SBUHB Special Board Meeting

Thu 25 June 2026, 10:15 - 13:10

MS Teams

Agenda

10:15 - 10:20
5 min

1. PRELIMINARY MATTERS

- 0. Agenda Bwrdd Arbennig BIPBA 25 Mehefin 2026.pdf (2 pages)
- 0. SBUHB Special Board Agenda 25 June 2026.pdf (2 pages)

1.1. Welcome and Apologies

For Noting *Chair*

1.2. Declarations of Interest

For Noting *Chair*

10:20 - 11:20
60 min

2. ANNUAL ACCOUNTS

2.1. Annual Accounts 2025-26

For Approval *Interim Executive Director of Finance*

- 2.1 Annual Accounts 2025-26.pdf (5 pages)
- 2.1i Appendix A SBU HB Audited Annual Accounts 2025-26.pdf (79 pages)
- 2.1ii Appendix B Audit Changes Schedule 2025-26.pdf (2 pages)

2.2. ISA 260 Audit of Financial Statements

For Assurance *Audit Wales*

- 2.2 Swansea Bay UHB Audit of Accounts Report 2025-26.pdf (43 pages)
- 2.2 BIP Bae Abertawe Adroddiad ar yr Archwiliad o'r Cyfrifon 2025-26.pdf (43 pages)

2.3. Letter of Representation

For Approval *Interim Executive Director of Finance*

- 2.3 Letter of Representation Unsigned.pdf (3 pages)

11:20 - 12:20
60 min

3. GOVERNANCE, RISK AND INTERNAL CONTROLS

3.1. Head of Internal Audit's Opinion

For Assurance *Head of Internal Audit*

- 3.1 HIA Opinion and Annual Report 2025-26.pdf (31 pages)

3.2. Annual Report 2025-26

For Approval *Director of Corporate Governance*

- 3.2 Annual Report 2025-26.pdf (5 pages)
- 3.2i Annual Report 2025-26.pdf (204 pages)

Comfort Break: 11:50am – 12:20pm (30-minutes)

12:20 - 12:50
30 min

4. ANNUAL PLAN

4.1. Annual Plan

For Approval *Chief Executive Officer / Interim Executive Director of Finance*

- 4.1 Annual Plan 2026-2027.pdf (10 pages)
- 4.1i SBUHB Annual Plan 2026-27_RESUBMISSION JUNE.pdf (83 pages)

12:50 - 13:10
20 min

5. PARTNERSHIPS

5.1. Stakeholder Feedback Report

For Assurance *Aidan Rave, Good Governance Institute*

- 5.1 SBUHB Stakeholder Feedback Report.pdf (26 pages)

13:10 - 13:10
0 min

6. Next SBUHB Board Meeting: Thursday 30 July 2026

For Noting *Chair*

13:10 - 13:10
0 min

7. 5-minute break before In-Committee Board begins at 1:15pm

CYFARFOD ARBENNIG BWRDD BIPBA

Dydd Iau 25 Mehefin 2026
10:15am – 1:10pm
MS Teams

AGENDA

Rhif yr Eitem:	Enw'r Eitem:	Arweinydd	Amseriadau	Diben
RHAN 1. MATERION RHAGARWEINIOL				
1.1	Croeso ac Ymddiheuriadau	Cadeirydd	10:15am	I'w Nodi
1.2	Datganiadau o Fuddiannau			
RHAN 2. ANNUAL ACCOUNTS				
2.1	Cyfrifon Blynyddol 2025-26	Cyfarwyddwr Gweithredol Dros Dro Cyllid	10:20am	I'w Gadarnhau
2.2	Archwiliad o ddatganiadau ariannol ISA 260	Archwilio Cymru	10:50am	Er Sicrwydd
2.3	Llythyr cynrychiolaeth	Cyfarwyddwr Gweithredol Dros Dro Cyllid	11:05am	I'w Gymeradwyo
RHAN 3. LLYWODRAETHU, RISG A RHEOLAETHAU MEWNOL				
3.1	Barn y Pennaeth Archwilio Mewnol	Pennaeth Archwilio Mewnol	11:20am	Er Sicrwydd
3.2	Adroddiad Blynyddol 2025-26	Cyfarwyddwr Llywodraethu Corfforaethol	11:35am	I'w Gymeradwyo
Egwyl: 11:50am – 12:20pm (30-munud)				
RHAN 4. CYNLLUN BYLYNDDOL				
4.1	Cynllun Blynyddol 2026-27	Prif Weithredwr / Cyfarwyddwr Gweithredol Dros Dro Cyllid	12.20pm	I'w Gymeradwyo
RHAN 5. PARTNERIAETHAU				

5.1	Adroddiad Adborth Rhanddeiliaid	Good Governance Institute	12.50pm	Er Sicrwydd
Cyfarfod Bwrdd nesaf BIPBA: Dydd Iau 30 Gorffennaf 2026				

Egwyl 5-munud cyn dechrau Bwrdd Preifat am 1:15pm

SBUHB SPECIAL BOARD MEETING

Thursday 25 June 2026
10:15am – 1:10pm
MS Teams

AGENDA

Item No	Item Title	Lead	Timings	Purpose
PART 1. PRELIMINARY MATTERS				
1.1	Welcome and Apologies	Chair	10:15am	For Noting
1.2	Declarations of Interest			
PART 2. ANNUAL ACCOUNTS				
2.1	Annual Accounts 2025-26	Interim Executive Director of Finance	10:20am	For Endorsement
2.2	ISA 260 Audit of Financial Statements	Audit Wales	10:50am	For Assurance
2.3	Letter of Representation	Interim Executive Director of Finance	11:05am	For Approval
PART 3. GOVERNANCE, RISK AND INTERNAL CONTROLS				
3.1	Head of Internal Audit's Opinion	Head of Internal Audit	11:20am	For Assurance
3.2	Annual Report 2025-26	Director of Corporate Governance	11:35am	For Approval
Comfort Break: 11:50am – 12:20pm (30-minutes)				
PART 4. ANNUAL PLAN				
4.1	Annual Plan 2026-27	Chief Executive Officer / Interim Executive	12.20pm	For Approval

		Director of Finance		
PART 5. PARTNERSHIPS				
5.1	Stakeholder Feedback Report	Good Governance Institute	12.50pm	For Assurance
Next SBUHB Board Meeting: Thursday 30 July 2026				

5-minute break before In-Committee Board begins at 1:15pm

Meeting Date	**25 June 2026**	**Agenda Item**	**2.1**
Name of Meeting	**SBUHB Board**		
Report Title	**Audited Annual Accounts 2025/26**		
Report Author	Alison McLennan, Assistant Director of Finance (Accounting & Governance)		
Report Sponsor	Executive Director of Finance		
Presented by	Claire Osmundsen-Little, Director of Finance		
Freedom of Information	Closed		
FoI Closed detail	Confidential – Information Governance		
Impact Assessment Summary Outcome		**IA Completion date**	
N/a		Click or tap to enter a date.	
Purpose of the Report	For Endorsement		
Report Summary; detailing any action required			
To provide the Board with the audited annual accounts for Swansea Bay University Health Board for 2025/26 and to request endorsement that the accounts be adopted by the Board at its meeting on 25th June 2026.			
Key Issues			
The draft annual accounts were reviewed by the Audit Committee at its meeting on 21st May 2026. Audit Wales staff have completed their audit of the accounts and have issued the "Audit of Financial Statements Report" attached as agenda item 2.2. The Audit Committee has reviewed and recommended that the audited accounts be adopted by the Board for submission to Welsh Government by Audit Wales by midday on 30th June 2026, following Auditor General sign off on Friday 26th June 2026.			
Decision / Action required	No		
Recommendations			
Members are asked to: **ENDORSE** the audited annual accounts for 2025/26.			

AUDITED ANNUAL ACCOUNTS 2025/26

1. INTRODUCTION

The draft annual accounts were received by the Audit Committee at its meeting on 21st May 2026. The audit of the accounts is now complete and the audited accounts are attached as **Appendix A** to this report.

2. BACKGROUND

The Health Board has prepared a set of accounts in line with the Welsh Government Manual for Accounts and relevant International Financial Reporting Standards (IFRS).

The draft accounts were reviewed by the Audit Committee at its meeting on 21st May 2026. The audit of the accounts is now complete and Audit Wales has issued its "Audit of Financial Statements Report" which is attached as agenda item 2.2.

The changes recommended by Audit Wales and those accepted by the Health Board are included in the audited accounts.

3. GOVERNANCE AND RISK ISSUES

The Audit Wales report or ISA260, which is attached under item 2.2 of the agenda, highlighted one significant and 2 other issues arising from the audit: -

- **Significant**: Governance arrangements in relation to Interim Executive Director appointments need to be strengthened – further details are included in the Audit Wales ISA260 report.
- **Other:** Audit of Property, Plant & Equipment in relation to supporting evidence/working papers and audit engagement.
- **Other:** Capitalised Salaries in relation to strengthening the audit trail

- There are no other issues or uncorrected misstatements mentioned in the ISA260.

As the Health Board did not meet its statutory duty to meet its revenue resource limit over a 3 year period, and did not have an approved balanced 3 year Integrated Medium Term Plan, a qualified regularity audit opinion will be issued.

The Health Board welcomes Audit Wales' support in getting to the current position of a final ISA260. Through the collaborative work of both parties other changes to the draft accounts recommended by Audit Wales and requested by Welsh Government are detailed in **Appendix B** to this report.

4. OPEN AUDIT RECOMMENDATIONS

There are no open Audit recommendations to detail within this report.

5. FINANCIAL IMPLICATIONS

There are no other financial implications other than those detailed in section 3 of this report.

6. RECOMMENDATION

The Board is asked to:

- **ENDORSE** the audited annual accounts for 2025/26 for onward submission to Welsh Government on 30th June 2026 following sign off by the Auditor General on the 26th June 2026.

Governance and Assurance		
Strategic Objectives		
Strategic Objectives *(please choose which is impacted)*	People of Swansea Bay live healthier, fairer and more prosperous lives	☐
	Care is high quality, safe, efficient and delivers the best possible outcomes for people in partnerships	☒
	Care is delivered in partnership with our communities in safe and appropriate setting, supported by innovation	☒
	The health board is a great place to work where staff feel valued and work together towards a common goal	☐
	The health board is a resilient, sustainable and responsible organisation	☒
Health and Care Standards		
Standards *(please choose which applies)*	Safe Care	☒
	Timely Care	☒
	Effective Care	☒
	Efficient Care	☒
	Equitable care	☒
	Person-centred Care	☒
	Staff and Resources	☒
Enablers *(please choose which applies)*	Whole Systems Approach	☒
	Leadership	☒
	Workforce	☒
	Culture	☒
	Information	☒
	Learning, Improvement and Research	☐
Quality, Safety and Patient Experience		
There are no direct quality, safety and patient experience issues associated with this report.		
Financial Implications		
There are no direct financial implications associated with this report.		
Legal Implications (including equality and diversity assessment)		
There are no direct legal implications associated with this report.		
Staffing Implications		
There are no direct staffing implications associated with this report		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
None		

Report History
This is an annual report to the Audit Committee. The previous report was presented to Audit Committee in June 2025.
Appendices
Appendix A provides the final accounts for the Swansea Bay University Health Board for the 2025/26 financial year. **Appendix B** details the changes made to the draft accounts as a result of the accounts audit.

SWANSEA BAY UNIVERSITY LOCAL 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 2025-26. 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 2026

	Note	2025-26 £000	2024-25 £000
Expenditure on Primary Healthcare Services	3.1	**242,880**	227,549
Expenditure on healthcare from other providers	3.2	**347,354**	335,625
Expenditure on Hospital and Community Health Services	3.3	**1,224,348**	1,178,189
		1,814,582	1,741,363
Less: Miscellaneous Income	4	**(353,190)**	(330,267)
LHB net operating costs before interest and other gains and losses		**1,461,392**	1,411,096
Investment Revenue	5	**0**	0
Other (Gains) / Losses	6	**34**	103
Finance costs	7	**6,382**	9,077
Net operating costs for the financial year		**1,467,808**	**1,420,276**

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

	2025-26 £000	2024-25 £000
Net (gain) / loss on revaluation of property, plant and equipment	**(30,124)**	(2,594)
Net (gain)/loss on revaluation of right of use assets	**0**	0
Net (gain) / loss on revaluation of intangible assets	**0**	0
Net (gain) loss on revaluation of financial assets	**0**	0
Net (gain)/ loss on revaluation of PPE & Intangible assets held for sale	**0**	0
Net (gain)/loss on revaluation of financial assets held for sale	**0**	(69)
Impairment and reversals	**0**	0
(Gain)/Loss on other reserve movements	**0**	0
Transfers between reserves	**1**	0
Release of reserves to SoCNE	**0**	0
Transfers (to) / from other NHS Wales bodies	**0**	0
Reclassification adjustment on disposal of available for sale financial assets	**0**	0
Other comprehensive net expenditure for the year	**(30,123)**	(2,663)
Total comprehensive net expenditure for the year	**1,437,685**	1,417,613

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

Statement of Financial Position as at 31 March 2026

	Notes	31 March 2026 £000	31 March 2025 £000
Non-current assets			
Property, plant and equipment	11	**662,280**	597,819
Right of Use Assets	11.3	**38,266**	37,984
Intangible assets	12	**1,610**	2,058
Trade and other receivables	15	**181,794**	148,795
Other financial assets	16	**0**	0
Total non-current assets		**883,950**	786,656
Current assets			
Inventories	14	**12,968**	12,886
Trade and other receivables	15	**89,875**	102,323
Other financial assets	16	**0**	0
Cash and cash equivalents	17	**2,751**	3,444
		105,594	118,653
Non-current assets classified as "Held for Sale"	11	**0**	1,434
Total current assets		**105,594**	120,087
Total assets		**989,544**	906,743
Current liabilities			
Trade and other payables	18	**(196,389)**	(199,721)
Other financial liabilities	19	**0**	0
Provisions	20	**(29,484)**	(43,580)
Total current liabilities		**(225,873)**	(243,301)
Net current assets/ (liabilities)		**(120,279)**	(123,214)
Non-current liabilities			
Trade and other payables	18	**(71,680)**	(81,477)
Other financial liabilities	19	**0**	0
Provisions	20	**(187,422)**	(154,048)
Total non-current liabilities		**(259,102)**	(235,525)
Total assets employed		**504,569**	427,917
Financed by :			
Taxpayers' equity			
General Fund		**412,330**	358,950
Revaluation reserve		**92,239**	68,967
Total taxpayers' equity		**504,569**	427,917

The financial statements on pages 2 to 7 were approved by the Board on xx xx xxxx and signed on its behalf by:

Chief Executive and Accountable Officer ..... Date: xx xx xxxx

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

Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2026

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2025-26			
Balance as at 31 March 2025	358,950	68,967	**427,917**
NHS Wales Transfer	0	0	**0**
RoU Asset Transitioning Adjustment	0	0	**0**
Impact of IFRS 16 on PPP/PFI Liability	0	0	**0**
Balance at 1 April 2025	358,950	68,967	**427,917**
Net operating cost for the year	(1,467,808)		**(1,467,808)**
Net gain/(loss) on revaluation of property, plant and equipment	0	30,124	**30,124**
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 PPE and Intangible assets held for sale	0	0	**0**
Net gain/(loss) on revaluation of financial assets held for sale	0	0	**0**
Impairments and reversals	0	0	**0**
Net gain/(loss) on other reserve movements	0	0	**0**
Transfers between reserves	6,851	(6,852)	**(1)**
Release of reserves to SoCNE	0	0	**0**
Transfers (to) / from other NHS Wales bodies	0	0	**0**
Reclassification adjustment on disposal of available for sale financial assets	0	0	**0**
Total recognised income and expense for 2025-26	(1,460,957)	23,272	**(1,437,685)**
Net Welsh Government funding	1,459,296		**1,459,296**
Notional Welsh Government Funding	55,041		**55,041**
Balance at 31 March 2026	412,330	92,239	**504,569**

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.

Notional Welsh Government funding split:

Notional 9.4% staff employer pension £55,016,000
Pensions Annual Allowance Charge Compensation Scheme (PAACCS) £24,500

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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
Changes in taxpayers' equity for 2024-25			
Balance 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**
Balance at 1 April 2024	340,985	66,845	**407,830**
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 PPE and Intangible assets held for sale	0	(69)	**(69)**
Net gain/(loss) on revaluation of financial assets held for sale	0	0	**0**
Impairments and reversals	0	0	**0**
Net gain/(loss) on other reserve movements	0	0	**0**
Transfers between reserves	403	(403)	**0**
Release of reserves to SoCNE	0	0	**0**
Transfers (to) / from other NHS Wales bodies	0	0	**0**
Reclassification adjustment on disposal of available for sale financial assets	0	0	**0**
Total recognised income and expense for 2024-25	(1,419,873)	2,122	**(1,417,751)**
Net Welsh Government funding	1,385,684		**1,385,684**
Notional Welsh Government Funding	52,154		**52,154**
Balance at 31 March 2025	358,950	68,967	**427,917**

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 1st 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 a 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 Cash Flows for year ended 31 March 2026

	Notes	2025-26 £000	2024-25 £000
Cash Flows from operating activities			
Net operating cost for the financial year		**(1,467,808)**	(1,420,276)
Movements in Working Capital	27	**(27,984)**	(18,355)
Other cash flow adjustments	28	**130,557**	118,628
Provisions utilised	20	**(31,233)**	(17,956)
Net cash outflow from operating activities		**(1,396,468)**	(1,337,959)
Cash Flows from investing activities			
Purchase of property, plant and equipment		**(50,432)**	(35,357)
Proceeds from disposal of property, plant and equipment		**1,530**	552
Purchase of intangible assets		**(251)**	(829)
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
Net cash inflow/(outflow) from investing activities		**(49,153)**	(35,634)
Net cash inflow/(outflow) before financing		**(1,445,621)**	(1,373,593)
Cash Flows from financing activities			
Welsh Government funding (including capital)		**1,459,296**	1,385,684
Capital receipts surrendered		**0**	0
Capital grants received		**0**	0
Capital element of payments in respect of finance leases and on-SoFP PFI Schemes		**(9,461)**	(7,058)
Capital element of payments in respect of on-SoFP PFI		**0**	0
Capital element of payments in respect of Right of Use Assets		**(4,907)**	(4,413)
Cash transferred (to)/ from other NHS bodies		**0**	0
Net financing		**1,444,928**	1,374,213
Net increase/(decrease) in cash and cash equivalents		**(693)**	620
Cash and cash equivalents (and bank overdrafts) at 1 April 2025		**3,444**	2,824
Cash and cash equivalents (and bank overdrafts) at 31 March 2026		**2,751**	3,444

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 2025-26 Manual for Accounts. The accounting policies contained in that manual follow the 2025-26 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 arenot 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 2025-26. From 1st 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 a 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. 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 2026, is based on valuation data as 31 March 2025, updated to 31 March 2026 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 there from 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 have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16.

The LHB is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 Swansea Bay University LHB has assessed that in all other respects these arrangements 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 exchanged 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 scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different 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. IFRS 16 introduces a 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 ownership of an 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 LHB as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The LHB employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability 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 remeasured 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 rate to the remaining lease liability.

Where existing leases are modified the LHB must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease 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 LHB as lessor

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease 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 LHB's 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. Initial direct 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 Swansea Bay University LHB is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition Swansea Bay University LHB has reassessed the classification of all of its continuing subleasing arrangements to include peppercorn 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 2025-26. 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, Swansea Bay University 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 Swansea Bay University 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 Bay University LHB accounts for all losses and special payments gross (including assistance from the WRP).

Swansea Bay 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

Swansea Bay University LHB 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 pool 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 Bay 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 Swansea Bay University LHB, 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;

Remote	Probability of Settlement	0 – 5%
	Accounting Treatment	Remote Contingent Liability.
Possible	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision *
		Contingent Liability for all other estimated expenditure
Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	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

1.24.3 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 1st 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 £206.96 per point for 2025/26.

This compares to the 2021/22 points of Access (125 pts) and QI projects (185 pts) and QA projects (382 pts).

An amount has therefore been accrued on the basis of the number of points achieved by each GP Practice in 2025/26 capped at 270 points payable at £206.96 per point.

1.24.4 Prescribing Costs

For 2025/26, the Health Board has used the accrual methodology used in previous years, and will accrue prescribing costs for the months of February and March 2026.

The costs are derived using the average daily charge for the 4 month period October to January to calculate 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 is then applied to the number of days in February and March to arrive at an amount for accrual.

As in previous years, this amount will then be reviewed to take into account the estimated impact of of the growth factor that was seen previously at the latter end of 2024/25.

1.24.5 Pharmacy

As in prior years, the run rate for November to January will be 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 will be used again for 2025-26 with estimated adjustments made for the increase in contract price per item for February and March 2026.

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 - Not UK endorsed. Applies to first time adopters of IFRS after 1st January 2016. Therefore not applicable.

IFRS 18 Presentation and Disclosure in Financial Statements - Application required for accounting periods beginning on or after 1st 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 1st 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 2025-26 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, Swansea Bay University 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, Swansea Bay University 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			
	2023-24	**2024-25**	**2025-26**	**Total**
	£000	**£000**	**£000**	**£000**
Net operating costs for the year	1,282,337	1,420,276	1,467,808	**4,170,421**
Less general ophthalmic services expenditure and other non-cash limited expenditure	1,562	833	615	**3,010**
Less unfunded revenue consequences of bringing PFI schemes onto SoFP	(2,711)	(3,352)	261	**(5,802)**
Less any non funded revenue consequences of IFRS 16	0	0	0	**0**
Total operating expenses	1,281,188	1,417,757	1,468,684	**4,167,629**
Revenue Resource Allocation	1,264,375	1,375,303	1,415,523	**4,055,201**
Under /(over) spend against Allocation	**(16,813)**	**(42,454)**	**(53,161)**	**(112,428)**

Swansea Bay University LHB has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2023-24 to 2025-26.

The Health Board received £55m Strategic cash support and £19.28m of Working Capital cash support from Welsh Government during 2025-26. 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

	2023-24	**2024-25**	**2025-26**	**Total**
	£000	**£000**	**£000**	**£000**
Gross capital expenditure	64,390	56,723	58,106	**179,219**
Add: Losses on disposal of donated assets	0	0	43	**43**
Less NBV on disposal of property, plant and equipment, right of use and intangible assets	(399)	(654)	(1,564)	**(2,617)**
Adjustment for transfers (to)/from NHS Trusts	0	0	0	**0**
Less capital grants received	0	(983)	(151)	**(1,134)**
Less donations received	(259)	(331)	(275)	**(865)**
Less IFRS16 Peppercorn income	0	0	0	**0**
Less **initial recognition** of RoU Asset Dilapidations	0	(852)	(255)	**(1,107)**
Charge against Capital Resource Allocation	63,732	53,903	55,904	**173,539**
Capital Resource Allocation	63,787	53,964	55,953	**173,704**
(Over) / Underspend against Capital Resource Allocation	**55**	**61**	**49**	**165**

Swansea Bay University LHB has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2023-24 to 2025-26.

2.3 Duty to prepare a 3 year integrated plan

The NHS Wales Planning Framework for the period 2025-2028 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.

The Swansea Bay LHB did not submit an Integrated Medium Term Plan for the period 2025-2028 in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014) and the NHS Wales Planning Framework.

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 2025-26 on 31st March 2025. This plan did not include a break-even position. A response to the Annual Plan was published by Welsh Government on 11th April 2025. Through May, June and July the Health Board was in regular correspondence with Welsh Government on the Annual Plan.

With the support of Welsh Government, the Health Board commissioned External Strategic Support focusing on 9 key deliverables, but for 2025-26 the key focus was on the identification and delivery of savings. Throughout 2025-26 the LHB worked with WG and its external partner to identify options to address savings target set out within the annual plan and in September a formal update was provided to Welsh Government aligned to the paper presented at the Special Board on 11 September. Work continued throughout the remainder of 2025-26 on this issue of savings delivery.
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 Bay 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:

	2025-26	2024-25
Total number of non-NHS bills paid	**279,381**	297,249
Total number of non-NHS bills paid within target	**269,486**	282,501
Percentage of non-NHS bills paid within target	96.5%	95.0%

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	2025-26 Total £000	2024-25 Total £000
General Medical Services	80,827		80,827	80,023
Pharmaceutical Services	26,089	(6,724)	19,365	19,536
General Dental Services	32,549		32,549	31,392
General Ophthalmic Services	3,584	6,109	9,693	8,181
Other Primary Health Care expenditure	11,045		11,045	3,316
Prescribed drugs and appliances	89,401		89,401	85,101
Total	**243,495**	**(615)**	**242,880**	227,549

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	(5,329)	(5,294)
Overall total		**237,551**	222,255

3.2 Expenditure on healthcare from other providers

	2025-26 £000	2024-25 £000
Goods and services from other NHS Wales Health Boards	**32,138**	36,072
Goods and services from other NHS Wales Trusts	**9,123**	9,556
Goods and services from Welsh Special Health Authorities	**1,862**	2,102
Goods and services from other non Welsh NHS bodies	**1,985**	1,269
Goods and services from NHSW JCC	**158,511**	146,913
Local Authorities	**14,668**	18,871
Voluntary organisations	**9,392**	7,297
NHS Funded Nursing Care	**10,298**	10,039
Continuing Care	**99,732**	92,132
Private providers	**8,968**	10,778
Specific projects funded by the Welsh Government	**0**	0
Other	**677**	596
Total	**347,354**	335,625

3.3 Expenditure on Hospital and Community Health Services

	2025-26	2024-25
	£000	£000
Directors' costs	2,198	2,548
Operational Staff costs	875,587	826,855
Single lead employer Staff Trainee Cost	46,665	44,947
Collaborative Bank Staff Cost	(2)	0
Supplies and services - clinical	183,342	181,653
Supplies and services - general	13,415	11,628
Consultancy Services	3,447	678
Establishment	20,677	20,423
Transport	1,806	1,353
Premises	34,182	34,032
External Contractors	6,326	4,879
Depreciation	36,751	33,830
Depreciation Right of Use assets (RoU)	5,511	4,965
Amortisation	952	1,433
Fixed asset impairments and reversals (Property, plant & equipment)	(19,378)	8,840
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	462	410
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	7,050	(3,704)
Research and Development	6,160	5,465
Expense related to short-term leases	0	0
Expense related to low-value asset leases (excluding short-term leases)	0	0
Other operating expenses	(803)	(2,046)
Total	1,224,348	1,178,189

3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

	2025-26	2024-25
Increase/(decrease) in provision for future payments:	£000	£000
Clinical negligence;		
Secondary care	40,325	18,822
Primary care	1,904	2,009
Redress Secondary Care	615	984
Redress Primary Care	0	0
Personal injury	670	976
All other losses and special payments	4,184	55
Defence legal fees and other administrative costs	2,064	837
Gross increase/(decrease) in provision for future payments	49,762	23,683
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	0	0
Less: income received/due from Welsh Risk Pool	(42,712)	(27,387)
Total	7,050	(3,704)

	2025-26	2024-25
	£	£
Permanent injury included within personal injury £:	2,000	(420,000)

4. Miscellaneous Income

	2025-26 £000	2024-25 £000
Local Health Boards	109,550	107,585
NHSW Joint Commissioning Committee	163,011	151,170
NHS Wales trusts	10,745	8,883
Welsh Special Health Authorities	24,272	20,497
Foundation Trusts	0	0
Other NHS England bodies	2,815	2,856
Other NHS Bodies	0	4
Local authorities	7,557	6,983
Welsh Government	1,440	1,520
Welsh Government Hosted bodies	0	0
Non NHS:		
Prescription charge income	0	0
Dental fee income	3,250	3,185
Private patient income	1,032	741
Overseas patients (non-reciprocal)	413	394
Injury Costs Recovery (ICR) Scheme	1,057	1,007
Other income from activities	3,712	2,940
Patient transport services	0	0
Education, training and research	9,497	9,425
Charitable and other contributions to expenditure	276	469
Receipt of NWSSP Covid centrally purchased assets	0	0
Receipt of Covid centrally purchased assets from other organisations	0	0
Receipt of donated assets	274	332
Receipt of Government granted assets	151	983
Right of Use Grant (Peppercorn Lease)	0	175
Non-patient care income generation schemes	1,518	669
NHS Wales Shared Services Partnership (NWSSP)	0	0
Deferred income released to revenue	199	154
Right of Use Asset Sub-leasing rental income	0	0
Contingent rental income from finance leases	0	0
Rental income from operating leases	304	44
Other income:		
Provision of laundry, pathology, payroll services	341	351
Accommodation and catering charges	2,897	3,152
Mortuary fees	241	171
Staff payments for use of cars	7,297	5,888
Business Unit	0	0
Scheme Pays Reimbursement Notional	(123)	(123)
Other	1,464	812
Total	**353,190**	330,267
Other income Includes;		
Grant income	29	12
Pharmacy and other sales income	13	39
Clinical trial income	249	163
All other income	1,173	598
Licence Fee Income	0	0
Total	**1,464**	812

Injury Cost Recovery (ICR) Scheme income

	2025-26 %	2024-25 %
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	24.62	24.45

5. Investment Revenue

	2025-26 £000	2024-25 £000
Rental revenue :		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
Interest revenue :		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	**0**	0

6. Other gains and losses

	2025-26 £000	2024-25 £000
Gain/(loss) on disposal of property, plant and equipment	(40)	(107)
Gain/(loss) on disposal other than by sale of right of use assets	0	(1)
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	5
Gain/(loss) on disposal of financial assets	6	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
Total	(34)	(103)

7. Finance costs

	2025-26 £000	2024-25 £000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under Right of Use Leases	1,209	991
Interest on obligations under PFI contracts;		
main finance cost	3,187	3,527
contingent finance cost	0	0
Impact of IFRS 16 on PPP/PFI contracts	1,879	4,450
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	**6,275**	8,968
Provisions unwinding of discount	107	109
Other finance costs	0	0
Total	**6,382**	9,077

8. Future charges to Statement of Comprehensive Net Expenditure (SoCNE)

LHB as lessee

As at 31st March 2026 the Health Board had 455 leases agreements in place; 311 arrangements in respect of equipment, 133 in respect of vehicles.and 11 in respect of land and buildings.

The periods in which the remaining agreements will expire are shown below:

	2025-26 Low Value & Short Term	2025-26 Other	2025-26 Total	2024-25 Total
Payments recognised as an expense				
	£000	**£000**	**£000**	£000
Minimum lease payments	**935**	**356**	**1,291**	1,190
Contingent rents	**0**	**0**	**0**	0
Sub-lease payments	**0**	**0**	**0**	0
Total	**935**	**356**	**1,291**	1,190

Total future minimum lease payments				
Payable	**£000**	**£000**	**£000**	£000
Not later than one year	**568**	**236**	**804**	580
Between one and five years	**1,647**	**214**	**1,861**	514
After 5 years	**150**	**404**	**554**	638
Total	**2,365**	**854**	**3,219**	1,732

LHB as lessor

	2025-26	2024-25
Rental revenue	**£000**	£000
Rent	**304**	44
Contingent rents	**0**	0
Total revenue rental	**304**	44

Total future minimum lease payments		
Receivable	**£000**	£000
Not later than one year	**175**	180
Between one and five years	**586**	701
After 5 years	**0**	63
Total	**761**	944

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	2024-25
	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	675,619	2,652	2,955	35,774	0	4,643	721,643	701,676
Social security costs	76,943	0	0	4,962	0	765	82,670	57,948
Employer contributions to NHS Pension Scheme	123,862	0	0	5,707	(2)	0	129,567	122,335
Other pension costs	97	0	0	0	0	0	97	118
Other employment benefits	0	0	0	0	0	0	0	0
Termination benefits	21	0	0	0	0	0	21	0
Total	876,542	2,652	2,955	46,443	(2)	5,408	933,998	882,077

Charged to capital	1,046	791
Charged to revenue	932,952	881,286
	933,998	882,077
Net movement in accrued employee benefits (untaken staff leave)	0	0

The employer contributions to the NHS Pension Scheme disclosed above include £55.016m (2024/25 £52.138m) of NHS Pension contributions paid by Welsh Government for the twelve month period, 1 April 2025 to 31 March 2026. This has been calculated from actual Welsh Government expenditure for the 9.4% staff employer pension contributions between April 2025 and February 2026 alongside Health Board data for March 2026.
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 £205k (2024/25 £230k) of final pay control charges relating to 5 (2024/25, 14+) individuals.
The £5,408k (2024/25 £5,691k) other staffing cost in Note 9.1 relates to the cost of temporary staff sourced through the MEDACS managed service contract

9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2024-25
	Number	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	2,379	9	3	0	0	0	2,391	2,444
Medical and dental	942	13	10	481	0	59	1,505	1,508
Nursing, midwifery registered	4,252	2	20	0	0	0	4,274	4,243
Professional, Scientific, and technical staff	442	1	0	0	0	0	443	414
Additional Clinical Services	2,561	0	20	0	0	0	2,581	2,683
Allied Health Professions	1,028	2	7	0	0	0	1,037	1,008
Healthcare Scientists	372	1	46	0	0	0	419	374
Estates and Ancilliary	952	0	4	0	0	0	956	963
Students	0	0	0	0	0	0	0	0
Total	12,928	28	110	481	0	59	13,606	13,637

9.3. Retirements due to ill-health

	2025-26	2024-25
Number	14	18
Estimated additional pension costs £	1,251,349	1,277,658

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

Exit packages cost band (including any special payment element)	2025-26 Number of compulsory redundancies	2025-26 Number of other departures	2025-26 Total number of exit packages	2025-26 Number of departures where special payments have been made	2024-25 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	0	0	0	5
£10,000 to £25,000	0	1	1	0	3
£25,000 to £50,000	0	3	3	0	6
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	1	1	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	5	5	0	14

Exit packages cost band (including any special payment element)	2025-26 Cost of compulsory redundancies	2025-26 Cost of other departures	2025-26 Total cost of exit packages	2025-26 Cost of special element included in exit packages	2024-25 Total cost of exit packages
	£	£	£	£	£
less than £10,000	0	0	0	0	16,687
£10,000 to £25,000	0	21,262	21,262	0	45,832
£25,000 to £50,000	0	97,948	97,948	0	196,895
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	106,919	106,919	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	226,129	226,129	0	259,414

Total Exit Costs Paid in Year	Total paid in year 2025-26	Total paid in year 2024-25
	£	£
Exit costs paid in year	204,867	229,863
Total	204,867	229,863

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).

£204,867 exit costs were paid in 2025-26 (2024-25, £229,863).

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

Type of other departures	2025-26 Agreements Number	2025-26 Total value of agreements £
Voluntary redundancies including early retirement contractual costs	5	226,129
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
Total	**5**	**226,129**

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 2025/26.

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.

Total Pay and benefits			**£'000**			**£'000**
Chief Executive Total pay and benefits range			**000-000**			**000-000**
Highest paid Director Total pay and benefits range			**000-000**			**000-000**
	2025-26	**2025-26**	**2025-26**	2024-25	2024-25	2024-25
	£	**£**		£	£	
Total pay and benefits mid-point	**Chief Executive**	**Employee**	**Ratio**	Chief Executive	Employee	Ratio
25th percentile pay ratio	**227,390**	**26,156**	**8.69:1**	227,265	28,240	8.11:1
Median pay	**227,390**	**34,940**	**6.51:1**	227,265	35,871	6.31:1
75th percentile pay ratio	**227,390**	**43,272**	**5.25:1**	227,265	49,254	4.63:1
Salary component of total pay and benefits						
25th percentile pay ratio	**227,390**	**26,156**		227,265	28,240	
Median pay	**227,390**	**34,940**		227,265	35,871	
75th percentile pay ratio	**227,390**	**43,272**		227,265	49,254	
	Highest Paid			Highest Paid		
Total pay and benefits mid-point	**Director**	**Employee**	**Ratio**	Director	Employee	Ratio
25th percentile pay ratio	**227,390**	**26,156**	**8.69:1**	227,265	28,240	8.11:1
Median pay	**227,390**	**34,940**	**6.51:1**	227,265	35,871	6.31:1
75th percentile pay ratio	**227,390**	**43,272**	**5.25:1**	227,265	49,254	4.63:1
Salary component of total pay and benefits						
25th percentile pay ratio	**227,390**	**26,156**		227,265	28,240	
Median pay	**227,390**	**34,940**		227,265	35,871	
75th percentile pay ratio	**227,390**	**43,272**		227,265	49,254	

In 2025-26, 31 (2024-25, 24) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £23,875 to £218,519 (2024-25, £23,970 to £323,663).

The all staff range includes directors with the exception of the highest paid CEO Director as appropriate and excludes the non-executive directors and excludes pension benefits of all employees

Financial Year Summary

The increase in the ratio of the Chief Executive salary to the 25th percentile, median and 75% percentile is is due to differ ing pay awards - Very Senior Managers 3.25%, A4C 3.6% and Medical & Dental staff 4%. The change of Chief Executive Officer during 2024/25 has also impacted.

9.6.2 Percentage Changes	**2024-25 to 2025-26**	2023-24 to 2024-25
% Change from previous financial year in respect of Chief Executive	**%**	**%**
Salary and allowances	**3.76%**	1.07%
Performance pay and bonuses	**0.00%**	0.00%
% Change from previous financial year in respect of highest paid director		
Salary and allowances	**3.76%**	1.07%
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	**-1.77%**	5.51%
Performance pay and bonuses	**0.00%**	0.00%

The health board does not pay any performance pay or other bonuses.

9.7 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and t scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schen 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 ass 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 diffe 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, wi 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 actuai 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 figur for financial reporting purposes. The valuation of the scheme liability as at 31 March 2026, is based on valuation data as at 31 March 2024, updated to 31 March 2026 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 Actua 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 unde the schemes (considering recent demographic experience), and to recommend the contributior rate 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 Ap 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 ca 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

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 2025-26 tax year (2024-25 £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.

	2025-26	**2025-26**	2024-25	2024-25
NHS	**Number**	**£000**	Number	£000
Total bills paid	7,007	291,795	5,404	313,634
Total bills paid within target	6,201	276,954	4,504	292,436
Percentage of bills paid within target	**88.5%**	**94.9%**	83.3%	93.2%
Non-NHS				
Total bills paid	279,381	548,605	297,249	502,648
Total bills paid within target	269,486	518,628	282,501	468,300
Percentage of bills paid within target	**96.5%**	**94.5%**	95.0%	93.2%
Total				
Total bills paid	**286,388**	**840,400**	302,653	816,282
Total bills paid within target	**275,687**	**795,582**	287,005	760,736
Percentage of bills paid within target	**96.3%**	**94.7%**	94.8%	93.2%

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2025-26	2024-25
	£	£
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
Total	**0**	**0**

11.1 Property, plant and equipment

2025-26

	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 or valuation at 1 April 2025	38,540	499,370	11,018	21,428	130,509	938	41,794	4,738	748,335
Indexation	1,013	31,897	1,365	0	0	0	0	0	34,275
Additions									
- purchased	1,037	2,898	0	30,133	10,505	0	6,595	244	51,412
- donated	0	33	0	0	229	0	2	12	276
- government granted	0	0	0	151	0	0	0	0	151
Transfer from/into other NHS bodies	0	0	0	0	10	0	0	0	10
Reclassifications	0	14,471	0	(18,578)	1,542	0	2,565	0	0
Revaluations	0	(1,491)	0	0	0	0	0	0	(1,491)
Reversal of impairments	204	29,973	0	0	0	0	0	0	30,177
Impairments	0	(15,646)	0	0	0	0	(630)	0	(16,276)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(9,941)	(275)	(4,273)	(1,154)	(15,643)
At 31 March 2026	40,794	561,505	12,383	33,134	132,854	663	46,053	3,840	831,226
Depreciation at 1 April 2025	0	35,287	1,023	0	84,133	597	26,886	2,590	150,516
Indexation	0	4,372	127	0	0	0	0	0	4,499
Transfer from/into other NHS bodies	0	0	0	0	10	0	0	0	10
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	(1,839)	0	0	0	0	0	0	(1,839)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(5,478)	0	0	0	0	0	0	(5,478)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(9,811)	(275)	(4,273)	(1,154)	(15,513)
Provided during the year	0	18,648	383	0	12,092	80	5,133	415	36,751
At 31 March 2026	0	50,990	1,533	0	86,424	402	27,746	1,851	168,946
Net book value at 1 April 2025	38,540	464,083	9,995	21,428	46,376	341	14,908	2,148	597,819
Net book value at 31 March 2026	40,794	510,515	10,850	33,134	46,430	261	18,307	1,989	662,280
Net book value at 31 March 2026 comprises :									
Purchased	40,794	506,746	10,850	32,174	45,172	261	18,301	1,880	656,178
Donated	0	2,940	0	0	713	0	6	109	3,768
Government Granted	0	829	0	960	545	0	0	0	2,334
At 31 March 2026	40,794	510,515	10,850	33,134	46,430	261	18,307	1,989	662,280
Asset financing :									
Owned	40,794	510,515	8,890	(39,911)	46,430	261	18,307	1,989	587,275
On-SoFP PPP/PFI contracts	0	0	1,960	73,045	0	0	0	0	75,005
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2026	40,794	510,515	10,850	33,134	46,430	261	18,307	1,989	662,280

The net book value of land, buildings and dwellings at 31 March 2026 comprises :

	£000
Freehold	562,159
Long Leasehold	0
Short Leasehold	0
	562,159

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.

11.1 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
Cost or valuation at 1 April 2024	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)
At 31 March 2025	**38,540**	**499,370**	**11,018**	**21,428**	**130,509**	**938**	**41,794**	**4,738**	**748,335**
Depreciation at 1 April 2024	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**
At 31 March 2025	**0**	**35,287**	**1,023**	**0**	**84,133**	**597**	**26,886**	**2,590**	**150,516**
Net book value at 1 April 2024	**39,700**	**450,374**	**10,153**	**28,131**	**48,377**	**430**	**16,093**	**2,100**	**595,358**
Net book value at 31 March 2025	**38,540**	**464,083**	**9,995**	**21,428**	**46,376**	**341**	**14,908**	**2,148**	**597,819**
Net book value at 31 March 2025 comprises :									
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**
At 31 March 2025	**38,540**	**464,083**	**9,995**	**21,428**	**46,376**	**341**	**14,908**	**2,148**	**597,819**
Asset financing :									
Owned	**36,640**	**397,705**	**9,995**	**21,428**	**46,376**	**341**	**14,908**	**2,148**	**529,541**
On-SoFP PPP/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**
At 31 March 2025	**38,540**	**464,083**	**9,995**	**21,428**	**46,376**	**341**	**14,908**	**2,148**	**597,819**

The net book value of land, buildings and dwellings at 31 March 2025 comprises :

	£000
Freehold	512,618
Long Leasehold	0
Short Leasehold	0
	512,618

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:

(i) Donated Assets
The majority of donated assets were purchased from SBU Charitble 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.
- Buildings asset lives are as determined by the Valuation Office Agency 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 not been any compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

(v) Write Downs

There have been six DEL impairments for the following schemes which are not continuing:
- Management Centre, Morriston - £0.039m
- Modular Theatres, Singleton - £0.459m
- Morriston Pharmacy Space Modifications - £0.006m
- Regional Pathology Services at Morriston - £2.259m
- RMHSS P7 Phillips Parade Westfa - £0.027m
- TOMs – Development & Roll Out - £0.630m

(vi) Open Market Value

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
Balance brought forward 1 April 2025	1,434	0	0	0	0	**1,434**
Plus assets classified as held for sale in the year	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	**0**
Less assets sold in the year	(1,434)	0	0	0	0	**(1,434)**
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**
Balance carried forward 31 March 2026	0	0	0	0	0	**0**
Balance brought forward 1 April 2024	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**
Balance carried forward 31 March 2025	1,434	0	0	0	0	**1,434**

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 individuall y insignificant, however, £27.338m are significant in their own right:
- Briton Ferry PCC (GP1 Premises) held under land and buildings NBV at 31 March 2026 £1,115k ; Briton Ferry PCC (GP2 Premises) held under land and buildings NBV at 31 March 2026 £1,018k;
- Mayhill PCC held under land and buildings NBV at 31 March 2026 £1,130k; Port Talbot Resource Centre held under land and buildings NBV at 31 March 2026 £1,193k
- Vale of Neath PCC (GP2 Premises) held under land and buildings NBV at 31 March 2026 £2,310k; NPT Modular Orthopaedic Theatres held under land and buildings NBV at 31 March 2026 £11,831k
- Health Records Facility held under land and buildings NBV at 31 March 2026 £3,893k;Surgical Robot held under plant and machin ery NBV at 31 March 2026 £1,991k
- Renal Dialysis unit - Bridgend held under land and buildings NBV at 31 March 2026 £1,014k; Roche - Laboratory Diagnostics, Point of Care Testing & Pathology Managed Services held under plant and machinery NBV at 31 March 2026 £1,843k

2025-26	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2025	**0**	**39,161**	**0**	**0**	**7,991**	**810**	**1,246**	**0**	**49,208**
Additions	0	1,617	0	0	3,013	438	729	0	**5,797**
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	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	0	0	0	0	0	0	0	**0**
De-recognition	0	(500)	0	0	(1,007)	(279)	0	0	**(1,786)**
At 31 March 2026	**0**	**40,278**	**0**	**0**	**9,997**	**969**	**1,975**	**0**	**53,219**
Depreciation at 1 April 2025	**0**	**8,068**	**0**	**0**	**1,910**	**493**	**753**	**0**	**11,224**
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	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	0	0	0	0	0	0	0	**0**
De-recognition	0	(496)	0	0	(1,007)	(279)	0	0	**(1,782)**
Provided during the year	0	3,744	0	0	1,318	202	247	0	**5,511**
At 31 March 2026	**0**	**11,316**	**0**	**0**	**2,221**	**416**	**1,000**	**0**	**14,953**
Net book value at 1 April 2025	**0**	**31,093**	**0**	**0**	**6,081**	**317**	**493**	**0**	**37,984**
Net book value at 31 March 2026	**0**	**28,962**	**0**	**0**	**7,776**	**553**	**975**	**0**	**38,266**

RoU Asset Total Value Split by Lessor	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	14	0	0	0	0	0	0	**14**
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	**0**
Other Public Sector Peppercorn Leases	0	154	0	0	0	0	0	0	**154**
Other Public Sector Market Value Leases	0	54	0	0	0	0	0	0	**54**
Private Sector Peppercorn Leases	0	767	0	0	0	0	0	0	**767**
Private Sector Market Value Leases	0	27,973	0	0	7,776	553	975	0	**37,277**
Total	**0**	**28,962**	**0**	**0**	**7,776**	**553**	**975**	**0**	**38,266**

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 individuall y 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

2024-25	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2024	**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)**
At 31 March 2025	**0**	**39,161**	**0**	**0**	**7,991**	**810**	**1,246**	**0**	**49,208**
Depreciation at 1 April 2024	**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**
At 31 March 2025	**0**	**8,068**	**0**	**0**	**1,910**	**493**	**753**	**0**	**11,224**
Net book value at 1 April 2024	**0**	**27,288**	**0**	**0**	**2,729**	**454**	**798**	**0**	**31,269**
Net book value at 31 March 2025	**0**	**31,093**	**0**	**0**	**6,081**	**317**	**493**	**0**	**37,984**

RoU Asset Total Value Split by Lessor	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn 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 Peppercorn 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 Peppercorn 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**
Total	**0**	**31,093**	**0**	**0**	**6,081**	**317**	**493**	**0**	**37,984**

11.3 Right of Use Assets continued

Quantitative disclosures

Maturity analysis Contractual undiscounted cash flows relating to lease liabilities	2025-26 Land £000	2025-26 Buildings £000	2025-26 Other £000	2025-26 Total £000	2024-25 Total £000
Less than 1 year	0	3,994	2,704	6,698	5,427
2-5 years	0	14,449	5,960	20,409	18,781
> 5 years	0	13,424	1,963	15,387	18,142
Less finance charges allocated to future periods	0	(4,164)	(1,238)	(5,402)	(5,829)
Total	**0**	**27,703**	**9,389**	**37,092**	**36,521**

Lease Liabilities (net of irrecoverable VAT)	2025-26	2024-25
Current	5,588	4,357
Non-Current	31,504	32,164
Total	**37,092**	**36,521**

Amounts Recognised in Statement of Comprehensive Net Expenditure	2025-26	2024-25
Depreciation	5,511	4,965
Impairment	0	0
Variable lease payments not included in lease liabilities - Interest expense	1,209	991
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

Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT)		
Interest expense	(1,209)	(991)
Repayments of principal on leases	(4,907)	(4,413)
Total	**(6,116)**	**(5,404)**

12. Intangible non-current assets

2025-26

	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 2025	13,939	0	1,108	0	0	43	15,090
Revaluation	0	0	0	0	0	0	0
Reclassifications	124	0	0	0	0	(124)	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	423	0	0	0	0	81	504
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
Gross cost at 31 March 2026	14,486	0	1,108	0	0	0	15,594
Amortisation at 1 April 2025	12,768	0	264	0	0	0	13,032
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	952	0	0	0	0	0	952
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
Amortisation at 31 March 2026	13,720	0	264	0	0	0	13,984
Net book value at 1 April 2025	1,171	0	844	0	0	43	2,058
Net book value at 31 March 2026	766	0	844	0	0	0	1,610
NBV at 31 March 2026							
Purchased	766	0	844	0	0	0	1,610
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
Total at 31 March 2026	766	0	844	0	0	0	1,610

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**
Gross cost at 31 March 2025	**13,939**	**0**	**1,108**	**0**	**0**	**43**	**15,090**
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**
Amortisation at 31 March 2025	**12,768**	**0**	**264**	**0**	**0**	**0**	**13,032**
Net book value at 1 April 2024	**1,996**	**0**	**991**	**0**	**0**	**0**	**2,987**
Net book value at 31 March 2025	**1,171**	**0**	**844**	**0**	**0**	**43**	**2,058**
NBV at 31 March 2025							
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**
Total at 31 March 2025	**1,171**	**0**	**844**	**0**	**0**	**43**	**2,058**

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 Lives (UEL) of intangible non-current assets are assigned on an individual asset basis. Software is generally assigned a 5 year UEL with the UEL of any internally generated software being based on the professional judgement of Health Board professionals and finance staff.

(iv) Additions during the period

Additions during 2025/26 relate to software

(v) Disposals during the period

There were no disposals during 2025/26.

vi) Transfers into other NHS Bodies

Swansea Bay University LHB has not received any intangible assets transferred from another NHS body.

13 . Impairments

	2025-26 Property, plant & equipment £000	2025-26 Right of Use Assets £000	2025-26 Intangible assets £000	2025-26 Held for sale assets £000	2025-26 Financial Assets £000	2025-26 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	3,421	0	0	0	0	3,421
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	0	0	0	0	0	0
Others (specify)	7,377	0	0	0	0	7,377
Reversal of Impairments	(30,176)	0	0	0	0	(30,176)
Total of all impairments	(19,378)	0	0	0	0	(19,378)
Analysis of impairments charged to reserves in year :						
Impairments charged to the Statement of Comprehensive Net Expenditure	(19,378)	0	0	0	0	(19,378)
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	0	0	0	0	0	0
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
Total	(19,378)	0	0	0	0	(19,378)

	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)
Total of all impairments	8,909	0	0	0	0	8,909
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
Total	8,909	0	0	0	0	8,909

The impairment losses disclosed above as "other" comprise

- **£1.982m for the write down to depreciated replacement cost following the initial professional valuation on completion of 5 specialised building assets as detailed below**;
- Renal Water Supply Scheme Morriston Hospital £0.649m
- EFAB-I: AHU Upgrades Singleton Hospital £0.200m
- TEF-I: AHU Replacement - Morriston £0.481m
- TEF-MH: Tonna Roof (Mother & Baby Unit) - Mental Health £0.444m
- TEF-I: Ward Roofing & Flooring - Morriston £0.209m
- **£5.395m following the District Valuer's Derecognition exercise for which the guidance outlined in sections 7.44-7.47 in Chapter 7 of the MfA has been applied.**

14.1 Inventories

	31 March 2026	31 March 2025
	£000	£000
Drugs	6,251	6,592
Consumables	6,334	5,886
Energy	383	408
Work in progress	0	0
Other	0	0
Total	**12,968**	12,886
Of which held at realisable value	**0**	0

14.2 Inventories recognised in expenses

	31 March 2026	31 March 2025
	£000	£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
Total	**0**	**0**

15. Trade and other Receivables

Current	31 March 2026 £000	31 March 2025 £000
Welsh Government	763	1,962
NHSW JCC Joint Commissioning Committee	4,111	796
Welsh Health Boards	10,521	10,025
Welsh NHS Trusts	5,759	2,621
Welsh Special Health Authorities	1,075	815
Non - Welsh Trusts	750	723
Other NHS	277	195
2019-20 Scheme Pays - Welsh Government Reimbursement	40	87
Welsh Risk Pool Claim reimbursement		
NHS Wales Secondary Health Sector	39,295	63,655
NHS Wales Primary Sector FLS Reimbursement	3,873	2,351
NHS Wales Redress	1,612	1,530
Other	0	0
Local Authorities	1,273	966
Other receivables	11,278	10,531
Provision for irrecoverable debts	(3,994)	(3,102)
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	12,389	9,004
Other accrued income	853	164
Right of Use capital receivables	0	0
Capital Receivables		
Tangibles capital receivables	0	0
Intangibles capital receivables	0	0
Other capital prepayments	0	0
Sub total	**89,875**	102,323
Non-current		
Welsh Government	0	0
NHSW JCC Joint Commissioning Committee	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	511	743
Welsh Risk Pool Claim reimbursement;		
NHS Wales Secondary Health Sector	180,886	148,023
NHS Wales Primary Sector FLS Reimbursement	395	26
NHS Wales Redress	0	3
Other	0	0
Local Authorities	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	2	0
Right of Use capital receivables	0	0
Capital Receivables		
Tangibles capital receivables	0	0
Intangibles capital receivables	0	0
Other capital prepayments	0	0
Sub total	**181,794**	148,795
Total	**271,669**	251,118

The great majority of trade undertaken by the Health Board 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 £19.702m (£15.692m in 2024-25).

15. Trade and other Receivables (continued)

Receivables past their due date but not impaired

	31 March 2026 £000	31 March 2025 £000
By up to three months	18,428	14,341
By three to six months	339	345
By more than six months	935	1,006
	19,702	15,692

Expected Credit Losses (ECL) / Provision for impairment of receivables

Balance at 1 April	(3,102)	(2,282)
Transfer to other NHS Wales body	0	0
Amount written off during the year	11	6
Amount recovered during the year	14	1
(Increase) / decrease in receivables impaired	(917)	(827)
Bad debts recovered during year	0	0
Balance at 31 March	(3,994)	(3,102)

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	3,209	2,506
Other	0	0
Total	**3,209**	2,506

16. Other Financial Assets

	Current		Non-current	
	31 March 2026	31 March 2025	**31 March 2026**	31 March 2025
	£000	£000	**£000**	£000
Financial assets				
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 at amortised cost	**0**	0	**0**	0
Derivatives	**0**	0	**0**	0
Other (Specify)				
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
Capital Financial Assets				
Loans at amortised cost	**0**	0	**0**	0
Right of Use Asset Finance Sublease	**0**	0	**0**	0
Total	**0**	**0**	**0**	**0**

RoU Sub-leasing income Recognised in Statement of Comprehensive Net Expenditure	**2025-26**	**2024-25**
RoU Sub-leasing income	**0**	0

17. Cash and cash equivalents

	2025-26	2024-25
	£000	£000
Balance at 1 April	**3,444**	2,824
Net change in cash and cash equivalent balances	**(693)**	620
Balance at 31 March	**2,751**	3,444
Made up of:		
Cash held at GBS	**2,589**	3,220
Commercial banks	**0**	0
Cash in hand	**162**	224
Cash and cash equivalents as in Statement of Financial Position	**2,751**	3,444
Bank overdraft - GBS	**0**	0
Bank overdraft - Commercial banks	**0**	0
Cash and cash equivalents as in Statement of Cash Flows	**2,751**	3,444

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

Lease Liabilities (ROUA) £4.908m
Lease Liabilities (short-term and low value leases) £0m
PFI liabilities: £9.461m

The movement relates to cash, no comparative information is required by IAS 7 in 2025-26.

18. Trade and other payables

Current	31 March 2026 £000	31 March 2025 £000
Welsh Government	0	1
NHSW Joint Commissioning Committee	2,986	1,593
Welsh Health Boards	3,865	3,426
Welsh NHS Trusts	4,675	3,919
Welsh Special Health Authorities	56	25
Other NHS	3,497	3,275
Taxation and social security payable / refunds	8,548	8,099
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	137	110
Other taxes payable to HMRC	0	1
NI contributions payable to HMRC	9,431	7,877
Non-NHS payables - Revenue	19,303	22,817
Local Authorities	975	483
Overdraft	0	0
Rentals due under operating leases	0	0
Pensions: staff	12,470	10,962
Non NHS Accruals	102,143	113,817
Deferred Income:		
Deferred Income brought forward	1,325	240
Deferred Income Additions	1,216	1,239
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	(198)	(154)
Other creditors	413	82
Payments on account	0	0
Impact of IFRS 16 on SoFP PFI contracts	1,233	1,422
Right of Use asset payables	5,588	4,357
Capital asset payables		
Tangibles - Payables	10,689	9,709
Intangibles - Payables	131	(122)
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	7,906	6,543
PFI assets – deferred credits	0	0
Capital Payments on account	0	0
Sub Total	**196,389**	199,721
Non-current		
Welsh Government	0	0
NHSW Joint Commissioning Committee	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
Overdraft	0	0
Rentals due under operating leases	0	0
Pensions: staff	0	0
Non NHS Accruals	0	381
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
Impact of IFRS 16 on SoFP PFI contracts	2,272	3,478
Right of Use asset payables	31,504	32,164
Capital asset payables		
Capital Creditors - Tangibles	0	0
Capital Creditors - Intangibles	0	0
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	37,904	45,454
PFI assets – deferred credits	0	0
Capital Payments on account	0	0
Sub Total	**71,680**	81,477
Total	**268,069**	281,198

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

The LHB aims to pay all invoices within the 30 day period directed by the Welsh Government.

18. Trade and other payables (continued).

Amounts falling due more than one year are expected to be settled as follows:	**31 March 2026 £000**	31 March 2025 £000
Between one and two years	**14,642**	13,279
Between two and five years	**43,005**	48,338
In five years or more	**14,033**	19,860
Sub-total	**71,680**	81,477

19. Other financial liabilities

	Current		**Non-current**	
Financial liabilities	**31 March 2026 £000**	31 March 2025 £000	**31 March 2026 £000**	31 March 2025 £000
Financial Guarantees:				
At amortised cost	**0**	0	**0**	0
At fair value through SoCNE	**0**	0	**0**	0
Derivatives at fair value through SoCNE	**0**	0	**0**	0
Other:				
At amortised cost	**0**	0	**0**	0
At fair value through SoCNE	**0**	0	**0**	0
Total	**0**	0	**0**	0

20. Provisions

	At 1 April 2025	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 2026
Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-									
Secondary care	34,231	0	(1,177)	(7,778)	13,226	(17,094)	(3,893)	0	17,515
Primary care	1,937	0	0	0	1,717	(273)	(165)	0	3,216
Redress Secondary care	1,097	0	(74)	(61)	1,308	(451)	(631)	0	1,188
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	1,047	0	0	285	791	(952)	(134)	106	1,143
All other losses and special payments	0	0	0	0	4,184	(4,184)	0	0	0
Defence legal fees and other administration	1,715	0	0	(60)	1,850	(1,128)	(820)		1,557
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	38			2	31	(36)	(3)	1	33
2019-20 Scheme Pays - Reimbursement	87			0	0	(25)	(22)	0	40
Restructuring	0			0	0	0	0	0	0
Other	3,276		0	0	2,608	(346)	(866)	0	4,672
Capital provisions									
RoU Asset Dilapidations CAME	152		0	0	32	(32)	(32)	0	120
Other Capital Provisions	0		0	0	0	0	0	0	0
Total	43,580	0	(1,251)	(7,612)	25,747	(24,521)	(6,566)	107	29,484
Non Current									
Clinical negligence:-									
Secondary care	145,850	0	75	7,778	52,109	(6,365)	(21,117)	0	178,330
Primary care	0	0	0	0	352	0	0	0	352
Redress Secondary care	3	0	16	61	0	(18)	(62)	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	4,058	0	0	(285)	174	(4)	(161)	0	3,782
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	2,436	0	0	60	1,381	(325)	(347)		3,205
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	8			(2)	0	0	(1)	0	5
2019-20 Scheme Pays - Reimbursement	743			0	0	0	(232)	0	511
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0	0	0
Capital provisions									
RoU Asset Dilapidations CAME	950		0	0	287	0	0	0	1,237
Other Capital Provisions	0		0	0	0	0	0	0	0
Total	154,048	0	91	7,612	54,303	(6,712)	(21,920)	0	187,422
TOTAL									
Clinical negligence:-									
Secondary care	180,081	0	(1,102)	0	65,335	(23,459)	(25,010)	0	195,845
Primary care	1,937	0	0	0	2,069	(273)	(165)	0	3,568
Redress Secondary care	1,100	0	(58)	0	1,308	(469)	(693)	0	1,188
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	5,105	0	0	0	965	(956)	(295)	106	4,925
All other losses and special payments	0	0	0	0	4,184	(4,184)	0	0	0
Defence legal fees and other administration	4,151	0	0	0	3,231	(1,453)	(1,167)		4,762
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	46			0	31	(36)	(4)	1	38
2019-20 Scheme Pays - Reimbursement	830			0	0	(25)	(254)	0	551
Restructuring	0			0	0	0	0	0	0
Other	3,276		0	0	2,608	(346)	(866)	0	4,672
Capital provisions									
RoU Asset Dilapidations CAME	1,102		0	0	319	(32)	(32)	0	1,357
Other Capital Provisions	0		0	0	0	0	0	0	0
Total	197,628	0	(1,160)	0	80,050	(31,233)	(28,486)	107	216,906

Expected timing of cash flows:

	In year to 31 March 2027	Between 1 April 2027 31 March 2031	Thereafter	Total
				£000
Clinical negligence:-				
Secondary care	17,515	178,330	0	195,845
Primary care	3,216	352	0	3,568
Redress Secondary care	1,188	0	0	1,188
Redress Primary care	0	0	0	0
Personal injury	1,143	1,584	2,198	4,925
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	1,557	3,205	0	4,762
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	33	5	0	38
2019-20 Scheme Pays - Reimbursement	40	511	0	551
Restructuring	0	0	0	0
Other	4,672	0	0	4,672
Capital provisions				
RoU Asset Dilapidations CAME	120	0	1,237	1,357
Other Capital Provisions	0	0	0	0
Total	29,484	183,987	3,435	216,906

20. Provisions (continued)

	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
Current	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
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**
Other	5,111		0	0	1,795	(1,719)	(1,911)	0	**3,276**
Capital provisions									
RoU Asset Dilapidations CAME	0		0	0	152	0	0	0	**152**
Other Capital Provisions	0		0	0	0	0	0	0	**0**
Total	**53,082**	**0**	**(1,659)**	**(4,567)**	**21,233**	**(10,204)**	**(14,414)**	**109**	**43,580**
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**
Other	0		0	0	0	0	0	0	**0**
Capital provisions									
RoU Asset Dilapidations CAME	250		0	0	700	0	0	0	**950**
Other Capital Provisions	0		0	0	0	0	0	0	**0**
Total	**147,307**	**(11,918)**	**(7,588)**	**4,567**	**42,796**	**(7,752)**	**(13,364)**	**0**	**154,048**
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**
Other	5,111		0	0	1,795	(1,719)	(1,911)	0	**3,276**
Capital provisions									
RoU Asset Dilapidations CAME	250		0	0	852	0	0	0	**1,102**
Other Capital Provisions	0		0	0	0	0	0	0	**0**
Total	**200,389**	**(11,918)**	**(9,247)**	**0**	**64,029**	**(17,956)**	**(27,778)**	**109**	**197,628**

21. Contingencies

21.1 Contingent liabilities

Provisions have not been made in these accounts for the following amounts :	**2025-26 £'000**	2024-25 £'000
Legal claims for alleged medical or employer negligence:-		
Secondary care	**166,639**	123,637
Primary care	**4,635**	1,729
Redress Secondary care	**0**	0
Redress Primary care	**0**	0
Doubtful debts	**0**	0
Equal Pay costs	**0**	0
Defence costs	**3,168**	2,554
Continuing Health Care costs	**1,568**	380
Other	**0**	0
Total value of disputed claims	**176,010**	128,300
Less amounts recoverable in the event of claims being successful	**(171,716)**	(125,170)
Net contingent liability	**4,294**	3,130

21.2 Remote Contingent liabilities

	2025-26 £000	2024-25 £000
Guarantees	0	0
Indemnities	46	199
Letters of Comfort	0	0
Total	**46**	**199**

21.3 Contingent assets

	2025-26 £000	2024-25 £000
The Health Board has no contingent assets	0	0
Total	**0**	0

22. Capital commitments

Contracted capital commitments at 31 March

The disclosure of future capital commitments not already disclosed as liabilities in the accounts.

	2025-26 £000	2024-25 £000
Property, plant and equipment	14,381	6,834
Right of Use Assets	0	0
Intangible assets	0	0
Total	**14,381**	6,834

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 2026	
	Number of cases	£
Clinical negligence:-		
Secondary Care	91	23,459,042
Primary Care	5	273,284
Redress Secondary Care	86	467,545
Redress Primary Care	0	0
Personal injury	23	956,274
All other losses and special payments	1,375	4,183,850
Total	1,580	29,339,995

23.2 Analysis of number of cases and associated amounts paid out during the financial year

Case Type	In year cases in excess of £300,000		Cumulative amount
	L&R Case reference number	£	£
Cases in excess of £300,000:			
Clinical Negligence	SSPLR149565	500,000	560,000
Clinical Negligence	SSPLR147604	845,000	1,475,000
Clinical Negligence	SSPLR144393	445,652	620,437
Clinical Negligence	SSPLR142617	2,652,714	3,012,263
Clinical Negligence	SSPLR142571	473,600	473,600
Clinical Negligence	SSPLR140176	4,894,298	5,583,268
Clinical Negligence	SSPLR139083	1,911,664	1,911,664
Clinical Negligence	SSPLR120423	1,821,237	2,071,237
Clinical Negligence	SSPLR123668	865,000	975,000
Clinical Negligence	SSPLR115542	1,770,000	1,835,000
Clinical Negligence	SSPLR154494	651,481	651,481
Clinical Negligence	SSPLR148955	1,067,500	1,067,500
Clinical Negligence	SSPLR144485	310,000	320,000
Clinical Negligence	SSPLR150958	415,795	415,795
	Number of cases	£	£
Sub-total	**14**	**18,623,941**	**20,972,244**
All other cases paid in year	1,566	10,716,054	19,653,523
Total cases paid in year	**1,580**	**29,339,995**	**40,625,767**

23.3 Analysis of number of cases and associated amounts where no payments were made in financial year

	Number of cases	£
Cumulative amount up to £300k	96	4,346,357
Cumulative amount greater than £300k	10	22,277,838
Total	**106**	**26,624,196**

24. Right of Use lease obligations

24.1 Obligations (as lessee)

Amounts payable under right of use asset leases:

2025-26

	LAND	BUILDINGS	OTHER	TOTAL
	31 March 2026	31 March 2026	31 March 2026	31 March 2026
Minimum lease payments	£000	£000	£000	£000
Within one year	0	3,994	2,704	**6,698**
Between one and five years	0	14,449	5,960	**20,409**
After five years	0	13,424	1,963	**15,387**
Less finance charges allocated to future periods	0	(4,164)	(1,238)	**(5,402)**
Minimum lease payments	**0**	**27,703**	**9,389**	**37,092**
Included in:				
Current borrowings	0	3,238	2,350	**5,588**
Non-current borrowings	0	24,465	7,039	**31,504**
	0	**27,703**	**9,389**	**37,092**
Present value of minimum lease payments				
Within one year	0	3,238	2,350	**5,588**
Between one and five years	0	12,277	5,193	**17,470**
After five years	0	12,188	1,846	**14,034**
Present value of minimum lease payments	**0**	**27,703**	**9,389**	**37,092**
Included in:				
Current borrowings	0	3,238	2,350	**5,588**
Non-current borrowings	0	24,465	7,039	**31,504**
	0	**27,703**	**9,389**	**37,092**

2024-25

	LAND	BUILDINGS	OTHER	TOTAL
	31 March 2025	31 March 2025	31 March 2025	31 March 2025
Minimum lease payments	£000	£000	£000	£000
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)
Minimum lease payments	**0**	**29,617**	**6,904**	**36,521**
Included in:				
Current borrowings	0	3,094	1,262	**4,356**
Non-current borrowings	0	26,523	5,642	**32,165**
	0	**29,617**	**6,904**	**36,521**
Present value of minimum lease payments				
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
Present value of minimum lease payments	**0**	**29,617**	**6,904**	**36,521**
Included in:				
Current borrowings	0	3,094	1,262	**4,356**
Non-current borrowings	0	26,523	5,642	**32,165**
	0	**29,617**	**6,904**	**36,521**

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 :

	31 March 2026	31 March 2025
Gross Investment in leases	**£000**	£000
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	**0**	0
Included in:		
Current financial assets	**0**	0
Non-current financial assets	**0**	0
	0	0
Present value of minimum lease payments		
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	**0**	0
Included in:		
Current financial assets	**0**	0
Non-current financial assets	**0**	0
	0	0

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 2026	31 March 2025
	£000	£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	**0**	0
Total estimated capital value of off-SoFP PFI contracts	**0**	0

25.2 PFI schemes on-Statement of Financial Position

Capital value of scheme included in Fixed Assets Note 11	**£000**
	75,005
Contract start date:	**12/05/2000**
Contract end date:	**31/05/2030**

Total obligations for on-Statement of Financial Position PFI contracts due:

2025-26	**On SoFP PFI Capital element**	**On SoFP PFI IFRS 16 impact**	**On SoFP PFI Imputed interest**	**On SoFP PFI Service charges**
	31 March 2026	**31 March 2026**	**31 March 2026**	**31 March 2026**
	£000	**£000**	**£000**	**£000**
Total payments due within one year	**9,138**	**1,233**	**2,710**	**5,055**
Total payments due between 1 and 5 years	**40,177**	**2,272**	**4,634**	**13,427**
Total payments due thereafter	**0**	**0**	**0**	**0**
Total future payments in relation to PFI contracts	**49,315**	**3,505**	**7,344**	**18,482**

2024-25	On SoFP PFI Capital element	On SoFP PFI IFRS 16 impact	On SoFP PFI Imputed interest	On SoFP PFI Service charges
	31 March 2025	31 March 2025	31 March 2025	31 March 2025
	£000	£000	£000	£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	56,897	4,900	10,450	23,343

	31/03/2026
	£000
Total present value of obligations for on-SoFP PFI contracts	78,646

25.3 Charges to expenditure	2025-26	2024-25
	£000	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	3,692	3,574
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	3,692	3,574

The LHB is committed to the following annual charges

PFI scheme expiry date:	£000	£000
Not later than one year	0	0
Later than one year, not later than five years	18,136	0
Later than five years	0	17,556
Total	18,136	17,556

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

25.5 Public Private Partnerships

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 it's activities. The 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. The 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

The 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 the Health Board therefore has low exposure to interest rate fluctuations.

Credit risk

As the majority of the Health Board's funding derives from funds voted by the Welsh Government the Health Board has low exposure to credit risk.

Liquidity risk

The 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

	2025-26 £000	2024-25 £000
(Increase)/decrease in inventories	(82)	(622)
(Increase)/decrease in trade and other receivables - non-current	(32,999)	(6,096)
(Increase)/decrease in trade and other receivables - current	12,448	(2,045)
Increase/(decrease) in trade and other payables - non-current	(9,797)	751
Increase/(decrease) in trade and other payables - current	(3,332)	817
Total	(33,762)	(7,195)
Adjustment for accrual movements in fixed assets - creditors	4,954	(6,182)
Adjustment for accrual movements in fixed assets - debtors	0	0
Adjustment for accrual movements in right of use assets - creditors	(571)	(6,239)
Adjustment for accrual movements in right of use assets - debtors	0	0
Other adjustments	1,395	1,261
	(27,984)	(18,355)

Other adjustment is for the movement in the Capital (IFRS16) element of the PFI ROU

28. Other cash flow adjustments

	2025-26 £000	2024-25 £000
Depreciation	42,262	38,793
Amortisation	952	1,433
(Gains)/Loss on Disposal	34	103
Impairments and reversals	(19,378)	8,840
Release of PFI deferred credits	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0
Covid assets received credited to revenue but non-cash	0	0
Donated assets received credited to revenue but non-cash	(274)	(332)
Government Grant assets received credited to revenue but non-cash	(151)	(983)
Right of Use Grant (Peppercorn Lease) credited to revenue but non cash	0	(175)
Non-cash movements in right of use assets	0	1
Non-cash movements in provisions	52,071	18,794
Other movements	55,041	52,154
Total	130,557	118,628

Other movements of £55.041m (2024-25 £52.154m) is made up of notional funding received for:

- LHB notional 9.4% Staff Employer Pension Contributions;
- the 2019-20 Pensions Annual Allowance Charge Compensation Scheme (PAACCS);

which are both 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 30th June 2026; post the date the financial statements were certified by the Auditor General for Wales.

The decision to increase remuneration rates relates to a wider review of the underlying Welsh Government Remuneration Scheme guidance, the scheme used to ensure the level of fees paid to public office holders (not just those in the Welsh NHS) is transparent and applied
consistently. Updates on the review have been a regular topic discussed at CEO and Chair level forums hosted by the Welsh Government.
Agreement to increase the level of fees was made by the Cabinet Secretary for Finance and Welsh Language on 1 December. This was noted by CSHSC on 2 December.
The correspondence to the CEOs (in April 2026) confirmed that it had been agreed the Welsh Government Remuneration Scheme daily rates should increase from the 1 January 2026, a change relating to the 2025-26 pay cycle.
The Welsh Government does not propose to issue revised terms and conditions to those board roles impacted by this increase. However, the new rates will become part of any new terms and conditions issued. Costs must be met from existing organisational budgets.
As Ministerial approval was made to implement the change on 1 December 2025 the 2025-26 payment falls within the category of an adjusting post balance sheet event.

30. Related Party Transactions

A number of the HB's Board members have interests in related parties as follows:

Name	Details	Interests
Abigail Harris	**Chief Executive**	Husband is employed by the Competitions and Markets Authority which occassionally takes actions relating to health service provision. Husband is a board member of WCVA.
Alun Llewelyn	**Associate Board Member**	Member of Neath Port Talbot County Borough Council (from 1996)
Andrew Griffiths	**Independent Member**	CEO of FEDIP - professional standards organisation for people working in digital health, ongoing part-time paid employment. Chair on WIDI (ongoing, unpaid) which is a collaboration of two universities that are developing initiatives for staff development in digital health.
Charlotte Emma Rees-Sidhu	**Independent Member**	PVC & Executive Dean of the Faculty of Medicine, Health & Life Science at Swansea University
Darren Griffiths	**Director of Finance and Performance (left Feb 2026)**	Governor of Gower College Swansea. Wife is the Director of Health and Care for British Red Cross for all of UK
Deb Lewis	**Chief Operating Officer/ Executive Director of Primary Care, Mental Health and Learning Disabilities**	Husband is employed by SBU Health Board, Alan Lewis, Job planning manager for the Medical Director's office (Mar 2024- Feb 2026)
Elizabeth Rix	**Executive Director of Nursing**	Two children in NHS Wales - one in shared services, one in SBUHB. SBUHB not in position of power
Gillian Richardson	**Interim Director for Public Health**	Co Chair of Welsh Centre of International Affairs (5 yrs) - no financial benefit. Trustee of Guardian Ballers (2yrs) - no financial benefit
Hazel Lloyd	**Head of Corporate Governance and Board Secretary**	Spouse is Director of Llanharan Pharmacy Ltd (Oct 2020 - present)
Jacquelin Davies	**Independent Member**	Chair of People Speak Up (Arts in Health Charity); Chair of Royal College Nursing Wales Board; Vice Chair of Royal College of Nursing Trade Union Committee; Board member of Royal College of Nursing Equity, Diversity and Inclusion Committee; Secretary of Royal College of Nursing Glamorgan Branch. No financial benefit from any interests.
Janice Victoria Williams	**Chair**	Trustee of Amgueddfa Cymru (AC does not sit in HSCEY of Welsh Government) - no financial benefit
Ceinwen Jean Church	**Independent Member**	Daughter is Director of Primary Care and Medical Examiner services for NHS Wales Shared Services Partnership
Keith Lloyd	**Independent Member**	Chair of Volcano Theatre Trading Company - no financial benefit. Professor of Psychiatry at Swansea University - salaried employment. Honorary Consultant Psychiatrist SBUHB.Trustee Heartbeat Trust (Charity). General Medical Council (registrant board member) - remunerated. Health Technology Wales, Chair of Appraisal Panel - remunerated.
Matthew John	**Director of Digital**	Voluntary Parent Governor at Dwr Y Felin Comprehensive School
Nicola Louise Matthews	**Independent Member**	Trustee of Wales National Pool. Local Councillor of Swansea Council. Office Manager for Member of Parliament for Gower
Nuria Zolle	**Independent Member**	Welsh Government National Advice Network-Ministerial Appointment - unremunerated. Ospreys in the Community - Trustee/Directorship - unremunerated. Shelter Cymru - Trustee/Directorship - unremunerated. Sport Wales Board Member (public appointment) - remunerated. Partner is a director of the Independent Monitoring Authority.
Reena Owen	**Independent Member**	Environment Centre Swansea Trustee - no financial benefit. Spouse is trustee of Bikeability, Killay, Swansea
Professor Richard Huw Evans	**Executive Medical Director and Deputy Chief Executive Officer**	Director of White Farm Estates - no financial benefit
Stephen Spill - Vice Chair	**Vice Chair**	NED of Karbon Homes Ltd - remunerated. NED and Trustee of British Small Animal Veterinary Association - remunerated until 31.3.2025, pro-bono thereafter. Board Advisor for In2Matrix - remunerated. Lancashire and South Cumbria ICB (LSC) - awaiting appointment confirmation, then will be reumerated

The total value of transactions with related parties in 2025/26 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
British Red Cross Society	194	0	0	0
City & Council Swansea	24,672	3,054	899	456
Gower College Swansea	4	0	4	0
Neath Port Talbot Council	14,402	4,847	92	708
NHS Lancashire and South Cumbria ICB	0	62	0	1
Ospreys in the Community	125	0	0	0
Royal College of Nursing	7	1	0	0
Swansea University	7,179	949	454	321
Velindre NHS Trust	69,882	10,241	3,700	5,076

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 2025/26 the Health Board made cash payments of £1,413,438.19 on behalf of the NHS Charity and the NHS Charity made payments of £834,803.18 on behalf of the Health Board. As at 31st March 2026 the amount owed to the Health Board by the NHS Charity amounted to £277,751.05 with the Health Board owing the NHS Charity £241,940.08. These balances will be cleared in April 2026.

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:

Related Party	Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Welsh Government	75	1,467,035	-	763
NHS Wales Joint Commissioning Committee	158,512	163,015	2,986	4,111
Aneurin Bevan UHB	1,254	2,508	204	438
Betsi Cadwaladr LHB	599	556	41	95
Cardiff & Vale UHB	8,431	7,708	1,207	720
Cwm Taf Morgannwg Morgannwg UHB	19,410	36,909	1,888	3,018
Digital Health and Care Wales	7,407	1,878	56	331
Health Education & Improvement Wales	24	22,439	-	745
Hywel Dda UHB	6,495	50,601	497	4,561
Powys THB	1,601	12,972	24	1,688
Public Health Wales NHS Trust	5,212	6,335	928	654
Velindre NHS Trust	69,882	10,241	3,700	5,076
Welsh Ambulance Services NHS Trust	659	99	51	29
Total	**279,561**	**1,782,296**	**11,582**	**22,229**

31. Third Party assets

The LHB held £812,201 cash at bank and in hand at 31 March 2026 (31st March 2025, £995,938) 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 2026 (31st March 2025, £0).
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 2026 amounted to £2,532,703 (£2,933,052 as at 31st March 2025).

32. Pooled budgets

Pooled budget scheme with Swansea County Borough Council & Neath Port Talbout County Borough Council where the Health Board is a member.
Other includes:
2025/26 - RIF Funding (£249k), HCF (£451k), In Year Reserve Draw (£400k).
2024/25 - RIF Funding (£249k), HCF (£671k)
Asset NBV of PPE @ 31st March 2026 = £2,767k (31st March 2025 - £2,699k)

West Glamorgan Community Equipment (Pooled Budget 1)	**2025-26**	**2024-25**
Pooled Budget contributions	**£ 000**	**£ 000**
Neath Port Talbot County Council	343	350
Swansea County Borough Council	610	622
Swansea Bay Local Health Board	1,547	1,528
Other	1,101	921
Total Pooled Budget contributions for the year	**3,601**	**3,421**
Expenditure		
Staff Costs	0	0
Equipment Purchases	2,547	2,139
Operating Expenditure	0	0
Non Operating Expenditure	700	920
Total Expenditure for the year	**3,247**	**3,059**
Net Surplus/(Deficit) on the Pooled Budget for the Year	**354**	**362**
Cumulative Net Surplus/(Deficit) on the Pooled Budget	**1,020**	**666**

Pooled budget scheme with Neath Port Talbout County Borough Council where the Health Board is a member.

Intermediate Care Fund (Pooled Budget 2)

	2025-26	**2024-25**
Pooled Budget contributions	**£ 000**	**£ 000**
Neath Port Talbot County Council	3,445	3,267
Swansea Bay Local Health Board	4,365	4,569
Other	0	0
Total Pooled Budget Contributions	**7,810**	**7,836**
Expenditure		
Staff Costs	7132	6761
Equipment Purchases	0	0
Operating Expenditure	0	0
Non Operating Expenditure	0	0
Total Expenditure	**7,132**	**6,761**

No income has been received in relation to activities resulting from Pooled budget.

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 Therapy 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 2025 to 31st March 2026. This has been calculated from actual Welsh Government expenditure for the 9.4% staff employer pension contributions between April 2025 and February 2026 alongside Health Board data for March 2026.

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:

	2025-26	2024-25
Statement of Comprehensive Net Expenditure for the year ended 31 March 2026	**£000**	**£000**
Expenditure on Primary Healthcare Services	**0**	0
Expenditure on healthcare from other providers	**0**	0
Expenditure on Hospital and Community Health Services	**55,016**	52,138
Statement of Changes in Taxpayers' Equity for the year ended 31 March 2026		
Net operating cost for the year	**55,016**	52,138
Notional Welsh Government Funding	**55,016**	52,138
Statement of Cash Flows for year ended 31 March 2026		
Net operating cost for the financial year	**55,016**	52,138
Other cash flow adjustments	**55,016**	52,138
2.1 Revenue Resource Performance		
Revenue Resource Allocation	**55,016**	52,138
3. Analysis of gross operating costs		
3.1 Expenditure on Primary Healthcare Services		
General Medical Services	**0**	0
Pharmaceutical Services	**0**	0
General Dental Services	**0**	0
Other Primary Health Care expenditure	**0**	0
3.2 Expenditure on healthcare from other providers		
	0	0
	0	0
3.3 Expenditure on Hospital and Community Health Services		
Directors' costs	**132**	148
Staff costs	**54,884**	51,990
Single Lead Employer staff trainee costs	**0**	0
9.1 Employee costs		
Permanent Staff		
Employer contributions to NHS Pension Scheme	**55,016**	52,138
Charged to capital	**85**	64
Charged to revenue	**55,101**	52,201
18. Trade and other payables		
Current		
Pensions: staff	**0**	0
28. Other cash flow adjustments		
Other movements	**52,071**	47,703

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 2025-26. 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 a 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 annual contract review for a range of income contract types applicable to the orgar 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 2025	0
Liability for remaining payments @ 31 March 2026	0
	0
Arising during year	0
Utilised	0
Reversed unused	0
Movement in Discount Rates	0
	0

STATEMENT OF COMPREHENSIVE NET EXPENDITURE

(Signage as per income and expenditure note disclosure)	£000
Insurance Income	0
Insurance expenditure	0

ıisation,

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)1, 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.

Appendix B			Schedule of Audit Changes 2025-26		

Reason		Statement		Change Required	Agreed with Audit Wales	Accounts Amended
Classification		Note 3.2 – Expenditure on healthcare from other providers		Note 3.2 - correction of classification Reclassify £1.504m from NHS Wales Health Boards to NWJCC No change to note total	Yes	Yes – disclosure only
Classification		Note 8 – Operating leases		£6.302m removed from total future minimum lease payments – incorrectly included as the HB is a tenant and not the landlord Disclosure note only	Yes	Yes – disclosure only
Classification		Note 9.1 Employee Costs		Note 9.1 – correction of Social security and NHS Pension scheme costs Correction to disclosure note total	Yes	Yes – no change to RRL
Classification		Note 18 – Trade and other payables		Note 18 – correction of classification Reclassify £2.61m from Non NHS Accruals to Local Authorities No change to note total	Yes	Yes – disclosure only
Classification		Note 18 Trade and other payables and Note 20 Provisions		Note 18 & Note 20 – correction of classification Reclassify £1.15m from trade & Other Payables to Provisions	Yes	Yes – no change to RRL
Classification		Note 20– Provisions		Note 20 – correction of classification Reclassify £140.862m from current Provisions to non current Provisions No change to note total	Yes	Yes – disclosure only

Reason		Statement		Change Required	Agreed with Audit Wales	Accounts Amended
Disclosure		Note 30 – Related Parties		Note 30 – amendment to ensure agreement to working papers and declarations of interest Correction to disclosure note	Yes	Yes – disclosure only
Disclosure		Note 32 – Pooled Budgets		Note 32 – an additional Pooled budget was added	Yes	Yes – disclosure only
Disclosure		Remuneration Report		Interim director of Workforce omitted in error – added in for 1 month and some other narrative amendments made	Yes	Yes – disclosure only
Various		Various		A number of other minor amendments were made to the financial statements relating to either revisions to disclosures of information, narrative changes or typing errors.	Yes	Yes – disclosure only

Archwilio Cymru
Audit Wales

Audit of Accounts Report – Swansea Bay University Local Health Board

Audit year: 2025-26

Date issued: June 2026

Document reference: 5375A2026

Contents

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Introduction

Adrian Crompton

Auditor General for Wales

I am pleased to share my Audit of Accounts Report. The Report summarises the main findings from my audit of your 2025-26 annual report and accounts. My team have already discussed these findings with the Interim Director of Finance.

My team have substantially completed the audit work as set out in my Audit Plan dated February 2026, with the review of the final version of the accounts, along with completion of our audit closing procedures.

Since my Audit Plan, I have updated materiality to reflect the 2025-26 accounts. I have not identified any new audit risks. My response to previously identified risks is set out in **Appendix 1**.

I am required to provide an opinion on whether the accounts have been properly prepared, give a true and fair view, in all material aspects and whether income and expenditure have been applied to the purposes intended. My proposed audit opinion and basis for it is outlined on page 24.

It is the responsibility of the those charged with governance, ie Board/Audit Committee to address any matters raised in my report and provide me with a Letter of Representation.

I would like to extend my gratitude to the officers and staff of Swansea Bay University Local Health Board (the Health Board) for their cooperation throughout the audit process which has been invaluable in completing this audit effectively.

Your audit at a glance

We intend to issue an **unqualified opinion** but a **qualified regularity opinion** on the accounts. We are also proposing to issue a **substantive report**.

See **Appendix 3**

There is **one significant matter** and **two other issues** to report.

See **Audit findings**

There are no **uncorrected misstatements** in the accounts.

See **Audit findings**

We have raised **three recommendations** as a result of our work.

See **Appendix 5**

We are aiming to certify your accounts on **26 June 2026**, which is ahead of the deadline of **30 June 2026**.

Materiality

I use professional judgement to set a materiality threshold to identify and correct misstatements that could affect users' decisions, considering both financial errors and disclosure requirements according to the applicable accounting framework and laws. My team updates materiality throughout the audit and I include in this report matters that exceed my reporting threshold, as set out below:

Materiality	Reporting threshold (trivial)
Set at 1% of gross expenditure based upon the 2025-26 draft financial statements.	Set at 5% of materiality
£18.15 million	**£0.907 million**

There are some areas of the accounts that may be of more importance to the user of the accounts. We confirm lower materiality levels for these:

Remuneration report	Related party disclosures
£5,000/correct banding	£10,000 (Individuals) £18.15 million (Other Bodies)

Audit Findings

Misstatements

A misstatement arises where information in the accounts is not in accordance with accounting standards.

There were some misstatements identified in the accounts.

Uncorrected misstatements

There are no misstatements identified in the accounts, which remain uncorrected.

Corrected misstatements

During our audit, we identified misstatements that have been corrected by management, but which we consider should be drawn to your attention.

These are set out in **Appendix 2**.

Other significant issues

International Standard on Auditing 260 requires us to communicate with those charged with governance. We must tell you significant findings from the audit and other matters if they are significant to your oversight of the Health Board's financial reporting process.

The following significant issues were identified during the audit.

Governance arrangements in relation to Executive Director appointments need to be strengthened

My review of the Remuneration Report identified areas where the governance arrangements in relation to the appointment of Interim Executive Directors could be strengthened.

Our testing found that for one Interim Executive Director and one substantive Executive Director appointed during the year, Welsh Government approval had been received, pay was at the correct banding and the Remuneration and Terms of Service Committee (RATS) had approved the appointments. However, there is no evidence that the RATS

decision/approval was ratified by the Board as required by Standing Orders. We reported a similar issue in 2024-25.

In addition, our testing found that two interim Executive Director appointments had been extended beyond the initial contract term and whilst Welsh Government approval was provided for the extension, the extension had not been reported or approved by RATS or the Board. Standing Orders are silent on whether this is required. Given that extending an interim contract is essentially re-appointing that person for a further period of time, we recommend that for good governance, any extensions to interim contracts for Executive Directors are approved by RATS and ratified by the Board.

See **Recommendation 1** in **Appendix 5**.

Other issues

There are two other issue that we would like to bring to your attention.

Audit of Property, Plant & Equipment

The Health Board officer's engagement with auditors throughout the audit process has been helpful and constructive and allowed us to resolve any audit queries efficiently and effectively. In particular, the working papers provided by and the engagement with the central finance team have been excellent. This is very much appreciated and allows for an efficient audit process.

We did however experience issues during our audit of Property, Plant and Equipment (PPE) which has led to inefficiencies in the audit of this area. These meant the audit of this area took longer than it should have. This could result in us charging additional audit fees in future years and/or deadlines being missed if this is not addressed (particularly in the quinquennial valuation year). Once escalated to the Director of Finance, the delays were addressed.

We reported similar issues in 2022-23 and whilst this improved slightly in 2023-24 and 2024-25, these issues have re-appeared. The issues are summarised as follows:

- **Supporting evidence/working papers** – during the audit, we experienced difficulties with the quality of and/or obtaining the working papers/supporting evidence for some elements of PPE we

were testing. Good quality working papers should be in place at the start of the audit.

- **Engagement with audit** – we experienced delays in obtaining responses to some of our queries and obtaining supporting evidence for the samples that we selected for testing (sometimes significant). This meant that audit work took longer to complete.

See **Recommendation 2** in **Appendix 5**. We will work in collaboration with officers to improve this area for 2026-27 and future audits.

Capitalised Salaries

The financial statements include £959,000 of Capitalised Salaries within the Additions balance in Note 11.1 Property, Plant and Equipment. These relate to costs of staff working on Capital Projects. Under accounting standards, only costs directly attributable to capital schemes can be capitalised.

The costs charged are based on the staff member, the nature of their role and how much time they will be needed on the project(s). As such, different percentages of staff costs will be charged.

Our testing identified that these percentages are determined through discussions at the start of the year and there is no supporting audit trail to evidence these discussions, what the agreed percentages are or the rationale for the specific percentages agreed.

Whilst the risk of a material error is low, the audit trail should be strengthened to ensure that there is a clear rationale and sign off of the percentages for capitalised salaries at the start of each financial year (and any changes in year).

See **Recommendation 3** in **Appendix 5**.

Proposed audit opinion

Audit opinion

We intend to issue an unqualified true and fair opinion but a qualified regularity audit opinion on this year's accounts once you have provided us with a Letter of Representation (see below).

In line with prior years, the regularity opinion is qualified because the Health Board did not meet its revenue resource allocation over the three-year period ending 2025-26.

We are also proposing to issue a substantive report because, in line with prior years, the Health Board did not meet its first and second financial duties to operate within its revenue resource allocation over the three-year period ending 2025-26 or have an approved three-year integrated medium-term plan.

Our proposed audit report is set out in **Appendix 3**.

Letter of representation

A Letter of Representation is a formal letter in which you confirm to us the accuracy and completeness of information provided to us during the audit. Some of this information is required by auditing standards; other information may relate specifically to your audit.

The letter we are requesting you to sign is included in **Appendix 4**.

Recommendations

We have made three recommendations to strengthen arrangements. These are set out in **Appendix 5** along with management's responses to the recommendations.

We will monitor progress against the recommendations during next year's audit.

Audit team and ethical compliance

The main members of my team who carried out the audit work, together with their contact details, are summarised in **Exhibit 1**.

Exhibit 1: My local audit team

Engagement Lead	Kate Havard kate.havard@audit.wales
Audit Manager	Jason Blewitt jason.blewitt@audit.wales
Audit Lead	Leanne Malough leanne.malough@audit.wales

Compliance with ethical standards

We confirm that:

- we have complied with the ethical standards we are required to follow in carrying out our work;
- we have remained independent of yourselves;
- our objectivity has not been comprised; and
- we have no relationships that could undermine our independence or objectivity.

Staff secondment

As disclosed in our Audit Plan, one member of staff employed by the Wales Audit Office has been seconded to the Health Board. The staff member is a trainee accountant seconded as part of an initiative funded by

the Welsh Consolidated Fund designed to allow trainee accountants to broaden their skills and to gain experience of working across different parts of the Welsh public sector. The staff member was seconded to the Health Board for the period January to June 2024.

To safeguard against any potential threats to auditor independence and objectivity, the following restrictions apply in line with the FRC's Revised Ethical Standard 2024:

- the secondee has not undertaken any management responsibilities; and
- the secondment was for a maximum of 12 months.

Appendix 1 – Audit risks and outcomes

Exhibit 2 lists the audit risks included within my Audit Plan and sets out how they were addressed as part of the audit.

My Audit Plan set out the risks of material misstatement and/or irregularity for the audit of the Health Board's accounts. **Exhibit 2** lists these audit risks and sets out how they were addressed as part of the audit. No additional audit risks have been identified since that need to be brought to your attention.

Exhibit 2: Audit risks reported previously, work done and outcome

Audit risk	Work done	Outcome
Risk of management override The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].	The audit team: • tested the appropriateness of journal entries and other adjustments made in preparing the financial statements; • reviewed accounting estimates for bias; and • evaluated the rationale for any significant transactions outside the normal course of business.	My audit work did not identify any instances of management override of controls.

Failure of financial duties Local Health Boards (LHBs) are required to meet two statutory financial duties – known as the first and second financial duties. There is a significant risk that you will fail to meet your first financial duty to break even over a three-year period. The revenue position at month 10 shows a year-to-date deficit of £57.3 million and a forecast year-end deficit of £58.7 million. This, combined with the outturns for 2023-24 and 2024-25, predicts a three-year deficit of £118 million. The Health Board is also required to break even against its Capital Resource Limit over a three-year period. Whilst the Health Board has met this in previous years, performance against the duty has been tight. Your current financial pressures increase the risk that management judgements and estimates could be biased in an effort to achieve the financial	My audit team monitored the Health Board's financial position for 2025-26 and the cumulative three-year position to 31 March 2026 and considered achievement against the financial duties. We focused our testing on areas of the financial statements which could contain reporting bias.	We reviewed year-end transactions, in particular accruals and cut-off. No material matters arose from the work carried out. We qualified the regularity opinion and a substantive report was placed on the financial statements explaining the failure to break even over a three period and the circumstances under which it arose and the failure to have an approved three-year plan in place.

duty for capital, revenue or both. Where you fail this financial duty for either capital or revenue, we will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion. The second financial duty requires LHBs to prepare and have approved by Welsh Ministers a rolling three-year integrated medium-term plan. Should you fail this financial duty, we will place a substantive report on the financial statements highlighting this.	

Remuneration report disclosures There have been several new permanent and interim appointments to senior officer and board member posts during 2025-26 which need to be captured in the remuneration report. There is a risk that these are not appropriately disclosed in the remuneration report, as remuneration paid to senior officers and board members continues to be of high interest and is material by nature. We have also previously identified issues with these disclosures. Therefore, there is a risk that even low value errors in the disclosure could result a material misstatement.	My audit team: • reviewed the movements in the senior management team during 2025-26; • ensured that remuneration disclosed was consistent with supporting evidence; • ensured that amounts paid were consistent with those approved by the Board and in accordance with Welsh Government pay rates; and • ensured that disclosures were complete based on the team's knowledge and that they were prepared in accordance with requirements.	We reviewed the Remuneration Report disclosures. No material errors were identified regarding the disclosures. We did identify some governance issues regarding the appointment of Executive Directors (see 'Other Significant Issue' section and **Recommendation 1** in **Appendix 5**).

Valuation of property assets The value of property assets reflected in the balance sheet and notes to the accounts are material estimates. Property assets are required to be held on a valuation basis which is dependent on the nature and use of the assets. This estimate is subject to a high degree of subjectivity, depending on the specialist and management assumptions, and changes in these can result in material changes to valuations. Assets are required to be formally revalued every five years as a minimum, with indexation applied in interim years, but values may also change year on year, particularly where there are ongoing refurbishment projects resulting in subsequent expenditure being capitalised. There is a risk that the carrying value of assets recognised in the accounts could be materially different to the current	My audit team: • reviewed the indices used by management for reasonableness; • evaluated the competence, capabilities and objectivity of the professional valuer who provided indices to management and undertook valuations as necessary; • tested a sample of assets revalued in the year to ensure the valuation basis, key data and assumptions used in the valuation process were reasonable, and the revaluations had been correctly reflected in the financial statements; • confirmed that indexation had been appropriately applied and had been correctly reflected in the financial statements; and • tested the reconciliation between the financial ledger and the asset register.	Audit work did not identify any material issues/errors. We did experience delays in the provision of working papers, supporting evidence and responses to queries and also a lack of audit trail in relation to Capitalised Salaries as reported in the 'Other Issues' section of this report and **Recommendations 2 and 3** in **Appendix 5**.

value of assets as at 31 March 2026.		
Related party disclosures The financial statements must disclose any related party relationships along with the transactions and balances between the Health Board and the other body/party. The Health Board has many relationships that could be considered a related party. Many are well known for example, the Welsh Government as funder. However, where related party relationships arise via individual officer or member relationships, there is likely to be less transparency regarding these relationships. These transactions are of high interest and are considered to be material by their nature. There is a risk of material misstatement due to incomplete or inaccurate disclosures, even where these are of relatively low value.	My audit team: • reviewed management's process for identifying related party relationships and associated transactions and balances; • undertook procedures to confirm the completeness of related party relationships; and • ensured disclosures were complete, accurate, consistent with evidence and in accordance with requirements.	Audit work did not identify any material issues/errors. The Related Party note was amended to ensure that it agreed to supporting working papers.

Provisions The financial statements include provisions for legal obligations, particularly in relation to clinical negligence. There is a significant degree of subjectivity and uncertainty in the measurement and valuation of these provisions. There is also a transfer to a new legal and risk system for recording claims from 2025-26. This subjectivity and uncertainty increase the risk of material misstatement.	My audit team: • reviewed management's estimation process for the valuation of provisions; • considered the competence, capability and objectivity of the management experts who prepare the estimates; • reviewed the transfer of data to the new legal and risk system; and • ensured that disclosures were in accordance with the FReM and Welsh Government's Manual for Accounts.	The Provisions note was amended to move £140 million of provisions from current to non current (no overall effect to the total provisions value) – see **Appendix 2**.

Appendix 2 – Summary of corrections made

During our audit, we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention.

Value of correction	Accounts area	Explanation
£1,504,000 (No overall effect on the financial statements)	**Note 3.2 Expenditure on healthcare from other providers** Note 3.2 was amended to reclassify £1,504,000 from 'Goods and Services from other NHS Wales Health Boards' to 'Goods and Services from NHSW JCC'. There was no overall effect on the financial statements.	To ensure accuracy of the financial statements.
£6,302,000 (No overall effect on the financial statements)	**Note 8 Future Charges to Statement of Comprehensive Net Expenditure (SoCNE)** Note 8 was updated to remove £6,302,000 from the total future minimum lease payables which had been incorrectly included (as the Health Board is the tenant and not the landlord). As this is a disclosure note, there was no overall effect on the financial statements.	To ensure accuracy of the financial statements.

Various (No overall effect on the financial statements)	**Note 9.1 Employee Costs** Testing of Note 9.1 identified the following: • Specialist Trainee (SLE) – Social security costs of £5,707,000 are overstated by £745,000 and should be disclosed as £4,962,000; and • Specialist Trainee (SLE) – Employer contributions to NHS Pension Scheme costs of £5,514,000 are understated by £193,000 and should be disclosed as £5,707,000. Note 9.1 was updated to reflect these amendments. There was no overall effect on the financial statements.	To ensure accuracy of the financial statements.
£2,610,000 (No overall effect on the financial statements)	**Note 18 Trade and Other Payables** Note 18 was amended to re-classify £2,610,000 from 'Non NHS Accruals' to 'Local Authorities' to ensure the balances agreed to supporting documentation. There was no overall effect on the financial statements.	To ensure accuracy of the financial statements.
£1,150,000 (No overall effect on the financial statements)	**Note 18 Trade and Other Payables and Note 20 Provisions** Note 18 and Note 20 were amended to re-classify £1,150,000 from Trade and	To ensure accuracy of the financial statements.

	Other Payables to Provisions to ensure the amount was classified correctly in line with accounting standards. There was no overall effect on the financial statements.	
£140,862,000 (No overall effect on the financial statements)	**Note 20 Provisions** Note 20 was amended to re-classify £140,862,000 from Current Provisions to Non-Current Provisions as a result of amended information provided by the Legal and Risk team. There was no overall effect on the financial statements.	To ensure accuracy of the financial statements.
Various (No overall effect on the financial statements)	**Note 30 Related Parties** Note 30 was amended to ensure that disclosures agreed to supporting working papers and declarations of interest. As this is a disclosure note, there was no overall effect on the financial statements.	To ensure accuracy of the financial statements.
Various (No overall effect on the financial statements)	**Note 32 Pooled Budgets** Note 32 was amended to include an additional Pooled Budget that had been omitted from the draft financial statements.	To ensure accuracy of the financial statements.
Various (No overall effect on the financial statements)	**Remuneration Report** Audit testing identified that the Interim Director of Workforce had been omitted in error. The	To ensure accuracy of the Remuneration Report.

	Remuneration Report was updated to include the relevant disclosures. A number of other minor amendments were made to the Remuneration Report relating to either revisions to disclosures of information or narrative changes. There was no overall effect on the financial statements.	
Various (No overall effect on the primary statements)	A number of other minor amendments were made to the financial statements relating to either revisions to disclosures of information, narrative changes or typing errors.	To ensure accuracy of the financial statements.

Appendix 3 – Proposed audit report

Proposed audit report

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 2026 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 2026 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 £112.428 million over the £4,055 million that it was authorised to spend in the three-year period 2023-24 to 2025-26. This spending constitutes irregular expenditure.
Further detail is set out in my attached Report.

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 12 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 Minsters' 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. 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 my Report on page 30.

Adrian Crompton
Auditor General for Wales
26 June 2026

1 Capital Quarter
Tyndall Street
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 2026 to draw attention to key matters for my audit, as follows:

- failure against the first financial duty and consequential qualification of my 'regularity' opinion; 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 2025-26, 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 2023-24 to 2025-26.

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 £4,055 million by £112.428 million.

Where an LHB does not balance its books over a rolling three-year period, any expenditure over the resource allocation (ie 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 spending.

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 2025-26 if it submitted a 2025-26 to 2027-28 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 2025-26 to 2027-28.

Adrian Crompton

Auditor General for Wales

26 June 2026

Appendix 4 – Letter of representation

Final letter of representation

[Audited body's letterhead]

Auditor General for Wales
Wales Audit Office
1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

25 June 2026

Representations regarding the 2025-26 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Swansea Bay University Local Health Board (the Health Board) for the year ended 31 March 2026 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.
We confirm that, to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
  - observe the accounts directions issued by Welsh Ministers/HM Treasury, including the relevant accounting and disclosure requirements, and apply appropriate accounting policies on a consistent basis;
  - make judgements and estimates on a reasonable basis;
  - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
  - prepare them on a going concern basis on the presumption that the services of the Health Board will continue in operation;
- ensuring the regularity of any expenditure and other transactions incurred;
- the design, implementation and maintenance of internal control to prevent and detect error.

Information provided

We have provided you with:

- full access to:
  - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
  - additional information that you have requested from us for the purpose of the audit; and
  - unrestricted access to staff from whom you determined it necessary to obtain audit evidence;
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- our knowledge of fraud or suspected fraud that we are aware of and that affects the Health Board and involves:
  - management;

  - employees who have significant roles in internal control; or
  - others where the fraud could have a material effect on the financial statements;
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others;
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements;
- the identity of all related parties and all the related party relationships and transactions of which we are aware;
- our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.
The methods, the data, and the significant assumptions used in making accounting estimates, and their related disclosures, are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.
Related party relationships and transactions have been appropriately accounted for and disclosed.
All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.
All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor, accounted for, and disclosed in accordance with the applicable financial reporting framework.
The financial statements are free of material misstatements, including omissions. There are no uncorrected misstatements in the financial statements.

Representations by those charged with governance

We acknowledge that the above representations made by management have been discussed with us.
We acknowledge our responsibility for ensuring that the Health Board maintains adequate accounting records.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Health Board on 25 June 2026.
We confirm that we have taken all necessary steps to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:	Signed by:
Chief Executive as Accountable Officer	Chair of Board
Date:	Date:

Appendix 5 – Recommendations

We set out below recommendations from our audit along with your management's response to them.

1. Governance arrangements for Executive Director appointments

Our testing found that for one Interim Executive Director appointed during the year, Welsh Government approval had been received, pay was at the correct banding and the Remuneration and Terms of Service Committee (RATS) had approved the interim appointment. However, there is no evidence that the RATS decision was ratified by the Board as required by Standing Orders. We reported a similar issue in 2024-25.

In addition, our testing found that one interim Executive Director appointment had been extended beyond the initial contract term and whilst Welsh Government approval was provided for the extension, the extension had not been reported or approved by RATS or the Board. Standing Orders are silent on whether this is required. Given that extending an interim contract is essentially re-appointing that person for a further period of time, we recommend that for good governance, any extensions to interim contracts for Executive Directors are approved by RATS and ratified by the Board.

Therefore, we recommend that:

(i) all Interim Executive Director appointments are ratified by the Board in line with Standing Orders;
(ii) extensions to interim contracts for Executive Directors are approved by RATS and ratified by the Board.

Priority:

High

Accepted in full by management:

Yes

Management response:

We will formally ask the Board to endorse all decisions and this will take effect from the July Board on 30 July. We will also report a schedule of all Interim positions and a log of when they have been extended, approval form RATS and the Welsh Government and dates, and report these in to Board as well and again this will happen from July Board.

Implementation date:

31 July 2026

2. Audit of Property, Plant and Equipment

We experienced issues during our audit of Property, Plant and Equipment (PPE) which has led to inefficiencies in the audit of this area. These meant the audit of this area took longer than it should have. This could result in us charging additional audit fees in future years and/or deadlines being missed if this is not addressed (particularly in the quinquennial valuation year). Once escalated to the Director of Finance, the delays were addressed.

We reported similar issues in 2022-23 and whilst this improved slightly in 2023-24 and 2024-25, these issues have re-appeared. The issues are summarised as follows:

- **Supporting evidence/working papers** – during the audit, we experienced difficulties with the quality of and/or obtaining the working papers/supporting evidence for some elements of PPE we were testing. Good quality working papers should be in place at the start of the audit.
- **Engagement with audit** – we experienced delays in obtaining responses to some of our queries and obtaining supporting evidence for the samples that we selected for testing (sometimes significant). This meant that audit work took longer to complete.

We recommend that all Capital working papers are provided alongside the draft financial statements and that supporting evidence and responses to queries are provided in a prompt manner.

Priority:

High

Accepted in full by management:

Yes

Management response:

The majority of the 92 audit questions raised were responded to within three working days (85%). It is accepted that some took longer to respond to during very busy periods of normal operations and leave commitments for the Capital Finance Team. There was also one request that came via email on 8 April that was missed by the Capital Finance team as they were focussed on meeting the non-cash deadline and production of the draft financial statements.

The working papers provided alongside the draft financial statements were the same suite of papers provided in 2024-25. As in previous years, we will work in collaboration with the Audit Wales team to improve this area for 2026-27 by reviewing audit comments where those working papers would benefit from enhancement and also where additional working papers were requested during the audit of the draft financial statements, these will be provided alongside the draft financial statements.

Implementation date:

30 September 2026

3. Capitalised Salaries

The financial statements include £959,000 of Capitalised Salaries within the Additions balance in Note 11.1 Property, Plant and Equipment. These relate to costs of staff working on Capital Projects. Under accounting standards, only costs directly attributable to capital schemes can be capitalised.

The costs charged are based on the staff member, the nature of their role and how much time they will be needed on the project(s). As such, different percentages of staff costs will be charged.

Our testing identified that these percentages are determined through discussions at the start of the year and there is no supporting audit trail to evidence these discussions, what the agreed percentages are or the rationale for the specific percentages agreed.

We recommend that the audit trail is strengthened to ensure that there is a clear rationale and sign-off of the percentages for capitalised salaries at the start of the financial year (and any changes in year).

Priority:

High

Accepted in full by management:

Yes

Management response:

The process of allocation to capital scheme was unchanged from previous years. The percentage sign-off at the start of the year will be formally recorded and included as part of the working papers provided alongside the draft financial statements.

Implementation date:

31 July 2026

Audit quality

Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use a three lines of assurance model to demonstrate how we achieve this. We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by the Institute of Chartered Accountants in England and Wales and our Chair of the Board acts as a link to our Board on audit quality. For more information see our latest audit quality report.

Our People

- Selection of right team
- Use of specialists
- Supervisions and review

Arrangements for achieving audit quality
Selection of right team

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support

Independent assurance

- EQRs
- Themed reviews
- Cold reviews
- Root cause analysis
- Peer review
- Audit Quality Committee
- External monitoring

Supporting you

Audit Wales has a range of resources to support the scrutiny of Welsh public bodies, and to support them in continuing to improve the services they provide to the people of Wales.

Visit our website to find:

Our publications which cover our audit work at public bodies.

Information on our upcoming work and forward work programme for performance audit.

Data tools to help you better understand public spending trends.

Details of our Good Practice work and events including the sharing of emerging practice and insights from our audit work.

Our newsletter which provides you with regular updates on our public service audit work, good practice, and events.

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Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Archwilio Cymru
Audit Wales

Adroddiad ar yr Archwiliad o'r Cyfrifon – Bwrdd Iechyd Lleol Prifysgol Bae Abertawe

Blwyddyn archwilio: 2025-26

Dyddiad cyhoeddi: Mehefin 2026

Cyfeirnod y ddogfen: 5375A2026

Cynnwys

Paratowyd y ddogfen hon fel rhan o waith a gyflawnir yn unol â swyddogaethau statudol.

Nid yw Archwilydd Cyffredinol Swyddfa Archwilio Cymru na staff Swyddfa Archwilio Cymru yn derbyn unrhyw rwymedigaeth mewn perthynas ag unrhyw ddibyniaeth neu ddefnydd arall o'r ddogfen hon gan unrhyw aelod, cyfarwyddwr, swyddog neu gyflogai arall yn eu rhinwedd unigol, nac unrhyw ddefnydd gan drydydd parti.

I gael rhagor o wybodaeth, neu os oes angen unrhyw un o'n cyhoeddiadau arnoch mewn fformat a/neu iaith arall, cysylltwch â ni dros y ffôn ar 029 2032 0500, neu e-bostiwch post@archwilio.cymru.

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi. We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay.

Cyflwyniad

Adrian Crompton

Archwilydd
Cyffredinol Cymru

Rwyf yn falch o rannu fy Adroddiad ar yr Archwiliad o'r Cyfrifon. Mae'r Adroddiad yn crynhoi prif ganfyddiadau fy archwiliad o'ch adroddiad blynyddol a'ch cyfrifon ar gyfer 2025–26. Mae fy nhîm eisoes wedi trafod y canfyddiadau hyn gyda'r Cyfarwyddwr Cyllid Interim.

Mae fy nhîm wedi cwblhau'r gwaith archwilio i raddau helaeth fel y nodir yn fy Nghynllun Archwilio dyddiedig Chwefror 2026, gyda'r adolygiad o'r fersiwn derfynol o'r cyfrifon, ynghyd â'r gwaith cwblhau ein gweithdrefnau ar gyfer cau'r archwiliad.

Ers fy Nghynllun Archwilio, rwyf wedi diweddaru'r perthnasedd er mwyn adlewyrchu cyfrifon 2025-26. Nid wyf wedi nodi unrhyw risgiau archwilio newydd. Nodir fy ymateb i risgiau a nodwyd yn flaenorol yn **Atodiad 1**.

Mae'n ofynnol imi roi barn ar ba un a yw'r cyfrifon wedi eu paratoi'n briodol, ac yn rhoi darlun gwir a theg, ym mhob agwedd ar berthnasedd a pha un a yw'r incwm a'r gwariant wedi eu cymhwyso i'r dibenion a fwriadwyd. Amlinellir fy marn archwilio arfaethedig a'm sail ar ei chyfer ar dudalen 24.

Cyfrifoldeb y rhai sy'n gyfrifol am lywodraethu, hynny yw y Bwrdd/Pwyllgor Archwilio, yw mynd i'r afael ag unrhyw faterion a godwyd yn fy adroddiad a darparu Llythyr Sylwadau ar fy nghyfer.

Hoffwn estyn fy niolchgarwch i swyddogion a staff Bwrdd Iechyd Lleol Prifysgol Bae Abertawe am eu cydweithrediad drwy gydol y broses archwilio a fu'n amhrisiadwy wrth gwblhau'r archwiliad hwn yn effeithiol.

Cipolwg ar eich archwiliad

Rydym yn bwriadu cyhoeddi **barn ddiamod** ond **barn amodol ar reoleidd-dra** ar y cyfrifon. Rydym hefyd yn cynnig cyhoeddi **adroddiad o sylwedd**.

Gweler **Atodiad 3**

Mae **un mater arwyddocaol** ac **un mater arall** i'w hadrodd.

Gweler **Canfyddiadau archwilio**

Nid oes unrhyw **gamddatganiadau heb eu cywiro** yn y cyfrifon.

Gweler **Canfyddiadau archwilio**

Rydym wedi codi **tri argymhelliad** o ganlyniad i'n gwaith.

Gweler **Atodiad 5**

Ein nod yw ardystio eich cyfrifon ar **26 Mehefin 2026**, sydd cyn y dyddiad cau, sef **30 Mehefin 2026**.

Perthnasedd

Rwyf yn defnyddio barn broffesiynol i bennu trothwy perthnasedd er mwyn nodi a chywiro camddatganiadau a allai effeithio ar benderfyniadau defnyddwyr, gan ystyried gwallau ariannol a gofynion datgelu yn unol â'r fframwaith cyfrifyddu a'r deddfau perthnasol. Mae fy nhîm yn diweddaru'r perthnasedd drwy gydol yr archwiliad ac rwyf yn cynnwys yn yr adroddiad hwn faterion sy'n uwch na fy nhrothwy adrodd, fel y nodir isod:

Perthnasedd	**Trothwy adrodd (dibwys)**
1% o wariant gros yw hyn yn seiliedig ar ddatganiadau ariannol drafft 2025-26	Lefel perthnasedd o 5% yw hyn
£18.15 miliwn	**£0.907 miliwn**

Ceir rhai meysydd o fewn y cyfrifon a allai fod yn bwysicach i ddefnyddiwr y cyfrifon. Rydym yn cadarnhau lefelau perthnasedd is ar gyfer y rhain:

Adroddiad ar gydnabyddiaeth ariannol	**Datgeliadau partïon cysylltiedig**
£5,000/bandio cywir	£10,000 (Unigolion) £18.15 miliwn (Cyrff Eraill)

Canfyddiadau'r Archwiliad

Camddatganiadau

Mae camddatganiad yn codi pan nad yw gwybodaeth yn y cyfrifon yn unol â safonau cyfrifyddu.

Roedd rhai camddatganiadau a nodwyd yn y cyfrifon.

Camddatganiadau heb eu cywiro

Nid oes unrhyw gamddatganiadau wedi'u nodi yn y cyfrifon sy'n parhau heb eu cywiro.

Camddatganiadau a gywirwyd

Yn ystod ein harchwiliad, gwnaethom nodi camddatganiadau sydd wedi eu cywiro gan reolwyr, ond y dylid eu dwyn i'ch sylw chi yn ein tyb ni.

Nodir y rhain yn **Atodiad 2**.

Materion arwyddocaol eraill

Mae Safon Ryngwladol ar Archwilio 260 yn ei gwneud yn ofynnol i ni gyfathrebu â'r rhai sy'n gyfrifol am lywodraethu. Rhaid i ni eich hysbysu ynghylch canfyddiadau arwyddocaol o'r archwiliad a materion eraill os ydynt yn arwyddocaol i'ch trosolwg o broses adrodd ariannol y Bwrdd Iechyd.

Nodwyd y materion arwyddocaol canlynol yn ystod yr archwiliad.

Mae angen cryfhau'r trefniadau llywodraethu mewn cysylltiad â phenodi Cyfarwyddwyr Gweithredol

Nododd fy adolygiad o'r Adroddiad ar Gydnabyddiaeth Ariannol feysydd lle gellid cryfhau'r trefniadau llywodraethu mewn cysylltiad â phenodi Cyfarwyddwyr Gweithredol Interim.

Canfu ein profion fod un Cyfarwyddwr Gweithredol Interim ac un Cyfarwyddwr Gweithredol parhaol wedi eu penodi yn ystod y flwyddyn. Derbyniwyd cymeradwyaeth gan Lywodraeth Cymru, roedd y cyflog wedi'i fandio'n gywir ac roedd y Pwyllgor Cydnabyddiaeth Ariannol a Thelerau

Gwasanaeth wedi cymeradwyo'r penodiadau. Fodd bynnag, nid oes unrhyw dystiolaeth bod penderfyniad/cymeradwyaeth y Pwyllgor Cydnabyddiaeth Ariannol a Thelerau Gwasanaeth wedi ei chadarnhau gan y Bwrdd yn unol â Rheolau Sefydlog. Gwnaethom adrodd am fater tebyg yn 2024-25.

Hefyd, canfu ein profion fod dau benodiad Cyfarwyddwr Gweithredol Interim a estynnwyd y tu hwnt i dymor cychwynnol y contract ac er bod Llywodraeth Cymru wedi cymeradwyo'r estyniadau, nid oedd y Pwyllgor Cydnabyddiaeth Ariannol a Thelerau Gwasanaeth na'r Bwrdd wedi adrodd am yr estyniadau hyn nac wedi'u cymeradwyo. Mae Rheolau Sefydlog yn dawel ynghylch a yw hyn yn angenrheidiol. O ystyried bod estyn contract interim yn gyfystyr ag ailbenodi'r person hwnnw am gyfnod o amser ychwanegol yn y bôn, er llywodraethu da, rydym yn argymell bod unrhyw estyniadau i gontractau interim ar gyfer Cyfarwyddwyr Gweithredol yn cael eu cymeradwyo gan y Pwyllgor Cydnabyddiaeth Ariannol a Thelerau Gwasanaeth a'u cadarnhau gan y Bwrdd.

Gweler **Argymhelliad 1** yn **Atodiad 5**.

Materion eraill

Mae dau fater arall yr hoffem eu dwyn i'ch sylw.

Archwiliad o Eiddo, Peiriannau ac Offer

Mae ymgysylltiad swyddog y Bwrdd Iechyd ag archwilwyr drwy gydol y broses archwilio wedi bod yn ddefnyddiol ac yn adeiladol, gan ganiatáu i ni ddatrys unrhyw ymholiadau archwilio yn effeithlon ac yn effeithiol. Yn benodol, mae'r papurau gwaith a ddarparwyd gan y tîm cyllid canolog a'r ymgysylltu â'r tîm wedi bod yn ardderchog. Gwerthfawrogir hyn yn fawr ac mae'n caniatáu proses archwilio effeithlon.

Fodd bynnag, gwnaethom brofi materion yn ystod ein harchwiliad Eiddo, Peiriannau ac Offer a arweiniodd at aneffeithlonrwydd yn y broses o archwilio'r maes hwn. Golyga hyn fod archwiliad y maes hwn wedi cymryd mwy o amser nag a ddylasai. Gallai hyn beri i ni godi ffioedd archwilio ychwanegol yn y blynyddoedd i ddod a/neu beri i ni fethu â chyflawni terfynau amser oni bai y cyflawnir hyn (yn enwedig yn y bumed flwyddyn sef y flwyddyn brisio). Yn dilyn uwchgyfeirio hyn at y Cyfarwyddwr Cyllid fe ymdriniwyd â'r oediadau.

Gwnaethom adrodd am faterion tebyg yn 2022-23 ac er gwaethaf mân welliannau yn 2023-24 ac yn 2024-25, mae'r materion hyn wedi ailymddangos. Crynhoir y materion hyn fel a ganlyn:

- **Tystiolaeth ategol/papurau gwaith** – yn ystod yr archwiliad, gwnaethom brofi anawsterau o ran ansawdd a/neu wrth gael gafael ar y papurau gwaith/tystiolaeth ategol ar gyfer rhai elfennau o Eiddo, Peiriannau ac Offer yr oeddem yn eu profi. Dylai papurau gwaith o ansawdd da fod ar gael ar ddechrau'r archwiliad.
- **Ymgysylltu â'r broses archwilio** – gwnaethom brofi oediadau wrth gael ymatebion i rai o'n hymholiadau ac wrth gael tystiolaeth ategol ar gyfer y samplau a ddewiswyd gennym i'w profi (oediadau sylweddol weithiau). Golygai hyn fod y gwaith archwilio wedi cymryd mwy o amser i'w gwblhau.

Gweler **Argymhelliad 2** yn **Atodiad 5**. Byddwn yn gweithio mewn cydweithrediad â swyddogion i wella'r maes hwn ar gyfer 2026-27 ac archwiliadau yn y dyfodol.

Cyflogau Cyfalafol

Mae'r datganiadau ariannol yn cynnwys £959,000 mewn Cyflogau Cyfalafol a gynhwysir yn y balans Ychwanegiadau yn Nodyn 11.1 Eiddo, Peiriannau ac Offer. Mae hyn yn ymwneud â chostau staff sy'n gweithio ar Brosiectau Cyfalaf. O dan safonau cyfrifyddu, dim ond costau y gellir eu priodoli'n uniongyrchol i gynlluniau cyfalafol y gellir eu cyfalafu.

Mae'r costau a godir yn seiliedig ar yr aelod o staff, natur ei swyddogaeth a faint o amser y bydd ei angen arno ar y prosiect(au). O'r herwydd, codir canrannau costau staff gwahanol.

Nododd ein profion fod y canrannau hyn yn cael eu pennu drwy drafodaethau ar ddechrau'r flwyddyn ac nad oes unrhyw lwybr archwilio ategol i ddangos y trafodaethau hyn, y canrannau y cytunwyd arnynt na'r sail resymegol dros y canrannau penodol y cytunwyd arnynt.

Er bod y risg o wall perthnasol yn isel, dylid cryfhau'r llwybr archwilio i sicrhau bod sail resymegol glir a chymeradwyaeth o ran canrannau ar gyfer cyflogau cyfalafol ar ddechrau pob blwyddyn ariannol (ac unrhyw newidiadau yn ystod y flwyddyn).

Gweler **Argymhelliad 3** yn **Atodiad 5**.

Barn archwilio arfaethedig

Barn archwilio

Rydym yn bwriadu cyhoeddi barn wir a theg ddiamod ond barn archwilio amodol ar reoleidd-dra ar gyfrifon eleni ar ôl i chi ddarparu Llythyr Sylwadau ar ein cyfer (gweler isod).

Yn unol â blynyddoedd blaenorol, mae'r farn ar reoleidd-dra yn amodol oherwydd na fodlonodd y Bwrdd Iechyd ei ddyraniad adnoddau refeniw dros y cyfnod o dair blynedd a ddaeth i ben yn 2025-26.

Rydym hefyd yn bwriadu cyhoeddi adroddiad o sylwedd yn unol â blynyddoedd blaenorol oherwydd na fodlonodd y Bwrdd Iechyd ei ddyletswyddau ariannol cyntaf na'i ail ddyletswyddau ariannol i weithredu o fewn dyraniad ei adnoddau refeniw dros y cyfnod o dair blynedd a ddaeth i ben ar 2025-26 nac i feddu ar gynllun tymor canolig integredig tair blynedd cymeradwy.

Nodir ein hadroddiad archwilio arfaethedig yn **Atodiad 3**.

Llythyr sylwadau

Llythyr ffurfiol yw Llythyr Sylwadau sy'n eich galluogi i gadarnhau wrthym fod yr wybodaeth a ddarparwyd ar ein cyfer yn ystod yr archwiliad yn gywir ac yn gyflawn. Mae rhywfaint o'r wybodaeth hon sy'n ofynnol gan safonau archwilio; gallai gwybodaeth arall ymwneud yn benodol â'ch archwiliad.

Cynhwysir y llythyr yr ydym yn gofyn i chi ei lofnodi yn **Atodiad 4**.

Argymhellion

Rydym wedi gwneud tri argymhelliad i gryfhau'r trefniadau. Nodir y rhain yn **Atodiad 5** ynghyd ag ymatebion y rheolwyr i'r argymhellion.

Byddwn yn monitro'r cynnydd o'i gymharu â'r argymhellion yn ystod archwiliad y flwyddyn nesaf.

Y tîm archwilio a chydymffurfiaeth foesegol

Caiff prif aelodau fy nhîm a wnaeth y gwaith, ynghyd â'u manylion cyswllt, eu crynhoi yn **Arddangosyn 1**.

Arddangosyn 1: Fy nhîm archwilio lleol

Arweinydd Ymgysylltu	Kate Havard kate.havard@archwilio.cymru
Rheolwr Archwilio	Jason Blewitt jason.blewitt@archwilio.cymru
Arweinydd Archwilio	Leanne Malough leanne.malough@archwilio.cymru

Cydymffurfio â safonau moesegol

Gallwn gadarnhau:

- ein bod wedi cydymffurfio â'r safonau moesegol y mae'n ofynnol i ni eu dilyn wrth gynnal ein gwaith;
- ein bod wedi aros yn annibynnol arnoch chi;
- nad yw ein gwrthrychedd wedi ei beryglu;
- nad oes gennym unrhyw berthynas a allai danseilio ein hannibyniaeth na'n gwrthrychedd.

Secondiadau staff

Fel y datgelir yn ein Cynllun Archwilio, mae un aelod o staff a gyflogir gan Swyddfa Archwilio Cymru wedi ei secondio i'r Bwrdd Iechyd. Cyfrifydd dan hyfforddiant yw'r aelod o staff sydd wedi ei secondio yn rhan o fenter a

ariennir gan Gronfa Gyfunol Cymru gyda'r nod o ganiatáu i gyfrifwyr dan hyfforddiant ehangu eu sgiliau ac ennill profiad o weithio ar draws gwahanol rannau o'r sector cyhoeddus yng Nghymru. Cafodd yr aelod staff ei secondio i'r Bwrdd Iechyd am y cyfnod rhwng mis Ionawr a mis Mehefin 2024.

Er mwyn diogelu rhag unrhyw fygythiadau posibl i annibyniaeth a gwrthrychedd yr archwilydd, mae'r cyfyngiadau canlynol yn berthnasol yn unol â Safon Foesegol Ddiwygiedig 2024 y Cyngor Adrodd Ariannol:

- nid yw'r secondai wedi ymgymryd ag unrhyw gyfrifoldebau rheoli;
- roedd y secondiad am 12 mis ar y mwyaf.

Atodiad 1 – Risgiau a chanlyniadau archwilio

Mae **Arddangosyn 2** yn rhestru'r risgiau a gynhwysir yn fy Nghynllun Archwilio ac mae'n nodi sut yr aed i'r afael â nhw yn rhan o'r archwiliad.

Noda fy Nghynllun Archwilio risgiau o gamddatganiad a/neu afreoleidd-dra perthnasol ar gyfer archwiliad o gyfrifon y Bwrdd Iechyd. Mae **Arddangosyn 2** yn rhestru'r risgiau archwilio hyn ac yn nodi sut yr aed i'r afael â nhw yn rhan o'r archwiliad. Nid oes unrhyw risgiau archwilio ychwanegol a nodwyd ers hynny y mae angen eu dwyn i'ch sylw.

Arddangosyn 2: Risgiau archwilio a adroddwyd yn flaenorol, y gwaith a wnaed a'r canlyniad

Risg archwilio	Y gwaith a wnaed	Canlyniad
Y risg y gallai rheolwyr ddiystyru rheolaethau Mae'r risg y gallai rheolwyr ddiystyru rheolaethau'n bresennol ym mhob endid. Oherwydd y ffordd anrhagweladwy y gallai diystyru o'r fath ddigwydd, ystyrir ei bod yn risg arwyddocaol [Safon Ryngwladol ar Archwilio (ISA) 240.32-33].	Gwnaeth y tîm archwilio: • brofi priodoldeb cofnodion dyddlyfrau ac addasiadau eraill a wneir wrth baratoi'r datganiadau ariannol; • adolygu amcangyfrifon cyfrifyddu ar gyfer tuedd; • gwerthuso'r sail resymegol ar gyfer unrhyw drafodiadau arwyddocaol y tu allan i gwrs arferol busnes.	Ni nododd fy ngwaith archwilio unrhyw achosion o reolwyr yn diystyru rheolaethau.

Methu dyletswyddau ariannol

Mae'n ofynnol i Fyrddau Iechyd Lleol fodloni dwy ddyletswydd ariannol statudol – a elwir y ddyletswydd ariannol gyntaf a'r ail ddyletswydd ariannol.

Mae risg sylweddol y byddwch yn methu â chyflawni eich dyletswydd ariannol cyntaf o fantoli'r cyfrifon yn ystod cyfnod o dair blynedd.

Mae'r sefyllfa refeniw ym mis 10 yn dangos diffyg y flwyddyn hyd yma o £57.3 miliwn ac yn rhagweld diffyg o £58.7 miliwn ar ddiwedd y flwyddyn. Mae hyn, ynghyd â'r alldro ar gyfer 2023-24 a 2024-25, yn rhagweld diffyg tair blynedd o £118 miliwn.

Mae hefyd yn ofynnol i'r Bwrdd Iechyd fantoli'r cyfrifon o'u cymharu â'i Derfyn Adnoddau Cyfalaf dros gyfnod o dair blynedd. Er bod y Bwrdd Iechyd wedi bodloni hyn yn ystod y blynyddoedd blaenorol, mae'r perfformiad o'i gymharu â'r ddyletswydd wedi bod yn dynn.

Gwnaeth fy nhîm archwilio fonitro sefyllfa ariannol y Bwrdd Iechyd ar gyfer 2025-26 a'r sefyllfa gronnol ar gyfer tair blynedd hyd at 31 Mawrth 2026 ac ystyried yr hyn a gyflawnwyd o'i gymharu â'r dyletswyddau ariannol.

Gwnaethom ganolbwyntio ein profion ar feysydd o'r datganiadau ariannol a allai gynnwys tuedd wrth lunio adroddiadau.

Gwnaethom adolygu'r trafodiadau ar ddiwedd y flwyddyn, yn benodol croniadau a thorbwyntiau. Ni ddeilliodd unrhyw faterion perthnasol o'r gwaith a gynhaliwyd.

Gwnaethom roi barn amodol ar reoleidd-dra a rhoddwyd adroddiad o sylwedd ar y datganiadau ariannol yn esbonio'r methiant i fantoli'r cyfrifon dros gyfnod o dair blynedd a'r amgylchiadau lle cododd hynny a'r methiant i fod â chynllun tair blynedd cymeradwy ar waith.

Mae eich pwysau ariannol presennol yn cynyddu'r risg y gallai dyfarniadau ac amcangyfrifon y rheolwyr fod â thuedd mewn ymdrech i fodloni'r ddyletswydd ariannol o ran cyfalaf, refeniw neu'r ddau.

Pan fyddwch yn methu'r ddyletswydd ariannol hon o ran cyfalaf neu refeniw, byddwn yn rhoi adroddiad o sylwedd ar y datganiadau ariannol sy'n tynnu sylw at y methiant ac yn rhoi barn amodol ar eich rheoleidd-dra.

Mae'r ail ddyletswydd ariannol yn ei gwneud yn ofynnol i Fyrddau Iechyd Lleol baratoi cynllun tymor canolig integredig tair blynedd dreigl sydd wedi ei gymeradwyo gan Weinidogion Cymru. Pe byddech yn methu â chyflawni'r ddyletswydd ariannol hon, byddwn yn cyflwyno adroddiad o sylwedd ar y datganiadau ariannol sy'n tynnu sylw at hyn.

Datgeliadau adroddiad ar gydnabyddiaeth ariannol

Bu sawl penodiad parhaol ac interim newydd i swyddi uwch-swyddog ac aelod o'r bwrdd yn ystod 2025-26 y mae angen eu cofnodi yn yr adroddiad ar gydnabyddiaeth ariannol.

Ceir risg nad ydynt yn cael eu datgelu'n briodol yn yr adroddiad ar gydnabyddiaeth ariannol, gan fod cydnabyddiaeth ariannol i uwch-swyddogion ac aelodau o'r bwrdd yn parhau i fod o ddiddordeb mawr ac yn berthnasol o ran ei natur. Rydym wedi nodi materion gyda'r datgeliadau hyn yn flaenorol hefyd.

Felly, ceir risg y gallai hyd yn oed gwallau gwerth isel yn y datgeliad arwain at gamddatganiad perthnasol.

Gwnaeth fy nhîm archwilio:

- adolygu'r symudiadau yn yr uwch-dîm rheoli yn ystod 2025-26;
- sicrhau bod y gydnabyddiaeth ariannol a ddatgelwyd yn gyson â thystiolaeth ategol;
- sicrhau bod y symiau a dalwyd yn gyson â'r hyn a gymeradwywyd gan y Bwrdd ac yn unol â chyfraddau cyflog Llywodraeth Cymru;
- sicrhau bod datgeliadau yn gyflawn yn seiliedig ar wybodaeth y tîm ac wedi'u paratoi yn unol â'r gofynion.

Gwnaethom adolygu datgeliadau yr Adroddiad ar Gydnabyddiaeth Ariannol. Ni nodwyd unrhyw wallau perthnasol ynghylch y datgeliadau.

Gwnaethom nodi rhai materion llywodraethu ynghylch penodi Cyfarwyddwyr Gweithredol (gweler adran 'Mater Arwyddocaol Arall' ac **Argymhelliad 1** yn **Atodiad 5**).

Prisio asedau eiddo

Mae gwerth asedau eiddo a adlewyrchir yn y fantolen a nodiadau ar y cyfrifon yn amcangyfrifon perthnasol.

Mae'n ofynnol bod asedau eiddo'n cael eu dal ar sail prisiad sy'n ddibynnol ar natur a defnydd yr asedau. Mae llawer iawn o oddrychedd yn perthyn i'r amcangyfrif hwn gan ddibynnu ar y tybiaethau gan arbenigwyr a rheolwyr, a gall newidiadau yn y rhain arwain at newidiadau perthnasol i brisiadau.

Mae'n ofynnol i asedau gael eu hailbrisio'n ffurfiol bob pum mlynedd o leiaf, gyda mynegeio yn cael ei gymhwyso yn y blynyddoedd interim, ond gallai gwerthoedd newid o un flwyddyn i'r llall hefyd, yn enwedig pan fo prosiectau adnewyddu parhaus sy'n arwain at wariant dilynol yn cael ei gyfalafu.

Mae risg y gallai gwerth cario asedau a gydnabyddir yn y cyfrifon fod yn berthnasol wahanol i werth cyfredol yr asedau ar 31 Mawrth 2026.

Gwnaeth fy nhîm archwilio:

- adolygu'r mynegeion a ddefnyddiwyd gan reolwyr ar gyfer rhesymoldeb;
- gwerthuso cymhwysedd, galluoedd a gwrthrychedd y prisiwr proffesiynol a ddarparodd fynegeion i reolwyr ac a ymgymerodd â phrisiadau yn ôl yr angen;
- profi sampl o asedau a ailbrisiwyd yn y flwyddyn er mwyn sicrhau bod y sail brisio, data allweddol a'r tybiaethau a ddefnyddiwyd yn y broses brisio yn rhesymol, a bod yr ailbrisiadau wedi eu hadlewyrchu'n gywir yn y datganiadau ariannol;
- cadarnhau bod mynegeio wedi ei gymhwyso'n briodol a'i fod wedi ei adlewyrchu'n gywir yn y datganiadau ariannol;
- profi'r cysoniad rhwng y cyfriflyfr ariannol a'r gofrestr asedau.

Ni nododd y gwaith archwilio unrhyw faterion/gwallau perthnasol. Bu oediadau wrth ddarparu papurau gwaith, tystiolaeth ategol ac ymatebion i ymholiadau yn ogystal â diffyg llwybr archwilio mewn cysylltiad â Chyflogau Cyfalafol fel yr adroddir yn adran 'Materion Eraill' yr adroddiad hwn ac **Argymhellion 2 a 3** yn **Atodiad 5**.

Datgeliadau partïon cysylltiedig

Rhaid i'r datganiadau ariannol ddatgelu unrhyw berthnasoedd partïon cysylltiedig ynghyd â'r trafodiadau a'r balansau rhwng y Bwrdd Iechyd a'r corff/parti arall.

Mae gan y Bwrdd Iechyd lawer o berthnasoedd y gellid ystyried eu bod yn barti cysylltiedig. Mae llawer yn dra hysbys er enghraifft, Llywodraeth Cymru fel cyllidwr.

Fodd bynnag, lle cyfyd perthnasoedd partïon cysylltiedig trwy berthnasoedd swyddogion neu aelodau unigol, mae'n debygol y bydd llai o dryloywder ynghylch y perthnasoedd hyn. Mae'r trafodiadau hyn yn rhai o ddiddordeb mawr ac fe'u hystyrir yn berthnasol o ran eu natur.

Ceir risg o gamddatganiad perthnasol oherwydd datgeliadau anghyflawn neu anghywir, hyd yn oed pan fo gwerth y rhain yn gymharol isel.

Gwnaeth fy nhîm archwilio:

- adolygu proses y rheolwyr ar gyfer nodi perthnasoedd partïon cysylltiedig a thrafodiadau a balansau cysylltiedig;
- ymgymryd â gweithdrefnau i gadarnhau cyflawnder perthnasoedd partïon cysylltiedig;
- sicrhau bod datgeliadau yn gyflawn, yn gywir, yn gyson â thystiolaeth ac yn unol â'r gofynion.

Ni nododd y gwaith archwilio unrhyw faterion/gwallau perthnasol. Diwygiwyd nodyn y Parti Cysylltiedig i sicrhau ei fod yn cytuno i gefnogi papurau gwaith.

Darpariaethau Mae'r datganiadau ariannol yn cynnwys darpariaethau ar gyfer rhwymedigaethau cyfreithiol, yn enwedig mewn cysylltiad ag esgeulustod clinigol. Mae gradd sylweddol o oddrychedd ac ansicrwydd wrth fesur a phrisio'r darpariaethau hyn. Mae trosglwyddiad hefyd i system gyfreithiol a risg newydd ar gyfer cofnodi hawliadau o 2025-26. Mae'r goddrychedd a'r ansicrwydd hwn yn cynyddu'r risg o gamddatganiad perthnasol.	Gwnaeth fy nhîm archwilio: • adolygu proses y rheolwyr ar gyfer amcangyfrif gwerth y darpariaethau; • ystyried cymhwysedd, gallu a gwrthrychedd yr arbenigwyr rheoli sy'n paratoi'r amcangyfrifon; • adolygu'r broses o drosglwyddo data i'r system gyfreithiol a risg newydd; • sicrhau bod datgeliadau yn unol â'r Llawlyfr Adroddiadau Ariannol a Llawlyfr Cyfrifon Llywodraeth Cymru.	Diwygiwyd y nodyn Darpariaethau i symud £140 miliwn o ddarpariaethau o gyfredol i ddarpariaethau anghyfredol (dim effaith gyffredinol ar gyfanswm gwerth y darpariaethau) – gweler **Atodiad 2**

Atodiad 2 – Crynodeb o'r cywiriadau a wnaed

Yn ystod ein harchwiliad, gwnaethom nodi'r camddatganiadau a ganlyn sydd wedi eu cywiro gan reolwyr, ond y credwn y dylem eu dwyn i'ch sylw.

Gwerth y cywiriad	Maes cyfrifon	Esboniad
£1,504,000 (Nid oes effaith gyffredinol ar y datganiadau ariannol)	**Nodyn 3.2 Gwariant ar ofal iechyd gan ddarparwyr eraill** Diwygiwyd Nodyn 3.2 er mwyn ailddosbarthu £1,504,000 o 'Nwyddau a Gwasanaethau gan Fyrddau Iechyd eraill GIG Cymru' i 'Nwyddau a Gwasanaethau gan Bwyllgor Cydgomisiynu GIG Cymru'. Nid oedd unrhyw effaith gyffredinol ar y datganiadau ariannol.	Er mwyn sicrhau cywirdeb y datganiadau ariannol.
£6,302.000 (Nid oes effaith gyffredinol ar y datganiadau ariannol)	**Nodyn 8 Taliadau yn y Dyfodol i'r Datganiad o Wariant Net Cynhwysfawr** Diweddarwyd Nodyn 8, er mwyn dileu £6,302.000 o gyfanswm yr isafswm prydles sy'n daladwy yn y dyfodol a gynhwyswyd yn anghywir (oherwydd mai'r tenant yw'r Bwrdd Iechyd ac nid y landlord) Gan mai nodyn datgelu yw hwn, nid oedd unrhyw effaith gyffredinol ar y datganiadau ariannol.	Er mwyn sicrhau cywirdeb y datganiadau ariannol.

Amrywiol (Nid oes effaith gyffredinol ar y datganiadau ariannol)	**Nodyn 9.1 Costau Cyflogeion** Nododd profion Nodyn 9.1 y canlynol: • Hyfforddai Arbenigol Lwpws Erythematosws Systemig (SLE) – Mae costau nawdd cymdeithasol o £5,707,000 wedi eu datgan £745,000 yn rhy uchel a dylid eu datgelu fel £4,962,000 • Hyfforddai Arbenigol Lwpws Erythematosws Systemig (SLE) – Mae cyfraniadau y cyflogwr at gostau Cynllun Pensiwn y GIG o £5,514,000 wedi eu datgan £193,000 yn rhy isel a dylid eu datgelu fel £5,707,000. Diweddarwyd Nodyn 9.1 i adlewyrchu'r diwygiadau hyn. Nid oedd unrhyw effaith gyffredinol ar y datganiadau ariannol.	Er mwyn sicrhau cywirdeb y datganiadau ariannol.
£1,150,000 (Nid oes effaith gyffredinol ar y datganiadau ariannol)	**Nodyn 18 Masnach a Symiau Taladwy Eraill a Nodyn 20 Darpariaethau** Diwygiwyd Nodyn 18 a Nodyn 20 i ailddosbarthu £1,150,000 o 'Masnach a Symiau Taladwy Eraill i 'Darpariaethau' er mwyn sicrhau bod y swm wedi ei ddosbarthu'n gywir yn unol â safonau cyfrifyddu. Nid oedd unrhyw effaith gyffredinol ar y datganiadau ariannol.	Er mwyn sicrhau cywirdeb y datganiadau ariannol.

£140,862.000 (Nid oes effaith gyffredinol ar y datganiadau ariannol)	**Nodyn 20 Darpariaethau** Diwygiwyd Nodyn 20 i ail-ddosbarthu £140,862.000 o Ddarpariaethau Cyfredol i Ddarpariaethau Anghyfredol yn sgil gwybodaeth wedi'i diwygio a ddarparwyd gan y tîm Cyfreithiol a Risg. Nid oedd effaith gyffredinol ar y datganiadau ariannol.	Er mwyn sicrhau cywirdeb y datganiadau ariannol
Amrywiol (Nid oes effaith gyffredinol ar y datganiadau ariannol)	**Nodyn 30 Partïon Cysylltiedig** Diwygiwyd Nodyn 30 i sicrhau bod datgeliadau yn cydweddu â phapurau gwaith ategol a datganiadau o fuddiannau. Gan mai nodyn datgelu yw hwn, nid oedd unrhyw effaith gyffredinol ar y datganiadau ariannol.	Er mwyn sicrhau cywirdeb y datganiadau ariannol.
Amrywiol (Nid oes effaith gyffredinol ar y datganiadau ariannol)	**Nodyn 32 Cyllidebau Cyfun** Diwygiwyd Nodyn 32 i gynnwys Cyllideb Gyfun ychwanegol a oedd wedi ei hepgor o'r datganiadau ariannol drafft.	Er mwyn sicrhau cywirdeb y datganiadau ariannol.
Amrywiol (Nid oes effaith gyffredinol ar y datganiadau ariannol)	**Adroddiad ar Gydnabyddiaeth Ariannol** Canfu profion archwilio fod y Cyfarwyddwr Gweithlu Interim wedi ei hepgor mewn camgymeriad. Diweddarwyd yr Adroddiad ar Gydnabyddiaeth Ariannol i gynnwys y datgeliadau perthnasol.	Sicrhau cywirdeb yr Adroddiad ar Gydnabyddiaeth Ariannol.

	Gwnaed nifer o fân ddiwygiadau eraill i'r Adroddiad ar Gydnabyddiaeth Ariannol yn ymwneud â chywiriadau i ddatgeliadau gwybodaeth neu newidiadau naratif. Nid oedd unrhyw effaith gyffredinol ar y datganiadau ariannol.	
Amrywiol (Dim effaith gyffredinol ar y prif ddatganiadau)	Gwnaed nifer o fân ddiwygiadau eraill i'r datganiadau ariannol, yn ymwneud â chywiriadau i ddatgeliadau gwybodaeth, newidiadau naratif, neu wallau teipio.	Er mwyn sicrhau cywirdeb y datganiadau ariannol.

Atodiad 3 – Adroddiad archwilio arfaethedig

Adroddiad archwilio arfaethedig

Tystysgrif ac adroddiad Archwilydd Cyffredinol Cymru ar gyfer y Senedd

Barn ar y datganiadau ariannol

Tystiaf fy mod wedi archwilio datganiadau ariannol Bwrdd Iechyd Lleol Prifysgol Bae Abertawe ar gyfer y flwyddyn a ddaeth i ben ar 31 Mawrth 2026 o dan Adran 61 o Ddeddf Archwilio Cyhoeddus (Cymru) 2004.

Mae'r rhain yn cynnwys y Datganiad Cynhwysfawr o'r Gwariant Net, y Datganiad o'r Sefyllfa Ariannol, y Datganiad Llif Arian Parod a'r Datganiad o Newidiadau yn Ecwiti Trethdalwyr a nodiadau cysylltiedig, gan gynnwys crynodeb o bolisïau cyfrifyddu perthnasol.

Y fframwaith adrodd ariannol a gymhwyswyd wrth eu paratoi yw'r gyfraith berthnasol a safonau cyfrifyddu rhyngwladol a fabwysiadwyd gan y DU fel y'u dehonglwyd ac a'u haddaswyd gan Lawlyfr Adroddiadau Ariannol Trysorlys EF.

Yn fy marn i, ym mhob ffordd berthnasol, mae'r datganiadau ariannol:

- yn rhoi darlun gwir a theg o sefyllfa Bwrdd Iechyd Lleol Prifysgol Bae Abertawe ar 31 Mawrth 2026 ac o'i gostau gweithredu net ar gyfer y flwyddyn a ddaeth i ben bryd hynny;
- wedi eu paratoi'n briodol yn unol â safonau cyfrifyddu rhyngwladol a fabwysiadwyd gan y DU fel y'u dehonglwyd ac a'u haddaswyd gan Lawlyfr Adroddiadau Ariannol Trysorlys EF;
- wedi eu paratoi'n briodol yn unol â Deddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006 a chyfarwyddiadau a wnaed yno gan Weinidogion Cymru.

Barn ar reoleidd-dra

Yn fy marn i, ac eithrio'r materion a ddisgrifir yn adran Sail ar gyfer Barn Amodol ar Reoleidd-dra fy adroddiad, ym mhob agwedd berthnasol, mae'r gwariant a'r incwm yn y datganiadau ariannol wedi eu cymhwyso at y dibenion a fwriadwyd gan y Senedd ac mae'r trafodiadau ariannol a gofnodir yn y datganiadau ariannol yn cydymffurfio â'r awdurdodau sy'n eu rheoli nhw.

Sail ar gyfer Barn Amodol ar reoleidd-dra

Rwyf wedi rhoi barn amodol ar reoleidd-dra ar ddatganiadau ariannol Bwrdd Iechyd Lleol Prifysgol Bae Abertawe oherwydd bod y Bwrdd Iechyd wedi mynd y tu hwnt i'w derfyn adnoddau drwy wario £112.428 miliwn dros y £4,055 miliwn yr awdurdodwyd iddo ei wario yn ystod y cyfnod o dair blynedd rhwng 2023-24 a 2025-26. Mae'r gwariant hwn yn gyfystyr â gwariant afreolaidd.
Nodir rhagor o fanylion yn fy Adroddiad sydd ynghlwm.

Sail y barnau

Cynhaliais fy archwiliad yn unol â'r gyfraith berthnasol a'r Safonau Rhyngwladol ar Archwilio yn y DU (Safonau Rhyngwladol ar Archwilio (DU)) a Nodyn Ymarfer 10 'Archwilio Datganiadau Ariannol Cyrff y Sector Cyhoeddus yn y Deyrnas Unedig'. Disgrifir fy nghyfrifoldebau ymhellach o dan y safonau hynny yn adran cyfrifoldebau yr archwilydd wrth archwilio datganiadau ariannol fy nhystysgrif.
Mae fy staff a minnau yn annibynnol ar y Bwrdd yn unol â'r gofynion moesegol sy'n berthnasol i'm harchwiliad o'r datganiadau ariannol yn y DU, gan gynnwys Safon Foesegol y Cyngor Adrodd Ariannol, ac rwyf wedi cyflawni fy nghyfrifoldebau moesegol eraill yn unol â'r gofynion hyn.
Credaf fod y dystiolaeth archwilio yr wyf wedi ei chael yn ddigonol ac yn briodol i ddarparu sail i'm barnau.

Casgliadau sy'n ymwneud â busnes gweithredol

Wrth archwilio'r datganiadau ariannol, rwyf wedi dod i'r casgliad bod y defnydd o sail gyfrifyddu busnes gweithredol wrth baratoi'r datganiadau ariannol yn briodol.

Yn seiliedig ar y gwaith a wnaed gennyf, nid wyf wedi nodi unrhyw ansicrwydd perthnasol sy'n ymwneud â digwyddiadau nac amodau a allai, yn unigol neu ar y cyd, fwrw amheuaeth sylweddol ar allu'r corff i barhau i

fabwysiadu sail gyfrifyddu busnes gweithredol am gyfnod o 12 mis o leiaf o'r adeg pan awdurdodir cyhoeddiad y datganiadau ariannol.

Disgrifir fy nghyfrifoldebau a chyfrifoldebau y cyfarwyddwyr mewn cysylltiad â busnes gweithredol yn yr adrannau perthnasol o'r dystysgrif hon.

Mabwysiedir y sail gyfrifyddu busnes gweithredol ar gyfer Bwrdd Iechyd Lleol Prifysgol Bae Abertawe i ystyried y gofynion a nodir yn Llawlyfr Adroddiadau Ariannol Llywodraeth Trysorlys EF, sy'n ei gwneud yn ofynnol i endidau fabwysiadu'r sail gyfrifyddu busnes gweithredol wrth baratoi'r datganiadau ariannol pan fyddant yn rhagweld y bydd y gwasanaethau y maent yn eu darparu yn parhau i'r dyfodol.

Gwybodaeth arall

Mae'r wybodaeth arall yn cynnwys yr wybodaeth a gynhwysir yn yr adroddiad blynyddol heblaw'r datganiadau ariannol a'm hadroddiad archwilydd arnynt. Y Prif Weithredwr sy'n gyfrifol am yr wybodaeth arall a gynhwysir yn yr adroddiad blynyddol. Nid yw fy marn ar y datganiadau ariannol yn cwmpasu'r wybodaeth arall ac, oni nodir fel arall yn glir yn fy adroddiad, nid wyf yn mynegi unrhyw fath o sicrwydd ynghylch hynny. Fy nghyfrifoldeb i yw darllen yr wybodaeth arall ac, wrth wneud hynny, ystyried a yw'r wybodaeth arall yn anghyson yn berthnasol â'r datganiadau ariannol neu'r wybodaeth a gafwyd yn ystod yr archwiliad, neu ei bod yn ymddangos fel arall ei bod wedi ei chamddatgan yn berthnasol. Os byddaf yn nodi anghysondebau perthnasol o'r fath neu gamddatganiadau perthnasol amlwg, mae'n ofynnol imi benderfynu a yw hyn yn arwain at gamddatganiad perthnasol yn y datganiadau ariannol eu hunain. Os byddaf, ar sail y gwaith a wnaed gennyf, yn dod i'r casgliad bod yr wybodaeth arall hon wedi ei chamddatgan yn berthnasol, mae'n ofynnol imi adrodd y ffaith honno.

Nid oes gennyf ddim i'w adrodd yn hyn o beth.

Barn ar faterion eraill

Yn fy marn i, mae'r rhan o'r adroddiad ar gydnabyddiaeth ariannol sydd i'w harchwilio wedi ei pharatoi'n briodol yn unol â Deddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006 a chyfarwyddiadau a wnaed yno gan Weinidogion Cymru.

Yn fy marn i, yn seiliedig ar y gwaith a wnaed yn ystod fy archwiliad:

- mae'r rhannau o'r Adroddiad Atebolrwydd sy'n ddarostyngedig i archwiliad wedi eu paratoi'n briodol yn unol â Deddf y Gwasanaeth

Iechyd Gwladol (Cymru) 2006 a chyfarwyddiadau a wnaed yno gan Weinidogion Cymru
- mae'r wybodaeth a roddir yn y Rhagair, yr Adroddiad Atebolrwydd a'r Datganiad Llywodraethu ar gyfer y flwyddyn ariannol y paratowyd y datganiadau ariannol ar ei chyfer yn gyson â'r datganiadau ariannol ac mae yn unol â chanllawiau Gweinidogion Cymru.

Materion y byddaf yn adrodd arnynt drwy eithriad

Yng ngoleuni'r wybodaeth a'r ddealltwriaeth ynghylch y Bwrdd a'i amgylchedd a gafwyd yn ystod yr archwiliad, nid wyf wedi nodi camddatganiadau perthnasol yn y Rhagair, yr Adroddiad Atebolrwydd na'r Datganiad Llywodraethu.

Nid oes gennyf unrhyw beth i'w nodi o ran y materion canlynol, y cyflwynaf adroddiad ichi arnynt os bydd yr amgylchiadau canlynol yn berthnasol, yn fy marn i:

- nid wyf wedi derbyn yr holl wybodaeth a'r esboniadau sydd eu hangen arnaf ar gyfer fy archwiliad;
- nid oes cofnodion cyfrifyddu digonol wedi eu cadw, neu ni dderbyniwyd ffurflenni cyfrifyddu digonol ar gyfer fy archwiliad oddi wrth y canghennau nad yw fy nhîm wedi ymweld â nhw;
- nid yw'r datganiadau ariannol na rhan archwiliedig yr Adroddiad Atebolrwydd yn gyson â'r cofnodion a'r ffurflenni cyfrifyddu;
- ni ddatgelir gwybodaeth a bennir gan Drysorlys EF neu Weinidogion Cymru am gydnabyddiaeth ariannol na thrafodiadau eraill;
- ni wneir datgeliadau cydnabyddiaeth ariannol penodol a bennir gan Lawlyfr Adroddiadau Ariannol Llywodraeth Trysorlys EF neu nid yw rhannau o'r Adroddiad ar Gydnabyddiaeth Ariannol sydd i'w archwilio yn cytuno â'r cofnodion cyfrifyddu a'r ffurflenni cyfrifyddu;
- nid yw'r Datganiad Llywodraethu yn adlewyrchu cydymffurfiaeth â chanllawiau Trysorlys EF.

Cyfrifoldebau Cyfarwyddwyr a'r Prif Weithredwr mewn cysylltiad â'r datganiadau ariannol

Fel yr esbonnir yn fanylach yn y Datganiadau o Gyfrifoldebau'r Cyfarwyddwyr a'r Prif Weithredwr, mae'r Cyfarwyddwyr a'r Prif Weithredwr yn gyfrifol am:

- gynnal cofnodion cyfrifyddu digonol;

- paratoi datganiadau ariannol ac adroddiad blynyddol yn unol â'r fframwaith adrodd ariannol perthnasol ac am fod yn fodlon eu bod yn rhoi darlun gwir a theg;
- sicrhau bod yr adroddiad blynyddol a'r datganiadau ariannol yn eu cyfanrwydd yn deg, yn gytbwys ac yn ddealladwy;
- sicrhau rheoleidd-dra y trafodiadau ariannol;
- rheolaethau mewnol fel y mae'r Cyfarwyddwyr a'r Prif Weithredwr yn penderfynu sy'n angenrheidiol fel y gellir paratoi datganiadau ariannol sy'n rhydd o gamddatganiadau perthnasol, boed hynny oherwydd twyll neu wall;
- asesu gallu'r Bwrdd i barhau fel busnes gweithredol gan ddatgelu fel y bo'n gymwys, faterion sy'n ymwneud â busnes gweithredol a defnyddio sail busnes gweithredol cyfrifyddu oni bai bod y Cyfarwyddwyr a'r Prif Weithredwr yn rhagweld na fydd y gwasanaethau a ddarperir gan y Bwrdd yn parhau i gael eu darparu yn y dyfodol.

Cyfrifoldebau yr Archwilydd am archwilio'r datganiadau ariannol

Fy nghyfrifoldeb i yw archwilio, ardystio ac adrodd ar y datganiadau ariannol yn unol â Deddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006.

Fy amcanion yw cael sicrwydd rhesymol ynghylch p'un a yw'r datganiadau ariannol yn eu cyfanrwydd yn rhai heb unrhyw gamddatganiadau perthnasol, boed hynny oherwydd twyll neu wall, a chyhoeddi tystysgrif sy'n cynnwys fy marn.

Mae sicrwydd rhesymol yn lefel uchel o sicrwydd, ond nid yw'n gwarantu y bydd archwiliad a gynhelir yn unol â Safonau Archwilio Rhyngwladol (DU) bob tro yn canfod camddatganiad perthnasol pan fo'n bodoli. Gall camddatganiadau ddeillio o dwyll neu wall ac fe'u hystyrir yn berthnasol os, yn unigol neu gyda'i gilydd, gellid yn rhesymol ddisgwyl iddynt ddylanwadu ar benderfyniadau economaidd defnyddwyr a wneir ar sail y datganiadau ariannol hyn.

Mae afreoleidd-dra, gan gynnwys twyll, yn golygu achosion o ddiffyg cydymffurfio â deddfau a rheoliadau. Rwyf yn dylunio gweithdrefnau yn unol â'm cyfrifoldebau a amlinellir uchod er mwyn canfod camddatganiadau perthnasol mewn perthynas ag afreoleidd-dra, gan gynnwys twyll.

Roedd fy ngweithdrefnau'n cynnwys y canlynol:

- Holi'r rheolwyr, pennaeth archwiliad mewnol yr endid archwiliedig, a'r rhai sy'n gyfrifol am lywodraethu, gan gynnwys cael ac adolygu dogfennau ategol mewn perthynas â pholisïau a gweithdrefnau Bwrdd Iechyd Lleol Prifysgol Bae Abertawe sy'n ymwneud ag:
  - adnabod, gwerthuso a chydymffurfio â deddfau a rheoliadau a pha un a oeddent yn ymwybodol o unrhyw achosion o ddiffyg cydymffurfio;
  - canfod ac ymateb i'r risgiau o dwyll a pha un a oes ganddynt wybodaeth am unrhyw dwyll gwirioneddol, tybiedig neu honedig;
  - y rheolaethau mewnol a sefydlwyd i liniaru risgiau sy'n gysylltiedig â thwyll neu ddiffyg cydymffurfio â deddfau a rheoliadau.
- Ystyried fel tîm archwilio sut a ble y gallai twyll ddigwydd yn y datganiadau ariannol ac unrhyw ddangosyddion posibl o dwyll. Fel rhan o'r drafodaeth hon, canfûm botensial ar gyfer twyll yn y meysydd canlynol: cydnabod gwariant, cofnodi dyddlyfrau anarferol a thuedd mewn amcangyfrifon cyfrifyddu;
- Cael dealltwriaeth am fframwaith awdurdod Bwrdd Iechyd Lleol Prifysgol Bae Abertawe yn ogystal â fframweithiau cyfreithiol a rheoleiddiol eraill y mae Bwrdd Iechyd Lleol Prifysgol Bae Abertawe yn gweithredu oddi mewn iddynt, gan ganolbwyntio ar y deddfau a'r rheoliadau hynny a gafodd effaith uniongyrchol ar y datganiadau ariannol neu a gafodd effaith sylfaenol ar weithrediadau Bwrdd Iechyd Lleol Prifysgol Bae Abertawe;
- Cael dealltwriaeth am berthnasoedd partïon cysylltiedig.

Yn ychwanegol at yr uchod, roedd fy ngweithdrefnau i ymateb i risgiau a ganfuwyd yn cynnwys y canlynol:

- adolygu datgeliadau y datganiad ariannol a phrofi yn erbyn dogfennaeth ategol i asesu cydymffurfiaeth â deddfau a rheoliadau perthnasol a drafodir uchod;
- holi'r rheolwyr, y rhai sy'n gyfrifol am lywodraethu a chynghorwyr cyfreithiol ynghylch ymgyfreithiad a hawliadau gwirioneddol a phosibl;
- darllen cofnodion cyfarfodydd y rhai sy'n gyfrifol am lywodraethu a'r Bwrdd;
- wrth fynd i'r afael â'r risg o dwyll yn sgil rheolwyr yn diystyru rheolaethau, profi priodoldeb cofnodion dyddlyfr ac addasiadau eraill; asesu a yw'r dyfarniadau a wnaed wrth lunio amcangyfrifon

cyfrifyddu'n rhoi arwydd o duedd bosibl; a gwerthuso'r sail resymegol ar gyfer unrhyw drafodiadau arwyddocaol sy'n anarferol neu nad oes a wnelont â busnes arferol.

Fe wnes i hefyd gyfleu deddfau a rheoliadau dynodedig perthnasol a risgiau posibl o dwyll i holl aelodau'r tîm archwilio ac aros yn effro i unrhyw arwyddion o dwyll neu ddiffyg cydymffurfio â deddfau a rheoliadau trwy gydol yr archwiliad.

Effeithir ar y graddau y mae fy ngweithdrefnau'n gallu canfod afreolaidd-dra, gan gynnwys twyll, gan yr anhawster cynhenid o ran canfod afreolaidd-dra, effeithiolrwydd rheolaethau Bwrdd Iechyd Lleol Prifysgol Bae Abertawe a natur, amseriad a hyd a lled y gweithdrefnau archwilio a gyflawnwyd.

Ceir disgrifiad pellach o gyfrifoldebau'r archwilydd am archwilio'r datganiadau ariannol ar wefan y Cyngor Adrodd Ariannol www.frc.org.uk/auditorsresponsibilities. Mae'r disgrifiad hwn yn rhan o'm hadroddiad archwilydd.

Cyfrifoldebau eraill yr archwilydd

Mae hefyd yn ofynnol i mi gael tystiolaeth ddigonol i roi sicrwydd rhesymol bod y gwariant a'r incwm a gofnodir yn y datganiadau ariannol wedi eu cymhwyso at y dibenion a fwriadwyd gan y Senedd a bod y trafodiadau ariannol a gofnodir yn y datganiadau ariannol yn cydymffurfio â'r awdurdodau sy'n eu rheoli nhw.

Rwyf yn cyfathrebu â'r rhai sy'n gyfrifol am lywodraethu ynghylch, ymhlith materion eraill, cwmpas ac amseriad arfaethedig yr archwiliad a chanfyddiadau archwilio arwyddocaol, gan gynnwys unrhyw ddiffygion arwyddocaol mewn rheolaeth fewnol yr wyf yn eu canfod yn ystod fy archwiliad.

Adroddiad

Gweler fy Adroddiad ar dudalen 31.

Adrian Crompton
Archwilydd Cyffredinol Cymru
26 Mehefin 2026

1 Cwr y Ddinas
Stryd Tyndall
Caerdydd
CF10 4BZ

Adroddiad yr Archwilydd Cyffredinol i'r Senedd

Cyflwyniad

O dan Ddeddf Archwilio Cyhoeddus Cymru 2004, rwyf yn gyfrifol am archwilio, ardystio ac adrodd ar ddatganiadau ariannol Bwrdd Iechyd Lleol Prifysgol Bae Abertawe (y Bwrdd Iechyd Lleol).

Rwyf yn adrodd ar y datganiadau ariannol hyn ar gyfer y flwyddyn a ddaeth i ben ar 31 Mawrth 2026 er mwyn tynnu sylw at faterion allweddol ar gyfer fy archwiliad, fel a ganlyn:

- methiant o'i gymharu â'r ddyletswydd ariannol gyntaf a fy marn amodol ganlyniadol ar 'reoleidd-dra';
- methiant y Bwrdd Iechyd i gyflawni'r ail ddyletswydd ariannol.

Nid wyf wedi rhoi amod ar fy marn 'gwir a theg' mewn cysylltiad ag unrhyw un o'r materion hyn.

Dyletswyddau ariannol

Mae'n ofynnol i Fyrddau Iechyd Lleol fodloni dwy ddyletswydd ariannol statudol – a elwir y ddyletswydd ariannol gyntaf a'r ail ddyletswydd ariannol.

Ar gyfer 2025-26, methodd y Bwrdd Iechyd Lleol â bodloni'r ddyletswydd ariannol gyntaf a'r ail ddyletswydd ariannol.

Methiant y ddyletswydd ariannol gyntaf

Mae'r **ddyletswydd ariannol gyntaf** yn rhoi hyblygrwydd ychwanegol i Fyrddau Iechyd Lleol drwy ganiatáu iddynt fantoli eu hincwm â'u gwariant dros gyfnod treigl o dair blynedd. Y cyfnod o dair blynedd a fesurir o dan y ddyletswydd hon eleni yw 2023-24 i 2025-26.

Fel y dangosir yn Nodyn 2.1 y Datganiadau Ariannol, ni reolodd y Bwrdd Iechyd Lleol ei wariant refeniw o fewn ei ddyraniad adnoddau yn ystod y cyfnod tair blynedd hwn, gan fynd £112.428 miliwn y tu hwnt i'w derfyn adnoddau refeniw cronnol o £4,055 miliwn.

Os nad yw Bwrdd Iechyd Lleol yn mantoli ei lyfrau dros gyfnod treigl o dair blynedd, mae unrhyw wariant dros y dyraniad adnoddau (hynny yw, terfyn gwariant) ar gyfer y tair blynedd hynny y tu hwnt i awdurdod y Bwrdd Iechyd Lleol i'w wario ac felly mae'n 'afreolaidd'. Mewn amgylchiadau o'r

fath, mae'n ofynnol imi roi amod ar fy 'marn ar reoleidd-dra' beth bynnag fo gwerth y gwariant gormodol.

Methiant yr ail ddyletswydd ariannol

Mae'r **ail ddyletswydd ariannol** yn ei gwneud yn ofynnol i Fyrddau Iechyd Lleol baratoi cynllun tymor canolig integredig tair blynedd dreigl sydd wedi ei gymeradwyo gan Weinidogion Cymru. Mae'r ddyletswydd hon yn sylfaen hanfodol i ddarparu gwasanaethau iechyd cynaliadwy o ansawdd. Bernir bod Bwrdd Iechyd Lleol wedi bodloni'r ddyletswydd hon ar gyfer 2025-26 os yw wedi cyflwyno cynllun 2025-26 i 2027-28 sydd wedi ei gymeradwyo gan ei Fwrdd i Weinidogion Cymru, yr oedd yn ofynnol iddynt adolygu ac ystyried cymeradwyo'r cynllun.

Fel y dangosir yn Nodyn 2.3 y Datganiadau Ariannol, ni fodlonodd y Bwrdd Iechyd Lleol ei ail ddyletswydd ariannol i roi cynllun tymor canolig integredig tair blynedd cymeradwy ar waith ar gyfer cyfnod 2025-26 i 2027-28.

Adrian Crompton

Archwilydd Cyffredinol Cymru

26 Mehefin 2026

Atodiad 4 – Llythyr sylwadau

Llythyr sylwadau terfynol

[Pennawd llythyr corff archwiliedig]

Archwilydd Cyffredinol Cymru
Swyddfa Archwilio Cymru
1 Cwr y Ddinas
Stryd Tyndall
Caerdydd
CF10 4BZ

25 Mehefin 2026

Sylwadau ynghylch datganiadau ariannol 2025-26

Darperir y llythyr hwn mewn cysylltiad â'ch archwiliad o ddatganiadau ariannol (gan gynnwys y rhan honno o'r Adroddiad ar Gydnabyddiaeth Ariannol sy'n ddarostyngedig i archwiliad) Bwrdd Iechyd Lleol Prifysgol Bae Abertawe (y Bwrdd Iechyd) ar gyfer y flwyddyn a ddaeth i ben 31 Mawrth 2026 er mwyn mynegi barn ar eu gwirionedd a'u tegwch, pa un a oeddent wedi eu paratoi'n briodol a rheoleidd-dra incwm a gwariant. Rydym yn cadarnhau, hyd eithaf ein gwybodaeth a'n cred, ar ôl gwneud ymholiadau y credwn sy'n ddigonol, y gallwn wneud y sylwadau canlynol i chi.

Sylwadau gan reolwyr

Cyfrifoldebau

Yn rhinwedd fy swydd yn Brif Weithredwr ac yn Swyddog Atebol rwyf wedi cyflawni fy nghyfrifoldeb am:

- baratoi'r datganiadau ariannol yn unol â gofynion deddfwriaethol a Llawlyfr Adroddiadau Ariannol y Trysorlys. Wrth baratoi'r datganiadau ariannol, mae'n ofynnol imi:
  - gadw at y cyfarwyddiadau cyfrifon a gyhoeddir gan Weinidogion Cymru/Trysorlys EF, gan gynnwys y gofynion cyfrifo a datgelu perthnasol a chymhwyso polisïau cyfrifo priodol yn gyson;
  - gwneud dyfarniadau ac amcangyfrifon ar sail resymol;
  - nodi a yw safonau cyfrifyddu perthnasol wedi eu dilyn a'u datgelu, ac esbonio unrhyw wyriadau perthnasol oddi wrthynt;
  - eu paratoi ar sail busnes gweithredol gan ragdybio y bydd gwasanaethau y Bwrdd Iechyd yn parhau i weithredu;
- sicrhau rheoleidd-dra unrhyw wariant a thrafodiadau eraill a gyflawnir;
- dylunio, gweithredu, a chynnal a chadw rheolaeth fewnol er mwyn atal a chanfod gwallau.

Gwybodaeth a ddarparwyd

Rydym wedi darparu'r canlynol ichi:

- mynediad llawn at y canlynol:
  - yr holl wybodaeth yr ydym yn ymwybodol ohoni sy'n berthnasol i'r broses o baratoi'r datganiadau ariannol, megis llyfrau cyfrifon a dogfennaeth ategol, cofnodion cyfarfodydd a materion eraill;
  - gwybodaeth ychwanegol yr ydych wedi gofyn i ni amdani at ddibenion yr archwiliad;
  - mynediad digyfyngiad at staff y penderfynoch chi fod angen cael tystiolaeth archwilio ganddynt;
- canlyniadau ein hasesiad o'r risg y gallai'r datganiadau ariannol fod wedi'u eu camddatgan yn berthnasol o ganlyniad i dwyll;
- ein gwybodaeth ni am dwyll gwirioneddol neu dwyll tybiedig yr ydym ni'n ymwybodol ohono ac sy'n effeithio ar y Bwrdd Iechyd ac sy'n cynnwys:
  - rheolwyr;
  - cyflogeion sydd â swyddogaethau arwyddocaol mewn rheolaeth fewnol;

  - eraill lle gallai'r twyll gael effaith berthnasol ar y datganiadau ariannol;
- ein gwybodaeth ni am unrhyw honiadau o dwyll gwirioneddol, neu dwyll tybiedig, sy'n effeithio ar y datganiadau ariannol a gyflëwyd gan gyflogeion, cyn-gyflogeion, rheoleiddwyr neu eraill;
- ein gwybodaeth ni am bob achos hysbys o ddiffyg cydymffurfio gwirioneddol neu ddiffyg cydymffurfio tybiedig â deddfau a rheoliadau y dylid ystyried eu heffeithiau wrth baratoi'r datganiadau ariannol;
- gwybodaeth am bwy yw'r holl bartïon cysylltiedig a holl berthnasoedd a thrafodiadau partïon cysylltiedig yr ydym yn ymwybodol ohonynt;
- ein gwybodaeth am holl achosion posibl a gwirioneddol o drafodiadau afreolaidd.

Sylwadau am y datganiadau ariannol

Mae'r holl drafodiadau, asedau a rhwymedigaethau wedi'u cofnodi yn y cofnodion cyfrifyddu ac fe'u hadlewyrchir yn y datganiadau ariannol.
Mae'r dulliau, y data, a'r tybiaethau arwyddocaol a ddefnyddiwyd i lunio amcangyfrifon cyfrifyddu, a'u datgeliadau cysylltiedig, yn briodol i gyflawni cydnabyddiaeth, mesuriad neu ddatgeliad sy'n rhesymol yng nghyd-destun y fframwaith adrodd ariannol perthnasol.
Rhoddwyd cyfrif yn briodol am berthnasoedd a thrafodiadau partïon cysylltiedig, ac maent wedi cael eu datgelu'n briodol.
Mae'r holl ddigwyddiadau a ddigwyddodd ar ôl y dyddiad adrodd y mae angen eu haddasu neu eu datgelu wedi eu haddasu neu eu datgelu.
Mae'r holl ymgyfreithiad a hawliadau gwirioneddol neu bosibl hysbys y dylid ystyried eu heffeithiau wrth baratoi'r datganiadau ariannol wedi cael eu datgelu wrth yr archwilydd, a rhoddwyd cyfrif amdanynt, ac maent wedi cael eu datgelu yn unol â'r fframwaith adrodd ariannol perthnasol.
Nid oes unrhyw gamddatganiadau perthnasol, gan gynnwys hepgoriadau, yn y datganiadau ariannol. Nid oes unrhyw gamddatganiadau heb eu cywiro yn y datganiadau ariannol.

Sylwadau gan y rhai sy'n gyfrifol am lywodraethu

Rydym yn cydnabod bod y sylwadau a wnaed uchod gan y rheolwyr wedi cael eu trafod gyda ni.
Rydym yn cydnabod ein cyfrifoldeb am sicrhau bod y Bwrdd Iechyd yn cadw cofnodion cyfrifyddu digonol.

Rydym yn cydnabod ein cyfrifoldeb am baratoi datganiadau ariannol gwir a theg yn unol â'r fframwaith adrodd ariannol perthnasol. Cymeradwywyd y datganiadau ariannol gan y Bwrdd Iechyd ar 25 Mehefin 2026.
Rydym yn cadarnhau ein bod wedi cymryd pob cam y dylem fod wedi'i gymryd er mwyn ein gwneud ein hunain yn ymwybodol o unrhyw wybodaeth archwilio berthnasol ac er mwyn cadarnhau ei bod wedi cael ei chyfleu i chi. Rydym yn cadarnhau, hyd y gwyddom, nad oes unrhyw wybodaeth archwilio berthnasol nad ydych yn ymwybodol ohoni.

Llofnodwyd gan:	Llofnodwyd gan:
Prif Weithredwr fel Swyddog Atebol	Cadeirydd y Bwrdd
Dyddiad:	Dyddiad:

Atodiad 5 – Argymhellion

Nodwn argymhellion isod o'n harchwiliad ynghyd ag ymateb eich rheolwyr iddynt.

1. Trefniadau llywodraethiant ar gyfer penodiadau Cyfarwyddwr Gweithredol

Canfu ein profion fod un Cyfarwyddwr Gweithredol Interim wedi i benodi yn ystod y flwyddyn. Derbyniwyd cymeradwyaeth gan Lywodraeth Cymru ac roedd y cyflog wedi'i fandio'n gywir ac roedd y Pwyllgor Cydnabyddiaeth Ariannol a Thelerau Gwasanaeth wedi cymeradwyo'r penodiad interim. Fodd bynnag, nid oes unrhyw dystiolaeth bod penderfyniad y Pwyllgor Cydnabyddiaeth Ariannol a Thelerau Gwasanaeth wedi'i gadarnhau gan y Bwrdd yn unol â Rheolau Sefydlog. Gwnaethom adrodd mater tebyg yn 2024-25.

Hefyd, canfu ein profion fod un penodiad Cyfarwyddwr Gweithredol Interim wedi'i estyn y tu hwnt i dymor cychwynnol y contract ac er bod Llywodraeth Cymru wedi cymeradwyo'r estyniad, nid oedd y Pwyllgor Cydnabyddiaeth Ariannol a Thelerau Gwasanaeth na'r Bwrdd wedi adrodd am yr estyniad hwn nac wedi ei gymeradwyo. Mae Rheolau Sefydlog yn dawel ynghylch a yw hyn yn ofynnol. O ystyried bod estyn contract interim yn gyfystyr ag ailbenodi'r person hwnnw am gyfnod o amser ychwanegol yn y bôn, er mwyn llywodraethiant da, rydym yn argymell bod unrhyw estyniadau i gontractau interim ar gyfer Cyfarwyddwyr Gweithredol yn cael eu cymeradwyo gan y Pwyllgor Cydnabyddiaeth Ariannol a Thelerau Gwasanaeth ac yn cael eu cadarnhau gan y Bwrdd.

Felly, rydym yn argymell:

(i) bod y Bwrdd yn cadarnhau pob penodiad Cyfarwyddwr Gweithredol Interim yn unol â Rheolau Sefydlog;
(ii) bod estyniadau i gontractau interim ar gyfer Cyfarwyddwyr Gweithredol yn cael eu cymeradwyo gan y Pwyllgor Cydnabyddiaeth Ariannol a Thelerau Gwasanaeth ac yn cael eu cadarnhau gan y Bwrdd.

Blaenoriaeth:

Uchel

Derbyniwyd yn llawn gan y rheolwyr:

Do

Ymateb y rheolwyr:

Byddwn yn gofyn yn ffurfiol i'r Bwrdd gadarnhau'r holl benderfyniadau a bydd hyn yn weithredol o gyfarfod y Bwrdd ym mis Gorffennaf ar 30 Gorffennaf. Byddwn hefyd yn adrodd rhestr o'r holl swyddi Interim a chofnod o pryd maent wedi'u hymestyn, cymeradwyaeth gan y Pwyllgor Cydnabyddiaeth Ariannol a Thelerau Gwasanaeth a Llywodraeth Cymru a dyddiadau, ac yn adrodd y rhain i'r Bwrdd hefyd. Bydd hyn yn digwydd unwaith eto o gyfarfod y Bwrdd ym mis Gorffennaf.

Dyddiad gweithredu:

31 Gorffennaf 2026

2. Archwilio Eiddo, Peiriannau ac Offer

Gwnaethom brofi materion yn ystod ein harchwiliad Eiddo, Peiriannau ac Offer a arweiniodd at aneffeithlonrwydd yn y broses o archwilio'r maes hwn. Golyga hyn fod archwiliad y maes hwn wedi cymryd mwy o amser nag a ddylasai. Gallai hyn beri i ni godi ffioedd archwilio ychwanegol yn y blynyddoedd i ddod a/neu beri i ni fethu â chyflawni terfynau amser oni bai y cyflawnir hyn (yn enwedig yn y bumed flwyddyn sef y flwyddyn brisio). Yn sgil uwchgyfeirio hyn at y Cyfarwyddwr Cyllid fe ymdriniwyd â'r oediadau.

Gwnaethom adrodd materion tebyg yn 2022-23 ac er gwaethaf mân welliannau yn 2023-24 ac yn 2024-25, mae'r materion hyn wedi ailymddangos. Crynhoir y materion hyn fel a ganlyn:

- **Tystiolaeth ategol/papurau gwaith** – yn ystod yr archwiliad, gwnaethom brofi anawsterau o ran ansawdd a/neu wrth gael gafael ar y papurau gwaith/tystiolaeth ategol ar gyfer rhai elfennau o Eiddo, Peiriannau ac Offer yr oeddem yn eu profi. Dylai papurau gwaith o ansawdd da fod ar gael ar ddechrau'r archwiliad.
- **Ymgysylltu â'r broses archwilio** – gwnaethom brofi oediadau wrth gael ymatebion i rai o'n hymholiadau ac wrth gael tystiolaeth ategol ar gyfer y samplau a ddewiswyd gennym i'w profi (oediadau

arwyddocaol weithiau). Golygai hyn fod y gwaith archwilio wedi cymryd mwy o amser i'w gwblhau.

Rydym yn argymell bod yr holl bapurau gwaith Cyfalaf yn cael eu darparu ochr yn ochr â'r datganiadau ariannol drafft a bod tystiolaeth ategol ac ymatebion i ymholiadau yn cael eu darparu mewn modd prydlon.

Blaenoriaeth:

Uchel

Derbyniwyd yn llawn gan y rheolwyr:

Do

Ymateb y rheolwyr:

Ymatebwyd i'r mwyafrif o'r 92 o gwestiynau archwilio a godwyd o fewn tri diwrnod gwaith (85%). Derbynnir ei bod wedi cymryd mwy o amser i ymateb i rai yn ystod cyfnodau prysur iawn o weithrediadau arferol ac ymrwymiadau absenoldeb ar gyfer y Tîm Cyllid Cyfalaf. Cafwyd un cais hefyd a ddaeth drwy e-bost ar 8 Ebrill a gollwyd gan y Tîm Cyllid Cyfalaf gan eu bod yn canolbwyntio ar fodloni'r dyddiad terfyn anariannol a chynhyrchu'r datganiadau ariannol drafft.

Y papurau gwaith a ddarparwyd ochr yn ochr â'r datganiadau ariannol drafft oedd yr un gyfres o bapurau a ddarparwyd yn 2024-25. Fel mewn blynyddoedd blaenorol, byddwn yn gweithio ar y cyd â thîm Archwilio Cymru i wella'r maes hwn ar gyfer 2026-27 drwy adolygu sylwadau archwilio lle byddai'r papurau gwaith hynny yn elwa ar gael eu gwella a hefyd lle y gofynnwyd am bapurau gwaith ychwanegol yn ystod y broses o archwilio'r datganiadau ariannol drafft, bydd y rhain yn cael eu darparu ochr yn ochr â'r datganiadau ariannol drafft.

Dyddiad gweithredu:

30 Medi 2026

3. Cyflogau Cyfalafol

Mae'r datganiadau ariannol yn cynnwys £959,000 mewn Cyflogau Cyfalafol a gynhwysir yn y balans Ychwanegiadau yn Nodyn 11.1 Eiddo, Peiriannau ac Offer. Mae hyn yn ymwneud â chostau staff sy'n gweithio ar

Brosiectau Cyfalaf. O dan safonau cyfrifyddu, dim ond costau y gellir eu priodoli'n uniongyrchol i gynlluniau cyfalafol y gellir eu cyfalafu.

Mae'r costau a godir yn seiliedig ar yr aelod o staff, natur ei swyddogaeth a faint o amser y bydd ei angen arno ar y prosiect(au). O'r herwydd, codir canrannau costau staff gwahanol.

Nododd ein profion fod y canrannau hyn yn cael eu pennu drwy drafodaethau ar ddechrau'r flwyddyn ac nad oes unrhyw lwybr archwilio ategol i ddangos y trafodaethau hyn, y canrannau y cytunwyd arnynt na'r sail resymegol dros y canrannau penodol y cytunwyd arnynt.

Rydym yn argymell bod y llwybr archwilio yn cael ei gryfhau i sicrhau bod sail resymegol glir dros y canrannau ar gyfer cyflogau cyfalafol a'u bod yn cael eu cymeradwyo ar ddechrau'r flwyddyn ariannol

(a phan fo unrhyw newidiadau yn ystod y flwyddyn).

Blaenoriaeth:

Uchel

Derbyniwyd yn llawn gan y rheolwyr:

Do

Ymateb y rheolwyr:

Nid oedd y broses o ddyrannu i gynllun cyfalaf yn wahanol i flynyddoedd blaenorol. Caiff y canrannau a gymeradwyir ar ddechrau'r flwyddyn eu cofnodi'n ffurfiol a'u cynnwys fel rhan o'r papurau gwaith a ddarperir ochr yn ochr â'r datganiadau ariannol drafft.

Dyddiad gweithredu:

31 Gorffennaf 2026

Ansawdd yr archwiliad

Mae ein hymrwymiad i ansawdd archwilio yn Archwilio Cymru yn un llwyr. Rydym ni'n credu bod a wnelo ansawdd archwilio â chael pethau'n iawn y tro cyntaf.

Rydym yn defnyddio model tair llinell sicrwydd i ddangos sut yr ydym yn cyflawni hyn. Rydym wedi sefydlu Pwyllgor Ansawdd Archwilio i gydlynu a goruchwylio'r trefniadau hynny. Creffir yn annibynnol ar ein gwaith gan Sefydliad Cyfrifwyr Siartredig Cymru a Lloegr ac mae Cadeirydd ein Bwrdd yn gweithredu fel dolen gyswllt i'n Bwrdd ar ansawdd archwilio. I gael rhagor o wybodaeth, gweler ein hadroddiad ansawdd archwilio diweddaraf.

Eich cefnogi chi

Mae gan Archwilio Cymru ystod o adnoddau i gefnogi'r broses o graffu ar gyrff cyhoeddus Cymru ac i'w cynorthwyo i barhau i wella'r gwasanaethau y maent yn eu darparu i bobl Cymru.

Ewch at ein gwefan i ganfod:

Ein cyhoeddiadau sy'n cwmpasu ein gwaith archwilio mewn cyrff cyhoeddus.

Gwybodaeth am ein gwaith sydd ar ddod a'n blaenraglen waith ar gyfer archwilio perfformiad.

Offer data i'ch helpu i gael dealltwriaeth well am dueddiadau gwariant cyhoeddus.

Manylion ein gwaith a'n digwyddiadau Arfer Da, gan gynnwys rhannu arferion a mewnwelediadau sy'n dod i'r amlwg o'n gwaith archwilio.

Ein cylchlythyr sy'n darparu diweddariadau rheolaidd i chi ar ein gwaith archwilio gwasanaethau cyhoeddus, arfer da, a digwyddiadau.

Archwilio Cymru

Ffôn: 029 2032 0500

Ffacs: 029 2032 0600

Ffôn testun: 029 2032 0660

E-bost: post@archwilio.cymru

Gwefan: www.archwilio.cymru

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

We welcome correspondence and telephone calls in Welsh and English.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Un Porthfa Talbot | One Talbot Gateway
Parc Ynni, Baglan | Baglan Energy Park
Port Talbot SA12 7BR

Ffôn Phone: 01639 683 334

Abigail.Harris7@wales.nhs.uk

Dyddiad/Date: 25th June 2026

Auditor General for Wales
Wales Audit Office
1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Representations regarding the 2025-26 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Swansea Bay University Local Health Board (the Health Board) for the year ended 31 March 2026 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.
We confirm that, to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:

  - observe the accounts directions issued by Welsh Ministers/HM Treasury, including the relevant accounting and disclosure requirements, and apply appropriate accounting policies on a consistent basis;

  - make judgements and estimates on a reasonable basis;

  - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and

  -prepare them on a going concern basis on the presumption that the services of the Health Board will continue in operation.

Rydym yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg. Atebir gohebiaeth Gymraeg yn y Gymraeg, ac ni fydd hyn yn arwain at oedi.
We welcome correspondence in Welsh or English. Welsh language correspondence will be replied to in Welsh, and this will not lead to a delay.

Cadeirydd/Chair: Jan Williams **Prif Weithredwr/Chief Executive:** Abigail Harris

Pencadlys BIP Bae Abertawe, Un Porthfa Talbot, Port Talbot, SA12 7BR
Bwrdd Iechyd Prifysgol Bae Abertawe yw enw gweithredu Bwrdd Iechyd Lleol Prifysgol Bae Abertawe

Swansea Bay UHB Headquarters, One Talbot Gateway, Port Talbot, SA12 7BR
Swansea Bay University Health Board is the operational name of Swansea Bay University Local Health Board

- ensuring the regularity of any expenditure and other transactions incurred.
-
- the design, implementation and maintenance of internal control to prevent and detect error.
-

Information provided
We have provided you with:

- full access to:

  - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;

  -additional information that you have requested from us for the purpose of the audit; and

  - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.

- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

- our knowledge of fraud or suspected fraud that we are aware of and that affects the Health Board and involves:

  - management;

  - employees who have significant roles in internal control; or

  -others where the fraud could have a material effect on the financial statements.

- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.

- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.

- the identity of all related parties and all the related party relationships and transactions of which we are aware.

- our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations
All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data, and the significant assumptions used in making accounting estimates, and their related disclosures, are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.
All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor, accounted for, and disclosed in accordance with the applicable financial reporting framework.
The financial statements are free of material misstatements, including omissions. There are no uncorrected misstatements in the financial statements.

Representations by those charged with governance
We acknowledge that the above representations made by management have been discussed with us.

We acknowledge our responsibility for ensuring that the company maintains adequate accounting records.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Health Board on 25th June 2026.

We confirm that we have taken all necessary steps to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:……	Signed by:……..
Chief Executive as Accountable Officer	Chair of Board
Date: 25th June 2026	Date: 25th June 2026

Head of Internal Audit Opinion & Annual Report 2025/26

Swansea Bay University Health Board

Reasonable Assurance

Contents

Report status:	Draft
Final report issued:	[TBC]
Author:	Osian Lloyd, Head of Internal Audit
Audit Committee:	June 2026

1. Executive Summary

1.1 Purpose of this Report

The Board of Swansea Bay University Health Board (the 'Health Board' or the 'organisation') is accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is also responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. A key element in that flow of assurance is the overall assurance opinion from the Head of Internal Audit.

This report sets out the Head of Internal Audit Opinion together with the summarised results of the internal audit work performed during the year. The report also includes a summary of audit performance and an assessment of conformance with the Global Internal Audit Standards (GIAS).

1.2 Head of Internal Audit Opinion 2025/26

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 2025/26 is:

Reasonable assurance		The Board can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

1.3 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. In addition, regular audit progress reports have been submitted to the Audit 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 Global Internal Audit Standards.

The Internal Audit Plan for 2025/26, was presented to the Audit Committee in March 2025. Changes to the plan have been made during 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 and Care Wales (DHCW), and the new NHS Wales Joint Commissioning Committee (JCC) that support the overall opinion for NHS Wales health bodies (see section 3).

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 Global Internal Audit Standards for 2025/26 subject to the UK Public Sector Application Note. We can state that our service conforms to the IIA's professional standards and to GIAS in the UK public sector.

1.4 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 (again, see section 3).

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 table 1 below.

Table 1 – Summary of Audits 2025/26

Substantial Assurance	• Benefits Realisation: Digital Programmes • Management of the Delivery of National Digital Systems
Reasonable Assurance	• Risk Management and Board Assurance Framework • Budget Setting • Patient Experience

	• Management of National Reportable Incidents • Controlled Drugs • National Safety Standards for Invasive Procedures (NatSSIPs) and Local Safety Standards for Invasive Surgical Procedures (LocSSIPs) (draft) • Access to Primary Care: Community Pharmacy • Theatres Utilisation • Vaccination and Immunisation • Health Records Migration • Staff Retention • Medical Study Leave • Estates Assurance: Asbestos Management • Morriston Hospital Theatre 7 / Burns Intensive Care Unit (post completion review) (draft) • Singleton Hospital PET (positron emission tomography) and CT (computerised tomography) Scanning (draft)
Limited Assurance	• Morriston Service Group Governance Arrangements • Escalation Status Action • Annual Plan and Integrated Medium-Term Plan Delivery • Urgent and Emergency Care: Delivery Governance • Strategic Equity Plan (deferred from 2024/25)
Unsatisfactory	None
Advisory/Non-Opinion	• Hywel Dda University Health Board and Swansea Bay University Health Board Regional Joint Committee Governance Arrangements (Advisory) • Follow Up of Internal Audit Recommendations (Not rated) (draft)
Work in progress	• Medical Variable Pay

	• Capital Assurance: Capital Systems - Selection, Appointment and Contractual Arrangements (deferred from 2024/25)

Please note that our overall opinion has also considered both the number and significance of any audits that have been deferred during the year (see section 5.7) and other information obtained during the year that we deem to be relevant to our work (see section 2.4).

2. Head of Internal Audit Opinion

2.1 Roles and Responsibilities

The Board is collectively accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is a statement made by the Accountable Officer, on behalf of the Board, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- the purpose of the system of internal control, as evidenced by a description of the risk management and review processes, including compliance with the Health & Care Quality Standards; and
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures, together with assurances that actions are or will be taken where appropriate to address issues arising.

The Health Board's risk management process and system of assurance should bring together all the evidence required to support the Annual Governance Statement.

In accordance with the GIAS, the Head of Internal Audit (HIA) is required to provide an annual opinion, based upon and limited to the work performed on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This is achieved through an audit plan that has been focussed on key strategic and operational risk areas and known improvement opportunities, agreed with executive management and approved by the Audit Committee, which should provide an appropriate level of assurance.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based audit work formulated around a selection of key organisational systems and risks. As such, it is a key component that the Board considers but is not intended to provide a comprehensive view.

The Board, through the Audit Committee, will need to consider the Head of Internal Audit opinion together with assurances from other sources including reports issued by other review bodies, assurances given by management and other relevant information when forming a rounded picture on governance, risk management and control for completing its Governance Statement.

2.2 Purpose of the Head of Internal Audit Opinion

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Accountable Officer and the Board of the Health Board which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control.

This opinion will in turn assist the Board in the completion of its Annual Governance Statement and may also be considered by regulators, including Healthcare Inspectorate Wales, in assessing compliance with the Health and Care Quality Standards in Wales, and by Audit Wales in the context of both their external audit and performance reviews.

The overall opinion by the Head of Internal Audit on governance, risk management and control results from the 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.

2.3 Assurance Rating System for the Head of Internal Audit Opinion

The overall opinion is based primarily on the outcome of the work undertaken during the 2025/26 audit year. We also consider other information available to us such as our overall knowledge of the organisation, the findings of other assurance providers and inspectors, and the work we undertake at other NHS Wales organisations. The Head of Internal Audit considers the outcomes of the audit work undertaken and exercises professional judgement to arrive at the most appropriate opinion for each organisation.

A quality assurance review process has been applied by the Director of Audit & Assurance and the Head of Internal Audit in the annual reporting process to ensure the overall opinion is consistent with the underlying audit evidence.

We take this approach into account when considering our assessment of our compliance with the requirements of GIAS.

The assurance rating system based upon the colour-coded barometer and applied to individual audit reports remains unchanged. The descriptive narrative used in these definitions has proven effective in giving an objective and consistent measure of assurance in the context of assessed risk and associated control in those areas examined.

This same assurance rating system is applied to the overall Head of Internal Audit opinion on governance, risk management and control as to individual assignment audit reviews. The assurance rating system together with definitions is included at **Appendix B**.

The individual conclusions arising from detailed audits undertaken during the year have been summarised by the assurance ratings received. The aggregation of audit results gives a better picture of assurance to the Board and also provides a rational basis for drawing an overall audit opinion. However, please note that for presentational purposes we have shown the results using the eight areas that were previously used to frame the audit plan at its outset (see section 2.4).

2.4 Head of Internal Audit Opinion

Scope of opinion

As noted already, the scope of my opinion covers both those areas examined in the risk-based audit plan which has been agreed with senior management and approved by the Audit Committee, and other information obtained during the year that we deem to be relevant to our work. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement. The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

Reasonable Assurance		The Board can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

This opinion will need to be reflected within the Annual Governance Statement along with confirmation of action planned to address the issues raised from reviews.

Focus should be placed on the agreed response to any Unsatisfactory and Limited Assurance opinions issued during the year and the significance of the recommendations made across other audits as well as addressing the implementation of any outstanding recommendations from previous year reviews.

Basis for Forming the Opinion

The audit work undertaken during 2025/26, and reported to the Audit Committee, has been aggregated at Section 5.

The evidence base upon which the overall opinion is formed is as follows:

- An assessment of the range of individual opinions and outputs arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Audit Committee throughout the year. In addition, and where appropriate, work at either draft report stage or in progress but substantially complete has also been considered, and where this is the case then it is identified in the report. This assessment has taken account of the relative materiality of these areas and the results of any follow-up audits in progressing control improvements (see section 2.5).

- The results of any audit work related to the Health & Care Quality Standards including, if appropriate, the evidence available by which the Board has arrived at its declaration in respect of the self-assessment for the leadership standard.
- Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations (see Section 3).
- Other knowledge and information that the Head of Internal Audit has obtained during the year including cumulative information and knowledge over time; observation of Board and other key committee meetings; meetings with the executive team, senior managers and independent members; the results of *ad hoc* work and support provided; liaison with other assurance providers and inspectors; research; and cumulative audit knowledge of the organisation that the Head of Internal Audit considers relevant to the opinion for this year.

As stated above, these detailed results have been aggregated to build a picture of assurance across the Health Board.

In reaching this opinion we have identified that our reviews during the year have generally concluded positively, with effective control arrangements operating across a number of areas. The audit work undertaken provides a consistent picture that governance, risk management and control arrangements are generally well designed and operating effectively, although further strengthening identified is required in a number of areas to ensure consistent implementation and effective oversight.

Of the opinions issued during the year, two were allocated Substantial Assurance, fifteen were allocated Reasonable Assurance, and five were Limited Assurance. There were no Unsatisfactory assurance opinions. We have also issued two reports that are either advisory or no-opinion follow up reports, and at the time of this report, fieldwork remains ongoing for two reviews.

In addition, the Head of Internal Audit considered the impact of those audit assignments planned this year which did not proceed to full audit following preliminary planning work and have been deferred until a future audit year. The reason for change to the audit plan was 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 the change made to the plan when forming the overall opinion.

The findings demonstrate a consistent pattern across audit areas, with appropriate frameworks and processes generally in place, but further work required to ensure these are fully embedded, consistently applied, and supported by robust governance and reporting arrangements. A summary of the findings is shown below. We have reported the findings using the eight areas of the Health Board's activities that we had previously used to structure our strategic and annual operational audit plans.

Corporate Governance, Risk Management and Regulatory Compliance

We have undertaken four reviews in this area.

Risk Management and Board Assurance Framework – Reasonable assurance was provided. The Health Board has established refreshed risk management arrangements, including the development of a Strategic Risk Register and supporting

Corporate Risk Register, with clear governance oversight through the Board and its committees. However, further work is required to complete and embed key elements of the framework, including finalisation and application of risk appetite statements, clarification of the future role of the Risk Management Group, and strengthening of action planning to ensure identified gaps in control and assurance are supported by clearly defined, monitored and time-bound actions.

Morriston Service Group Governance Arrangements – Limited assurance was provided. While governance structures are in place, significant weaknesses were identified in their design and operation. In particular, the absence of a functioning Service Group Management Board since May 2025, lack of formalised decision-making arrangements, and gaps in reporting and oversight mechanisms limit the effectiveness of governance across performance, workforce, quality and safety, and risk management. Weaknesses were also identified in the maintenance of terms of reference, meeting structure, and the consistency of documentation and assurance processes.

Hywel Dda University Health Board and Swansea Bay University Health Board Regional Joint Committee Governance Arrangements – Advisory. The review identified that governance arrangements are well established at a structural level, with a defined framework, agreed terms of reference, and consistent reporting arrangements supporting oversight and decision-making across both Health Boards. However, as the Committee transitions from establishment to delivery, further work is required to strengthen consistency and maturity, particularly in relation to subgroup governance, clarity of work programmes, definition of outputs and outcomes, and the development of a programme-wide approach to risk management.

Follow Up of Internal Audit Recommendations (draft) – Not rated. The review confirmed that arrangements are in place to monitor and track the implementation of internal audit recommendations. Further detail on our approach and findings is set out in Section 2.5.

Strategic Planning, Performance Management & Reporting

We undertook two reviews in this area, both of which resulted in limited assurance opinions.

Escalation Status Action – While arrangements are in place to respond to Welsh Government escalation, weaknesses were identified in governance, accountability and oversight. Targeted Intervention structures were stood down without Board oversight, and current arrangements lack clear ownership, defined processes and a consolidated improvement plan. Reporting is inconsistent, limiting assurance over the effective management and delivery of escalation actions.

Annual Plan and Integrated Medium-Term Plan Delivery – While planning arrangements exist, weaknesses in performance monitoring, reporting and oversight limit effectiveness. Changes to monitoring arrangements have reduced visibility of progress, and governance arrangements are not yet fully established or operating as intended, limiting effective scrutiny.

The audits of Children and Young People Services and the Clinical Services Strategic Plan were deferred (see Section 5.7) due to overlap with other internal and external review activity, which reduced the value of undertaking separate internal audit reviews at this time.

Financial Governance and Management

We have undertaken two reviews in this area. In addition, the audits of accounts payable and procurement processes provided by NWSSP concluded reasonable assurance opinions (see Section 3).

Budget Setting – Reasonable assurance was provided. The Health Board has established financial planning and budget-setting arrangements, supported by governance oversight and regular scrutiny by senior management and the Board. However, improvements are required to strengthen financial capacity, enhance training and support for budget holders, and improve compliance with accountability arrangements.

Medical Variable Pay - At the time of this draft report, fieldwork is ongoing.

The Health Board has commissioned external support to assist with its financial sustainability and recovery arrangements, including the development of its financial planning approach and savings delivery.

Clinical Governance and Quality & Safety

We have undertaken four reviews in this area, all of which resulted in reasonable assurance.

Patient Experience - The Health Board has established robust arrangements for capturing and analysing patient experience data, supported by effective reporting to the Board and relevant committees. However, improvements are required to strengthen clarity of roles and responsibilities at Service Group level, formalise action tracking, and enhance evidence of learning and improvement arising from patient feedback.

Management of National Reportable Incidents – Arrangements are in place to support the identification, investigation and reporting of incidents, with established governance structures and a clear framework aligned to national requirements. However, improvements are required to strengthen oversight of investigator training, ensure compliance with reporting and investigation timelines, and enhance monitoring of action plans and learning from incidents.

Controlled Drugs – Overall compliance with controlled drugs procedures is generally good, supported by established policies and operational controls. However, weaknesses remain in governance and oversight arrangements, including inconsistent compliance with procedures, gaps in reporting and monitoring at Service Group level, and the need to further embed governance structures.

National Safety Standards for Invasive Procedures (NatSSIPs) and Local Safety Standards for Invasive Surgical Procedures (LocSSIPs) (draft) - The Health Board has established key elements of a sound control framework, including well-embedded procedural safety checks within theatres, supported by strong compliance with the surgical safety checklist. However, arrangements are not consistently applied or fully embedded across all elements, with improvements required to strengthen documentation, training arrangements, audit effectiveness, and the consistent implementation and monitoring of learning from incidents.

Information Governance & Security

We have undertaken three reviews in this area.

Health Records Migration – Reasonable assurance was provided. The Health Board has successfully implemented the centralisation of health records, supported by effective governance and delivery arrangements and improved operational performance. However, a formal post-implementation review has not yet been completed, limiting the extent to which benefits realised and learning have been fully evidenced and captured.

Digital Benefits Realisation – Substantial assurance was provided. The Health Board has established a structured framework to identify, monitor and realise benefits from digital programmes. This provides a strong foundation for consistent benefits management; however, improvements are required to ensure consistent application across all programmes and full alignment with defined benefit management principles.

Management of National Digital Systems – Substantial assurance was provided. The Health Board has well-established arrangements for planning, coordinating and overseeing the delivery of national digital programmes, with effective governance, monitoring and risk management processes. These arrangements provide strong oversight within the limits of national programme dependencies, with opportunities to further strengthen early identification of emerging programme requirements.

The audit of the Digital Operating Model and Board Awareness was deferred due to overlap with Audit Wales' review of digital transformation (see Section 5.7).

Operational Service and Functional Management

We have undertaken four reviews in this area.

Access to Primary Care: Community Pharmacy - Reasonable assurance was provided. The Health Board has established arrangements to commission and oversee community pharmacy services, aligned to national regulatory requirements and contractual frameworks. However, improvements are required to strengthen formal agreements for locally commissioned services and enhance the consistency of strategic reporting and oversight at Board level.

Theatres Utilisation – Reasonable assurance was provided. The Health Board has established governance structures and improvement programmes to support more efficient use of theatre capacity, with evidence of increased activity and improved data visibility. However, further work is required to strengthen governance arrangements, clarify roles and responsibilities, and ensure consistent implementation of performance and quality frameworks.

Urgent and Emergency Care: Delivery Governance – Limited assurance was provided. While there is clear strategic alignment and commitment across the Health Board and regional partners, governance arrangements are not sufficiently developed to support effective decision-making and delivery. Weaknesses were identified in governance clarity, escalation processes and defined accountability across organisational boundaries, limiting the effectiveness of oversight and coordination.

Vaccination and Immunisation - Reasonable assurance was provided. The Health Board has established a clear strategic framework and governance arrangements to support vaccination uptake and reduce inequalities, supported by innovative delivery models and strong stakeholder engagement. However, improvements are required to strengthen alignment between strategic plans, develop clear performance measures, and enhance evaluation of the effectiveness of interventions.

The **Access to Primary Care: Dental** audit was replaced with a review of community pharmacy due to the ongoing national dental contract consultation (see Section 5.7).

The scope of the **Urgent and Emergency Care** review was refined following discussion with management to focus on governance rather than performance, avoiding duplication with Audit Wales' work on unscheduled care (see Section 5.4).

Workforce Management

We undertook three reviews in this area during 2025/26. In addition, the audits of the payroll system and the single lead employer process provided by NWSSP concluded a substantial assurance and reasonable assurance opinion rating, respectively (see Section 3 below).

Strategic Equity Plan (deferred from 2024/25) – Limited assurance was provided. While significant progress has been made in developing the Strategic Equity Plan and associated initiatives, key weaknesses were identified in implementation planning, governance, and oversight. In particular, improvements are required to strengthen the completeness of action plans, ensure formal approval and alignment of supporting plans, and establish robust monitoring and reporting arrangements to provide assurance over delivery.

Staff Retention – Reasonable assurance was provided. The Health Board has established a clear strategic framework and a wide range of initiatives to support workforce retention, supported by governance oversight and improving workforce stability. However, improvements are required to strengthen evaluation of the effectiveness of retention initiatives, enhance use of workforce data and feedback, and develop a more structured and integrated governance framework to support oversight and assurance.

Medical Study Leave – Reasonable assurance was provided. Arrangements are in place to manage medical study leave, supported by an established policy framework and approval processes. However, weaknesses were identified in governance and oversight, including inconsistent application of approval processes, gaps in system reconciliation and financial controls, and the absence of structured reporting to provide assurance over activity and compliance.

Capital & Estates Management

This year we have undertaken four reviews in this area. This includes two assignments which have been delivered as part of the Integrated Audit Plan (approved at Full Business Case stage and funded via the annual capital resource limit). Our programme of work reflects the scale of the Health Board's capital programme and the risks associated with major construction and infrastructure projects.

Capital Assurance: Capital Systems (deferred from 2024/25) - At the time of this report, fieldwork in this area remains ongoing and an assurance opinion has not yet been concluded.

Estates assurance: Asbestos management – Reasonable assurance was provided. The Health Board has established appropriate procedures aligned to the Control of Asbestos Regulations 2012, supported by risk assessments, re-inspection regimes, and operational controls. However, improvements are required to strengthen governance clarity, enhance reporting (including training compliance), and ensure procedures fully reflect administrative and record-keeping requirements to demonstrate ongoing regulatory compliance.

Morriston Hospital Theatre 7 / Burns Intensive Care Unit (post completion review) (draft) – Reasonable assurance was provided. The project was delivered broadly in line with its objectives, within the approved budget, and to a standard acceptable to users. However, improvements are required to strengthen aspects of project closure and final account governance, including documentation of approvals, application or formal waiver of contractual provisions, and clarity over change control and retention arrangements

Singleton Hospital PET-CT Scanning (Integrated Audit Assurance Programme) (draft) – Reasonable assurance was provided. Governance, financial management and delivery arrangements for the project are broadly appropriate, supporting progress towards completion. However, improvements are required to strengthen risk management, ensure consistency and clarity of reporting, and enhance contract management arrangements to support effective delivery and oversight.

The **Neath Port Talbot District General Hospital Private Finance Initiative (PFI) follow-up review** was deferred following an improved assurance rating in 2024/25 (from limited at draft to reasonable), reflecting reduced risk (see Section 5.7).

2.5 Approach to Follow Up of Recommendations

As part of our audit work, we consider progress in implementing agreed actions from our previous reports, particularly those where Limited Assurance was provided, and, where appropriate, high priority findings from Reasonable Assurance reports. In 2025/26, a revised follow-up approach was implemented, as agreed with the Health Board. This involved reviewing a sample of recommendations recorded as closed within the audit recommendation tracker, comprising a minimum of 50% of high priority findings and 10% of medium priority findings from 2024/25 internal audit reports, with progress updates provided at each Audit Committee meeting. We also undertook testing on the accuracy and effectiveness of the audit recommendation tracker.

In addition, audit committees monitor the progress in implementing recommendations (this is wider than just Internal Audit recommendations) through their own recommendation tracker processes. We attend all audit committee meetings and observe the quality and rigour around these processes.

However, it remains the role of audit committees to consider and agree the adequacy of management responses and the dates for implementation, and any subsequent request for revised dates, proposed by management. Where appropriate, we have adjusted our approach to follow-up work to reflect these challenges.

We have considered the impact of both our follow-up work and where there have been delays to the implementation of recommendations, on both our ability to give an overall opinion (in compliance with the GIAS) and the level of overall assurance that we can give.

The Health Board's arrangements for tracking audit recommendations remain established and generally effective, supported by regular reporting to the Executive Team and Audit Committee and the introduction of the Audit Management and Tracking (AMaT) system to support integrated assurance.

During 2025/26, we identified an increase in overdue actions, largely attributable to a backlog of recommendations awaiting verification of supporting evidence, alongside capacity pressures and the transition to the new system. Although this position represents a point-in-time impact rather than a systemic weakness, it has reduced the timeliness and clarity of reporting, including for a number of higher-risk actions. Management has acknowledged this position and actions are underway to address the backlog and strengthen the verification process.

We undertook follow-up testing to validate a sample of recommendations recorded as complete within the tracker, incorporating items from previous limited assurance reviews which had previously been reported as 'in progress'. Our testing confirmed that all sampled recommendations were appropriately classified as complete. This work provides the Audit Committee with additional assurance regarding the effectiveness and accuracy of the tracker.

2.6 Limitations to the Audit Opinion

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems.

As mentioned above the scope of the audit opinion is restricted to those areas which were the subject of audit review through the performance of the risk-based Internal Audit plan. In accordance with auditing standards, and with the agreement of senior management and the Board, Internal Audit work is deliberately prioritised according to risk and materiality. Accordingly, the Internal Audit work and reported outcomes will bias towards known weaknesses as a driver to improve governance risk management and control. This context is important in understanding the overall opinion and balancing that across the various assurances which feature in the Annual Governance Statement.

Caution should be exercised when making comparisons with prior years. Audit coverage will vary from year to year based upon risk assessment and cyclical coverage on key control systems.

2.7 Period covered by the Opinion

Internal Audit provides a continuous flow of assurance to the Board and, subject to the key financials and other mandated items being completed in-year, the cut-off point for annual reporting purposes can be set by agreement with management. To enable the Head of Internal Audit opinion to be better aligned with the production of the Annual Governance Statement a pragmatic cut-off point has been applied to Internal Audit work in progress.

By previous agreement with the Health Board, audit work reported to draft stage has been included in the overall assessment, with all other work in progress rolled-forward and reported within the overall opinion for next year.

Most audit reviews will relate to the systems and processes in operation during 2025/26 unless otherwise stated and reflect the condition of internal controls pertaining at the point of audit assessment.

Follow-up work will provide an assessment of action taken by management on recommendations made in prior periods and will therefore provide a limited scope update on the current condition of control and a measure of direction of travel.

There are some specific assurance reviews which remain relevant to the reporting of the organisation's Annual Report required to be published after the year end. Where required, any specified assurance work would be aligned with the timeline for production of the Health Board's Annual Report and accordingly will be completed and reported to management and the Audit Committee after this Head of Internal Audit Opinion. However, the Head of Internal Audit's assessment of arrangements in these areas would be legitimately informed by drawing on the assurance work completed as part of this current year's plan.

2.8 Required Work

Please note that following discussions with Welsh Government we were not mandated to audit any areas in 2025/26.

2.9 Statement of Conformance

The Welsh Government determined that the Global Internal Audit Standards (GIAS) would apply across the NHS in Wales from 1 April 2025.

The provision of professional quality Internal Audit is a fundamental aim of our service delivery methodology and compliance with GIAS is central to our audit approach. Quality is controlled by the Head of Internal Audit on an ongoing basis and monitored by the Director of Audit & Assurance. In addition, at least once every five years, we are required to have an External Quality Assessment. This was undertaken by the Chartered Institute of Public Finance and Accountancy (CIPFA) in March 2023, reported in April 2023 stated who concluded we 'Fully Conform' with the relevant standards.

The NWSSP Audit and Assurance Services can assure the Audit Committee that it has conducted its audits at the Health Board in conformance with the Global Internal Audit Standards and the UK public sector practice note for 2025/26.

Our conformance statement for 2025/26 is based upon:

- the results of our internal Quality Assurance and Improvement Programme (QAIP) for 2025/26 which will be reported formally in the summer of 2026; and
- The results of the External Quality Assessment.

We have set out, in **Appendix A**, the key requirements of the GIAS and our assessment of conformance against these requirements. The full results and actions from our QAIP will be included in the 2025/26 QAIP report. There are no significant matters arising that need to be reported in this document.

We also note that there have been no impairments to the independence of the Head of Internal Audit or to any other members of NWSSP's Audit & Assurance Service who undertook work on the Health Board's audit programme for 2025/26.

The Head of Internal Audit has unfettered access to the Chief Executive, Chair of the Audit Committee and Chair of the Health Board.

2.10 Completion of the Annual Governance Statement

While the overall Internal Audit opinion will inform the review of effectiveness for the Annual Governance Statement, the Accountable Officer and the Board need to consider other assurances and risks when preparing their Statement. These sources of assurances will have been identified within the Board's own performance management and assurance framework and will include, but are not limited to:

- direct assurances from management on the operation of internal controls through the upward chain of accountability;
- internally assessed performance against the Health & Care Quality Standards;
- results of internal compliance functions including Local Counter-Fraud, Post Payment Verification, and risk management;

- reported compliance via the Welsh Risk Pool regarding claims standards and other specialty specific standards reviewed during the period; and
- reviews completed by external regulation and inspection bodies including Audit Wales, Healthcare Inspectorate Wales and Health and Safety Executive.

3. Other work relevant to the Health Board

As our internal audit work covers all NHS Wales organisations there are a number of audits that we undertake each year which, while undertaken formally as part of a particular health organisation's audit programme, will cover activities relating to other health bodies. These are set about below, with relevant comments and opinions attached, and relate to work at:

- NHS Wales Shared Services Partnership;
- Digital Health & Care Wales; and
- NHS Wales Joint Commissioning Committee.

NHS Wales Shared Services Partnership (NWSSP)

As part of the internal audit programme at NWSSP, a hosted body of Velindre University NHS Trust, a number of audits were undertaken which are relevant to the Health Board. These audits of systems operated by NWSSP, processing transactions on behalf of the Health Board, derived the following opinion ratings:

Audit	Opinion	Outline scope
Accounts Payable	Reasonable	To review the adequacy of the systems and controls in place for key risk areas in the accounts payable process, including progress in implementing the actions agreed with management to address the issues identified in the previous audit report.
Primary Care Services Ophthalmic	Substantial	To provide assurance that Primary Care Services is maintaining a robust system to facilitate timely and accurate payments to Ophthalmic contractors.
Payroll	Substantial	To evaluate the design and operation of the systems and controls in place within payroll services.
Single Lead Employer	Reasonable	The purpose of this review is to assess compliance with a range of policies and procedures within the service.

Procurement	Reasonable	To review the adequacy and effectiveness of the control arrangements governing Single Tender Actions (STAs) and Declarations of Interest (DOIs).

Please note that other audits of NWSSP activities are undertaken as part of the overall NWSSP internal audit programme. All audits in this programme are reported to the Velindre University NHS Trust Audit Committee for NWSSP. The overall Head of Internal Audit Opinion for NWSSP is Reasonable Assurance.

Digital Health & Care Wales (DHCW)

As part of the internal audit programme at DHCW, a Special Health Authority that started operating from 1 April 2021, a number of audits were undertaken which are relevant to the Health Board. These audits derived the following opinion ratings:

Audit	Opinion	Outline scope
Programme management	Reasonable	To provide assurance over the timely rollout of a sample of digital programmes / projects across Wales and steps taking place to overcome obstacles, challenges and manage the delivery of benefits.
Cyber security	Reasonable	To assess the governance process for cyber security, associated risk statements and the management and delivery of improvement plans.
GMS clinical system migration project	Reasonable	To assess the management and delivery of the General Medical Services GMS Clinical System Migration project.
CaNISC	Reasonable	To ensure the risks associated with the withdrawal / replacement of the Cancer Network Information System Cymru (CaNISC) are appropriately managed.

Please note that other audits of DHCW activities are undertaken as part of the overall DHCW internal audit programme. The overall Head of Internal Audit Opinion for DHCW is Reasonable Assurance.

NHS Wales Joint Commissioning Committee (JCC)

The work at the JCC is undertaken as part of the Cwm Taf Morgannwg University Health Board's internal audit plan. These audits are listed below and derived the following opinion ratings:

Audit	**Opinion**	**Outline scope**

Individual Patient Funding Requests (IPFR)	Substantial	The JCC, working on behalf of all health boards in Wales, commissions highly specialist services at a national level. Each year, requests are received for healthcare that falls outside of this agreed range of services. These are referred to as Individual Patient Funding Requests. IPFRs can include a request for any type of healthcare including a specific service, treatment, medicine, device or piece of equipment. This review considered the system in place for the management and consideration of IPFR applications.
Budget management	Reasonable	This review considered the budget management process within the JCC, including procedures, responsibilities and management arrangements.
High cost drugs	-	This review covered the processes and arrangements relating to high cost drugs commissioned by the JCC. At the time of this report our work in this area is ongoing.

While these audits do not form part of the annual plan for the Health Board, they are listed here for completeness as they do impact on the organisation's activities. The Head of Internal Audit has considered if any issues raised in the audits could impact on the content of our annual report and concluded that there are no matters of this nature.

Full details of the NWSSP audits are included in the NWSSP Head of Internal Audit Opinion and Annual Report and are summarised in the Velindre NHS Trust Head of Internal Audit Opinion and Annual Report. DHCW audits are summarised in the DHCW Head of Internal Audit Opinion and Annual Report, and the JCC audits are summarised in the Cwm Taf Morgannwg University Health Board Head of Internal Audit Opinion and Annual Report.

4. Delivery of the Internal Audit Plan

4.1 Performance against the Audit Plan

The Internal Audit Plan has been delivered substantially in accordance with the schedule agreed with the Audit Committee, subject to changes agreed as the year progressed. Regular audit progress reports have been submitted to the Audit Committee during the year.

The audit plan approved by the Committee in March 2025 contained 29 reviews. Amendments comprised the deferral of two audits, alongside changes to scope and timing for a small number of assignments at management's request. In addition, two audits did not proceed following preliminary planning and discussion with management, where it was recognised that known issues and risks were in the process of being addressed and that further audit work would not add value at that time. All changes were reported to and approved by the Audit Committee.

The assignment status summary is reported at section 5.

In addition, we may respond to requests for advice and/or assistance across a variety of business areas across the Health Board. This advisory work, undertaken in addition to the assurance plan, is permitted under the standards to assist management in improving governance, risk management and control. This activity is reported during the year within our progress reports to the Audit Committee.

4.2 Service Performance Indicators

In order to monitor aspects of the service delivered by Internal Audit, a range of service performance indicators have been developed.

Indicator Reported to Audit Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2025/26	G	March 2025	By 30 June	Not agreed	Draft plan	Final plan
Total assignments reported against adjusted plan for 2025/26	G	92% (24/26)	100%	v>20%	10%<v≤20%	v≤10%
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	G	83% (20/24)	90%	v>20%	10%<v≤20%	v≤10%
Report turnaround: time taken for management response to discussion & draft report [15 working days]	A	70% (14/20)	85%	v>20%	10%<v≤20%	v≤10%
Report turnaround: time from management response to issue of final report [10 working days]	G	100% (20/20)	90%	v>20%	10%<v≤20%	v≤10%

Key: v = percentage variance from target performance

5. Risk based audit assignments

The overall opinion provided in Section 1 and our conclusions on individual reviews is limited to the scope and objectives of the reviews we have undertaken, detailed information on which has been provided within the individual audit reports.

5.1 Overall summary of results

At the time of this report 24 audit reviews have been reported during the year. Figure 1 below presents the assurance ratings, and the number of audits derived for each.

Figure 1 Summary of audit ratings

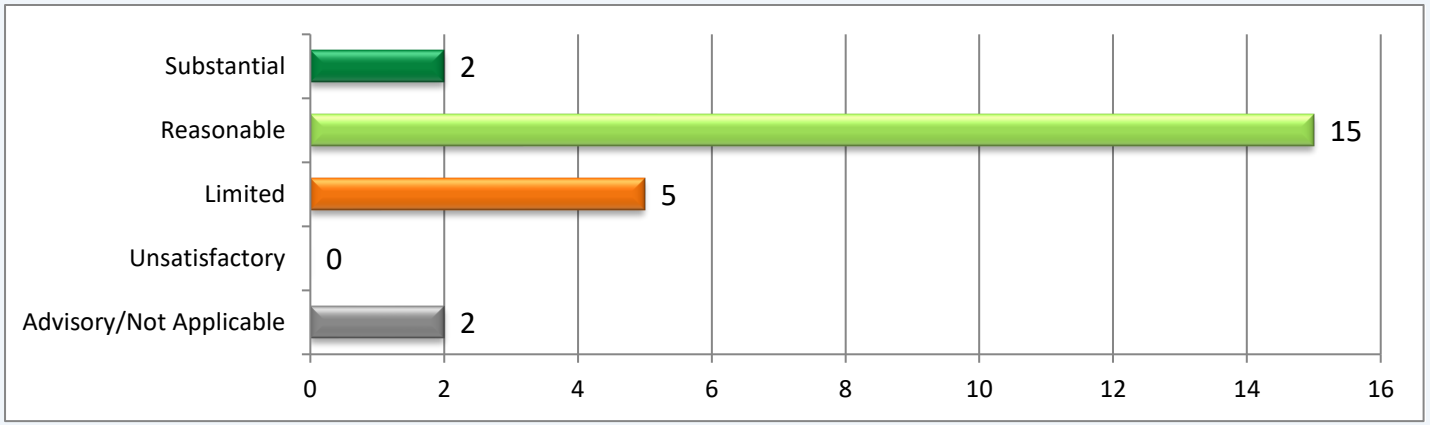


Figure 1 above does not include the audit ratings for the reviews undertaken at NWSSP, DHCW or the JCC.

The assurance ratings and definitions used for reporting audit assignments are included in **Appendix B**.

The following sections provide a summary of the scope and objective for each assignment undertaken within the year along with the assurance rating.

5.2 Substantial Assurance (Dark Green)

In the following review areas, the Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Those few matters that may require attention are compliance or advisory in nature with low impact on residual risk exposure.

Review Title	Objective
Benefits Realisation: Digital Programmes	To assess whether the health board is achieving the anticipated benefits from investment in digital solutions, including review of the Welsh Nursing Care Record (WNCR) and Value Based Healthcare (VBHC) programmes (with a focus on the Promptly system).
Management of the Delivery of National Digital Systems	To review the effectiveness of coordinated planning, engagement with Digital Health and Care Wales (DHCW) and associated governance arrangements, and mechanisms to manage resources, monitor delivery, and mitigate the impact of delays in national digital programmes.

5.3 Reasonable Assurance (Light Green)

In the following review areas, the Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Some matters require management attention in either control design or operational compliance and these will have low to moderate impact on residual risk exposure until resolved.

Review Title	Objective
Risk Management and Board Assurance Framework	To assess the effectiveness of the processes for identifying, managing, and reporting strategic and key operational risks.
Budget Setting	To review how the health board allocates resources to deliver its agreed budget.
Patient Experience	To review the arrangements for capturing and utilising patient experience.
Management of National Reportable Incidents	To evaluate the adequacy of the systems and controls for identifying, recording, managing, and reporting nationally reportable incidents.
Controlled Drugs	To review the arrangements for ensuring compliance with the Controlled Drugs Regulations.

Review Title	Objective
NatSSIPs and LocSSIPs (draft)	To review the mechanisms in place to ensure compliance with the National (NatSSIPs) and Local Safety Standards for Invasive Surgical Procedures (LocSSIPs).
Access to Primary Care: Community Pharmacy	To review the structures and arrangements for managing access to community pharmacy services, in line with regulatory requirements.
Theatres Utilisation	To assess whether theatre resources are used efficiently and effectively.
Vaccination and Immunisation	To evaluate the processes to monitor and promote vaccine uptake.
Health Records Migration	To review the effectiveness and outcomes of the health records migration project.
Staff Retention	To evaluate arrangements supporting staff retention, including nursing retention plans and overseas recruitment support.
Medical Study Leave	To assess whether study leave provided to Medical Staff is managed in line with policy, guidance, and value-for-money considerations.
Estates Assurance: Asbestos Management	To review whether asbestos management arrangements are robust and comprehensive.
Morriston Hospital Theatre 7 / Burns Intensive Care Unit (post completion review) (draft)	To provide assurance over completion and final account arrangements for the project. The review formed part of the Integrated Audit Plan included within the approved Business Justification Case (BJC).
Singleton Hospital PET and CT Scanning (draft)	To evaluate the delivery of the Positron Emission Tomography (PET) / Computerised Tomography (CT) project against business case objectives, and assess the adequacy of supporting systems and controls.

5.4 Limited Assurance (Amber)

In the following review areas, the Board can take only **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

Review Title	Objective
Morriston Service Group Governance Arrangements	To review of the governance, assurance framework and risk management arrangements within Morriston Service Group, including divisional governance.
Escalation Status Action	To review governance arrangements for overseeing and supporting delivery of escalation actions.
Annual Plan and Integrated Medium-Term Plan (IMTP) Delivery	To assess the effectiveness of the arrangements in place to support the delivery of the 2025/26 Annual Plan.
Urgent and Emergency Care: Delivery Governance	To assess the effectiveness of governance arrangements and interfaces supporting the delivery of Urgent and Emergency Care across the health board and regional partners. Following discussion with management, the scope was refined to focus on governance rather than performance and to avoid duplication with Audit Wales' work on unscheduled care. The review therefore concentrates on governance interfaces and decision-making boundaries, with particular emphasis on interactions with the Regional Partnership Board.
Strategic Equity Plan (deferred from 2024/25)	To review the arrangements supporting delivery of key actions within the Strategic Equity Plan, including those related to the Welsh Government's *Anti-Racist Wales Action Plan*.

5.5 Unsatisfactory (Red)

No reviews were assigned an 'unsatisfactory' opinion.

5.6 Advisory/Assurance Not Applied (Grey)

The following review was undertaken as part of the audit plan and reported without the standard assurance rating indicator, owing to the nature of the audit approach. The level of assurance given for this review is deemed not applicable – these are reviews and other assistance to management, provided as part of the audit plan, to which the assurance definitions are not appropriate, but which are relevant to the evidence base upon which the overall opinion is formed.

Review Title	Objective
HDdUHB and SBUHB Regional Joint Committee Governance Arrangements (Advisory)	To assess governance arrangements supporting partnership working between Swansea Bay University Health Board (SBUHB) and Hywel Dda University Health Board (HDdUHB) through the Regional Joint Committee (RJC).
Follow Up of Internal Audit Recommendations (Not rated) (draft)	This review assessed whether internal audit recommendations have been effectively implemented, and considered the effectiveness of the systems and arrangements in place to monitor progress with the implementation of actions.

5.7 Audits not undertaken

Additionally, the following audits were deferred for the reasons outlined below. We have considered these reviews and the reason for their deferment when compiling the Head of Internal Audit Opinion.

Review Title	Reason why not undertaken
Children and Young People Services	Deferred at the request of management to allow time for improvements in planning, governance, performance assurance and coordination, and to reflect the Health Board's evolving role in regional partnerships. This audit was initially replaced by a review of the Clinical Services Strategic Plan (CSSP). However, following timetable changes and delays in CSSP development, this has also been deferred, and a revised approach proposed.
Digital Operating Model and Board Awareness	Deferred due to overlap with the Audit Wales review of digital transformation, which covered key areas including strategy, leadership, capability, and risk management, reducing the value of undertaking a separate internal audit.
Neath Port Talbot District General Hospital Private Finance Initiative Follow Up Review	Deferred following an improved assurance rating in 2024/25 (limited at draft stage to reasonable in the final report), reflecting progress made and a reduction in risk.
Access to Primary Care: Dental	Scope amended to focus on community pharmacy due to the ongoing dental contract consultation.

5.8 Work in progress

At the time of producing the Annual Report, the following audits were still work in progress and the assurance ratings had not yet been determined. It is anticipated that the majority of this work will be sufficiently progressed to inform the final Annual Report.

Review Title	Objective
Medical Variable Pay	To review the adequacy of arrangements for the management and control of medical variable pay.

Review Title	Objective
Capital Assurance: Capital Systems - Selection, Appointment and Contractual Arrangements (deferred from 2024/25)	To assess whether appropriate controls are in place and operating effectively in relation to capital systems and projects.

6. Acknowledgement

In closing I would like to acknowledge the time and co-operation given by directors and staff of the Health Board to support delivery of the Internal Audit assignments undertaken within the 2025/26 plan.

Osian Lloyd
Pennaeth yr Archwiliad Mewnol/Head of Internal Audit

Gwasanaethau Archwilio a Sicrwydd/Audit and Assurance Services
Partneriaeth Cydwasanaethau GIG Cymru/NHS Wales Shared Services Partnership

June 2026

Appendix A Conformance

Internal Audit compliance with the Global Internal Audit Standards and the UK Public Sector Practice Note

Global Internal Audit Standards – Domains, Principles & Standards	**Requirements & Response**
Domain I: Purpose of Internal Auditing	Internal auditing strengthens the organisation's ability to create, protect, and sustain value by providing the board and management with independent, risk-based, and objective assurance, advice, insight, and foresight. Advice and assurance are provided primarily through a risk-based audit plan approved and monitored by the Audit Committee. Audit & Assurance uses the results of its audits, together with focused research, to provide insight and foresight.
Domain II: Ethics & Professionalism Principles 1 (Demonstrate Integrity), 2 (Maintain Objectivity), 3 (Demonstrate Competency), 4 (Exercise Due Professional Care), and 5 (Maintain Confidentiality). 13 individual standards.	Audit & Assurance has established processes for dealing with both the ethics and professionalism of Internal Audit and the need to maintain client confidentiality. This encompasses training, declarations of interest returns, our audit processes, and the requirements (where appropriate) of professional accounting and audit bodies.
Domain III: Governing the Internal Audit Function Principles 6 (Authorised by the Board), 7 (Positioned Independently), and 8 (Overseen by the Board). 9 individual standards.	How we interact and work with each NHS Wales organisation is set out in the Internal Audit Mandate and Charter which is updated annually. There are appropriate arrangements in place for Internal Audit to act independently and interact with the Board to ensure effective governance arrangements.

Domain IV: Manging the Internal Audit Function Principles 9 (Plan Strategically), 10 (Manage Resources), 11 (Communicate Effectively), and 12 (Enhance Quality). 16 individual standards.	The Internal Audit function for NHS Wales is managed through the NHS Wales Shared Services Partnership (NWSSP). The Audit & Assurance service delivery plan forms part of the NWSSP integrated medium term plan. A risk based strategic and annual plan is developed for each NHS Wales organisation. The annual plan gives detail of specific assignments and sets out the overall resource requirement. The audit strategy and annual plan is approved by the Audit Committee. Quality assurance and control arrangements are in place and are subject to an external assessment at least once every five years. Policies and procedures which guide the Internal Audit activity are in place. There is structured liaison with Audit Wales, HIW and Counter Fraud.
Domain V: Performing Internal Audit Services Principles 13 (Plan Engagements Effectively), 14 (Conduct Engagement Work), and 15 (Communicate Engagement Results and Monitor Action Plans). 14 individual standards.	Audit & Assurance has a Quality Manual that sets out how we will conduct and monitor audit engagements and this is then replicated in our Electronic Working Paper system (ESRA) and other files. This ensures that we meet the requirements to plan, conduct and communicate audit engagement appropriately and follow-up management actions.

Global Internal Audit Standards
UK Public Sector Application Note

Appendix B Audit Assurance Ratings

Assurance Opinion

	**Substantial**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	**Reasonable**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	**Limited**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	**Unsatisfactory**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	**Advisory**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Swansea Bay University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of Swansea Bay University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership]

Global Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms to the Institute of Internal Auditors' professional standards and the Government Internal Audit Standards (GIAS) applicable within the UK public sector.

Meeting Date	**25 June 2026**	**Agenda Item**	**3.2**
Name of Meeting	**SBUHB Board**		
Report Title	**Annual Report 2025-26**		
Report Author	Kate Morgan, Head of Corporate Governance (& FOIA Lead)		
Report Sponsor	Director of Corporate Governance		
Presented by	Hazel Lloyd, Director of Corporate Governance		
Freedom of Information	Open		
FoI Closed detail	If closed, choose detail		

Impact Assessment Summary Outcome	**IA Completion date**
No negative impacts identified. Positive impact through transparency, accountability, statutory compliance, and reporting of progress against equality, Welsh language, biodiversity, and wellbeing objectives.	05 June 2026

Purpose of the Report	For Approval

Report Summary; detailing any action required

The purpose of this report is to set out the final Annual Report for 2025-26.

Key Issues

The Health Board is required to submit its annual report for each financial year to Welsh Government after which the document is to be received at its annual general meeting. It provides an outline of the health board's programme in relation to the board's governance arrangements, performance and financial position for the previous year. Any breaches in standing orders/standing financial instructions are reported via the accountability section and the head of internal audit's annual opinion is also included.

Decision / Action required	Yes, Impact Assessment included

Recommendations

Members are asked to:

- **APPROVE** the annual report 2025-26 for submission to Welsh Government.

ANNUAL REPORT 2025-26

1. INTRODUCTION

The purpose of this report is to set out the final Annual Report for 2025-26.

2. BACKGROUND

The Health Board is required to submit its annual report for each financial year to Welsh Government after which the document is to be received at its annual general meeting. It provides an outline of the Health Board's programme in relation to the board's governance arrangements, performance and financial position for the previous year. Any breaches in standing orders/standing financial instructions are reported via the accountability section and the head of internal audit's annual opinion is also included.

3. GOVERNANCE AND RISK ISSUES

(i) Annual Report and Accountability Report 2025-26

The manual for accounts sets out that all NHS organisations are required to publish, as a single document, a three part annual report and accounts which includes:

1) the performance report;
2) the accountability report; and
3) the financial statements.

Section one, the performance report, as set out in the manual for accounts, is to 'provide information on the entity its main objectives and strategies and the principal risks it faces. The performance report must provide a fair, balanced and understandable analysis of the entity's performance, in line with the overarching requirement for the annual report and accounts to be fair, balanced and understandable'. Rather than the standard performance charts, a more narrative approach is required, supported where possible by data.

The purpose of section two, the accountability report, is to meet the key accountability requirements to Welsh Government and comprises:

- Corporate governance report;
- A remuneration and staff report; and
- A parliamentary and audit report.

In terms of the key areas of assurance these will be provided through:

- Updates on the improvement in governance in the last year;
- Strengthening risk management arrangements in the health board risk register.

A draft was circulated in May 2026 to executive directors, independent members, internal and external audit and Welsh Government for comments and the feedback received has been incorporated. It was also considered in draft form by the Audit Committee in May 2026.

Section three is the completion of the annual accounts. These are considered in their own right by the Board and Audit Committee and incorporated into the final document sent to Welsh Government. Sections one and two of the annual report are at **appendix one**.

(ii) Annual General Meeting (AGM)

The AGM has been scheduled for 21 July 2026. Work is now in progress to finalise the arrangements and the speakers invited to present on specific highlights from the year.

4. FINANCIAL IMPLICATIONS

There are no financial implications.

5. RECOMMENDATION

Members are asked to:

- **APPROVE** the annual report 2025-26 for submission to Welsh Government.

Governance and Assurance		
Strategic Objectives		
Strategic Objectives *(please choose which is impacted)*	People of Swansea Bay live healthier, fairer and more prosperous lives	☐
	Care is high quality, safe, efficient and delivers the best possible outcomes for people in partnerships	☐
	Care is delivered in partnership with our communities in safe and appropriate setting, supported by innovation	☐
	The health board is a great place to work where staff feel valued and work together towards a common goal	☐
	The health board is a resilient, sustainable and responsible organisation	☒
Health and Care Standards		
Standards *(please choose which applies)*	Safe Care	☐
	Timely Care	☐
	Effective Care	☐
	Efficient Care	☐
	Equitable care	☐
	Person-centred Care	☐
	Staff and Resources	☒
Enablers *(please choose which applies)*	Whole Systems Approach	☐
	Leadership	☐
	Workforce	☐
	Culture	☐
	Information	☒
	Learning, Improvement and Research	☐
Quality, Safety and Patient Experience		
Ensuring the board carries out its business appropriately and aligned national requirements is a key factor in the quality, safety and experience of patients receiving care.		
Financial Implications		
No financial implications		
Legal Implications (including equality and diversity assessment)		
There are no legal implications.		
Staffing Implications		
There are no staffing implications.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		

The development of end-of-year reporting arrangements will enable the organisation to continue to discharge its governance role effectively.
Report History
Annual report to the Board
Appendices
Appendix one – Annual Report 2025-26.

lechyd gwell
Gofal gwell
Bywyd gwell

Better health
Better care
Better lives

Swansea Bay University Health Board Annual Report 2025-26

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Contents

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: xxxxxxx

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.

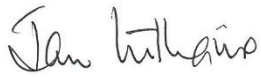
In preparing those accounts, the directors are required to:

- 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 Health Board and to enable them to ensure that the accounts comply with the requirements outlined in the abovementioned direction by Welsh ministers.

By order of the board, signed:

Chair  Date: xxxxxxx

Chief Executive  Date: xxxxxxx

Interim Director of Finance  Date: xxxxxxxx

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 400,000, have a budget of around £1.8 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, 63 dental practices (including orthodontic and specialist providers) and 90 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 four 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;

- 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 CBE, Chair of the Board

On behalf of the Board, I am pleased to present the Annual Report for Swansea Bay University Health Board for 2025-26.

This has been a year of both progress and continued challenge. Board members are clear that, while improvement has been made in a number of areas, we are under no illusion about the scale of further progress required.

The Board is acutely aware of the significant levels of deprivation across the population we serve, and the impact that this has on health outcomes, demand for services and persistent inequalities. This context is the fundamental underpinning of our role as a Board—shaping our strategic priorities, informing our assessment of risk, and reinforcing the importance of working in partnership to improve population health

Throughout the year, the Board has maintained a strong and consistent focus on its core responsibilities of leadership, governance, oversight and accountability. This has included close scrutiny of performance, quality and safety, together with a strengthened approach to risk management and assurance. Where services have not met the standards expected, the Board has not hesitated to discharge its role around appropriate challenge, ensuring transparency and agreeing action.

Board members have focused particularly on areas of known concern, including maternity and neonatal services, mental health and learning disability services, and urgent and emergency care. We received and accepted the outcome of the Independent Maternity and Neonatal Review and also approved, in principle, a Perinatal Improvement Plan, recognising the importance of restoring confidence and ensuring safe, high-quality care for all patients and families.

There has also been a clear and necessary strengthening of the Board's role as the Governing Body, through enhancing the approach to performance and financial oversight, improving systems, bringing in clearer lines of accountability and a more disciplined approach to governance. These developments represent important progress in the maturity of the Board itself and the organisation.

The Board recognises that significant challenges remain. In particular, delays in patients following throughout pathways through our hospitals,

including high numbers of clinically optimised patients (those patients who have no ongoing need for clinical treatment), continue to impact on patient experience, safety and system performance. We also acknowledge that the organisation has still to make the required progress in reducing the financial deficit and charting the path back to financial balance and sustainability. These issues remain central to the Board's oversight and call for collective ownership, unswerving focus and urgent action from all of us across the wider system.

Partnership working continues to be vital. The Board has strengthened its engagement with key partners, including with Hywel Dda University Health Board, through the Regional Joint Committee, Neath Port Talbot and Swansea local authorities and the Third Sector, recognising that we cannot address alone many of the challenges facing the health system.

Board members acknowledge and own both the scale of the challenge and the need for continuing progress. Over the past year, we have, through necessity, focused on strengthening the fundamentals of governance, performance and accountability. This provides a strong foundation for the next phase of improvement.

On behalf of the Board, I would like to place on record our sincere thanks to staff for their professionalism, compassion and continued commitment. They go the extra mile every day in caring for patients, service users, families and communities. I would also like to thank partners and stakeholders for their support and collaboration

I am privileged to serve as Chair of Swansea Bay University Health Board, and I am confident that the Board will continue to provide the leadership, governance, oversight and assurance required to support continuous improvement in the years ahead. I am indebted to all my Board colleagues for their contributions, advice and guidance throughout the year.

Jan Williams, CBE

Introduction: Chief Executive's Overview

I am pleased to present this Annual Report, which sets out the progress we have made over the past year, alongside the challenges we continue to face as an organisation. Having now completed my first year as Chief Executive, I have seen first-hand both the strength of our organisation and the scale of the work still required.

During the year, our teams have worked with dedication and determination to deliver improvements across a number of key areas. In planned care, we have made significant progress in reducing long waits and improving access for patients. This has included delivering thousands of additional outpatient appointments, with up to 25,000 extra appointments, and substantial reductions in waiting lists across a number of specialties, by as much as 90% in some cases. Earlier access is enabling faster diagnosis and treatment, including for patients with serious conditions, improving outcomes at a crucial stage.

We have also taken important steps to strengthen the quality and safety of our services. We have progressed the Independent Maternity and Neonatal Review in a transparent and compassionate way, through the development of a clear Perinatal Improvement Plan to drive the changes required. We have increased our focus on governance and performance, taking action where needed to address areas of concern. Mental health transformation has also been a key priority, with a strengthened focus on patient-centred care, service quality, safety and governance across Mental Health and Learning Disability services.

Despite this progress, significant challenges remain.

We serve a population with some of the highest levels of deprivation in Wales, and this has a profound impact on demand for our services, the complexity of need, and the outcomes our communities experience. Health inequalities are reflected in higher rates of long-term conditions, later presentation and greater reliance on urgent and emergency care. This context is a critical factor in both the pressures we face and the way we must respond—strengthening our focus on prevention, early intervention and partnership working across the system.

Our urgent and emergency care system continues to operate under sustained pressure. However, the changes implemented during the year are beginning to deliver measurable improvement. Even at times of peak demand, performance in key areas has improved compared to previous periods, including reductions in ambulance handover delays and in the

time patients wait for a bed. Despite this, too many patients still experience delays, particularly where discharge from hospital is not possible in a timely way. This remains a critical issue for patient experience, safety and system flow.

We also face ongoing financial challenges. While we have strengthened our approach to financial management and delivered against our planned position, we have not yet reduced our underlying deficit. Addressing this will require continued focus, discipline and system-wide action. Fundamentally, our route to financial sustainability lies in improving quality and consistently doing the right things for patients first time. By reducing unwarranted variation, avoiding harm and improving flow through our services, we will improve outcomes and experience while making best use of our resources and reducing avoidable cost. This is the shift we are now embedding across the organisation.

In response, we have focused on strengthening the foundations of the organisation—improving governance, clarifying accountability and building greater consistency in how we manage performance.

This year represents a clear shift in how we operate. It is not about doing more of the same, but about doing things differently—being more disciplined in how we prioritise, more consistent in how we deliver, and more focused on the changes that will have the greatest impact for our patients and communities.

Alongside this, we have refreshed our strategy, *A Healthier Swansea Bay*, and are developing our Clinical Services Strategic Plan, *Transforming for the Future,* which will provide a clear roadmap for how services will evolve over the coming years. This is complemented by our *Organised for Success* redesign programme, strengthening our organisational structure, culture and approach to improvement.

We are clear about the next phase of our journey. Having focused on strengthening the foundations this year, we will now move into a period of transition in 2026/27—shifting from preparation to delivery, and from intent to measurable impact, before progressing into longer-term transformation to ensure the sustainability of our services.

None of this would be possible without our staff. Every day, I continue to be impressed by the professionalism, compassion and resilience shown across our organisation. I am deeply grateful for everything they do for our patients and communities.

We will continue to work closely with our partners across local government, the third sector and Welsh Government to address the

challenges we face and to improve the health and wellbeing of the population we serve.

Abigail Harris
Chief Executive

Performance Report 2025-26

Our Performance Summary

The financial year 2025-26 was another highly pressurised year. During the year the Health Board was monitored against its escalation status and remained in Targeted Intervention for Urgent Emergency Care, Cancer and some elements of infection control. The Health Board also remained in Enhanced Monitoring for CAMHS and Planned Care. Significant progress has been made in planned care and good progress has been seen throughout Q2 and Q3 for Unscheduled care.

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 invention 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).

Following the publication of the Independent Maternity and Neonatal Review published on 15 July 2025, the decision was made to escalate Maternity and Neonates to Level 4 (Targeted Intervention) from Level 3 Enhanced Monitoring. Updated de-escalation criteria relating to Maternity and Neonates was published in September 2025 and has been incorporated into this report.

Areas of Escalation Performance

The escalation areas were a focus for the Health Board's performance in 2025-26. Below is a summary of our end-of-year position to demonstrate progress against final figures for 2025-26.

Performance against Areas of Enhanced Monitoring (Level 3)

Measure	De-escalation Target	March 2025	March 2026
Planned Care			
Number of patients waiting less than 52 weeks for an outpatient appointment	100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.	100%	100%
Number of patients waiting less than 104 weeks at all stages	100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.	100%	100%

Measure	De-escalation Target	March 2025	March 2026
Planned Care			
Number of patients waiting less than 26 weeks for an outpatient appointment	Continuous improvement towards 75% of all open outpatient pathways waiting less than 26 weeks	71.63%	86.90%
Number of patients waiting less than 36 weeks at all stages	Continuous improvement towards 80% of all open pathways waiting less than 36 weeks	73.13%	78.53%

Measure	De-escalation Target	March 2025	March 2026
Planned Care			
Number of patients delayed by 100% for their Follow-up appointment	12% 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 2024 baseline taking the number of patients waiting below 26,194)	4.23% (increase against the baseline, April 2025)	20.29% (increase against the baseline)
R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment	68% 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	74.38%	71.03%
Number patients waiting less than 8 weeks for a diagnostic test	85% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.	82.08%	93.11%
Number of patients waiting less than 8 weeks for a diagnostic endoscopy	85% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.	40.78%	83.14%

Measure	De-escalation Target	March 2025	March 2026
Planned Care			
Number of patients waiting less than 9 weeks for a NOUS and non-cardiac MRI**	85% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.	99.96%	92.80%
Number of patients waiting less than 14 weeks for therapies	90% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.	100%	100%

The Planned care de-escalation criteria has been met for three consecutive months in the following areas:

- Number of patients waiting less than 52 weeks for an outpatient appointment (Target met since October 2023)
- Number of patients waiting less than 104 weeks at all stages (Target met since March 2025)
- Number of patients waiting less than 26 weeks for an outpatient appointment (Target met since September 2025)
- R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment (Target met since May 2024)
- Number of patients waiting less than 14 weeks for therapies (Target met since July 2025)

Child and Adolescent Mental Health Services			
Number of LPMHSS* mental Health assessments undertaken within 28 days from receipt of referral	80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.	75%	82%

Child and Adolescent Mental Health Services			
Number of therapeutic interventions started within 28 days following an LPMHSS assessment	70% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	100%	81%
Number of HB residents in receipt of a secondary mental health service who have a valid care and treatment plan	85% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	98%	90%

Please Note: CAMHS De-escalation criteria has been met and maintained since December 2025

*LPMHSS – Local Primary Mental Health Services

** NOUS – Non-Obstetric Ultrasound Service

Performance against Areas of Targeted Intervention (Level 4)

Measure	De-escalation Target	March 2025	March 2026
Cancer			
% Patients started treatment within 62 days on a Single Cancer Pathway	60% performance maintained for 3 months against the Single Cancer Pathway (SCP) target.	62.2%	55%

Unscheduled Care			
Number of ambulance handovers over an hour	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 of 494).	555 (0.18% reduction on previous month)	595 (18.8% increase on previous month)
Number of patients waiting over 12 hours in A&E	Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.	11.3%	11.26%

Median time from arrival at an emergency department to assessment by a clinical decision maker	Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.	82.21%	80.34%
Number of delayed Pathways of Care	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 of 176).	219 (13.7% reduction on previous month)	223 (11.5% increase on previous month)

Infection, Prevention & Control			
Number of hospital onset infections of C-Diff	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)	15	12
Number of hospital onset infections of Staph aureus	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)	3	5
Number of hospital onset infections of E-coli	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)	4	6
Number of hospital onset infections of Klebsiella	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)	5	4

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 receives this report on a bi-monthly basis along with an in-depth report from the Chief Executive which not only updates 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) remained a significantly challenged area throughout 2025–26, continuing the performance pressures seen in previous years. The Health Board remained under *Targeted Intervention* in line with the Welsh Government Escalation and Intervention Framework. Despite these pressures, the year included periods of notable improvement, particularly in ambulance handover performance following the Ministerial Advisory Group's mandated 45-minute and 15-minute targets. Substantial operational work supported these gains.

Background and Early Improvements

During 2024–25, the Getting It Right First Time (GIRFT) review provided critical feedback that highlighted major concerns in the Emergency Department (ED) performance. The Health Board began a focused programme of improvement, including:

- Launch of the Older Persons Assessment Unit (OPAU)
- Enhanced senior decision-maker presence and improved medical rosters
- Minor estates reconfiguration to optimise space and flow

While these actions produced some early benefits, the system was regularly overwhelmed by underlying demand pressures.

Tests of Change and Performance Impact

In 2025–26, a suite of Plan-Do-Study-Act (PDSA) tests of change was implemented to improve assessment, flow, and admission processes. These included:

1. ED assessment and referral to medicine
2. Revised Acute Medical Unit (AMU) medical assessment model
3. Specialty assessment and patient allocation to specialty or General Internal Medicine (GIM) bed pool
4. Introduction of a seven-day Same Day Emergency Care (SDEC) model
5. Criteria-to-reside implementation, and

6. "Your Next Patient" continuous flow model across specialty bed bases, including surgical areas

Additional general medical ward capacity were opened to decompress the ED.

By the end of Quarter 2, key metrics showed significant improvement, despite ambulance demand increasing by 9%. Improvements included:

- **155% reduction** in ambulance handover delays >45 minutes
- **82.2% improvement** in average handover time
- **77% reduction** in ambulance handover hours lost
- **23% improvement** in ED turnaround time
- **38.7% reduction** in patients awaiting admission at 9 a.m.
- Reduction in Clinically Optimised Patients (COP) occupying acute beds
- National Escalation Status levels frequently improved from SL4 (highest pressure) to SL3 and SL2
- ED deaths reduced from 31 pre-test to 13 by end of Quarter 2

Escalation Pressures in Q3 and Q4

Performance dipped in Quarters 3 and 4, with periods of significant strain requiring Business Continuity arrangements. Although overall demand remained stable, flow deteriorated due to:

- Rising patient acuity
- Reduced discharge levels
- Increases in Clinically Optimised Patients (COP) and Clinically Safe for Transfer (CSFT) numbers
- Infection control constraints that limited capacity
- Occupancy within medical specialties frequently exceeding **130%**

This combination significantly impaired ED flow and ambulance offloading capability.

High Intensity User Programme

To alleviate avoidable attendances, the Health Board trialled a High Intensity User role designed to work across agencies and support individuals whose needs were more social than medical. The role aimed to redirect patients to more appropriate non-medicalised support services.

Whole-System Approach and Strategic Alignment

The Health Board recognised that ambulance delays reflect system-wide pressures beyond ED processes. Improvement efforts aligned to three overarching UEC system priorities:

- Pre-hospital pathways and front door services
- Flow improvement
- Discharge optimisation

Governance structures were simplified and strengthened, with integration alongside the West Glamorgan Regional Partnership to ensure a regional, whole-system approach.

All UEC activity aligned to three core principles:

1. Keep people safe and well at home
2. Provide safe community-based treatment wherever appropriate

3. Provide high-quality hospital care only when needed and enable timely discharge

Clinically Optimised Patients (COP)

COPs whose acute care is complete but who cannot be discharged due to social care delays—remained a major constraint across 2025–26. By Quarter 4:

- All three COP indicators (total bed days, average daily patients, occupancy %) increased
- COP pressure was sustained at Morriston Hospital, where COPs represented **15.5–16%** of bed occupancy, up from a 13–14% mid-year baseline

This rise placed considerable strain on front-door services including ED, SDEC, AMU, and OPAU.

Demand and Admission Avoidance

ED attendances remained high:

- 84,000 in 2023–24
- 85,500 in 2024–25
- 82,200 in 2025-26

The Minor Injury Unit (MIU) at Neath Port Talbot Hospital continued to play a critical admission-avoidance role, with attendances exceeding 52,000 annually and remains amongst one of the busiest MIUs in the UK.

Further admission-avoidance initiatives included:

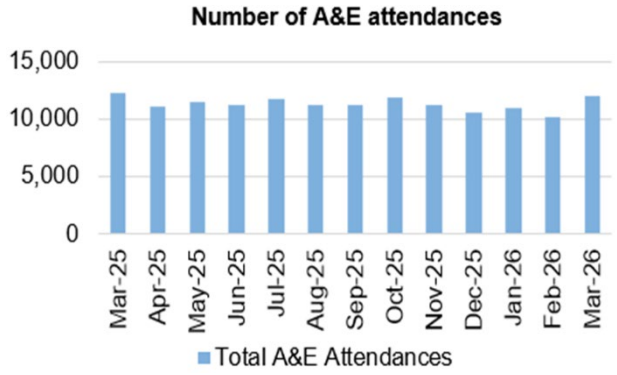
- **Single Point of Access (SPOA)** trial for triage, advice, and redirection
- Integration with community falls pathways
- Redirection pathways to Urgent Primary Care Centres (UPCCs), MIU, Virtual Wards, and other community services
- "Clinical conversation before conveyance" with Welsh Ambulance Service Trust (WAST) to avoid unnecessary ambulance callouts, particularly from care homes

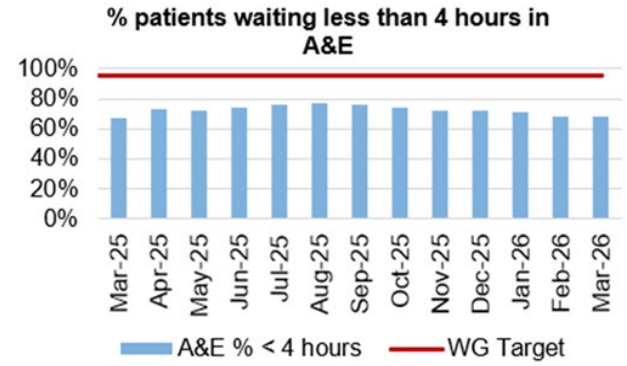
Falls Services

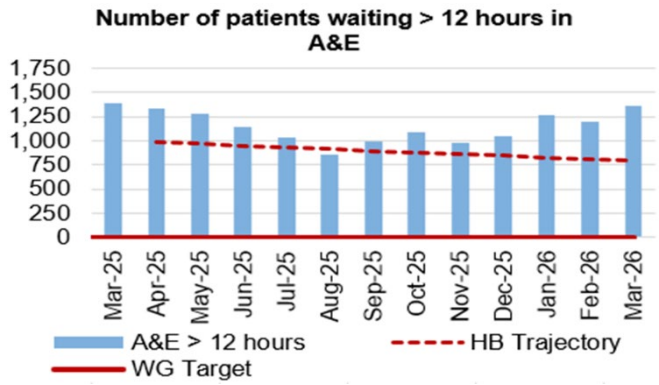
Two levels of community falls services were trialled:

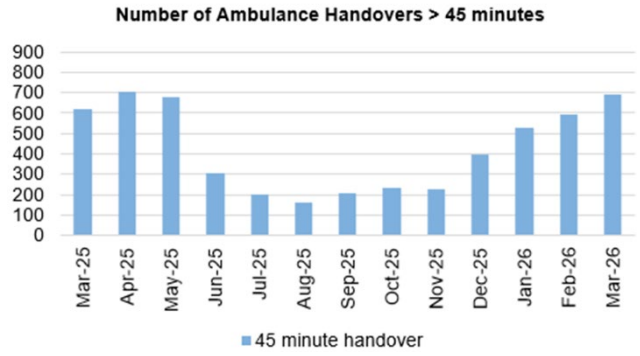
- **Level 1 (non-injurious falls):** Early response to prevent long-lie complications
- **Level 2 (enhanced falls response):** Support for low-acuity fallers with minor injuries, delivered via a repurposed Early Supported Discharge therapy team

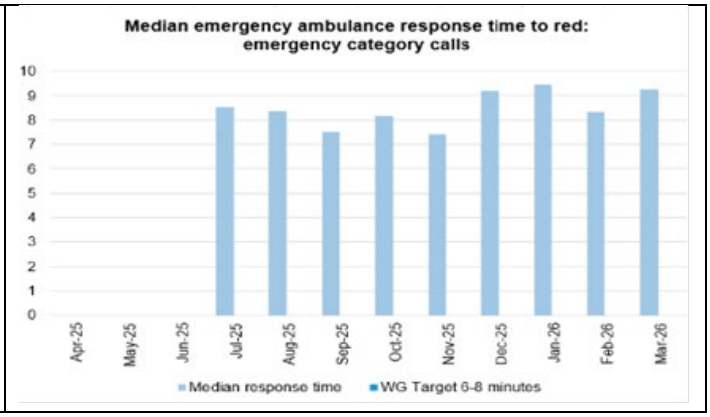
Forward Look: 2026–27
For 2026–27, priorities include implementing whole-system change, strengthening community discharge capacity, sustaining flow to protect ED and ambulance operations, and reducing overcrowding and delays for patients requiring emergency care.











Planned Care

The Health Board continued to see sustained improvement in planned care waiting times during 2025-26. We maintained the Ministerial target of no patients waiting over 52 weeks for an outpatient appointment throughout the year, continuing to perform strongly, relative to the national position, despite ongoing growth in referrals.

Building on the progress achieved in the previous year, the Health Board also eliminated all patients waiting over 104 weeks for treatment by March 2026. This milestone represents a significant organisational achievement and reflects the collective effort of clinical and operational teams across the Health Board.

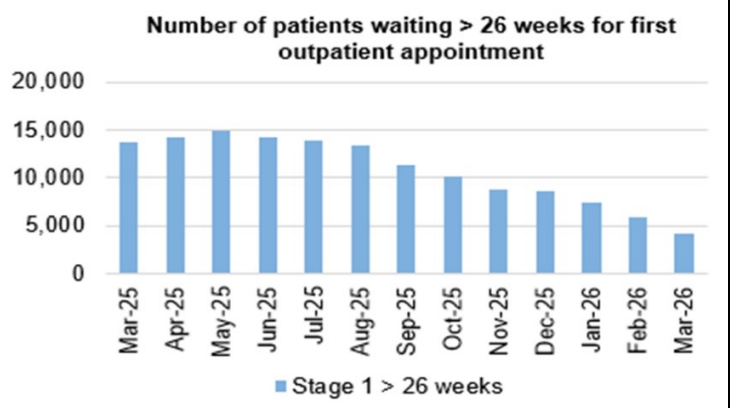
This progress has been supported through a combination of increased activity, waiting list initiatives and targeted use of insourcing and outsourcing. While this additional activity has supported recovery during the year, the Health Board is increasingly focused on improving productivity and making best use of our existing capacity to sustain improvements over the longer term.

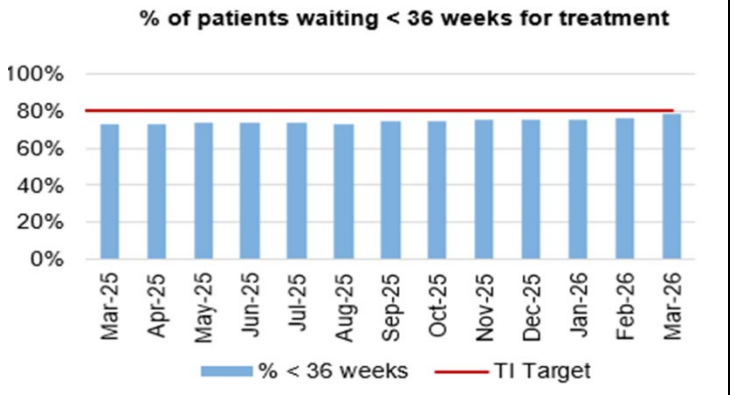
The Health Board has continued to work in partnership with Hywel Dda University Health Board to develop regional approaches to reducing waiting times for Orthopaedics. Locally, work has continued to expand the range and complexity of patients treated at Neath Port Talbot Hospital, supporting improved patient flow across our hospital sites.

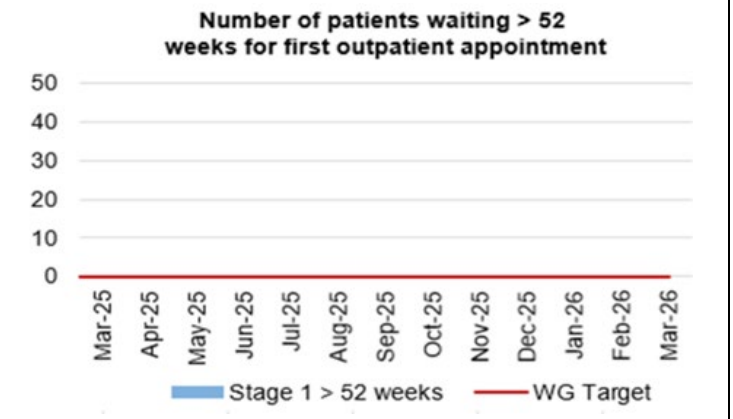
Further strategic developments to strengthen patient flow at Neath Port Talbot Hospital remains a priority, alongside work to improve theatre utilisation, productivity and efficiency across our hospital sites to support a sustainable planned care position in future years.

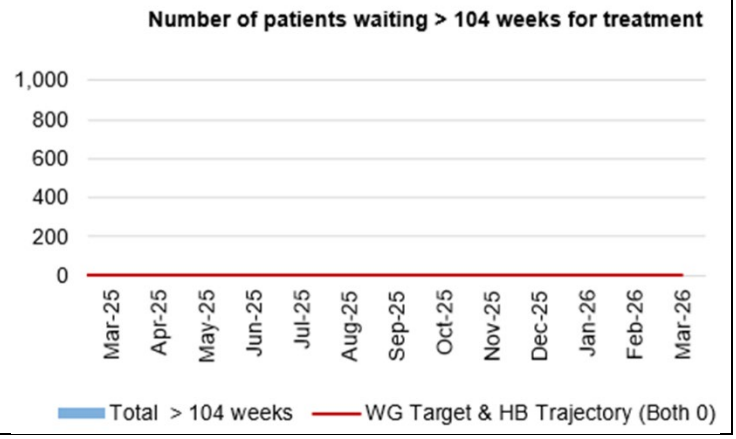
Key initiatives during the year included:

- Strengthening GP-led services to prevent unnecessary referrals to secondary care, enabling diagnosis and treatment closer to home, including pathways such as the pessary service in Gynaecology.
- Developing demand management approaches across primary, community and secondary care to better manage growing referral demand.
- Increasing treatment capacity through targeted use of insourcing and independent sector provision to support waiting time recovery.
- Continuing therapy-led education and lifestyle programmes for patients awaiting arthroplasty surgery to support preparation and recovery.
- Reviewing waiting lists to ensure patients remain clinically appropriate for surgery, with some patients removed from waiting lists where









symptoms had improved. • Supporting patients to optimise their physical condition prior to surgery, improving outcomes and reducing the risk of complications. • Launching a Health Board elective theatre productivity toolkit to support standardisation of processes and adoption of best practice across surgical teams. • Refreshing the outpatient improvement programme to focus on reducing waits for follow-up appointments and modernising outpatient pathways.	

Cancer
Delivery of the Single Cancer Pathway (SCP) (62 days) remains a significant challenge, consistent with the position across Wales. The Health Board remains in Targeted Intervention for Cancer performance. Backlog volumes increased sharply at the start of the year, with recovery evident through to late summer. An imbalance between seasonal demand and available capacity—particularly for skin—subsequently drove renewed growth in waiting volumes. Recovery is now evident again across most tumour groups. From April 2025, performance ranged between 52% and 65% against the 75% target; de-escalation from Targeted Intervention requires achievement of 60% for three consecutive months.

A sustained focus on ensuring patients are seen within two weeks of referral has supported performance, with around 40% of patients reaching a decision to treat (DTT) within 31 days. However, the Health Board continues to face significant diagnostic constraints, most notably in achieving timely histopathology turnaround times. This is despite a range of improvement actions implemented during the year and the use of outsourced capacity.

While improvements have been achieved during the year, the Health Board recognises that further sustained action is required to reach the 75% compliance target.

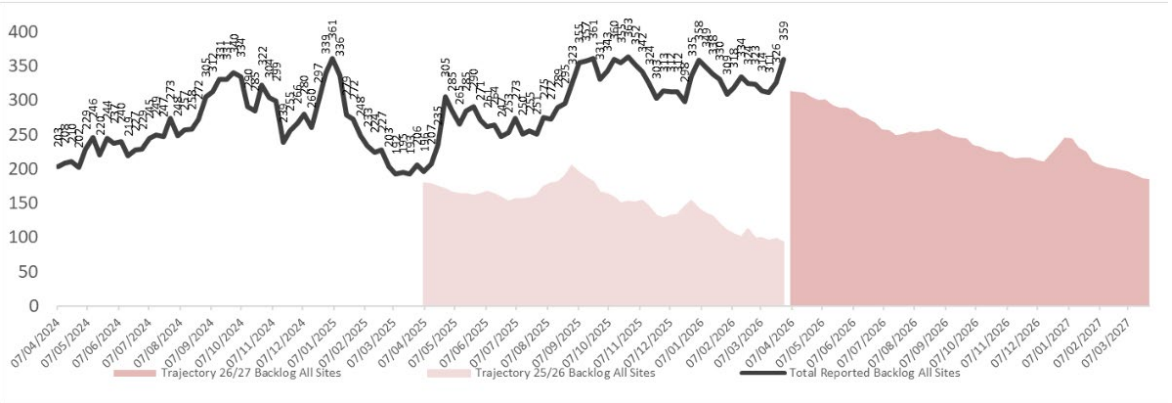
Key priorities for 2026/27 are to:

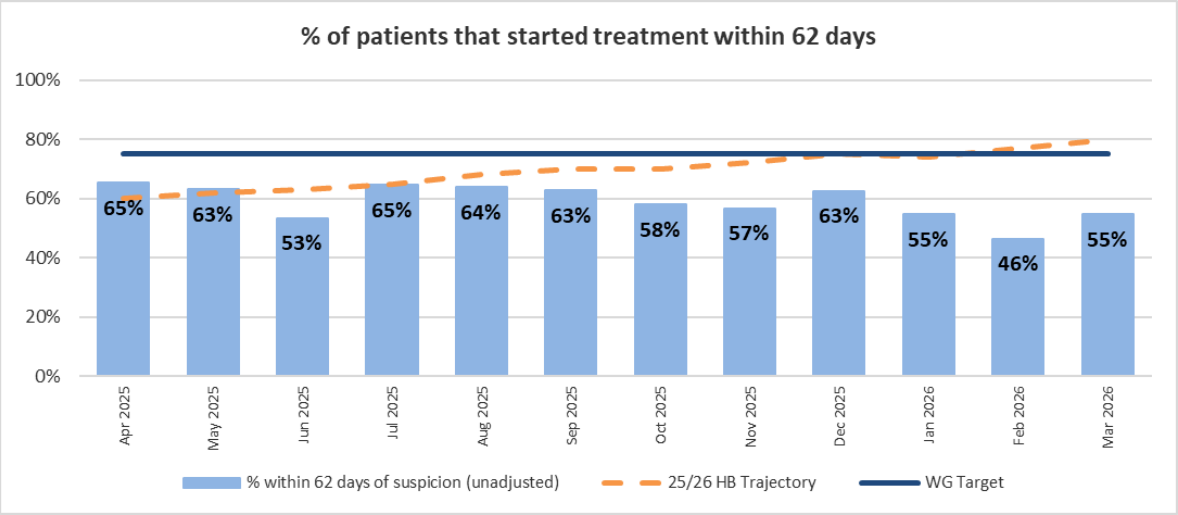
- Maintain a focus on ensuring patients are seen within two weeks of referral for urgent suspected cancer.
- Reduce diagnostic waiting times, with a particular focus on histopathology.
- Increase the proportion of patients achieving a decision to treat within 31 days.
- Increase treatment capacity to better match demand.

Recognising the complexity of the SCP and wider Cancer service delivery, a focused, clinically led Cancer Improvement Programme has been proposed to support the development of a unified Cancer Delivery Plan for the Health Board. A multi-disciplinary Cancer Improvement Workshop was held in March 2026 to shape priorities and align actions.

Immediate next steps for the Health Board include:

- **Formalise programme governance and structure**, including clear leadership, reporting, and accountability.
- **Launch 90-day delivery sprints** to accelerate implementation of priority improvements.
- **Undertake detailed data deep-dives** to identify constraints, variation, and opportunities by tumour group and pathway step.
- **Implement a stakeholder engagement plan** across primary care, diagnostics, treatment services, and partner organisations.
- **Deliver a clear communication approach** to support consistent messaging and sustained improvement.





Primary, Community and Therapies Services

During the year, the Health Board continued to increase the delivery of care closer to home. Work with the Local Authority, Social Care and Third sector partners supported prevention, early intervention and improved access for the local population. Primary Care is the first point of contact for most patients and plays a central role in supporting prevention, early intervention and the management of long-term conditions. Services include medical, optometric, dental and pharmaceutical provision.

Key activity and performance (April–December 2025)

- Over 54,000 patients attended pharmacies for support with common ailments (over 10,000 more than the previous year).
- Over 33,000 urgent dental appointments were provided.
- 14,500 new patient appointments were provided in Primary Care.
- Over 24,500 eye health examinations were delivered by optometrists in Primary Care.
- By year-end, local GP practices are expected to have provided over 2,000,000 appointments via phone, digital and face-to-face contacts, reflecting increasing demand.
- The Urgent Primary Care Centre and GP Out of Hours (GPOOH) service continued to provide enhanced support during the day and

across evenings and weekends, with over 13,000 and over 55,000 patient contacts respectively up to the end of December 2025.

Estates
Work with GP colleagues continued to improve the primary care estate. Over 20 improvement grants were supported in 2025/26, helping to maintain appropriate, safe and effective environments for service delivery.

Clusters and partnership working
The Health Board's eight locality-based Clusters continued to implement the nationally driven Accelerated Cluster Development Programme (ACDP). Delivery was supported through Professional Collaboratives (Dental, Optometry, Community Pharmacy, Allied Health Professionals (AHPs), Healthcare Clinical Scientists (HCSs) and GPs) and the first Third Sector Collaborative in Wales, supporting clinically led service planning and delivery. This work supported ongoing developments in community psychology, including provision for carers, primary care services and people with a learning disability.

Local innovation and improvement

- Wellbeing events were delivered for local communities across all eight Clusters.
- All eight Clusters progressed work on domestic abuse, supporting improved identification and strengthened referral pathways.
- Bespoke dental antimicrobial prescribing guidance was developed.
- Work continued to improve population mental health, including Cluster-specific projects such as the Cwmtawe Mental Health model.

Workforce development
The Primary and Community Care Academy continued to develop, working with primary care contractors to support the current workforce and workforce planning.

System flow and discharge
A strategic Pathways of Care Delays (POCD) reduction programme progressed with Local Authority partners, with a focus on supporting timely discharge to the most appropriate setting with the right support in place.

Community nursing
Community nursing services remained under review and continued to modernise in line with strategic workforce planning and the nurse retention plan. This provided assurance on the introduction of skill mix and the use of student streamlining to support workforce plans. The

senior nursing structure was strengthened through the introduction of Deputy Head of Nursing roles across specialist and children's services.

Staff wellbeing and retention
Staff wellbeing remained a focus to support professional and personal resilience. Restorative clinical supervision was introduced for all nursing staff, alongside Professional Nurse Advocate roles, to support staff experience and retention.

Digital and data
Digital platforms continued to be introduced and updated across services to support performance management and data collection.

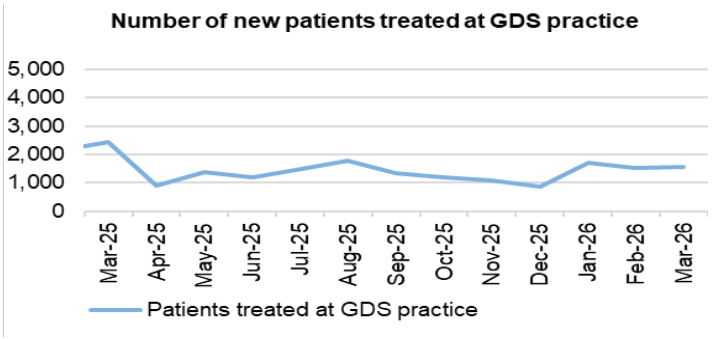
Looking ahead
Work will continue in 2025-26 to strengthen primary and community care services, with a focus on access, timely care closer to home, workforce sustainability, and the use of digital solutions to support service delivery and performance monitoring.

Additional developments last year:

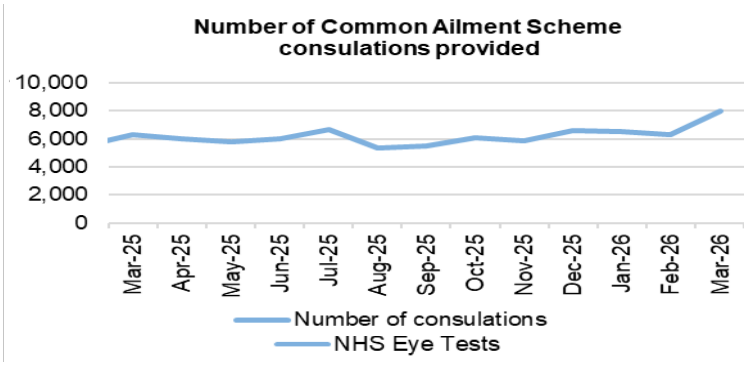
- Strengthened collaboration with local authorities in Paediatric Occupational Therapy (OT) and Speech and Language Therapy (SLT) to deliver universal and targeted interventions, including school-based consultations. Introduced an SLT phoneline to enable anyone to contact the service with concerns about a child.
- Rolled out a digital wound application to support improved wound healing outcomes.
- Streamlined pathways between the wound clinic and podiatry services.
- Implemented the Healthy Child Wales Programme (Part 2) across school nursing.
- Increased the delivery of end-of-life care at home.
- Developed Adferiad as a multi-disciplinary service for adults living with long-term conditions, including ME/CFS.
- Established a stroke outreach therapy team to enable timely discharge to the community and continued rehabilitation.
- Produced information videos to support people while waiting on an urgent suspected cancer pathway.
- Enhanced Community Podiatry Diabetic wound clinics to strengthen foot protection.
- Progressed a podiatry lower limb vascular diagnostics project with the City Cluster.
- Introduced an audiology volunteer first repair service at Singleton Hospital.
- Expanded partnership working with community leisure centres, including musculoskeletal exercise classes and healthier lifestyle support.

- Increased coverage of the School Entry Hearing Screen to **97%**.
- Piloted an urgent falls response delivered by Vale of Glamorgan therapy staff, in collaboration with WAST and SPOA.
- Implemented an occupational therapy pilot within the CDAT team to in-reach to the City Cluster.

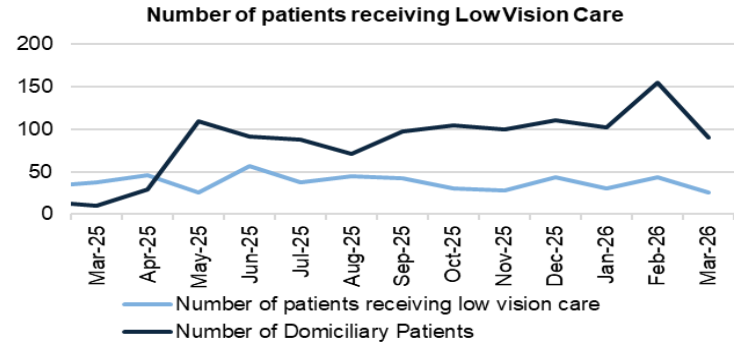
Delivered **33,000** urgent dental appointments and **15,500** new dental appointments.



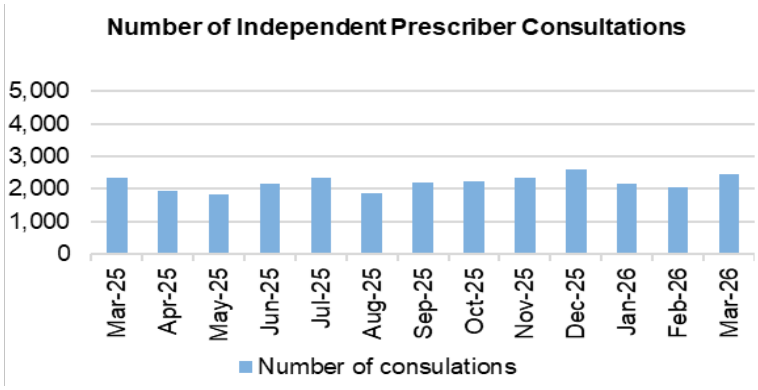
Expanded the common ailments scheme, delivering over **54,000** consultations (April–December 2025).



An independent prescribing service in optometry was rolled out and is now delivered in 11 optometry practices, with one domiciliary provider.



Independent prescribing continued to expand in community settings, with 34 independent prescribers within community pharmacies delivering more than 15,000 consultations.

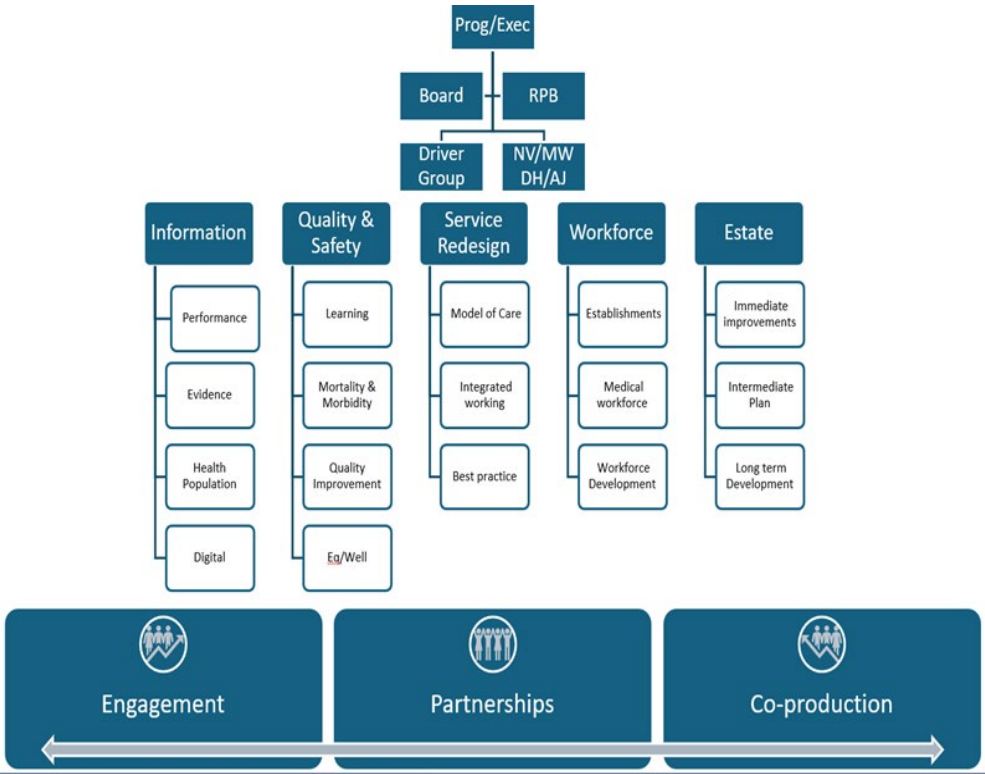


Mental Health and Learning Disabilities

During 2025–26, the Health Board progressed the modernisation of Mental Health and Learning Disabilities services. Reviews were undertaken of inpatient and community pathways, Community Drug and Alcohol Team (CDAT) services, Child and Adolescent Mental Health Services (CAMHS) provision, and partnership arrangements through Regional Partnership Board structures.

In early 2025, services within the Adult Mental Health inpatient and community pathway were reviewed with support from NHS Wales Performance and Improvement. An external expert advisor, was appointed to assess services and make recommendations, which were implemented during 2025–26. These reviews led to the establishment of a Mental Health Transformation Programme and a Transformation Board.

Five transformation workstreams were progressed during the year, with a sixth established to strengthen communication and engagement. Progress was concentrated on the estates workstream to address immediate issues within adult mental health inpatient units.



Short-term estates improvement plans were developed, supported by £2.4 million capital investment at Tawe Clinic, Cefn Coed Hospital, to address environmental risks. Interim and longer-term solutions continued to be reviewed, alongside ongoing discussions with Welsh

Government regarding the adequacy of adult mental health inpatient provision.

Demand for Mental Health services increased across inpatient and community settings, impacting waiting times and admissions. CAMHS continued to embed within the Mental Health and Learning Disabilities Service Group, with performance against key targets improving during 2025–26. Compliance with Part 1B of the Mental Health Measure was expected to be restored by the end of March 2026. In partnership with Neath Port Talbot Local Authority, an in-reach CAMHS service was established at Hillside Young Offenders Unit.

Digital developments progressed during the year, including implementation of a national clinical system supporting mental health and community services, expanded use of an electronic document management system for patient correspondence, and rollout of digital dictation to support administrative capacity. Development and phased rollout of a replacement community care information system continued, with plans for future integration with local authority social care systems to support a regional patient information system.

Within the Learning Disabilities Division, the Specialist Behavioural Team was re-allocated into Community Learning Disability Teams, enhancing delivery of the Challenging Behaviour Pathway. This configuration became operational in January 2026. Rowan Assessment and Treatment Unit underwent a Healthcare Inspectorate Wales inspection, with inspectors noting positive patient care and support. Cardiff Community Learning Disability Team continued partnership work with acute services to develop pathways for individuals with complex behavioural needs.

Across Secure Services and Recovery, the Health Board progressed improvements to clinical environments. Roof repairs at Tonna Hospital were completed between October and November 2025. Additional capital funding enabled installation of air-conditioning at Uned Gobaith, ensuring compliance with Royal College of Psychiatrists standards; this work was completed in January 2026. Reconstruction of 14 bedrooms at Taith Newydd Low Secure Unit commenced in January 2026 following a fire in November 2024 and scheduled for completion in November 2026. A dedicated dental suite was completed at Caswell Clinic in September 2025, enabling routine dental access for inpatients across secure services at the Glanrhyd site. Dental care was provided by Time for Teeth under an approved procurement framework.

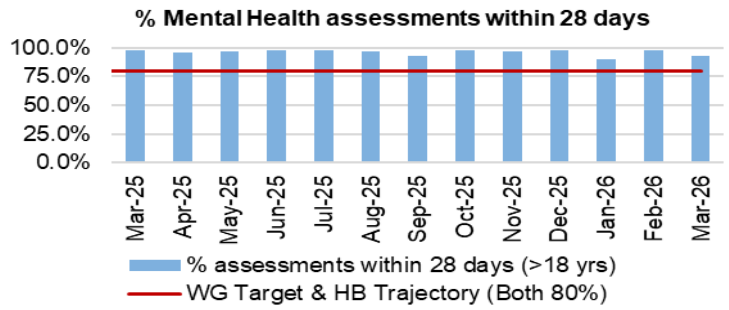
Key Performance metrics for our services

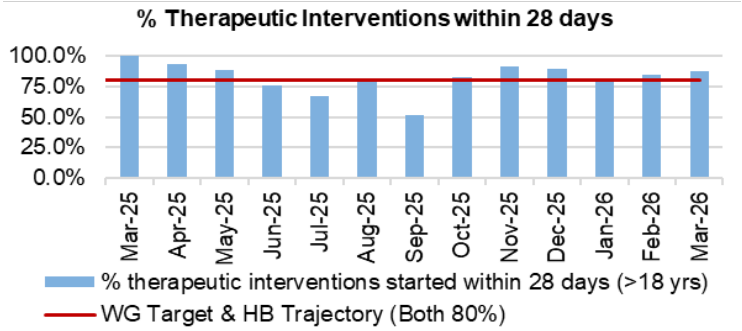
Performance was sustained against Part 1a and 1b of the Mental Health Measure in adult services and is generally exceeding the targets for both assessment and interventions.

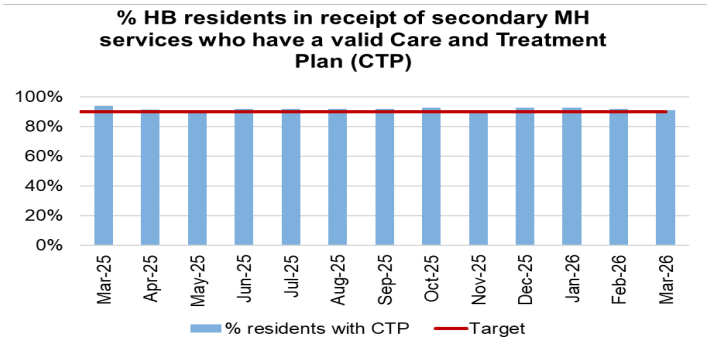
Focussed work to achieve Care and Treatment Plans (CTP) compliance remains ongoing with Care Co-ordinators in both Health and Local Authority.

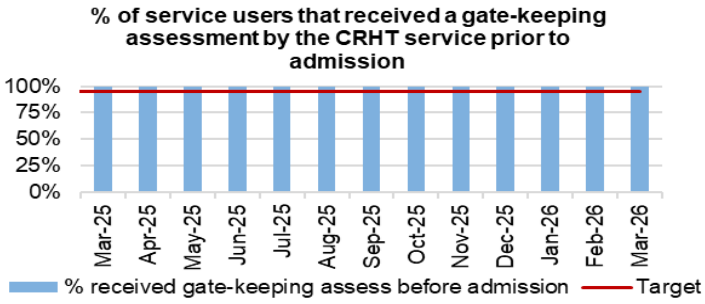
Even with increased demand on our service we continue to achieve the national targets on crisis assessment

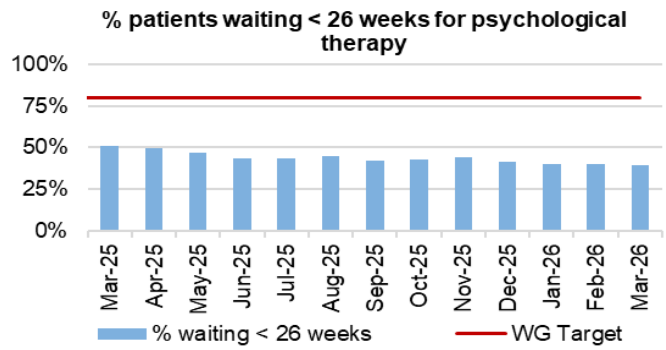
There has been a deterioration in the performance against the psychological therapies target, which is consistent with the national picture. Unprecedented demand for psychological therapies is driving the decrease in performance.









The Service Group along with all Health Boards in Wales are continuing to work with NHS Wales P&I on development of a key daily dataset for Mental Health services, to capture the ongoing increasing demand, our capacity and capabilities to manage this.	

Patient Safety and Experience

Patient Experience and Concerns

A core value for the Health Board is 'always improving'. Feedback from patients and families is helping us to understand what is working well and where we need to improve. Positive feedback is shared across the organisation to spread good practice, while learning from less positive experiences supports service improvement.

We use a range of methods to capture people's experiences, including face-to-face conversations, telephone calls, paper feedback cards and QR code posters. Our primary method is text messaging, which enables patients to receive a survey shortly after their appointment or discharge. All feedback is shared with the relevant services and generates real-time alerts for low satisfaction scores, allowing teams to respond promptly to issues raised.

During **2025–26**, we received **74,891 responses** through the Friends and Family Test and the All Wales programme, achieving an overall satisfaction score of **92%**.

We have also developed bespoke surveys to support Heads of Service and Clinical Teams to improve services and patient pathways. In 2025–26, we produced 12 tailored surveys, covering areas such as the Paediatric Sexual Assault Referral Centre, Neuromuscular Clinic, Special Schools, Fertility services, and all five stages of the maternity pathway.

Ensuring that Welsh speakers are supported in making concerns is important. We have revised the information on our website to make it easier for people to raise concerns through the medium of Welsh and regarding the availability of bilingual services.

During the past year the Health Board received 2,697 formal complaints. Common themes included communication that was incorrect or insufficient, delays or lack of treatment, delays in appointments, and

the attitude or behaviour of clinical staff. Learning from concerns is shared within services and across the organisation through our quality and safety groups. There were also 34 Ombudsman investigations during the last 12 months.

Top themes arising from concerns were

- Communication – insufficient/incorrect information – 290
- Clinical Treatment – delay/lack of treatment – 319
- Delay in appointments - 224
- Attitude and /behaviour of clinical staff – 176

Looking ahead to 2025–26, the Health Board is committed to implementing the *Listening to People* framework. This will support closer and more meaningful engagement with complainants to gain a deeper understanding of their experiences and to ensure learning is systematically shared and acted upon across the Health Board to drive improvement in the quality of care provided.

Here are some examples of changes we have made as a result of patient concerns and feedback:

- Bespoke training on complaints/communication
- Training during consultant development programme where the importance of good and clear communication is discussed.
- Patient information for CT appointments has been improved as a result of feedback
- An air conditioning unit has been installed in the Paediatric Assessment Unit as patients told us it was uncomfortably warm
- After a patient reported exposed pipes protruding from the ground outside the Morriston Hospital Main Entrance we immediately rectified the issues
- Using an artist to create designs to reduce children's anxiety on their way to theatre

Patient Safety

During the past year 87 nationally reportable incidents have occurred, of these the top three include;

- Avoidable pressure damage
- Obstetric and neonatal incidents
- Unexpected deaths

There have also been three incidents that are defined as 'Never Events.' Never Events are the most serious type of incident. The themes of the events that have occurred are wrong site surgery and failure to remove guide wire after surgery.

We review all our patient safety incidents for learning and improvement. Over the past few years we have made targeted efforts to reduce avoidable patient harm through falls, pressure damage and through not meeting people's nutritional and hydration needs. The Health Board is proud to report the following improvements in key areas:

Falls
For the year 2025-2026, our falls rate per 1,000 bed days (this is a national measure of how many falls occur compared to how many patients are in our care) stood at 3.54, this is far lower than the national average of 6.6.

Pressure Damage
We know that there is more we need to do to reduce avoidable harm from pressure damage. This includes raising awareness of risks amongst our patients and making sure that we correctly assess and treat pressure damage. Our tissue viability service is supporting staff training across the organisation to help make improvements in this area.

Nutrition and Hydration
We have increased the percentage of accurate weights taken for patients by 10%, bringing our total to 61%. We recognise that there is a way to go but are positive about the progress we are making.

Workforce and Staff Experience

Our workforce remains central to achieving our ambition of becoming a high-quality healthcare organisation that delivers excellent care for our patients, their families and our communities. In 2023-2024 we jointly developed and launched our 5 year **People Strategy (2024–2029),** providing a clear focus on what matters most to our people and creating a culture where they feel supported, empowered and able to flourish. The Strategy sets out seven key aims: Engaged, motivated and healthy; Attract and recruit; Well-planned; Digitally ready; Excellent learning and education; Leaders who live our values; and Equality, diversity and belonging.

Throughout 2025-2026, we continued to drive the delivery of the People Strategy by introducing a range of new initiatives aligned to each of the seven strategic aims:

Engaged, Motivated and Healthy:

- ✓ Delivered timely, multi-disciplinary wellbeing support and met national Key Performance Indicators.
- ✓ Increased staff health check uptake through targeted communications.

- ✓ Commenced a review of pre-employment processes to better support staff with health conditions.
- ✓ We are one of three Welsh NHS Health Boards expediting staff access to diagnostics/treatment.
- ✓ Began shared wellbeing learning with Hywel Dda University Health Board.
- ✓ Supported over half of service users to remain in work, preventing sickness absence.
- ✓ Launched the Raising Concerns Hub with strong engagement having 2,228 hits to the main page since launch.
- ✓ Commenced local reporting of Service Group Speaking Up Concerns - themes, trends, actions taken and lessons learned on a 6-monthly basis via our Workforce and Organisational Developement Committee to enhance local ownership and intelligence triangulation.
- ✓ Strengthened Human Resource (HR) best-practice to support compassionate leadership.
- ✓ Updated recognition programmes with events scheduled for 2025–26.
- ✓ Our Electronic Staff Record (ESR)-based flexible working requests increased by 71%.
- ✓ Improved the accuracy of leaver data and preparing rollout of a central exit interview system.
- ✓ Our Turnover reduced across all major staff groups.
- ✓ Ongoing support was provided to deliver the NHS Wales Fatigue and Facilities Charter. This included continued investment in improving doctors' mess and break room facilities across key sites, aligned to the All-Wales Fatigue and Facilities guidance. Enhancements focused on sourcing appropriate rest and kitchen equipment, alongside recycled storage solutions, ensuring improvements were delivered without additional cost pressures.
- ✓ Specialty-aligned Resident Doctor Forums were expanded across the Health Board and are now established in 12 specialties, strengthening the Resident Doctor voice. These forums provide a structured and psychologically safe space for feedback, issue escalation and co-production of solutions with education and clinical leaders. The initiative received national recognition, achieving a Highly Commended Award at the STEME Conference in September 2025.

Attract and Recruit:

- ✓ Supported widening access activities and vocational pathways for underrepresented groups.
- ✓ The Health Board has invested approximately £2.5 million into the Apprenticeship Levy in Wales between April 2025 and March 2026. The return on investment for the Health Board has included the

recruitment of Apprentices as new starters on various pathways and staff enrolling on different learning pathways as funded opportunities, including some apprentices securing permanent employment with the Health Board.

- ✓ Delivered 12-week vocational support programmes leading to permanent roles.
- ✓ Expanded the role of the Health Board's Central Resourcing Team to include advert quality checks and centralised file storage while continuing to support onboarding of key roles.
- ✓ To support future workforce pipelines, the Health Board delivered 77 Clinical Work Observational placements over a nine-week period during 2025. These placements were offered to sixth-form students in schools and colleagues across the Swansea and Neath Port Talbot, providing valuable exposure to clinical roles and supporting widening access to health careers.
- ✓ Cohort 6 of the Health Board Graduate Gateway Programme saw all 6 Graduates successfully completing the programme and securing roles with us or elsewhere in NHS Wales before the end of the scheduled completion date of May 2026.

Well-Planned:

- ✓ Delivered targeted workforce planning training.
- ✓ Testing dashboards linking vacancies and recruitment activity.
- ✓ Embedding workforce planning training and introducing action learning sets.
- ✓ Launched a digital workforce planning community.
- ✓ Supported commissioning of education for future workforce supply.
- ✓ Developing scenario forecasting tools for managers.
- ✓ Working with professional groups on improved roster planning.

Digitally Ready:

- ✓ Upskilling leaders to use ESR effectively.
- ✓ Helping leaders interpret workforce dashboards.
- ✓ Supporting effective roster software use.
- ✓ Creating new digital learning resources.
- ✓ Enhanced sickness dashboards with forecasting.
- ✓ Delivered a variable pay dashboard.

Excellent Learning and Education:

- ✓ Delivered accessible Performance Appraisal and Development Review (PADR) training including out-of-hours pilots.
- ✓ Further development of the Brilliant Basics digital platform supporting learning and improvement, including the addition of links to Quality Improvement resources.

- ✓ As part of the July Brilliant Basics communication campaign, PADR bitesize modules featured as a priority topic. This resulted in a marked increase in engagement with PADR content.
- ✓ The Managers' Pathway Management Development Programme was refreshed and relaunched as the Managers' Journey, a self-directed, self-enrolment development pathway for new, existing and aspiring managers. The programme offers flexibility, enabling participants to select modules aligned to individual performance objectives and PADR outcomes. 82 participants attended the launch information session in September 2025.
- ✓ Targeted support sessions were delivered to help staff access Statutory and Mandatory e-learning via ESR. In addition, attendance at appraisal and revalidation sessions supported engagement with Medical and Dental colleagues, contributing to improved compliance. Medical and Dental Statutory and Mandatory Training compliance increased from 67.54% in March 2025 to 77.19% in February 2026. Overall Health Board compliance across all staff groups currently stands at 88.39%, exceeding the Welsh Government target of 85%.
- ✓ Improved Medical & Dental appraisal compliance.
- ✓ Continued competency data cleanses.
- ✓ Supported rollout of Anti-Racism and Safeguarding training modules

Leaders that Live our Values:

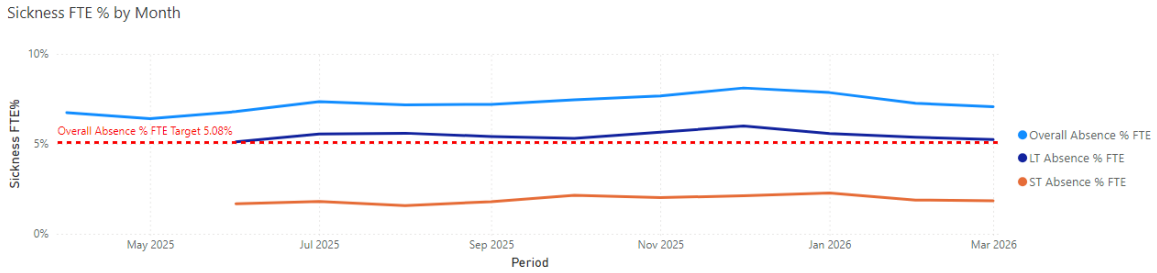
- ✓ Launched LEAD, a new behavioural leadership programme with strong early interest, receiving 275 applications between August 2025 and March 2026.
- ✓ Foundations of Quality Improvement integrated along with Compassionate Leadership Principles, resulting in tangible service impact showcased as part of LEAD
- ✓ Launched the Leadership Learning Lab further promoted via a 12-days of Christmas countdown to allow 24/7 digital access to new, aspiring and existing leaders of all levels and discipline access. There have been 1,576 hits to the main page since its official launch in October 2025.

Equality, Diversity and Belonging:

- ✓ Continued to work towards the workforce actions in the 'We All Belong' Strategic Equality Plan, which also includes the various equality related Action Plans that compliment those issued by Welsh Government.
- ✓ Supported culture conversations with newly recruited Internationally Educated Nurses.
- ✓ Expanded Optimise to better support underrepresented groups.
- ✓ Mandated the national Anti-Racism e-learning.
- ✓ Improved ESR ethnicity declaration and representation.

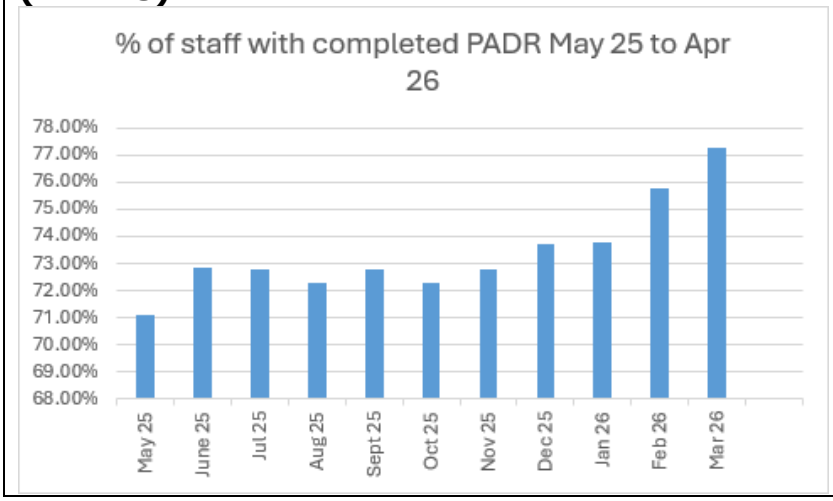
Supported staff from underrepresented groups to apply for the Stepping into Senior Leadership Programme.

Key Workforce Metrics - Sickness absence



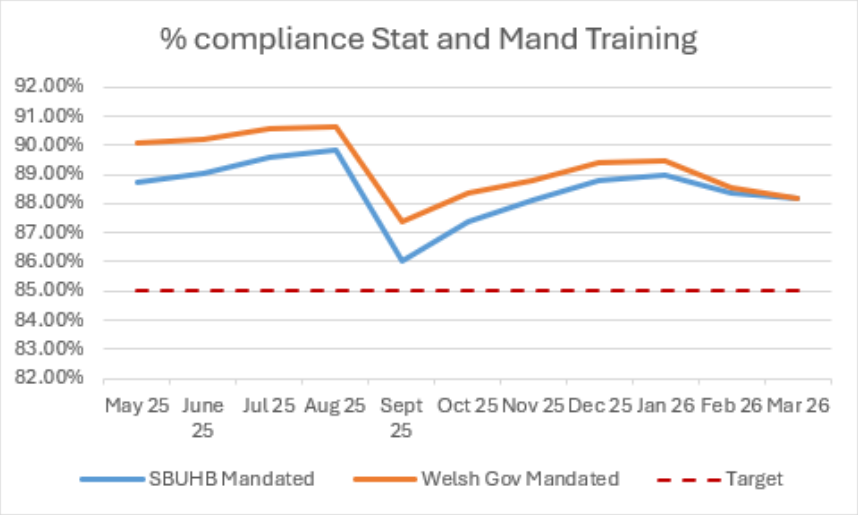
As at end of March 2026 overall sickness absence (rolling 12 month) has reduced from 7.2% in February to 7.07%. Short term absence has also decreased from 2.81% to 1.83%, whereas long term has increased from 4.39% to 5.4%.

Personal Appraisal Development Reviews (PADRs)



PADR compliance continues the upward trend seen since January 2026 and sits at 77.25% in March 2026.

Mandatory & Statutory Training	The Health Board remains above target compliance (85%) for both Welsh Government mandated training and local mandated training modules. Locally mandated training sits at 88.17% and Welsh Government training compliance sits at 88.20%, both as at end of March 2026.



Conclusion and Forward Look

The Health Board's financial statement have been prepared in accordance with the 2025-26 NHS Wales Manual for Accounts. The manual for Accounts makes clear that accounts should be prepared on a going concern basis where there is the anticipated continuation of service in the future. The assumption has been made that the services of Swansea Bay University Health Board will continue in operation. Consequently, the going concern basis has been adopted.

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 2025-26

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.

During 2025–26, the Health Board remained in escalation under the NHS Wales Oversight and Escalation Framework. The Health Board was subject to Targeted Intervention (Level 4) for finance, strategy and planning, urgent and emergency care, cancer services, quality of care related to HCAIs, and maternity and neonatal services. Enhanced Monitoring (Level 3) applied to planned care and CAMHS, with Mental Health and Learning Disabilities monitored at Level 2. Escalation arrangements were supported through Welsh Government-led oversight, formal improvement programmes, and routine Board assurance reporting.

As part of the Welsh Government's intervention and escalation arrangements, the Health Board continued to receive external support from Deloitte. The support was commissioned to provide additional capacity, challenge and expertise to assist the Health Board in addressing key organisational priorities and strengthening delivery against improvement objectives. Following the initial engagement period, the Health Board extended elements of this support to ensure continuity of delivery and facilitate the transfer of knowledge and responsibilities to the Health Board's Delivery Unit.

Deloitte's support focused on a number of priority areas, including programme management, performance improvement, governance and oversight arrangements, and the development of delivery planning and monitoring processes. The engagement provided independent challenge

and support to strengthen the Health Board's approach to managing improvement programmes and delivering sustainable change.

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.

The information below reflects the membership as at 31 March 2026.

❖ Chair and Independent Members

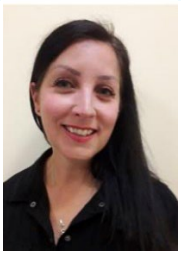
	**Jan Williams, Chair** **Appointment:** Jan was appointed as Chair in June 2024. **Board and Committee Membership** Jan chairs the Board and Remuneration and Terms of Service Committee and is co-chair of the Regional Joint Committee.
	**Stephen Spill, Vice-Chair** Stephen was appointed as Vice-Chair in January 2021. **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, Audit Committee, Quality and Safety Committee (from January 2026) 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.
Area of Expertise:
Governance and Organisational Design
Board and Committee Membership
Jean chairs the Quality & Safety Committee. She is 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.

Charlotte Rees, Independent Member
Appointment:
Charlotte was appointed as an Independent Member in February 2026
Area of Expertise:
University
Board and Committee Membership
Charlotte is a member of the Board, Remuneration and Terms of Service Committee and Digital, Data, Research and Innovation 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.
	**Martin Lloyd, Independent Member** **Appointment:** Martin was appointed as an Independent Member in September 2025. **Area of Expertise:** Trade union **Board and Committee Membership** Martin is a member of the Board, Remuneration and Terms of Service Committee, Mental Health Legislation Committee, Workforce, Organisational Development (OD) Committee, 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 was appointed as an Independent Member in March 2023.
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, Workforce and Organisational Development (OD) Committee and Digital, Data, Research and Innovation Committee.

Elizabeth Rix, Director of Nursing and Midwifery
Liz was appointed as Director of Nursing and Midwifery in March 2025.
Board and Committee Membership
Liz is a member of the Board. She attends Quality and Safety Committee, Mental Health Legislation Committee, Charitable Funds Committee and Workforce and Organisational Development (OD) Committee.

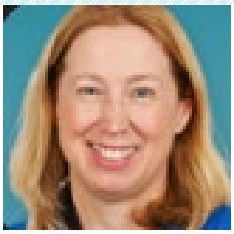
Tina Ricketts, Director of Workforce and Organisational Development (OD)

Appointment:

Tina was appointed as Director of Workforce and OD in April 2025.

Board and Committee Membership

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



Claire Osmundsen-Little, Interim Director of Finance

Appointment:

Claire was appointed as Interim Director of Finance in March 2026.

Board and Committee Membership

Claire is a member of the Board. She attends Audit Committee, Performance and Finance 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 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 Chief Operating Officer 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, Quality and Safety Committee and Mental Health Legislation Committee.

❖ Associate Board Members (non-voting)

Councillor Alun Llewelyn, Deputy Leader, Neath Port Talbot Council

Appointment:

Councillor Alun Llewellyn was appointed as an Associate Board Member in February 2026 and attends Board meetings.

Pat Dunmore, Making a Difference Manager for Citizens Advice

Appointment:

Pat became an Associate Board Member in April 2025 as Chair of the Stakeholder Reference Group.

Helen Annandale, Clinical Director Allied Health Professions

Appointment:

Helen became an Associate Board Member in November 2025 as 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 Director of Corporate Governance 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 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 2025-26

Darren Griffiths, Director of Finance
Appointment:
Darren was appointed as Director of Finance in July 2021 and this ended in February 2026.
Board and Committee Membership
Darren was a member of the Board. He attended Audit Committee, Performance and Finance Committee and Charitable Funds 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 and this ended in April 2025.
Board and Committee Membership
Sarah was a member of the Board. She attended Workforce and Organisational Development (OD) Committee and Remuneration and Terms of Service Committee.

Jackie Davies, Independent Member

Appointment:

Jackie was appointed as an Independent Member in August 2017 and after serving two terms, her term ended on 28 August 2025.

Area of Expertise:

Trade union

Board and Committee Membership

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

Keith Lloyd, Independent Member

Appointment:

Keith was appointed as an Independent Member in May 2020, Keith stood down in December 2025.

Area of Expertise:

University

Board and Committee Membership

Keith was a member of the Board, Remuneration and Terms of Service Committee, Digital Data Research and Innovation Committee and Quality and Safety Committee

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

Appointment:

Andrew was appointed as an Associate Board Member in April 2019 and attended Board meetings. Andrew stood down in April 2025.

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 and stood down in October 2025.

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 and stood down in October 2025.

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 2025-26. A full Declarations of Interest Register is available for 2025-26 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 2025 to agree the Annual Accounts and quarters' two and three for an update on the Annual Plan 2025-26 and financial assessment. 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 2025-26 included:

- Patient story – Child suffering burns
- Patient story – Health Visiting and Flying start
- Patient story – Quality Care, Quality Treatment and Enhance your life
- Patients Story – Sam's Journey to Recovery
- Patient Story – Maternity (triage)
- Staff Story- Absence approach

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
Good Governance Institute (GGI) - Board Effectiveness (May 25)

Organisational Strategy and GGI workshop (June 2025)
Risk & Stakeholder mapping and management (October 25)
Annual Plan (December 25)
Mental Health risk and governance deep dive (January 26)
Financial Year End Position and Deloitte support (February 26)
Annual Plan 2026-27 Welsh Government Feedback and Service Groups Commitment to Programmes (March 2026)

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

During 2025-26, the Board carried out its annual self-assessment to evaluate its effectiveness. This process included reviewing governance practices, examining decision-making procedures, and soliciting feedback from Board members. The assessment aimed to identify areas for improvement and ensure the Board continued to meet its strategic objectives efficiently. Recommendations from the Board's self-assessment focused on strengthening governance and Board effectiveness through continued development of Board members, clearer accountability, improved risk management, stronger performance oversight and refinement of supporting governance arrangements. This included action through the Board Effectiveness Action Plan and the 2025-26 Board Development Plan, which covered areas such as the role of the unitary Board, effective Board behaviours, strategic direction, risk appetite, stakeholder engagement, equality and legislative requirements.

❖ 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.

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; investment in digital system investment review, estates management, cancer services and quality governance.

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).

Charitable Funds Committee

The Health Board was appointed as Corporate Trustee of the Charitable Funds and 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 Organisation's digital, data, research and innovation activities.
- **Information Governance** 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.

A summary of Board and Committee dates, memberships, attendances and key matters considered are included within **appendices two to four**.

❖ 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 (HPF) provides balanced, multidisciplinary professional advice to the Board on local strategy and delivery. This now meets on a regular basis and still has more work to do to ensure a robust membership and attendance as well as work programme. The Chair of the HPF is an Associate Board Member.

- *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:

- *NHS Wales Joint Commissioning Committee (NWJCC)*

The NHS Wales Joint Commissioning Committee (NWJCC) is a Joint Committee of the seven Health Boards and was established on 1 April 2024. The NWJCC was established in response to the findings of an independent review commissioned by Welsh Government into the national commissioning arrangements undertaken by the Emergency Ambulance Services Committee (EASC), the Welsh Health Specialised Services Committee (WHSSC) and the National Collaborative Commissioning Unit

(NCCU). The Health Board's Chief Executive Officer is a full committee member of the NWJCC.

- *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 wide range of organisations, including local authorities, Swansea University, other NHS bodies such as NHS Wales Performance & Improvement, and the third sector. The Health Board continues to strengthen regional collaboration with Hywel Dda University Health Board through the South West Wales Regional Joint Committee (RJC), which has been operating since January 2025 as a joint leadership structure for planning and delivery across both Organisations.

The Health Board maintains joint executive groups with Cardiff and Vale, Cwm Taf Morgannwg and Hywel Dda University Health Boards, ensuring collective leadership and consistent alignment across key clinical and corporate areas. We also work closely with Swansea and Neath Port Talbot local authorities, the third sector, universities, other health boards, and our local populations. Through local partnership boards, including Public Services Boards and the West Glamorgan Regional Partnership Board. As part of this wider regional system, we actively participate in the South West Wales Corporate Joint Committee (CJC), which provides strategic leadership for regional transport, land use planning, economic development and energy. The CJC's work supports population health improvement through its alignment with wellbeing plans and regional development frameworks.

Regular partnership meetings and joint work programmes now span a broader set of strategic partners. This includes ongoing, routine collaboration between the RJC and:

- Swansea Bay City Deal partners on innovation, research, campus development and regional economic growth
- Swansea University including work on research, innovation, digital developments, clinical service planning and future workforce and leadership arrangements.
- University of Wales Trinity Saint David (UWTSD) with active engagement on future collaborative arrangements and regional programme involvement.

- South East Wales Regional Joint Committee (SEW RJC) through regular cross-regional discussions to ensure alignment, knowledge exchange and opportunities for joint approaches across Wales.

Through the RJC and its sub-groups—including Clinical Services Planning, Regional Health Economy, Data & Digital, Workforce and OD, Finance and Contracting, and Research, Innovation & Excellence—we continue to embed a single regional delivery model that promotes shared priorities, reduces duplication, strengthens population health outcomes and enhances system resilience.

This partnership approach enables us to harness the strengths, expertise and resources of a wide range of organisations, ensuring we can deliver high-quality, sustainable services and better health and wellbeing outcomes for the population of South West Wales.

❖ Organisational Structure

The Organisation is comprised of 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 2026 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 strategy to achieve those Objectives, and establishing governance structures and processes to best manage the risks to accomplishing those Objectives.

The Board adopted a risk appetite statement in November 2022, and that statement remains in place currently. It describes the level of risk the Board is prepared to tolerate according to the type of risk presented. The appetite is incorporated within the Board Risk Management Policy. At a high level, the appetite is represented 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 2025-26 in informing decision making and prioritisation.

The Health Board's aspiration remains to reduce its tolerance to risk further as soon as practicable. Board-level governance, including risk appetite, have been considered by the Board at development sessions facilitated by the Good Governance Institute during 2025-26. While the current appetite remains in place, it is planned to review this early in 2026-27.

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.

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 and Patient Experience is the Executive Director with lead responsibility for ensuring the effective operation of risk management processes. In this role, 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 Group Director, Group Nurse Director and the Group Medical Director/Dental Director) have devolved responsibilities for risk management within their services. Consequently, operational risk ownership is the responsibility of individual service group triumvirates whilst strategic risk ownership, and those operational risks escalated to the Health Board's Corporate Risk Register (CRR), are the responsibility of designated Executive Directors.

The Risk Management Policy sets out the framework for the consistent management of risk in the Health Board, allocating roles & responsibilities, and directing the way in which risks are identified, evaluated and controlled. The Policy provides direction on risk assessment to support consistent scoring of risks. Criteria have been established for the escalation of risks where required to the Executive Directors.

Risk management training content has been refreshed to reflect new arrangements and is available to all Service Groups. It is mandated that there are at least two staff who have completed training aimed at service managers/leads within every service. Training is supplemented with bespoke advice on request by the Risk and Assurance team to meet needs identified within teams and at an individual level.

The Board approved a Risk Management Strategy at 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. Work has continued progressing these changes during 2025, including:

- Review of roles and responsibilities and revision of Risk Management Policy in July 2025.
- The establishment of a Board Assurance Framework (BAF) document describing the framework through which the Board derives assurance on the management of risk to the achievement of its Objectives.
- The establishment of two separate Board-Level risk registers: a Strategic Risk Register (SRR) and a Corporate Risk Register (CRR). The first of these gives greater clarity in respect of risks to the achievement of the Board's strategic objectives and how they are managed; the second presents the most significant operational risks within services agreed for Board oversight by Executive Directors.
- The establishment of a reconstituted Risk Management Group to consider escalated risk and provide Executive oversight of the effectiveness of operational risk management at service level.
- The implementation of gateway reviews with service groups to review operational risk management arrangements, discuss significant risks and drive consistency and improvements.
- The provision of greater insight into service group operational risks at Board and Committee level.

The new risk registers were formally adopted from November 2025. While they were finalised the former Health Board Risk Register (HBRR) continued to be updated and reported. The most recently published SRR and CRR can be found within January 2026 Board papers, with both being regularly reviewed and updated.

The operation of the Risk Management Framework is overseen by the Audit Committee. 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 SRR and CRR 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. Reports are submitted to each of the Committees of the Board to

accompany the specific Risk Register extracts assigned to the Committees.

To support the continued maturity of the Health Board's risk management arrangements, the Executive Team approved a new two-year Risk Management Strategic Improvement Plan (RMSIP 2026–28) in March 2026.

The plan builds on the reset undertaken since 2024 and responds to feedback from Board members, service groups and the 2025/26 internal audit review. It sets out clear objectives to strengthen governance structures for risk, embed improved integration between risk, performance and delivery, enhance the consistency and quality of risk practices across services, and further develop the infrastructure and systems that underpin effective risk oversight. Progress will be reported to the Executive Board, with assurance provided to the Audit Committee.

- **Risk Profile 2025-26**

Under the five, Health Board objective headings, the newly developed SRR has identified the following risks:

Strategic Objectives & Risk Titles	Current Risk Score[1]	Scrutiny Committee
Objective 1: People of Swansea Bay live healthier, equitable and more equitable and prosperous lives		
1: Population Health Approaches to Address Health Inequity	20	Population Health
Objective 2: Care is high quality, safe, efficient and delivers the best possible outcomes for people		
2.1: Urgent and Emergency Care	16	Performance and Finance
2.2: Planned Care	12	Performance and Finance
2.3: Cancer Care	20	Performance and Finance
2.4: Quality, Safety and Patient Outcomes	16	Quality and Safety

[1] December 2025 Strategic Risk Register

Strategic Objectives & Risk Titles	Current Risk Score[1]	Scrutiny Committee
2.5: Listening to People	16	Quality and Safety
2.6: Maternity & Neonatal Service Transformation	16	Quality and Safety
2.7: Mental Health Transformation	16	Quality and Safety
Objective 3: Care is delivered in safe and appropriate settings supported by innovative digital solutions		
3.1: Partnerships and Collaboration	12	Quality and Safety
3.2: Maintaining our Estate	20	Performance and Finance
3.3: Sustainability of Digital Services	20	Digital, Data, Research and Innovation
3.4: Failure to Deliver Digital Transformation	20	Digital, Data, Research and Innovation
3.5: Research, Development and Innovation	12	Digital, Data, Research and Innovation
Objective 4: The health board is a great place to work where staff feel valued and work together towards a common goal		
4.1: Staff Health and Wellbeing and Organisational Performance	16	Workforce and Organisational Development
4.2: Leadership and Management	12	Workforce and Organisational Development
4.3: Culture, Values and Behaviours	12	Workforce and Organisational Development
Objective 5: The health board is a resilient, financially sustainable and responsible organisation		
5.1: Achieving Financial Sustainability	25	Performance and Finance

The SRR includes links to associated risks within the CRR. The profile of risks recorded within the board-level CRR is as follows:

Risk Level	Number of risks in CRR Feb 2026
Risk Score of 25	1
Risk Score of 20	13
Risk Score of 16	5
Risk Score 9-15	5
Risk Score of 5-8	0
Risk Score of 1-4	0
Total	**24**

The most significant risks within the CRR are:

Ref	Risk Title	Current Risk Score[2]	Scrutiny Committee
4	Healthcare Acquired Infection	20	Quality and Safety
60	Cyber Security	20	Digital, Data, Research and Innovation
61	Paediatric Dental GA Service (Parkway)	16	Quality and Safety
64	Health and Safety Infrastructure	20	Quality and Safety
66	Access to SACT (Cancer Services)	20	Quality and Safety
69	Safeguarding: Adolescents on Adult Mental Health Wards	20	Quality and Safety
80	Inability to Transfer Patients	20	Quality and Safety
85	Non-Compliance with ALN Act	20	Quality and Safety

[2] February 2026 Corporate Risk Register

Ref	Risk Title	Current Risk Score[2]	Scrutiny Committee
89	Healthcare Nursing Staff Level (HMPS)	20	Quality and Safety
90	Non-compliance with UK-GDPR Article 15 regarding Subject Access Requests	20	Digital, Data, Research and Innovation
92	Finance Forecast Deficit	**25**	Performance and Finance
96	Develop an Approvable IMTP (statutory compliance)	20	Performance and Finance
104	Failure to meet Tier 1 targets in Clinical Coding Completeness	20	Digital, Data, Research and Innovation
106	Emissions Reduction	20	Performance and Finance
107	EPRR and Recovery	20	Performance and Finance

While we have reduced risks in some areas, many have been persistent. Experience gained following implementation of refreshed risk management arrangements, through ongoing engagement with services and via discussions at Board Committees have identified further areas for improved assurance on the management of risks at Board and operational level, and the identification of further risks for escalation for Board-level oversight.

The Corporate Governance Risk and Assurance team have commenced meetings with service leads to take this work forward in 2025-26 and into 2026-27.

- **The Control Framework**

Within the service groups, the Service Group Directors are responsible for the management of risk and ensuring there are effective arrangements to carry this out and for the escalation of risks to Executive Directors where required.

As part of the resetting of risk management arrangements commenced during 2024 and continued during 2025, a revised Risk Management Group was established from the start of 2025. The Risk Management Group met during the first two quarters of the 2025-2026 financial year, but due to urgent meeting conflicts of key members, did not meet during the third quarter. Risks for escalation were referred to the Group's Chair for decision in this period and qualitative improvement work progressed via direct engagement with services. Information on risks was provided to the Health Board performance function to support discussions between Executive Directors and Service Groups at performance review meetings.

Discussion on the future governance arrangements have agreed the use of this Forum for the consideration of risks escalated by services going forwards into 2026-27. The wider oversight of operational risk management within services will be considered by a new Executive Operational Group.

The Health Board recognises that a number of its key risks are influenced by, or shared with, external partners. In line with the Risk Management Policy, it is recognised that 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. This ensures that risks with system-wide implications are visible at the appropriate level and that assurance is sought from relevant partners. The frequency of the communication will vary depending upon the severity of the risk. 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. Significant risks will be reported to Welsh Government through the weekly brief from organisations and quarterly performance review meetings.

The most significant risks the Health Board is managing are listed in the section above under risk profile. Key controls and actions taken to manage risks are captured in the SRR and CRR, which have been reported to the Management Board, Audit Committee and Board. The below table presents some of the key controls and in place to manage the most significant new and pre-existing risks on Board-level registers (full details can be found within the full registers).

Risk Title & Description	Controls In Place
STRATEGIC RISK REGISTER – MOST SIGNIFICANT RISKS	
SRR1.1 **Population Health Approaches to Address Health Inequity** **Score 20** If our staff do not understand and act on the provisions of the Population Health Strategy, and develop the capability and capacity to enact a system approach to addressing the challenges of improving the health of the entire population, then there is a risk that we will not develop effective systems, processes and partnerships to incorporate and deliver population health approaches outlined in the Strategy. This could result in worsening health in our population, widening health inequalities and a failure in our statutory duty as a Health Board.	• The Public Health Team are pursuing an evidence-based engagement-focused methodology to support implementation of the Population Health Strategy. • The Population Health Committee has been established to provide oversight of the Population Health Strategy. • Engagement across the Organisation in support of strategy execution to build competence, capability and capacity to enact strategy. • Population health has been integrated into key organisational processes (planning, business case development, partnerships, performance, strategy development). • Strategy execution approach has developed tactical and operational level leadership. • There is reporting of progress on Population Health Strategy execution through the Health Board Service Delivery Group quarterly performance. • The Population Health Strategy has been integrated into the Health Board Strategic Objectives. Strategic indicators have been developed to support measurement of population health gain.
SRR2.3 **Cancer Care** **Score 20** If we do not have enough staff and physical capacity organised effectively across all services, including primary and secondary care, to provide timely diagnosis and	• Processes are in place to manage each individual case on the Single Cancer Pathway (SCP), with enhanced monitoring and weekly monitoring of action plans for top 6 tumour sites. • Initiatives are in place to protect surgical capacity to support Single Cancer Pathways.

Risk Title & Description	Controls In Place

treatment of adults and children, there is a risk that we will be unable to improve provision of safe, effective, and person-centred cancer care, resulting in a potential for patient harm, poor outcomes, and a negative impact on patient and staff experience. This will impact not only on Health Board patients but those of partner organisations depending on this Health Board as a regional centre for cancer care.	• Performance is discussed by tumour-site with focus on compliance with the following targets:
	  ○ First outpatient appointment by Day 10
	  ○ Deliver a decision to treat (DTT) by day 31
	• Outsourcing solutions are in place to support pathology turnaround times for urgent suspect cancer.
	• The Chief Operating Officer is leading targeted discussions with the most pressurised tumour sites to understand barriers to complying with national optimal pathways for cancer.
	• Cancer improvement group meets monthly.

SRR3.2 **Maintaining our Estate** **Score 20** If we do not secure sufficient funding and employ that effectively to address priority areas of deterioration within our estate within primary and secondary care, then our buildings and/or associated infrastructure may fail in part or wholly, resulting in increased risk to patient and staff safety, and the disruption of service provision.	• Planned Preventative Maintenance prioritising highest risks dependent on funding availability • There is an Essential Infrastructure Replacement programme (subject to availability of decant facility and steps to secure funding). • Electrical resilience is tested through 'Black Starts' on Singleton and Morriston sites. Provision of further resilience is subject to funding. • There is an Estates Strategy in place informed by a 6 Facet Survey. That survey has now been superseded by the review and upgrade of the Health Board Asset Register to form a baseline for capital investment planning going forward. • Reactive Maintenance is ongoing. However, demands are increasing due to more frequent breakdowns and the age of the estate infrastructure, which is

Risk Title & Description	Controls In Place
	becoming more resource intensive with limited capacity and capability especially with regard to 24/7 shift cover, bringing associated business continuity risks. • There is engagement with Adult Mental Health, Forensic Services and Learning Disabilities on business case development.
SRR3.3 **Sustainability of Digital Services** **Score 20** If the Organisation is unable to maintain and replace existing digital systems and infrastructure in a timely manner, there is a risk that this could lead to system failures and cybersecurity vulnerabilities, resulting in disruptions in clinical service delivery. This risk encompasses the need for ongoing investment in digital assets to ensure they remain functional and secure. Factors contributing to this risk include financial constraints, aging infrastructure, and the need for continuous updates and support to meet evolving service requirements.	• Cyber Security Policy and mandatory Cyber Security training in place. • Programme in place for management of legacy systems and infrastructure. • Ten-year Financial Plan for replacement of devices and infrastructure. Prioritisation in place to ensure consideration given to highest areas of risk. • Immutable backup process in place. • Active monitoring of, and protection of, networks, systems and infrastructure. • Service level Business Continuity Plans in place to mitigate the impact of an outage, managed by the Emergency Preparedness Resilience and Response (EPRR) team. • Review process following all major Digital incidents. • Digital Strategy in place.

Risk Title & Description	Controls In Place
SRR3.4 **Failure to Deliver Digital Transformation** **Score 20** If the Organisation does not implement or utilise digital solutions to support and transform care provision across the Health Board, it will hinder the Organisations' ability to achieve its Strategic Objectives and improvements in service delivery. Without appropriate digital solutions in place there is a risk that the Health Board will not be able to: meet the needs of its population; ensure care is of high quality and is efficient; provide effective care in an environment that best meets the needs of the patient; address the constraints and issues arising from the reliance on the paper record; recruit and retain staff; collect and interpret data to inform decision making and monitor performance to aid service improvements; or exploit new technologies, such as AI and remote monitoring, that can support improving the quality and sustainability of service	• A robust Project Management Framework and Governance are in place within Digital Services • A Benefits Framework and methodology are in place within Digital Services • The Health Board Business Case Assurance Group process provides scrutiny to ensure digital resources are considered for all projects • There is a Digital Services prioritisation process in place to ensure that requests for digital solutions are considered in terms of alignment to the strategic objective, technical solutions and financial implications. Project Boards are established for all significant projects. • A Clinical Reference Group is established, providing a forum for engagement with and feedback from clinicians in respect of digital solutions and enhancements, and the strategic direction of digital services. Digital meetings are held with Service Delivery Groups to identify and prioritise requirements, monitor progress with implementation, and address issues with business-as-usual activities. • Receipt, approval and recording of changes/updates made to all existing digital solutions via the Digital Services Change Advisory Board. • The Health Board has representation on national groups such as Advanced Analytics Group (AAG), all Wales Business Intelligence & Data Warehousing Group and Welsh Modelling Collaborative. • An Integrated Medium-Term Plan (IMTP), Digital Strategy, Business Intelligence Strategic Plan, along with Digital Procurement Policy, and policies in

Risk Title & Description	Controls In Place
delivery. This risk is driven by constraints such as insufficient capital or revenue, limited capacity and capability within digital, Service Group and Corporate teams, clinical and service leadership/ownership for digital transformation, data and data infrastructure and other resource limitations such as procurement and contract management.	relation to health records and other digital matters, are in place.
SRR5.1 **Achieving Financial Sustainability** **Score 25** If we fail to manage our costs effectively, whilst optimising productivity and effectiveness, then we will not return to financial balance. This will result in poor use of public funds, and an inability to provide sustainable services for our patients.	• Annual Accountability Letters and Budgetary Management Framework are in place • There is Recovery and Sustainability Board oversight of the identification and delivery of strategic long terms savings programmes. • The budgetary management approach requires all Service Groups to produce a Finance Strategy each year. • There is the continued transparent exchange of position with NHS Wales Performance and Improvement and Welsh Government • A financial planning and reporting process is in place which dovetails with the wider IMTP production timetable. These provide a schedule of planning activities intended to support the production of a financially balanced and sustainable IMTP, aligned to the statutory requirements of the Health Board.
CORPORATE RISK REGISTER – MOST SIGNIFICANT PRE-EXISTING RISK	

Risk Title & Description	Controls In Place
CRR92 **Forecast Deficit** **Score 25** Risk of forecast deficit not being met due to (1) insufficient progress on run rate reduction, (2) the saving targets required across all areas are not achieved.	• Accountability Letters and Budgetary Management Framework were issued to all Directors in April 2025, which set the expectation and budget for 2025/26. • Oversight is provided via the Recovery and Sustainability (R&S) Board, which reports directly to the Performance and Finance Committee and is chaired by the Chief Executive. This Board is held bi-weekly. • Supporting the R&S Board is the R&S Team, which for 2025/26 had dedicated resource to lead the programmes of work agreed for 2025/26 (the Board has agreed 5 key areas). • Budgetary Management approach 2025/26 required all Services Groups to produce a Financial Strategy by end May 2025, with ongoing monthly performance meetings and presentation to the Performance and Finance Committee every 4 months. • There is continued transparent exchange of position with NHS Executive and Welsh Government, via both weekly and monthly meetings with the NHS Executive. • Standard 'Day 5' Finance Reports on Variable Pay, Savings Performance and 'Flash' report are published via SharePoint site. • Variable Pay Cap agreed by the Organisation to deliver £32m of savings as set out in the Financial Framework dated 30th June 2025 as well as further enhancements to controls agreed through Quarter 2, and Quarter 3 via the Recovery & Sustainability Board, with further controls and targets agreed at Special Board in December 2025.

Risk Title & Description	Controls In Place
	• Recovery and Sustainability governance and controls were strengthened in line with the initial recommendations from work by Deloitte (external partner). • The Health Board developed with its strategic external partner (Deloitte) a clear plan to deliver the £55.4m savings required for 2025/26.
CORPORATE RISK REGISTER – SIGNIFICANT NEW RISKS	
CRR104 **Failure to meet Tier 1 targets in Clinical Coding Completeness Score 20** Because: The volume of new inpatient episodes exceeds the available clinical coding staff capacity; There are difficulties recruiting and retaining a sufficient number of trained clinical coding staff to address the gap, and clinical information is not always of sufficient quality or completeness electronically (such as DALs) to support swift coding. There is a risk that: Clinical notes for inpatient episodes will not be coded in a timely way. Resulting in: The non-achievement of the Tier 1 Welsh Government target (which is that 95% of inpatient activity should be coded within 30-days of discharge); Insufficient	• A three-year coding modernisation plan was approved by Executive Board on 26 February 2025 to see the implementation of an auto-coding solution and a re-banding of the clinical coding department within existing budgets to attain Tier 1 targets by 27/28. • The coding management team assess the staffing complement daily to ensure resources are deployed in the most efficient and effective manner, in line with demand and clinical coding priorities. • There is a comprehensive training programme in place for new Trainee Coders. • The Clinical Coding Departments raise incidents where clinical information is missing from patients' health records and prevents the activity being coded in a timely manner. These incidents are highlighted at the Directorate Business Meetings held monthly as part of the Clinical Coding Key Performance Indicators. • Clinical coding staff performance continues to be monitored and discussed during the monthly Clinical Coding Managers Meetings, which are chaired by the Head of Health Records and Clinical Coding, and an update is also reported

Risk Title & Description	Controls In Place
coded data to support effective service planning for population health needs; Inadequate data being available for mortality review/quality and safety purposes, with increased risk of failure to spot variance that are negatively impacting levels of patient care and potentially causing avoidable deaths; Negative impact on accuracy of analysis to understand how resources are being allocated and used at Health Board level and national level (programme budgeting); Delays in claiming case mix sensitive contract lines with JCC, Hywel Da and Cwm Taff (circa 70m per annum value in total) due to lack of coding data.	and presented on the Health Board Performance Scorecard. • An app has been developed by Digital Intelligence that shows any relevant data relating to a patient episode from different clinical systems in one place, to reduce the number of systems a clinical coder needs to log into.
CRR106 **Emissions Reduction** **Score 20** If we do not identify funding and implement appropriate actions effectively and in a timely way, there is a risk that the Health Board will not achieve the emissions reduction targets set by Welsh Government which could result in failure and	• Board leadership is provided by the Executive Director of Planning and Partnerships. There is a supporting governance structure in place. • There is a Climate Action Plan (CAP) 2024-26. • Implementation is managed by action owners through their local arrangements. Assurance is brought to the quarterly Sustainable Swansea Bay Steering Group meeting. Support is available to the action owners from the Sustainability

Risk Title & Description	Controls In Place
potential reputational damage in the eyes of Welsh Government and the wider public.	Team and through a quarterly Climate Knowledge Exchange. • Measures required to achieve emissions reduction objectives are integrated into other strategies and plans, including Estates Strategy; IMTP; Quality Strategy; Sustainable Travel Strategy; Healthy and Sustainable Catering Strategy; Value Based Healthcare Strategy, People Strategy; Population Health Strategy. • The Organisation's carbon emissions is one of the Health Board's strategic indicators. • The Health Board's Green Group enables staff to share and learn from others in Wales. • Climate change and decarbonisation is a component part of the prioritisation for Capital Projects across NHS Wales organisations. • Climate and sustainability are being built into the Clinical Services Plan. • Health Board takes part of the wider Welsh Government Health and Social Care Climate Emergency Programme governance through membership and participation on a number of programme boards. • The Health Board has contracted three 'Sustainability Clinical Leads'. They are driving sustainable healthcare work. • Participation on the Public Services Boards in Swansea and Neath Port Talbot enables sharing of best practice and opportunities for collaboration.
CRR107 Emergency Preparedness, Resilience and	• There is an Executive Director nominated as lead for Civil Contingences (the Director of Planning and Partnerships).

Risk Title & Description	Controls In Place
Response, (EPRR) and Recovery **Score 20** If the Health Board lacks adequate and effective emergency preparedness, planning, response and recovery at both corporate and operational levels, there is a risk that it may not be able to respond and recover promptly, efficiently, or effectively to a major incident, business continuity, or critical incident. This could lead to: Negative impacts on patient care delivery in both acute and non-acute settings; Potential harm or injury to patients and/or staff; Non-compliance with statutory obligations under the Civil Contingencies Act 2004; Legal actions and financial penalties; Reputational damage and diminished public trust.	• A comprehensive business continuity management (BCM) process is in place, allowing services to assess and manage risks across key business continuity (BC) areas and implement suitable mitigations. The BC framework serves as a guide for departments to develop their own specific BC procedures. • An overarching Strategic BC Procedure is in place. In addition, each Service Group has an overarching Tactical BC Procedure outlining the tactical management processes, escalation protocols and response structures for effective command and control and coordination. • An Emergency Preparedness, Resilience, and Response (EPRR) strategy and programme is in place to oversee and ensure enhanced assessment, preparedness, prevention, response, and recovery strategies. • The Organisation has established emergency preparedness, resilience, and response (EPRR) measures, with EPRR work and training programs aligned to meet Civil Contingency statutory requirements. Oversight is provided by the EPRR Oversight Group. • A range of emergency response protocols, including a Major Incident Procedure, has been developed. To support, there is a suite of emergency procedures at national and regional levels to address and mitigate national, regional, and local risks as effectively as possible. These risks are identified in the Health Board EPRR Risk and Preparedness register and aligned to National Risk Register, Wales Risk and Preparedness Register, Local Resilience

Risk Title & Description	Controls In Place
	Forum (LRF) Community Risk Register, and respective local authority risk registers. • The Health Board actively participates in the NHS Executive Health Emergency Planning Advisory group and its sub-groups. Additionally, the HB is involved in the Wales Resilience Partnership Group and South Wales Local Resilience Forum and contributes to various pan-Wales/regional groups. The Health Board works closely with local partners and is a member of both Neath Port Talbot and Swansea Local Authority risk groups. • The HB EPRR arrangements are aligned to the Health Board Strategic vision and objectives. • There is a holistic approach to building, strengthening, and maintaining the EPRR work programme with consideration to leadership and governance, training and workforce development, scenario planning and exercises, risk management, community engagement and continuous improvement, including the conduct of regular audits and assurance checks against NHS Wales EPRR standards. • Regular internal training and exercises are scheduled; lessons identified from incidents and exercises are captured for integration into plans.

❖ **Emergency Preparedness**

As a Category One Responder organisation under the Civil Contingencies Act 2004, the Health Board has statutory responsibilities to prepare for, respond to, and recover from a wide range of emergencies. The Health Board remains committed to protecting patients, staff and the public by maintaining strong preparedness arrangements, enhancing organisational

resilience, and ensuring a timely, coordinated response to any incident that disrupts normal services.

The Health Board's approach to Emergency, Preparedness, Resilience and Response (EPRR) is delivered through a continuous cycle of risk assessment, planning, training, exercising, response and recovery. This ensures that the Organisation can continue to deliver safe, high-quality and equitable services, even during the most challenging circumstances.

A dedicated EPRR Risk Register is maintained and reviewed regularly, aligned to local, regional and national risk frameworks. Risks are assessed, scored and monitored, with appropriate mitigation measures in place. This work is supported by an overarching EPRR Operating Framework, an annual training and exercising programme, a lessons-identified register and a suite of emergency plans, including the Major Incident Procedure and Business Continuity Management arrangements.

Strategic oversight is provided by the Health Board's EPRR Oversight Group, which monitors compliance, performance, lessons identified and risks through a digital assurance dashboard. In addition, the Health Board submits an annual Civil Contingencies assurance return to the NHS Performance and Improvement, demonstrating its level of readiness and identifying opportunities for further development.

During 2025-26, the Health Board successfully delivered its planned programme of EPRR training and exercising, assessing the Organisation's capability across a range of emergency scenarios. Business continuity procedures were activated on a number of occasions in response to live incidents, enabling real-time testing of plans and providing valuable learning. All lessons identified are captured, monitored and embedded into ongoing improvement activity. In addition, 2026 has seen the launch of an ambitious training and exercising programme that is already well underway.

The Health Board continues to play an active role within local, regional and national resilience structures, working closely with multi-agency partners, emergency services, Welsh Government and NHS Wales organisations. This collaborative approach strengthens interoperability, enhances shared situational awareness and supports a coordinated response and recovery capability for the communities we serve.

The Health Board remains committed to continually developing its EPRR arrangements, maturing assurance processes, and embedding resilience across all services to ensure safe, effective and sustainable care during times of disruption.

❖ The Control Framework

Quality Governance Arrangements

Our separate annual Quality Report provides a detailed overview of the work we are undertaking to deliver safe, effective, and high-quality care for our patients.

To support our commitment to continually improving services for the communities we serve, we have joined National work to review our Quality Management Systems (QMS). This National Programme focuses on how organisations use information and insight about the quality of care—including patient and family experience—to drive meaningful improvement.

We are proud that our Perinatal Services have been selected to participate in National work to prototype a QMS, and we look forward to sharing the learning from this work across the Organisation.

A summary of our work across the four domains of quality is outlined below.

Quality Planning

- We are excited to have launched the *Listening to People* concerns-management process, which will strengthen how we learn from concerns and improve people's experiences of our services.
- As part of developing how we communicate with our communities, we have engaged with seldom-heard groups to understand what quality information they would like to see made available on our website.
- In May, we were delighted to engage with thousands of children, young people, and families at the Urdd Eisteddfod, giving us valuable insight into what matters most to them from their health services.

Quality Control

- All elements of our Quality Dashboard are now live, enabling service leads to view key quality indicators at a glance.
- We continue to work closely with our Digital Services colleagues to enhance the information available to support oversight of care.
- Our use of the Audit Management and Tracking Tool (AMaT) for quality control and assurance was shortlisted for a national NHS Wales Award—a recognition of our commitment to strengthening governance and visibility of quality.

Quality Improvement

- We continue to expand access to quality improvement (QI) training so that staff are empowered to drive improvements within their own areas of work.
- We are extremely proud that one of our QI projects—focused on improving outcomes for people living in care homes who experience a fall—won an NHS Wales Award and was also shortlisted for a Health Services Journal (HSJ) Award.
- Our Improvement Forum meets monthly, providing a space to share ideas, celebrate success, and learn from examples of positive change across our services.

Quality Assurance

- We continue to carry out a wide range of assurance activities, including monthly unannounced audits of wards and clinical areas, alongside structured review and learning from patient experience and concerns.
- Assurance visits have now been rolled out across community settings, strengthening oversight beyond acute environments.
- Our Independent Member visiting programme—comprising monthly visits across a range of services—is now well established and continues to provide valuable external insight into the quality and safety of care.

The Duty of Quality annual report will be published on our website in the Quality & Safety Committee in June 2026.

Duty of Candour

The Duty of Candour is a statutory requirement under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. It requires NHS Wales bodies to be open and transparent with people when a qualifying notifiable safety incident has occurred, including providing an apology, an explanation of what is known at the time, and ongoing communication and support.

Governance and oversight for Duty of Candour is led by the Executive Director of Nursing. This includes providing assurance that Duty of Candour processes are in place, that incidents are identified and reviewed appropriately, and that learning is translated into service improvement.

The Health Board continues to strengthen arrangements to support timely recognition of qualifying incidents, clear documentation, and effective communication with individuals and families. Staff are supported to undertake Duty of Candour conversations in a compassionate and person-centred way, with access to advice and guidance where required.

Themes and learning identified through Duty of Candour are considered alongside other quality and safety intelligence, including Putting Things Right, to support improvement and reduce the risk of recurrence.

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 2026 and found no departures from the code. This was reported to the Audit Committee in March 2026.

Commissioning of Care and Support in Wales: Code of Practice

During 2025-26 the Health Board continued to implement the National Framework for the Commissioning of Care and Support in Wales: Code of Practice. This work focused on strengthening arrangements for Continuing NHS Healthcare (CHC) and complex care commissioning, improving consistency of decision-making, and supporting fair and sustainable approaches to market management.

Governance and oversight were enhanced through the establishment of a cross-functional CHC and Complex Care Programme Board, providing a coordinated route for leadership, risk management, escalation and reporting. Partnership working with Local Authorities was also strengthened, supporting shared approaches to commissioning challenges and improving joint problem-solving.

The Health Board made progress toward a regional approach to fee-setting and established a more centralised commissioning function for individual patient commissioning, aligned to the commissioning cycle. Work also commenced to complete the Code's self-assessment implementation support tool; the outcomes will inform priorities for further improvement, including clarifying roles and responsibilities, strengthening assurance, and tracking delivery in 2026-27.

❖ 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 2025-26 the Health Board has not met its financial duty of remaining within the financial funding provided for revenue, as set out below. Therefore the Health Board did not meet its financial duty to break-even over the three year period of 2023-24 to 2025-26.

	2023-24 £000	2024-25 £000	2025-26 £000	**Total £000**
Net operating costs for the year	1,282,337	1,420,276	1,467,808	**4,170,421**
Less general ophthalmic services expenditure and other non-cash limited expenditure	1,562	833	615	**3,010**
Less unfunded revenue consequences of bringing PFI schemes onto SoFP	(2,711)	(3,352)	261	**(5,802)**
Less any non-funded revenue consequences of IFRS 16	0	0	0	**0**
Total operating expenses	1,281,188	1,417,758	1,468,684	**4,167,629**
Revenue Resource Allocation	1,264,375	1,375,303	1,415,523	**4,055,201**
Under /(over) spend against Allocation	(16,813)	(42,454)	(53,161)	**(112,428)**

The table above summarised 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 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 2025-26 on 31 March 2025. This plan did not include a break even position. A response to the Annual Plan was published by Welsh Government on 11 April 2025.

   With the support of Welsh Government, the Health Board commissioned External Strategic Support focusing on 9 key deliverables, but for 2025-26 the key focus was on the identification and delivery of savings. Throughout 2025-26 the Health Board

worked with Welsh Government and its external partner to identify options to address savings target set out within the annual plan and in September a formal update was provided to Welsh Government aligned to the paper presented at the Special Board on 11 September 2025. Work continued throughout the remainder of 2025-26 on this issue of savings delivery.

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

The Health Board maintains a robust Information Governance (IG) framework to ensure the responsible management, protection and use of information across the Organisation. This framework includes:

- **The Digital, Data, Research & Innovation Committee (DDRI)**, which provides oversight of the information governance agenda at Board sub-committee level.
- **The Information Governance and Cyber Security Assurance Group (IGCAG)**, which supports, scrutinises and drives the IG agenda, providing assurance to DDRI that effective controls and best-practice mechanisms are in place.
- **A Caldicott Guardian**, responsible for safeguarding the confidentiality of patient information and ensuring appropriate information sharing.
- **A Senior Information Risk Owner (SIRO)**, who provides strategic ownership of information risk and ensures it is managed effectively at a corporate level.
- **A Data Protection Officer (DPO)**, who oversees compliance with data protection legislation and advises on associated risks and obligations.
- **Information Governance Champions** within each Service Delivery Group and corporate department, who champion data protection compliance and good information governance practices within their work area.

The Health Board works to a dedicated Information Governance strategic work plan that ensures organisational data protection compliance is maintained, reviewed and further developed. Ongoing improvement is achieved through monitoring, assurance activities and reporting to the Information Governance & Cyber Security Assurance Group and the Digital, Data, Research & Innovation Committee.

In line with data protection legislation, personal data breaches that meet the statutory notification criteria must be reported to the Information Commissioner's Office (ICO). During the 2025–26 financial year, **seven breaches** were notified to the ICO. A summary of these incidents is provided in the table below.

Where the ICO has issued recommendations, these have been considered for implementation by the Health Board to help strengthen organisational practice and reduce the likelihood of recurrence.

Breach Category	Summary of Breach	Summary of Actions
Unauthorised Access (ICO_055)	Staff member accessed electronic records without a legitimate business interest.	• Internal management review undertaken and disciplinary procedure followed. • Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence. • Information Governance audit process undertaken and recommendations for improvement provided. • Health Board findings provided to the Police.
Disclosure – Paper (ICO_056)	A letter containing health data was mailed to an incorrect address. The letter was subsequently opened by unintended recipient.	• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence. • Legal advice sought. • Information Governance audit process undertaken and recommendations for improvement provided.
Disclosure - Paper (ICO_057)	Medical results were erroneously attached to another patient's correspondence and sent to the incorrect recipient.	• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence. • Standard Operating Procedure developed and disseminated within relevant team. • Information Governance audit process undertaken and recommendations for improvement provided.
Disclosure – Verbal (ICO_058)	Information regarding appointment attendance was disclosed to a family member without the	• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence. • A Standard Operating Procedure developed and disseminated within relevant team. • Information Governance audit process undertaken and recommendations for improvement provided.

	patient's specific consent.	
Cyber Security Incident (ICO_059)	The Health Board received confirmation of data infiltrated during a previous cyber-attack on one of its third-party suppliers in 2024.	• The risk of re-identification of data was deemed to be low and therefore the threshold to notify the ICO was not met. However, due the high-profile nature of this incident and the involvement of multiple UK NHS organisations, the decision was taken to update the ICO.
Unauthorised Access (ICO_060)	Staff member accessed records without a legitimate business interest.	• Internal management review & disciplinary procedure undertaken. • Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence. • Information Governance audit process undertaken and recommendations for improvement provided. • Health Board findings provided to the Police.
Unauthorised Access (ICO_061)	Staff member accessed records without a legitimate business interest.	• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence. • Information Governance audit process undertaken and recommendations for improvement provided. • Health Board findings provided to the Police.

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 2025-26 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 five.**

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 fedback 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 5(1) of the Modern Slavery Act 2015 and constitutes the Health Board's Slavery and Human Trafficking Statement for the financial year 2025-2026.

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

During 2025-26, the Health Board has significantly strengthened its sustainability narrative. This progress has been driven by a robust and collaborative governance structure; active engagement with staff; the Communication Team's promotion of innovative and impactful initiatives; and strong partnership working across the Public Services Boards (PSBs) and the wider NHS Wales system. Over the past year, the Governance Framework has further evolved to provide clearer direction and support for climate adaptation work, both within the organisation and in collaboration with PSB partners. Details on the work around sustainable healthcare can be found on the health boards website:Delivering sustainable healthcare - Swansea Bay University Health Board

In 2025-26, the Health Board has focused on enhancing its implementation of the Well-being of Future Generations Act by embedding the five ways of working into strategic planning and launching our Organisational Strategy *'A Healthier Swansea Bay'*, which provides clear long-term strategic direction and objectives that are aligned to the principles of the Act. We published, *'Our Journey to Sustainable*

Healthcare 2024-25' and submitted a formal response to the Future Generations Commissioner's 2025 report. The Health Board's partnership arrangements through Swansea and Neath PSBs remains the main vehicle to delivering the priorities of the Act on a regional footprint. We continue to work in collaboration to deliver priorities outlined in the Well-Being Plans, especially in relation to prevention and equity-focused initiatives aligned to the Swansea Bay Population Health Strategic Plan and Marmot principles. These include the Food System, with a particular focus on procurement, Children and Young People, and Climate Action.

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.

This work is further strengthened through activity within the South West Wales Regional Joint Committee (RJC) and the Regional Health Economy Subgroup, where a '4Ps' approach—people, place, procurement and partnership, has been embedded across the agreed programme of work. The programme is jointly led by the Directors of Public Health in Swansea Bay University Health Board and Hywel Dda University Health Board, ensuring strong alignment and a shared focus on prevention-led approaches.

PEOPLE: Foundational Economy aligned activity delivered this year includes:

- **Strengthening community access to fair and secure employment**, through continued cross-team collaboration on programmes including early identification of entry-level roles, and delivery of careers information sessions within local schools and community settings including sessions at local Special Educational Needs (SEN) Schools highlighting the wide range of careers in the NHS. This supports local people to access stable employment within a key foundational sector.
- **Creating supported pathways for individuals with additional learning needs**, expanding programmes that move students from long-term work experience placements into structured apprenticeship roles. This reinforces inclusive employment, reduces barriers to long-term labour market participation, and supports equitable access to public-sector opportunities.
- **Developing internal talent pipelines**, including the talent identification and partnership working with Workforce Planning to support retention, upskilling and progression for existing staff. This

aligns with the foundational principle of sustaining local jobs and strengthening long-term workforce capability; leading to recruitment of 2.0WTE Electrical apprentices in Estates.

- **Enhancing partnerships with regional employability providers and third-sector organisations**, enabling targeted support for individuals currently out of work, including pre-employment training, taster placements and work-readiness programmes. These partnerships help address wider social inequalities and promote economic participation across the region and new programmes within the Vocational Training team continue to provide this.
- **Expanding access to apprenticeship and widening-participation routes**, increasing Level 2 and Level 3 opportunities for young people, career changers and individuals experiencing barriers to employment. This supports long-term local workforce development and strengthens the public-sector contribution to the area's economic resilience; using apprenticeships as an alternative to like-for-like recruitment and looking at how roles can be redesigned to meet the organisational need.
- **Delivering employability and skills-focused workshops**, including CV and interview support linked to HB recruitment campaigns, ensuring that local communities can benefit directly from public-sector job creation and workforce demand.
- **Improving monitoring and evaluation of employment pathways**, introducing enhanced tracking of participation and outcomes to ensure that initiatives deliver measurable social and economic benefits aligned with Foundational Economy priorities as well as helping to meet retention goals internally.

PLACE: Our understanding of the 'Place' element of FE has developed significantly over 2025-26, 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. Two examples have been identified in this report, including:

- The Health Board continues to work collaboratively with Swansea and Neath Port Talbot Councils on the development of their Local Development Plans (LDPs) and have submitted formal responses during their respective 2025 consultation periods. The Health Board has supported the preparation of Health Impact Assessments (HIAs) and workshops to assess population health, wellbeing and infrastructure implications of the LDPs. To enable ongoing engagement a joint Technical Working Group has been established, chaired by the Health Board and activity to date, includes feedback to Neath Port Talbot Council on their planned residential developments and the impacts on GP practices.

- The Health Board previously operated a centralised dialysis service, requiring patients to travel long distances for vital treatment. To create a more patient-centred model, it partnered with Fresenius Medical Care to establish independent satellite dialysis units in Aberystwyth, Withybush, Carmarthen and Bridgend, with plans for Neath Port Talbot. These units bring care closer to home, improving patient experience and service sustainability. Benefits include major reductions in travel time, emissions and reliance on NHS transport; greater patient independence through improved accessibility; stronger family and social support; better workforce distribution across sites; and more sustainable infrastructure, including electric vehicle charging points.

PROCUREMENT: The Health Board's procurement process is managed through its 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 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. In 2025, the Health Board continued to demonstrate its commitment to supporting the Welsh economy, with **41.9% of total expenditure** directed to Welsh suppliers. This represents an investment of **£279.3 million** in local businesses over the year.

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, progress made during 2024-25 includes:

Our Culture and Ways of Working: Considering leadership, training, communications, benchmarking, and reporting

- Extensive communications across the year, including a focus in November 2025 to coincide with United Nations Climate Change Conference of the Parties (COP)
- Integration of a 'Sustainability and Environment' section into the Staff Induction Handbook
- Development of the Climate Change Risk and Opportunity Assessment (CCROA) to support understanding of the impacts from climate on delivery of healthcare
- Collaboration with the two Public Services Boards around identifying and mitigating climate related risks

- In-person sustainability inductions and training for graduate nurses and medical students provided by the Sustainability Clinical Leads

Our Buildings and Estate: Understanding how our buildings and estate can support emissions reductions. Progress in 2025-26 includes:

- In 2025, the Health Board launched an energy reduction campaign aimed at encouraging staff to switch off lights and equipment when not in use. Inspired by the popular series Bridgerton, the initiative featured themed communications from 'Lady Turnitdown' to drive engagement. The campaign was sponsored by Vital Energy and was creatively developed and delivered in collaboration with students from Swansea University.
- Endotherm, a chemical additive used to enhance heat transfer efficiency within water systems, was successfully trialled at one site, delivering an 18% reduction in energy consumption. Following this positive outcome, the solution has been rolled out across all Health Board sites.

Our Procurement: Understanding and addressing impacts from our supply chain with NWSSP. Progress in 2025-26 includes:

- Programme in place to support better stock management to reduce expired items and associated waste, this includes Scan 4 Safety, Omnicells, and ward level inventory review.
- Investigation into opportunities for reuse has led to this becoming a contract consideration at the design phase of the procurement exercise. It has also supported the decision to return to reusable blood pressure cuffs and tourniquets.

Our Transport: Building sustainable transport and travel to/from and within the Health Board. Progress in 2025-26 includes:

- Provision of information to staff, patients, and visitors on travelling more sustainably to our sites. This includes Cycle2Work and salary sacrifice for Electric Vehicles for our staff, and travel planners to our sites on the Health Board website.
- Working with Public Transport Providers, including First Cymru and Transport for Wales, to improve access to sites and ensure times of services work for staff, as well as offering travel discounts
- Partnering with other public and third sector organisations across Swansea and Neath Port Talbot through the Healthy Travel Charter
- Building involvement through the Bike Users Group for staff and the Sustainable Travel Group, including site representatives, unions and corporate areas

- Engaging with the South West Wales Corporate committee to collaborate on sustainable journeys to health care setting for patient, visitors and workforce.
- Collaborating with the Local Authorities around their local development plans and shaping their active travel capital developments which includes links to health care settings for patient, visitors and workforce

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. Progress in 2025-26 includes:

- Integrating social value key performance indicators in third sector contractors, as part of the HB's recommissioning programme, to capture how contracts benefit and support the Well-Being of Future Generations Act (2015), Foundational Economy, and climate resilience
- Development of a repository of examples of what sustainability looks like in Quality Improvement to support integration in Health Board led courses
- Monthly sessions with guest speakers to inspire and support staff interested in becoming more sustainable, this has included:
    - Catrin Codd, Community & District Nursing: Minuteful Wound App
    - Annie Hill, Occupational Therapy: OT & Sustainability at Cefn Coed Hospital
    - Yvie Powe, GCG Dental Practice: Sustainability in Primary Care Dental
    - Daniel Greenwell, Pharmacy: Oral to IV Paracetamol Project and Pharmaceutical Waste Project
    - Obstetrics and Gynaecology: Obstetrics and Sustainability
- Achieving bronze and progressing to Silver in the Green ED scheme, led by Sue West-Jones one of the Sustainability Clinical Leads
- Assessment of waste items and opportunities for recycling and circular economy in the Jill Rowe Neurology Ambulatory Unit, led by Alex Strong one of the Sustainability Clinical Leads in collaboration with Swansea University's ARCS project
- Switching off nitrous oxide manifolds at Morriston Hospital and moving to cannisters to reduce accidental releases, lower emissions, and reduce costs led by Elana Owens one of the Sustainability Clinical Leads in collaboration with Estates
- Multiple workflows have been digitised including Hospital Initiated Referral (HIR) functionality in Welsh Clinical Portal went live for Neurology, with Dermatology, Respiratory, and Urology planned for July

- Hybrid Mail expanded to nine services, with a task and finish group overseeing adoption and financial efficiencies, saving money and reducing Health Board emissions
- Continued work with Primary Care to support move to lower emissions inhalers, with quarterly tracking and support offered to areas where uptake is lower
- Innovations moving from IV to oral paracetamol by the Pharmacy Team, reducing emissions, cost and waste, as well as improving patient experience
- Estates Technical Team led switch to 'offensive waste' or tiger bags, with the World Health Organisation estimating 'about 85% is general, non-hazardous waste[3]' but disposed as clinical waste, this saves money and reduces emissions
- Collaborative change between Sustainability Clinical Leads, Infection Prevention Control, and Procurement to enable a return to reusable blood pressure cuffs across the Health Board.

Adaptation planning: The Health Board completed its first Climate Change Risk and Opportunity Assessment (CCROA) in 2025 in response to new Welsh Government adaptation requirements. With climate change already affecting the region, through hotter summers, more intense storms, and more frequent and intense flooding. The HB assessed how current and future climate conditions threaten services, staff, infrastructure, and population health.

The assessment identified 135 risks, of which 33 are high, spanning workforce wellbeing, clinical equipment failure, building resilience, digital infrastructure, supply chains, transport disruption, and widening health inequalities. Heat is a major concern, affecting staff performance, patient safety, pharmaceuticals, and building functionality. Flooding, storms, and air quality deterioration also pose significant operational and health risks, particularly for vulnerable groups.

Eight areas require deeper investigation, including clinical specialties, population health, infection control, pharmaceuticals, buildings, and partner organisations. Opportunities were identified in the therapeutic use of nature, green prescribing, and outdoor spaces to support wellbeing.

The Health Board will integrate identified actions into the refreshed Climate Action Plan from 2026, focusing on risk treatments, evidence building, and collaboration across NHS Wales and regional partners. Adaptation will be embedded into routine planning, monitoring, and governance to build long-term resilience across the health system.

[3] https://www.who.int/news-room/fact-sheets/detail/health-care-waste

All Wales collaboration via Adaptation Accelerator: Meeting with the other Climate Preparedness Leads on a regular basis leading to shared discussions and mapping of existing climate adaptation work being undertaken, development of an All-Wales proposal, and sharing resources and materials e.g. draft plans, questionnaires etc. Discussions have occurred with the wider system including, NWSSP Risk Pool, NHS Wales Performance and Improvement, Climate Health Surveillance Team, and All Wales Therapeutics and Toxicology Centre. This has been supported by working with Welsh Government, to commence an investigation into pharmaceuticals and heat.

Swansea Public Services Board – Climate and Nature Working Group (SC&N): The Health Board sits on the SC&N and is an active member. Currently the group is developing their climate adaptation action plan, which is largely focused on building community adaptive capacity with increased access and awareness to climate adaptation supporting materials, this includes emergency preparedness information for extreme weather events. The plan recognises and links with existing work occurring on food (Bwyd Abertawe) and biodiversity (Local Nature Partnership). The group is also seeking to build climate change awareness into the other 4 wellbeing objectives include:

- Early years - ensuring that children have the best start in life to be the best they can be.
- Live well, age well - building Swansea a great place to live at every stage of life.
- Strong communities - building cohesive and resilient communities with a sense of pride and belonging.
- Culture - fostering a vibrant culture and thriving Welsh language

During a workshop in 2025 it became evident the impacts from climate change were not considered across the wider group, but there were extensive impacts from climate change on each area.

Neath Port Talbot Public Services Board – Climate and Nature Working Group (NPTC&N): The Health Board sits on the NPTC&N and is an active member, with Marc Davies (Public Health Consultant) being Deputy Chair of the group. 2025-26 has seen procurement of a consultancy group to support development and run initial engagement across the NPT region around climate risk and adaptation. Due to be completed end of March 2026. Working with Miller Research UK there is now a pack for anyone to conduct engagement around climate risk and adaptation, with the intention to make accessible to groups across Neath Port Talbot to enable discussions. This could be utilised in the Health Board in the future.

Climate Action Plan (CAP) 2026-30: The Climate Action Plan (CAP) was refreshed in 2025–26 to reflect key national developments, including the revised NHS Wales Decarbonisation Strategic Delivery Plan, the Climate Adaptation Strategy for Wales, and the organisation's updated Climate Change Risk and Opportunity Assessment. The new CAP integrates both climate mitigation and adaptation, strengthening organisational resilience by embedding decarbonisation actions alongside measures that build adaptive capacity and enhance the evidence base across services. It is also aligned with wider legislative and strategic frameworks, such as the Well-being of Future Generations Act and Net Zero Wales. The plan is submitted alongside the Health Board's Annual Plan.

Task Force on Climate-related Financial Disclosures (TFCD) Statement

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 2025-26, public sector organisations in Wales have been requested to provide a TFCD Compliance Statement and the recommended disclosures for:

- Phase 1: 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 Marie Davies (Executive Director of Planning and Partnerships). The core group overseeing work on sustainability is the Sustainable Swansea Bay Steering Group, chaired by Hannah Roan, the Assistant Director of Planning & Partnerships.

The governance structure is shown in Figure 1 whereby, Sustainable Swansea Bay Steering Group reports directly to the HB's Management Board, with information shared through the Population Health Programme Board, as required. Implementation of the Climate Action Plan is managed through the action owner's local governance arrangements, with assurance brought to Sustainable Swansea Bay Steering Group.

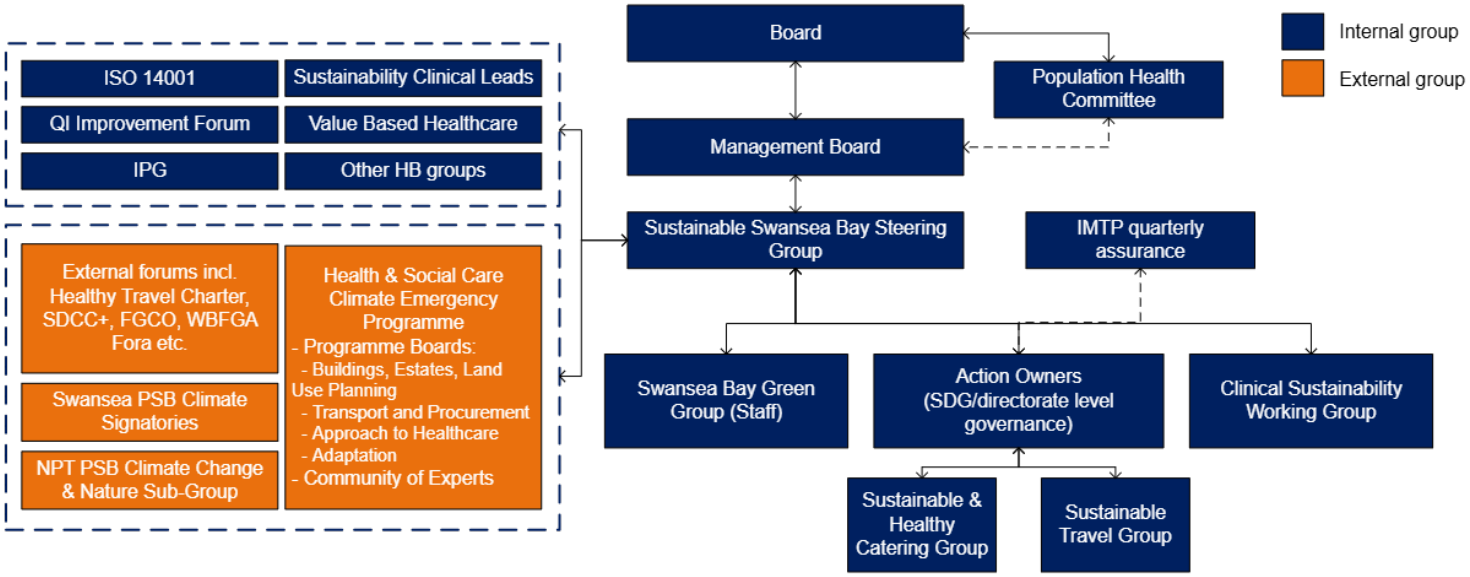


Figure 1 Organogram of Sustainability

During this period, four climate-related reports were approved by the Health Boards Management Board including:

- Combined report seeking approval of the annual emissions calculation and a move to reusable blood pressure cuffs and tourniquets, as well as an update on the climate change adaptation work
- Swansea Public Services Board Climate Adaptation Strategy: A Resilient Swansea
- Climate Change Risk and Opportunity Assessment Report
- Refreshed Climate Action Plan 2026-2030

These reports, alongside the Executive Director of Planning and Partnerships' bi-monthly updates to the Board, help to build awareness and strengthen support for the Health Board's climate change agenda. In addition, an Independent Member (IM) has now been appointed as a sustainability champion, providing further leadership and challenge in this area. During 2025-26, sustainability and climate-related priorities were embedded within the Annual Plan and strategic objectives, with carbon emissions introduced as a formal strategic indicator.

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 Public Services Board Climate Adaptation Strategy, A Resilient Swansea, was approved by Management Board on 17 September 2025. A supporting action plan is in development.

Neath Port Talbot Public Services Board is currently undertaking engagement across the region to understand perception of climate risk, existing climate impacts, and actions that could support climate resilience. The Health Board is supporting this work through the role in the Climate and Nature Working Group.

Metrics and Targets

The 2024-25 emissions assessment for the Health Board provided the most comprehensive data set across the three scopes. Emissions totalled 174,225.71 tCO2e, 32,281.5 tCO2e more than in 2023-24. The increase was driven by a change in supply chain emissions methodology, increase in f-gas use, increase in natural gas use, increase in oil use, increase in number of full-time equivalent staff which increases commuting estimates, and the inclusion of 'Homeworking' category (based on Welsh Government estimate equation). The 2025-26 data will be submitted in September 2026 and published by Welsh Government after this.

Aspect	2024-25 (tCO_2e)	Variance to 2023/24 (%)	Driver
SCOPE 1			
Natural gas	11,579.66	+5.55	• Increase in cold weather days compared to 23/24 resulting in increased heating
Gas oil	250.43	+87.93	• Refill tanks at Morriston Hospital
Kerosene	49.63	-30.86	• Reduced use
Fleet vehicles	372.45	-0.43	• Reduced fuel used
F-Gas	2,304.51	+971.04	• Increased due to release and refill at Morriston
Anaesthetic gases	2,426.22	-23.66	• Reduced use of all gases, first year of 'Penthrox recorded'
Scope 1 total	16,982.90	+13.65	
SCOPE 2			
Grid electricity	6,450.54	-0.78	• Reduced use –linked with battery storage and expansion of the solar farm
Scope 2 total	6,450.54	-0.78	
SCOPE 3			

Aspect	2024-25 (tCO_2e)	Variance to 2023/24 (%)	Driver
Supply chain	137,170.53	+27.20	• Change to Tier 1 SIC emissions factors by UK Gov
Commuting	5,251.17	+5.28	• Increased number of FTE staff
Homeworking	836.71	NEW	• New category
Business travel	1,004.24	-7.75	• Reduced total milage claimed by staff
Transmission and distribution (grid)	572.21	+1.37	• Linked to electricity use
Water	84.98	-6.07	• Reduced water use
Waste	725.63	-12.22	• Reduction in emissions factors for 6 categories of waste, including highest 'Commercial and Industrial waste' by combustion
Well to tank GHG emissions	5,146.80	+0.79	• Linked with increases in natural gas, gas oil, and commuting
Scope 3 total	150,792.80	+25.14	
Total	**174,225.71**	**+22.74**	

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 the 2025 target was not met across all three scopes, however, there has been success in Scope 1 and 2.

Scope		2018/19* (tCO_2e)	2024/25 (tCO_2e)	Difference (%)
1	Direct emissions from owned or controlled sources incl. natural gas, gas oil, kerosene, fleet, fluorinated gases, and anaesthetic gases	26,123.40	23,433.44	**-10.30**
2	Indirect emissions from the purchase/use of electricity incl. grid electricity			
3	All other indirect emissions (up/downstream) incl. supply	110,063.30	150,792.27	**+37.01**

	chain, commuting, business travel, water, waste, well to tank, and transmission and distribution (grid)			
Total		136,186.70	174,225.71	**+27.93**

*Based on Welsh Government reviewed baseline based on change in footprint

Note: Scope 1 and 2 emissions have reduced despite 3 additional categories to the baseline, including kerosene, F-gas and anaesthetic gases

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.

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 Digital, Data, Research and Innovation Committee receive regular reports setting out key performance and business intelligence information. This is supported by a comprehensive Business Intelligence Team, which provides analysis and oversight to support decision-making and performance management. Together, these arrangements provide assurance over the quality, integrity and use of organisational data. The Health Board also has a Business Intelligence Strategy 2022–25 and is developing a new Business Intelligence delivery model to optimise staff skillsets and improve efficiency across the organisation

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 2025

- **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 Global Internal Audit Standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit Committee and is focused 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, in their role as Accountable Officer, and to 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. Accordingly, the Board is required to integrate the results of internal audit work alongside other sources of assurance when forming its overall assessment of the effectiveness of internal control for the purposes of the Annual Governance Statement.

The overall Head of Internal Audit opinion for 2025–26 is:

Reasonable Assurance		The Board can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

❖ Delivery of the Internal Audit Plan

The Internal Audit Plan has been delivered substantially in accordance with the agreed schedule and any changes required during the year, as approved by the Audit Committee (the 'Committee'). Regular audit progress reports have been submitted to the Committee throughout the year.

While changes to the plan were required during the year, we can confirm that sufficient audit work has been undertaken to support the provision of an overall annual opinion, in line with the requirements of the Global Internal Audit Standards.

The Internal Audit Plan for 2025-26 was initially presented to the Committee in March 2025. Any subsequent changes to the plan were reported to, and approved by, the Audit Committee as part of our routine progress reporting.

As in previous years, audit work undertaken at NHS Wales Shared Services Partnership (NWSSP), Digital Health & Care Wales (DHCW), and the NHS Wales Joint Commissioning Committee (JCC), has contributed to,

and supports, the overall internal audit opinion for NHS Wales health bodies.

Our most recent External Quality Assessment (EQA), conducted by the Chartered Institute of Public Finance and Accountancy (CIPFA) in March 2023 and reported in April 2023, concluded that the service 'Fully Conforms' with professional standards. In addition, our annual Quality Assurance and Improvement Programme (QAIP) confirmed that internal audit activity continues to 'generally conform' to the requirements of the Global Internal Audit Standards (GIAS) during 2025/26. On this basis, we can state that the service 'conforms to the Institute of Internal Auditors' professional standards and to GIAS.'

- **Summary of Audit Assignments**

This section summarises the outcomes from internal audit work undertaken during the year. Audit coverage agreed with management was deliberately focused on areas of highest strategic and operational risk. As a result, individual reviews may identify control weaknesses which, due to the risk-based nature of the plan, have the potential to influence the overall assurance opinion.

Overall, Internal Audit is able to provide assurance to the Board that arrangements to support effective governance, risk management, and internal control are suitably designed and operating effectively in those areas where Substantial or Reasonable assurance has been provided.

Where Limited or Unsatisfactory Assurance opinions have been issued, management is aware of the specific issues identified and has agreed appropriate action plans to strengthen controls. These planned improvements should be referenced within the Annual Governance Statement where appropriate.

In addition to the formal assurance reviews, advisory and non-opinion work has also been undertaken during the year and has informed the Head of Internal Audit's overall opinion. The audits undertaken during the year, together with their outcomes, are summarised in the table below.

Substantial Assurance	• Digital Benefits Realisation • Management of the Delivery of National Digital Systems
Reasonable Assurance	• Risk Management and Assurance • Budget Setting • Patient Experience • Management of National Reportable Incidents • Controlled Drugs

	• National Safety Standards for Invasive Procedures (NatSSIPs) and Local Safety Standards for Invasive Surgical Procedures (LocSSIPs) (draft) • Access to Primary Care: Community Pharmacy • Theatres Utilisation • Vaccination and Immunisation • Health Records Migration • Staff Retention • Medical Study Leave • Estates Assurance: Asbestos Management • Morriston Hospital Theatre 7 / Burns Intensive Care Unit (post completion review) (draft) • Singleton Hospital PET (positron emission tomography) and CT (computerised tomography) Scanning (draft)
Limited Assurance	• Service Group Governance Arrangements: Morriston • Escalation Status Action • Annual Plan / IMTP Delivery • Urgent and Emergency Care: Delivery Governance • Strategic Equity Plan (deferred from 2024/25)
Unsatisfactory Assurance	None
Advisory/ Non-Opinion	• Hywel Dda University Health Board and Swansea Bay University Health Board Regional Joint Committee (Advisory) • Follow Up of Internal Audit Recommendations (Not-rated)
Work in progress	• Medical Variable Pay • Capital Assurance: Capital Systems - Selection, Appointment and Contractual Arrangements (deferred from 2024/25)

❖ Overall Conclusion

Of the opinions issued during the year, two were allocated Substantial Assurance, fifteen were allocated Reasonable Assurance, and five were Limited Assurance. There were no Unsatisfactory assurance opinions. We have also issued two reports that are either advisory or no-opinion follow up reports. At the time of producing the Annual Report, two audits were still work in progress and the assurance ratings had not yet been

determined. It is anticipated that the majority of this work will be sufficiently progressed to inform the final Annual Report.

In forming the overall opinion, the Head of Internal Audit has considered:

- residual risk exposure in areas receiving Limited Assurance;
- the impact of audits originally planned but not progressed to full reviews following preliminary planning; and
- the cumulative effect of in-year changes to the approved audit plan.

All changes to the plan were reported to, and approved by, the Audit Committee. While the Annual Opinion is necessarily limited to those areas subject to audit review, the potential impact of plan amendments has been considered in determining the overall level of assurance.

Every internal audit review is reported to the Audit Committee. Where Limited Assurance opinions are issued, the relevant Executive Leads are required to attend Committee meetings to explain the findings and present agreed action plans. These reviews are also referred to the relevant Board committee to support ongoing monitoring and improvement.

An audit recommendation tracker in place to monitor the implementation of both internal and external audit recommendations. Progress against this tracker is reported regularly to the Audit Committee. Where recommendations are overdue, the responsible leads are required to attend the Committee to explain the reasons for delay and confirm next steps.

❖ 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, the Health Board has good governance arrangements that enable the Board and its committees to run effectively. High-quality information continues to support scrutiny, and there remains a continued commitment to hearing from patients, service users, and staff. However, we continue to find areas where Board transparency could be further enhanced.*
External support is helping the Board develop and mature, and progress has been made to further strengthen arrangements for managing risk. The Health Board has recently agreed a revised long-term strategy, and work has started to ensure the organisation is set up to for success. But a revised performance management framework is not yet fully in place and audit recommendations are taking time to be addressed.

Of greatest concern however, is the Health Board's financial position. A substantial year-end deficit is forecast for 2025-26 with the Health Board's current savings plan considerably off track. Both the Board and Welsh Government were unable to approve the Health Board's Annual Plan due to the financial position. Additional support from Welsh Government as part of its escalation and intervention arrangements is starting to help. But savings schemes are short term and the ability to control the position in the remaining months of the financial year is a challenge. Without decisive and sustained action, the financial position risks further deterioration".

The Health Board responds to the structured assessment via a formal management response to Audit Wales. The Health Board in its management response committed to improving website content, implementing live streaming of Board meetings, improving visibility of speakers through new camera equipment, and revising the process for publication of Board and Committee papers, supported by staff training. Progress has also included publication of committee meeting dates on the website and changes to align committee and Board timetables to support more timely publication of papers.

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 received the draft accounts in line with the statutory deadline of 2 May 2025. The quality of the draft accounts and working papers was good.

In advance of the statutory deadline of 30 June 2025 I issued an unqualified true and fair opinion, and a qualified regularity opinion. I also issued a substantive report on the accounts. There were no uncorrected misstatements in the accounts. There were no other significant issues to report.

My performance audit work found that the Health Board has good governance arrangements, and the Board is continuing to develop and mature. However, its financial position remains a significant concern. A substantial year-end deficit is forecast and delivery of the savings plan is challenging, with the Health Board still unable to demonstrate financial balance in the short or medium term.

Progress is being made to reduce some of the longest elective waits but there is more to do. Urgent and emergency care performance continues

*to be a concern and is adversely affected by delayed hospital discharges. My audit team made several recommendations to the Health Board which focus on strengthening service planning, management, financial controls, and transformation support, while enhancing operational efficiency and producti*vity to improve patient Care and system sustainability.

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), and I made no recommendations"

❖ Conclusion

As Accountable Officer, I am responsible for maintaining a sound system of governance, risk management and internal control that supports the achievement of the Health Board's objectives, safeguards public funds and assets, and ensures compliance with statutory and regulatory requirements.

Based on the processes outlined within this Annual Governance Statement, I have reviewed the evidence and assurances available in relation to the effectiveness of the system of internal control for the year ended 31 March 2026. This review has been informed by the work of Internal Audit, External Audit, the Health Board's committees, and executive management, alongside routine performance, risk and assurance reporting.

The Health Board has continued to operate in a highly challenging environment during 2025–26, with sustained operational pressures, ongoing escalation arrangements, and significant financial constraints. While these challenges remain similar to those reported in the previous year, there is evidence of improvement in governance arrangements and increased organisational grip, supported by strengthened assurance processes and clearer accountability.

Despite the significant pressures experienced during the year, some stability and progress have been achieved, including de-escalation from enhanced monitoring or targeted intervention in certain areas. This reflects the collective efforts of staff and leaders across the organisation.

Taking all sources of assurance into account, my review has concluded that the Health Board has a generally sound system of internal control that supports the delivery of its policies, aims and objectives. While there are areas requiring continued focus and improvement, appropriate plans are in place and are being actively monitored through the Health Board's governance framework.

Abigail Harris
Chief Executive
Swansea Bay University Health Board

Board and Committee Arrangements

Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

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

BOARD

- Performance and Finance
- Audit
- Remuneration & Terms of Service
- Mental Health and Capacity Act Legislative
  - Hospital Managers Power of Discharge Sub Group
- Charitable Funds
  - Charitable Funds Bids Panel
- Quality & Safety
- Population Health Committee
- Workforce and OD
- Digital, Data, Research & Innovation

Groups Reporting to the Board

- Public Service Boards
- West Glamorgan Regional Partnership Board
- Regional Joint Committee

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

KEY

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

Ref:25-0617

Appendix Two – 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 of roles where they act as ambassadors for these matters.

The following table provides information on committee membership as at 31 March 2026

Independent Members			
Name	**Position**	**Area of Expertise Representation Role**	**Board Committee Membership**
Jan Williams	Chair	N/A	• Health Board (Chair) • Remuneration and Terms of Service Committee (Chair) • Regional Joint Committee (Co-Chair)
Steve Spill	Vice-Chair	Mental Health Primary Care	• Health Board (Vice-Chair) • Mental Health Legislation Committee (Member) • Audit Committee (Member) • Quality and Safety Committee (Member) from Jan 2026 • Charitable Funds Committee (Member) • Remuneration and Terms of Service Committee (Member) • Performance and Finance Committee (Member) • Population Health Committee (Chair)
Anne-Louise Ferguson	Independent Member	Legal	• Health Board (Member)

			• Remuneration and Terms of Service Committee (Member) • Quality and Safety Committee (Member) • Workforce and OD Committee (Member) • Mental Health Legislation Committee (Chair)
Andrew Griffiths	Independent Member	ICT	• Health Board • Audit Committee (Member) • Workforce and OD Committee (Member) • Digital, Data, Research and Innovation Committee (Chair) • Remuneration and Terms of Service Committee (Member)
Keith Lloyd	Independent Member (until December 2025)	University	• Health Board (Member) • Digital, Data, Research and Innovation Committee • Quality and Safety Committee • Remuneration and Terms of Service Committee (Member)
Charlotte Rees	Independent Member (from February 2026)	University	• Health Board (Member) • Digital, Data, Research and Innovation Committee • Remuneration and Terms of Service Committee
Jackie Davies	Independent Member (until August 2025)	Trade Union	• Health Board (Member) • Remuneration and Terms of Service Committee (Member) • Workforce and OD Committee (member) • Mental Health Legislative Committee (Member)

			• Charitable Funds Committee (Member) • Quality and Safety Committee (Member)
Martin Lloyd	Independent Member (from Sept 2025)	Trade Union	• Health Board (Member) • Remuneration and Terms of Service Committee (Member) • Workforce and OD Committee (member) • Mental Health Legislative Committee (Member) • Charitable Funds Committee (Member) • Quality and Safety Committee (Member)
Jean Church	Independent Member	General	• Health Board (Member) • Remuneration and Terms of Service Committee (Member) • Digital, Data Research and Innovation Committee (Member) • Performance and Finance Committee • Quality and Safety Committee (Chair) • Regional Joint Committee (Member)
Nicola Matthews	Independent Member	Local Authority	• Health Board (Member) • Remuneration and Terms of Service Committee (Member) • Charitable Funds Committee (Chair) • Population Health Committee (Vice Chair) • Quality and Safety Committee (Member)
Reena Owen	Independent Member	Community	• Health Board (Member) • Renumeration and Terms of Service Committee (Member) • Performance and Finance Committee (Member)

			• Population Health Committee (Member) • Workforce and OD Committee (Chair)
Nuria Zolle	Independent Member	Third Sector	• Health Board (Member) • Renumeration and Terms of Service Committee (Member) • Audit Committee (Chair) • Digital, Data, Research and Innovation Committee (Member) • Population Health Committee (Member)
Patricia Price	Independent Member	Finance	• Health Board (member) • Renumeration and Terms of Service Committee (Member) • Mental Health Legislation Committee (Member) • Performance and Finance Committee (Chair) • Audit Committee (Member) • Regional Joint Committee (Member)
Cllr. Alun Llewelyn	Associate Board Member (from February 2026)	Deputy Leader, Neath Port Talbot Council	• Health Board (Member)
Pat Dunmore	Associate Board Member	Stakeholder Reference Group	• Health Board (Member)
Helen Annandale	Associate Board Member (from November 2025)	Health Professionals' Forum	• Health Board (Member)
Andrew Jarrett	Associate Board Member (until April 2025)	Social Services	• Health Board (Member)

Andrew Griffiths	Associate Board Member (until October 2025)	Health Professionals' Forum	• Health Board (Member)
Judith Vincent	Associate Board Member (until October 2025)	Health Professionals' Forum	• Health Board (Member)

Executive Directors				
Name	**Position**	**Area of Expertise Representation Role**	**Board Committee Membership**	**Committee Roles**
Abigail Harris	Chief Executive	N/A	• Health Board (Member) • Remuneration and Terms of Service Committee (in attendance)	• NHS Wales Joint Commissioning Committee (NWJCC) (member)
Richard Evans	Executive Medical Director/Deputy Chief Executive	N/A	• Health Board (Member) • Digital Research and Innovation Committee Workforce and OD Committee Committee	

Darren Griffiths	Director of Finance and Performance (until Feb 2026)	N/A	• Health Board (Member) • Audit Committee (In attendance) • Charitable Funds (Lead Director/Member) • Performance and Finance (Lead Director)	
Elizabeth Rix	Director of Nursing	N/A	• Health Board (member) • Quality and Safety Committee • Charitable Funds Committee • Mental Health Legislation Committee • Workforce and OD Committee	
Deb Lewis	Chief Operating Officer/Director of Primary Care and Mental	N/A	• Health Board (member) • Performance and Finance (in attendance) • Mental Health Legislation Committee (in attendance)	

			• Quality and Safety Committee (in attendance)	
Christine Morrell	Director of Allied Health Professions and Health Science	N/A	• Health Board (Member) • Workforce and OD Committee (In Attendance)	
Gill Richardson	Interim Director of Public Health	N/A	• Health Board (Member) • Population Health Committee (in attendance)	
Sarah Jenkins	Interim Director of Workforce and OD (until April 2025)	N/A	• Health Board (Member) • Remuneration and Terms of Service Committee (Lead Director/In attendance) • Workforce, OD and Digital (Lead Director/In attendance)	• NHS Wales Shared Services Partnership Committee (NWSSP) Member
Tina Ricketts	Director of Workforce and OD (from April 2025)	N/A	• Health Board (Member) • Remuneration and Terms of Service Committee (Lead	• NHS Wales Shared Services Partnership Committee (NWSSP) Member

			Director/In attendance) • Workforce, OD and Digital (Lead Director/In attendance)	
Marie Davies	Director of Planning and Partnerships	N/A	• Health Board (Member) • Population Health Committee (in attendance) • Performance and Finance Committee (in attendance)	• Western Bay Partnership Board

Appendix Three – Members' Attendance at Meetings

On occasions where an Executive was unable to attend, a Deputy was sent to ensure representation. Where attendance is not required by a board member at a committee, this is represented by a dash (-)*

The dates of Board and committee meetings held during 2025-26 are available on our website here. 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.

	SBUHB Board	Audit Committee	Charitable Funds Committe	Population Health Committe	Mental Health Legislatio	Performance and Finance	Quality and Safety	Remuneration & Terms of	Workforce and OD Committe	Digital, Data, Research &
	6	**6**	**3**	**4**	**4**	**12**	**6**	**5**	**6**	**5**
Jan Williams, Chair	6		-	-		1	-	2	-	-
Steve Spill, Vice-Chair	6	4	4	4	4	11	2	5	1	-
Jackie Davies, Independent Member (until August 25)	2	-	2	-	1	-	-	1	3	-
Martin Lloyd, Independent member (from Sept 25)	2	-	2	-	1	-	2	2	2	-
Keith Lloyd, Independent Member (until Dec 25)	4	-	-	-	-	-	4	2	-	2
Charlotte Rees (from Feb 26)	1	-	-	-	-	-	-	0	-	1
Anne-Louise Ferguson, Independent Member	6	-	-	-	4	5	4	5	4	-

Nuria Zolle, Independent Member	5	6	-	3	-	-	-	5	-	4
Reena Owen, Independent Member	6	-	-	3	-	11	-	2	6	-
Jean Church, Independent Member	6	-	1	-	-	10	6	4	1	3
Patricia Price, Independent Member	4	6	-	-	4	12	-	4	-	-
Nicola Matthews, Independent Member	6		4	4	-	-	6	3	-	-
Andrew Griffiths, Independent Member	6	5	-	-	-	-	-	2	5	5
Andrew Griffiths, Associate Board Member (until Oct 25)	0	-	-	-	-	-	-	-	-	-
Judith Vincent, Associate Board Member (until Oct 25)	0	-	-	-	-	-	-	-	-	-
Andrew Jarrett, Associate Board Member (until Apr 25)	0	-	-	-	-	-	-	-	-	-
Alun Llewelyn, Associate Board Member (from Feb 26)	1	-	-	-	-	-	-	-	-	-
Pat Dunmore, Associate Board Member (from Apr 25)	6	-	-	-	-	-	-	-	-	-
Helen Annandale, Associate Board Member (from Nov 25)	1	-	-	-	-	-	-	-	-	-

	SBUHB Board	Audit Committee	Charitable Funds Committee	Population Health Committee	Mental Health Legislatio	Performance -and Finance -	Quality and Safety Committee	Remuneration and Terms of	Workforce and OD Committee	Digital, Data, Research &
	6	**6**	**3**	**4**	**4**	**12**	**6**	**5**	**6**	**5**
Abigail Harris, Chief Executive	6	-	-	-	-	-	-	5	-	-
Richard Evans, Executive Medical Director	5	-	-	-	-	-	4	-	6	3
Christine Morrell, Executive Director of Allied Health Professions and Health Science	3	-	-	-	-	-	-	-	1	-
Elizabeth Rix, Executive Director of Nursing	5	-	1	-	2	1	3	-	4	-
Darren Griffiths, Director of Finance and Performance (until Feb 26)	5	5	3	-	-	9	2	-	-	-
Sarah Jenkins, Interim Director of Workforce and OD (until Apr 25)	0	-	-	-	-	-	-	-	2	-
Tina Ricketts, Director of Workforce and OD (from Apr 25)	5	-	-	-	-	-	-	4	6	-
Gill Richardson, Interim Director of Public Health	5	-	-	4	-	1	-	-	-	-
Marie Davies, Director of Planning and Partnerships	6	-	-	0	-	4	-	-	-	-

Deb Lewis, Chief Operating Officer and Director of Primary Care and Mental Health	5	1	-	-	2	9	3	-	-	-
Claire Osmundsen-Little, Interim Director of Finance (from March 26)	1	-	1	-	-	1	-	-	-	-

Appendix Four
Topics Considered by Board and Committees

SBUHB Board
1 May 2025 (Special) • Annual Plan 2025/26 – Financial Plan • Mental Health and Learning Disabilities Report • Maternity and Neonatal Services Update **30 May 2025** • Patient story - Child Suffering Burns • Chief Executive's Report • Chair's Report • Committees 3A Key Issues reports • Corporate Governance Report • Performance report • Finance report • Advisory Groups summary reports • Planning and Partnerships (incl Annual Plan quarterly updates) • Maternity and Neonatal Services Update • Strategic Equality Plan – 'We All Belong' • Research Development and Innovation Bridging Strategy • Dental Services • Staff Survey • Nurse Staffing Levels (Wales) Act 2016 • Performance and Assurance Framework **25 June 2025 (Final Accounts)** • Annual Accounts 2024-25 (approval) • ISA 260 Audit of Financial Statements • Letter of Representation • Head of Internal Audit's Opinion • Annual Report 2024/25 (approval) • Mental Health and Learning Disabilities Report **15 July 2025 (Special)** • Maternity & Neonatal External Review Report **31 July 2025** • Patient story - Health visiting and Flying Start • Chief Executive's Report • Chair's Report • Committees 3A Key Issues reports • Corporate Governance Report • Performance report (incl Unscheduled Care Test of Change)

- Finance report
- Advisory Groups summary reports
- Planning and Partnerships (incl 2024/25 Emergency Planning Resilience and Response Annual Report)
- Risk Report
- Screening Services Report
- Strategic Equality Plan
- Dan Y Deri Development
- General Medical Services
- 5th LINAC Report
- Mental Health Report (inc. assurance assessment from NHS Exec)
- Insourcing of First Outpatient Appointments - South Wales

11 September 2025 (Special)

- Annual Plan - Finance update

25 September 2025

- Patient story - Palliative care
- Chief Executive's Report
- Chair's Report
- Committees 3A Key Issues reports
- Corporate Governance Report
- Performance report
- Finance report
- Advisory Groups summary reports
- Planning and Partnerships (incl Annual Plan quarterly updates)
- Perinatal Services Update
- Service Change Considerations: Gorseinon Hospital
- Winter Plan 2025-26
- Community Pharmacy
- Regional Pathology
- Taith Newydd – Capital Case
- Staff Health & Wellbeing Update - Supporting Managing Attendance at Work

23 October 2025 (Special)

- Healthcare Workers betrayed – Swansea Bay Health Board honour your promise
- Band 2/3 Healthcare Support Workers Report

27 November 2025

- Patient story – Trauma Stabilisation group
- Chief Executive's Report
- Chair's Report
- Committees 3A Key Issues reports
- Corporate Governance Report (incl Review of Standing Orders)

- Performance report
- Finance report
- Advisory Groups summary reports
- Planning and Partnerships (incl Annual Plan quarterly updates)
- Perinatal Services Update (incl Oversight Panel report)
- Risk Report
- Mental Health Transformation Programme (incl Estate/Capital Implications)
- Optometry
- Capital and Estates Update
- Organised for Success Programme Update
- Nurse Staffing Levels (Wales) Act 2016
- Healthcare Inspectorate Wales Annual Report 2024-25
- Public Service Ombudsman Report and Annual Letter

16 December 2025 (Special)

- 2025/26 Plan and Updated Financial Assessment

29 January 2026

- Patient story – Maternity (triage)
- Chief Executive's Report
- Chair's Report
- Committees 3A Key Issues reports
- Corporate Governance Report
- Performance report
- Finance report
- Advisory Groups summary reports
- Planning and Partnerships (incl Annual Plan quarterly updates)
- Perinatal Services Update (incl Improvement Plan)
- Risk Report
- Organised for Success
- Audit Wales' Annual Audit Summary
- SBUHB Structured Assessment 2025

17 February 2026 (Special)

- Regional Cellular Pathology Programme
- Pathology Memorandum of Understanding

26 February 2026 (Special)

- Service Considerations: Gorseinon Hospital

26 March 2026

- Staff story – Managing Ward absence
- Chief Executive's Report
- Chair's Report

- Committees 3A Key Issues reports
- Corporate Governance Report (incl Standing Orders approval)
- Performance report
- Finance report
- Advisory Groups summary reports
- Planning and Partnerships (incl Annual Plan quarterly updates)
- Perinatal Services Update (incl Oversight Panel report)
- Population Health Annual Report
- Annual Plan 2026-27 (approval)
- Mental Health Report: Update on transformation programme
- Education Commissioning Process for 2027-28
- Public Affairs Strategy
- Caswell Clinic – Capital Case

Quality and Safety Committee

April - Workshop

15 May 2025

- Patient Story: Neath Port Talbot Hospital/ Singleton Hospital
- Service Group Highlight Report
- Maternity Gold Command report
- Tackling Diabetes Together progress report
- Stroke Performance Update including the comparative work regarding the ring-fencing of stroke unit beds to the Quality and Safety Committee for an upcoming deep dive
- Death Certification Reform report
- Health and Safety Report
- Maternity Update to include Progress against the actions required in response to the HIW review of maternity services
- Health Board Risk Register
- Quality and Safety Performance report
- Executive Summary of the Quality and Safety of Patient Services Group

3 July 2025

- Committee Self-Assessment
- Quality and Safety Group Executive Summary
- Quality and Safety Performance Report, to include an update on the Endoscopy Performance issues and a report on Clinically Optimised Patients
- External Inspections
- Update on the Perinatal Committee
- Infection, Prevention Control report
- Maternity Gold Command Close Down report

- Health and Safety Report, to include A positioning report on violence and aggression across the organisation
- Health Board Risk Register
- Joint Commissioning Committee Quality Safety and Outcomes Sub-Committee highlight report
- Planned Care report

11 September 2025

- Quality and Safety Group Executive Summary; Including the Duty of Quality Annual Report
- Quality and Safety Performance Report
- Patient Experience update
- Controlled Drugs Governance and Assurance Progress
- Stroke Performance
- Deep Dive report on the Nutrition and Hydration Quality Priority
- Clinical Outcomes and Effectiveness
- Organ Donation Report
- Health and Safety Report
- Health Board Risk Register
- Joint Commissioning Committee Quality Safety and Outcomes Sub-Committee highlight report
- Consider the content of the Welsh Language Annual report and approve it for escalation to the Health Board.

6 November 2026

- Committee Self-Assessment report
- Quality and Safety Group Executive Summary including the Quality Priorities Highlight Report
- Quality and Safety Performance Report including an Update on Falls/ Prevention Deconditioning, Complaints performance reduction and plan to improve performance and Patient Experience and how are poor scoring areas escalated and managed
- Clinically Optimised Patients update
- External Inspections report
- Children Community Nursing report
- Progress against Right Care, Right Person report
- Mental Health Quality and Safety Workstream report
- Gorseinon update
- Infection Prevention Control to include a review on Increase in C diff rates in August and Referral from P&FC – Concern lack of progress
- Board Engagement Visits update
- Health Board Risk Register
- Public Service Ombudsman Annual Letter
- NHS Wales Individual Patient Funding Request Process (IPFR) Policy

- The Audit Committee referred a Limited Assurance report in relation to equality the Quality and Safety Committee; Findings to be discussed in more detail

8 January 2026

- Quality and Safety Group report; October 2025 and November 2025
- Perinatal Committee report
- Mental Health Transformation Programme
- Governance Structure covering the oversight and risk assessment process for Your Next Patient, Bed closure and Clinically Optimised Patients reduction plan
- Patient Story: Primary Care and Community Services
- Health and Safety Deep Dive including Estates and Capital
- Performance and Finance Committee to the Quality and Safety Committee: The decline in 30-day complaint turnaround performance and the escalation process for poor Friends and Family feedback
- Audit Committee to the Quality and Safety Committee: The finding regarding the lack of clinical engagement in the Theatre Quality and Safety Standards framework, together with the associated quality and safety concern of eight never events over two years
- Workforce and OD Committee to the Quality and Safety Committee: Minor Injuries Unit (MIU) report on staff feeling unsafe, security and overall patient safety to the Quality and Safety Committee for oversight and follow-up on patient safety concerns
- Workforce and OD Committee to Quality and Safety Committee: Gorseinon Staffing Update paper, there were concerns raised regarding patient safety and quality care audits following the wards transfer to Singleton Hospital.
- Patient Experience and Concerns Management

5 February 2026

- Committee Self-Assessment
- Tackling Diabetes Together
- Patient Story
- Perinatal Committee Report
- Highlight report: Prevention of Suicide
- Health Board Risk Register
- External Inspections Report
- Terms of Reference
- Quality and Safety Performance Report
- Patient Experience

- Organ Donation Committee 6 Month report
- A review of the 'Your Next Patient' policy in practice
- Audit Committee to the Quality and Safety Committee: The finding regarding the lack of clinical engagement in the Theatre Quality and Safety Standards framework, together with the associated quality and safety concern of eight never events over two years
- Joint Commissioning Committee Quality Safety and Outcomes Sub-Committee highlight report

Workforce and Organisational Development (OD) Committee

10 April 2025

- Workforce Metrics and Key Performance Indicators
- Workforce Recruitment and Retention
- Workforce Delivery Group report
- Medical Workforce Group update report
- Health Board's Workforce Planning
- Staff Story: Neurodiversity in the Workplace
- Supporting Attendance at Work and Reducing Sickness Absence – Mental Health and Learning Disabilities
- A verbal update on actions plans and timescales arising from the 2024 staff survey – Mental Health and Learning Disabilities
- Sickness Action Plan report
- Nursing and midwifery board update report
- Risk Register
- Workforce Improvement Plan for Maternity report
- A PowerPoint Presentation on Therapies & Audiology Workforce Planning
- Management of Professional Concerns report
- A revised action plan and the risks associated with the limited assurance internal audit report on Speaking Up Safely report
- Audit Wales Report on Workforce Challenges

12 June 2025

- Workforce Metrics and key performance indicators to include: An update on progress of the Healthy People Forum
- Workforce Delivery Group report
- Medical Workforce Group update report
- Therapies and Health Science Group report
- Staff Story: Estates

- Supporting attendance at work and reducing sickness absence: Primary, Community and Therapies Services
- An update on actions plans and timescales arising from the 2024 staff survey; Neath Port Talbot/Singleton and Primary, Community and Therapies Service Group
- A verbal update on the review of roster effectiveness and to address: The high levels of staff unavailability & Improving roster management
- Staff influenza vaccine uptake issues report
- Health Education and Improvement Wales Review, job planning, recruitment and performance in Obstetrics and Gynaecology
- Medical Workforce Efficiencies report
- The process for supporting overseas nurses report

1 July 2025 (Special)

- Health Care Support Workers - Band 2/3 Banding Issues report

14 August 2025

- Workforce Metrics and key performance indicators to include: PADR Compliance
- Workforce Delivery Group report
- Medical Workforce Group update report
- Therapies and Health Science Group report
- Workforce Recruitment and Retention to include: The retire and return position statement
- Staff Story: Internationally Recruited Nurse
- Service Group Assurance report on Sickness Absence Management including quantifiable benefits and the impact of a dedicated sickness absence management post: Morriston Service Group
- An update on actions plans and timescales arising from the 2024 staff survey; Morriston Service Group
- Speaking Up Safely and the Guardian Service End of Year report
- Job planning progress report
- Workforce and OD Risk Register and the Board Assurance Framework
- Staff health and wellbeing update report
- Human Resource Policy Compliance review including audits of key processes and overpayment/debt recovery procedures
- Leadership and management development report
- Revised Committee Work Programme

2 October 2025

- Medical Workforce Group report
- Therapies and Health Science Group report
- Director of Workforce and OD report
- Health Board strategic workforce plan overview and progress updates report
- Sickness absence action plan for Primary, Community and Therapies Services
- Strategic Risk Register
- Variable Pay Plan overview and progress report
- Effective Rostering of Nursing Workforce
- HEIW Quality Assurance Report and Action Plan for General Internal Medicine (GIM) and Gastroenterology
- Maternity staffing; Management of Sickness Absence update report
- Workforce Delivery Group report – terms of reference
- Risk Register
- Update on training provided to staff on Infection Control
- Workforce risks and issues affecting the Neath Port Talbot/Singleton Service Group overview report
- People Strategy report
- Digitally Ready Workforce
- Theatre Performance and Sickness Management

11 December 2025

- Therapies and Health Science Group report
- Nursing and Midwifery Board report
- Director of Workforce and OD Report
- Health Board strategic workforce plan overview and progress updates report
- Staff Story: Minor Injury Unit (MIU)
- Overview report of workforce risks and issues affecting the Mental Health and Learning Disabilities
- Strategic Risk Register including a referral from Audit Committee – Operational Risk: Workforce Shortages
- Variable Pay Plan overview and progress report
- Staff vaccination rates
- HEIW visit report for Obstetrics and Gynaecology report
- Annual Nurse Staffing Levels (Wales) Act 2016 report
- Gorseinon Staffing Issues update

23 February 2026

- Therapies and Health Science Group report
- Medical Workforce Group report
- Director of Workforce and OD Report
- Health Board strategic workforce plan overview and progress updates report
- Variable, pay plan overview and progress updates
- Staff Story: Community Nursing
- Overview report of workforce risks and issues affecting the Primary, Community and Therapies Service Group
- Strategic Risk Register
- People Strategy Progress
- Organise for Success progress update
- Digitally ready workforce report
- Speaking Up Safely
- Corporate Workforce and OD Risk Register
- Maternity staffing update
- A consultant job planning report, including an update on actions to address limited assurance audit report
- Committee Terms of Reference
- Committee Self-Assessment

Population Health and Partnership Committee

5 June 2025

- Risk Register
- Staff Flu Vaccination update report
- Flu Vaccination for the population
- Public Health approach to Primary Care
- Staff Story: Partnership working with trusted community voices
- Internal audit reports: Response to limited assurance report on Public Health Strategy
- Screening Uptake in Swansea Bay
- Earthing the Population Health Strategy drivers for change report

9 September 2025

- Service Delivery Group (SDG) – Population Health Indicators
- Staff Story: Developing the Maternity Dashboard
- Partnership work – summary of key points report
- Cancer mortality PowerPoint
- Performance of the implementation of the Vaccine Equity Plan (VEP) report
- All-Wales Diabetes Prevention Programme report

- Food in hospitals
- Pharmacy paper in preparation for 25 September Board
- Botulinum toxin in cosmetic BoTox
- Measles briefing UKHSA 25 July report
- Child Consumption Risks: Glycerol in Slushies report

4 December 2025

- Service Delivery Group – Population Health Indicators
- Annual Health Protection Partnership Plan
- Regional Whole Systems Approach to healthy weight – progress update
- Internal audit report on the vaccine equity strategy
- Wider Partnership Update (PSBs, RPB, APB) report
- Committee Terms of Reference
- Clinical Services Plan report
- Lung cancer screening report
- Inequalities in premature mortality from cardiovascular disease report
- Smoking cessation and service fragility
- Child Measurement Programme Wales update report
- Hepatitis B and C elimination plan
- SBUHB return on Minimum Alcohol Pricing Consultation
- Public Health Wales Briefing: Counterfeit Rabies Vaccine in India
- Supplementary Service for People living with severe frailty in their own homes

3 March 2026

- Early evaluation of the impact of maternal RSV vaccinations on infant respiratory hospitalisations and associated costs
- State of Population report
- Director of Public Health Annual report
- Designed to Smile Scheme
- Public health strategy update
- Verbal update on the Diabetes Prevention Programme (DPP)
- Public Health Function: Resourcing, Funding Stability, and Long-Term Viability
- Committee self-assessment
- Risk register

- Public Health Wales Briefing: Recent increases in Measles cases in England (including in regions bordering Wales), and other countries

Performance and Finance Committee

29 April 2025

- Month Twelve Financial Position
- Recovery and Sustainability Update
- Escalation and Oversight Report and Integrated Performance Report (IPR) – Month Twelve
- Risk Register (including Unscheduled Care key actions)
- Service Group Financial Position PowerPoint Presentation – Primary, Community and Therapies
- Discharge Planning Internal Audit Report
- Speech and Language Therapy Performance
- Capital and Estates Task and Finish Group – Update Minutes

27 May 2025

- Month One Financial Position
- Recovery and Sustainability Update
- Escalation and Oversight Report and Integrated Performance Report (IPR) – Month One
- Month One Financial Monitoring Return
- Performance and Assurance Framework Report
- Stroke Performance
- Clinically Optimised Patients Performance
- Quarter Four Continuing Healthcare Performance Report
- Quarter Four Annual Plan 2024/25
- Estates Update Report
- Quarterly Estates Strategy Report (including Cefn Coed Hospital location and decision)

24 June 2025

- Month Two Financial Position
- Recovery and Sustainability Update
- Escalation and Oversight Report and Integrated Performance Report (IPR) – Month Two
- Month Two Financial Monitoring Return
- Service Group Financial Position – Mental Health and Learning Disabilities

- Capital Resource Plan Report
- Dan y Deri Development Report
- Update on Demand and Capacity Modelling Outputs
- JCC Planning, Performance and Finance Sub-Committee Highlight Report

29 July 2025

- Month Three Financial Position
- Recovery and Sustainability Update
- Escalation Report and Integrated Performance Report – Month Three
- Risk Register
- Month Three Financial Monitoring Return
- Service Group Financial Position – Morriston Hospital
- Procurement Savings 2025 (SBUHB)
- Planned External Commissioning of:
- Insourcing Outpatient Activity
- Mobile Endoscopy Service
- Insourcing/Outsourcing Surgical and Diagnostic Activity
- Contract for Atrial Fibrillation Ablation (Cryoablation)
- Stroke Performance Update (including allocation, usage, and impact of funding)
- Medicines Management Performance Update
- Auditor General Report – Cancer Services in Wales
- Audit Wales Report – Urgent and Emergency Care and Hospital Flow
- Urgent and Emergency Care Report (D2RA impact, Navigation Hub, consultant model, Anglesey Ward test of change)
- Centralisation of Continuing Healthcare Update and Transformation Programme

26 August 2025

- Month Four Financial Position
- Recovery and Sustainability Update
- Escalation Report and Integrated Performance Report – Month Four
- Month Four Financial Monitoring Return
- Service Group Financial Position – Neath Port Talbot and Singleton
- Neurodevelopment Update (including Theatre Performance)
- Quarter One Continuing Healthcare Performance Report
- Acute Medical Services Redesign (AMSR) Report

- Limited Assurance Report – Business Continuity
- Neath Port Talbot PFI Report
- Contract Management
- Audit Wales Report – Planned Care and Organisational Response

8 September 2025 (Special)

- Update on the Health Board's Financial and Savings Plan

23 September 2025

- Month Five Financial Position
- Recovery and Sustainability Update
- Escalation Report and Integrated Performance Report – Month Five
- Month Five Financial Monitoring Return
- Service Group Financial Position – Primary, Community and Therapies (including Ty Olwen sickness absence and staffing)
- Taith Newydd Capital Case
- Cancer Care Performance
- Theatre Efficiency
- Endoscopy Performance
- Plans to Improve Out-of-Hours Provision in Urgent and Emergency Care

28 October 2025

- Month Six Financial Position
- Recovery and Sustainability Update
- Escalation Report and Integrated Performance Report – Month Six
- Risk Register
- Month Six Financial Monitoring Return
- Service Group Financial Position – Mental Health and Learning Disabilities
- Capital Resource Plan
- Getting It Right First Time (GIRFT) Review – Morriston Hospital
- Operational Estates Update Report

25 November 2025

- Month Seven Financial Position
- Recovery and Sustainability Update
- Escalation Report and Integrated Performance Report – Month Seven
- Month Seven Financial Monitoring Return

- Service Group Financial Position – Morriston
- Urgent and Emergency Care and Clinically Optimised Patients Update
- Quarter Two Continuing Healthcare Performance Report
- Centralisation of the CHC Commissioning Function

16 December 2025

- Month Eight Financial Position
- Recovery and Sustainability Update
- Escalation Report and Integrated Performance Report – Month Eight
- Service Group Financial Position – Neath Port Talbot and Singleton
- Cancer Care
- Mobile Endoscopy Unit
- Stroke Performance

27 January 2026

- Month Nine Financial Position
- Recovery and Sustainability Update
- Escalation Report and Integrated Performance Report – Month Nine
- Risk Register
- Month Nine Financial Monitoring Return
- Service Group Financial Position – Primary, Community and Therapies
- Theatre Performance
- Population Health Briefing
- Capital Resource Plan
- Capital and Estates Taskforce – Key Issues Report
- Committee Self-Assessment Report

24 February 2026

- Month Ten Financial Position
- Recovery and Sustainability Update
- Escalation Report and Integrated Performance Report – Month Ten
- Month ten Financial Monitoring Return
- Service Group Financial Position – Mental Health and Learning Disabilities
- Planned Care
- Draft 2026-27 Capital Resource Plan
- Women's health hub update

- Quarter three continuing healthcare performance report
- Medicine Management report
- Committee Terms of Reference
- NHS performance framework for 2026-27

24 March 2026

- Month Eleven Financial Position
- Recovery and Sustainability Update
- Escalation Report and Integrated Performance Report – Month Eleven
- Month eleven Financial Monitoring Return
- Service Group Financial Position – Morriston Hospital
- Cancer Care
- Caswell Seclusion Suite Business Case
- Draft financial plan
- Draft 2026/27 Annual Plan
- Implementation of Direct Payments for Continuing Healthcare

Mental Health Legislation Committee

6 May 2025

- Mental Health Act Monitoring Report to include Care and treatment plans
- To receive the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLs) Monitoring Report to include; An update on Court of Protection Cases
- Mental Health Measure Monitoring Report
- Additional Learning Needs Act; Update against Action Plan (Internal Audit)
- Demo of the Mental Health Dashboard

5 August 2025

- Mental Health Act Monitoring Report to include Care and treatment plans
- Mental Capacity Act and Deprivation of Liberty Safeguards Monitoring Report
- Mental Health Measure Monitoring Report
- Committee Effectiveness Self-Assessment

4 November 2025

- Mental Health Act Monitoring Report
- Mental Capacity Act and Deprivation of Liberty Safeguards Monitoring Report

- Mental Health Measure Monitoring Report
- Additional Learning Needs Act: update against Action Plan (Internal Audit)

3 February 2026

- Committee Terms of Reference
- Committee Self-Assessment
- Mental Health Act Monitoring Report
- Mental Capacity Act and Deprivation of Liberty Safeguards Monitoring Report
- Additional Learning Needs Act; Update against Action Plan (Internal Audit)
- Health Inspectorate Wales (HIW) Mental Health Annual Report

Audit Committee

21 May 2025 (Part 1)

- Finance update
- Draft Annual Accounts
- Draft Remuneration and Staff report
- Draft Annual Report 2024-25
- Losses and Special payments
- NHS Wales Shared Services Partnership (NWSSP) Procurement single tender actions and quotations
- Analytical Review

22 May 2025 (Part 2)

- Health Board Risk Report
- Partnership Governance report
- Verbal update on Crisis Planning and Business Continuity to include Proposed Reporting Arrangements for EPRR
- South Wales Trauma Network Annual Report 2024/25
- Internal audit progress and Individual audit reports
- Draft Head of Internal Audit Opinion & Annual Report 2024/25
- Audit Wales performance and progress reports including; Urgent and Emergency Care; Flow out of Hospital and Discharge Planning and 'No time to Lose'
- Auditor General Report on Cancer Services in Wales
- Counter Fraud progress report

25 June 2025 (Approval of Accounts)

- Final Annual Accounts
- ISA 260 Audit of Financial Statements
- Letter of Representation

- Final Annual report, including Remuneration report

17 July 2025

- Strategic and Corporate Risk Registers
- Audit Tracker and Status of Recommendations
- Board Effectiveness Action Plan
- Committee Self-Assessment Report
- Internal Audit Progress and Individual Audit Reports
- Audit Wales Progress and Performance reports
- Finalised Planned Care Report
- Finance update
- Post Payment Verification End of Year Report
- Value for Money /Recovery and Sustainability Update
- Counter Fraud Progress Report
- Counter Fraud Steering Group Highlight Report

16 September 2025

- Risk Management Report
- Declarations of Interest and Hospitality register
- Standing Orders
- Audit Tracker and Status of Recommendations
- Partnership and Governance report
- Speaking up Safely Management response
- Internal Audit Progress and Individual Audit Reports
- Audit Wales Progress and Performance reports
- Performance and Progress Reports
- Annual report
- Finance update
- Loses and Special Payments
- Financial Control Procedure 15 (FCP 15)
- Counter Fraud Progress Report

20 November 2025

- Strategic Risk Report
- Audit (Internal and Audit Wales) Management Protocol
- Corporate Governance Policies Update, Claims Management Policy and Standards of Business Conduct Policy
- Internal Audit Progress and Individual Audit Reports
- Audit Wales Progress and Performance reports
- Structured Assessment Report
- Audit Wales Unscheduled Care Report
- Audit Wales National Fraud Initiative (NFI) Briefing
- Finance Update
- Financial Control Procedure
- Value for Money / Recovery and Sustainability
- Procurement Report

- Counter Fraud Progress Report
- Emergency Medical Retrieval and Transfer Service (EMRTS) Annual Report
- Spinal Services Operational Delivery Network (ODN) Annual Report

15 January 2026

- Strategic Risk Report
- Audit tracker and Status Recommendations
- Partnership Governance Tracker
- Internal Audit Progress and Individual Audit Reports
- Audit Wales Progress and Performance reports
- Structured Assessment 2025
- Finance Update
- Annual Accounts Update and Closure Plan 2025/26
- Neonatal Annual Report

12 March 2026

- Strategic Risk Report
- Full Standing Order Review
- Compliance with Governance Code
- Review and approve the 2026/27 Internal Audit Plan
- Progress reports
- Risk Management and Assurance
- Budget Setting
- Internal Audit Progress and Individual Audit Reports
- Audit Wales Progress and Performance reports
- Quality Governance follow up report
- Final Management Response
- Audit Plan
- Annual Accounts update
- NHS Wales Shared Services Partnership: Procurement Single Tender Actions and Quotations
- Write Off a Bad Debt
- Update on Value for Money / Recovery and Sustainability
- Counter Fraud update

Charitable Funds Committee

15 April 2025

- Investment manager update
- Charity Strategy
- Charitable Funds Finance update
- Financial Control Procedure Report
- Report on Unrealised Gains
- To ratify a New Charitable Fund and Reopen a Closed Fund

- Charity Team Update
- Committee Terms of Reference
- Committee Self-Assessment Report
- Advancing Radiotherapy Cymru (ARC) Academy

19 June 2025

- Investment Manager Update (including investment portfolio)
- Charitable Funds Finance update
- Ratify a New Charitable Fund and Reopen a Closed Fund
- Charity Team Update
- Financial plan, including the top-slicing discussion and alignment with the Charity Strategy
- Staff employed by charitable funds report

16 October 2025

- Staff/patient story: Cwtsh Clos Appeal – transformation and benefit
- Charity Team Update
- Investment manager update
- Charitable Funds Finance update
- Ratify New Charitable Funds and Reopen a Closed Fund
- Unrealised gains report
- Ratify the investment strategy report
- Committee Self-Assessment report
- Terms of Reference
- Christmas Festivities at Glanrhyd Hospital report

13 January 2026 (Approval of Accounts)

- Audit Wales Audit Plan 2025
- Approve the 2024–25 Annual Accounts
- Charity Annual Report 2024–25
- Approve the Audit Wales ISA260 Report
- Committee Terms of Reference

16 January 2026 (Trustees)

- Audit Wales Audit Plan 2025
- Approve the 2025–26 Annual Accounts
- Charity Annual Report 2024–25
- Approve the Audit Wales ISA260 Report
- Committee Terms of Reference

17 March 2026

- Staff/patient story: Why Cwtsh Natur is important for Childrens Mental Health' – Story from Breiallen
- Charity Team Update
- Investment manager update
- Charitable Funds Finance update
- Approve an agreement in Principle for NHSCT Membership
- Ratify two new charitable funds
- Review and approve legacy plans over £30k
- Staff funding costs out of Charitable Funds
- Expenditure bid (~£52k) with income received
- Credit card policy

Digital, Data, Research and Innovation Committee

13 May 2025

- Financial Management report
- Clinical Coding report
- Records Management: Renewal of Policies, Subject Access Risk and Non-Acute Records report
- Operating Performance report
- Key Issues report from the Information Governance Group
- Business Intelligence and Analytics report including: The progress of developing data literacy across the organisation
- Digital Strategy update
- Integrated Medium-Term Plan (IMTP) progress update
- Self-Assessment against the NHS Wales Research and Development framework
- Approve the Work Programme for 2025/2026
- Committee Effectiveness Self-Assessment

10 July 2025

- Committee Risk Register
- Business Intelligence report
- Financial Management report
- Digitisation of Eye Care Services report
- Clinical Coding and Digital Maternity update
- Records Management report and Subject Access Request
- Research and Development (R&D) Annual Report 2024/25

- Operating Performance report
- Business Intelligence and Analytics update, including: The digital intelligence strategic plan
- Digital Strategy and Plan update
- Information Governance & Cyber Security Assurance Group (IGCAG) report
- Work Programme for 2025-2026

18 September 2025 – Cancelled

2 October 2025 – Briefing Session

13 November 2025

- Committee Risk Register
- Financial Management Report
- Information Governance and Cyber Assurance Group (IGCAG) update
- Research and Development Governance Group Report including regional arrangements
- NHS Wales App plan update
- Operational Performance update
- Business Intelligence and Analytics update including Dashboards, Usage Statistics
- Digital Strategy and Plan update
- Work- programme for 2025/26

22 January 2026

- Committee Risk Register
- Financial Management Report
- Research and Development Activity Report
- Exploring Digital Ageism
- Voluntary Scheme for Branded Medicines Pricing and Access (VPAG) update
- Operational Performance update
- Business Intelligence and Analytics
- Clinical Coding Report
- Governance Approach to Artificial Intelligence (AI)
- Digital Strategy and Plan update: Focus on Quarter 4 Challenge, Risk Mitigation
- Update against the Integrated Medium-Term Plan (IMTP) Digital Planning 26/27
- A Digitally Ready Workforce
- Work- programme for 2025/26

5 March 2026

- Digital Frailty Screening

- Regional Oncology Review
- Committee Risk Register
- Information Governance & Cyber Security Assurance Group (IGCAG) report
- Research and Development Governance Group Report
- Health and Care Research Wales (HCRW) Self-Assessment Submission
- Operational Performance update
- Business Intelligence and Analytics
- Clinical Coding Report
- Digital delivery against the digital plan for 25/26 and digital strategy
- Update against the Integrated Medium-Term Plan (IMTP) Digital Planning 26/27

Appendix 5

Ministerial Directions

WHC Number and Title	Date Received	Month Reported to Board
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
WHC (2025)010 Arrangements for the prescribing of antiviral and neutralising monoclonal antibody treatments for COVID-19.	11.04.2025	May 2025
WHC (2025)011 Information Governance / Information Technology	11.04.2025	May 2025
WHC (2025)004 NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2025/26	15.04.2025	May 2025
WHC (2025) 016 Update on NHS Wales vaccination programme against respiratory syncytial virus (RSV)	06.05.2025	May 2025
WHC (2025) 006 Recording of Mental Health Outcome Measures	06.05.2025	May 2025
WHC (2025) 017 Tranexamic Acid use: Recommendation 7a of the Infected Blood Inquiry (IBI)	06.05.2025	May 2025
WHC (2025) 018 Tirzepatide (Monjouro®) for the management of obesity and overweight	09.05.2025	May 2025
WHC (2025) 019	12.05.2025	May 2025

Changes to the routine childhood vaccination schedule and to the selective hepatitis B vaccination programme from 01 July 2025		
WHC (2025)012 Interim Amendments to the Model Standing Financial Instructions Chapter 11 for Local Health Boards and NHS Trusts in Wales, and Chapter 12 for Health Education and Improvement Wales (HEIW) and Digital Health and Care Wales (DHCW)	29.05.25	July 2025
WHC (2025) 021 Introduction of routine vaccination programmes for the prevention of mpox and gonorrhoea	03.06.2025	July 2025
WHC (2025) 020 The National Influenza Immunisation Programme 2025-26	09.06.2025	July 2025
WHC (2025) 023 PPE stockpile volumes in Wales	13.06.2025	July 2025
WHC (2025) 008 Introduction of a National Mandatory Licensing Scheme for Special Procedures in Wales	26.06.2025	July 2025
WHC (2025) 006 Recording of Mental Health Outcome Measures	27.06.2025	July 2025
WHC (2025) 022 The National COVID-19 Vaccination Programme Autumn 2025	26.06.25	July 2025
WHC (2025)028 - Expansion of the shingles immunisation programme for severely immunosuppressed individuals aged 18-49	11.07.25	July 2025
WHC (2025)029 - Introduction of Nirsevimab passive immunisation against Respiratory Syncytial Virus (RSV) in at risk infants for upcoming 2025/26 RSV Season	15.07.25	July 2025
WHC (2025) 027 Changes to supply of Gluten Free Foods in Wales; All-Wales Gluten Free Subsidy Card Scheme	17.07.2025	July 2025

WHC/2025/026 The safe and responsible adoption of ambient voice technologies ('AI Scribes') in clinical and practice settings	04.08.2025	September 2025
WHC/024/032 Respiratory Syncytial Virus (RSV) 2025: Amendment to	18.08.2025	September 2025
The National Supplementary Service Specification for the Childhood Vaccination Programme 2025 - 2026	28.08.2025	September 2025
WHC/2025/038 All-Wales NHS Accessible Communication and Information Standards	22.08.2025	November 2025
WHC/2025/037 Infected Blood Inquiry: Implementation of Recommendation 7e: Implementing SHOT reports	25.09.2025	November 2025
WHC/2025/034 Phase 1 Planned Care Referrals DSCN	25.09.2025	November 2025
WHC/2025/031 3Ps Waiting Well single point of contact (SPOC) activity and outcomes data reporting	26.09.2025	November 2025
WHC/2025/051 Safety netting discharge leaflets for adults and children	09.12.2025	January 2026
WHC/2025/053 Expansion of RSV Vaccine Eligibility to Adults aged 80+	03.02.2026	March 2026
WHC/2026/02 – Planned Care Activity DSCN	04.03.2026	March 2026
WHC/2026/008 - NHS Research and Development Finance Policy 2026	12.03.2026	March 2026

Staff and Remuneration Report 2025-26

❖ 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 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

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 2025/26 there was a 3.25%% consolidated pay award for Executive Directors and very senior managers, and 3.6% for A4C pay award agreed nationally for NHS staff. Medical and Dental staff were awarded a 4% pay award for 2025/26. The pay award for Executive Directors and very senior managers was not notified until Feb 26. As a result, the real increases in pension values during the financial year are likely to be higher than reported in the tables in this report, as the estimates would have been submitted to the Pensions Agency prior to any backdating of pay uplifts occurred.

There was a late uplift for NHS Wales Public Appointees at board level of between 4.7 and 4.9%. As this was notified in April 2026, relevant costs have been accrued within the Annual Accounts statements, but are not due to be paid until financial year 2026/27. This adjusting Post balance sheet event has been disclosed in Note 29, Post Balance sheet events within the Annual Accounts for 2025/26.

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 2025/26, the only uplift recommended was a pay uplift of 3.25%.

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 2025/26 and 2024/25 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 tables below (Tables A & B) reflect new appointments and leavers during the financial years 2025/26 and 2024/25. 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[4] 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.

Table A – Single Remuneration Report 2025-26:

Names	Titles	2025/26						
		FTE	FTE Salary £5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
J Williams	Chair from Jun 24			65-70	0	0	0	**65-70**

[4] excluding increases due to inflation or any increase or decrease due to a transfer of pension rights

Names	Titles	2025/26						
		FTE	FTE Salary £5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
S Spill	Vice Chair			55-60	0	0	0	**55-60**
A Harris	Chief Executive from end Oct 24	1.00	235-240	235-240	0	0	402.5-405	**640-645**
R Evans	Interim Chief Executive from Sep 23 to end Oct 24, Medical Director and Deputy Chief Executive from Nov 24	1.00	220-225	220-225	0	0	2.5-5	**225-230**

Names	Titles	2025/26						
		FTE	FTE Salary £5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
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. Leaver Feb 26	1.00	135-140	135-140	0	500	0*	**135-140**
C Osmundsen-Little	Interim Director of Finance from March 26	1.00	5-10	5-10	0	0	52.5-55	**60-65**

Names	Titles	2025/26						
		FTE	FTE Salary £5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
E Rix	Director of Nursing and Patient Experience	1.00	155-160	155-160	0	200	37.5-40	**195-200**
C Morrell	Director of Allied Health Professionals and Health Science	0.80	140-145	110-115	0	0	0	**110-115**
T Ricketts	Director of Workforce and OD from May 25	1.00	145-150	145-150	0	0	0*	145-150
G Richardson	Acting Director of Public Health from Apr 25	1.00	90-95	90-95	0	0	20-22.5	110-115

Names	Titles	2025/26						
		FTE	FTE Salary £5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
D Lewis	COO & Executive Director of Primary Care & Mental Health from	1.00	150-155	150-155	0	200	27.5-30	**180-185**
M Davies	Director of Planning & Partnerships from Feb 25	1.00	135-140	135-140	0	400	0*	**135-140**
S Jenkins	Interim Director of Workforce & OD to end	1.00	10-15	10-15	0	0	42.5-45	**55-60**
H Lloyd	Director of Corporate Governance / Board Secretary	1.00	115-120	115-120	0	0	45-47.5	**160-165**

Names	Titles	2025/26						
		FTE	FTE Salary £5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
P Price	Independent Member			15-20	0	0	0	**15-20**
R Owen	Independent Member			15-20	0	0	0	**15-20**
N Zolle	Independent Member			15-20	0	0	0	**15-20**
N Matthews	Independent Member			15-20	0	0	0	**15-20**
A Ferguson	Independent Member			15-20	0	0	0	**15-20**
J Church	Independent Member			15-20	0	0	0	**15-20**
A Griffiths	Independent Member			15-20	0	0	0	**15-20**

Names	Titles	2025/26						
		FTE	FTE Salary £5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
K Lloyd	Independent Member to Dec 25			0	0	0	0	**0**
C Rees-Sidhu	Independent Member from Feb 26			0	0	0	0	**0**
J Davies	Non Officer Member to Aug 25			0	0	0	0	**0**
M Lloyd	Non Officer Member from Sep 25			0	0	0	0	**0**
A Jarrett	Associate Board Member stood down Apr 25			0	0	0	0	**0**

Names	Titles	2025/26						
		FTE	FTE Salary £5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
J Vincent	Associate Board Member stood down Oct 25			0	0	0	0	**0**
A Llewellyn	Associate Board Member from Feb 26			0	0	0	0	**0**
P Dunmore	Associate Board Member from Apr 25			0	0	0	0	**0**
H Annandale	Associate Board Member from Nov 25			0	0	0	0	**0**

Names	Titles	2025/26						
		FTE	FTE Salary £5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
A Griffiths	Associate Board Member stood down Oct 25			0	0	0	0	**0**

Table B – Single Remuneration Report 2024-25

Names	Titles	2024/25						
		FTE	FTE Salary (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
E Woollett	Chair to end May 24			10-15	0	0	0	**10-15**
J Williams	Chair from Jun 24			55-60	0	0	0	**55-60**
S Spill	Vice Chair			55-60	0	0	0	**55-60**
A Harris	Chief Executive from end Oct 24	1.00	95-100	95-100	0	0	277.5-280	**375-380**
R Evans	Interim Chief Executive from Sep 23 to end	1.00	220-225	220-225	0	0	107.5-110	**330-335**

Names	Titles	2024/25						
		FTE	FTE Salary (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
	Oct 24, Medical Director and Deputy Chief Executive from Nov 24							
D Griffiths	Director of Finance and Performance and Acting Deputy Chief Executive from Sep 23 to end	1.00	160-165	160-165	0	400	90-92.5	**250-255**

Names	Titles	2024/25						
		FTE	FTE Salary (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
	Oct 24, Director of Finance and Performance from Nov 24.							
A Mehta	Interim Medical Director from Sep 23 to end Oct 24, Deputy Medical Director from Nov 24 – part year salary	1.00	110-115	110-115	0	100	65-67.5	**175-180**

Names	Titles	2024/25						
		FTE	FTE Salary (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
	costs included							
R Krishnan	Interim Medical Director from Sep 23 to end Oct 24, Deputy Medical Director from Nov 24 – part year salary costs included..	1.00	105-110	105-110	0	0	0*	**105-110**

Names	Titles	2024/25						
		FTE	FTE Salary (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
G Howells	Director of Nursing (seconded from WG) to Aug 24	1.00	25-30	25-30	0	0	0	**25-30**
H Powell	Interim Director of Nursing & Patient Experience from Sep 24 (cost reflects part year salary and full year pension	1.00	90-95	90-95	0	0	427.5-430	**520-525**

Names	Titles	2024/25						
		FTE	FTE Salary (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
C Morrell	Director of Allied Health Professionals and Health Science	0.80	135-140	110-115	0	0	0	**110-115**
S Jenkins	Interim Director of Workforce & OD	1.00	140-145	140-145	0	0	250-252.5	**390-395**
J Davies	Interim Director of Public Health from Apr	0.80	135-140	115-120	0	0	207.5-210	**325-330**

Names	Titles	2024/25						
		FTE	FTE Salary (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
N Vaughan	Interim Director of Strategy to Feb 25 (salary to 17th Feb	1.00	95-100	95-100	0	0	0	**95-100**
D Lewis	COO & Executive Director of Primary Care & Mental	1.00	155-160	155-160	0	0	100-102.5	**255-260**
M Davies	Director of Planning & Partnershi	1.00	20-25	20-25	0	0	297.5-300	**320-325**
H Lloyd	Director of Corporate Governan	1.00	110-115	110-115	0	0	65-67.5	**175-180**

Names	Titles	2024/25						
		FTE	FTE Salary (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
	ce / Board Secretary							
P Price	Independent Member			15-20	0	0	0	**15-20**
T Crick	Independent Member to Oct 24			5-10	0	0	0	**5-10**
R Owen	Independent Member			15-20	0	0	0	**15-20**
N Zolle	Independent Member			15-20	0	0	0	**15-20**

Names	Titles	2024/25						
		FTE	FTE Salary (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
N Matthews	Independent Member			15-20	0	0	0	**15-20**
A Ferguson	Independent Member			15-20	0	0	0	**15-20**
J Church	Independent Member			15-20	0	0	0	**15-20**
A Griffiths	Independent Member from Jan 25			1-5	0	0	0	**1-5**
K Lloyd	Independent Member			0	0	0	0	**0**

Names	Titles	2024/25						
		FTE	FTE Salary (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (£2.5k Bands)	Total (£5k Bands)
			£000	£000	£000	£	£000	£000
J Davies	Independent Member			0	0	0	0	**0**
A Jarrett	Associate Board Member			0	0	0	0	**0**
J Vincent	Associate Board Member			0	0	0	0	**0**
A Griffiths	Associate Board Member			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.

C Morrell was not covered by the NHS Pension Arrangements in 2025/26. 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 2025/26 and 2024/25 financial years are as follows:

*D Griffiths, M Davies and T Ricketts the real increase in pension is negative when applying an inflationary uplift of 1.7% to the value at 31st March 2025, and then compared with the value at 31st March 2026. D Griffiths also left the pension scheme when he left employment in Feb 26.

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

Pension Benefits have been reported in bands of £2.5k rather than to the nearest £1k, on request from Audit Wales. The financial year 2024-25 has been revised to accommodate this change.

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

For 2025/26:

- D Griffiths , Director of Finance & Performance, left the Health Board on 16th February 2026.
- C Osmundsen-Little commenced as Interim Director of Finance on 9th March 2026, on secondment from Digital Health & Care Wales (DHCW). Due to not being possible to split out Greenbury pension benefits the whole of 2025/26 is shown. An indicative split between the two organisations would be 3/52ths for SBU and 49/52ths for DHCW.
- D Griffiths gross salary is in the range £165-£170k as at February 2026 before leaving the Health Board- the salary in the table is net of a salary sacrifice lease car deduction.
- D Lewis gross salary is in the range £160-£165k as at 31st March 2026 - the salary in the table is net of a salary sacrifice lease car deduction.
- M Davies gross salary is in the range £145-£150k as at 31st March 2026 - the salary in the table is net of a salary sacrifice lease car deduction.
- E Rix gross salary is in the range £170-£175k as at 31st March 2026 - the salary in the table is net of a salary sacrifice lease car deduction.

- E Rix commenced as Executive Director of Nursing & Patient Experience on 31st March 2025.
- T Ricketts commenced as Director or Workforce and Organisational Development on 1st May 2025.
- G Richardson commenced as Acting Director of Public Health on 1st April 2025.
- S Jenkins costs are included for April 25 only– she then took up a secondment opportunity with Velindre NHS Trust. However it is not possible to split the pension benefits for 1 month, so they are included for the whole of 2025/26.
- A Llewelyn, P Dunmore and H Annandale commenced as Associate members of the board, with J Vincent, A Griffiths and A Jarrett standing down as Associate members of the board during 2025/26. Associate board members are not remunerated.
- K Lloyd has declined remuneration in both financial years for his post as an Independent Member, and left his post in December 2025.
- C Rees-Sidhu has declined remuneration for her post as an Independent Member, and commenced in post in February 2026.
- 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 in both financial years. She stood down from her role as a non officer member in August 2025.
- M Lloyd 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. He commenced in his role as a non officer member in August 2025.

For 2024/25:

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

- A Mehta returned to Deputy Medical Director on 28th 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 were included in the report.
- A Mehta gross salary was in the range £175-£180k as at 31st March 2025- the salary in the table was net of a salary sacrifice lease car deduction, and included deputy medical director payments to 28th October 2024.
- R Krishnan returned to Deputy Medical Director on 28th 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 were included in the report.
- M Davies, Director of Planning & Partnerships commenced in post of 1st 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 was 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 1st February. Whilst N Vaughan continued to work for the organisation post February 2025, this was within a non Executive Director role.
- E Woollett left the role of Chair of the Health Board on 31st May 2024.
- J Williams commenced as Chair of the Health Board on 1st June 2024.
- A Griffiths, New Independent member started in post 1st January 2025.
- Professor T Crick left the role of Independent Member on 15th October 2024.
- M John (Director of Digital Services) & R Thomas (Director of Insight, Communication & Engagement) are non-voting members of the Board.

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 2025/26 as in 2024/25 was the Chief Executive (A Harris in 2025/26, R Evans to 28th October 2024, and A Harris 28th 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

	2025/26			2024/25		
	Chief Executive Salary (£)	**Employee Salary (£)**	**Ratio**	**Chief Executive Salary (£)**	**Employee Salary (£)**	**Ratio**
25th percentile pay ratio	227,390	26,156	8.69:1	227,265	28,240	8.11:1
Median pay	227,390	34,940	6.51:1	227,265	35,871	6.31:1
75th percentile pay ratio	227,390	43,272	5.25:1	227,265	49,254	4.63:1

There is a small increase in the ratio of the Chief Executive salary to the 25th percentile, median and 75% percentile when compared with the previous year due to the impact of varying pay awards, and the change mid year in 2024/25 of the Chief Executive. In 2024/25, 5% uplifts for VSM staff, 5.5% uplifts for A4C staff, and 6% uplifts for medical and dental staff were awarded. In 2025/26, VSM were awarded an increase of 3.25%, A4C staff 3.6% and Medical and Dental staff 4% in respect of Pay award uplifts.

In 2025/26, 31 (2024/25, 24) employees received remuneration in excess of the highest-paid director. The remuneration for those employees in 2025/26 and 2024/25 included payments in respect of waiting list initiatives, and additional sessions undertaken in addition to their normal salary. Remuneration for staff ranged from £23,875 to £218,519 during 2025/26 (2024/25 £23,970 to £323,663).

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 2025/26 and 2024/25 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.

	2024/25 - 2025/26 (%)	2023/24- 2024/25 (%)
Percentage Change from previous year in respect of the Chief Executive		
Salary and Allowances	3.76	1.07
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	(1.81)	5.51
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 2023/24-2024/25 is due to differing pay award across financial years. In 2023/4, all staff were awarded a 5% pay award, with an additional consolidated recovery payment. 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).In 2025/26, staff were awarded lower percentage pay awards, VSM staff 3.25%, A4C staff 3.6% and Medical and Dental staff 4%. There were no consolidated payments made in 2025-26.

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 2026 and related lump sum	Real Increase/ (Decrease) in pension and related lump sum at pension age	CETV at 31/03/2026	CETV at 31/03/2025	Real increase in CETV
	(bands of £5,00) £'000	(bands of £2,500) £'000	£'000	£'000	£'000
A Harris Chief Executive Officer from October 2024	85-90 plus lump sum of 220-225	17.5-20 plus lump sum of 40-42.5	2,070	1,587	455
D Griffiths Director of Finance and Performance and Acting Deputy Chief Executive from October 2023 to October 2024, Director of Finance and Performance from Oct 2024 – left Health Board Feb 26	65-70 plus lump sum of 155-160	0-2.5 plus lump sum of (12.5-15)	1,490	1,480	0*
C Osmundsen-Little Interim Director of Finance from March 2026	20-25 No lump sum	2.5-5 No lump sum	365		
R Evans	90-95	0-2.5	2,272	2,189	

Name and Title	Accrued pension at pension age as at 31 March 2026 and related lump sum	Real Increase/ (Decrease) in pension and related lump sum at pension age	CETV at 31/03/2026	CETV at 31/03/2025	Real increase in CETV
	(bands of £5,00) £'000	(bands of £2,500) £'000	£'000	£'000	£'000
Acting Chief Executive from October 2023 to October 2024, then Medical Director and Deputy Chief Executive	plus lump sum of 230-235	plus lump sum of (5-7.5)			46
E Rix Director of Nursing and Patient Experience from 31st March 2026	5-10 No lump sum	2.5-5 No lump sum	111		
T Ricketts Director of Workforce & Organisational Development from May 2026	5-10 No lump sum	(35-37.5) Plus lump sum (120-122.5)	108		
G Richardson Acting Director of Public Health from April 2025	0-5 No lump sum	0-2.5 No lump sum	29		
M Davies	65-70	(2.5-5)	1,286	1,329	0*

Name and Title	Accrued pension at pension age as at 31 March 2026 and related lump sum	Real Increase/ (Decrease) in pension and related lump sum at pension age	CETV at 31/03/2026	CETV at 31/03/2025	Real increase in CETV
	(bands of £5,00) £'000	(bands of £2,500) £'000	£'000	£'000	£'000
Director of Planning & Partnerships	plus lump sum 70-75	plus lump sum (7.5-10)			
D Lewis COO and Executive Director of Primary Care and Mental Health	55-60 plus lump sum 120-125	2.5-5 plus lump sum (2.5-5)	1,283	1,201	62
S Jenkins Interim Director of workforce & OD (To Apr 25)	15-20 No lump sum	0-2.5 No lump sum			
H Lloyd Director of Corporate Governance/Board Secretary	45-50 plus lump sum of 105-110	2.5-5 plus lump sum of 0-2.5	1,007	927	65

* C Osmundsen-Little, G Richardson, E Rix, & T Ricketts were not executive directors in the prior year, therefore full year comparators are excluded. D Griffiths left the Health Board in February 2026. M Davies & D Griffiths real increases in CETV are

negative and therefore zero is shown. S Jenkins CETV are not shown at 31/3/26 as she left the organisation at the end of April 25 on a secondment to Velindre NHS Trust.

- C Morrell, Director of Therapies and Health Science chose not to be covered by the NHS Pension Arrangements during 2025/26.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2026 of 1.7%. HM Treasury published updated guidance in 2026 that will be used in the calculation of 2026-27 CETV figures of 3.8%.

5. Contracts of employment

With the exception of the Interim Director of Finance, (C Osmundsen-Little) who is on secondment from DHCW (Digital Health and Care Wales), all Executive Directors are on permanent Contracts of Employment with Swansea Bay University Local Health Board (however, G Richardson is on an interim Executive Director contract).. 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 2025/26 is set out in the table below, along with the comparison for 2024/25. 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 2025/26	Total 2024/25
Administration, Clerical & Board Members	2,379	9	3	0	0	0	**2,391**	**2,444**
Medical & Dental	942	13	10	481	0	59	**1,505**	**1,508**
Nursing, Midwifery registered	4,252	2	20	0	0	0	**4,274**	**4,243**
Professional, Scientific & technical staff	442	1	0	0	0	0	**442**	**414**
Additional Clinical Services	2,561	0	20	0	0	0	**2,581**	**2,683**
Allied Health Professions	1,028	2	7	0	0	0	**1,037**	**1,008**
Healthcare Scientists	372	1	46	0	0	0	**419**	**374**
Estates and Ancillary	952	0	4	0	0	0	**956**	**963**
Totals	**12,928**	**28**	**110**	**481**	**0**	**59**	**13,606**	**13,637**

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.

There were no collaborative Bank Staff in the Health Board during 2025/26.

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 31st March 2026, the Health Board has 14,594 employees, of which 10 are Executive Directors. Of these staff, 3,347 are male, including 1 Executive Director, and 11,247 are female, including 9 female Executive Directors.
There are also 9 Independent Members, of which 2 are male and 7 are female.

7.2 Sickness Absence Data

	2025/26	2024/25
Total days lost	342,204	393,602
Short Term Sickness (27 days or less)	90,816	111,265
Long Term Sickness (28 days or more)	251,389	282,337
Average working days lost	17	26
Total staff employed in period (headcount)	14,685	14,805
Total staff employed in period with no absence (headcount)	3,882	4,225
Percentage staff with no sick leave	27.15%	25.54%

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 £3.447m on Consultancy Services in 2025/26, (£0.678m in 2024/25). 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 2025/26 include:

- External Strategic Partner, supporting the Health Board in the identification and delivery of savings schemes for 2025/26 and 2026/27.
- Management Consultancy to support the Neath Port Talbot & Singleton Service Group with a review of Maternity & Neonatal Services.
- Management Consultancy to support the Health Board with Patient Discharges under the Homes First and Waiting well schemes.
- External advice and support for Staff & Patient Wellbeing.

7.5 Off-payroll Engagements

Table 1: For all off-payroll engagements as of 31 March 2026, for more than £245 per day and that last for longer than six months

Number of existing engagements as of 31 March 2026	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 2025 and 31 March 2026, 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 2025 and 31 March 2026

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 2025/26 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.

	2025/26				2024/25
Staff Numbers **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**
less than £10,000	0	0	0	0	5
£10,000 to £25,000	0	1	1	0	3
£25,000 to £50,000	0	3	3	0	6
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	1	1	0	0
£150,000 to £200,000	0	0	0	0	0

	2025/26				2024/25
more than £200,000	0	0	0	0	0
Total	**0**	**5**	**5**	**0**	**14**

	2025/26				2024/25
Exit Packages Costs **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	0	0	0	16,687
£10,000 to £25,000	0	21,262	21,262	0	45,832
£25,000 to £50,000	0	97,948	97,948	0	196,895
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	106,919	106,919	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0

	2025/26				2024/25
Total	**0**	**226,129**	**226,129**	**0**	**259,414**

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.

£204,867 exit costs were paid in 2025/26 (2024/25, £229,863).

Parliamentary Accountability and Audit Report 2025-26

Senedd Cymru/Welsh Parliamentary Accountability Report

Swansea Bay University Health Board makes the following Parliamentary disclosures for 2025-26:

- **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 AFTER THE ACCOUNTS ARE SIGNED at end of June

Opinion on financial statements

Please see below.

Adrian Crompton 1 Capital Quarter

Auditor General for Wales Tyndall Street

Xx June 2026 Cardiff

CF10 4BZ

Report of the Auditor General to the Senedd AFTER THE ACCOUNTS ARE SIGNED at end of June

Adrian Crompton
Auditor General for Wales
xx June 2026

Long Term Expenditure Trends 2025-26

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.

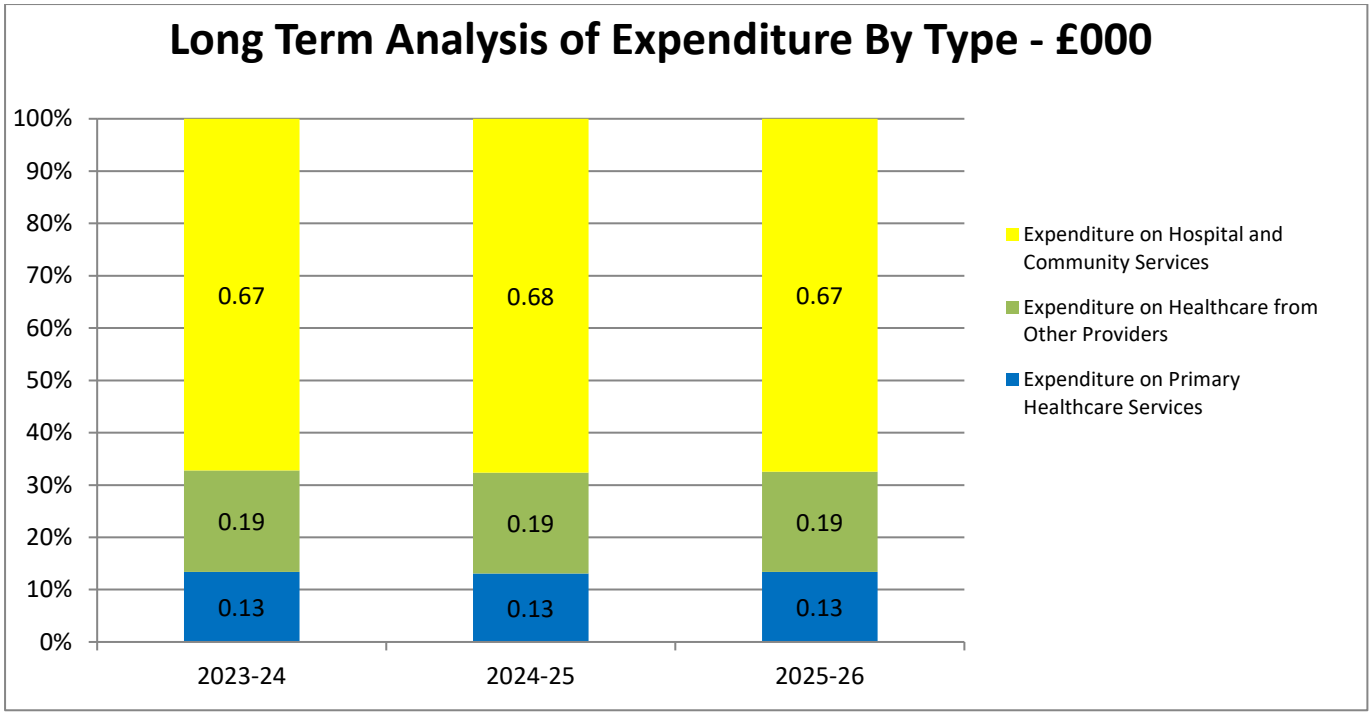
2025/26 presented a challenging financial year with the Health Board reporting an increased deficit position compared to 2024/25. The 2025/26 financial year continued to provide challenges for the health board in part due to the non delivery of recurrent savings from previous financial years plus operational pressures across planned care and urgent and emergency care resulting in the continued use of variable pay alongside growth in Continuing Health Care (CHC) costs, which can be seen within Note 3 of the Health Board Annual Accounts on Operating Costs.

The movements in expenditure for the financial years 2023/24 to 2025/26 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

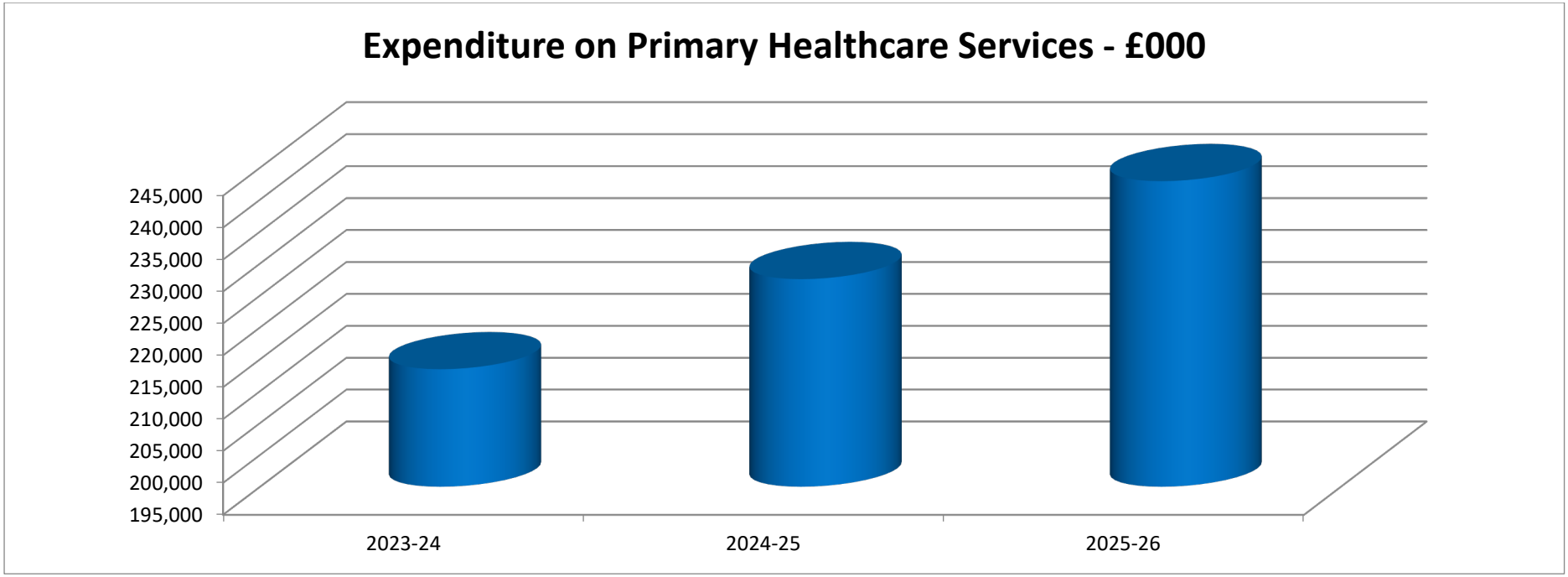
In 2025/26 there has been a 6.7% increase in expenditure on Primary Care Services compared to 2024/25, and similarly an increase of 3.5% on Healthcare from Other Providers and 3.9% increase on Hospital & Community Services in 2025/26 when compared to 2024/25. However the distribution across the categories of expenditure remains consistent with that of 2024/25, as indicated in the chart below. The main increases in Primary Healthcare Services are attributable to General Medical Services, General Ophthalmic Services and Dental 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 2025/26 have been in respect of staffing costs and Clinical Supplies & Services.

	2023/24	2024/25	2025/26
	£000	£000	£000
Primary Healthcare Services	213,436	227,549	242,880
Healthcare from Other Providers	309,640	335,625	347,354
Hospital and Community Services	1,073,680	1,178,190	1,224,348



3.1 Expenditure on Primary Healthcare Services

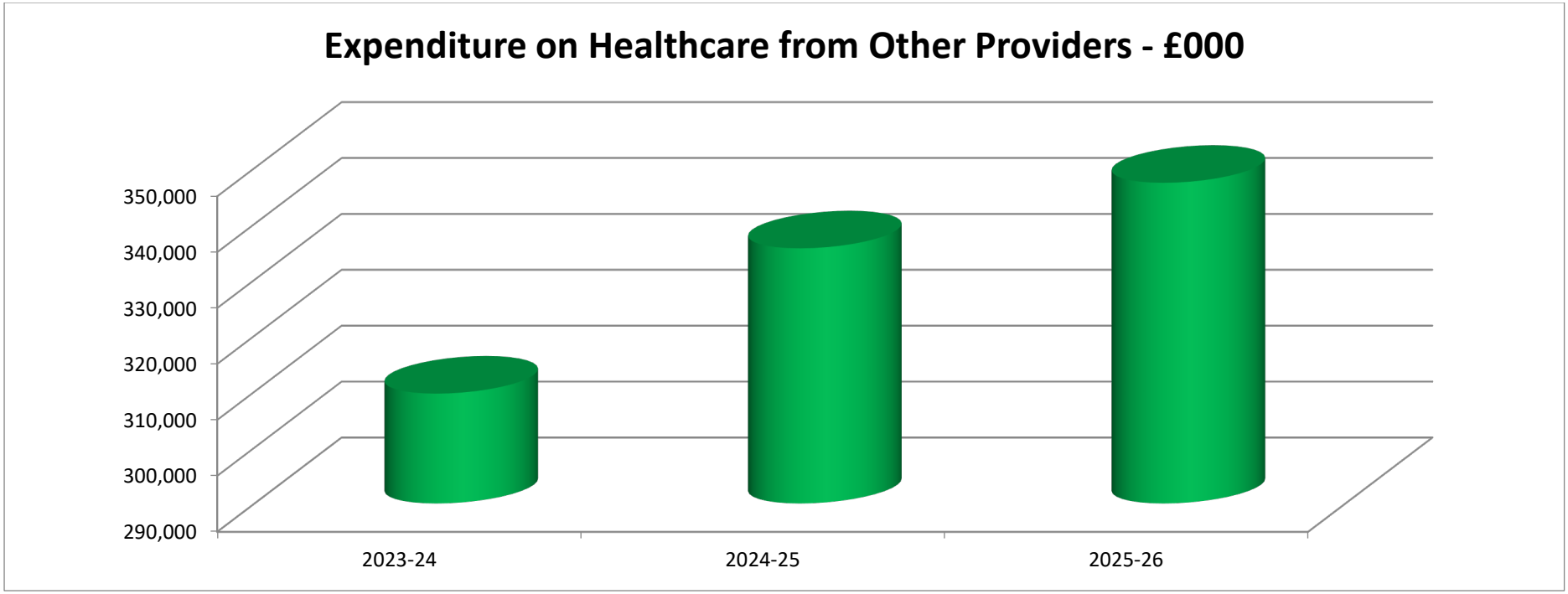
Expenditure on Primary Healthcare Services comprises expenditure on the Primary Care contracts for General Medical Services, Pharmaceutical Services, General Dental Services, General Ophthalmic Services, Prescribed Drugs and Appliances and other Primary Health Care Expenditure.



In 2025/26, expenditure increased to £243m, an increase of 6.7%. The greatest increase was in General Medical Services £0.8m (33%) ,General Ophthalmic Services £1.4m (4%) and Dental Services £1.2m (13%). Prescribed drugs and appliances account for 36.8% of expenditure.

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.



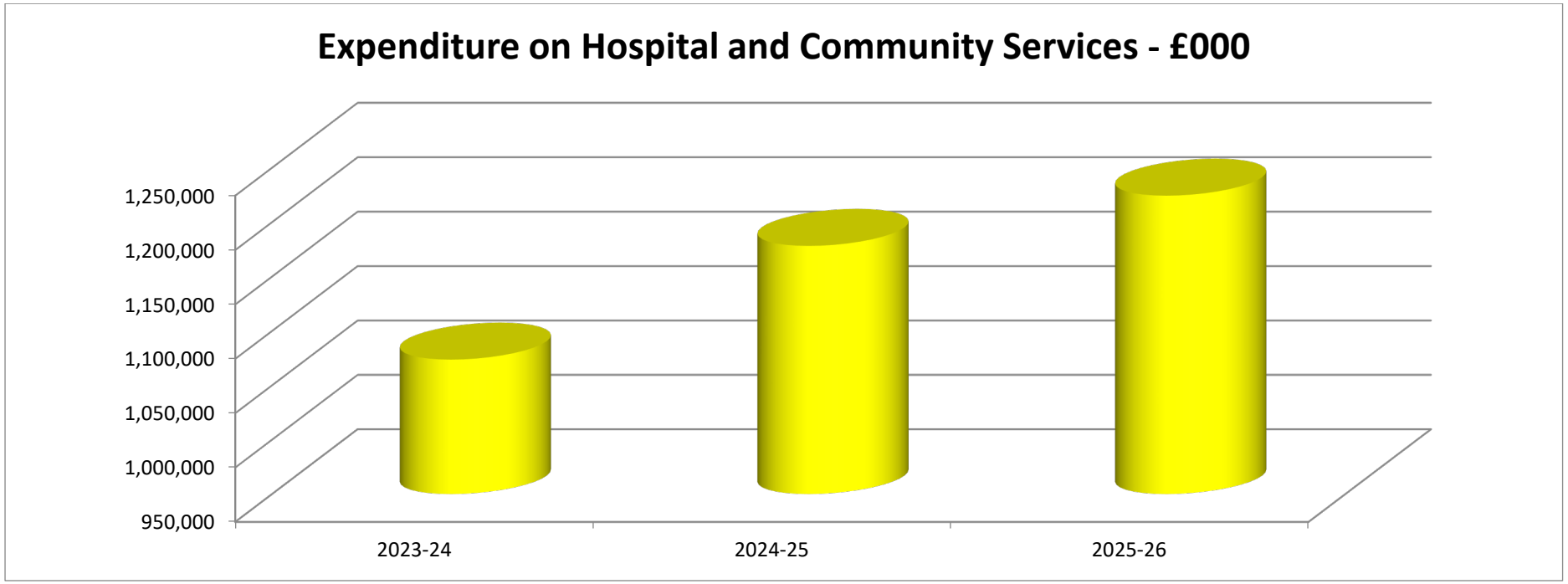
In 2024/25 expenditure on Healthcare from Other Providers increased by 3.3% to £347m. The main increases were in expenditure on CHC which increased by £8.25m (8.9%) and Funded Nursing Care which increased by £0.3m (2.6%) from 2024/25. A combination in increased growth in cases and process of packages rising with basic nursing packages increasing, impacted on by the growth in Real Living Wage has impacted significantly on expenditure.

There was a decrease in the costs of private providers in 2025/26 – a decrease of £1.8m (17%). This is due to reductions in patients waiting for long periods of time on the planned care waiting list. There was a large increase in expenditure on goods and services with JCC which increased by £10.1m (6.9%). This increase relates to the nationally agreed JCC plan, inflation and pay award funding.for 2025/26. There was also a reduction in goods and

services from other NHS Wales Health Boards of £2.4m 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 2025/26 expenditure on Hospital & Community services increased by £46.2m (3.9%) to £1,224m. The largest increase was in staff costs of £50.1m (5.7%) which includes staff costs in respect of junior medical staff under the

Single Lead Employer (SLE) arrangement with Velindre NHS Trust. Of the increase £29.1m relates to the consolidated pay award of 3.6% for A4C staff, and 4% in general for medical staff. A cohort of staff were rebanded at an additional cost of £7m.There has also been a small increase of £1.7m on expenditure on Clinical supplies and services, £1.8m on General supplies and services and £2.7m on Consultancy costs.

Financial Statements and Notes 2025-26

Meeting Date	**25 June 2026**	**Agenda Item**	**4.1**
Name of Meeting	**SBUHB Board**		
Report Title	**Resubmission of Annual Plan 2026/2027**		
Report Author	Ffion Ansari, Head of IMTP Development and Implementation		
Report Sponsor	Executive Director of Planning and Partnership and Interim Executive Director of Finance		
Presented by	Karen Stapleton, Deputy Director of Planning & Partnerships		
Freedom of Information	Open		
FoI Closed detail	If closed, choose detail		
Impact Assessment Summary Outcome		**IA Completion date**	
N/A		Click or tap to enter a date.	
Purpose of the Report	For Approval		

Report Summary; detailing any action required

To present the final updated Annual Plan 2026/27 for Board approval for submission to Welsh Government on 30 June 2026. The plan reflects delivery of agreed Q1 actions and strengthened plan content.

Key Issues

Significant progress has been made through Quarter 1 in delivering the agreed action plan including the following:

- Strengthened delivery-focused nature of the plan with clear milestones, ownership and outcomes
- Strengthened delivery against performance trajectories with early evidence of improvement
- A total opportunities pipeline of £181m with £65m savings programme, of which 50% is supported by Project Initiation Documents, tracking and financial traceability. Confidence in achieving a balance position in 2028/29.
- A fully phased financial plan with clear articulation of deficit drivers and response to these
- Confirmation that the Delivery Unit is operational and driving increased pace, delivery and control
- Strengthened governance, accountability and risk management

Decision / Action required	Yes

Recommendations
Board Members are asked to: • **APPROVE** a submission to Welsh Government updating the 2026/27 Plan, acknowledging that the Plan itself cannot be subject to approval; • **ACKNOWLEDGE** the significant progress made through Quarter 1 in strengthening the plan, including: - Delivery against agreed actions - Strengthened financial, performance and delivery frameworks - Evidence of improving grip and control; • **ACKNOWLEDGE** that while financial and performance risks remain, the plan now provides a credible and deliverable position for submission but does not fully meet the requirements of Welsh Government; • **ENDORSE** the continued focus on delivery, oversight and assurance to ensure successful implementation of the Plan throughout 2026/27, including the mitigation of operational and delivery risks; • **CONSIDER** the 3-year trajectory, as set out in the report to a balanced position in 2028/29 and **APPROVE** the trajectory.

SUBMISSION OF FINAL DRAFT ANNUAL PLAN 2026-2027

1. INTRODUCTION

The purpose of this report is to present the final updated Annual Plan 2026/27 for Board consideration and approval for submission to Welsh Government by 30 June 2026.

The report sets out:

- The progress made in delivering the agreed action plan following the May Board, building on the work programme set out for quarter 1.
- The extent to which the plan now meets Board and Welsh Government expectations, recognising that the Plan does not meet full requirements set out in the planning guidance for 2026/27.
- The final position on performance, finance, delivery arrangements and governance, recognising that through operational, performance and accountability processes, further opportunities for improvement will continue to be identified.
- The basis on which the Board is asked to support submission of the updated plan.

2. UPDATE TO ANNUAL PLAN AT JUNE 2026

Since the May Board, the organisation has undertaken a focused and intensive programme of work, alongside the NHS Performance and Improvement (NHS P&I) team, to respond to the feedback from Welsh Government and scrutiny from the Board to strengthen both the content of the plan and our arrangements for delivery.

Overall, the updated Plan reflects substantial progress in Quarter 1, demonstrating:

- A clear shift from planning to delivery
- Evidence of grip, control and improving performance
- A more credible and structured financial position
- Strengthened governance, accountability and assurance

While significant challenges remain, particularly in relation to the scale of the financial deficit, the plan now:

- Provides a route to achieving financial balance in 2028/9, with an outline of the pipeline of savings and cost reductions over the three years.
- Demonstrates a credible trajectory for improvement and recovery.
- Provides a coherent and deliverable position for 2026/27.

- Responds directly to the feedback from Welsh Government and Board scrutiny.

The work to date has resulted in a material strengthening of the plan, including:

2.1. Plan Quality, Focus and Credibility

- Transition from a strengthened narrative to a delivery-focused plan with explicit milestones, ownership and measurable outcomes
- Full articulation of priority actions across urgent and emergency care, planned care, cancer and enabling functions
- Improved alignment between narrative, trajectories, financial assumptions and Minimum Data Set (MDS) submissions.
- The above are evidenced in the main Annual Plan document, System Delivery Plans, Ministerial Templates and MDS.

2.2 Performance and Delivery

Delivery and performance oversight

- Delivery against revised Quarter 1 trajectories is providing early evidence of improvement in a number of priority areas, although performance remains variable and is not yet consistently at the required level.
- Detailed, time-phased delivery plans are being further developed across all major performance areas, with clearer identification of milestones, dependencies, risks and required capacity. This will continue to be refined as part of a continuous cycle of improvement.
- Performance management arrangements have been strengthened through:
  - clearer executive and operational accountability;
  - implementation of the revised performance and accountability framework, including enhanced Board reporting; and
  - weekly delivery oversight through the Delivery Unit.

Emerging performance improvement

Early progress is evident in several indicators:

- Ambulance handover performance improved from fewer than 45% of handovers completed within 45 minutes in April to more than 60% by mid-June. Some individual weekdays have achieved more than 90%; however, this level of performance has not yet been sustained consistently.
- Twelve-hour waits have reduced by approximately 10%, broadly in line with the initial recovery trajectory, although further sustained reduction is required.

- The Health Board has continued to deliver the maximum 104-week referral-to-treatment waiting-time standard.
- A detailed Cancer Improvement Plan is due for Board consideration in July 2026. This incorporates the agreed objective to eliminate the pathology backlog within two months, subject to delivery of the required actions and capacity.

Whilst these developments represent a shift from planning towards early demonstrable delivery, the Health Board recognises that substantial further work is required to secure sustained improvement and deliver the full ambitions of the plan. Work undertaken jointly with NHS Performance and Improvement has strengthened the trajectories, delivery plans and supporting governance arrangements.

The diagnostic eight-week waiting-time position remains unacceptable. Current projections indicate that more than 5,000 patients may wait beyond eight weeks without further intervention. The principal drivers are underlying capacity and financial pressures in radiology modalities, central outpatient resource constraints, and the impact of additional outpatient activity that was commissioned externally and delivered in Q4 of last year. A recovery plan has been developed to return to zero eight-week waits by the end of March 2027; however, delivery remains contingent on securing sufficient recurrent and non-recurrent financial resource, alongside the workforce and operational capacity required to implement the plan.

2.3 Financial Plan and Sustainability

- The financial plan now provides greater confidence in the ability to return to financial balance in 2028/29. This is supported by the growth and translation of the opportunities pipeline. The pipeline has grown incorporating ideas from the Service Groups as well as the Deloitte work, and other benchmarking assessments. The Delivery Unit, enhanced with the Business Intelligence and Finance Business Partner involvement, is increasing the effectiveness of translating the plans into credible financial outcomes. The total pipeline opportunities, as detailed below, reflect the following: strengthened grip and control arrangements now in place to ensure that budget holders and service managers are able to deliver service requirements (quality, safety, performance and workforce modernisation) within the budgets that have been set; increasing optimisation of service delivery ensuring maximum value is being realised from the investment made in services, including targets for productivity and efficiency improvements; transformation,

reconfiguration and commissioning decisions and actions to ensure that services are sustainable into the future.

- Detailed work on the underlying deficit, inflation impact and financial risk has concluded that the initial savings plan for 2026/27 will be maintained at £65m. This assessment has been undertaken transparently with NHS P&I partners providing scrutiny and challenge, alongside our internal scrutiny and challenge processes.
- Development of a credible in-year financial position, with:
  - A single, coherent savings programme
  - Comprehensive monthly forecasting and enhanced financial reporting.
  - Clear phasing and ownership of savings schemes with emphasis on translating improvement to financial outcomes as quickly as possible.
  - Strengthened assumptions based on Q1 delivery and further assessment at Q2.
  - Work on the longer-term financial strategy

2.4. Savings Delivery

- Substantial progress in maturing the pipeline and the £65m savings programme, including:
  - Completion of PIDs for all schemes
  - All schemes incorporated into a single savings tracker with monthly reporting with a total value of £181.4m.
  - Increased proportion of schemes assessed as Green/Amber with the £65m target for this year nearing 50% completion.
  - Currently 20% of the schemes are non-recurrent savings.
- Demonstration of early in-year delivery, providing improved confidence in scheme viability.

2.5 Total Opportunities List and Medium-Term Position

- Further development and quantification of the total opportunities pipeline, including:
  - clearer translation of opportunities into deliverable schemes
  - strengthened trajectory for years 2 and 3 of the financial recovery programme
- Improved articulation of the route to financial balance over the medium term with the recurrent element into future years that has improved by £9m, increasing the ability to deliver the 3 year target control total.

2.6 Strengthened Grip and Control

- Evidence of embedded financial control measures, including:
  - reduction in agency and variable pay
  - strengthened budget holder accountability
  - improved financial monitoring and reporting alongside the performance framework.
- Demonstration of consistent organisational grip, supported by:
  - clear escalation processes
  - routine delivery scrutiny
- Improvement in the financial reporting and forecasting processes with a strengthened risk appetite.

2.7 Delivery Unit Implementation

- The Delivery Unit is now operational, providing:
  - Integrated oversight of performance, finance and transformation
  - A single performance and delivery dashboard is in place
  - Structured weekly check and challenge processes at executive level
- Evidence that Delivery Unit arrangements are driving pace, consistency of delivery and control across the organisation and we are continuing to develop its capability and remit as per our phased plan.

2.8 Governance and Risk

- Strengthened governance arrangements across all aspects of the Plan with:
  - clear ownership and accountability structures
  - alignment between Board, Committees and delivery reporting
- All key risks supported by:
  - active mitigation plans
  - regular reporting and oversight
- Improved confidence in the organisation's ability to:
  - manage delivery risks
  - sustain improvement through execution.

3. GOVERNANCE AND RISK ISSUES

Delivery of the Annual Plan continues to present material risks, including:

- Sustaining delivery of the £65m savings programme at pace
- Maintaining trajectory delivery across performance areas
- Ensuring continued organisational grip and discipline

However, these risks are now mitigated through:

- Fully operational Delivery Unit arrangements
- Strengthened financial controls and accountability
- Clear, consistent performance and governance frameworks
- Demonstrable early delivery in Quarter 1

The focus now moves to sustained execution over the remainder of the year.

4. RECOMMENDATIONS

Members are asked to:

- **APPROVE** a submission to Welsh Government updating the 2026/27 Plan, acknowledging that the Plan itself cannot be subject to approval;
- **ACKNOWLEDGE** the significant progress made through Quarter 1 in strengthening the plan, including:
  - Delivery against agreed actions
  - Strengthened financial, performance and delivery frameworks
  - Evidence of improving grip and control;
- **ACKNOWLEDGE** that while financial and performance risks remain, the plan now provides a credible and deliverable position for submission but does not fully meet the requirements of Welsh Government;
- **ENDORSE** the continued focus on delivery, oversight and assurance to ensure successful implementation of the Plan throughout 2026/27, including the mitigation of operational and delivery risks;
- **CONSIDER** the 3-year trajectory, as set out in the report to a balanced position in 2028/29 and **APPROVE** the trajectory.

Governance and Assurance		
Strategic Objectives		
Strategic Objectives *(please choose which is impacted)*	People of Swansea Bay live healthier, fairer and more prosperous lives	☒
	Care is high quality, safe, efficient and delivers the best possible outcomes for people in partnerships	☒
	Care is delivered in partnership with our communities in safe and appropriate setting, supported by innovation	☒
	The health board is a great place to work where staff feel valued and work together towards a common goal	☒
	The health board is a resilient, sustainable and responsible organisation	☒
Health and Care Standards		
Standards *(please choose which applies)*	Safe Care	☒
	Timely Care	☒
	Effective Care	☒
	Efficient Care	☒
	Equitable care	☒
	Person-centred Care	☒
	Staff and Resources	☒
Enablers *(please choose which applies)*	Whole Systems Approach	☒
	Leadership	☒
	Workforce	☒
	Culture	☒
	Information	☒
	Learning, Improvement and Research	☒
Quality, Safety and Patient Experience		
No direct implications of this report, however the Plan is predicated on improving quality, safety and patient experience.		
Financial Implications		
See financial implication section for detail on the Finance Plan.		
Legal Implications (including equality and diversity assessment)		
A Quality Impact Assessment and Equality Impact Assessment process will be part of the broader planning arrangements to ensure that service models detailed in the Plan are quality and equality/ diversity impact assessed.		
Staffing Implications		
No direct impact outlined in this report however there will be significant staffing implications as a result of new service models and savings		

programmes as outlined in the Annual Plan – risks and implications to workforce form an integral part to planning arrangements.
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)
The Annual Plan aims to deliver our Strategic Objectives which were aligned to our Wellbeing Objectives through the development of the Organisational Strategy. This paper sets out the alignment of the approved Health Board Wellbeing Objectives directly to the Annual Plan Deliverables.
Report History
First version of this report
Appendices
4.1i SBUHB Annual Plan 2026-2027 (June 2026)

Working **together**

Caring for each other

Always **improving**

Swansea Bay UHB Annual Plan 2026/27

June 2026 Submission

CONTENTS

INTRODUCTION

I am pleased to introduce Swansea Bay University Health Board's Annual Plan for 2026–2027. This year represents both a continuation of our transformation journey and a pivotal stage in strengthening the safety, sustainability, and quality of care for our population. Our Plan is informed by the Welsh Government priorities for 2026–27. These include timely access to care, Community by Design, population health and prevention, mental health access, women's health, and quality and safety. These priorities shape the focus of our work and guide the improvements we set out for the year ahead.

We are clear that this Plan is being delivered in a challenging financial context. While it does not present a financially approvable position for 2026 to 2027, it sets out a credible and structured trajectory towards financial balance over the medium term. We have strengthened our understanding of our starting position and are taking a more disciplined and transparent approach to how we close the gap, combining confirmed savings, a developing pipeline of opportunities, and further work to identify additional measures.

Our ambition is to become a high-quality, sustainable organisation aligned with *A Healthier Swansea Bay (2025)*. Achieving this requires a strengthened operating model, clearer accountability, and consistent improvement across all levels. The Organised for Success programme is central to ensuring our structures, systems, and culture support effective delivery.

This Plan is shaped by three organisational priorities for 2026/27:

- **Safe and Effective Care** – improving timely access and reducing avoidable delays.
- **Financial Sustainability** – living within our means through strengthened financial discipline and improved productivity.
- **Transforming for the Future** – developing our Clinical Services Strategic Plan, embedding a positive culture, and progressing Organised for Success.

We remain focused on improving services in the areas that matter most to patients, staff, and communities, including urgent and emergency care, cancer, maternity and neonatal services, planned care, and mental health. This Plan balances immediate pressures with the longer-term need to create a clinically robust, financially sustainable health system and reflects a clear understanding of the scale of the challenge, a strengthened approach to delivery, and a commitment to go further where required.

I am grateful to colleagues across Swansea Bay for their professionalism and commitment during an exceptionally challenging period. Together, we will continue to strengthen service quality, support our workforce, and progress towards a sustainable future for our communities.

Abi Harris
Chief Executive Officer, Swansea Bay University Health Board

ACHIEVEMENTS 2025/26

Over the last 12 months our staff have consistently strived to improve services and deliver the best quality care to every patient. They have had many successes locally, regionally and nationally:

People of Swansea Bay live healthier, equitable and more equal and prosperous lives

- ✓ Our prehabilitation services helped hundreds of patients improve their health while waiting, leading to better surgical outcomes and faster recovery.
- ✓ Our Waiting Well Single Point of Contact team became operational, engaging with outpatients via phone or through digital health assessments.
- ✓ We implemented a multi-faceted vaccination strategy to maximise uptake across staff, eligible cohorts, and vulnerable populations.
- ✓ The All-Wales Diabetes Prevention Programme is active in all Clusters providing support to people with an increased risk of type 2 diabetes.
- ✓ In Spring 2025, we established the Community by Design Programme Board to systematically identify services that can be delivered closer to home.
- ✓ Integrated 'Help Me Quit' (HMQ)smoking cessation services continue to support people in the community through face-to-face, online, and telephone options.
- ✓ We are working with Hywel Dda to deliver a collaborative population health approach that scales proven practices and drives sustainable change to improve health equity across the region.

Care is high quality, safe, efficient and delivers the best possible outcomes for people

- ✓ We've delivered one of the most significant accelerations in planned care, with waiting lists falling sharply across multiple specialties.
- ✓ By March 2026, we will have delivered 25,000 extra outpatient appointments, a huge achievement by our clinical teams.
- ✓ We've reduced unnecessary appointments and given patients more control by expanding Patient Initiated Follow Up.
- ✓ Demand on Unscheduled Care remains high and our teams are working under intense pressure, but we're now delivering a better service even on our busiest days than we did before last summer's changes.
- ✓ Therapies continue to perform strongly, consistently meeting national targets
- ✓ We launched a Mental Health Transformation Programme to deliver rapid improvements in quality and safety and drive short- to medium-term enhancements across services.
- ✓ We are addressing national and local concerns on maternity and neonatal care following the Independent Review (July 2025); we have set-up our Perinatal Improvement Board and approved our Perinatal Improvement Plan which reflects key recommendations.
- ✓ We reopened Neath Port Talbot Birth Unit and home birth services, improving staffing, training, safety monitoring, and bereavement support.

The Health Board is a resilient, financially sustainable and responsible organisation

- ✓ We have strengthened governance and accountability from Board to frontline services; including our organisational strategy refresh, a comprehensive review of Board and committee governance, development of our performance and accountability framework, and enhanced financial governance and planning.
- ✓ We have implemented strong vacancy control measures and improved levels of variable pay and reduced use of agency.

Care is delivered in safe and appropriate settings supported by innovative digital solutions

- ✓ We're proud to be the only health board in Wales with Patient Portal integration through the NHS Wales app:
  - 71,000 residents registered on NHS Wales App
  - 32,000 patients actively using SBPP for blood results, clinic letters, discharge summaries, and messaging
  - 23,500 repeat prescriptions ordered monthly via the app
- ✓ We implemented the Rio Digital System Mental Health, with full electronic patient record integration with local authorities targeted by September 2026, making this the first such integration in Wales.
- ✓ Women can now access maternity records digitally, enabling self-referral, online booking, appointment viewing, personalised care plans, and remote monitoring.
- ✓ Electronic Prescribing (EPMA) has saved 5,600 hours of prescriber time annually; reduced drug rounds by 10 minutes per nurse per shift.
- ✓ Nearly 90% of pathology requests are now electronic.
- ✓ We launched our brand new Women's Health Hub which is an accessible, virtual networked sustainable model of care shaped by women's needs and experiences, giving them greater control over their health. Rather than a single building, the Hub links existing women's health services, making care easier to access and closer to home.

The Health Board is a great place to work where staff feel valued and work together towards a common goal

- ✓ We established Speaking Up Safely Working group, including Trade Union representation to support collective delivery of actions.
- ✓ We launched LEAD behaviour-based multi-disciplinary leadership development programme in September 2025 with foundations of Quality Improvement built in. Within a month of launching 124 applications had been received and the Learning Lab was launched to support all leaders access resources and learning they need digitally in real-time, complimenting the existing Brilliant Basics platform.
- ✓ Our occupational health and wellbeing service offers a broad range of early intervention/prevention support for both mental and physical health.

CHALLENGES INTO 2026/27

We enter 2026/27 facing significant pressures across finance, performance, workforce and system flow. We must address a substantial underlying financial deficit and productivity variation. We will also continue to face on-going urgent and emergency care pressures such as high levels of clinically optimised patients, increasing Continuing Health Care / Complex Care demand, and continuing challenges in cancer, diagnostics and elective recovery. Workforce shortages, sickness levels and the need for new models of care continue to strain operational resilience. These issues are intensified by persistent health inequalities, growing service demand, and ageing infrastructure. At the heart of meeting these challenges is the need for a fundamental cultural shift towards strengthened accountability, compassion, continuous improvement and genuine co-production with staff, patients and communities.

Despite the scale of these challenges, this Annual Plan sets a clear, disciplined and achievable path forward. It reflects an organisation determined to change, committed to improvement, and ready to take the difficult but necessary steps to build a sustainable, high-quality future for the people of Swansea Bay.

OUR SUMMARY PLAN

Strategic Objective	Long Term Success	By 2028 years	Breakthrough Objective 2026/27
Better Health for all 	**People of Swansea Bay live healthier, fairer and more prosperous lives**	• 90% of children are protected from communicable diseases • 88% of children are protected from non-communicable disease • Fewer adults are smoking: 5% of adult smokers make a quit attempt via smoking cessation services • Fewer deaths from cancer: 65% of eligible adults participate in bowel screening	• Flu vaccine uptake improved in most deprived areas by 1% • Bowel screening rates up 1%
Improved patient safety 	**Care is high quality, safe, efficient and delivers the best possible outcomes for people in partnerships**	• Avoidable Mortality: Best in Wales European Age-standardised rate (EASR) per 100,000 • Achievement of 6/9 access targets for both Emergency and Planned Care • Year on year reduction in concerns	• 0 patients waiting more than 104 weeks referral to treatment. • Reduce the number of adults placed out of area for mental health inpatient treatment by 50% • 30% reduction in avoidable pressure ulcers • 0 ambulance handovers over 45min by September 2026 • 76% of patients waiting for first definitive treatment from point of suspicion of cancer less than 62 Days by end of March 2027
Care is delivered in partnership 	**Care is delivered in partnership with our communities in safe and appropriate settings, supported by innovation**	• Year on Year reduction of backlog maintenance relative to Estates risk register and strategic priority • HIMSS Digital maturity assessment outcome score 3 • Time to Open Studies - 75% set up within 90 days	• Clinically Optimised patients reduced to <100 at any one time • Increase in the take up of the NHS App by 25% (from a March 2026 baseline)
A great place to work 	**The health board is a great place to work where all staff feel valued and work together towards a common goal**	• >75 % Engagement score, reported via the NHS Wales Staff Survey • >70% NHS Staff Survey respondents that feel their line manager takes effective action to help them with any problems they face • >68% NHS Staff Survey respondents agreeing that the organisation respects individual differences	• Improvement in staff engagement score by 5% • Improvement in staff health & wellbeing by 1%
U…S £ wisely 	**The health board is a resilient, sustainable and responsible**	• Financial position against allocation • Delivery of financial savings • Reduction in Annual emissions carbon footprint	• Deliver recurrent savings plan of £65m

OUR POPULATION- KEY FACTS

In Swansea Bay, we serve some of the most deprived communities in Wales. We understand that deprivation increases the costs of care due to higher emergency demand and longer lengths of stay and more complex, resource-intensive interventions. We also know that health inequalities are widening, with earlier onset and greater complexity of illness and we have an ageing population with increasing multimorbidity and long-term conditions. Our plan recognises this context and demonstrates our steps to address these factors:

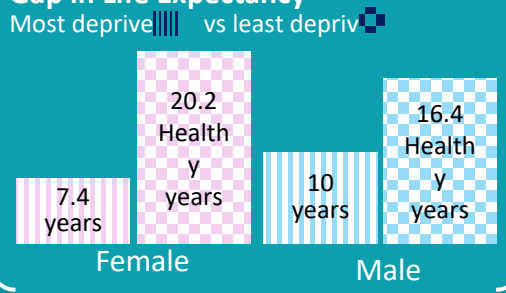
395,000 Approx. population

23% of Children in Swansea Bay are living in poverty

1 in 6 children aged 4 years old in Swansea Bay are not fully up to date with their vaccinations.

Life Expectancy

Gap in Life Expectancy



Healthy Behaviours

14% Adults currently smoke

16% Adults drink above guidelines

64% Working age adults not a healthy weight

6.4% of people in Swansea, and 4.3% of those in NPT, are unemployed

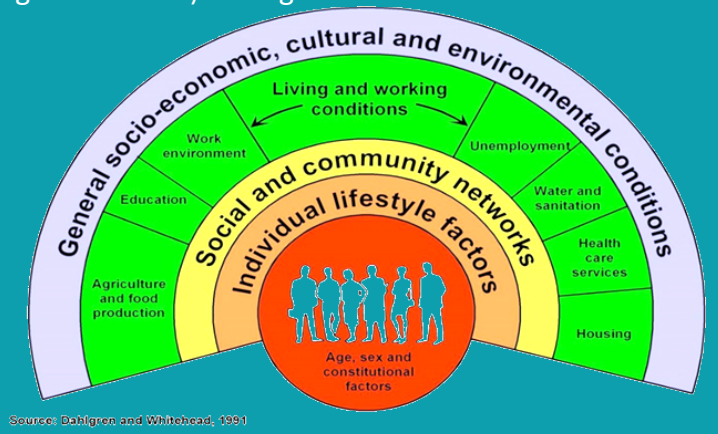
9% of the population in Swansea and 4% of the population in NPT were born outside the UK. 5% and 1% of our population's main language is not English.

9% of the population in Swansea and 3% of the population in NPT are from a non-white ethnic group.

Over the last 20 years the proportion of the SBUHB population aged 65+ has increased from 18% to 21%, while the proportion of the population that is traditionally working age (aged 16-64) has decreased from 64% to 62%.

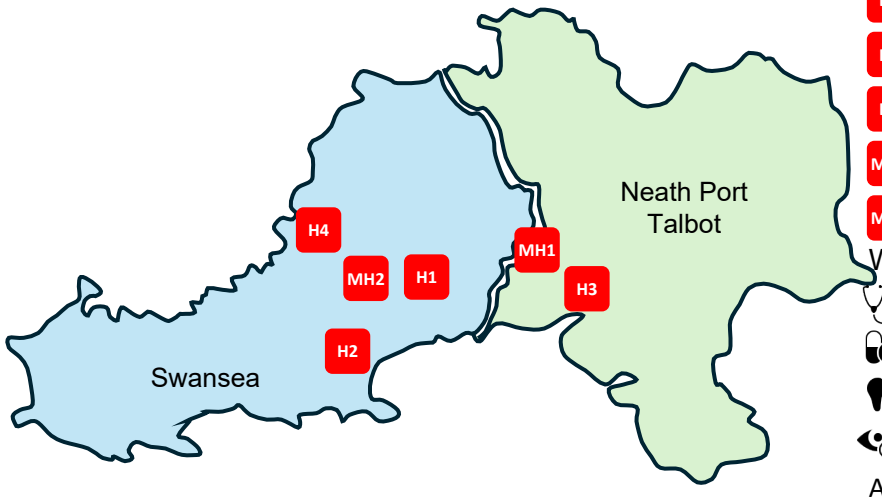
Health inequalities

There are persistent inequalities in Swansea Bay, linked to differing experiences of the wider determinants of health (such as education, housing and income) throughout life.



Data for 2024/25

OUR SERVICES- KEY FACTS



- H1 Morriston Hospital
- H2 Singleton Hospital
- H3 Neath Port Talbot Hospital
- H4 Gorseinon Hospital
- MH1 Tonna (Mental health)
- MH2 Cefn Coed (Mental Health)

We also have:

- 44 GP practices
- 91 Community Pharmacies
- 58 Dental Practices
- 32 Optometry practices

And we provide care out of other Health Board estates.

In addition to serving our Swansea Bay population we also provide a range of specialist and tertiary services for a much larger population across South Wales, and in the case of burns and plastics services we provide service to South Wales and South-West England. We also host the Major Trauma and Spinal Networks on behalf of the South Wales Health Boards and the Emergency Medical Retrieval Service (EMRTS) on behalf of all health boards. Our joint work with Hywel Dda, formalised in our joint committee, now provides us with the opportunity to plan and deliver services together for a total population of nearly 1m people

In a single year across the Health Board there are:

78,157 Total new ED Attendances (Morriston)

53,720 Total new MIU Attendances

630,991 Outpatient Appointments

138,315 Diagnostic Procedures

30,178 Inpatient and Day case Procedures

283,416 District Nursing visits

60,746 Common Ailments Scheme Consultations

127,905 Eye Care Examinations

19,763 Calls to 111 Press 2

9,303 Referrals to Local MH services

2.17M GMS Consultations

786,782 GMS Consultations were urgent or acute

161,840 Referrals from Primary care

33,063 Urgent Dental Care Appointments

4,100 Psychological Therapy Referrals

Data for Full Year 2024/25

STRATEGIC OVERVIEW

Our Organisational Strategy for ‘a Healthier Swansea Bay’ was refreshed in September 2025. It describes our commitment to building a healthier future for everyone in our communities, a future where people live well and age well, supported by high-quality care that is compassionate, equitable, and delivered close to home.

Our vision is clear: a healthier Swansea Bay where individuals enjoy longer, happier, and more independent lives, with access to the care they need when they need it most.

This vision guides every decision we make and every service we design. But achieving it requires a system that prioritises prevention, early intervention and a deep understanding of the social, economic, and environmental factors that shape health. Our mission, Better Health, Better Care, Better Lives reflects this approach. We are committed not only to treating illness, but to support wellbeing throughout peoples’ lives. By working with our communities and partners, we seek to tackle health inequalities, empower people to make informed choices, and foster environments where everyone can thrive physically, mentally, and socially. This is why we have been clear about the need to maximise the four different ways we make a difference: not only as providers of care but also as a major employer, a key economic player, and a collaborative partner within the wider system.

Our Mission:

Better Health, Better Care, Better Lives

Better Health means focusing on prevention, education, and early intervention. We will work alongside our partners and communities to tackle the root causes of poor health supporting people to make informed choices, promoting mental wellbeing, and reducing health inequalities.

Better Care means putting people at the heart of everything we do. We aim to deliver safe, timely, and personalised care that reflects what matters most to each individual, designing services with patients, using feedback , lived experience and co-production at every stage. Whether at home, in the community, or in hospital, we strive to ensure every patient experience is grounded in dignity, respect, and excellence.

Better Lives reflects our wider commitment to supporting wellbeing beyond healthcare. By collaborating with social care, education, housing, and voluntary sectors, we aim to create the conditions where people can thrive physically, mentally, and socially.

STRATEGIC OBJECTIVES

Our Strategy is crystalised through five Strategic Objectives. We have aligned our delivery to these objectives including alignment to the Board Assurance Framework, Strategic Risk Register and Executive Directors' objectives and portfolios.

1. People of Swansea Bay live healthier, fairer and more prosperous lives

2. Care is high quality, safe, efficient and delivers the best possible outcomes for people in partnerships

3. Care is delivered in partnership with our communities in safe and appropriate setting, supported by innovation

4. The health board is a great place to work where staff feel valued and work together towards a common goal

5. The health board is a resilient, sustainable and responsible organisation

Delivering our Vision and mission requires us to work and live our values:

- **Caring for each other,** where kindness and dignity shape every interaction.
- **Working together**, where openness, respect, and partnership guide how we engage with patients, families, staff, and communities; and
- **Always improving**, where safety, professionalism, and learning drive us to be the best we can be.

Four ways we make a difference

We recognise that our Health Board's influence goes well beyond the walls of our hospitals. Achieving our strategic objectives and delivering our vision and mission relies on us embracing and maximising the four ways we make a difference:

As a healthcare provider, we directly influence health outcomes by delivering safe, effective, and compassionate care.

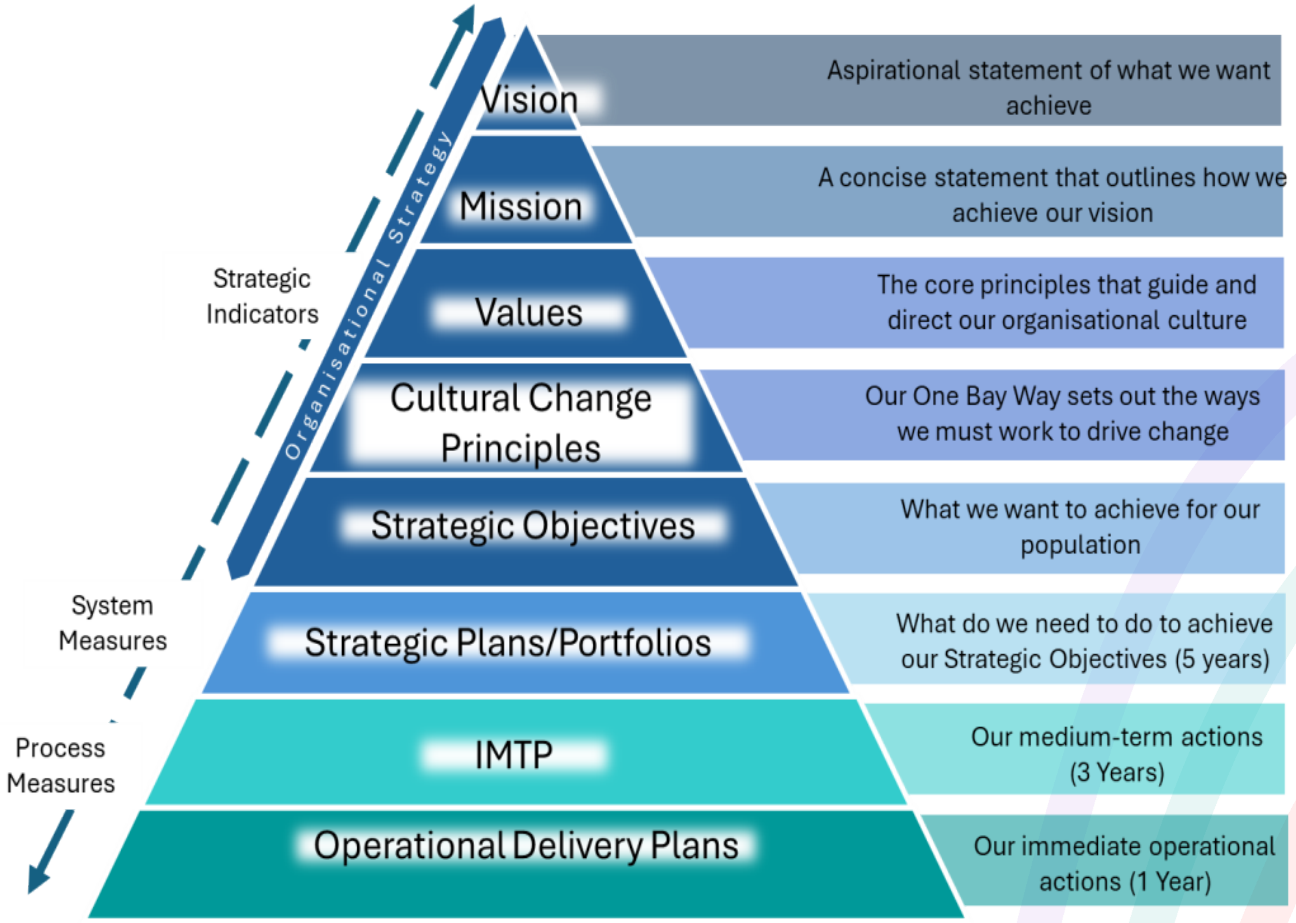
As an employer, we play a critical role in the local economy, employing over 12,500 people.

As a major local organisation (anchor Institution), we impact economic stability, community wellbeing, and social progress through responsible stewardship of resources and active engagement in local development.

Finally, **as a productive partner**, we collaborate closely with a wide range of organisations, public bodies, and communities to deliver integrated, person-centred solutions.

STRATEGIC FRAMEWORK – HOW IT ALL FITS TOGETHER

In 2025/26, we have worked to put in place the right that foundations will support effective delivery and transformation. Our organisational strategic framework sets out all our plans fit together from our vision right through to our operational delivery plans. Executive portfolios, our risk management approach, the Board Assurance Framework and our Integrated performance report are all aligned to this strategic framework in order that our efforts are concentrated in the same direction with the same purpose.



Strategic Plans

Our strategic Plans set out how, across all aspects of the organisation we will take forward the organisational strategy and how we will measure success

TRANSFORMING FOR THE FUTURE: Our 10 Year Clinical Plan

The refreshed Clinical Services Strategic Plan (CSSP) **'Transforming for the Future'** will be developed through a whole-system, evidence-based approach that is grounded in meaningful collaboration with the people we serve. Central to this is the creation of a public charter, shaped through engagement across the Seven Areas of Care, which will clearly outline what our communities can expect from their health service and what the health service needs from them to deliver sustainable, high-quality care. This charter, alongside our established design principles (which will be revisited and tested through this work), will guide the development of future service models. As those models are shaped, all major pathway redesign will be co-produced with our communities, Llais, carers, and third-sector partners, ensuring that our future clinical system reflects lived experience, local need, and the values of those who depend on it.

Seven Areas of Care

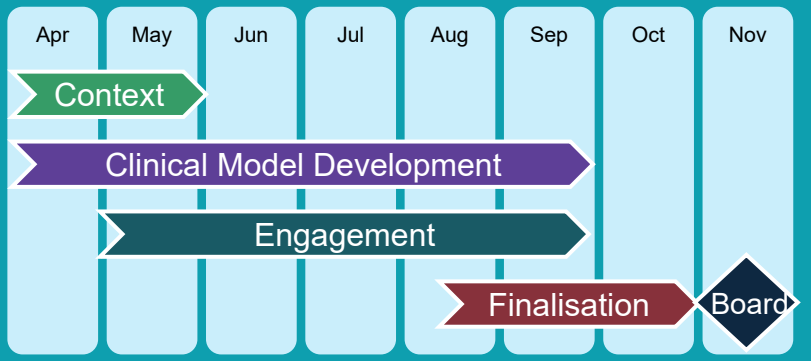
Timeline

Development of the Clinical Services Strategic Plan (CSP) is underway through 2026, moving from establishing the evidence base and context in the first half of the year, into engagement, design and agreement of future models of care, and concluding with final plan approval.

Key milestones include:

- May-June2026: Engagement on principles and the public compact
- July 1st2026 : Clinical Leadership Event
- July-August: Engagement on Future Models of Care
- September 2026: agreement of strategic models of care
- October 2026: identification of priority transformation areas
- November 2026: approval of the final CSP document

Timeline



TRANSFORMING FOR THE FUTURE: OUR 10 YEAR CLINICAL PLAN

A key component of the Transforming for the Future is the work to understand the context and challenges we face now and are likely to face in the coming years so that we can plan and develop sustainable services fit for the future. The CSSP is therefore informed by the findings from these key pieces of work undertaken in 2025/26:

State of the Population	Horizon Scanning	Demand and Capacity	Infrastructure
• Greater emphasis will be required on upstream interventions and community-based models to tackle the increasing chronic disease burden. • An aging population and rising multimorbidity will significantly increase service complexity. • There will be increased demand for diagnostics, treatment facilities, with pressures on workforce capacity for cancer, CVD, and dementia. • A shrinking working-age population and skills gaps will require proactive workforce planning. • Persistent health inequalities will require Services to be designed in such a way as to target inequities in rates of disease in our population' • Data-driven planning is essential for adapting to emerging needs and preparing for new interventions	• Financial sustainability and policy agility are critical to maintain service resilience. • Deepening health gaps require targeted, equity-focused service redesign. • Workforce resilience and digital skills are essential for future-proof care and expand tech enabled care. • Digital equity and interoperability must underpin technology adoption. • AI readiness—data quality, ethics, and workforce training must start now. • Compassionate leadership and flexible working are key to retention and quality. • Climate resilience and sustainability must be embedded in all planning. • Agility and research integration will define future competitiveness and outcomes.	• We will need to prioritise bed base resilience, sustainable elective capacity, and improved theatre and diagnostics throughput. • Urgent and emergency care must shift to a 7-day flow model with strengthened intermediate care, virtual wards, and MDT discharge processes. • Future services will need a workforce model that enables sustained capacity rather than surge-funded short-term activity. • Diagnostics expansion, triage, and throughput improvement are essential to avoid diagnostic bottlenecks driving systemic delays. • Standardising pathways will be key to restoring flow and predictable capacity.	• Maintaining Capacity and Service Delivery will require high-risk to be prioritised to protect theatre/ward throughput and urgent/emergency capacity. • Sequencing capital plans will be vital in to unlocking pathway redesign benefits. • There are opportunities in regional programmes to consolidate specialist services and scarce skills. • It is vital to shift from reactive to lifecycle management to optimise compliance. • We will need to explore mixed funding opportunities to bridge the capital gap and accelerate highest-value schemes.

STRATEGIC RISKS ALIGNED TO THE STRATEGIC OBJECTIVES

A reset of our risk management approach was undertaken in 2024/5. This led to the creation of a strategic risk register informed by pre-existing board risks, operational service risks, and fresh top-down review against SBU objectives by Board Directors. A consolidated strategic risk register was adopted by the Board identifying the principal risks to the strategic objectives. It is supported by a refreshed corporate risk register of significant operational risks – itself informed by operational service risk registers and ongoing bi-monthly reviews of register by Executives and Board, supplemented by detailed scrutiny of Board Committees.

The below table sets out our key Strategic Risks, Corporate Risks and Operational risks aligned to our strategic objectives. Which Board Committee has oversight of the risks is also noted:

- PHC: Population Health Committee
- PFC: Performance and Finance Committee
- QSC: Quality & Safety Committee
- DDRI: Digital Data Research & Innovation Committee
- WOD: Workforce and Organisational Development Committee
- IC: In-Committee

Strategic Risk Register (n=17) (Ref, Risk Title, Over-seeing Committee)	Principle risks to the health board (at the strategic level) that could impact successful delivery of one of the organisation's five strategic objectives			Horizon 2 – 3
Better Health for all	**Improved patient safety**	**Care is delivered in partnership**	**A great place to work**	**Use every NHS £ wisely**
Level 16 Population Health Approaches to Address Health Inequity, PHC **Level 12** **Partnerships and Collaboration, QSC**	**Level 16** Quality, Safety & Patient Outcomes, QSC Mental Health, QSC Perinatal Service, QSC Access to Services, PFC	**Level 20** Estates PFC **Level 15** Digital, DDRIC	**Level 16** Staff Health & Wellbeing and Organisational Performance, WODC **Level 12** Leadership and Management, WOD Culture, Values & Behaviours, WODC	**Level 25** Recovery & Sustainability Programme, PFC

Corporate Risk Register (n=24) (Ref, Risk Title, Overseeing Committee)	• A level below the Strategic Risk Register. • Significant Corporate or Operational risks escalated and accepted by an Executive or Corporate Director to go on the CRR because: • The risk rating is high and the Corporate Director feels it is outside of their control • The risk cannot be tolerated • All action has been taken to mitigate the risk • The risk remains at a level above the risk tolerance level.			System wide Horizon 1 – 2
Better Health for all	**Improved patient safety**	**Care is delivered in partnership**	**A great place to work**	**Use every NHS £ wisely**
Level 12 **52** Statutory Compliance: Engagement & Impact Assessment, PFC **100** Partnerships & Collaboration, PHC	**Level 20** **4** Healthcare Acquired Infection, QSC **66** Access to Systemic Anti-Cancer Therapy (SACT), QSC **80** Clinically Optimised Patients QSC **110** Access to Cancer Care, PFC **114** MHLD Staffing, QSC **116** Maternity Services Site, QSC **117** Timely UEC, PFC **Level 16** **111** Listening to People, QSC **Level 12** **109** Access to Planned Care, PFC	**Level 20** **60** Cyber Security and Resilience, DDRI IC **64** H&S Infrastructure, QSC **104** Clinical Coding Completeness, DDRI **115** MHLD Estate, PFC **Level 16** **36** Paper Record Storage, DDRI **105** LIMS, DDRI **108** WCCIS/Connecting Care, DDRI **Level 15** **113** Sustainability of Digital Services, DDRIC	**Level 20** **89** Healthcare Nursing Staff Levels (HMPS), QSC **Level 16** **3** Recruitment of Consultant Medical and Dental Staff, WODC	**Level 25** **92** Finance forecast deficit risk, PFC **Level 20** **90** Subject Access Request, DDRI **96** Failure to Develop an Approvable IMTP, PFC **106** Emissions Reduction, PFC **107** Emergency Preparedness, PFC **Level 16** **85** Non –Compliance with ALN Act, QSC, QSC **Level 12** **93** Finance Capital Funds, PFC **53** Welsh Language Standards, QSC

Risk Areas of Focus

Our analysis of our risks tells us that the highest scoring risks, outside of financial and estates pressures, are predominantly clustered under Strategic Objective 2, which relates to quality, safety and patient outcomes. Within this, there are multiple strategic and corporate risks relating directly to:

- Timely access to care, including planned care, cancer pathways and urgent care
- Mental health services, including both service delivery and workforce capacity
- Maternity and neonatal services, highlighted as a specific area of concern
- Avoidable harm with reference to Healthcare associated infections, which remain a high scoring corporate risk

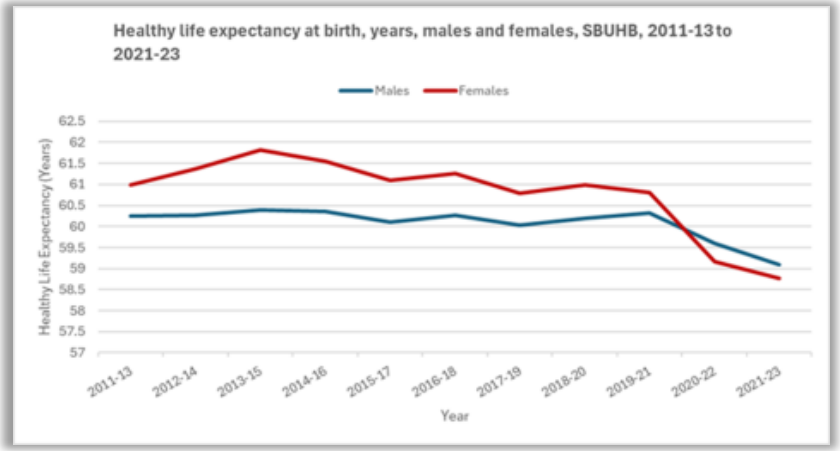
These themes appear repeatedly across both the Strategic Risk Register and the Corporate Risk Register, indicating that they are not isolated issues but sustained, system level risks that remain above tolerance despite mitigation. Focusing on these areas enables us to prioritise where there is both the greatest potential impact on patient outcomes and the strongest alignment with the Board's identified risk hotspots, particularly around quality, safety and access.

Timely Access to Care	Mental Health Services	Maternity and Neonatal Services	Avoidable Harm (HCAI)
We are managing risks around access to timely care through a combination of urgent and planned care improvement programmes, delivery of strengthened performance trajectories and operational grip via the Delivery Unit to improve flow, reduce delays and increase capacity across the system	We are progressing our Mental Health Transformation Programme, focused on delivering a modern, integrated care model that strengthens prevention, improves access to psychological therapies and reduces reliance on crisis and inpatient care through improved community provision	We continues to actively manage maternity and neonatal risks through strengthened oversight, enhanced clinical governance and focused improvement actions, with particular attention to safety concerns and service sustainability. In parallel, we are reviewing all the options and mitigations to the risks associated with the current two-site model.	We are addressing HCAI risk through strengthened quality governance, enhanced incident learning and safety systems.

A POPULATION HEALTH FOCUSED ORGANISATION

Dyfodol gwell i bawb
A better future for all
Strategaeth Iechyd Poblogaeth Bae Abertawe
Swansea Bay's Population Health Strategy

The Swansea Bay Population Health Strategic Plan (2023) – A Better Future for All – sets out how we and our partners will improve health and wellbeing while reducing inequalities. Our focus is on prevention and tackling the 'causes of the causes' of ill-health through whole-system, multi-sector action. Grounded in the Marmot principles and the five World Health Organisation policy areas, the strategic plan aligns with our A Healthier Swansea Bay: Swansea Bay UHB Organisational Strategy, mapping directly to Strategic Objective 1: People of Swansea Bay live healthier, fairer and more prosperous lives and the four pillars are embedded throughout the whole Strategy.



This strategic focus is critical given the stark health inequalities in Swansea Bay; women in the most deprived areas live nearly 20 fewer healthy years than those in the least deprived and in men this difference is nearly 15 years. Neath Port Talbot and Swansea also have among the highest rates of premature cardiovascular deaths in Wales and the UK.

The Health Board aims to add years to life, and healthy life to those years for all. We tackle our health inequities by guiding partnership whole system working on prevention and mitigation and in the health and care system through the Core20PLUS5 approach. The most deprived 20% of the population (CORE 20) as well as Priority population groups with greater health needs (PLUS) are targeted on the top five preventable health conditions affecting the population. For adults, the five (5) conditions include cardiovascular and respiratory disease, maternity services, mental illness and cancers, and for children includes asthma, diabetes, epilepsy, mental and oral health. Smoking cessation is a priority for all the adult areas as it is a risk factor in all categories.

The Population Health Committee has focused on ensuring the Strategy is implemented through priority areas by measurable actions and collaboration with directorates to embed it as a priority.

POPULATION HEALTH PRIORITY AREAS FOR 2026/27

Alongside delivery against our ambitions outlined in the Population Health Strategic Plan, the 2026/27 NHS planning guidance also draws attention to specific priority areas which include:

Increase uptake and decrease inequity in Vaccinations and Screening

- Continue to improve vaccine accessibility through community-based vaccination venues in lower-uptake areas, particularly during winter, alongside home immunisations. We will work with Primary care and Public Health Wales on low uptake areas for both Cancer Screening and Vaccination, targeting those at highest risk.
- Investigate and target actions to understand and address non-attendance for vaccination across the life course.

Healthy weight and obesity

- Develop structures, goals and actions to progress the collaborative approach across Neath Port Talbot and Swansea Public Service Boards (PSBs) on public food procurement to support food system improvements and healthier settings/ communities.
- Strengthen collaboration with partners to support early years interventions that promote healthy weight, including breastfeeding, physical activity and activity through play.
- Further develop delivery of Healthy Schools programmes to embed and sustain healthy behaviours in education settings.

Prevention

- Strengthen activity in primary and secondary prevention and health improvement. Through ensuring evidence-based prevention actions in Primary care (e.g. on hypertension) we aim to achieve improved population health outcomes.
- Building sustainable tobacco control and weight management services to meet present and future need.
- Work with schools and other partners in educational settings through a whole school approaches.

Population Health Surveillance and Management

- Local intelligence captured through the State of the Population report will be used to inform the development of individual Clinical Service Plans.
- Continue to advocate for a data driven approach to population health improvement tracking through the All-Wales Population Health Management guidance, whilst awaiting a national solution to access integrated patient-level datasets, on which to run tools such as segmentation and risk stratification and identify population groups for targeted, preventative intervention.

Tackling health inequalities

- Delivery of a population health focused tool to support Clinical Services Planning in addressing future need, including prevention and early intervention.
- Community by design will shift services closer to the patient.
- Working in partnership, strengthen our understanding of the health needs of inclusion health groups, map current services and set actions to enhance how services meet the needs of seldom heard/marginalised groups.
- Advocate and embed population health approaches by working with PSBs, local authorities, schools, communities and other partners, to include engaging with emerging Marmot Nation, Tata Steel, and 'Clear Hold Build' place initiatives.

Action across the life course

- Strengthen universal pre-natal and perinatal prevention and ensure coordinated early years support across maternity, health visiting and wider partners by using data to support and prioritise evidence-based actions.

QUALITY AND SAFETY

Improving the quality and safety of our care remains an organisational priority as we continue delivering on our Duty of Quality and Candour. Through engagement with our communities and stakeholders, we have revised our Annual Quality report to better meet their needs.

Quality Governance & Assurance

Over the coming year, we will build on our work with the national Safe Care Partnership to develop our Quality Management System, including learning from Perinatal Services via the Wales-wide QMS prototype.

Patient Experience Requirements

The national Patient Experience Survey is used across services, with real-time data driving daily action on negative feedback. Over the past year, Welsh-medium feedback systems have been strengthened, with further improvements planned for 2026. Annual self-assessment against the People's Experience Framework is underway, supported by an improvement plan.

We prioritise Welsh-language care and plan to expand Welsh-medium clinical consultations in the More Than Just Words priority areas.

Concerns, Complaints & Redress – "Listening to People" (from April 2026)

Concerns handling and learning will feature in the 25/26 Annual Quality Report. Compliance with the 30-day closure target has fallen to 54% as of 11.2.26. We are addressing overdue concerns, promoting early resolution, and centring the person through listening.

Looking forward, we will implement the new Listening to People framework from April 2026, focussing on early resolution and trauma informed responses.

Safety Systems & Incident Learning

Nationally reported incidents are submitted to NHS Performance and Improvement per guidance, with learning shared via quarterly Patient Safety Congress events. Over the next year, we will revise our processes to enhance learning at service and organisational levels. Safety alerts are managed through the Once for Wales DATIX system, and we will work with the Welsh Risk Pool to strengthen the national system.

We continue to prevent deconditioning and have reduced inpatient falls to 3.7 per 100 bed days, well below the national average.

Workforce, Safety & Culture

We will continue to develop Quality Improvement skills across our teams so that we can make positive changes to our care at every level.

Year-1 Delivery Expectations (2026/27) :	From April 2026, we will implement revised concerns processes by building staff awareness and skills, reducing overdue concerns, and promoting early resolution.

COMMUNITY BY DESIGN

Community by Design (CbD) is now a core national priority for 2026–29, signalling a shift away from a hospital-by-default model toward integrated, community-centred care. Rooted in *A Healthier Wales*, the approach strengthens prevention, supports population health management and ensures more care is delivered closer to home. A new national Transformation Programme Board, chaired by the Chief Medical Officer, is driving this work across three pillars:

Chronic Conditions

Supporting people with chronic conditions and risk factors to remain well in the community through the delivery of integrated services with prevention at their core

Urgent and Same Day Care

Improve access and availability of services in the community in a way that people and staff can navigate care pathways easily and appointments are timely and appropriate to need in the right setting.

Prevention and Population Health

Prevention and population management are business as usual, systematically embedded into every contact to secure better health outcomes and reduce inequalities.

Health boards are expected to increase both activity and investment in primary and community services and consistently apply CbD principles across all pathways.

Our Position

Swansea Bay already has a strong foundation for this shift, with many services such as oral surgery, audiology, ophthalmic care and INR monitoring already delivered in community settings. Well established clusters and an active Pan-Cluster Planning Group also provide a mature platform for neighbourhood-level redesign and co-production with partners.

Our Ambition for 2026/27

In 2026/27, we will establish a local CbD programme reporting into the Planned Care & Cancer Board, embedding Community by Design as the default planning principle for future service transformation—community first unless hospital care is clearly required. This will include shifting activity and resources from secondary to primary and community care, supported by national expectations and GMS contract investment. We will work with clusters, primary care contractors, local authorities, social care and third-sector partners to co-design stronger community pathways and expand seven-day services, including community nursing, urgent-care alternatives and enhanced palliative care. Our ambition is to reduce delays and avoidable admissions by improving community management of long-term conditions and urgent care, while ensuring CbD is fully reflected in the refreshed Clinical Services Strategy and aligned across our workforce, digital, estates and financial plans.

QUANTIFYING THE CHALLENGES AND OUR OPPORTUNITIES

In 2025/26 ,we have gained a stronger understanding of both the challenges and opportunities facing the Health Board. We now have a system-wide, evidence-based assessment of the Health Board's financial challenges, including the drivers of our current deficit and the scale of deliverable opportunities. This is summarised across five domains described on this page. Further work will be undertaken to ensure we fully understand how these opportunities can be realised in realistic timescales.

1. Understanding the Financial Problem – Underlying Deficit (ULD)

We have confirmed the HB's underlying deficit has deteriorated. Key deficit drivers have been quantified and £94.2m–£108.2m of recurrent pressures identified. 78–80% of these drivers are *operational or strategic*, meaning the HB has control to address them:

- UEC workforce, choices and investment
- CHC growth and structural issues
- Acute income vs cost
- Planned care productivity
- Beds/sites and rurality
- Medicines management

2. Urgent & Emergency Care (UEC): Flow, Bed Base and De-escalation

A UEC deep-dive identified quantified opportunities in SDEC, AMU and inpatient flow:

- Redesign Front-door and assessment area.
- Improve discharge profile (board round standardisation, MDT coaching) supporting further bed release.
- Review of Investments providing opportunities to stop, repurpose or re-specify spend
- These are foundational to restoring safe flow and reducing dependency on temporary escalation capacity.

3. Planned Care & Productivity

Substantial opportunities have been identified through benchmarking with Model Hospital and Welsh peers. Key quantified opportunities are:

- Embed Outpatient productivity (template standardisation enabling c. 27,000 extra appts)
- Embed Theatres productivity
- Use of Omnicell to reduce waste
- Wider planned care productivity

4. Continuing Healthcare (CHC): Operating Model, Reviews & Market Management

A CHC is the second-largest category of financial risk after UEC. Key quantified opportunities are:

- Market management
- Joint funding reviews
- Rightsizing packages & review backlog
- However, achieving these savings requires fixing structural weaknesses in CHC data, commissioning, governance and multidisciplinary working.

5. Workforce Controls and Efficiency Opportunities

Pay growth and workforce expansion (18% WTE growth since 2019/20) are major contributors to the deficit. Key quantified opportunities are:

- Assert Workforce governance & variable pay controls
- Reduce Sickness absence
- Implement Non-clinical workforce controls.
- Right-sizing & spans of control (A&C, CST workforce, support services)
- Implement Nursing controls (Registered + HCSW)
- Implement Medical controls

OUR PATH TO SUSTAINABILITY

2025/2026
Building the basics

2026/2027
Transition year and doing things differently

2027/2028-2029/2030
Delivering transformation

We recognise that there is much do now and in the immediate future to address the urgent challenges that are hampering the delivery of excellent, timely care for our population. The Board's route to financial sustainability is grounded in making wide-ranging operational, strategic and structural changes.

Transforming for the Future (Our Clinical Services Strategic Plan) is central to this. It provides the clinical blueprint for addressing the long-term challenges by aligning operational efficiencies, strategic redesign and structural change aligned with future population need within a single, coherent framework. It will enable us to standardise pathways, right-size our bed base and theatres, strengthen diagnostics, and ensure that specialist care is concentrated where it can be safely and sustainably delivered.

Alongside this, **Community by Design** (CbD) is essential to shifting activity and investment upstream. Many pressures we face are symptoms of a system weighted too heavily toward acute care. CbD enables more assessment, treatment and support closer to home, reducing avoidable admissions, improving flow and building a resilient system of care.

Together, the CSSP and CbD underpin the pipeline of operational, strategic and structural schemes required for recovery. This includes pathway standardisation, workforce and theatre right-sizing, community-based diagnostics, CHC redesign, and improved site utilisation. Embedding both programmes into our stepped approach ensures that short-term delivery is aligned to long-term transformation. This integration is vital to restoring financial balance, improving quality and safety, and creating a sustainable, resilient health system for Swansea Bay. We will identify and develop future opportunities through managing a pipeline of potential schemes, developing them through from initial concepts to high level plans, implementation plans and delivery. Below are some examples of the future schemes identified in our pipeline.

Operational

Recovery & Sustainability Plan for 26/27

Structural

- SLAs, LTAs, Commissioning and Contracting
- Radiology Service Sustainability (capacity and demand right-sizing)
- Community based activity and diagnostics to reduce acute demand
- Pathology Service Redesign
- South Wales Corridor Strategic alignment in priority services (e.g. Cancer, Cardiothoracic, Fertility, Spinal)

Strategic

- Acute and Community Estate consolidation and restructure to address underutilisation and support new service models
- Maternity services redesign and Optimisation Programme

TRANSITION IN 26/27 AND DOING THINGS DIFFERENTLY

Financial Grip and Control: Delivering efficiency and productivity through Recovery and Sustainability programmes

Finance: Reduce the ULD with transparent run-rate control and strengthened financial governance

Workforce: Single, mandatory workforce control framework with measurable reductions in variable pay and improved utilisation of the substantive workforce

UEC: Phased de-escalation, improved discharge performance, front-door redesign and sustainable flow governance across the UEC system.

Planned Care: Productivity-driven approach, linking workforce modelling, theatre utilisation, outpatient redesign & digital enablers

CHC: Redesign CHC operating model, complete the digital case management solution and implement systematic joint funding and market management approaches.

Procurement & Non-Pay: Strategic procurement programme, contract consolidation and efficiencies

Short-Term Service Change and Safe Services: Addressing particular risks through priority Improvement programmes and regional solutions delivering transformation at pace.

Mental Health Improvement programme

Babies, Children, Young People and Women's Improvement programme

Cancer Improvement programme

Community by Design Improvement programme

Long Term Sustainability

Transforming for the Future: Our 10 Year Clinical Strategic Plan

Productive partnership working with communities, patients, clusters, Regional partnership Board, Third Sector, Public Services Board, NHS Partners

Enabling Actions

- Improving Value Optimising Outcomes and Minimising Variation
- Workforce Productivity
- Operational Productivity and Efficiency – UEC and Planned Care
- Maximising Value

Delivery Expectations

- Timely Access to Care
- Population Health and prevention
- Community by Design
- Mental Health Access
- Women's Health
- Quality & Safety

Financial Sustainability

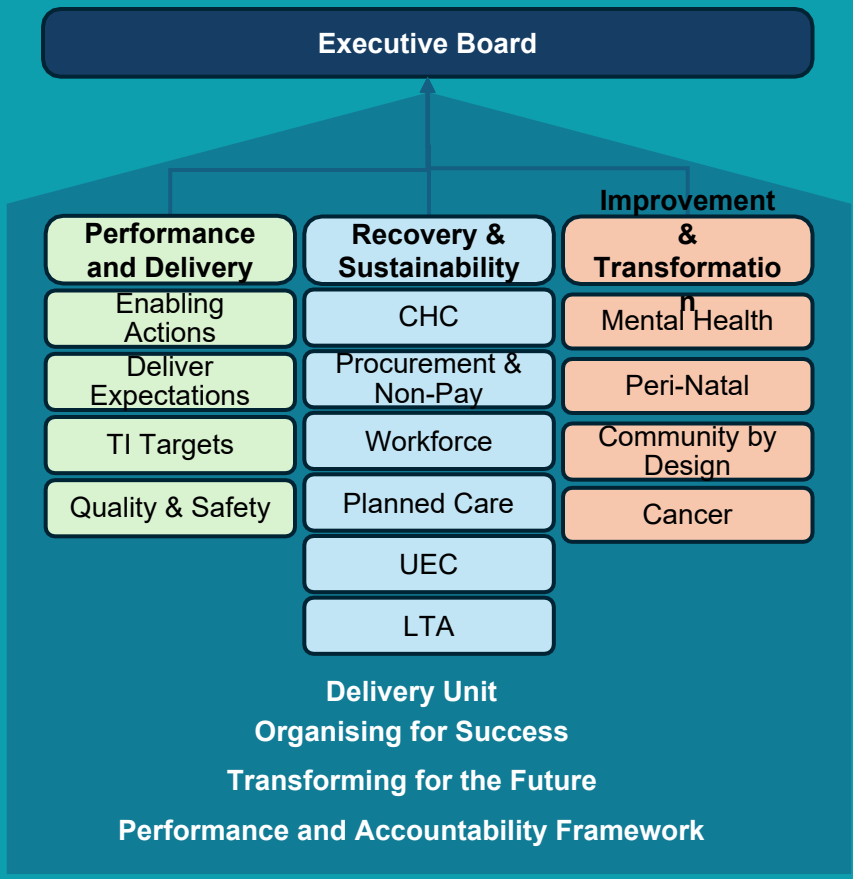
ORGANISED FOR SUCCESS

A clear one-to-three-year flightpath to sustainability requires us organising for success. It includes putting in place the structured support required to plan, deliver and monitor our plans. **The Organised for Success programme** will support us to be organised in the most effective way to deliver in-year and medium-term improvements aligned to the Annual Plan. The programme is a key enabler in the delivery of the savings benefit associated with headcount reduction (as identified by the Recovery and Sustainability Board), which will include a management restructure of our clinical services and corporate functions. It has been designed in the following phased and stage approach, with progress to date is as follows:

- **Phase 1; Stage A: The Executive Team portfolios.** Completed
- **Phase 1; Stage B: Delivery Unit Implementation from April 2026.** The Delivery Unit will provide :
  - **Oversight and Coordination:** To oversee and coordinate the identification, development, and monitoring of savings plans.
  - **Programme Support:** To support the delivery of transformational, operational improvement and productivity programmes.
  - **Benefits Realisation:** To track and evidence the realisation of benefits arising from these programmes.
  - **Unified Framework and Methodology:** To operate within an agreed accountability framework and apply a single, consistent improvement methodology.
  - **New Performance and Accountability Framework**
  - **Performance Management:** To establish and maintain a performance management infrastructure, including KPIs, tracking, reporting and data analysis to support insight driven decision making.
- **Phase 2 Care Group Structure. Implementation from September 2026.** The proposed Care Group Structure was approved by the Board on 29th January 2026. Further consultation and engagement on the structure and content of each Care Group will take part of next phase, i.e.., where each service/ speciality will sit and how they will be grouped.

Governance

Our plan and our governance reflects the areas against which we need to deliver. Our operational plans set out the actions to achieve performance and delivery requirements, the work to deliver our recovery and sustainability schemes and the priority areas for improvement and transformation.



DELIVERY UNIT

A vital part of Organised for Success is the establishment of our Delivery Unit. The Delivery Unit is being established in response to the scale and pace of improvement required across financial recovery, operational delivery and organisational sustainability. It will support delivery of the £65m savings requirement, operational productivity improvement and longer-term redesign and reconfiguration. The Delivery Unit Director is in post and has begun implementation.

The core purpose of the Delivery Unit is to strengthen the organisation's ability to deliver improvement at pace through:

- Greater coordination of organisational resources
- Improved programme discipline and accountability
- Enhanced delivery support focussed on greater delivery opportunity
- Better use of organisational intelligence
- Consistent reporting and transparency
- Earlier identification of delivery risks and barriers
- Improved alignment between operational, financial and transformation activity

The establishment of the Delivery Unit represents a material strengthening of the Health Board's approach to recovery, sustainability and organisational improvement.

The key assurance improvement is the creation of a more coordinated, transparent and disciplined organisational approach to delivery, supported by integrated reporting, structured programme oversight, and aligned improvement capability.

The Delivery Unit will support Executive teams, operational leaders and programme leads in delivering improvement at the scale and pace required, whilst maintaining clear accountability within existing organisational structures.

The Delivery Unit will bring together several existing organisational functions into a coordinated structure.

Delivery Unit function	Core role	Immediate proof point
PMO	Programme governance, milestone tracking, risk and issue management and reporting discipline.	All major schemes supported by standard PID structure and milestone tracking.
Transformation	Coordination of transformation programmes and redesign activity.	Priority transformation programmes aligned to organisational recovery priorities.
Improvement	Deployment of improvement methodology and operational improvement support.	Improvement support plans for priority programmes.
Recovery & Sustainability	Coordination and oversight of recovery programmes and savings delivery.	Single organisational savings register and reporting process.
Value Based Healthcare	Identification and support of value and productivity opportunities.	Alignment of VBHC workstreams to savings and productivity priorities.

WORKFORCE

Our workforce will be key in delivering our plans. Our 5-year People Strategy 2024-2029 sets out our Health Board's long-term ambitions for our workforce. The strategy is aligned to the national "Healthier Wales: Health and Social Care Workforce Strategy" and the Health Board's 10 year "One Bay Way" vision document. The strategy outlines 7 strategic workforce themes:

Approach to Planning the Workforce

In addition to implementing our five-year People Strategy, service areas are encouraged to develop comprehensive workforce plans that define the workforce needed for both current and future service delivery. Over the next three years, this includes exploring workforce redesign and innovative working practices to support the Health Board in achieving its substantial savings targets.

WORKFORCE

The Workforce and OD Directorate has developed multiple programmes to support the Health Board in implementing its People Strategy, as detailed below. The boxes shaded in yellow correspond with the NHS Wales Planning Framework workforce priorities. Programmes highlighted in yellow are high priority programmes of work that will be completed by March 2027.

Strategic theme: **Be a great place to work**

Strategic Enabler: **People Strategy**

	Engaged, Motivated & Healthy	Attract & Recruit	Well Planned	Digitally Ready	Excellent Learning & Education	Leaders That Live Our Values	Equality, Diversity and Belonging
Strategic Aims	We want people to feel valued, fairly rewarded and supported	We want to be recognised as an employer of choice	We will aim to have the right number of skilled people working on the right things	We want to ensure our people feel ready for our digital future	We will support our people to develop the skills and capabilities they need	We want all our people to role model collective and compassionate leadership	We will strive to be diverse and inclusive, ensuring all voices are heard
Programmes of Work	• Personal Development Appraisal Review Improvement Plan • Staff Experience Action Plans • Staff Health & Wellbeing/ Sickness Absence Improvement Plan • Staff Recognition Plan • Psychology safe culture/ Freedom to Speak Up Improvement Plan / Behavioural Charter	• Flexible Working Improvement Plan • Proactive Recruitment Plan	• Strategic Workforce Plan • Variable Pay Improvement Plan • Organised for Success • Support local arrangements/ On Call Review • Support Banding Reviews • Support Job Planning Improvement Plan • Support Resident Doctor New Contract	• ESR and E-rostering benefits realisation plans • New ESR	• Education, Learning & Development Plan	• Leadership & Management Development Plan • Proactive Model of OD • Talent Plan	• Equality, Diversity and Belonging Plan

DELIVERING PERFORMANCE

In line with the Ministerial Priorities Delivery Expectations, we have baselines and trajectories for our key services that reflect our resources (workforce, finance and capacity) and ambition to deliver in 2026/27. Detailed Ministerial Templates at **Annexes 3**

Planned Care Delivery:

- We will maintain our ambition of 0 over 104 weeks, acknowledging current gap and risk of 850 people waiting.
- We will work towards reducing the number of patients waiting over 8 weeks for a diagnostic endoscopy and continue to maintain our current position of patients waiting over 8 weeks for all other diagnostics (80% TI target), acknowledging current gap and risk of >5000 people waiting

Cancer Care Delivery

•We will deliver a 12-month improvement trend in patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), achieving 73% by November 2026 and improving to 76% by January 2026.

- We will reduce the backlog waiting to 104 by January 2027.

Unscheduled Care Delivery

- We will commit to delivering 0 ambulance patient handovers >45mins by September 2026.
- We will deliver a 10% reduction in the numbers of patients waiting in ED >12 hrs.
- We will deliver a 12-month reduction trend in the Number of people who are delayed in hospital as measured by the Delayed Pathways of Care Dashboard, reducing this to 100 patients delayed in hospital by March 2027.

Mental Health Delivery

- Mental Health Specific Quality Indicators to be implemented by end of Q2 and awaiting national guidance on Open Access Model and Physical Health in those with long term MH conditions Monitoring policies.

Population Health and Prevention Delivery

- We will increase uptake in vaccinations (over 65 Flu vaccine) in the most deprived areas.

Quality & Safety Delivery:

- We will deliver a downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.
- We will deliver a sustained increase in days of safe care since the last never event.
- We will deliver the national target of 40% complaints dealt with via early resolution, achieving by October 2026
- We will ensure that at least 95% of inpatient and day case episodes are fully

Planned Care Delivery Expectations Trajectories

Apr 26	May26	Jun 26	Jul 26	Aug 26	Sep26	Oct26	Nov26	Dec26	Jan27	Feb27	Mar27
104 Week Waits											
0	0	0	0	155	172	207	378	416	579	689	850
8 Week Wait - Diagnostics											
	6411	8781	8111	6830	5649	5846	6022	6267	5867	5464	5238

Cancer Delivery Expectations Trajectories

Apr 26	May26	Jun 26	Jul 26	Aug 26	Sep26	Oct26	Nov26	Dec26	Jan27	Feb27	Mar27
SCP%											
48%	48%	48%	57%	59%	61%	68%	73%	75%	76%	76%	76%
Backlog >62 Days											
312	642	640	545	317	220	125	116	107	104	104	104

Unscheduled Care Delivery Expectations Trajectories

Apr 26	May26	Jun 26	Jul 26	Aug 26	Sep26	Oct26	Nov26	Dec26	Jan27	Feb27	Mar27
Ambulance Handover >45min											
540	500	460	250	250	0	0	0	0	0	0	0
ED Waits> 12 hours											
1350	1300	1190	1100	997	997	997	997	997	997	997	997
Delayed Pathways of Care											
210	200	190	180	170	160	150	140	130	120	110	100

Population Health Expectations Trajectories

Apr 26	May26	Jun 26	Jul 26	Aug 26	Sep26	Oct26	Nov26	Dec26	Jan27	Feb27	Mar27
Flu Vaccination Uptake in most Deprived Areas											
						25%	50%	55%	57%	59%	61%

Quality and Safety Delivery Expectations Trajectories

Apr 26	May26	Jun 26	Jul 26	Aug 26	Sep26	Oct26	Nov26	Dec26	Jan27	Feb27	Mar27
Crude Mortality Rate											
1.51%	1.35%	1.14%	1.20%	1.32%	1.35%	1.43%	1.80%	1.80%	1.80%	1.54%	1.52%
Days of Safe Care											
Number of safe care days will continue to increase based on no new Never Events being reported											
% of Complaints Dealt with Via Early Resolution											
20%	25%	28%	32%	35%	38%	40%	40%	40%	40%	40%	40%
% of Episodes Clinically Coded <1Month											
4%	35%	80%	80%	85%	85%	90%	90%	92%	92%	95%	95%

Financial Plan 26/27

SUMMARY FINANCIAL PLAN (Revenue Only)

Key Actions Since 29 May 2026:

Following our submission on 29 May 2026 the following actions have been taken:

- £16.7m Savings translated to Green & Amber
- £31m Savings translated to Green & Amber by end Q1
- Weekly Check & Challenge meetings driven Delivery Unit
- Fully developed PIDs for Thematic Programmes

Next Steps:

During quarter 2 the following must be completed:

- Stepped increase in Amber/Green to achieve full £65m savings target
- Assess of the Full Year Effect on Year 2 of £65m and strengthening of further opportunities
- Establish strategies to mitigate key deficit drives of the deficit linked to CHC, LTA and WRP supported by P&I.

Journey Through 2025/26:

The 2025/26 Annual Plan submitted on 31st March 2025 reported a deficit of £58.7m after the delivery of £55.4m of savings, with an expectation that operational spend remained within the allocated budgets. Through Quarter 1 and 2 the reported deficit significantly exceeded the plan driven primarily by the non-delivery of savings, and clearly this position was unacceptable and immediate actions were taken.

On the 11th September 2025 the Health Board submitted an Annual Plan - Financial Update 2025/26. The assessment and accompanying document summarised the work undertaken in collaboration with the Health Board's strategic external partner in the identification and delivery of all opportunities to support the financial position.

On the 16th December 2025 a Special Board meeting was provided with an assessment of the position based on the information available and the further actions required to ensure the £58.7m deficit plan was achieved, which was subsequently discussed as part of Public Accountability meeting held by Welsh Government on 18th December 2025. These set out targets and actions to reduce operational overspend, but with no material change in the overall expenditure trend of the Health Board in the early part of Quarter 4 of 2025/26, the options to strive to achieve the planned deficit figure of £58.7m were predominantly non-recurrent in nature.

Plan 2026/27

The Health Board receives its core funding from Welsh Government. The 2026/27 opening Revenue funding as set out in the allocation letter provided as part of the NHS Wales Planning Framework 2026-29 is £1,358.2m, which reflects a 1.11% increase from 2025/26. The opening Capital funding for 2026/27 is £15.579m. These values are key in the assessment and establishment of the annual Financial Plan.

The next stage in the assessment of the Financial Plan is the impact of 2025/26 into 2026/27. The non-delivery of the recurrent savings required in 2025/26 (£55.4m), and the use of non-recurrent options to mitigate in year pressures in 2025/26, has led the organisation to a significant opening Underlying Deficit from 2025/26 going into 2026/27.

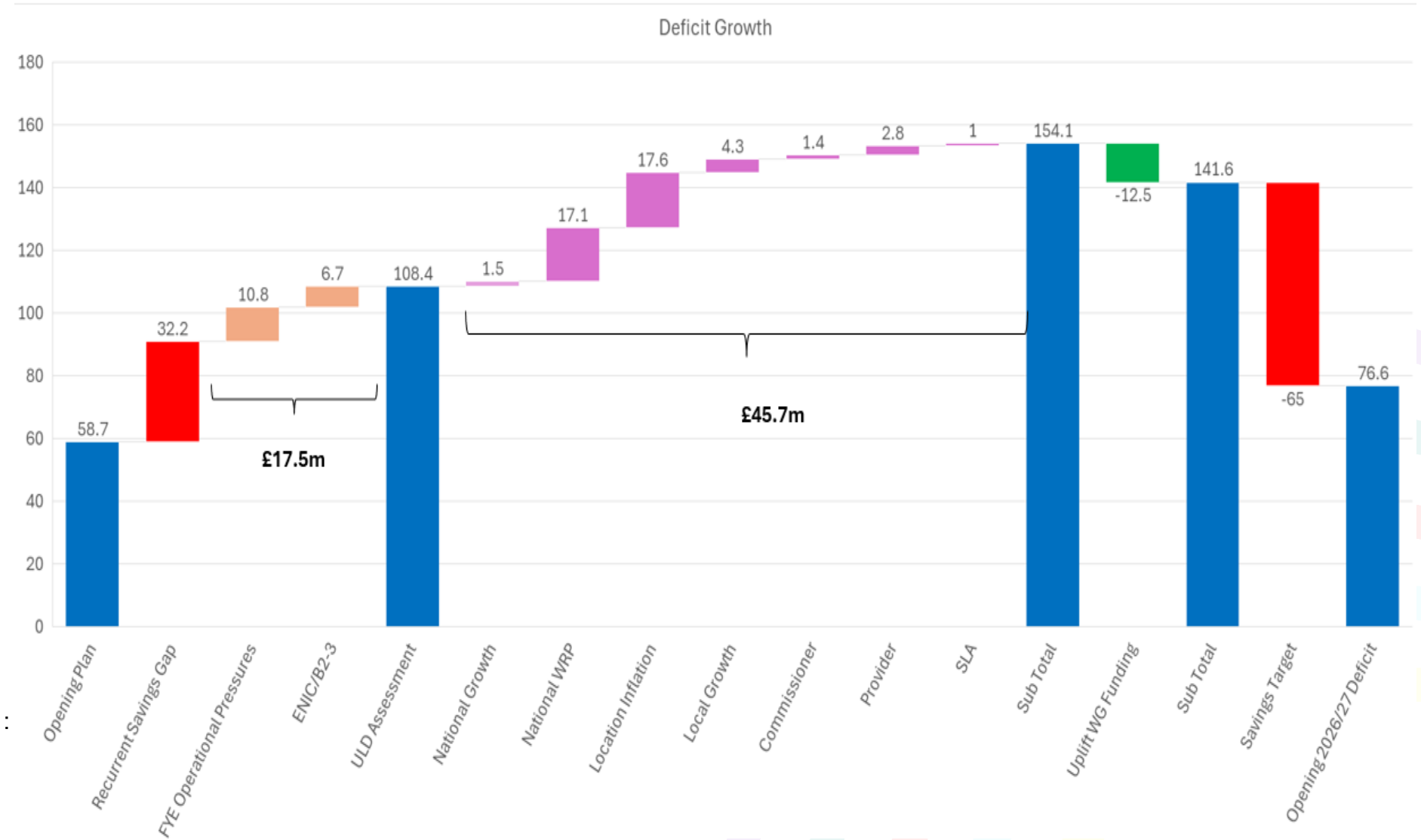
As well as the Health Board's Underlying Deficit, NHS Wales is facing a significant increase in costs linked to the risk sharing agreement of the Welsh Risk Pool, which has added a further £17m to the growth requirements for 2026/27. These increased cost pressures are partly offset by the WG allocation increase of £12.5m (1.1%) however a more radical transformational cost reduction programme has been established resulting in saving targets set at a level well above previous 2% targets, with the initial requirement of £65m reflecting 5.3% of the organisations WG allocation (excluding Primary Care Contracts) or 3.6% of gross 2025/26 expenditure (excluding DEL/AME).

The ambitious savings are a product of the Underlying Deficit, as even after delivery of £65m of savings the closing assessed Plan for 2026/27 remains in excess of the interim closing position from 2025/26. Therefore, the Health Board must focus on sustainability over 3 years, allowing the Health Board to deliver its recognised Target Control Total by 2028/29, through the delivery of a 3-year Savings Programme supported by and underpinned via the establishment of a Delivery Unit aligned to:

- National Value, Sustainability and Benchmarking Programmes, including the Vault
- Delivery of the Ministerial Enabling Actions
- Recovery & Sustainability Board
- Ongoing development of opportunities identified by External Strategic Partner.
- Focus on the development and enhancement of a single 'Total Opportunities' list to support 2026/27 and 3+ years ahead.

A summary of the Financial Plan for 2026/27 is summarised in the graph which follows:

Summary of the Financial Plan for 2026/27



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The original full 3-year assessment 2026/27 – 2028/29 is provided in the table below, which shows how the Health Board could reach and exceed its Target Control Total (£17m Deficit) over the 3 Years. However, this will require significant ongoing delivery of recurrent savings, which will be more than £180m over 3 Years. Details on savings and further opportunities are provided in a further section within this report.

FINANCIAL PLAN				
	AREAS:	**2026/27**	**2027/28**	**2028/29**
Part A	Opening Plan	58.7	76.6	46.1
	Part A1: Non Delivery Savings @ Month 8 (4th Nov)	32.2	0.0	0.0
	Part A2/A3 Operations Pressures	10.8	0.0	0.0
	Part A4: HB Decisions / Central Issues	6.7	0.0	0.0
	Financial Assessment 2025/26 into 2026/27	**108.4**	**76.6**	**46.1**
Part B	Part B1:National Cost Pressures - core	18.6	5.4	4.0
	Part B2: Local Inflation Cost Pressures	17.6	17.4	17.8
	Part B3: Local Growth Cost Pressures	4.3	18.4	17.7
	TOTAL PART B	**40.5**	**41.2**	**39.5**
Part C	Part C1: Commissioning	1.4	2.6	2.6
	Part C2: Provider	2.8	(0.7)	0.7
	Part C3: SLA	1.0	0.0	(0.1)
	TOTAL PART C	**5.2**	**1.9**	**3.1**
Part D	Part D1: WG Funding Allocation Letter	(12.5)	(12.6)	(12.6)
	Part D2: Funding Above Allocation Letter	0.0	0.0	0.0
	TOTAL PART D	**(12.5)**	**(12.6)**	**(12.6)**
Part E	Savings Original Target (5.3% Yr 1 & 5% Yr 2/3)	(65.0)	(61.0)	(61.0)
	Increase Target	0.0	0.0	0.0
	TOTAL PART E	**(65.0)**	**(61.0)**	**(61.0)**
Financial Plan Deficit		**76.6**	**46.1**	**15.1**

A Board development session on 18th May considered the further opportunities and stretch that would be needed against an already high savings plan target for 2026/27. ***Whilst the Board has the ambition to improve on the £76.6m deficit plan, there is a realism of translating and delivering the improvements needed into savings. Therefore through 2026/27 further work on the plans needs to be undertaken, which will need to align with the Total Opportunities List detailed below.*** Post 29 May submission, work has continued on assessing £65m savings as addressed in the next section and the potential to improve Year 2 and Year 3 of the 2026/27-2028/29 plan.

Savings, Opportunities & Grip & Control

The previous section on the Financial Plan has summarised the high-level journey through 2025/26, which resulted in savings that have not been delivered recurrently and non-recurrent opportunities have been used as the mitigating approach to supporting the delivery of 2025/26. The Health Board recognises that this approach alongside the historic non-delivery of recurrent savings has added to the Financial Assessment and that is not acceptable to either Welsh Government or the Board. Going into 2026/27 to achieve financial sustainability the organisation must deliver a sustainable model of care whilst focusing on reducing its expenditure on a recurrent basis, through recurrent savings delivery.

The outputs from Phase 1 of the work by the External Strategic Partner in 2025/26 included a comprehensive assessment of the drivers of the Health Board's deficit, from 2024/25 into 2025/26, above the non-delivery of savings. This work has provided the organisation with an overview of the areas of focus for delivery of savings at operational, strategic and structural level for the next 3+ years, and the drivers and allocation of these by category is summarised in the table below. These will be critical in the delivery of savings over the next 3 years.

:

Theme	Key Line of Enquiry	Value Identified	Deficit Driver Value Included	Driver Segmentation		
				Operational	Strategic	Structural
Expenditure Growth	• Review of expenditure growth 19/20 to 25/26 (FOT)	Not quantified	**N/A**	N/A	N/A	N/A
Workforce Growth	• Total HB workforce growth 19/20 to 25/26	£104.0m	-	Excluded to mitigate overlaps with other themes		
UEC	• UEC Workforce growth • UEC Investments & Choices	£21.8m	**£21.8m**	£15.7m	£6.1m	-
CHC	• CHC expenditure growth compared to Wales Health Boards average	£20m - £34m	**£20m - £34m**	£20m	£14m	-
Acute Income & Cost	• Long Term Agreements and JCC cost of activity vs income received.	£17.6m	**£17.6m**	£5.9m	£5.9m	£5.9m
	• SBUHB Income & Cost	£20.4m	-	Excluded to mitigate overlaps with other themes		
Planned Care Productivity	• Planned Care Productivity	£16.0m	**£16.0m**	£16.0m	-	-
Sites, Beds and Rurality	• Number of sites compared to England average	Not quantified	**N/A**	N/A	N/A	N/A
	• Number of beds per 1,000 population	£15.6m	**£15.6m**	-	-	£15.6m
Medicines Management	• Comparison of NICE costs and corresponding Welsh Government funding	£3.2m	**£3.2m**	-	£3.2m	-
Total		**£218.6m – £232.6m**	**£94.2m - £108.2m**	**£57.6m**	**£29.2m**	**£21.5m**

At the start of 2026/27 the Health Board undertook its own assessment of the Drivers of the Deficit. The output of this work is summarised in the chart below, which sets out the value of the drivers on the deficit plan of £76.6m. Full details on this Deficit Driver work are provided within the **Appendices** that accompany this submission:

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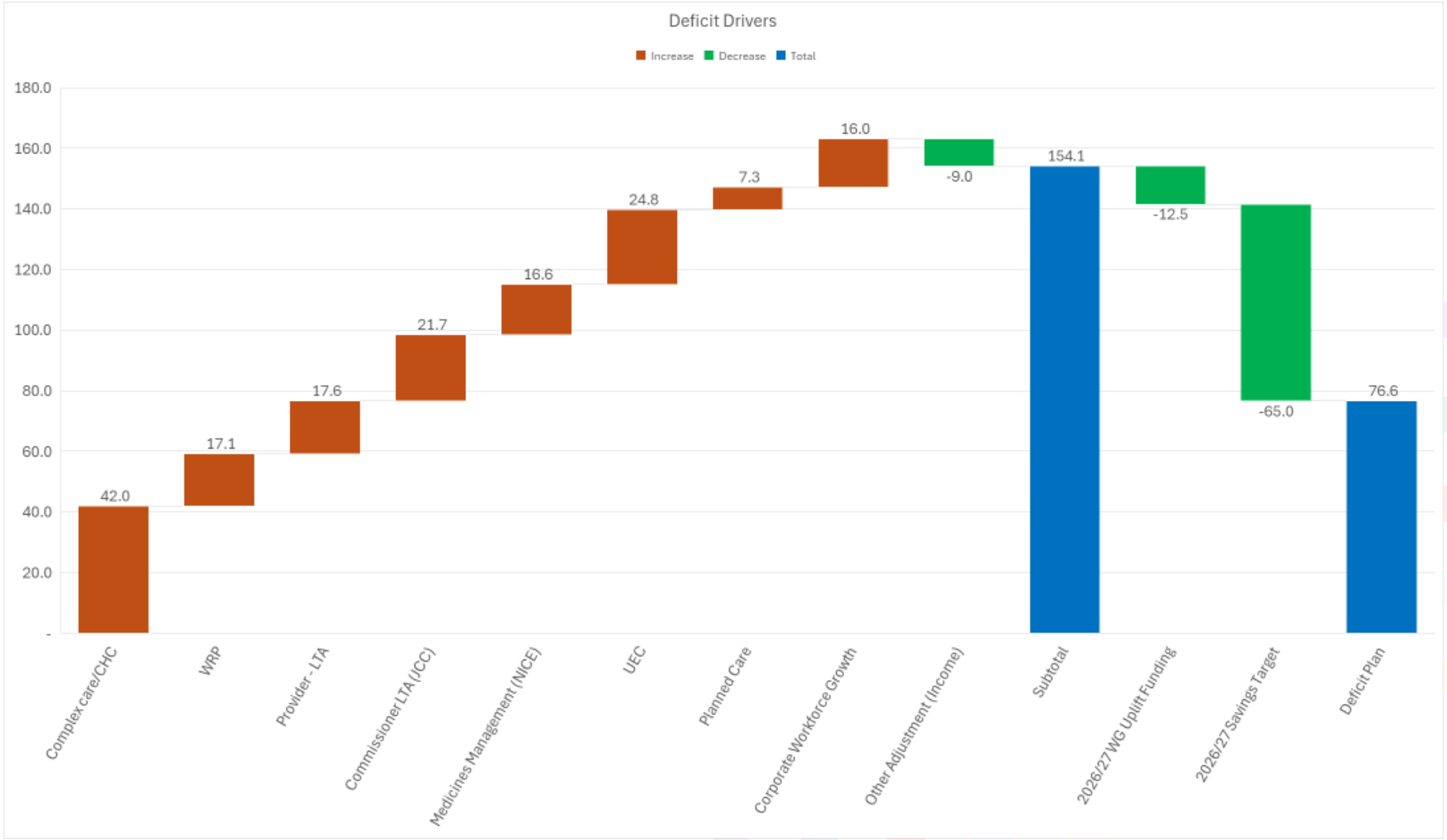

The output from this work builds on and remains consistent with the drivers identified by the Health Boards External Strategic Partner. As such the associated opportunities identified by the Health Boards External Strategic Partner continue to remain relevant and serve to set out why the Health Board has a deficit plan but also present an opportunity to address the financial deficit. This golden thread has been a key focus in the development of the Health Board **Total Opportunities List.**

Overall, the 2026/27 £65m savings target remains focused on the Health Boards Executive Lead Thematic Programme, supported by the Delivery Unit for which a Director was appointed to and commenced in April 2026.

Delivery Unit strategic areas focus:

The Delivery Unit will provide:

- **Oversight and Coordination:** To oversee and coordinate the identification, development, and monitoring of savings plans.
- **Programme Support:** To support the delivery of transformational, operational improvement and productivity programmes.
- **Benefits Realisation:** To track and evidence the realisation of benefits arising from these programmes.
- **Unified Framework and Methodology:** To operate within an agreed accountability framework and apply a single, consistent improvement methodology.
- **New Performance and Accountability Framework**
- **Performance Management:** To establish and maintain a performance management infrastructure, including KPIs, tracking, reporting and data analysis to support insight driven decision making.

:

Key to the delivery of the 2026/27 Plan will be the achievement of the £65m of savings **recurrently.** The Health Board been working since January 2026 on the development of robust Projects Initiation Documents and Plans on a Page, with the external strategic support assisting in the development of these and setting out the level of maturity, which has been discussed at Board Development sessions throughout February and March. The focus on the transition of these through Q1 from Pipeline to Green will be a core area of the Delivery Unit, with a clear expectation from the Board and WG that by the end of Quarter 1 all £65m must be Green or Amber. The current assessment is that Planned Care/UEC and Workforce: Medical are two of the more challenging areas to move to Green and Amber.

The delivery of £65m will sit alongside and complement the focus on 'Grip & Control', which is ensuring the Health Board Makes Every £ Count. Given the scale of the financial challenge, it is essential that the Health Board can demonstrate that the wider governance and control environment mechanisms are robust and sufficient assurance is received on their effectiveness. The Finance Department is leading on Grip & Control, although this is focusing on all areas of the Health Board, including Workforce, Procurement, Board Governance and Roster/Rota compliance and processes.

In addition to the specific Grip & Control actions, other core areas of focus aligned to the 2026/27 Planning Process have been Budget Planning, Budget Delegation and Budgetary Control, which has concluded with:

- a change to the management of the central deficit which will be removed.
- review of Budget Holders with a focus on those with ability to influence change.
- and the process by which the Health Board engages and supports these individuals, so they are clear on their responsibilities.

As part of these changes for 2026/27 all core Budget Holders will receive a specific Accountability Letter and face to face training. These were undertaken in May to ensure they are equipped with the required skills to perform this role. Starting in Quarter 1 the Performance & Finance Committee will be updated on those accessing the financial data and the financial performance by each Budget Holder in 2026/27.

Total Opportunities List & Benefits to Plan

Through 2025/26 the Health Board identified many opportunities to reduce run rates and deliver savings, with options presented on 11 September Finance Update, December 2025 Special Board update and other non-recurrent opportunities. For 2026/27, to improve and consolidate the options, one Total Opportunities List has been development, which brings together areas for further consideration by the Board. This will be a 'Live' document that will support both in year delivery, recurrent and future year opportunities to allow the Health Board to achieve the Target Control Total of £17.1m over 3 Years. A clear governance process has been developed by which things are added, reviewed and moved to the live trackers or are no longer deemed relevant following a review.

Summary of Total Opportunities List at the end Month 1 is provided in the table below. Of note are the following points:

Summary of Total Opportunities List at the end Month 1 is provided in the table below. Of note are the following points:

Category	2026/27 Above £65m £M	2027/28 £M	2028/29 £M	Total £M
Reviewed & Closed	-	-	-	-
Discovery	6.9	64.9	61.3	133.1
Pipeline	1.0	9.9	11.6	22.5
Opportunity	7.2	9.6	9.4	26.2
Total	15.1	84.4	82.3	181.8

- There remain further opportunities for 2026/27, which may be required to address the current issues in delivery of Workforce: Medical and Planned Care/UEC.
- There remain significant opportunities to address the underlying deficit over the next 2-3 years. Further work on the timing and delivery expectations of schemes will need to be a focus for the Delivery Unit over the next 6 months but the quantum of opportunities exists.
- Years 2 and 3 of the current 3 Year Plan set a savings requirement of £122m. If achieved, and all other elements of the plan remain stable, this would provide a route to achieve the Target Control Total by the end of 2028/29.

Through the work in Q1 on process of:

- Driving savings to Green and Amber;
- Finalisation of 2026/27 PID documents and further opportunities presented and;
- Understanding the recurrent impact of Savings on Year 2 and 3 of 2026/27-2028/29 Plan.

Provides a potential recurrent savings opportunity of £74.4m, which is £9.4m above the required recurrent target for 2026/27 of £65m. This would if achieved reduce the Underlying deficit and also improve timescales by which the HB would achieve its Target Control Total of £17.1m. This is summarised in the table opposite. ***This does not change the £76.6m planned deficit for 2026/27.***

	Original		Revised		Movement	
	2027/28 £M	2028/29 £M	2027/28 £M	2028/29 £M	2027/28 £M	2028/29 £M
Opening Plan	76.6	46.1	76.6	36.7	-	(9.4)
FYE Recurrent Savings above Plan	0.0	-	(9.4)	-	(9.4)	-
Underlying Deficit	**76.6**	**46.1**	**67.2**	**36.7**	**(9.4)**	**(9.4)**
National Cost Pressures - core	5.4	4.0	5.4	4.0	0.0	0.0
Local Inflation Cost Pressures	17.4	17.8	17.4	17.8	0.0	0.0
Local Growth Cost Pressures	18.4	17.7	18.4	17.7	0.0	0.0
Sub Total	**41.2**	**39.5**	**41.2**	**39.5**	**0.0**	**0.0**
Commissioning	2.6	2.6	2.6	2.6	0.0	0.0
Provider	(0.7)	0.7	(0.7)	0.7	0.0	0.0
SLA	0.0	(0.1)	0.0	(0.1)	0.0	0.0
Sub Total	**1.9**	**3.1**	**1.9**	**3.1**	**0.0**	**0.0**
WG Funding Allocation Letter	**(12.6)**	**(12.6)**	**(12.6)**	**(12.6)**	**0.0**	**0.0**
Savings Target	**(61.0)**	**(61.0)**	**(61.0)**	**(51.6)**	**0.0**	**9.4**
Deficit Plan	**46.1**	**15.1**	**36.7**	**15.1**	**(9.4)**	**(0.0)**

Risks

Where the Health Board has certainty, the financial impact is reflected within the 3 Year Assessment, but there are other areas that have the potential to impact on the delivery of the plan, but certainty, timing and choices has meant they are reflected only as a risk at this point. The risks in 2026/27 have been categorised as those:

- Risks Aligned to Choices Made in Development Plan – for example Health Board chose a high level of savings delivery and there is the risk that target will not be met in full.
- Risks the HB will need to Manage Above Plan that may have a financial consequence – for example planned changes to contractual workforce changes.
- The risks are set out in detail within the Minimum Data Set and have been reviewed following the initial submission in March 2026.

For 2026/27 based on the current cost, risk, quality, safety and funding assumptions outlined above, the Health Board cannot see a position where a safe and sustainable service model can be contained within a financial plan for 2026/27 that meets the Target Control Total, however the opportunities and choices the Health Board has explored for delivery over the next 3 Years, as set out in a single Total Opportunities List would allow this target to be achieved by the end of 2028/29.

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Appendix 1 – Delivery Plans 26/27

PLANNING APPROACH

This Annual Plan for 2026/27 is set in a three-year context that enables us to develop our strategic direction while focussing on our immediate priorities that will establish the foundations for success. This section is divided into 'system areas'; Primary and Community Care, Urgent and Emergency Care, Planned Care and Cancer, Mental Health, Learning Disabilities, Women's Health, Babies, Children & Young People and Population Health & Prevention. For each we have set out an overview that describes the key schemes and impacts of including financial implications, performance and achieving national targets (indicated by Confidence Assessments: Red – No Improvement towards target; Amber – Improvement towards target; Green – Meets target)

The 26/27 delivery plans comprise three main components:

1.	**Recovery and Sustainability Schemes : These schemes are the priority schemes identified and developed in response to the Drivers of the Deficit work. They are explicitly linked to the delivery of financial savings.**	These schemes are in blue
2.	**System Enablers and Improvement: These schemes have been developed to support system transformation nationally mandated programmes Cabinet Secretary Enabling Actions and enabling priorities. These schemes will also enable the delivery of the Recovery and Sustainability schemes.**	These schemes are in orange
3.	**Business as Usual : These actions are in place to ensure we deliver against our business-as-usual commitments.**	These schemes are in green

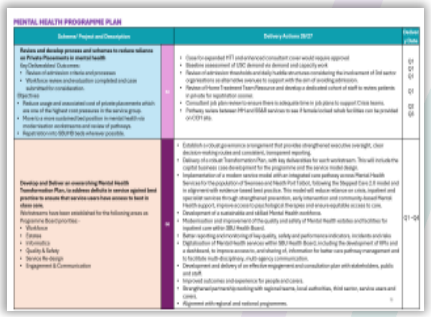
We have also indicated the key risks and dependencies of the schemes.

Where schemes support delivery of WG Enabling Actions or Delivery Expectations these are also indicated:

Addresses Delivery Expectations 26/27

Addresses Enabling Actions 26/27

The delivery plan included in this document provide an overview. They are each supported by a more detailed Plan on a Page which where schemes support recovery and sustainability, are in turn supported by detailed PIDs.



URGENT AND EMERGENCY CARE OVERVIEW

Our programme aligns with National Six Goals policy to deliver a unified system that helps patients understand where and when to access the right support. We will do this through consistent and integrated delivery of the Six Goals (Three Pillars) for UEC, and strengthened joint planning and accountability with partners, to ensure the best possible outcomes, value and experience for patients and staff. See Appendix xx for full Programme Plan

Key Schemes	
CIP_05	**Bed Base Reconfiguration** (also including Planned Care Elective Beds) Reduce cost through reduction of the core bed base and supported by enabling work: •Avoid admission for frail older people where safe •Pathway 1 - get patients home with support in 72 hrs • Pathway 3 - Cohort Care Home pathway patients for more streamlined assessment process. •IDH and optimal flow - Create discharge grip and reduce internal waits •SPOA - Reduce avoidable conveyancing and admission •Lower cost wards- Reduce cost of clinically optimised bed days.
UEC_B_01	**Community Redesign**: • Integrated models of Health and Social care aligned to Community by Design • Community Nursing Review
UEC_B_02	**Community Based Falls Service** • Continue commissioned resource (St John providing first aider in vehicle for faller pick-up in the community) • H45 Enabler: WAST Falls Service linked to SPOA
UEC_B_03	**Single Point of Access** • H45 Enabler: Implement SPOA model
UEC_B_04	**SDEC and Acute Front Door Frailty Service** • H45 Enabler: Protect frailty assessment
UEC_B_05	**Acute and Community Hospital 'Back Door' flow** • H45 Enabler: Discharge Support.
UEC_B_06	**Communities and Older People Strategy**
UEC_C_01	**Improving Ambulance handover times – Implementation of Handover 45 (H45) and associated enablers** • H45 Enabler: Acute Medical Patient Flow improvements • H45 Enabler: Criteria to Admit • H45 Enabler: ED assessment and flow • H45 Enabler: Flow
UEC_C_02	**Reducing Clinically Optimised Patients**
UEC_C_032	**Maintaining Stroke/ SNAP targets**
UEC Digital Transformation –	• Electronic Patient Record • Signal • WICIS
UEC Capital Priorities:,	• Wards A & B, Morriston • Progressing key infrastructure designs, including – SOC for a new ED, Critical Care & Theatres building/Access Road at Morriston

Finance Impact	FYE £ savings	£9.613M

Performance Outcomes	Confidence assessment
Ensure no ambulance patient handover waits over 45 minutes	*0 by Sept 2027*
Ensure no patient spend spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge.	*10% reduction*
Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard.	*Trajectory to achieve 100 DPoC by end March 2027*
Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible	*Aligned to Community Services Review*

Risks	Mitigations
• **Reliance on major system change:** success depends on full adoption of SPOA + push-flow model + Frailty Model • **Financial:** no budget for SPOA: redesign of existing workforce • **Workforce reallocation risk:** shifting staff/funding (primary care → UEC) may not be achieved or sustained • **Flow dependency risk:** plan requires sustained improvements in discharge and bed turnover, including flow of the high numbers of clinically optimised patients	Plan prioritised to deliver the performance commitments we have set out: 0 ambulance handover waits over 45 minutes by September 2026; 12-hour ED waits to reduce by 10% in-year, whilst reducing COP patients by 112 and realising the associated financial benefit

PLANNED CARE AND CANCER OVERVIEW

Our Planned Care and Cancer programme focuses on rightsizing services, efficiency and productivity to maximise value for money, ensuring quality and improving waiting times **See Appendix xx for full Programme Plan**

Key Schemes	
CIP_06 and 07	**Infrastructure Consolidation via Productivity** (Theatres and Outpatients)
CIP_27	Review **Vascular Interventional Radiology** Service Development
TBC	*Pipeline opportunities:* • *Cap Diagnostic Services to reduce Variable Pay* • *Review of non statutory and waiting list pathway work* • *Low Value Interventions and INNUs*
PC_B_01	**Community By Design Programme**
PC_B_02	**Theatres Transformation Programme:** •Pre Surgical Pathway and Implementation of PROMAPP
PC_B_03	**Diagnostics Transformation Programme and Delivery of 8 weeks Diagnostics Waits**
PC_B_04	**Outpatients Redesign Programme** • Embed Waiting Well Phase 2 Pre-optimisation service • Prudent Follow-up & PIFU at Scale
PC_B_05	**Cancer Improvement Programme:** Board-owned Cancer Improvement Programme and unified Cancer Delivery Plan across whole Cancer Pathway
PC_C_01 -02	**RTT Delivery Plans and SCP Delivery Plans** • A key assumption underpinning the revised trajectory for SCP is successful **implementation of the Cellular Pathology recovery scheme**, including outsourcing arrangements to support backlog reduction and stabilisation of ongoing reporting capacity.

Planned Care Digital Transformation:

- LIMS and RISP
- Digital Health Assessments
- Patient Portal and Hybrid Mail
- Ambient Voice Technology
- Internal Referrals
- Digital Cellular Pathology

Capital Planned Care/Cancer Priorities

- Radiotherapy expansion 5th Linac/6th +/- 7th Bunker and Replacement Linacs at SWWCC
- PET CT
- Regional Cellular Pathology relocation
- Urology OR1 Theatres
- Hybrid Theatre Morriston

Financial Impact	FYE savings	£11.364M

Performance Outcomes	Confidence assessment
No patients waiting more than 104 weeks for referral to treatment.	*Ambition to maintain 0 however recognising current gaps and risks*
Number of patients waiting more than 8 weeks for a specified diagnostic	*Ambition to reduce however recognise current gaps and risks*
Follow up outpatients Backlog (TI)	
Achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027.	*76% in Q4*
%SCP >60% 3 months consecutive (TI)	*Confident to exceed TI Target*

Risks	Mitigations
• Demand exceeds activity volumes realised from capacity by c 3,800 treatments – so waiting list will grow & target is unsustainable without continued transformation • Outpatient demand also exceeds activity volumes, sustainability is dependent upon successful delivery of the outpatient transformation programme	Clear alignment to Transformation Programmes
• Resource for elements of the diagnostic programme are yet to be identified : 5,238 patients in total (MR, NOUS, CT, Endoscopy & NP)	Reliance in outsourcing to deliver backlogs
• Cancer services are subject to underlying growth in demand from both increased prevalence and availability and cost of drugs	Cancer Improvement Prog setting out prioritised areas for growth/ investment, e.g Radiotherapy and SACT

MENTAL HEALTH AND LEARNING DISABILITIES OVERVIEW

Our aim is to deliver mental health service transformation by ensuring people have easy access to tools and support to maintain their wellbeing. We will also strengthen the digital infrastructure and streamline complex MHLD pathways, while continuing the shift from inpatient to community focused care. We also need to centralise acute mental health inpatient services into modern facilities that better enable care, effective staffing and digital connectivity. **See Appendix xx for full Programme Plan**

Key Schemes	
MH_A_01	**Repatriation of Privatised Beds**
MH_B_01	**Mental Health Transformation Programme** Workstreams established for the following areas as Programme Board priorities: •Workforce •Estates •Informatics •Quality and Safety •Service Redesign •Engagement and Communication
MH_B_02	**Alliance Clinical Model** for Substance Use Clinical Services
MH_B_03	**Mental Health Capital Priorities**: • Seclusion Suites, Caswell Clinic • Adult Acute Mental Health Unit Service Diversions, Cefn Coed & Other Mental Health In-Patient Estate Improvements • Taith Newydd • Anti ligature works across remaining MH estate
MH_B_04	**Mental Health Digital Transformation**: • ReQol • Rio • Electronic Patient Record
LD_B_01	**Learning Disabilities Transformation**: • Strategic Outline Case for the replacement of all remaining LD facilities. • Consolidation of existing Complex Care Units

Performance Outcomes	Confidence assessment
Open Access Mental Health Support	*Metrics nationally developed in Q1 26/27*
Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQol)	*Metrics nationally developed in Q1 26/27*
Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans	*Metrics nationally developed in Q1 26/27*

Risks	Mitigations
Rio: Timescales for implementation project is reliant on Swansea LA as needs to align and launch at same time.	Rio Assurance Group in place to monitor and review progress of project and includes both HB & LA members.
LD: Bed availability to close units is limited which impacts acute capacity, flow & could increase spend on placements	Management and escalation of POCDs working with stakeholders to prepare for changes

CHC AND COMPLEX CARE OVERVIEW

Our CHC/Complex Care Transformation Programme is a strategic overhaul designed to address rising demand for Continuing Healthcare/ complex care, tackle fragmented commissioning across departments in the Health Board, enhance partnership working with our Local Authority colleagues and strengthen operational and financial sustainability. Our aim is to commission quality services and ensuring out residents are getting the right care in the right place. **See Appendix xx for full Programme Plan**

Key Schemes	
CIP_ 01-04	**Review, right sizing and repatriation of CHC and Complex Care patients** • Implement a comprehensive review and rightsizing programme to ensure timely, accurate, and economically sustainable care planning across all CHC and Complex Care
TBC	*Pipeline opportunities:* • *Out of area Repats - Identify and action opportunities to repatriate individuals from high cost out of area placements for mental health and learning disabilities*
CHC_ B_01	**Market Management** • Deliver recurrent CHC savings by actively managing the market to control inflation, negotiation of high-cost packages, and reduce reliance on spot purchasing
CHC_ B_02	**Joint working arrangements** • Standardise joint funding processes and funding splits in collaboration with Local Authority partners
CHC_ B_03	**CHC Operating Model** • Design and implement a future-ready CHC operating model through a structured transformation programme underpinned by a robust digital case management system
CHC_ B_04	**CHC Direct Payments** implementation plan • Implementation of processes and mechanisms within the HB to offer and manage Direct Payments for CHC

Financial Impact	FYE savings	£0.973M
This will also be addressing growth in demand estimated at £7M		

Risks	Mitigations
Lack of centralised digital CHC case management system results in inconsistent data management, increased risk of data loss, payment errors, and missed reviews.	Implement RIO and ADAM - digital case management systems
No agreement between SBUHB and Local Authorities to resolve outstanding	Commission an external review to clear the DST backlog and confirm case responsibility; share proposals early with Directors of Social Services to secure agreement.
Local Authorities refuse to accept the outcome of the external reviews	Share plans regularly with Directors of Social Services; take proposal through the Regional Commissioning Group for endorsement; include cases pending LA input to ensure balanced review

BABIES, CHILDREN YOUNG PEOPLE AND WOMEN OVERVIEW

This plan will improve the quality and safety of care for babies, women and families by strengthening maternity and neonatal services, reducing delays, and delivering more consistent, outcomes-focused pathways **See Appendix xx for full Programme Plan**

Key Schemes	
PCYPW H_B_01	**Perinatal Improvement Plan** • Expansion of current paediatric radiology offer • Establish elective obstetrics theatre to reduce delays to induction of labour • Trauma informed and psychology-led perinatal care • All-Wales Perinatal single point of access maternity triage service • Perinatal staff experience, wellbeing and retention plan (SEWR) and education and training framework
PCYPW H_B_02	**Maternity Digital Transformation** • Integration of systems into Maternity Digital Record
PCYPW H_B_03	**Women's Health Plan** • Embed national women's health pathways and reporting against agreed national indicators • Expand WHH subject to national business case approval
PCYPW H_B_04	**Regional Gynae Oncology**
PCYPW H_B_05	**CYP and Womens Capital Priorities:** • Morriston Paediatric footprint redesign and relocation Creation of new Obstetric Suite and Theatres, Singleton
PCYPW H_B_06	**CYP Strategic Programme** - Defining vision and objectives for Children & Young People's Care
PCYPW H_B_07	**CYP Regional Programmes with partners** • WG: ND Service Improvement Programme and HCW2 • RPB: No Wrong Door, • NPT PSB: NPT Early Years CYP Strategy • Swansea PSB: Ealy Years Programme • NPT and Swansea LA Education: ALN
PCYPW H_C_01	**NDD waiting times**

Performance Outcomes	Confidence assessment
CAMHS TI metrics	*Confident to meet the de-escalation criteria*
Maternity and Neonates TI criteria	*Confident to meet the de-escalation criteria*
Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan	*Expansion only if external funding available* *Mitigation: Should anticipated in-year funding not materialise services are being consolidated and improved through pathway standardisation, SPOA and self-referral where appropriate, workforce upskilling, digital pathway site, analysis of PNA, primary-care-led models that make better use of existing capacity, prioritise prevention, reduce variation and phased implementation*
Improving quality of maternity services by reducing peri-natal mortality rates	*Unable to predict*

Risks	Mitigations
• All Wales model for maternity triage detailed workings of model not confirmed. • CYP - Reduction in ASD or ADHD assessment dependant on Welsh Government funding – currently non recurrent funding received.	• Local model in place to ensure single point of access for maternity triage (implemented Feb 26)

PRIMARY CARE AND COMMUNITY OVERVIEW

We aim to provide equitable, safe and timely access to high-quality, data-driven care that supports people to stay well and receive the right help at the right time. We seek to deliver coordinated, person-centred services that improve outcomes, reduce inequalities, and empower individuals to manage their health effectively. **See Appendix xx for full Programme Plan**

Key Schemes	
PCC_B_01	**Digital Transformation in Primary Care** • Procure Electronic Patient Record for Community Health Teams • Implementation of Ophthalmic e-Referral System • Support national discovery work as part of national programme to secure a Sexual Health Replacement System
PCC_B_02	**HMP Swansea Improvement Plan**
PCC_B_03	**Dental Services** • Implementation of new dental contract regulations to maintain access • Implement Community Dental Service changes to safeguard access, capacity and sustainability by optimising pathways, reconfiguring clinics, reducing waiting times, improving workforce retention and strengthening workforce planning • Maintain access and waiting times for Specialist Dentistry services
PCC_B_04	**Primary Care Estates & Capital** Refresh of Primary and Community Estates strategy and Progress Primary Care Estates proposals: • Croserw • Ty'r Felin • Participate in development of Swansea Wellness Hub
PCC_B_04	**General Medical Services**
PCC_B_05	**Community Optometry Services** • Continued implementation of Optometry Contract Reform and increase capacity and coverage for WGOS Levels 4 & 5

Performance Outcomes	Confidence assessment
% population receiving NHS dental care	*Maintain*
% Community Pharmacies providing Pharmacist Independent Prescribing Services	*Maintain*

Risks	Mitigations
Significant programmes of work requiring capacity building in the community including the transfer of resources/ staff into the community	• Developing Primary Care and Community at the heart of the CSSP. • Key forums i.e. Pan Cluster Planning Group and Community by Design Group identifying opportunities and unlocking barriers to drive forward further service change.
Limitations in Primary Care Estates	• Development of strategy is key priority, as well as capital development projects in train to invest in primary care estates.
Access to diagnostics and digital capability in Primary Care	• Close alignment with Planned Care/Diagnostics/ Digital programme to take forward opportunities to improve access, communication and digital capability - including systems and intelligence sharing.
Significant contract reform being undertaken simultaneously	• Involvement in national working groups/ Close communication with primary care practices and their representative bodies.

POPULATION HEALTH AND PREVENTION OVERVIEW

Our goal is to expand prevention, early intervention and evidence-based pathways reducing inequities, improving management of long-term conditions like diabetes, and ensuring more consistent, proactive support across the life course **See Appendix xx for full Programme Plan**

Key Schemes	
PH_B_01	**Healthy Weight/ Obesity Services** • Building sustainable weight management services to meet need. • Building opportunities for healthy weight and wellbeing in pregnancy to improve maternal and neonatal outcomes • Prioritisation of GLP-1 provision and Level 3 service wrap around support • System-Wide Collaboration to support healthier behaviours
PH_B_02	**Tobacco Control** • Continue delivery of Help Me Quit services • Ongoing development and embedding of Maternal and Hospital Smoking Cessation Services • Delivering health promotion/ tobacco control prevention activity across the health board • Develop options plan for the sustainability of HMQ services and tobacco control activity
PH_B_03	**Diabetes Programme** • Tackling Diabetes Together programme – reducing inequity in most deprived communities • Review resource allocation within the diabetes pathway (primary to secondary care) by establishing a strategic health board-wide programme approach plus adopt the STAR (socio-technical allocation of resource) methodology • Prevention of Type 2 diabetes onset and remission - Structured education programmes to enable improved self-management of diabetes • Community diabetes model redesign • Expand hybrid closed loop approach for Type 1 diabetics
PH_C_01	**Vaccinations and Screening** • Increase uptake and decrease inequity in Vaccinations and Screening
PH_C_02	**Healthy Child Wales Programme** • Review findings and recommendations from Welsh Government following review of HCWP(1) due for launch July 2026 • Attend WG workshop June 2026 to understand clear scope and continued expectations of HB delivery. Current implementation date Sept 2026

Financial Impact

- Prevention and Early Years funding allocation for WG priorities tobacco control and healthy weight services
- Diabetes: Expected to deliver within existing resources or re-allocation of resources

Performance Outcomes	Confidence assessment
Increase the proportion of children in Wales who are a healthy weight by halting the rise and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged.	*Annually reporting metric*
Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care.	*Annually reporting metric*
Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	*TBC data for T1 diabetes under review*

Risks	Mitigations
• Diabetes: Demand for services is expected to increase – additional investment not available • PEY funding - confirmed for 26/27 but uncertain from 27/28	Reviewing allocation of resources across the pathway

WORKFORCE OVERVIEW

Our workforce plan will build a stable, skilled and efficient workforce by strengthening recruitment, improving productivity, and developing flexible, sustainable staffing models that support safe, high-quality care.

Key Schemes	
CIP_26	**Turnover Management Controls**
CIP_25	**A&C Fixed Term Contracts**
CIP_24	**A&C Reduction In Variable Pay**
CIP_21	**Medical Workforce Job Planning Principles (Reducing SPAs)**
CIP_19	**Maximise Substantive Medical Capacity (DCC) and Rostering**
CIP_20	**Medical Cease Above Vacancy 26-27**
CIP_18	**Medical Targeted Recruitment**
CIP_22	**Reducing unavailability of Medical workforce**
CIP_16	**HCSW reduction in variable pay**
CIP_14	**HCSW Vacancy Substantiation**
CIP_15	**Nursing & Midwifery Workforce Programme**
CIP_17	**Home First** – Review Bonymaen Beds/ Nursing workforce
TBC	*Pipeline opportunities:* • *AHP Workforce* • *Estates and Facilities Workforce* • *Maximisation of digital ways of working e.g. Microsoft 365, co-pilot*

Finance Impact	FYE savings	£28.863M
Significant WTE reduction (substantive and variable staff) equating to 5% across all staff groups aligned to the plans		

Performance Outcomes	Confidence assessment
% sickness absence rate	
Turnover rate	
Agency spend	

Risks	Mitigations
Workforce resistance to establishment and model of care changes	• Early engagement with leaders, clear safety narrative, phased process and clear governance
Insufficient operational capacity to deliver programme	• Provide dedicated programme support, clear SRO ownership, and prioritise high-impact areas.
Unforeseen surges in demand	• Build flexible workforce models for temporary scaling; broaden skill mix and cross-cover; prioritise stabilisation in high-demand areas; implement contingency plans to limit premium-rate staffing
Persistent national workforce shortages	• Run targeted recruitment for hard-to-fill roles; strengthen links with training bodies; use alternative workforce models (e.g., SAS doctors, ANPs); develop local talent pipelines and grow-your-own schemes.

NON-PAY, PROCUREMENT, ESTATES OVERVIEW

This programme will ensure we maximise our non pay expenditure, improving efficiencies in the way we work to deliver the best value possible. This includes the implementation of clinically endorsed and mandated products and taking forward plans for estates rationalisation.

Key Schemes	
CIP_08	**Clinical Consumables**
CIP_11	**Estates Rationalisation**
CIP_09	**Spend control**
CIP_10	**Maintenance**
TBC	*Pipeline Opportunities:* • *Omnicell* • *3rd Party Contract Rationalisation*

Financial Impact	FYE savings	£4.58M

Risks	Mitigations
Significant inflationary pressure in some commodity areas	• Work closely with suppliers to manage cost pressures
Clinical resistance to change and quality risk in product switches	• Ensure that we continue to engage with stakeholders, with early involvement relating to all procurement decisions. • Escalate any non-acceptance of change where a valid procurement process has been completed. • Any product change must be in line with robust certification, testing and trials where appropriate
Delays in sales and lease expiry may limit financial savings	• Prioritise highest savings areas first and early termination cost impact. • Ongoing engagement with NWSSP Land & Property Teams

MEDICINES MANAGEMENT OVERVIEW

Key Schemes		Financial Impact	FYE savings
CIP_12	**Drug Switches**	**£3.25M**	
CIP_13	**Primary Care medicines**		

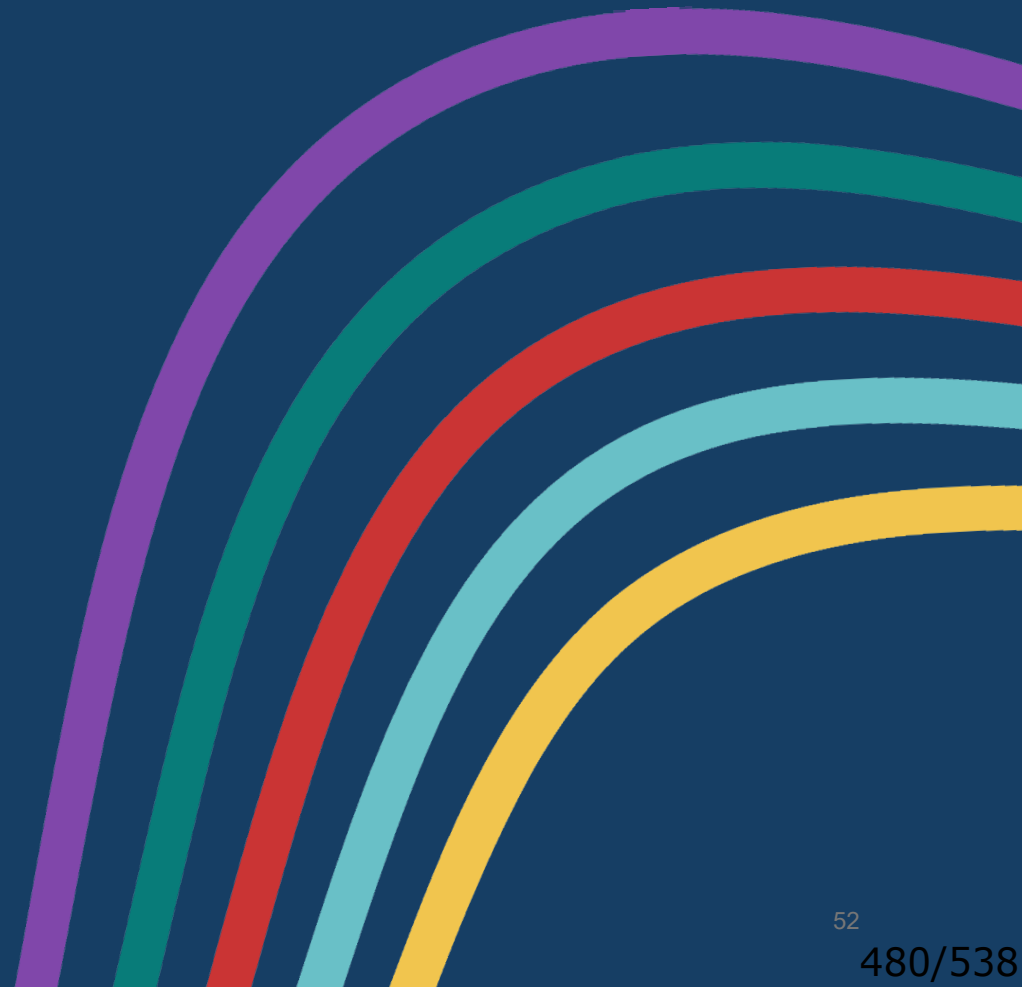
Risks	Mitigations
Considerable pharmacy and pharmacy homecare team input is required to drive the biosimilar switch programme	• Prioritisation of resource directed to supporting drug switching /financial saving opportunities
All Wales Value and Sustainability Medicines Management indicators are currently under review, and new recommendations are expected to be issued covering 2026/27.	• Ongoing engagement with national forums and reflect in programme of work once recommendations available

CROSS SYSTEM/ OTHER OVERVIEW

Key Schemes	
CIP_34	**General /Housekeeping**
	Pipeline Opportunities: • *LTA Commissioning*
	Rehab Framework

Financial Impact	FYE savings	£6.349M

Ways of Working and Enabling Delivery



REGIONAL WORKING:
WEST GLAMORGAN REGIONAL PARTNERSHIP

Partneriaeth Ranbarthol Gorllewin Morgannwg | West Glamorgan Regional Partnership

Area Plan 2023-2027: Key Strategic Programmes 2026 /2027

The West Glamorgan Area Plan guides our work, focusing on person-centred care, prevention, early intervention, and seamless integration across services. Through embedding our Integrated Community Care System (ICCS) outcome-focused approach, the RPB is supporting and driving whole-system working across the region. The RPB has re focussed its programmes and governance to addresses the most significant risks we are facing across the region, maximising the impact of available resources. **Key Priorities 2026/2027:**

Older People Programme	Mental Health Transformation	Regional Commissioning (Complex Care Programme)	Cross-Cutting Foundations
Develop sustainable, **integrated community health and care** to support people 65+ to live well at home. Enable people to remain as independent as possible at home, reduce reliance on long term packages of care and reduce unscheduled hospital admissions/ length of stay in hospital. This programme will also encompass the work to support people with living with **Dementia** and their carers.	To develop **models of care** that address and improve critical challenges, including workforce shortages, unsafe estates, and fragmented pathways. The programme will also incorporate the work of the Emotional Wellbeing and Mental Health Programme, continuing to review and support the development of opportunities that promote emotional wellbeing and mental health within the community.	To design innovative, financially sustainable **models of integrated care** that enable people with complex needs to live safely, independently, and closer to home. This programme also includes the oversight and delivery of: **Capital programme: Section 16**, Microenterprise, and Social Enterprise • **Children and Young Peoples** Programme, • **Wellbeing and Learning Disability** Programme • **Neurodiverse** Programme.	**Carers Partnership** • **Digital Transformation**: Integrated care record (Mosaic/RIO) linking all programmes. • Strong partnerships across RPB**, APB** and **Pan Cluster Planning** • **Prevention, wellbeing and self-care** embedded in all activity. • **Regional Integration Fund** Support and Delivery. • **Communications and Engagement**

WEST GLAMORGAN REGIONAL PARTNERSHIP

Area Plan 2023-2027: High Level Priorities 2026 /2027

The West Glamorgan Area Plan guides our work, focusing on person-centred care, prevention, early intervention, and seamless integration across services. This approach is strengthened through our Integrated Community Care System (ICCS), which embeds outcome-focused, whole-system working across the region. Together, these commitments align with the vision set out in A Healthier Wales, emphasising long-term, integrated services that support people to live healthier lives through collaboration and shared responsibility. **Key Priorities 2026/2027:**

Older People Programme	Mental Health Transformation	Regional Commissioning (Complex Care Programme)
Performance & Finance of S33 Integrated Community Care System: Strengthening financial transparency, performance oversight, live data, and governance to improve flow, reablement, and outcomes. **Pathways of Care Delays Action Plan:** Monitoring delays weekly, escalating high risk cases, improving collaboration, ensuring timely access and recovery across pathways. **Discharge to Recover & Assess Processes:** Standardising discharge criteria, mapping pathways, expanding specialist pathways, strengthening reablement capacity and implementing Trusted Assessor models to enable faster, safer discharge. **Unscheduled Care Board:** Six Goals for Urgent & Emergency Care - Integrating urgent care pathways, improving ED/AMU/OPAU flow, implementing community falls response and strengthening the Single Point of Access. **Dementia Memory Assessment Service (MAS) Review:** Reviewing and redesigning Memory Assessment Services to ensure consistent pathways, equitable access, improved data, co produced SOPs and Dementia Connector involvement post diagnosis.	**Develop a whole-system mental health model for adults:** creating a single, shared, integrated model across partners to reduce duplication, improve coherence and ensure a person-centred, seamless pathway. **Integrate NHS and third-sector psychological therapies:** mapping provision, reducing duplication and waiting times, and designing an integrated model to address the 3,000-person waiting list in LPMSS. **Redesign Community Mental Health Teams:** developing a shared model for CMHTs and outpatient services aligned to national strategy to improve access, flow and continuity of care. **Redesign the inpatient model and strengthen alternatives to admission:** shifting to assessment/treatment models, updating policies and improving crisis pathways to enhance safety, flow and discharge. **Implement estates, digital and workforce improvements critical to safety and system functioning:** including ligature risk work, digital infrastructure upgrades, and workforce transformation.	**Strengthen regional joint working for people with complex needs**: delivering a consistent region wide approach to joint commissioning, pooled budgets and dispute resolution to reduce delays, improve transparency and provide timely coordinated support. **Regional commissioning accommodation strategy for people with complex needs:** defining service models, understanding capacity and demand, shaping the market to deliver high quality sustainable accommodation closer to home and reduce out of area placements. **Regional Market Stability Report**: creating a shared evidence-based view of care market using data to forecast demand, inform capital decisions and support a sustainable provider market. **Strategic capital programme:** delivering a coordinated long term capital plan aligned to population need and service pressures. **Establish integrated region wide pathways for children and young people with complex needs**: progressing No Wrong Door and multi agency working to create single access points, coordinated decision making and joined up emotional mental health and care support. 54

PARTNERSHIP WORKING WITH OUR PUBLIC SERVICE BOARDS

We continue to build strong collaboration and robust partnership arrangements across the Health Board working with the Swansea and Neath Port Talbot Public Services Boards (PSBs).

Key Priorities 2026/27:

Improve outcomes for **children and young people** including the Healthy Child Wales Pathway, speech and language and flying start.

Climate adaptation - complete the Climate Change Risk Assessments – outcomes to be used to inform Well-being Plan 2027

Progress the Dyfatty, Clear, Hold, Build Project in Swansea, through the **Community Safety Partnerships** arrangements. Initial focus on stakeholder mapping and communications and engagement plan

Refresh and strengthen the **Wellbeing priorities** and objectives for both PSBs for the final two years of the current plans and ensure regional priorities remain aligned with the Well-being of Future Generations (Wales) Act (WBFGA).

Regional Whole Systems Approach – **Improving Access to Food** through the development of a regional Public Food Procurement Strategy

Undertake regionally aligned **Well-being Assessments** - to be published May 2027.

PRIMARY CARE CLUSTERS

The Health Board works as part of the Pan Cluster Planning Group in both planning and delivering local health care services. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities. Clusters aim to:

- Have safe & effective systems to direct people to the right person at the first point of contact
- Provide care closer to or at home, by the right person, when it's most needed
- Deliver high quality integrated primary, community health, social care & third sector services
- Understand & respond to the health and care needs of their population
- Plan to prevent ill health and promote well-being

Pan Cluster Plan: Priority Areas for 2026/27 Summary:

Following the success of the 2025/26 Plan Cluster Plan we continue to take a more refined approach, considering the predominating areas of activity put forward within the Local Cluster Collaboratives which align with the Health Board and Regional Partnership Board priorities. This year there are three agreed Pan Cluster Priority areas.

Older people and frailty
- Implementation of a falls action plan
- Delivery of cluster-based services for frailty
- Seek opportunities for wider rollout of community clinicians

Women's health
- Develop primary care role in virtual health hub
- Develop local primary care action plan exploring potential for further primary care provision

Emotional mental health and well being
- Further embedding and rollout of community-based psychology
- Deliver integrated mental health model in conjunction with stepped care 2.0 mental health model

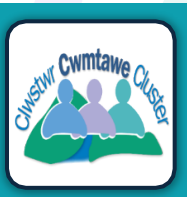
In addition to these three key priority areas the Pan Cluster Planning Group is also exploring additional priority areas of cardiovascular health, cancer prevention, substance misuse and dementia. Work will proceed in scoping these early in 26/27. Individual plans for each of the 8 clusters are included within the Pan Cluster Plan and contain a wide range of actions at cluster level to improve health and well-being and deliver excellent services close to home.

Afan


City


Bay

Upper Valleys



Cwmtawe


Llwchwr

Penderi

Neath

SOUTH-WEST WALES REGIONAL JOINT COMMITTEE (RJC)

Swansea Bay and Hywel Dda UHB are committed to a stronger more sustainable West Wales Regional Health Economy and we continue to expand and develop our regional portfolio through the RJC.

As a formal Board Committee RJC provides joint leadership for the regional planning, commissioning, and delivery of services for both University Health Boards taking into account the service challenges, financial challenges and population health needs of both organisations and the work previously undertaken through ARCH. The Regional Drive and Delivery Group coordinates joint action. The RJC Programme Management Office coordinates and supports subgroups, planning, delivers programmes, and governance.

SWW Regional Joint Committee

Regional Drive and Delivery Group

The RJC's Sub-Structure (above) aligns with the 5 agreed objectives within the RJC's Terms of Reference:

Regional Health Economy Subgroup (OB1)	Regional Clinical Services Planning Subgroup (OB2+5)	Regional Workforce and OD Subgroup (OB3)	Regional Data & Digital Subgroup (OB3)	Regional Finance and Contracting Subgroup (OB3)	Regional Research, Innovation & Excellence Subgroup (OB4)

Objective 1 (OB1): Regional Health Economy Group – we will drive forward projects that have been identified as priorities for joint working to deliver the Ministerial Priorities. It will consider and prioritise the regional projects included within the RJC's work programme, approve Business Cases pre–sovereign Boards ratification, and identify and agree any further projects for inclusion in the RJC programme to deliver significant in-year progress and pace in delivery within the regional health and care system.

Objective 2 (OB2): Clinical Services Group – we will oversee the review of baseline activity undertaken, based on both Health Boards' Clinical Services Plans, focusing on cost efficiencies, quality, and service fragility. Current regional service planning work programme Sub-Groups include Orthopaedics, Ophthalmology, Pathology, Diagnostics, and Cancer.

Objective 3 (OB3): Corporate Functions – we will deliver various themes and enablers that will enable collaboration and achievement of improved service efficiencies and value to deliver the required regional aspirations, including Digital & Data; Workforce & Organisational Development; and Finance & Contracting. These themes and enablers will underpin the RJC to deliver the strategic infrastructure rather than being identified as direct reporting groups.

Objective 4 (OB4): Regional Research and Innovation Delivery and Oversight Group – opportunities for research, innovation, excellence, and training opportunities will be driven through this group, working with the three Universities within the region and through partnerships with Universities outside the region where there is benefit to the population. This group will also oversee the required preparatory work to enable the regional health economy to become a designated World Health Organisation sub regional health network, for the RJC to benefit from the shared learning opportunities this will bring.

Objective 5 (OB5): Regional Capital Programme – this will and oversee a joint approach to the prioritisation of capital programmes as part of the clinical service plans underpinning the regional health economy approach.

SOUTH-WEST WALES REGIONAL JOINT COMMITTEE (RJC)

Regional Delivery Assumptions

- Welsh Government approve funding to produce the Cell Path full business case.
- Programme Manager appointed for Cancer Centre Modernisation.
- Operational Resource availability to support planning and delivery (all programmes).
- Finance, contracting and SLA / LTA models can be agreed – dependency Finance and Contracting Subgroup

Orthopaedics

Products/Actions/ Deliverables	Quarter	Impact
Includes hip, knee, foot and ankle, shoulder and elbow, and hand and wrist—with a current focus on reducing long waits for hip and knee arthroplasty.		
Regional Hand Network within the Day Surgery Unit at Prince Philip Hospital	Q1	Outcome for patients, improved efficiency, regional collaboration
Iterative development of the regional Arthroplasty Model complete	Q2	Outcome for patients, improved efficiency, regional collaboration
Integrated regional service, standardised pathways, protocols	Q4	Outcome for patients, improved efficiency, regional collaboration

South-West Wales Cancer Centre Programme

Products/Actions/ Deliverables	Quarter	Impact
Regional radiotherapy and oncology outpatient services modernisation.		
Radiotherapy		
Complete scoping/detailed options appraisal for satellite centre	Q1	Potential (expansion of Linacs to 7 total in line with D&C) within HDd area or Singleton site.
Approved business case for additional (5th) Linac	Q2	Utilises the current empty bunker at Singleton and includes options to coincide increased 2nd CTSIM capacity as required.
Approved business case for additional / spare (6th) Bunker in Singleton	Q4	Maintains capacity for next RT Linac replacement due 2028.
Oncology Outpatients		
Support HDd in Implementing a sustainable oncology outpatients model for Bronglais	Q2	Improved alignment between outpatient capacity and forecast oncology demand
Complete demand modelling and baseline establishment.	Q2	Reduced outpatient waits and improved compliance with cancer pathway standards – improved patient experience
Capacity optimisation and pathway redesign – • Agreed regional standards for follow-up, clinic models and workforce utilisation • Implementation of priority capacity improvements and pathway changes	Q3 Q4	Improved utilisation of specialist workforce

SOUTH-WEST WALES REGIONAL JOINT COMMITTEE (RJC)

Eye Care

Products/Actions/ Deliverables	Quarter	Impact
The South-West Wales Regional Eye Care Programme is focusing on Glaucoma, Cataracts, Medical Retina, and Paediatric Ophthalmology.		
Create a regional dashboard	Q1	Performance and service intel to inform planning and decision making
Recruitment two regional consultant posts in Vitreoretinal and Medical Retina	Q2	Increase capacity and capability
Implement a regional Vitreoretinal service	Q3	Improve access to services, patient outcomes, reduced waiting list
Develop and implement a series of targeted improvements	Q4	Improve access to services, patient outcomes, reduced waiting list

Diagnostics – Cellular Pathology

Products/Actions/ Deliverables	Quarter	Impact
Develop the case for a new single site and transition to a SWW Regional Pathology ODN		
Submit FBC for a SWW Cellar Pathology Laboratory Site to WG	Q4	Sets out the case for future investment, Ability to progress to acquisition and implementation of new regional laboratory
Development of full-service specification for Regional Cellular Pathology Operational Delivery Network	Q4	Operational functionality of the new regional cellular Pathology team outlined, including function specialist roles like Financial, Workforce and Digital. Underwritten by transitional MoU.
Acquisition and development of new Laboratory Site (subject to FBC approval).	Q4	Enabling developments to commence
Development of Regional Cellular Pathology ODN MoU	Q4	Outlines the formal agreement for the permanent Regional Cellular Pathology Operational Delivery Network

Vascular & Interventional Radiology

Products/Actions/ Deliverables	Quarter	Impact
To develop and deliver a quality vascular service, across the whole pathway and in line with the agreed service specification for the South West Wales Vascular Network, on behalf of its constituent health boards, Swansea Bay UHB (host organisation), Hywel Dda UHB, Cwm Taf Morgannwg UHB (Bridgend area only) and Powys THB (south Powys only).		
Strengthen VIR workforce to support Hybrid and DSA suite – building on the VIR business case submitted to SBUHB BCAG June 2025	Q1	Improved length of stay, intervening earlier, better outcomes
Submit South West Wales Amputation Reduction Strategy (SWWARS) business case – address Vascular Nurse Specialist (VNS) and Podiatry resourcing	Q1	Better outcomes, earlier intervention, reduced amputations, lower waiting list
Agreement and sign off SWW Vascular Network (VN) MOU and Service Spec	Q1	Formally establish SWWVN
Hybrid Theatre delivery – Expected completion September 2026	Q3	Increased planned care capacity, better outcomes

SOUTH-WEST WALES REGIONAL JOINT COMMITTEE (RJC)

Subgroup	Ambitions	Projects / Actions
Regional Health Economy Subgroup (OB1)	• Improve home energy efficiency to reduce health interventions and support independent living. • Regionally aligned plans amplify activity to drive sustainable systems change and improve health equity. • Better understand the impact of regional deprivation on current and future healthcare demand. • Whole Systems Approach addresses healthy weight through regional action on food access and procurement.	• Long-term Regional Health Economy Strategic Approach • Warm & Healthy Homes • Regional Whole Systems Approach (WSA) to Healthy Weight • Health Intelligence
Regional Clinical Services Planning Subgroup (OB2+5)	• Deliver a more resilient, safer, and equitable services. • Improve equity of access across the region through a single regional waiting list and standardised pathways. • Reduce waiting times and backlogs by increasing activity and optimising end-to-end diagnostic capacity. • Improve patient outcomes through timely diagnostics, targeted pathways and clearer follow-up. • Strengthen workforce capacity and sustainability. • Standardise protocols to reduce unwarranted variation.	
Regional Workforce and OD Subgroup (OB3)	• Improved workforce retention, recruitment, succession planning, resilience, and apprenticeships. • Shared expertise enables cross-skilling, knowledge transfer, and faster development of specialist capabilities. • Widen access to programmes (leadership, coaching, mentoring), improving quality while reducing duplication. • Reduced reliance on bank and agency. • Better workforce alignment ot population health needs where workforce planning and decisions better match changing demographics, and demand across pathways.	• Joint workforce plans for vulnerable services • Joint recruitment plans for hard to fill roles/ areas of high variable pay. • A joint workforce impact assessment on the impact of the “left shift”, and on the future impact of digital and Artificial Intelligence. • Virtual collaborative learning, interspersed with physical connectivity Scope Opportunities for Joint Working (x15).
Regional Data & Digital Subgroup (OB3)	• Dedicated digital innovation fund –public investment, innovation grants, partnerships, and efficiency gains. • Align around Purpose – Harness digital innovation to empower healthier lives, connect communities, and deliver proactive, equitable care, anytime, anywhere. • Assess the Landscape – HDdUHB and SBUHB with local authority, academic and industry partners. • Design for Leverage – A codesigned system architecture that strengthens feedback loops between domains, linking. population health data to service design, finance, and workforce planning. • Deliver and Demonstrate – predictive analytics in community care, shared data between health & social care.	• Develop Agile and Phased Delivery plans and actions to progress priorities. • Regional digital capability and deficit review • Co-design a system architecture. • Launch a small number of high-leverage pilots at domain interfaces. • Establish a Regional Digital Transformation Board.
Regional Finance and Contracting Subgroup (OB3)	• Regional Value through – Building the analytical foundation; Designing from community up, not institution down; Strengthening governance for delivery; Bringing value-based procurement into the regional model. • Improved capabilities and capacity for resource allocation and value-led activities. • Improve clinical outcomes and reallocate resource. • Set the basis for future contracting models and decisions. • Collaborative working across finance functions – learning, finance literacy, training, career development, frameworks/controls, and process alignment.	• Contracting redesign. • Set up STAR programme. • Value-based Procurement (Swansea University proposal) delivery. • Diabetes STAR project. • Develop Collaborative working programme.
Regional Research, Innovation & Excellence Subgroup (OB4)	• Support the health and social agenda in South-West Wales. • Regional Themes – Mental Health & Learning Disabilities, Population Health & Prevention, Chronic Disease Management, Social Care & Integrated Research, Cancer & Genomics, Rural Health & Digital Innovation. • Regional opportunities for innovation, including with academic partners to be more attractive to trial sponsors. • Optimising use of facilities at local hospital sites and universities and potential to create centres of excellence. • Early adoption site for digital health solutions, regional testbed for AI in imaging, telemedicine, and population health analytics.	• Strategic Plan for Regional Model. • Establish Research, Innovation and Excellence Subgroup. • Finalise South-Wales Regional Research and Innovation Partnership Model and Functions.

TERTIARY SERVICES PARTNERSHIP

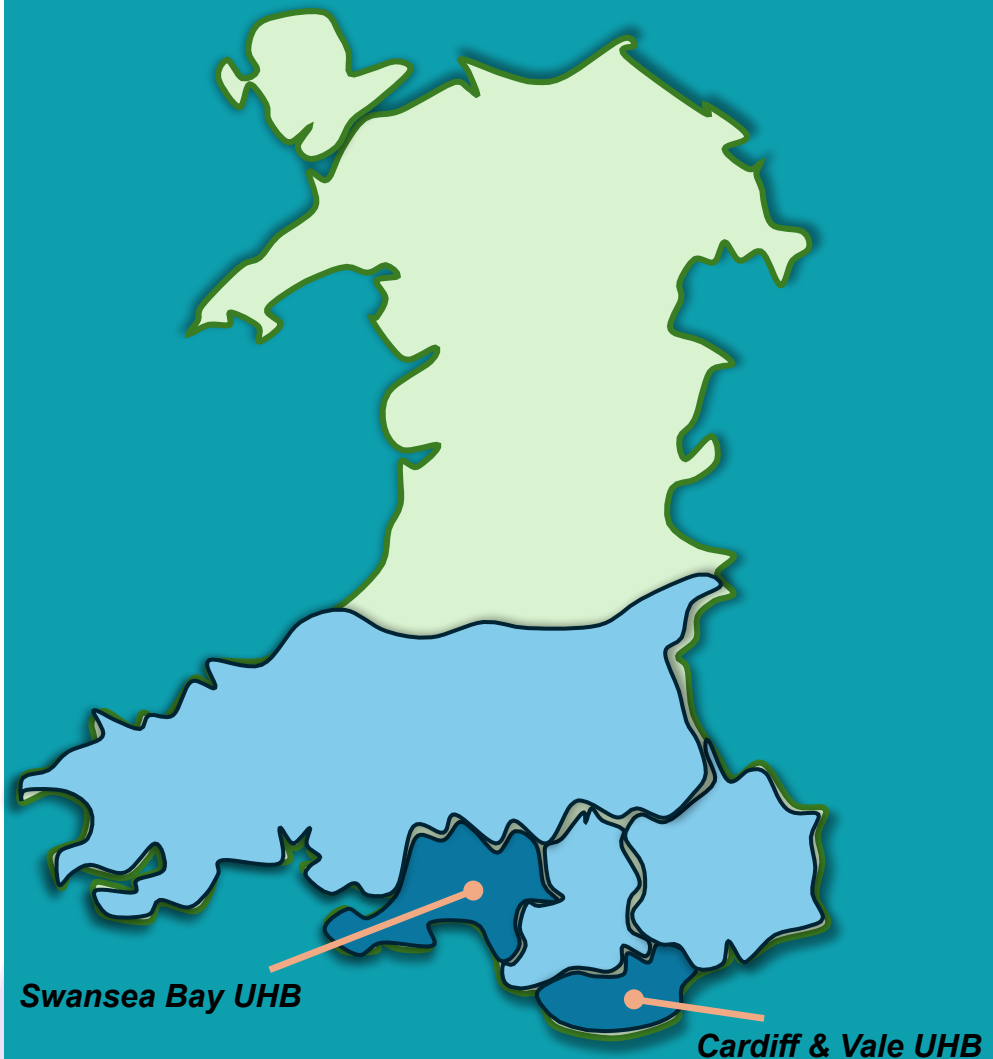
We are the second largest provider of specialised healthcare services in Wales, serving patients from across the country. Although, we predominantly function as a provider of specialised services for the populations of West Wales and South Powys. Providing specialised and tertiary services to the South Wales population presents well-recognised sustainability challenges. These services depend on a critical mass of patients to maintain clinical expertise, support workforce development, and deliver consistently high-quality outcomes. However, the relatively small catchment size in South Wales makes achieving this scale inherently difficult.

Our partnership with Cardiff and Vale University Health Board (CVUHB), the largest provider of specialised services in Wales, is critical to addressing these challenges. Achieving the critical mass required for safe, effective care often demands regional or cross-border collaboration to prevent fragmentation and maintain quality. Building on this principle, we are working together to identify opportunities for joint delivery and closer collaboration to improve sustainability.

These challenges are compounded by the absence of a formal commissioning framework for many specialised services that have not yet been delegated to the NWJCC. Such services cannot be delivered or planned in isolation. It is essential to identify and manage interdependencies and co-dependencies across the wider system, both within Swansea Bay UHB and with partner organisations, to maintain resilience and ensure continuity of care. A collaborative, system-wide approach is critical to safeguarding these services, preventing fragmentation, and delivering equitable, high-quality outcomes for patients across Wales.

In response to these challenges, the Regional Specialised Services Provider Planning Partnership (RSSPPP) has agreed a focused work programme to deliver urgent and coordinated action, recognising that several specialised services face significant sustainability risks.

The tertiary services partnership predominantly functions as a provider of specialised services for the populations of South Wales (South Wales, West Wales, and South Powys).



NWJCC IMTP - Specialised Services Outlook for 2026-27

The specialised commissioning outlook for 26–27 presents significant operational, workforce and financial uncertainty for providers of specialised services. The NHS Wales JCC IMTP indicates that commissioning for 26–27 will be based on 25–26 baseline activity, with no growth, removal of under-performance from baselines, and no additional funding for activity above plan, other than the application of the 1.11% inflationary uplift. Providers of specialised services are also required to deliver a 2% efficiency and productivity target to support the overall financial position.

The NWJCC IMTP assumes a level of service stability that is not financially supported, increasing the likelihood of deterioration within pathways already identified as fragile. For services with high fixed staffing, estate and infrastructure costs, reductions in commissioned activity do not produce equivalent reductions in expenditure. As a result, there is a real risk that some specialised pathways could become financially or clinically unsustainable if commissioned solely at current activity levels.

In the absence of a national strategy for specialised services (commissioning and delivery), NHS Wales providers of specialised services must plan against a backdrop of significant uncertainty and variable assumptions. This reinforces the importance of establishing a coherent and unified provider position in collaboration with Cardiff and Vale UHB through the Regional and Specialised Services Provider Planning Partnership, to ensure that commissioners receive consistent, evidence-based advice and a consistent collective view of service sustainability, system risk and minimum safe operating thresholds. Against this backdrop, SBUHB will use a structured approach to managing the risks within specialised service. The Tertiary Service Oversight Group will conduct a comprehensive review of all services where risks have not been addressed within the NWJCC IMTP, with the aim of determining where internal mitigations are possible.

Where internal mitigations cannot be secured, SBUHB will need to consider a range of options to protect patient safety and organisational sustainability. These options may include seeking alternative commissioning arrangements with Health Boards outside the NWJCC, disinvesting from services that cannot be sustained safely, decommissioning services and securing provision from alternative providers, or capping activity at funded levels. Early engagement will take place with the NWJCC and referring Health Boards to assess the implications of these options and to agree the appropriate way forward.

Informing Commissioning of Specialised Services

Another critical function of the partnership is to provide a unified and consistent specialised provider response to the NWJCC. This role is essential in ensuring clarity, alignment, and credibility when engaging with commissioners on complex service issues. By coordinating our input, we avoid duplication, overlap, and conflicting messages that could undermine planning and decision-making.

A single, coherent provider perspective enables us to articulate shared priorities, highlight common sustainability challenges, and present evidence-based solutions that reflect the needs of patients across South Wales, West Wales and South Powys. Consistency in our approach also ensures that commissioner requests are addressed in a timely, structured, and collaborative manner, reducing inefficiencies and promoting transparency. However, it is also important to recognise that over half of the specialised services delivered by SBUHB fall outside the NWJCC commissioning framework, presenting substantial challenges for strategic coherence and effective system-wide planning.

Hepato-Pancreato-Biliary Surgery

Progress on the HPB Programme was paused in June 2025 due to the inability to secure commissioning support for establishing the Shared Delivery Network (SDN) for Severe Acute Pancreatitis (SAP), despite strong clinical engagement and widespread recognition of the need for change. District General Hospitals (DGHs) currently provide the majority of initial care for patients presenting with acute pancreatitis, including early assessment, stabilization, and delivery of supportive interventions. Their role is critical in ensuring timely management before escalation to specialist services when required. However, the absence of consistent pathways and access to specialist input can lead to variation in practice and potential delays in care. This setback underscored the urgency of tackling longstanding service fragilities, fragmented commissioning arrangements, and the absence of an integrated HPB centre for South Wales.

Lessons learned during this period have shaped a refreshed approach, ensuring the programme moves forward with clearer governance, stronger alignment, and renewed commitment from all partners. It has now been agreed that the NWJCC will lead the HPB Programme, supported by the tertiary services team. This collaboration will provide strategic oversight and commissioning leadership, aligning service redesign with national priorities and securing equitable, sustainable access to specialist care for patients across South Wales. The immediate priority is to establish the SDN for SAP, creating clear pathways for timely specialist input and consistent standards of care.

Severe Acute Pancreatitis

SAP is a complex, unpredictable, and potentially life-threatening condition, affecting up to 25% of patients presenting with acute pancreatitis. It is frequently associated with multi-organ dysfunction and failure, prolonged hospitalisation, and significant critical care bed occupancy. In Wales, approximately 100 SAP patients are admitted to critical care units across South Wales annually, with a crude mortality rate of around 30%. A larger cohort of SAP patients is likely managed at ward level, though this number remains unquantified.

Gynaecological Oncology Surgery

The Gynaecological Oncology (GO) workstream is focused on tackling urgent service fragility and rising demand across South Wales. In 2025, both Cardiff and Vale UHB and Swansea Bay UHB faced severe workforce shortages, fragmented pathways, and inconsistent access to care, with SBUHB particularly reliant on temporary arrangements to maintain delivery. These challenges, highlighted in the Senedd's Unheard: Women's Journey Through Gynaecological Cancer report, reinforced the need for a sustainable, regionally coordinated model. The RSSPPP is now progressing plans to establish a South Wales Gynae-Oncology Operational Delivery Network (ODN) by spring/summer 2026. This will introduce a centralised MDT to ensure consistent decision-making, strengthen training pathways, and improve equity of access. Longer term, the model will centralise high-complexity surgery within a dedicated centre while enabling lower-complexity procedures to be delivered locally, ensuring women across South Wales receive timely, safe, and effective care.

Cardiac Surgery

Cardiac Surgery services in South Wales face significant sustainability challenges, with Cardiff and Vale UHB and Swansea Bay UHB operating two of the smallest units in the UK. In 2025, long waiting times, particularly in South East Wales, highlighted the fragility of the current dual-site model. Despite strong clinical outcomes, workforce pressures and fragmented pathways have reinforced the need for a more resilient, regionally coordinated approach. The RSSPPP is progressing work to establish a South Wales Cardiac Surgery ODN in 2026. This will provide a platform for shared leadership, consistent protocols, and integrated patient flow management, laying the foundation for future service integration.

RESEARCH AND DEVELOPMENT

A thriving culture of Research, Development and Innovation is a critical factor in the provision of safe, high-quality care and aligns with health boards' Duty of Quality to continually improve the quality of the services they provide. This through a continued two-pronged approach

- **Development of a Regional RD&I strategy with Hywel Dda UHB under the Joint Committee arrangements, recognising the strengths both organisations bring, along with opportunities for wider academic partnerships with Swansea University and University of Trinity St David.**
- **Further development of its RD&I Strategy for SBUHB pending the establishment of the regional RD&I plan with Hywel Dda UHB**

The Research, Development and Innovation Strategy has been developed to align to the pillars of the NHS Research & Development Framework, supported by a current self-assessment. Underneath each pillar are associated objectives which are supported by a delivery plan including:

- Visibility of research, development and innovation at board level
- Effective Use of research delivery staff
- On-time trial initiation, higher research income and full access for all eligible patients
- Introduce research, development and innovation showcase events
- Introduce modern facilities and equipment
- Introduce pump-prime schemes
- Strengthen access to oncology clinical trials across south-west Wales as the cancer centre for the region, as well as working collaboratively with Velindre Cancer Centre to enhance the offer across Wales

New governance arrangements are an opportunity to define a clear process through which research impact on service development and clinical pathway design is tracked and disseminated, including identification and use of linked research accounts to support innovative service change.

Workforce	Strategy, Finance and Governance	Patient and Public Involvement	Partnership Working
Joint peer review committee to share learning	Alignment to organisation strategy and clinical service plan	Patient reps on health board sponsored studies	Partnership with Swansea Uni: • Co-signed sponsorship model • Joint Clinical Research Facility • Partnership board to be established
Time recognition in job planning guidance			
Research leads in non-medic roles	Commercial income and grant funding to support further activity and service change	Communications Plan	Monthly surgeries and clinical advisory group with local trials units
Shadowing links with medical and nursing schools			Regional work with Hywel Dda
Increase number of clinicians with Good Clinical Practice Training	Board oversight through DDRI Committee, support by R&D Governance group	Plans for patient involvement group with Swansea Trials Unit	Annual showcase events

GENOMICS AND ADVANCED THERAPIES

We ensure training in genomics for all relevant staff within the Health Board to either enable the identification and referral of eligible patients to specialist teams for genomic intervention, or implement genomic testing into clinical practice, in areas aligned with clinical priorities: (Please note – it is recognised that there are clinicians in the areas below who already use genomic referrals in their patient pathways, but the aim is to ensure equitable access for patients regardless of their health board and the professional/s managing their care)

Diabetes: Medical consultants and clinical nurse specialists in diabetes to be trained to identify individuals who may have monogenic diabetes and arrange genomic testing for them
Around 1% of individuals with diabetes have monogenic diabetes. They require different treatment and have different risks for complications, so identification of these individuals results in better outcomes. It also enables family members to be identifies at risk before they develop symptoms, allowing early intervention, resulting in better outcomes and reduced costs for the health board.

Infectious disease: Infection Prevention and Control staff, medical consultants and other relevant healthcare staff to be trained to utilise pathogen genomic data to support the detection and response to outbreaks. This training should also cover the use of genomics to support retrospective analysis to help prevent outbreaks in future.

Women's health: Specialists in women's cancer should be trained to offer genomic testing as appropriate (see Cancer above) Healthcare professionals who look after women during pregnancy should be trained to include genomics as appropriate in the clinical pathways.

Cardiac: Specialist nurses or healthcare professionals in lipid clinics should be educated to offer familial hypercholesterolaemia genomic testing to eligible patients. Diagnosis of familial hypercholesterolaemia allows patients to be monitored and treated to keep their cholesterol level normal and avoid cardiac disease
Cardiologists and clinical nurse specialists to identify individuals who may have an inherited cardiac condition where screening or intervention may be advantageous. Identification of those with inherited cardiac conditions enables appropriate targeting of screening and intervention to those at risk of significant cardiac symptoms, and removal of those not at risk from unnecessary screening.

Cancer: Medical doctors, surgeons and other appropriate clinical professionals caring for patients with cancer (including haematological malignancies) to be trained to offer tumour or germline genomic testing to eligible patients, to inform diagnosis and treatment decisions, in line with national recommendations for precision medicine. Genomic test results on tumours or germline DNA can inform cancer treatment and identify those eligible to take part in clinical trials, both resulting in better outcomes for patients.

Pharmacogenomics (relevant to several clinical areas): Preparatory planning is needed in collaboration with the clinical networks and local clinical teams within each organisation to enable future implementation of commissioned pharmacogenomic testing safely and effectively into current clinical pathway using a phased approach. The need for Point of Care (POCT) testing approaches may also need to be explored including the commissioning aspects depending on the clinical indication.

Mental health: Psychiatrists and psychiatric nurses to identify patients who would benefit from referral to the psychiatric genomics service for further investigation. Some psychiatric conditions and neurodevelopmental disorders are associated with underlying genomic variants, and individuals with these genomic variants have worse health and social outcomes, and reduced life expectancy. Identifying possible genetic causes enables people to have a clearer understanding of their condition, creates an opportunity to discuss and assess potential risk, provides enhanced physical testing and monitoring where appropriate and signposting to specialised support.

STRATEGIC COMMISSIONING

We have a responsibility to commission services that meet the needs of our population by assessing demand, planning and prioritising provision, as well as purchasing and monitoring services to ensure they deliver the best possible health outcomes for our communities. Below are the essential elements of our approach.

Our Aim: Commission high-quality, evidence-based, sustainable services that improve outcomes, reduce inequalities and deliver value

Partnership & System Leadership

Strengthen collaboration with Health Boards through clearer expectations, improved engagement and shared accountability. Contribute to national and region commissioning groups to strengthen All-Wales commissioning expertise. Work in partnership with other statutory organisations, independent providers and the voluntary sector to maximise the needs of the population.

Quality & Outcomes

Clear service specifications detailing activity, quality indicators and outcomes expectations . Align pathways with national quality frameworks to improve consistency and equity.

Equity & Access

Reduce variation in waiting times and access thresholds across commissioned pathways. Target priority areas where inequity or poor outcomes re most evident.

Assurance & Performance

Strengthened monitoring and reporting mechanisms for commissioned services.

Transformation & Innovation

Support adoption of innovative models, digital solutions and new treatment options identified through horizon scanning. Ensure commissioned pathways contribute to NHS Wales sustainability and decarbonisation goals.

Value & Financial Control

Maximise value though efficiency, reduced unwarranted variation and pathway redesign. Commission within clear affordability enveloped with demonstrable return on investment.

2026/27 Priorities:

- Strengthen contract and performance management to ensure value, outcomes and accountability.
- Use robust NHS contracts with clear activity, quality, performance, financial, dispute-resolution and data requirements.
- Align SBUHB service changes with commissioning intentions across partners and providers.
- Implement an Alliance commissioning model for Drug and Alcohol Services with the Western Bay APB.
- Progress the CHC and Complex Care Transformation Programme, focusing on joint funding, operating models, market management and package rightsizing.
- Work with the West Glamorgan Regional Partnership to enhance community services and support care closer to home.
- Ensure regional models have commissioning arrangements enabling pooled lists, shared capacity and cross-boundary resource use.
- Deliver National Planned Care Programmes via independent-sector capacity, active demand management, faster access for long waiters and implementation of new national policies.

DIGITAL

Leadership, Strategy and Planning for Digital

The 10-Year Digital Strategic Plan (2025–2035) sets out the Health Board's digital vision and key deliverables, aligned with national, regional and local strategies including the Digital Strategy for Wales, A Healthier Wales, and the Population Health Strategy. Developed in line with the NHS Wales Planning Framework and IMTP, and published in 2025, it will support with the National Architecture Programme to ensure local priorities fit within a nationally consistent, interoperable framework.

Digital services work closely with clinical teams to ensure user-centred design and clinical requirements are met. Clinicians shape ongoing development of Signal through change requests and User Groups, and are directly involved in Rio implementation planning, testing and configuration throughout 26/27 to support safe, effective, coordinated care. Clinical input also informs the Cancer MDT AI pilot, identifying required data items for regional AI-supported MDT efficiencies in colorectal and lung cancer. All digital transformational programmes of work are underpinned by a benefits framework which captures qualitative and quantitive benefits for all programmes.

We are also phasing out unsupported/legacy systems on a planned basis:

- **Indigo Review**: Decommission legacy diagnostic-results viewing system.
- **Symphony (WEDS):** MIU system contract ends 31/05/26 (extendable to Sept 2026). Mitigation plan is to revert to WPAS as the interim solution. WEDS database will be copied and hosted locally, with a web-based viewer for ED episodes and images.
- **SharePoint:** 2016: End of life.
- **LIMS 1.0:** To be discontinued and decommissioned in line with transition to LIMS 2.0.
- **Sexual Health System**: To be decommissioned.
- **TOMS:** Theatres Operation Management System to be decommissioned.

Value, Productivity & Financial Alignment

We use digital to drive productivity and efficiencies including through the expedited implementation of hybrid mail, facilitated by the Swansea Bay Patient Portal; releasing cash efficiencies. And exploiting AI capability to reduce the administrative burden by automating documentation and eliminating routine manual tasks. We also converge solutions regionally where appropriate to standardise pathways and share information:

- **3Ps Waiting Well – Phase 2:** Identifying complex patients early and optimising them using the Waiting Well website and a Digital Waiting Well Health Assessment sent automatically at referral.
- **PROMs Digital System**: Expanding PROMs/PREMs collection via Promptly : remaining Waiting Well priority services, Frailty Screening (Stages 1 & 5), additional hand surgery specialties, and other prioritised services. Embedding national Promptly work, including NHS App integration, NDR submission, PSOM compliance, and PROMs visualisation in WCP.
- **PES & F&F:** All surveys are bilingual: SMS sent in preferred language (via WPAS), with easy-read, BSL, IVR and Welsh options; additional languages due Feb 2026. Font size is adjustable. Demographic/equality data is shared across services to support improvement, and reports are shared with LGBT+ leads for learning.

DIGITAL

Governance, Clinical Safety, Cyber & IG

Swansea Bay UHB has strong governance for digital clinical safety, cyber security and information governance through groups such as IGCAG and the DDRI Committee, providing clear assurance and escalation to the Board. This framework will be strengthened by enhancing the Digital Leadership Group and establishing a Clinical Design Authority (subject to resources) to ensure robust, clinically led oversight of digital risk across the organisation.

Cyber Security and Information Governance mandatory training compliance is 86% for 2025/26, with reporting and assurance processes in place to maintain target compliance in 2026/27. This is supported by monthly cyber-awareness video training, which will continue. The cyber risk remains at 20 (L4, C5). The Health Board has strengthened cyber defences through modern security tools, enhanced monitoring, and replacing legacy systems where feasible, alongside building a cyber-aware culture through mandatory training, regular updates and phishing simulations. Despite improvements, evolving cyber threats remain a significant external risk. Cyber risk is routinely monitored, updated and reported to the DDRI Committee.

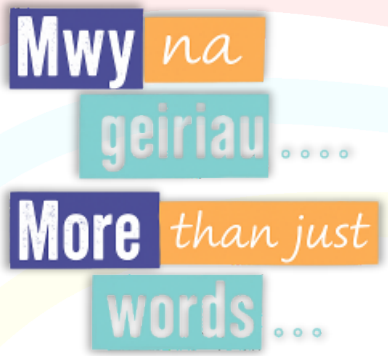
SBUHB has a documented Cyber Incident Response Plan which details the process for handling cyber incidents. This aligns with the Digital Disaster Recovery Plan to handle cyber attacks as well as operational incidents. SBUHB also reports all cyber incidents that meet the minimal reportable threshold to the Cyber Resilience Unit (CRU) in DHCW. Regular assessments and gap analyses are carried out with the CRU. All Digital investment incorporates cyber security by design.

The SBU Architecture Community of Practice, established in 2025/26, will be formalised under the new 26/27 governance structure to ensure alignment with national standards. System mapping into Ardoq has been completed and will be maintained on an ongoing basis.

Data for Equity, Language & Experience

Digital services should be citizen-centred, inclusive and bilingual and we work to ensure that we record/track/share language and communication needs in line with Mwy na geiriau and Accessible Communication Standards. We will continue the adoption of the patient portal which supports capturing patients' language preference whilst also providing timely access to clinical and administrative correspondence. We will also embed real-time feedback in planning and improvement through:

- **PROMs:** All validated bilingual digital health assessments continue to be used.
- **Promptly:** All patient communications are bilingual.
- **PROMs BI:** Dashboards will be developed for each onboarded service to provide situational awareness.
- Waiting Well Website: Fully bilingual and continuously updated.
- **PES & F&F:** 540 feedback areas captured, with real-time alerts via Civica Action Manager. Weekly and monthly reports go to service leads to identify improvements, and changes are added to the website.



DIGITAL

National Systems & Once-for-Wales Delivery

We work with Digital Health & Care Wales (DHCW) to plan local implementation of national programmes and systems, adhering to the Once-for-Wales approach. In 2026/27 this will include:

- **Digital Maternity:** After the Q4 25/26 go-live, continue with phase 2 go live, enabling service transformation across maternity services e.g. 24hr advice line.
- **Open ERS:** Implement the Ophthalmology e-referral solution; reducing time to patient triage and consultation.
- **LIMS 2.0:** Continue rollout of Blood Science and Blood Transfusion modules into 2026/27.
- **EPMA; intensive care**: reducing medicine errors, improving safety by providing real time (and remote) access to information.
- **Rio (MH & Community EPR):** Implement for paper-based MH teams in Q4 25/26, then migrate 750 WCCIS users by Oct 2026. Develop an Integrated Care Record (AICP) with The Access Group to link health and social care data; improving decision making and reducing delay to patient care.
- **WICIS**: Agree Phase 1 scope and plan.
- **CHC:** support national procurement.
- **NHS Wales App:** empowering patients to self manage whilst supporting waiting list pressures.

We will also extend the deployment of the Healthy IO wound app to support care closer to home and in conjunction with the performance and improvement team, work with patients to provide tailored home monitoring devices to track vital signs and symptoms. For 26/27, Electronic Test Requesting (ETR) will focus on significantly increasing radiology and pathology requesting adoption across clinical services. This will facilitate more speedy receipt and processing of samples and / or images, reduce duplication in requested tests, whilst also providing better quality of information via the referral process adhering to IR(ME)R guidance.

Standards & Data Quality

SBUHB implements core digital standards in Welsh Health Circulars and complies with DHCW Data Standards Change Notices (DCSNs).Each standard is reviewed for impact and changes to local/ third party systems built into roadmaps where required or requested via change requests to DHCW for national systems.

We have embedded the operational standards for the NHS number as approved by Welsh Information Standards Board (WISB)regarding how the NHS number MUST, SHOULD and MAY be used in all information systems which contribute to patient care across the health community. This is reviewed on an ongoing basis as systems are developed/ procured.

A revised 3-year plan and trajectories have been submitted to the DDRI Committee for assurance. The AI Auto-coder will be deployed mid-February 2026, starting with Neurology, with further specialties identified for exploration, including cataracts and short-stay electives.

DIGITAL

AI, Automation & Responsible Innovation

We will adopt national advice, guidance and standards for AI issued by the Office for AI and the AI Advisory Group for Health & Social Care, ensuring that all AI technologies are implemented safely, ethically and transparently. We will develop local guidance and policies aligned to the national framework to support the safe and innovative use of AI that delivers meaningful benefits for our staff and the population we serve. To achieve this, we recognise the need for dedicated investment in robust governance, clinical safety assurance and the expertise required to evaluate, monitor and deploy AI responsibly across the organisation. A draft governance plan has been developed awaiting board approval.

SBUHB will prioritise proven AI and automation technologies that improve care, reduce waits and streamline administration, focusing on HTW/NICE-endorsed or validated in-house/academic solutions. Building on the All-Wales MS365 agreement, CoPilot use will be expanded to release staff time and improve efficiency. Pilots of Ambient Voice Technology in Outpatients—and a proposed 25/26 pilot in Community Learning Disabilities (subject to a successful bid)—will support faster clinic-letter turnaround and reduce documentation burden. AI-assisted clinical coding work will also expand to increase throughput and address recruitment challenges, while further AI opportunities that benefit patients, staff and organisational performance will continue to be identified.

We will exploit digital innovation opportunities across treatment, prevention, testing, monitoring and patient-level devices where evidence shows benefit through continuing to expedite the implementation of the NHS Wales App with integration to the local patient portal. Enhanced features will include functionality targeted to support delivery of the Women's Health plan and the virtual hub model deployed across Swansea Bay and we will extend the deployment of the Healthy IO wound app to support care closer to home.

CAPITAL & ESTATES

The Health Board's Estates Strategy approved by the Board in 2023, identified the need for significant capital investment to support the Clinical Services Plan and a programme of backlog maintenance works identified by Condition Surveys. Following feedback on the NHS All Wales Capital Prioritisation in 2025, a new Estates Task Force under the leadership of our vice-chair was established to provide the board with strategic oversight of the implementation of the Estates Strategy. Whilst the main elements of the prioritised 10-year plan remain intact, the Task Force recommended an urgent focus on five schemes which will require urgent short-term capital funding support from WG (in addition to long term strategic support) to ensure Operational Resilience and Safety & Clinical Suitability

- **Helipad Safety Works, Morriston**
- **Adult Acute Mental Health Unit Service Diversions, Cefn Coed & Other Mental Health In-Patient Estate Improvements**
- **UEC Pathway & Foul Drainage, Wards A & B, Morriston**
- **Regional Cellular Pathology relocation**
- **New Obstetrics Theatre & Birthing Suite, Singleton**

We will be investing over £1m from our discretionary capital programme in 2026-27 on designs for some key infrastructure projects. These will include production of Strategic Outline Business Cases for a new ED, Critical Care & Theatres building/Access Road at Morriston Hospital and provision of Mental Health In-Patient Wards.

Capital funding of £31.993m is already in place for 26/27 through the All-Wales Capital Programme. This includes £8.134m from the national TEF (Targeted Estates Fund) to invest in our highest estates risks across six areas a)Decarbonisation, b)Decontaminations, c)Fire, d)Infrastructure, e)Infection Prevention Control (IPC) and f)Mental health. An increased discretionary capital programme to £15.579m will focus on maintaining the highest risks in our equipment & digital asset base, along with maintenance of our building estate alongside a contribution to the TEF programme and the PFI contractual commitments at NPT hospital.

	Discretionary Allocation £m	
A	Discretionary Allocation	-15,579
B	Income Adjustments	-965
C	Commitments	7,717
D	Replacement	7,546
E	IMTP Choices	1,282
	Total -Under / Over Commitment	-0

We are investing £1.9m from our discretionary capital funding to undertake urgent short-term improvement works at the Adult Acute Mental Health wards in Tawe Clinic, Cefn Coed. Additional proposals are being progressed which will require WG support to stabilise the Mental Health estates across the Health Board in anticipation of an accelerated programme to move to a longer-term solution.

Morriston Hospital - Hybrid Planning Application was submitted in July 25 for the development of the current site plus additional 55 acres (Outline Planning) and the provision of a new access route to J46 of the M4 (Full Planning). The development of alternative funding models, estates utilisation, disposals and decarbonisation from part of the 10-year programme. During 26-27 we will focus on developing our plans to provide modern estate to support our Community and Mental Health services in Swansea City Centre, looking at partnership models with Swansea Council and their development partners.

ESTATES RISK AREAS

Effective risk management is fundamental to the successful operation of the Health Board estate. The top estates risks form part of a forward investment programme and mitigation plans. Investment required will require a mixture of funding sources, including discretionary capital, TEF and major business cases through the AWCP.

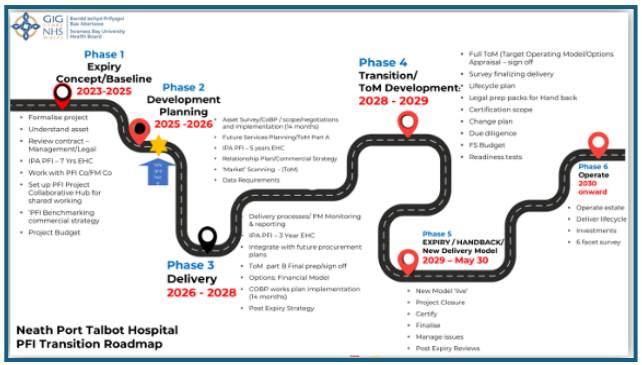
Risks	Description	Current Mitigations	Future Mitigations
N+1 both acute sites	Good practice requires back up for generators that support services on essential power.	Funding secured to install temporary generator hook-ups which provide temporary mitigation at Morriston.	Design consultants commissioned to review the feasibility of HV generation on site & local LV generation. Discussions are underway with National Grid on a HV solution.
Services on essential supply	There is limited information on whether key services at Morriston are on essential supply	Working through any issues highlighted from the black start tests undertaken at Morriston Hospital in Q3.	Commissioned a design consultant to confirm electrical capacity &feasibility to move the Pathology Plantroom electrical supply on to an essential supply.
Uninterrupted power supply (UPS).	Battery back-up that kicks in as soon as there is a power ‘spike’ or failure that could adversely affect the operation of key kit	We have compiled an asset list of existing UPS' which is under review. Funding secured to replace the highest priority UPS during 2025-26.	Additional capital to establish a rolling replacement programme.
Obsolete electrical infrastructure, CWB, Singleton	Original infrastructure in Central Ward Block is over 60 years old.	A design consultant has been commissioned to review options to replace the ageing electrical infrastructure.	Design fee funding being allocated from 2026-27 discretionary capital programme.
Replacement of core plant and equipment	Air handling units (AHUs) for Theatres and Critical Care, which are crucial for air changes and therefore infection prevention and control (IPC).	Rolling programme commenced to replace obsolete AHUs at Morriston and Singleton using TEF funding. Current intelligence of priorities is established from NWSSP-SES reports and Ventilation Authorised Persons (AP) site knowledge.	Rolling investment programme via TEF and discretionary capital is being established.

ESTATES RISK AREAS

Risks	Description	Current Mitigations	Future Mitigations
Foul drainage, both sites	Leaks are increasingly common. One of the main causes is age & state of the network. Cast iron drainage system in original nucleus building at Morriston is rotting away and unplanned closures are impacting clinical services.	Reactive ad-hoc repairs as required. Concluding the review of high-level cost options to replace the failing foul drainage at Morriston Hospital	Likely to be a significant investment but with good cause due to the risk to business continuity to the site. Singleton Hospital failures are to be reviewed to prepare any potential short or long-term resolutions.
Electrical load, Sub Stations, Morriston	The demand on 5 of the 6 Sub Stations (SS) is excess of available capacity and not complaint with current HTM standards (Health Technical Memorandums).	Site wide electrical infrastructure study commissioned to review electrical constraints, single points of failure and technical risks. Report expected in May - to determine the next priority based on business continuity, risk and backlog maintenance.	High level cost options are being reviewed to determine the most cost-effective approach to upgrade SS3, providing greater electrical capacity & compliance where practicable with current standards.
Main steam supply from Boiler house, Morriston	The main conduit from the Boiler house to Plant Room 5 is leaking and at risk of future collapse.	Works have commenced to replace the existing corroding main steam line for the site	Additional funding required to provide a second line for resilience.
Resilience	There are two incoming HV supplies to both Morriston and Singleton Hospitals. Singleton only has one dedicated incomer HV.	Discussions have commenced with National Grid (NG) to review the existing site loads & future plans for the Health Board sites.	Estimated max demand electrical loads for the Morriston masterplan under review to determine future capacity requirements.

CAPITAL & ESTATES – PFI (PRIVATE FINANCE INITIATIVE)

HANDBACK, NEATH PORT TALBOT HOSPITAL



Neath Port Talbot Hospital, opened in 2002 under a PFI funding model, will reach the end of its 30-year contract in May 2030. The handback is a major and complex process, and we are following UK Government best-practice guidance led by NISTA, which advises organisations to begin expiry planning 4–7 years before contract end. We completed the initial 7-year Expiry Health Check in October 2023.

To support this work, we have invested in an internal PFI Expiry and Contract Management Team, bringing together key professional disciplines and external advisers. The programme is overseen by a PFI Exit Project Board reporting to the Performance and Finance Committee. The PFI expiry process aims to ensure a smooth transition, minimise risks, and shape the future operating model for the hospital. Our vision is a safe, compliant estate at Condition B standard that delivers value for money and aligns with NHS Wales and SBUHB strategic priorities. A 4-year Expiry Health Check has recently been completed with NISTA, with findings expected in April 2026.

Key Steps for Successful Exit		Current Status
Governance & Resourcing	Treat expiry as a major project, not business as usual. Assign a Senior Responsible Officer and ensure adequate financial and human resource.	• Expiry Team established. We expect to invest between £0.750m & £1m annually over the next 4 years following the NISTA recommendations. • SRO and PFI Expiry Board established.
Asset Condition & Surveys	Understand lifecycle obligations and conduct condition surveys well before expiry to avoid disputes.	• Agreement reached with Project Co on commencing asset condition surveys in April 2026. Final reports expected in March 2027.
Legal & Commercial Strategy	Review contract terms for hand back requirements, TUPE for FM staff, and settlement agreements. Early engagement with legal advisors is critical	• Initial legal advice received. • PFI legal preparation workshop completed. • Non-Executive PFI Expiry Project overview sessions in Q1 2026-27.
Financial Implications	Loss of ring-fenced funding post-expiry means liabilities for maintenance and operation revert to Health Board. Budget planning and options appraisal are essential	• Financial baseline data collated to support future services financial modelling. • Advisors appointed to provide specialist VAT advice. • Initial work commenced using IPA Financial Distress Guidance on future financial investigation.

CAPITAL & ESTATES – ENABLING ACTIONS

Estates Rationalisation

Following the submission of our Estates Rationalisation of Non-Clinical Space in 2023, we have continued to review our clinical and non-clinical property needs. Following the disposal of two sites in 2024-25, a land transfer was completed in Morriston during 2025-26. The Health Board recognises the need to consolidate our services on fewer sites as part of our path to recovery and sustainability. Once the development of the Clinical Services Strategic Plan (CSSP) is completed in 2026-27, work will commence to look at options and sequencing. We will continue to develop our disposal strategy for the remaining surplus areas of the Cefn Coed site, although this work will need to be linked to the provision of funding support to stabilise the Mental Health estates across the Health Board in anticipation of an accelerated programme to move to a longer-term solution.

Alternative Financing Models

The newly formed Estates Task Force group will consider the commercial opportunities to deliver capital solutions using public and private partnerships to assist in developing the estate strategy and the implications. We are continuing to benefit from funding from the Swansea Bay City Deal, with the hybrid planning application for the development of the Morriston Hospital site and new Access Route from the M4 submitted in July 2025.

Working with the West Glamorgan Regional Partnership Board, we secured design funding to produce business cases for a new Learning Disabilities home in Dan-y-Deri (HCF) and a replacement for Cymmer Health Centre (IRCF). The completed Dan-y-Deri business case was presented to the WG HCF panel in January 2026, which we are awaiting an announcement on. Design work has completed on the replacement for Cymmer Health Centre and we expect to proceed to tender in Q1 2026-27.

Some of our schemes also have revenue funded options which require IFRS 16 technical capital support under Right of Use (ROU) Capital. We will be continuing to work with our Energy Service partner and the WG Energy Services and Health & Social Care Finance teams to explore how we can access alternative financing to de-steam and decarbonise the estate. These schemes are more about reducing carbon rather that also cost reduction. We have proposals for major capital developments linked to the provision of a new ED, Critical Care and Theatres development at Morriston and reprovision of Mental Health In-Patient Wards. As the availability of national capital funding may be constrained, we are keen to explore other funding opportunities, including the MIM (Mutual Investment Model).

SUSTAINABILITY /CLIMATE ACTION PLAN

The Health Board's Climate Action Plan (2026-30) addresses the requirements of the NHS Wales Decarbonisation Strategic Delivery Plan (SDP), A Healthier Wales, Just Transition, and findings of the Health Board Climate Change Risk and Opportunity Assessment.

Climate Action Plan 2026-2030

Aim: To build the Health Board's climate resilience across the four roles: 'Healthcare provider', 'Employer', 'Major local organisation', and 'Productive Partner' , as defined in 'A Healthier Swansea Bay - Swansea Bay University Health Board'.

This will be achieved through reducing emissions and developing a proactive approach to climate adaptation. The **objectives** of the plan include:

1. Build adaptive capacity and understanding of low-carbon models of care
2. Build the evidence and data base around climate risk and opportunity gaps
3. Build emissions reduction and climate adaptation into existing processes
4. Continue reducing emissions from our buildings and estate
5. Enhance sustainable procurement and waste reduction
6. Improve biodiversity on sites to benefit staff, patients, and local environments
7. Work collaboratively across NHS Wales and wider system to ensure that adaptations between organisations are not conflicting

Governance: Managed through Health Board performance reviews & assurance to the Sustainable Swansea Bay Steering Group.

Welsh Government Reporting: Bi-annual SDP, annual Public Sector Emissions reporting, qualitative climate adaptation reporting (frequency to be decided), annual Socio-Economic Duty, annual Well-Being of Future Generations report

Morriston Hospital's Solar Farm

Grŵp Gwyrdd
BAE ABERTAWE
CYNALIADWYEDD MEWN GOFAL IECHYD

Swansea Bay Green Group
SUSTAINABILITY IN HEALTHCARE

Biophilic Wales Project

Cae Felin Community Supported Agriculture Project

SUSTAINABILITY /CLIMATE ACTION PLAN

Our Culture & Ways of Working: Understanding and empowering staff to be sustainable & engaging with wider NHS and public sector to:

- Develop a workforce strategy to implement 'Delivering sustainable healthcare' position statement (Dec-26)
- Understand potential increased demand from climate change (Mar-27)
- Provide resources to staff to reduce emissions & adapt (ongoing)
- Build understanding of climate impacts to support business continuity (Mar-27)
- Continue collaboration between NHS Wales orgs and PSBs to build adaptive capacity (ongoing)

Our Buildings & Estate: Using Estate more efficiently, building greener, and improving biodiversity of our sites, including:

- Monitor and address excess building energy consumption (Sep-26)
- Embed energy management in day-to-day operations (Sep-26)
- Review climate risk before leasing/purchasing properties (Apr-26)
- Utilise green infrastructure and how new developments can support nature (Sep-26)

Our Travel: Moving more sustainably, from active travel, to public transport, and supporting electric vehicles, including:

- Develop agreed approach to Electric Vehicle Charging infrastructure across the Health Board and with partners (Mar-27)
- Develop user friendly guides for staff and public on low-carbon / sustainable travel options to Health Board sites (Sep-26)

Our Procurement: Buying less, buying sustainably, and building supply chain resilience with the system, including:

- An organisational environmental sustainability representative on all procurement exercises >£6million (Sep-26)
- Suppliers to include 'climate resilience' in their business continuity plans (Apr-26) This will build on the sustainability KPI work through the 3rd sector recommissioning.

Our Approach to Healthcare: Working with the system for sustainable healthcare, trialling and implementing projects in SBU, and sharing our learning, including:

- Participating in the 'Your Medicines, Your Health' programme (Sep-26)
- Continue to digitalise clinical records (annual review)
- Baseline of nature-based interventions by the Health Board (Mar-27)
- Build temperature monitoring into server room management (May-26)
- Develop review of what low carbon and climate adapted healthcare looks like (Aug-26)
- Develop Health Board waste management plan, building in circularity principles and targeting actions higher in the waste hierarchy (Sep-26)

WELSH LANGUAGE

We have a commitment to developing a confident workforce where all staff can greet, reassure and engage safely with Welsh speaking patients and service users.

System Priorities	Areas to Deliver (2026/27)	Outputs
Maintain compliance with Welsh language standards	Develop our work with schools and colleges to nurture our future workforce.	Increased awareness among pupils and students about career pathways and benefits of language skills to the NHS workforce. Professional development benefits to existing workforce by acting as mentors.
	Work collaboratively with Swansea University and Coleg Cymraeg, identifying opportunities for students to access mentoring support.	
	Improved integration of process for handling complaints and concerns in Welsh, or about our use of Welsh into corporate feedback, concerns and complaints procedures.	
	Improved evaluation and sharing of patient feedback so that departments across our organisation can draw on valuable information relating to the experiences of people trying to access our services in Welsh.	A more robust process leading to better quality data identifying gaps in delivery of Welsh language services. Increased confidence amongst Welsh speaking patients that concerns are valued and addressed.
Develop our Welsh language work in line with 'More Than Just Words' Strategy	Develop a group of stakeholders to steer our work related to the Welsh language.	
	Continued commitment to leadership visibility on language and organisation-wide commitment to Welsh language services, embedding expectations into governance and performance frameworks.	
	Continue our roll out of language skills training at 'Courtesy' level for all staff with skills currently recorded at level 0.	Creation of a healthy culture of belonging for the Welsh language at SBUHB leading to a transformation of outcomes for Welsh-speaking patients and service users.
	Maintain progression towards full implementation of the active offer in all clinical settings. Increasing recognition of language as a key component of person-centred care.	

2027 - 2028

- Introduce the CEFR for languages as the common framework for measuring staff language skills
- Introduce a specific apprenticeship for school leavers with level 4/5 Welsh skills.
- Embed Active Offer audits into Quality Assurance Frameworks
- Completion of language skills gaps by roles, service areas and key priority areas under the More Than Just Words framework.
- Workforce recruitment and retention plans to take skills gaps into account – with targeted interventions included in IMTPs

GOVERNANCE AND DELIVERY

We are strengthening our operating model to ensure clear accountability, consistent improvement, and a culture grounded in our values. The **Organised for Success** programme underpins this work by aligning leadership, management capacity and performance frameworks to support delivery.

Mitigating Risks to Delivery

All risks have mitigating actions and are continually reviewed through the Health Board Risk Register. The Plan is a dynamic document and risks to delivery are constantly assessed and acted upon. Key risks to delivery include:

- **Capacity to Deliver:** System pressures continue to affect our ability to release staff and resource for change programmes. To mitigate this, we are prioritising delivery against the most critical areas, tightening governance to maintain focus, and putting in place robust seasonal and operational escalation frameworks. This ensures progress continues even during periods of high demand.
- **Workforce:** There is a continued risk that workforce pressures, sickness, and organisational change could impact staff morale, wellbeing and culture, affecting our ability to engage colleagues. To mitigate this, we are strengthening leadership and values-based behaviours through Organised for Success, enhancing wellbeing and pastoral support, improving staff experience feedback, and sickness-reduction actions to build a stable, compassionate and resilient workforce.
- **Digital**: Digital transformation is essential for improving clinical quality, efficiency and performance. Risks relate to legacy systems, digital capacity and the scale of change required. Mitigations include progressing actions in the refreshed Digital Strategy, modernising infrastructure, strengthening cyber-resilience, and embedding digital governance within Board structures.
- **Capital:** Delivering an ambitious capital programme within constrained national allocations presents risk. We continue to prioritise investment through a clear risk-based process focused on safety, compliance and sustainability, while sequencing major service changes to maintain operational continuity.
- **Emerging International Risk – Middle East Conflict (Iran):** The escalating Iran-related conflict poses potential risks to supply chains, fuel and energy costs, cyber security and staff wellbeing. Although there is no immediate threat to UK supply, national monitoring highlights likely disruption if tensions persist. The Health Board is strengthening business continuity arrangements, mapping critical suppliers, enhancing cyber-vigilance, supporting staff wellbeing, and maintaining Executive oversight of risk escalation and communication to ensure organisational resilience.

Emergency Preparedness, Resilience and Response (EPRR) and Recovery

EPRR enables the Health Board to meet statutory duties and strengthens our ability to deliver safe, effective, and equitable services during both normal operations and disruptive events. The programme supports organisational resilience by ensuring robust planning, risk assessment, training, response and recovery capabilities across all services.

Through embedding EPRR within the Health Board's strategic work programme, we enhance our readiness for emergency incidents, protect the quality and continuity of care, particularly for vulnerable populations and safeguard staff wellbeing. This approach also contributes to long-term operational and financial sustainability by reducing service disruption and supporting effective recovery.

Appendices

Appendix 1: Detailed Delivery Plans

Appendix 2: Enabling Actions

Appendix 3: Ministerial Templates

Appendix 4:MDS

Appendix 5: Planned care assumptions

Appendix 6: Climate Action Plan

GLOSSARY

Promote, Prevent and Prepare for Planned Care – **3Ps**
Administrative & Clerical – **A&C**
Allied Health Professions - **AHP**
Artificial Intelligence - **AI**
Additional Learning Needs – **ALN**
Acute Medical Unit - **AMU**
Advanced Nurse Practitioners - **ANPs**
Area Planning Board - **APB**
A Regional Collaborative for Health - **ARCH**
Autism Spectrum Disorder - **ASD**
Ambient Voice Technology - **AVT**
All Wales Capital Programme - **AWCP**
Business Case Assurance Group - **BCAG**
Business Intelligence - **BI**
British Sign Language – **BSL**
Common Assessment Framework - **CAF**
Child & Adolescent Mental Health Service - **CAMHS**
Community by Design - **CbD**
Cancer Centre - **CC**
Common European Framework of Reference - **CEFR**
Continuing Healthcare - **CHC**
Community Mental Health Teams - **CMHTs**
Clinically Optimised Patients - **COP**
Chronic Obstructive Pulmonary Disease - **COPD**
Continuing Professional Development - **CPD**
Crisis Resolution and Home Treatment Team - **CRHTT**
Core Surgical Training - **CST**
Clinical Services Strategic Plan - **CSSP**
Computed Tomography - **CT**
Computed Tomography Simulator - **CTSIM**
Cardiff and Value University Health Board - **CVUHB**
Cardiovascular Disease - **CVD**
Children & Young People - **CYP**
Discharge to Recover then Assess – **D2RA**
Direct Clinical Care - **DCC**
Digital Data Research a& Innovation Committee - **DDRI (IC)**
Digital Healthcare Wales - **DHCW**
Did Not Attend - **DNA**
District Nurse - **DN**
District General Hospitals - **DOHs**
Disabled Student's Allowance - **DSA**
Data Standards Change Notices – **DSCNs**
Decision Support Tool – **DST(s)** Deep Vein Thrombosis- **DVT**
Estates & Facilities – **E&F**
European Age-standardised rate - **EASR**
Emergency Department - **ED**
Expiry Health Care - **EHC**
Emergency Medical Retrieval Services – **EMRTS**
Electronic Prescribing - **EPMA**
Emergency Preparedness, Resilience & Response - **EPRR**
European Age Standardised Rate - **ERS**
Electronic Staff Record - **ESR**
Electronic Test Requesting - **ETR**
Full Blood Count - **FBC**
Facilities Management - **FM**
Full Year Effect - **FYE**
General Admission - **GA**
General Medical Services - **GMS**
Gynaecological Oncology - **GO**
General Practitioner - **GP**

GLOSSARY

Health & Safety – **H&S**
Health Board (HB) / Well-being (WLG – **HB WLG**
Healthcare Support Worker - **HCSW**
High Dependency Unit - **HDU**
Hywel Dda - **HDd**
Health Education and Improvement Wales - **HEIW**
Healthcare Inspectorate Wales - **HIW**
Healthcare Information and Management Systems Society - **HIMSS**
Help Me Quit - **HMQ**
Hepato-Pancreato Biliary - **HPB**
Health Technology Wales - **HTW**
High Volume - **HV**
ICCS – Integrated Community Care System - **ICCS**
Information Governance - **IG**
Integrated Medium-Term Plan - **IMTP**
Interventions Not Normally Undertaken - **INNU**
Infection Prevention Control - **IPC**
Independent Professional Advocate - **IPA**
Health and Social Care Integration and Rebalancing Capital Fund - **IRCF**
Interactive Voice Response - **IVR**
Joint Commissioning Committee -**JCC**
Key Line Of Enquiries - **KLOEs**
Local Authority - **LA**
Learning Disabilities - **LD**
Lesbian, Gay, Bisexual, Transgender, and more – **LGBT+**
Laboratory Information Management System – **LIMS (1.0,2.0)**
Length of Stay - **LoS**
Local Primary Mental Health Support Service - **LPMHSS**
Long Term Agreements - **LTAs**
Level - **LV**
Memory Assessment Service - **MAS**
Multidisciplinary Team - **MDT**
Mental Health - **MH**
Mental Health Ward - **MHW**
Minor Injuries Unit - **MIU**
Mutual Investment Model - **MIM**
Memoranum of Understanding - **MoU**
Magnetic Resonance Imaging - **MRI**
Neurodevelopment Delay - **NDD**
National Data Resource - **NDR**
National Health Service - **NHS**
National Institute for Health and Care Excellence - **NICE**
National Infrastructure & Service Transformation - **NISTA**
Neath Port Talbot - **NPT**
NHS Wales Joint Commissioning Committee - **NWJCC**
Organisational Development – **OD**
Operational Delivery Network - **ODN**
Older Persons Admission Unit - **OPAU**
Outpatients Department – **OPD**
Pathway (1,2) - **P (1,2)**
Performance & Improvement – **P&I**
Primary Care & Therapies - **PCT**
Prevention and Early Years - **PEY**
People's Experience Survey - **PES**
People's Experience Survey Friends and Family - **PES F&F**
Performance & Finance Committee - **PFC**
Private Finance Initiative - **PFI**
Population Health Committee - **PHC**
Patient Initiated Follow Up - **PIFU**
Perinatal Improvement Plan - **PIP**

GLOSSARY

Pathway of Care Delay - **POCD**
Point Of Care Testing- **POCT**
Patient Reported Experience Measures - **PREMS**
Patient Reported Outcomes Measures - **PROMS**
Public Service Boards - **PSBs**
Part Year Effect – **PYE**
Quarter (1,2,3,4) - **Q (1,2,3,4)**
Quality & Safety Committee - **QSC**
Research & Development – **R&D**
Research, Development & Innovation – **RD&I**
Recovering Quality of Life - **ReQoL**
Memory Assessment Service - **MAS**
Multidisciplinary Team - **MDT**
Mental Health - **MH**
Mental Health Ward - **MHW**
Minor Injuries Unit - **MIU**
Mutual Investment Model - **MIM**
Memoranum of Understanding - **MoU**
Magnetic Resonance Imaging - **MRI**
Neurodevelopment Delay - **NDD**
National Data Resource - **NDR**
National Health Service - **NHS**
National Institute for Health and Care Excellence - **NICE**
National Infrastructure & Service Transformation - **NISTA**
Neath Port Talbot - **NPT**
NHS Wales Joint Commissioning Committee - **NWJCC**
Organisational Development – **OD**
Operational Delivery Network - **ODN**
Older Persons Admission Unit - **OPAU**
Outpatients Department – **OPD**
Pathway (1,2) - **P (1,2)**
Performance & Improvement – **P&I**
Primary Care & Therapies - **PCT**
Prevention and Early Years - **PEY**
People's Experience Survey - **PES**
People's Experience Survey Friends and Family - **PES F&F**
Performance & Finance Committee - **PFC**
Private Finance Initiative - **PFI**
Population Health Committee - **PHC**
Patient Initiated Follow Up - **PIFU**
Perinatal Improvement Plan - **PIP**
Pathway of Care Delay - **POCD**
Point Of Care Testing- **POCT**
Patient Reported Experience Measures - **PREMS**
Patient Reported Outcomes Measures - **PROMS**
Public Service Boards - **PSBs**
Part Year Effect – **PYE**
Quarter (1,2,3,4) - **Q (1,2,3,4)**
Quality & Safety Committee - **QSC**
Research & Development – **R&D**
Research, Development & Innovation – **RD&I**
Recovering Quality of Life - **ReQoL**
Radiology Informatics System Procurement - **RISP**
Regional Joint Committee - **RJC**
Right Of Use – **ROU**
Regional Partnerships Board – **RPB**
Recovery & Sustainability – **R&S**
Regional & Specialised Services Provider Planning Partnerships - **RSSPPP**
Radiotherapy - **RT**

GLOSSARY

Referral To Treatment - **RTT**
Specialty, Associate Specialist and Specialist Doctors - **SAS**
Severe Acute Pancreatis - **SAP**
Swansea Bay University Health Board - **SBUHB**
Swansea Bay Patient Portal - **SBPP**
Suspected Cancer Pathway - **SCP**
Same Day Emergency Care - **SDEC**
Strategic Delivery Plan - **SDP**
Staff experience, wellbeing and retention plan - **SEWR**
Service Level Agreements - **SLAs**
Short Message Service - **SMS**
Strategic Outline Case - **SOC**
See on Symptom - **SOS**
Supporting Professional Activities - **SPAs**
Shared Delivery Network – **SPN**
Sentinel Stroke National Audit Programme - **SSNAP**
Sociotechnical Allocation of Resource – **STAR**
Senior Responsible Officer = **SRO**
South West Wales - **SWW**
South West Wales Amputation Reduction Strategy - **SWWARS**
Task & Finish – **T&F**
To Be Confirmed - **TBC**
Targeted Estates Fund - **TBF**
Teaching Health Board - **THB**
Targeted Intervention - **TI**
Theatre Operating Management System - **TOMS**
Transfer of Undertakings (Protection of Employment) Regulation - **TUPE**
University Health Board – **UHB**
Underlying Deficit – **ULD**
Urgent & Emergency Care - **UEC**
Urgent Primary Care Centre - **UPCC**
Uninterruptible Power Supply - **UPS**
Urgent Suspected Cancer - **USC**
Value Added Tax - **VAT**
Value Based Health Care - **VBHC**
Vascular Interventional Radiology – **VIR**
Vascular Network - **VN**
Vascular Nurse Specialist - **VNS**
Well Being of Future Generations Act – **WBFGA**
Welsh Community Care Information System - **WCCIS**
Welsh Clinical Portal – **WCP**
Welsh Emergency Department System – **WEDS**
Welsh Government – **WG**
Women's Health - **WH**
Women's Health Network - **WHN**
Welsh Intensive Care Information System - **WICIS**
Workforce & Organisational Development - **WOD**
Welsh Patient Administration System – **WPAS**
Whole System Approach - **WSA**
Whole Time Equivalent - **WTE**

Swansea Bay University Health Board

Stakeholder engagement and partnership working

A report from GGi

Creating lasting value for society

February 2026

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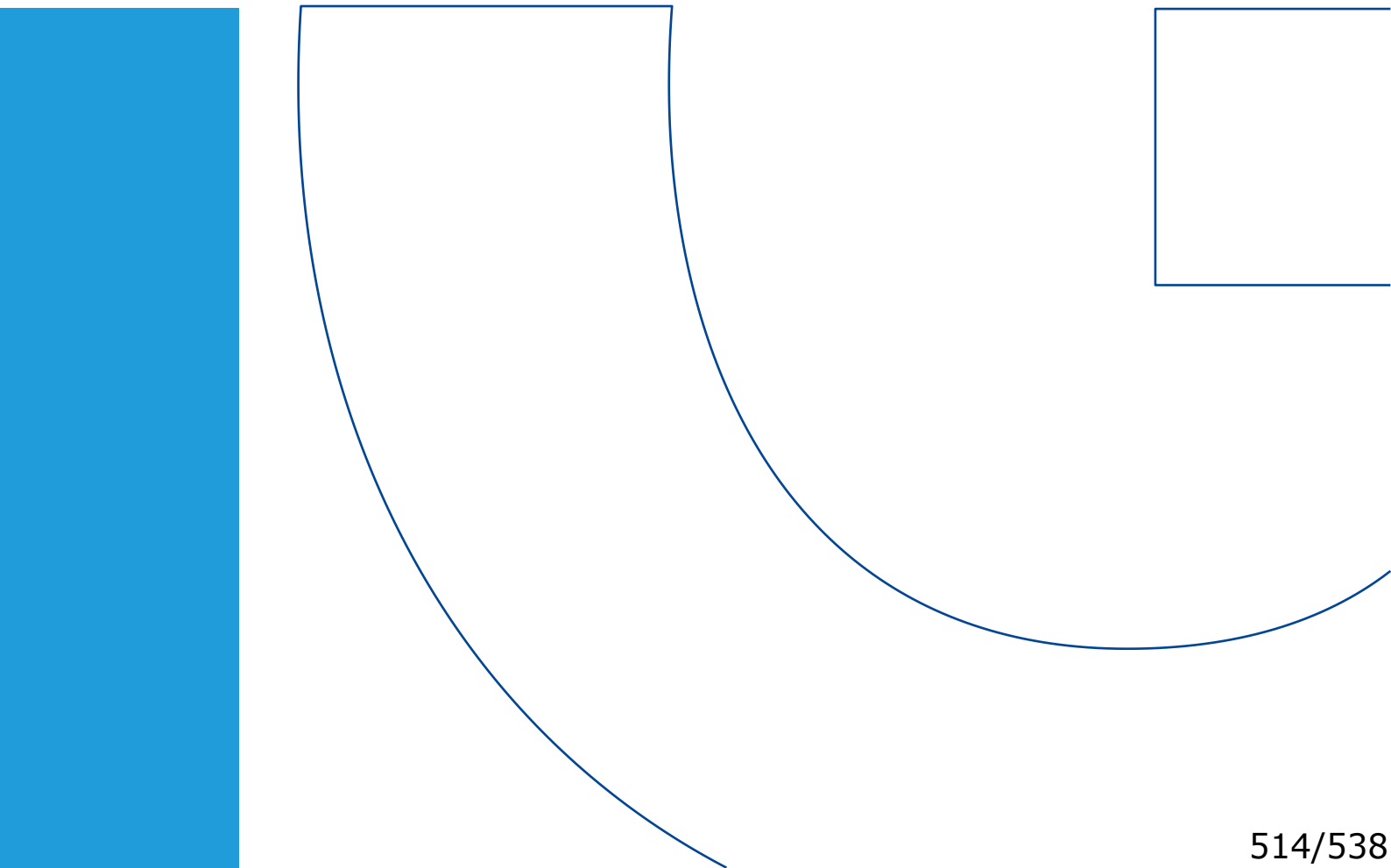

Swansea Bay University Health Board

Stakeholder engagement and partnership working

Date:	February 2026
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This report has been prepared by GGI Development and Research LLP (T/A GGi) for the board of Swansea Bay University Health Board. The report highlights the conclusions drawn from the Mapping and Managing Stakeholders Review commissioned by the board and outlines ten developmental recommendations intended to strengthen stakeholder engagement and partnership working.

The matters raised in this report are limited to those that came to our attention during this assignment and are not necessarily a comprehensive statement of all the opportunities or weaknesses that may exist, nor of all the improvements that may be required. GGI Development and Research LLP has taken every care to ensure that the information provided in this report is as accurate as possible, based on the information provided and documentation reviewed. However, no complete guarantee or warranty can be given with regard to the advice and information contained herein. This work does not provide absolute assurance that material errors, loss or fraud do not exist.

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index

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introduction

Swansea Bay University Health Board (SBUHB) commissioned this assessment to provide a thorough, independent and evidence-based assessment of the effectiveness of its approach to stakeholder engagement and partnership working, as experienced by partners and key stakeholders across the local system. The work was undertaken at a time of exceptional system pressure, including financial constraint, workforce instability, political scrutiny and rising demand across health and social care.

Purpose and context

The purpose of the review was not to judge performance, but to provide an objective, evidence-based reflection on partnership working from the perspective of those who interact most closely with SBUHB as collaborators, system partners and statutory stakeholders.

The health board operates within a complex and demanding system, requiring close collaboration with a wide range of partners to deliver safe, effective and sustainable services. As pressures on the NHS and social care system have intensified, so too has the importance of high-quality partnership working.

Against this backdrop, SBUHB commissioned this review to:

- understand how its partnership working is experienced externally
- test whether current approaches are effective, consistent and proportionate
- identify opportunities to strengthen relationships and system leadership
- inform future improvement and development activity.

The brief explicitly recognised that partnership working is not static, and that even organisations with strong intent must adapt continually as circumstances change.

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Scope

The assessment focused on external stakeholder and partner perspectives, rather than internal self-assessment. It explored:

- leadership visibility, behaviour and culture
- engagement in strategy development and service change
- decision-making pace, clarity and accountability
- governance and system working arrangements
- the impact of financial, political and operational pressures
- expectations of future partnership working.

The review did not seek to evaluate individual services or contractual arrangements. Instead, it examined how the health board works with others as a system leader and partner organisation.

Methodology and evidence base

The assessment draws on a series of in-depth, semi-structured interviews with senior stakeholders from across:

- local government and social care
- the voluntary and community sector
- emergency services and urgent care partners
- statutory engagement and scrutiny bodies
- education and wider system leadership roles.

Interviews focused on leadership behaviours, culture, decision-making, engagement practice, system pressures and future expectations. Findings are based on consistent themes across interviews, rather than isolated views.

The questions deployed were designed to prioritise depth of insight and practical examples rather than rigid adherence to a question set. While a common framework was used, interviewees were encouraged to reflect freely on what mattered most from their perspective.

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This approach enabled the assessment to capture:

- both strategic and operational experiences
- areas of strength and areas of tension
- shared themes across different sectors
- the lived reality of partnership working under pressure.

Quotes are included throughout the report to illustrate themes and provide authenticity. All quotes are non-attributable unless otherwise stated and are intended to reflect collective sentiment rather than individual opinion.

Taken together, this approach provided an independent test of both the quality of the health board's relationships with key stakeholders and the effectiveness of its inputs into partnership structures.

Tone and intent

This report is written in the spirit of constructive challenge and organisational learning.

Stakeholders were generous in their reflections, combining realism about system constraints with clear expectations of what good partnership working should look like.

> *'Nobody underestimates how hard this is but that's exactly why how we work together matters so much.'*

Acknowledgements

The GGi review team would like to thank everyone who made themselves available for interviews and those who provided project support and documentation for review, in particular, Marie Davies, Executive Director of Planning and Partnerships.

Limitations

The review is limited to the documentation that was provided to GGi during the period described, and to the information provided by those we interviewed as part of this process. This, together with the other limitations, provides a caveat to the report's findings.

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1. Executive summary

Headline findings

Stakeholders consistently described a health board that:

- is strongly committed in principle to partnership working
- has accessible, open and well-intentioned senior leadership
- has developed pockets of highly effective, trust-based collaboration, particularly where operational pressure has forced innovation.

At the same time, stakeholders identified a number of systemic constraints that limit the effectiveness and consistency of partnership working, including:

- variable follow-through below senior leadership level
- complex governance and risk-averse processes that slow decision-making
- executive instability and loss of organisational memory
- tension between pace of change and meaningful involvement
- limited visibility of regional working and shared decision-making.

As one stakeholder reflected:

> *'The intent at the top is clear and genuine — where it breaks down is what happens after that.'*

What partners value most

Across interviews, partners expressed respect for SBUHB's leadership in extremely difficult circumstances. There was strong empathy for the scale of financial and operational challenge and recognition that partnership working has often mitigated, rather than caused, system risk.

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Stakeholders were clear, however, that good relationships alone are no longer sufficient. What partners are now seeking is:

- greater consistency
- earlier engagement
- clearer ownership and follow-through
- more visible shared leadership at system and regional level.

As one interviewee put it:

> *'We don't need more meetings or structures — we need clarity, continuity and the confidence to act together.'*

Overall conclusion

This assessment finds that Swansea Bay University Health Board has many of the foundations of effective partnership working already in place. The challenge now is to translate senior-level intent into consistent organisational practice, particularly during a period of sustained pressure.

Importantly, many of the improvements partners are seeking are within the organisation's gift. Addressing them would not require a wholesale redesign of governance, but a sharper focus on behaviours, decision-flow, communication and continuity.

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2. Partnership context and operating environment

System complexity and scale

Swansea Bay University Health Board operates within a highly complex system, spanning acute, community and specialist services, and serving populations with significant health inequalities and demand pressures. Effective partnership working is therefore not an optional extra, but a core delivery requirement.

The health board's principal partners include:

- two local authorities with statutory social care responsibilities
- a diverse voluntary and community sector
- emergency services and urgent care partners
- statutory engagement and scrutiny bodies
- regional and national NHS organisations
- education, research and workforce partners.

Each operates within its own governance, accountability and funding frameworks, requiring careful navigation and alignment.

Operating under sustained pressure

Stakeholders were unanimous in recognising the exceptional level of pressure facing the health board. Financial deficit, workforce shortages, performance scrutiny and political sensitivity were all cited as shaping organisational behaviour and decision-making.

There was widespread empathy for the leadership challenge this presents:

> *'Everyone understands the scale of the problem — nobody is pretending this is business as usual.'*

At the same time, stakeholders were clear that pressure amplifies partnership behaviours, rather than excuses them. How the organisation works with partners under strain was seen as a critical test of system leadership.

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Statutory and policy context

Partnership working for SBUHB is underpinned by a strong statutory framework, particularly in relation to:

- local government collaboration
- Regional Partnership Board arrangements
- engagement with statutory advocacy and scrutiny bodies
- duties around involvement, cooperation and transparency.

Several stakeholders noted that, while the statutory framework is clear, delivery in practice depends far more on relationships, behaviours and continuity than on formal duties alone.

> *'The legislation matters but it's the relationships that determine whether it works or not.'*

Leadership stability and organisational memory

A recurring contextual issue raised by stakeholders was instability within the health board's executive leadership over recent years. While interviewees acknowledged improvements in senior leadership tone and intent, many noted the cumulative impact of change on partnership working.

This was described as affecting:

- continuity of relationships
- consistency of approach
- retention of organisational memory
- confidence that agreed ways of working will endure.

> *'Every time people change, you're rebuilding understanding again — even where the intent stays the same.'*

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Regional working and system evolution

Stakeholders also located their experience of SBUHB within a wider regional and national context, including evolving regional collaboration arrangements and shifting expectations of scale.

While there was broad support for the principle of stronger regional working, several interviewees highlighted limited visibility and clarity around how regional arrangements are developing and what this means in practice for partners and communities.

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3. What is working well

Stakeholders were clear that, despite the scale of pressure facing SBUHB, partnership working has not broken down. In several important respects it continues to function well and, in some areas, has strengthened, precisely because of shared challenge. These strengths are not superficial; they are enabling the system to continue operating where it might otherwise struggle to do so.

Clarity of intent and leadership tone

Across interviews, stakeholders consistently described a clear and deliberate leadership tone in favour of partnership working, set most visibly by the chair and chief executive. Senior leaders were described as accessible, open to dialogue and willing to engage with external perspectives, including where these challenge organisational assumptions or preferred approaches.

> *'They actively seek views, even when they know they might not like the answer.'*

This behaviour matters, not only symbolically, but practically. Stakeholders emphasised that senior leaders' willingness to listen and to have difficult conversations creates permission for partnership working elsewhere in the system, even when it does not always translate consistently into practice.

Mature relationships in system-critical areas

In a number of system-critical interfaces, stakeholders described mature, trust-based relationships that have developed over time and been tested under pressure. These relationships are characterised by professional respect, informal problem-solving alongside formal governance, and a shared understanding of risk.

> *'When it works, it really works — people pick up the phone and sort things out.'*

Importantly, these relationships were not described as accidental. They reflect sustained investment in relationships, continuity of key individuals over time and a willingness on all sides to prioritise outcomes over organisational boundaries.

Honesty and transparency under strain

Stakeholders consistently valued the health board's openness about its challenges, particularly in relation to finance, workforce and capacity. Rather than undermining confidence, this transparency was seen as strengthening trust, enabling partners to respond realistically and align their own planning accordingly.

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> *'They don't pretend things are better than they are; that honesty matters.'*

This openness was contrasted positively with experiences elsewhere where pressure leads to defensiveness or partial disclosure.

Evidence of learning, adaptation and pragmatism

Interviewees identified examples where the health board has demonstrated a capacity to learn and adapt, particularly when faced with acute operational pressure. In these instances, stakeholders described leadership that was willing to test new approaches, accept managed risk and adjust course where necessary.

> *'They've shown they can be bold when they need to be — and that's important.'*

While such changes have not always been sustained, stakeholders viewed them as important indicators of organisational mindset and potential rather than isolated exceptions.

Respect for partners' roles and legitimacy

A further strength identified was SBUHB's recognition of partners' statutory roles, expertise and constraints, particularly in relation to local government, the voluntary sector and statutory engagement bodies. Even where disagreements exist, stakeholders described relationships as professional and respectful rather than adversarial.

> *'You can disagree strongly about approach without falling out — and that's a sign of maturity.'*

This respect provides a critical foundation for collaboration in a system where interests do not always align and where trade-offs are unavoidable.

Resilience of partnership under pressure

Taken together, these factors have contributed to a degree of partnership resilience. Stakeholders were clear that partnership working has often mitigated system risk rather than added to it, helping to sustain delivery, protect staff and manage complexity during periods of extreme strain.

However, stakeholders also cautioned that this resilience should not be taken for granted. Much of what is working well is relationship-dependent, and therefore vulnerable to inconsistency, turnover and fatigue if not more firmly embedded across the organisation.

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4. Where partnership is fragile or inhibited

Stakeholders were careful to distinguish between intent and impact when describing where partnership working feels fragile. The challenges identified were not framed as failures of commitment or attitude, but as the cumulative effect of structural pressure, organisational complexity and inconsistency in how partnership behaviours are enacted across the health board.

The gap between intent and lived experience

The most persistent theme outlined a perceived disconnect between senior-level intent and organisational follow-through. While partners described clarity, openness and accessibility at chair and chief executive level, this was not always experienced consistently elsewhere in the organisation.

> *'It's very good at the top but things get lost once you move down a level or two.'*

This gap was rarely attributed to resistance or unwillingness. Instead, stakeholders pointed to competing operational priorities, workforce gaps and unclear ownership of partnership responsibilities. In practice, this means that partners' experiences can vary significantly depending on which part of the organisation they are engaging with, undermining confidence in consistency and predictability.

Process overwhelming purpose

Governance, assurance and risk management processes were frequently cited as inhibiting effective partnership working. Stakeholders accepted the need for strong controls, particularly in a financially constrained environment, but felt that process often outweighs proportionality, particularly in partnership contexts.

This was most evident in commissioning, procurement, financial approvals and data-sharing arrangements, where systems designed for large-scale risk control are applied uniformly, regardless of scale or context.

> *'The system feels designed for maximum safety, not for working at pace with partners.'*

For many partners, this creates friction, delays delivery and discourages innovation, even where the will to collaborate exists on all sides.

Pace of change versus meaningful involvement

A recurring tension described by stakeholders was the pressure to move quickly, particularly in response to financial and operational imperatives, alongside statutory and moral expectations of meaningful engagement.

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Partners expressed understanding of this dilemma and empathy for the health board's position. However, the practical consequence is often engagement that occurs late in the process, when options are constrained and influence is limited.

> *'By the time we're involved, the direction is largely set — we're responding rather than shaping.'*

This dynamic risks creating a perception of consultation rather than collaboration, even where intent is genuine.

Executive instability and organisational memory

Stakeholders consistently highlighted the impact of executive turnover and interim arrangements on partnership working. While recognising recent improvements in leadership tone, they described the cumulative effect of change as disruptive to continuity and trust.

> *'You finally get aligned and then people move on and you're back to square one.'*

The issue here is not individual leadership quality, but the absence of sufficient mechanisms to retain organisational memory and sustain shared ways of working through change.

Visibility and confidence in regional working

While there was broad support for the principle of stronger regional collaboration, stakeholders expressed concern about the limited visibility of progress and outcomes. Many felt that regional discussions have remained opaque for too long, creating uncertainty about direction and intent.

> *'We know something is happening — we just don't know what it's leading to.'*

This lack of transparency risks eroding confidence and making it harder for partners to align their own plans and communications.

Narrative and pressure dynamics

Finally, stakeholders reflected on how system narratives under pressure can either sustain or damage partnership trust. Where challenges are framed simplistically or responsibility appears unevenly attributed, relationships become strained.

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'When pressure rises, the narrative matters, and it doesn't always feel fair.'

Over time, this can undermine goodwill and willingness to collaborate, even where shared objectives remain.

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5. Impact on the system

Stakeholders were clear that the partnership issues described above have real and tangible consequences for system functioning. These are not abstract concerns, but factors that directly influence delivery, workforce experience and public confidence.

Delayed action and lost momentum

Inconsistent engagement and complex decision pathways were described as slowing progress and limiting the system's ability to respond flexibly. Opportunities for innovation are sometimes missed, not through lack of ideas, but frequently because either the system or board cannot move quickly enough to capitalise on them.

> *'By the time partners are properly involved, the moment has often passed.'*

Pressure at organisational boundaries

Where partnership working is fragile, pressure is most acutely felt at interfaces between organisations — for example, between hospital and community services, health and social care, or statutory bodies and delivery partners.

In contrast, where partnership working is strong and trust-based, stakeholders consistently described better system functioning, including earlier intervention, more effective risk-sharing, clearer decision ownership and improved staff experience. These benefits were evident across multiple partnership settings and were seen as critical to sustaining delivery under prolonged pressure.

Workforce morale and sustainability

Repeated friction, unclear processes and negative narratives were described as demoralising for staff, particularly those operating at the system interface. Over time, this erodes discretionary effort and increases the risk of burnout and turnover.

> *'People are doing extraordinary things but the system doesn't always feel like it's on their side.'*

Risk displacement rather than risk management

Several stakeholders observed that risk is sometimes contained organisationally rather than managed collectively, with consequences elsewhere in the system.

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'Containing risk in one place often just moves it somewhere else.'

Where partners share visibility of risk and act together, stakeholders feel the system is better able to manage pressure holistically rather than defensively.

Public confidence and credibility

Finally, stakeholders noted that inconsistent partnership working and unclear system narratives can undermine public confidence, particularly where change is contested or poorly explained. Visible collaboration and shared ownership were seen as critical to maintaining trust during difficult periods.

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6. What partners want to see next

Across interviews, partners were strikingly consistent in what they are seeking. They are not calling for more structures, meetings or strategies, but for greater reliability in how partnership working is enacted.

Central to this is earlier engagement, particularly around difficult or sensitive change. Stakeholders emphasised that early involvement enables better planning, more realistic decisions and stronger community confidence.

> *'If we know early, even confidentially, we can help — if we hear late, we're just reacting.'*

Partners also want clarity of ownership, so that commitments translate into action and do not dissipate once initial conversations conclude.

There was strong emphasis on proportionate processes, particularly where partners are operating at smaller scale or with limited capacity. This was framed not as a reduction in accountability, but as smarter, more enabling governance.

> *'We're not asking for less accountability — we're asking for smarter accountability.'*

Finally, partners want visible and credible system leadership, particularly in relation to regional collaboration and health–local government alignment. Transparency, consistency and continuity matter more than speed alone.

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7. Recommendations

The ten developmental recommendations below are deliberately practical and evidence-based. They focus on strengthening consistency, clarity and confidence in partnership working, rather than introducing new layers of complexity.

Area	Recommendation
Leadership and culture	1. Translate senior intent into organisational expectation by articulating clear partnership principles and embedding them through leadership behaviours, induction and performance conversations.
	2. Strengthen continuity and organisational memory through systematic handover arrangements for senior partnership-facing roles.
Ways of working	3. Clarify ownership for partnership commitments, ensuring named accountability for follow-through and feedback.
	4. Streamline governance where possible, particularly for low-risk or time-sensitive partnership activity.
Engagement and communication	5. Embed early engagement as standard practice, including confidential pre-decision discussions where appropriate.
	6. Improve consistency of external messaging, reducing mixed signals during periods of rapid change.
System and regional collaboration	7. Increase visibility of regional working, articulating purpose, progress and intended outcomes for partners and communities.
	8. Model shared ownership of system challenges, reinforcing language and behaviours that support collective responsibility.
Learning and improvement	9. Create structured opportunities for joint reflection, focusing on learning rather than assurance.
	10. Monitor partnership effectiveness explicitly, using qualitative indicators that reflect lived experience.

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8. Conclusion

This assessment finds that Swansea Bay University Health Board has strong foundations for effective partnership working, including committed senior leadership, mature relationships in key system areas and a willingness to engage openly with challenge.

The fragilities identified by stakeholders are not rooted in lack of intent, but in inconsistency, complexity and the cumulative impact of sustained pressure. Many of the improvements partners are seeking are within the organisation's gift and relate to behaviours, decision-flow and continuity rather than structure.

Stakeholders are not asking the health board to do more, but to do some things differently — particularly to ensure that partnership intent is experienced consistently across the organisation.

In this sense, the review fulfils its original purpose: to provide an objective assessment of how the health board is perceived by its partners, an independent test [illegible] nental [illegible] working

'Nobody thinks this is easy but how we work together is one of the few things we can still control.'

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Appendix

Methodology

This review was undertaken using a well-established technique grounded in the triangulation of evidence. GGi's review process used a variety of materials, templates and benchmarking tools to guide various review activities, which have included:

- An interview with Marie Davies, Executive Director of Planning and Partnerships
- Nine semi-structured interviews with external stakeholders
- A review of relevant documentation

Interviews

Name	Role
Marie Davies	Executive Director of Planning and Partnerships, SBUHB
Professor Paul Boyle	Vice-Chancellor, Swansea University
Amanda Carr	Chief Executive, Swansea Council for Voluntary Service
Ben Collins	Head of Service, Welsh Ambulance Services University NHS Trust
Kelly Gillings	West Glamorgan Regional Transformation Programme Director
David Howes	Director of Social Services, Swansea Council
Superintendant Mark Kavanagh	Head of Community Safety and Partnerships, Swansea and Neath Port Talbot BCU, South Wales Police
Professor Keith Lloyd	Professor of Clinical Psychiatry, Swansea University
Tony Potts	Director, Neath Port Talbot Community Voluntary Service
Alyson Thomas	Chief Executive, Llais

Documents reviewed

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- Partnerships Tracker (as of 2nd December 2025)
- Planning and Partnerships Board Report, May 2025
- Planning and Partnerships Board Report, September 2025
- Planning and Partnerships Board Report, November 2025
- Planning and Partnerships Highlight Report – strategy and strategic programmes, June 2025

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