(991)	(696)
Repayments of principal on leases				(4,413)	(4,267)
<b>Total</b>				<b>(5,404)</b>	<b>(4,963)</b>

## 12. Intangible non-current assets

### 2024-25

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2024	13,478	0	1,108	0	0	0	14,586
Revaluation	0	0	0	0	0	0	0
Reclassifications	78	0	0	0	0	0	78
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	383	0	0	0	0	43	426
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Gross cost at 31 March 2025</b>	<b>13,939</b>	<b>0</b>	<b>1,108</b>	<b>0</b>	<b>0</b>	<b>43</b>	<b>15,090</b>
Amortisation at 1 April 2024	11,482	0	117	0	0	0	11,599
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	1,286	0	147	0	0	0	1,433
Reclassified as held for sale	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Amortisation at 31 March 2025</b>	<b>12,768</b>	<b>0</b>	<b>264</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13,032</b>
<b>Net book value at 1 April 2024</b>	<b>1,996</b>	<b>0</b>	<b>991</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,987</b>
<b>Net book value at 31 March 2025</b>	<b>1,171</b>	<b>0</b>	<b>844</b>	<b>0</b>	<b>0</b>	<b>43</b>	<b>2,058</b>
<b>NBV at 31 March 2025</b>							
Purchased	1,171	0	844	0	0	43	2,058
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
<b>Total at 31 March 2025</b>	<b>1,171</b>	<b>0</b>	<b>844</b>	<b>0</b>	<b>0</b>	<b>43</b>	<b>2,058</b>

**12. Intangible non-current assets  
2023-24**

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 1 April 2023</b>	<b>13,200</b>	<b>0</b>	<b>1,029</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14,229</b>
Revaluation	0	0	0	0	0	0	0
Reclassifications	1,321	0	0	0	0	0	1,321
Reversal of impairments	0	0	0	0	0	0	0
Impairments	(1,244)	0	0	0	0	0	(1,244)
Additions- purchased	252	0	233	0	0	0	485
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0
Disposals	(51)	0	(154)	0	0	0	(205)
<b>Gross cost at 31 March 2024</b>	<b>13,478</b>	<b>0</b>	<b>1,108</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14,586</b>
Amortisation at 31 March bf	10,079	0	117	0	0	0	10,196
NHS Wales Transfers	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0
<b>Amortisation at 1 April 2023</b>	<b>10,079</b>	<b>0</b>	<b>117</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10,196</b>
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	1,608	0	0	0	0	0	1,608
Reclassified as held for sale	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0
Disposals	(205)	0	0	0	0	0	(205)
<b>Amortisation at 31 March 2024</b>	<b>11,482</b>	<b>0</b>	<b>117</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,599</b>
<b>Net book value at 1 April 2023</b>	<b>3,121</b>	<b>0</b>	<b>912</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,033</b>
<b>Net book value at 31 March 2024</b>	<b>1,996</b>	<b>0</b>	<b>991</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,987</b>
<b>NBV at 31 March 2024</b>							
Purchased	1,996	0	991	0	0	0	2,987
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
<b>Total at 31 March 2024</b>	<b>1,996</b>	<b>0</b>	<b>991</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,987</b>

## Additional Disclosures re Intangible Assets

### Disclosures:

#### i) Donated Assets

Swansea Bay University LHB has not received any donated intangible assets during the year.

#### ii) Recognition

Intangible assets acquired separately are initially recognised at fair value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred to date when the criteria for recognising internally generated assets has been met (see accounting policy 1.7 for criteria).

#### iii) Asset Lives

The useful economic life of Intangible non-current assets are assigned on an individual asset basis. Software is generally assigned a 5 year UEL and the UEL of internally generated software is based on the professional judgement of LHB professionals and Finance staff.

#### iv) Additions during the period

Additions during 2024/25 related to software and licenses.

#### v) Disposals during the period

There were no Disposals during 2024/25 related to software and licenses.

#### vi) Transfers into other NHS Bodies

Swansea Bay University LHB has not received any intangible assets transferred from another NHS body.

### 13 . Impairments

	2024-25 Property, plant & equipment £000	2024-25 Right of Use Assets £000	2024-25 Intangible assets £000	2024-25 Held for sale assets £000	2024-25 Financial Assets £000	2024-25 Total Asset Impairment £000
Impairments arising from :						
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment in the course of construction	4	0	0	0	0	4
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	69	0	0	0	0	69
Others (specify)	14,963	0	0	0	0	14,963
Reversal of Impairments	(6,127)	0	0	0	0	(6,127)
<b>Total of all impairments</b>	<b>8,909</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,909</b>

#### Analysis of impairments charged to reserves in year :

Impairments charged to the Statement of Comprehensive Net Expenditure	8,840	0	0	0	0	8,840
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	69	0	0	0	0	69
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
<b>Total</b>	<b>8,909</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,909</b>

	2023-24 Property, plant & equipment £000	2023-24 Right of Use Assets £000	2023-24 Intangible assets £000	2023-24 Held for sale assets £000	2023-24 Financial Assets £000	2023-24 Total Asset Impairment £000
Impairments arising from :						
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment in the course of construction	4	0	1,244	0	0	1,248
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	191	0	0	0	0	191
Others (specify)	18,948	0	0	0	0	18,948
Reversal of Impairments	(7,317)	0	0	0	0	(7,317)
<b>Total of all impairments</b>	<b>11,826</b>	<b>0</b>	<b>1,244</b>	<b>0</b>	<b>0</b>	<b>13,070</b>

#### Analysis of impairments charged to reserves in year :

Impairments charged to the Statement of Comprehensive Net Expenditure	11,659	0	1,244	0	0	12,903
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	166	0	0	0	0	166
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
<b>Total</b>	<b>11,825</b>	<b>0</b>	<b>1,244</b>	<b>0</b>	<b>0</b>	<b>13,069</b>

The impairment losses disclosed in Note 13 as "other" comprise

**£14.964m for the write down to depreciated replacement cost following the initial professional valuation on completion**

**of 5 specialised building assets as detailed below;**

- Sapphire Suite SA1 (SARC)	£0.374m
- Environmental Modernisation Phase 2 - Sub Station 6	£9.262m
- Catheter Lab A Replacement, Morriston	£0.964m
- Burns, Morriston	£4.015m
- Tawe Reversion	£0.349m

**14.1 Inventories**

	<b>31 March</b>	31 March
	<b>2025</b>	2024
	<b>£000</b>	£000
Drugs	6,592	5,855
Consumables	5,886	6,015
Energy	408	394
Work in progress	0	0
Other	0	0
<b>Total</b>	<b>12,886</b>	<b>12,264</b>
Of which held at realisable value	<b>0</b>	<b>0</b>

Note 14.1 discloses the stock values held at 31st March 2025. Where stock is counted manually stock takes are undertaken throughout February and March in order to ensure that stock valuations are available at the balance sheet date due to the time taken to price the items of stock counted.

In line with the 2015-16 guidance Note 14.2 only relates to Health bodies that purchase assets to sell and as such does not apply to the Health Board.

**14.2 Inventories recognised in expenses**

	<b>31 March</b>	31 March
	<b>2025</b>	2024
	<b>£000</b>	£000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

In line with the 2015-16 guidance Note 14.2 only relates to Health bodies that purchase assets to sell and as such does not apply to the Health Board. In line with the 2015-16 guidance Note 14.2 only relates to Health bodies that purchase assets to sell and as such does not apply to the Health Board.

**15. Trade and other Receivables**

<b>Current</b>	<b>31 March 2025 £000</b>	31 March 2024 £000
Welsh Government	1,962	1,376
NWJCC/ WHSSC and EASC	796	5,087
Welsh Health Boards	10,025	5,824
Welsh NHS Trusts	2,621	2,436
Welsh Special Health Authorities	815	1,407
Non - Welsh Trusts	723	454
Other NHS	195	214
2019-20 Scheme Pays - Welsh Government Reimbursement	87	3
<b>Welsh Risk Pool Claim reimbursement</b>		
NHS Wales Secondary Health Sector	63,655	62,693
NHS Wales Primary Sector FLS Reimbursement	2,351	263
NHS Wales Redress	1,530	1,131
Other	0	0
Local Authorities	966	1,900
Capital receivables - Tangible	0	0
Capital receivables - Intangible	0	0
Other receivables	10,531	10,101
Provision for irrecoverable debts	(3,102)	(2,282)
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	9,004	9,486
Other accrued income	164	185
<b>Sub total</b>	<b>102,323</b>	<b>100,278</b>
<b>Non-current</b>		
Welsh Government	0	0
NWJCC/WHSSC and EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	743	966
<b>Welsh Risk Pool Claim reimbursement;</b>		
NHS Wales Secondary Health Sector	148,023	141,720
NHS Wales Primary Sector FLS Reimbursement	26	13
NHS Wales Redress	3	0
Other	0	0
Local Authorities	0	0
Capital receivables - Tangible	0	0
Capital receivables - Intangible	0	0
Other receivables	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	0	0
Other accrued income	0	0
<b>Sub total</b>	<b>148,795</b>	<b>142,699</b>
<b>Total</b>	<b>251,118</b>	<b>242,977</b>

The majority of trade is with other NHS bodies. As NHS bodies are funded by Welsh Government, no credit scoring of them is considered necessary.

The value of trade receivables that are past their payment date but not impaired is £15.692m (£16.376m in 2023-24).

**15. Trade and other Receivables (continued)****Receivables past their due date but not impaired**

	<b>31 March 2025 £000</b>	<b>31 March 2024 £000</b>
By up to three months	14,341	15,519
By three to six months	345	397
By more than six months	1,006	460
	<b>15,692</b>	<b>16,376</b>

**Expected Credit Losses (ECL) / Provision for impairment of receivables**

Balance at 1 April	(2,282)	(2,326)
Transfer to other NHS Wales body	0	0
Amount written off during the year	6	119
Amount recovered during the year	1	3
(Increase) / decrease in receivables impaired	(827)	(78)
Bad debts recovered during year	0	0
Balance at 31 March	<b>(3,102)</b>	<b>(2,282)</b>

In determining whether a debt should be impaired, consideration is given to the age of the debt, historic collectability rates and the results of actions already taken including referral to the Health Board's credit agencies.

**Receivables VAT**

Trade receivables	2,506	4,052
Other	0	0
Total	<b>2,506</b>	<b>4,052</b>

## 16. Other Financial Assets

	Current		Non-current	
	31 March	31 March	31 March	31 March
	2025	2024	2025	2024
	£000	£000	£000	£000
<b>Financial assets</b>				
Shares and equity type investments				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Deposits	0	0	0	0
Loans	0	0	0	0
Derivatives	0	0	0	0
Other (Specify)				
Right of Use Asset Finance Sublease	0	0	0	0
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

RoU Sub-leasing income Recognised in Statement of Comprehensive Net Expenditure	2024-25	2023-24
RoU Sub-leasing income	0	0

## 17. Cash and cash equivalents

	2024-25	2023-24
	£000	£000
Balance at 1 April	2,824	2,859
Net change in cash and cash equivalent balances	620	(35)
Balance at 31 March	<b>3,444</b>	<b>2,824</b>
Made up of:		
Cash held at GBS	3,220	2,725
Commercial banks	0	0
Cash in hand	224	99
<b>Cash and cash equivalents as in Statement of Financial Position</b>	<b>3,444</b>	<b>2,824</b>
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
<b>Cash and cash equivalents as in Statement of Cash Flows</b>	<b>3,444</b>	<b>2,824</b>

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

Lease Liabilities (ROUA) £4.414m  
 Lease Liabilities (short-term and low value leases) £0  
 PFI liabilities: £7.057m

The movement relates to cash, no comparative information is required by IAS 7 in 2024-25.

**18. Trade and other payables**

Current	31 March	31 March
	2025	2024
	£000	£000
Welsh Government	1	59
NWJCC/WHSSC and EASC	1,593	2,473
Welsh Health Boards	3,426	3,042
Welsh NHS Trusts	3,919	4,386
Welsh Special Health Authorities	25	38
Other NHS	3,275	2,048
Taxation and social security payable / refunds	8,099	7,511
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	110	94
Other taxes payable to HMRC	1	0
NI contributions payable to HMRC	7,877	7,857
Non-NHS payables - Revenue	22,817	37,746
Local Authorities	483	1,186
Capital payables- Tangible	9,709	1,778
Capital payables- Intangible	(122)	281
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	4,357	3,817
Obligations under finance leases, HP contracts		
Imputed finance lease element of on SoFP PFI contracts	6,543	3,755
Impact of IFRS 16 on SoFP PFI contracts	1,422	1,488
Pensions: staff	10,962	10,019
Non NHS Accruals	113,817	110,924
Deferred Income:		
Deferred Income brought forward	240	876
Deferred Income Additions	1,239	171
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	(154)	(807)
Other creditors	82	162
PFI assets –deferred credits	0	0
Payments on account	0	0
<b>Sub Total</b>	<b>199,721</b>	<b>198,904</b>
<b>Non-current</b>		
Welsh Government	0	0
NWJCC/WHSSC and EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Other NHS	0	0
Taxation and social security payable / refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS payables - Revenue	0	0
Local Authorities	0	0
Capital payables- Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	32,164	26,465
Obligations under finance leases, HP contracts		
Imputed finance lease element of on SoFP PFI contracts	45,454	49,588
Impact of IFRS 16 on SoFP PFI contracts	3,478	4,673
Pensions: staff	0	0
Non NHS Accruals	381	0
Deferred Income :		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
<b>Sub Total</b>	<b>81,477</b>	<b>80,726</b>
<b>Total</b>	<b>281,198</b>	<b>279,630</b>

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

The table showing "Amounts falling due more than one year" has been restated for 2023/24, to ensure that it reflects the total Non Current Liabilities shown on this page

**18. Trade and other payables (continued).**

<b>Amounts falling due more than one year are expected to be settled as follows:</b>	<b>31 March</b>	<b>31 March</b>
	<b>2025</b>	<b>2024</b>
	<b>£000</b>	<b>£000</b>
Between one and two years	<b>13,279</b>	11,150
Between two and five years	<b>48,338</b>	39,530
In five years or more	<b>19,860</b>	30,047
Sub-total	<b>81,477</b>	80,727

**19. Other financial liabilities**

<b>Financial liabilities</b>	<b>Current</b>		<b>Non-current</b>	
	<b>31 March</b>	<b>31 March</b>	<b>31 March</b>	<b>31 March</b>
	<b>2025</b>	<b>2024</b>	<b>2025</b>	<b>2024</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Financial Guarantees:				
At amortised cost	<b>0</b>	0	<b>0</b>	0
At fair value through SoCNE	<b>0</b>	0	<b>0</b>	0
Derivatives at fair value through SoCNE	<b>0</b>	0	<b>0</b>	0
Other:				
At amortised cost	<b>0</b>	0	<b>0</b>	0
At fair value through SoCNE	<b>0</b>	0	<b>0</b>	0
<b>Total</b>	<b>0</b>	0	<b>0</b>	0

20. Provisions

	At 1 April 2024	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2025
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Current</b>									
Clinical negligence-									
Secondary care	44,821	0	(1,452)	(5,187)	13,742	(6,164)	(11,529)	0	34,231
Primary care	40	0	0	(30)	2,039	(112)	0	0	1,937
Redress Secondary care	709	0	(207)	0	1,177	(386)	(196)	0	1,097
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	656	0	0	268	750	(698)	(37)	108	1,047
All other losses and special payments	0	0	0	0	55	(55)	0	0	0
Defence legal fees and other administration	1,675	0	0	379	1,416	(1,015)	(740)		1,715
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	37			3	37	(39)	(1)	1	38
2019-20 Scheme Pays - Reimbursement	33			0	70	(16)	0	0	87
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	152	0	0	0	152
Other Capital Provisions	0			0	0	0	0	0	0
Other	5,111		0	0	1,795	(1,719)	(1,911)		3,276
<b>Total</b>	<b>53,082</b>	<b>0</b>	<b>(1,659)</b>	<b>(4,567)</b>	<b>21,233</b>	<b>(10,204)</b>	<b>(14,414)</b>	<b>109</b>	<b>43,580</b>

**Non Current**

Clinical negligence-									
Secondary care	139,007	(11,918)	(7,588)	5,187	41,266	(7,365)	(12,739)	0	145,850
Primary care	0	0	0	30	0	0	(30)	0	0
Redress Secondary care	0	0	0	0	3	0	0	0	3
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	4,063	0	0	(268)	263	0	0	0	4,058
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	3,041	0	0	(379)	563	(387)	(402)		2,436
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	10			(3)	1	0	0	0	8
2019-20 Scheme Pays - Reimbursement	936			0	0	0	(193)	0	743
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	250			0	700	0	0	0	950
Other Capital Provisions	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
<b>Total</b>	<b>147,307</b>	<b>(11,918)</b>	<b>(7,588)</b>	<b>4,567</b>	<b>42,796</b>	<b>(7,752)</b>	<b>(13,364)</b>	<b>0</b>	<b>154,048</b>

**TOTAL**

Clinical negligence-									
Secondary care	183,828	(11,918)	(9,040)	0	55,008	(13,529)	(24,268)	0	180,081
Primary care	40	0	0	0	2,039	(112)	(30)	0	1,937
Redress Secondary care	709	0	(207)	0	1,180	(386)	(196)	0	1,100
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	4,719	0	0	0	1,013	(698)	(37)	108	5,105
All other losses and special payments	0	0	0	0	55	(55)	0	0	0
Defence legal fees and other administration	4,716	0	0	0	1,979	(1,402)	(1,142)		4,151
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	47			0	38	(39)	(1)	1	46
2019-20 Scheme Pays - Reimbursement	969			0	70	(16)	(193)	0	830
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	250			0	852	0	0	0	1,102
Other Capital Provisions	0			0	0	0	0	0	0
Other	5,111		0	0	1,795	(1,719)	(1,911)		3,276
<b>Total</b>	<b>200,389</b>	<b>(11,918)</b>	<b>(9,247)</b>	<b>0</b>	<b>64,029</b>	<b>(17,956)</b>	<b>(27,778)</b>	<b>109</b>	<b>197,628</b>

**Expected timing of cash flows:**

	In year to 31 March 2026	Between 1 April 2026 and 31 March 2030	Thereafter	Total
				£000
Clinical negligence-				
Secondary care	34,231	145,850	0	180,081
Primary care	1,937	0	0	1,937
Redress Secondary care	1,097	3	0	1,100
Redress Primary care	0	0	0	0
Personal injury	1,047	1,862	2,196	5,105
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	1,715	2,436	0	4,151
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	38	8	0	46
2019-20 Scheme Pays - Reimbursement	87	168	575	830
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	152	0	950	1,102
Other Capital Provisions	0	0	0	0
Other	3,276	0	0	3,276
<b>Total</b>	<b>43,580</b>	<b>150,327</b>	<b>3,721</b>	<b>197,628</b>

20. Provisions (continued)

	At 1 April 2023	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2024
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Current</b>									
Clinical negligence:-									
Secondary care	23,994	0	(1,272)	24,756	13,949	(6,665)	(9,941)	0	44,821
Primary care	268	0	0	0	35	(160)	(103)	0	40
Redress Secondary care	593	0	(72)	2	558	(148)	(224)	0	709
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	769	0	(70)	148	393	(622)	(34)	72	656
All other losses and special payments	0	0	0	0	152	(152)	0	0	0
Defence legal fees and other administration	1,693	0	0	388	1,501	(926)	(981)		1,675
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	36			3	39	(39)	(3)	1	37
2019-20 Scheme Pays - Reimbursement	10			0	50	(27)	0	0	33
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	2,488		(407)	0	4,885	(406)	(1,449)		5,111
<b>Total</b>	<b>29,851</b>	<b>0</b>	<b>(1,821)</b>	<b>25,297</b>	<b>21,562</b>	<b>(9,145)</b>	<b>(12,735)</b>	<b>73</b>	<b>53,082</b>
<b>Non Current</b>									
Clinical negligence:-									
Secondary care	121,369	0	(1,529)	(24,756)	56,328	(1,646)	(10,759)	0	139,007
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	2	0	0	(2)	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	3,813	0	0	(148)	1,679	(932)	(349)	0	4,063
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	2,332	0	0	(388)	1,668	(300)	(271)		3,041
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	12			(3)	1	0	0	0	10
2019-20 Scheme Pays - Reimbursement	1,094			0	0	0	(158)	0	936
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	250	0	0	0	250
Other Capital Provisions	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
<b>Total</b>	<b>128,622</b>	<b>0</b>	<b>(1,529)</b>	<b>(25,297)</b>	<b>59,926</b>	<b>(2,878)</b>	<b>(11,537)</b>	<b>0</b>	<b>147,307</b>
<b>TOTAL</b>									
Clinical negligence:-									
Secondary care	145,363	0	(2,801)	0	70,277	(8,311)	(20,700)	0	183,828
Primary care	268	0	0	0	35	(160)	(103)	0	40
Redress Secondary care	595	0	(72)	0	558	(148)	(224)	0	709
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	4,582	0	(70)	0	2,072	(1,554)	(383)	72	4,719
All other losses and special payments	0	0	0	0	152	(152)	0	0	0
Defence legal fees and other administration	4,025	0	0	0	3,169	(1,226)	(1,252)		4,716
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	48			0	40	(39)	(3)	1	47
2019-20 Scheme Pays - Reimbursement	1,104			0	50	(27)	(158)	0	969
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	250	0	0	0	250
Other Capital Provisions	0			0	0	0	0	0	0
Other	2,488		(407)	0	4,885	(406)	(1,449)		5,111
<b>Total</b>	<b>158,473</b>	<b>0</b>	<b>(3,350)</b>	<b>0</b>	<b>81,488</b>	<b>(12,023)</b>	<b>(24,272)</b>	<b>73</b>	<b>200,389</b>

## 21. Contingencies

### 21.1 Contingent liabilities

	2024-25 £'000	2023-24 £'000
Provisions have not been made in these accounts for the following amounts :		
Legal claims for alleged medical or employer negligence:-		
Secondary care	123,637	148,238
Primary care	1,729	889
Redress Secondary care	0	0
Redress Primary care	0	0
Doubtful debts	0	0
Equal Pay costs	0	0
Defence costs	2,554	3,293
Continuing Health Care costs	380	189
Other	0	0
Total value of disputed claims	<u>128,300</u>	<u>152,610</u>
Amounts (recovered) in the event of claims being successful	<u>(125,170)</u>	<u>(149,708)</u>
<b>Net contingent liability</b>	<b><u>3,130</u></b>	<b><u>2,901</u></b>

**21.2 Remote Contingent liabilities**

	<b>2024-25</b>	2023-24
	<b>£000</b>	£000
Guarantees	<b>0</b>	0
Indemnities	<b>199</b>	141
Letters of Comfort	<b>0</b>	0
	<hr/>	<hr/>
<b>Total</b>	<b>199</b>	<b>141</b>

**21.3 Contingent assets**

	<b>2024-25</b>	2023-24
	<b>£000</b>	£000
	<b>0</b>	0
	<hr/>	<hr/>
<b>Total</b>	<b>0</b>	<b>0</b>

**22. Capital commitments****Contracted capital commitments at 31 March**

The disclosure of future capital commitments not already disclosed as liabilities in the accounts.

	<b>2024-25</b>	2023-24
	<b>£000</b>	£000
Property, plant and equipment	<b>6,834</b>	7,035
Right of Use Assets	<b>0</b>	0
Intangible assets	<b>0</b>	0
	<hr/>	<hr/>
<b>Total</b>	<b>6,834</b>	<b>7,035</b>

## 23. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, the payments in this note for settlement and claimant costs are prepared on a cash basis.

### Gross loss to the Exchequer

#### 23.1 Number of cases and associated amounts paid out during the financial year

	Amounts paid out during period to 31 March 2025	
	Number of cases	£
Clinical negligence:-		
Secondary Care	90	13,529,428
Primary Care	3	112,000
Redress Secondary Care	68	386,501
Redress Primary Care	0	0
Personal injury	13	698,116
All other losses and special payments	187	55,391
<b>Total</b>	<b>361</b>	<b>14,781,436</b>

#### 23.2 Analysis of number of cases and associated amounts paid out during the financial year

L&R Case reference number	Case Type	In year cases in excess of £300,000		Cumulative amount
		Number of cases	£	
<b>Cases in excess of £300,000:</b>	<b>Case Number</b>			
23RYMMN0082	MN/102/6768/ROD	1	395,050	422,050
22RYMMN0045	MN/102/6244/TT	1	500,000	630,000
20RYMMN0133	MN/102/5665/FEW	1	359,549	359,549
19RYMMN0048	MN/102/5293	1	350,000	688,970
14RYMMN0034	MN/102/2790/LRW	1	5,638,719	8,310,000
13RYMMN0247	MN/102/0306/TT	1	490,625	2,452,000
18RYMMN0148	MN/102/5743/RAB	1	450,081	515,081
		<b>Number of cases</b>	<b>£</b>	<b>£</b>
<b>Sub-total</b>		<b>7</b>	<b>8,184,024</b>	<b>13,377,650</b>
<b>All other cases paid in year</b>		<b>354</b>	<b>6,597,412</b>	<b>19,136,368</b>
<b>Total cases paid in year</b>		<b>361</b>	<b>14,781,436</b>	<b>32,514,018</b>

#### 23.3 Analysis of number of cases and associated amounts where no payments were made in financial year

	No. of cases	£
Cumulative amount up to £300k	703	26,627,590
Cumulative amount greater than £300k	62	80,354,834
<b>Total</b>	<b>765</b>	<b>106,982,424</b>

24. Right of Use lease obligations

24.1 Obligations (as lessee)

Amounts payable under right of use asset leases:

2024-25

	LAND	BUILDINGS	OTHER	TOTAL
	31 March	31 March	31 March	31 March
	2025	2025	2025	2025
	£000	£000	£000	£000
<b>Minimum lease payments</b>				
Within one year	0	3,893	1,534	5,427
Between one and five years	0	14,454	4,327	18,781
After five years	0	16,058	2,084	18,142
Less finance charges allocated to future periods	0	(4,788)	(1,041)	(5,829)
<b>Minimum lease payments</b>	<b>0</b>	<b>29,617</b>	<b>6,904</b>	<b>36,521</b>
Included in:				
Current borrowings	0	3,094	1,262	4,356
Non-current borrowings	0	26,523	5,642	32,165
	<b>0</b>	<b>29,617</b>	<b>6,904</b>	<b>36,521</b>
<b>Present value of minimum lease payments</b>				
Within one year	0	3,094	1,262	4,356
Between one and five years	0	12,062	3,689	15,751
After five years	0	14,461	1,953	16,414
<b>Present value of minimum lease payments</b>	<b>0</b>	<b>29,617</b>	<b>6,904</b>	<b>36,521</b>
Included in:				
Current borrowings	0	3,094	1,262	4,356
Non-current borrowings	0	26,523	5,642	32,165
	<b>0</b>	<b>29,617</b>	<b>6,904</b>	<b>36,521</b>

2023-24

	LAND	BUILDINGS	OTHER	TOTAL
	31 March	31 March	31 March	31 March
	2024	2024	2024	2024
	£000	£000	£000	£000
<b>Minimum lease payments</b>				
Within one year	0	3,322	1,186	4,508
Between one and five years	0	12,842	1,999	14,842
After five years	0	13,222	1,221	14,444
Less finance charges allocated to future periods	0	(3,038)	(474)	(3,512)
<b>Minimum lease payments</b>	<b>0</b>	<b>26,349</b>	<b>3,933</b>	<b>30,281</b>
Included in:				
Current borrowings	0	2,736	1,080	3,817
Non-current borrowings	0	23,613	2,852	26,465
	<b>0</b>	<b>26,349</b>	<b>3,932</b>	<b>30,282</b>
<b>Present value of minimum lease payments</b>				
Within one year	0	2,736	1,080	3,817
Between one and five years	0	11,137	1,731	12,868
After five years	0	12,476	1,121	13,597
<b>Present value of minimum lease payments</b>	<b>0</b>	<b>26,349</b>	<b>3,932</b>	<b>30,282</b>
Included in:				
Current borrowings	0	2,736	1,080	3,817
Non-current borrowings	0	23,613	2,852	26,465
	<b>0</b>	<b>26,349</b>	<b>3,932</b>	<b>30,282</b>

**24.2 Right of Use Assets receivables (as lessor)**

The Health Board did not hold any Right of Use Assets lease receivables, as a lessor, at the balance sheet date.

**Amounts receivable under right of use assets :**

	<b>31 March</b>	31 March
	<b>2025</b>	2024
	<b>£000</b>	£000
<b>Gross Investment in leases</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current financial assets	0	0
Non-current financial assets	<u>0</u>	<u>0</u>
	<u>0</u>	<u>0</u>
 <b>Present value of minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current financial assets	0	0
Non-current financial assets	<u>0</u>	<u>0</u>
	<u>0</u>	<u>0</u>

**25. Private Finance Initiative contracts**

**25.1 PFI schemes off-Statement of Financial Position**

The Health Board did not have any PFI Schemes that were deemed to be off-statement of financial position at the balance sheet date.

Commitments under off-SoFP PFI contracts	Off-SoFP PFI contracts	Off-SoFP PFI contracts
	31 March 2025 £000	31 March 2024 £000
Total payments due within one year	0	0
Total payments due between 1 and 5 years	0	0
Total payments due thereafter	0	0
Total future payments in relation to PFI contracts	<u>0</u>	<u>0</u>
Total estimated capital value of off-SoFP PFI contracts	<u>0</u>	<u>0</u>

**25.2 PFI schemes on-Statement of Financial Position**

Capital value of scheme included in Fixed Assets Note 11	£000
Contract start date:	68,278
Contract end date:	12/05/2000
	31/05/2030

**Total obligations for on-Statement of Financial Position PFI contracts due:**

2024-25	On SoFP PFI Capital element	On SoFP PFI IFRS 16 impact Finance Charge	On SoFP PFI Imputed interest	On SoFP PFI Service charges
	31 March 2025 £000	31 March 2025 £000	31 March 2025 £000	31 March 2025 £000
Total payments due within one year	7,966	1,422	3,163	5,005
Total payments due between 1 and 5 years	45,790	3,399	7,196	18,338
Total payments due thereafter	3,141	79	91	0
Total future payments in relation to PFI contracts	<u>56,897</u>	<u>4,900</u>	<u>10,450</u>	<u>23,343</u>

2023-24	On SoFP PFI Capital element	On SoFP PFI IFRS 16 impact Finance Charge	On SoFP PFI Imputed interest	On SoFP PFI Service charges
	31 March 2024 £000	31 March 2024 £000	31 March 2024 £000	31 March 2024 £000
Total payments due within one year	5,243	1,488	3,364	6,240
Total payments due between 1 and 5 years	37,811	4,187	9,120	18,406
Total payments due thereafter	16,450	486	846	3,856
Total future payments in relation to PFI contracts	<u>59,504</u>	<u>6,161</u>	<u>13,330</u>	<u>28,502</u>

	31/03/2025 £000
Total present value of obligations for on-SoFP PFI contracts	95,590

**25.3 Charges to expenditure**

	2024-25	2023-24
	£000	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	3,574	3,325
Total expense for Off Statement of Financial Position PFI contracts	0	0
The total charged in the year to expenditure in respect of PFI contracts	<u>3,574</u>	<u>3,325</u>

The LHB is committed to the following annual charges

<b>PFI scheme expiry date:</b>	£000	£000
Not later than one year	0	0
Later than one year, not later than five years	0	0
Later than five years	17,556	16,334
<b>Total</b>	<u>17,556</u>	<u>16,334</u>

The estimated annual payments in future years will vary from those which the Health Board is committed to make during the next year by the impact of movement in the Retail Prices Index.

**25.4 Number of PFI contracts**

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	1	0
Number of PFI contracts which individually have a total commitment > £500m	0	0
	<b>On / Off- statement of financial position</b>	
<b>PFI Contract</b>		
Number of PFI contracts which individually have a total commitment > £500m	0	
	<b>On/Off</b>	
<b>PFI Contract</b>		
Neath Port Talbot Hospital	On	

25.5 The Health Board did not have any Public Private Partnerships during the year

## **26. Financial risk management**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Swansea Bay University Local Health Board is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. Swansea Bay University Local Health Board has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Health Board in undertaking its activities.

### **Currency risk**

Swansea Bay University Local Health Board is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the United Kingdom and Sterling based. The Health Board does not have any overseas operations. The Health Board therefore has low exposure to currency rate fluctuations.

### **Interest rate risk**

Health Boards are not permitted to borrow and Swansea Bay University Local Health Board therefore has low exposure to interest rate fluctuations.

### **Credit risk**

As the majority of Swansea Bay University Local Health Board's funding derives from funds voted by the Welsh Government the Health Board has low exposure to credit risk.

### **Liquidity risk**

Swansea Bay University Local Health Board is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The Health Board is not, therefore, exposed to significant liquidity risks.

**27. Movements in working capital**

	<b>2024-25</b>	2023-24
	<b>£000</b>	£000
(Increase)/decrease in inventories	<b>(622)</b>	(1,550)
(Increase)/decrease in trade and other receivables - non-current	<b>(6,096)</b>	(18,109)
(Increase)/decrease in trade and other receivables - current	<b>(2,045)</b>	(24,638)
Increase/(decrease) in trade and other payables - non-current	<b>751</b>	39,674
Increase/(decrease) in trade and other payables - current	<b>817</b>	(20,262)
<b>Total</b>	<b>(7,195)</b>	(24,885)
Adjustment for accrual movements in fixed assets - creditors	<b>(6,182)</b>	(19,046)
Adjustment for accrual movements in fixed assets - debtors	<b>0</b>	0
Adjustment for accrual movements in right of use assets - creditors	<b>(6,239)</b>	(14,628)
Adjustment for accrual movements in right of use assets - debtors	<b>0</b>	0
Other adjustments	<b>1,261</b>	(6,161)
	<b>(18,355)</b>	<b>(64,720)</b>

**28. Other cash flow adjustments**

	<b>2024-25</b>	2023-24
	<b>£000</b>	£000
Depreciation	<b>38,793</b>	36,536
Amortisation	<b>1,433</b>	1,608
(Gains)/Loss on Disposal	<b>103</b>	(10)
Impairments and reversals	<b>8,840</b>	12,902
Release of PFI deferred credits	<b>0</b>	0
NWSSP Covid assets issued debited to expenditure but non-cash	<b>0</b>	0
Covid assets received credited to revenue but non-cash	<b>0</b>	0
Donated assets received credited to revenue but non-cash	<b>(332)</b>	(259)
Government Grant assets received credited to revenue but non-cash	<b>(983)</b>	0
Right of Use Grant (Peppercorn Lease) credited to revenue but non cash	<b>(175)</b>	0
Non-cash movements in right of use assets	<b>1</b>	343
Non-cash movements in provisions	<b>18,794</b>	53,940
Other movements	<b>52,154</b>	31,925
<b>Total</b>	<b>118,628</b>	<b>136,985</b>

Other movements are Notional funding received for the

- LHB notional 9.4% Staff Employer Pension Contributions and
- 2019/20 Pensions Annual Allowance Charge Compensation Scheme

funded directly to the NHSBA Pensions Division by Welsh Government.

## 29. Events after the Reporting Period

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on the 25th June 2025; following this the financial statements were certified by the Auditor General for Wales on the 26th June 2025. Swansea Bay Health Board is not aware of any events after the reporting period which would require disclosure within these financial statements.

**30. Related Party Transactions**

A number of the HB's Board members have interests in related parties as follows:

Name	Details	Interests
Andrew Jarrett	Associate Member	Director of Social Services for Neath Port Talbot County Borough Council and Wife is Director of Fostering for Caretech Ltd
Ceinwen Jean Church	Independent Member	Daughter is NHS Wales Director of Primary Care Services & Medical Examiner Service, NWSSP
Darren Griffiths	Director of Finance and Performance	He is Governor of Gower College Swansea (Role is on the Finance Committee and Board). Wife is Director for Wales for the Red Cross, the Red Cross has some services and contractual relationships with the Health Board
Hazel Lloyd	Director of Corporate Governance and Board Secretary	Spouse Director of Llanharan pharmacy Ltd (Oct 20)
Jacquelin Davies	Independent member	Chair RCN Wales (No Financial Benefit), Chair South Wales Organ Donation Regional Network, Vice Chair of Royal College of Nursing Trade Union Committee (and Elected member for Wales), Vice Chair of People Speak Up (ATRS Health and Wellbeing) Charity, Trustee RCN Wales Scholarship Funds
Keith Lloyd	Independent member	Chair Welsh Psychiatric society, Trustee + Chair Volcano Theatre Company, Trustee Heartbeat trust Charity, Board member MIND Cymru and Executive Dean and Pro Vice Chancellor at Swansea University. Professor of Psychiatry at Swansea University
Matt John	Director Of Digital	Voluntary role of Parent Governor at Dwr y Felin Comprehensive School
Nicola Matthews	Independent Member	Director of Wales National Pool, Local Councillor of Swansea Council and Local Community Councillor of Gorseinon Town Council. Her Father is Deputy Leader of Swansea Council. Spouse Police Officer
Nuria Zolle	Independent member	Welsh Government National Advice Network , Shelter Cymru Trustee, Trustee Ospreys in the Community, Practice Solutions – Consultancy and Sport Wales - NED/Public Appointment. Her Spouse/Partner - is Manager of National Studies at Audit Wales. Partner is not permitted to do any work in SBUHB.
Reena Owen	Independent Board Member	Trustee of Swansea Environment centre (Non financial), Husband trustee of Bikeability
Dr Richard Evans	Medical Director (Acting Chief Executive to 28th October 2024)	Director - White Farm Estates (Non Financial)
Abigail Harris	Chief Executive	SCW Independent Board Member (came to an end on 31/3/25), Husband - Competitions & Markets Authority & Board Member of WCVA
Jan Williams	Chair	Trustee & Council Member Amgueddfa Cymru (no expenses claimed), Spouse is a Director/Owner of the following companies: Electrical Power Solutions, City Loo Hire & Clenergy EV, Daughter is a Partner at Brynhyfryd Medical Centre
Stephen Spill	Independent Member, Vice Chair	Coastal Housing Group NED - Contractual arrangements with SBUHB, Karbon Homes Ltd (terminated 31.3.25), Timesfuture Ltd - Personal service company (100% Shareholder, Personal Services Company), In2Matrix - Board Advisor, Gofal Enterprises Limited and App Cleaning Limited, Welsh Health Specialised Services Committee (now JCC) and Director of Vet2Vet Ltd (start-up affiliate of BSAVA), British Small Animal Veterinary Association. (Remain a trustee but not a remunerated NED effective 31.3.25)
Andrew Griffiths	Independent Member	CEO of FEDIP - Professional Standards Organisation for people working in Digital Health (Part Time Paid Employment)

The total value of transactions with related parties in 2024/25 were as follows:

Related Party	Payments to related party	Receipts from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
AUDIT WALES	470	0	38	0
BRITISH RED CROSS SOCIETY	386	0	-	0
BRYNHFRYD SURGERY	1,570	0	-	0
CITY & COUNTY OF SWANSEA COUNCIL	27,719	3,097	105	0
GOWER COLLEGE SWANSEA	8	0	2	0
MIND	70	0	-	0
NEATH PORT TALBOT COUNCIL	12,034	4,205	50	595
OSPREYS IN THE COMMUNITY	134	0	-	0
POLICE & CRIME COMMISSIONER FOR SOUTH WALE	43	140	-	0
ROYAL COLLEGE OF NURSING	7	0	-	0
SWANSEA UNIVERSITY	6,261	1,608	100	948
VELINDRE NHS TRUST	25,303	5,031	38	271

The Swansea Bay University Health Board Charity is the linked charity to the Swansea Bay University Health Board. During the financial year the health board for operational reasons may make payments on behalf of the NHS Charity and the NHS Charity may make payments on behalf of the health board. These payments are cleared monthly via an intercompany transfer within the financial ledgers. In 2024/25 the health board made cash payments of £820,219.45 on behalf of the NHS Charity and the NHS Charity made payments of £466,588.63 on behalf of the health board. As at 31st March 2025 the amount owed to the health board by the NHS Charity amounted to £21,916.46 with the health board owing the NHS Charity £22,387.19. These balances will be cleared in April 2025.

The Welsh Government is regarded as a related party of the Health Board. During the year the Health Board had a significant number of material revenue and capital transactions with either the Welsh Government or with other entities for which the Welsh Government is regarded as the parent body, namely:

	Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Welsh Government	52	1,399,950	1	1,962
NHS Wales Joint Commissioning Committee	147,060	151,170	1,593	796
Aneurin Bevan UHB	1,271	2,467	247	411
Betsi Cadwaladr LHB	516	524	90	157
Cardiff & Vale UHB	8,296	7,598	1,599	756
Cwm Taf Morgannwg Morgannwg UHB	22,402	37,834	1,251	4,324
Digital Health and Care Wales	7,147	1,008	21	154
Health Education & Improvement Wales	3	19,644	3	661
Hywel Dda UHB	5,701	47,361	207	3,374
Powys THB	1,436	11,802	32	1,003
Public Health Wales NHS Trust	5,042	6,150	489	1,116
Velindre NHS Trust	67,846	6,908	3,382	1,485
Welsh Ambulance Services NHS Trust	782	163	48	20
	<b>267,554</b>	<b>1,692,579</b>	<b>8,963</b>	<b>16,219</b>

### 31. Third Party assets

The LHB held £995,938 cash at bank and in hand at 31 March 2025 (31st March 2024, £952,526) which relates to monies held by the LHB on behalf of patients. This has been excluded from the Cash and Cash equivalents figure reported in the accounts.

Cash held in Patient's Investment Accounts amounted to £0.00 at 31st March 2025 (31st March 2024, £0). Due to a change in money laundering regulations during 2022/23, the LHB is no longer permitted to hold client call accounts in the names of patients, which was how the Lloyds investment accounts were held. As a result the Lloyds Investment accounts were closed by Lloyds Bank in August 2022 and the balance was transferred into the Patients Monies Current Account. In addition the LHB had located on its premises a significant quantity of consignment stock. This stock remains the property of the supplier until it is used. The value of consignment stock at 31 March 2025 amounted to £2,933,052 (£1,384,708 as at 31st March 2024).

## 32. Pooled budgets

### Pooled budgets

The following information is required for each pooled budget.

	2024-25	2023-24
	£000	£000
<b>Overall Funding/Contributions</b>	3,421	3,525
Source of overall funding/contributions:		
Swansea Bay UHB	1,528	1,488
Neath Port Talbot Council	350	364
Swansea Council	622	648
Other (please specify source(s) in narrative note)	921	1,025

Other includes:

2024/25 - Total £1.543m - RIF Funding (£249k), HCF (£671k)

2023/24 - Total £1.025m - In Year reserve drawdown (£700k), RIF Funding - Project 14 R (£249k), and Housing and Care fund (£76k)

### Pooled partnership expenditure

No funding has been received by the Health Board as part of the pooled budget arrangement.

	2024-25		2023-24	
	£000	%	£000	%
Swansea Bay UHB	-	0.0%	-	0%
Neath Port Talbot Council	-	0.0%	-	0%
Swansea Council	-	0.0%	-	0%
Other Please specify	-	0.0%	-	0%
Core Funded Community Equipment	2,139	69.9%	3,556	92%
RIF Funding - Project 14R	249	8.1%	249	6%
Housing and Care Fund	671	21.9%	76	2%
<b>Total</b>	<b>3,059</b>		<b>3,881</b>	
Net surplus/deficit	- 362	Surplus		
Cumulative surplus/deficit	- 666	Surplus		

### Pooled Partnership Income

No income has been received in relation to activities resulting from Pooled budget.

	2024-25	2023-24
	£000	£000
Please specify source of income	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

### Asset disclosure

	31 March	31 March
	2025	2024
	£000	£000
Total Asset NBV value of PPE	2,699	2,006
Split for pooled budget partners:		
Swansea Bay UHB	0	0
Neath Port Talbot Council	0	0
Swansea Council	2,699	2,006
Other Please specify	0	0

### 33. Operating segments

Accounting standard IFRS 8 defines an operating segment as a component of an entity:

Swansea Bay University Health Board has organised its operational services into 4 Service Groups. Two of these service groups are centred on the Health Board's main hospital sites of Morriston, Neath Port Talbot, and Singleton. The remaining two SDU's cover Mental Health and Learning Disabilities Services and Primary Care Community and Therapeutic Services.

The LHB has formed the view that the activities of its service groups are sufficiently similar for the results of their operations not to have to be disclosed separately. In reaching this decision the Health Board is satisfied that the following criteria are met:

1. Aggregation still allows users to evaluate the business and its operating environment
2. Service Groups have similar economic characteristics
  - > The nature of the service provided
3. The Service Groups are similar in respect of all of the following

**34. Other Information****34.1. 9.4% Staff Employer Pension Contributions - Notional Element**

The value of notional transactions is based on estimated costs for the twelve month period 1st April 2024 to 31st March 2025. This has been calculated from actual Welsh Government expenditure for the 9.4% staff employer pension contributions between April 2024 and February 2025 alongside Health Board data for March 2025.

Transactions include notional expenditure in relation to the 9.4% paid to NHSBSA by Welsh Government and notional funding to cover that expenditure as follows:

	2024-25 £000	2023-24 £000
<b>Statement of Comprehensive Net Expenditure for the year ended 31 March 2025</b>		
Expenditure on Primary Healthcare Services	0	0
Expenditure on healthcare from other providers	0	0
Expenditure on Hospital and Community Health Services	52,138	31,901
<b>Statement of Changes in Taxpayers' Equity for the year ended 31 March 2025</b>		
Net operating cost for the year	52,138	31,901
Notional Welsh Government Funding	52,138	31,901
<b>Statement of Cash Flows for year ended 31 March 2025</b>		
Net operating cost for the financial year	52,138	31,901
Other cash flow adjustments	52,138	0
<b>2.1 Revenue Resource Performance</b>		
Revenue Resource Allocation	52,138	31,901
<b>3. Analysis of gross operating costs</b>		
<b>3.1 Expenditure on Primary Healthcare Services</b>		
General Medical Services	0	0
Pharmaceutical Services	0	0
General Dental Services	0	0
Other Primary Health Care expenditure	0	0
<b>3.2 Expenditure on healthcare from other providers</b>	0	0
	0	0
<b>3.3 Expenditure on Hospital and Community Health Services</b>		
Directors' costs	148	79
Staff costs	51,990	31,822
<b>9.1 Employee costs</b>		
<b>Permanent Staff</b>		
Employer contributions to NHS Pension Scheme	52,138	31,901
Charged to capital	64	24
Charged to revenue	52,201	31,877
<b>18. Trade and other payables</b>		
<b>Current</b>		
Pensions: staff	0	0
<b>28. Other cash flow adjustments</b>		
Other movements	47,703	31,925

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has resulted in an increase in the central payments made by Welsh Government from 6.3% to 9.4%.

**Other**

**34.2 IFRS 17 - Insurance Contract Disclosures**

The outcome of the contract review for a range of income contract types applicable to the organisation, did not identify any insurance contracts that fall within the scope of IFRS 17.

**STATEMENT OF FINANCIAL POSITION**

(Signage as per provision note disclosure)	£000
Liability for incurred claims @ 1 April 2024	0
Liability for remaining payments @ 31 March 2025	0
	<hr/> 0
Arising during year	0
Utilised	0
Reversed unused	0
Movement in Discount Rates	0
	<hr/> 0

**STATEMENT OF COMPREHENSIVE NET EXPENDITURE  
/ STATEMENT OF COMPREHENSIVE INCOME \*Delete as appropriate**

(Signage as per income and expenditure note disclosure)	£000
Insurance Income	0
Insurance expenditure	0

**THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY**

**LOCAL HEALTH BOARDS**

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2011 and subsequent financial years in respect of the Local Health Boards (LHB)<sup>1</sup>, in the form specified in paragraphs [2] to [7] below.

**BASIS OF PREPARATION**

2. The account of the LHB shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year in which the accounts are being prepared, and has been applied by the Welsh Government and detailed in the NHS Wales LHB Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

**FORM AND CONTENT**

3. The account of the LHB for the year ended 31 March 2011 and subsequent years shall comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied by the Welsh Assembly Government, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

**MISCELLANEOUS**

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst

Dated :

1. Please see regulation 3 of the 2009 No.1559 (W.154); NATIONAL HEALTH SERVICE, WALES; The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009.