



lechyd gwell  
**Gofal gwell**  
**Bywyd gwell**

Better health  
**Better care**  
**Better lives**

# Swansea Bay University Health Board Annual Report 2025-26



**GIG**  
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WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

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

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

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

I can confirm that:

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

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

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

Date: xxxxxxxx

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:

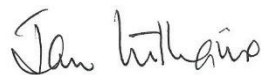
- apply on a consistent basis accounting principles laid down by the Welsh ministers with the approval of the Treasury;
- make judgements and estimates which are responsible and prudent;
- state whether accounting standards have been followed, subject to any material departures disclosed and explained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

Chief  
Executive



Date: xxxxxxxx

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 five all-Wales services hosted by the Health Board:



- Emergency Medical Retrieval and Transfer Service (EMRTS) – provides advanced decision-making and critical care for life or limb-threatening emergencies requiring transfer for time-critical treatment at an appropriate facility;
- Major Trauma Network Operational Delivery Network – provides the management function overseeing the major trauma network, coordinating patient transfers between the major trauma centre, trauma units and local hospitals and enhancing major trauma learning to improve patient outcomes, patient experience and quality standards from the point of wounding to recovery;
- Lymphoedema Network – manages the Lymphoedema Network Wales National Team;
- Neonatal Transport Service - the Neonatal Transport Service is the service which safely moves babies (neonates) between hospitals across Wales and further when this is required;
- Spinal Operational Delivery Network – the management function for the network, co-ordination of patient flow across the spinal pathway, lead the development, and coordinate implementation and delivery of standards and pathways.

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



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

## Foreword: Jan Williams 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.

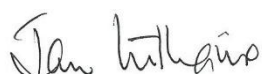
The Board recognises that significant challenges remain. In particular, delays in patients following throughout pathways through our hospitals, including high numbers of clinically optimised patients (those patients who have no ongoing need for clinical treatment), continue to impact on patient experience, 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 staff 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 expected by the end of the year, 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, alongside 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 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 & 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 intervention and each work programme is supported by senior management and clinical leads. Summarised updates against the escalation levels will be provided throughout this report.

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

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

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 & Neonates was published in September 2025 and has been incorporated into this paper.

## 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			

<b>Number of patients waiting less than 52 weeks for an outpatient appointment</b>	100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.	100%	100%
<b>Number of patients waiting less than 104 weeks at all stages</b>	100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.	100%	100%

Measure	De-escalation Target	March 2025	March 2026
<b>Planned Care</b>			
<b>Number of patients waiting less than 26 weeks for an outpatient appointment</b>	Continuous improvement towards 75% of all open outpatient pathways waiting less than 26 weeks	71.63%	86.90%
<b>Number of patients waiting less than 36 weeks at all stages</b>	Continuous improvement towards 80% of all open pathways waiting less than 36 weeks	73.13%	78.53%
<b>Number of patients delayed by 100% for their Follow-up appointment</b>	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.)	4.23% (increase against the baseline, April 2025)	20.29% (increase against the baseline)
<b>R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment</b>	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%
<b>Number patients waiting less than 8 weeks for a diagnostic test</b>	85% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.	82.08%	93.11%
<b>Number of patients waiting less than 8 weeks for a diagnostic endoscopy</b>	85% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.	40.78%	83.14%

<b>Number of patients waiting less than 9 weeks for a NOUS** and non-cardiac MRI</b>	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%
<b>Number of patients waiting less than 14 weeks for therapies</b>	90% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.	100%	100%

<b>Child and Adolescent Mental Health Services</b>			
<b>Number of LPMHSS* mental Health assessments undertaken within 28 days from receipt of referral</b>	80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.	75%	82%
<b>Number of therapeutic interventions started within 28 days following an LPMHSS assessment</b>	70% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	100%	81%
<b>Number of HB residents in receipt of a secondary mental health service who have a valid care and treatment plan</b>	85% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	98%	90%

\*LPMHSS – Local Primary Mental Health Services

\*\* NOUS – Non-Obstetric Ultrasound Service

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

<b>Measure</b>	<b>De-escalation Target</b>	<b>March 2025</b>	<b>March 2026</b>
<b>Cancer</b>			
<b>% Patients started treatment within 62 days on a Single Cancer Pathway</b>	60% performance maintained for 3 months against the Single Cancer Pathway (SCP) target.	62.2%	46% (Feb-2026)
<b>Unscheduled Care</b>			
<b>Number of ambulance handovers over an hour</b>	A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on quarter 2 and 3 2023 baseline).	555 (0.18% reduction on previous month)	595 (18.8% increase on previous month)

<b>Number of patients waiting over 12 hours in A&amp;E</b>	Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.	11.3%	11.26%
<b>Median time from arrival at an emergency department to assessment by a clinical decision maker</b>	Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.	82.21%	80.34%
<b>Number of delayed Pathways of Care</b>	A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 23 baseline).	219 (13.7% reduction on previous month)	223 (11.5% increase on previous month)
<b>Infection, Prevention &amp; Control</b>			
<b>Number of hospital onset infections of C-Diff</b>	C-Diff: reduce the number of hospital onset infections by 40% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 10 cases to no more than 6 per month)	15	12
<b>Number of hospital onset infections of Staph aureus</b>	Staph aureus: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 4 cases to no more than 3 per month)	3	5
<b>Number of hospital onset infections of E-coli</b>	E-coli: reduce the number of hospital onset infections by 20% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 5 cases to no more than 4 per month)	4	6
<b>Number of hospital onset infections of Klebsiella</b>	Klebsiella: reduce the number of hospital onset infections by 10% and maintain for 3 months based on 2017/18 figures (baseline – 54 cases in 2017/18, reduce to average of at most 4 per month)	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 attendances in 2023–24
- 85,500 in 2024–25
- 75,000 recorded between April 2025 and February 2026

The Minor Injury Unit (MIU) at Neath Port Talbot 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**

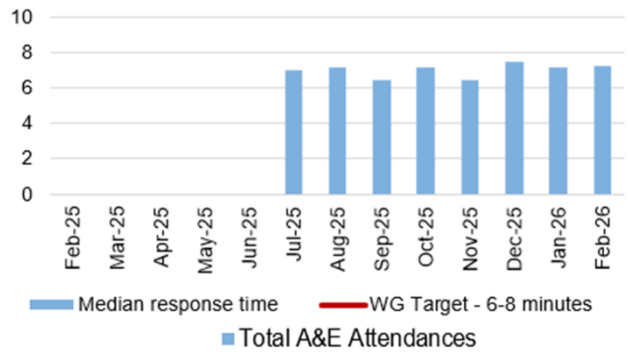
Two levels of community falls services were trialled:

- **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

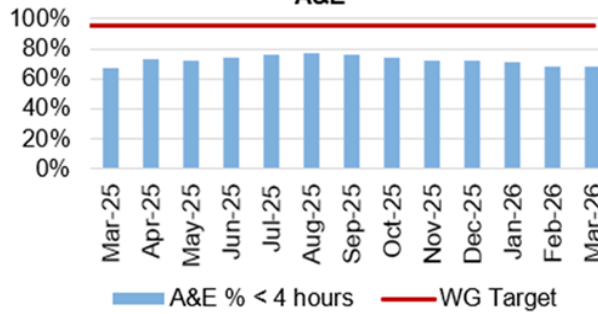
**Forward Look: 2026–27**

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.

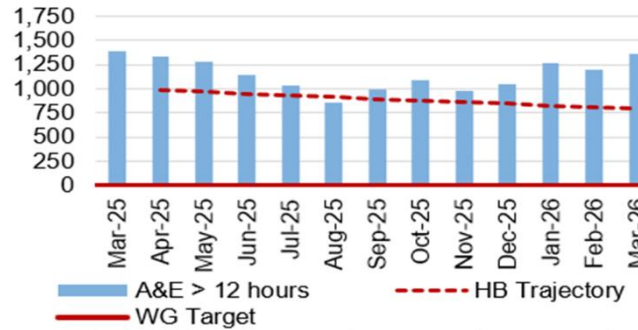
Median response time for purple: arrest category calls



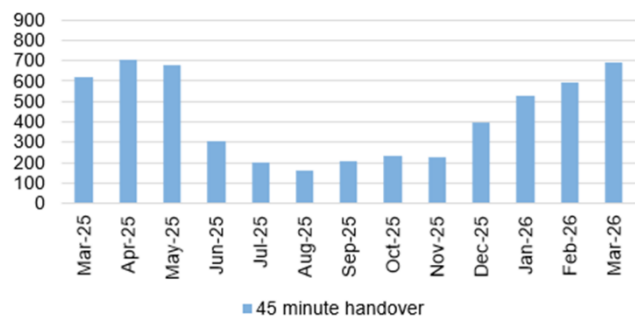
% patients waiting less than 4 hours in A&E

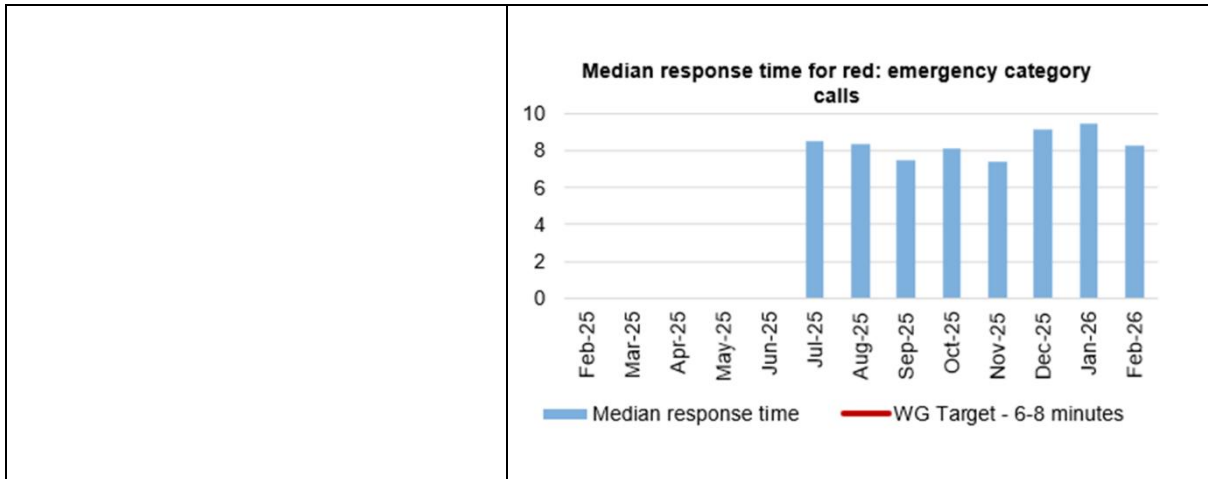


Number of patients waiting > 12 hours in A&E



Number of Ambulance Handovers > 45 minutes





### 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.

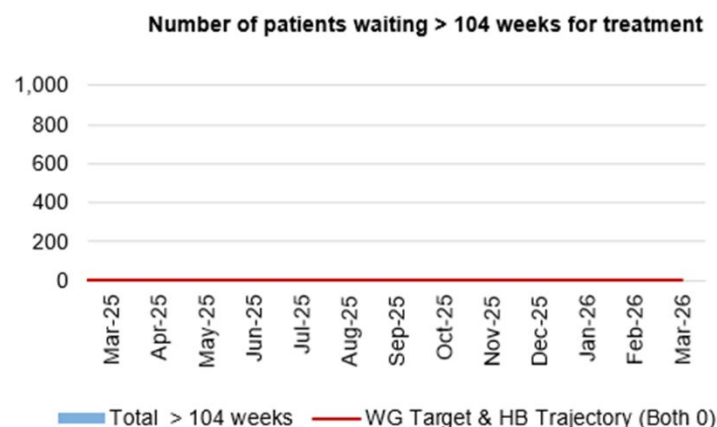
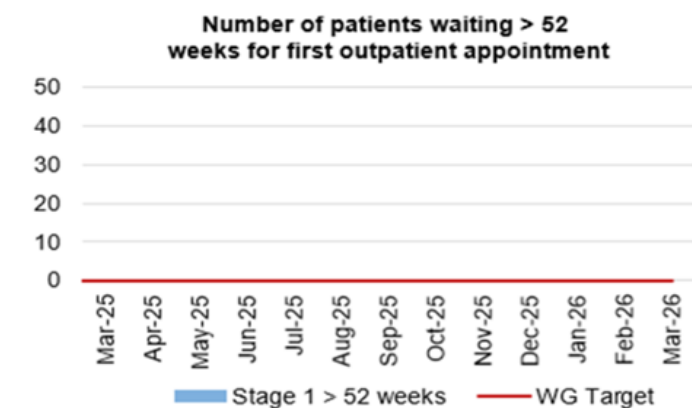
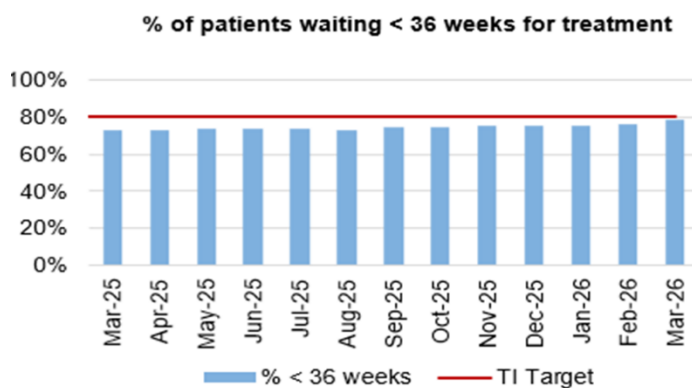
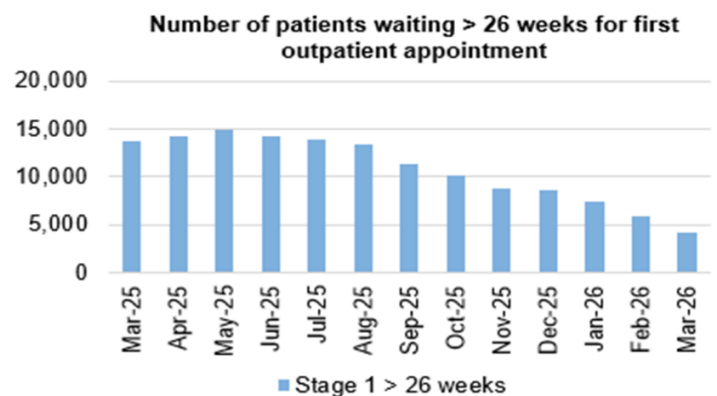
This progress has been supported through a combination of increased activity, waiting list initiatives and targeted use of insourcing and outsourcing. While this additional activity has supported recovery during the year, the Health Board is increasingly focused on improving productivity and making best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



<p>symptoms had improved.</p> <ul style="list-style-type: none"> <li>• Supporting patients to optimise their physical condition prior to surgery, improving outcomes and reducing the risk of complications.</li> <li>• Launching a Health Board elective theatre productivity toolkit to support standardisation of processes and adoption of best practice across surgical teams.</li> <li>• Refreshing the outpatient improvement programme to focus on reducing waits for follow-up appointments and modernising outpatient pathways.</li> </ul>	
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<b>Cancer</b>
<p>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.</p> <p>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.</p>

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.

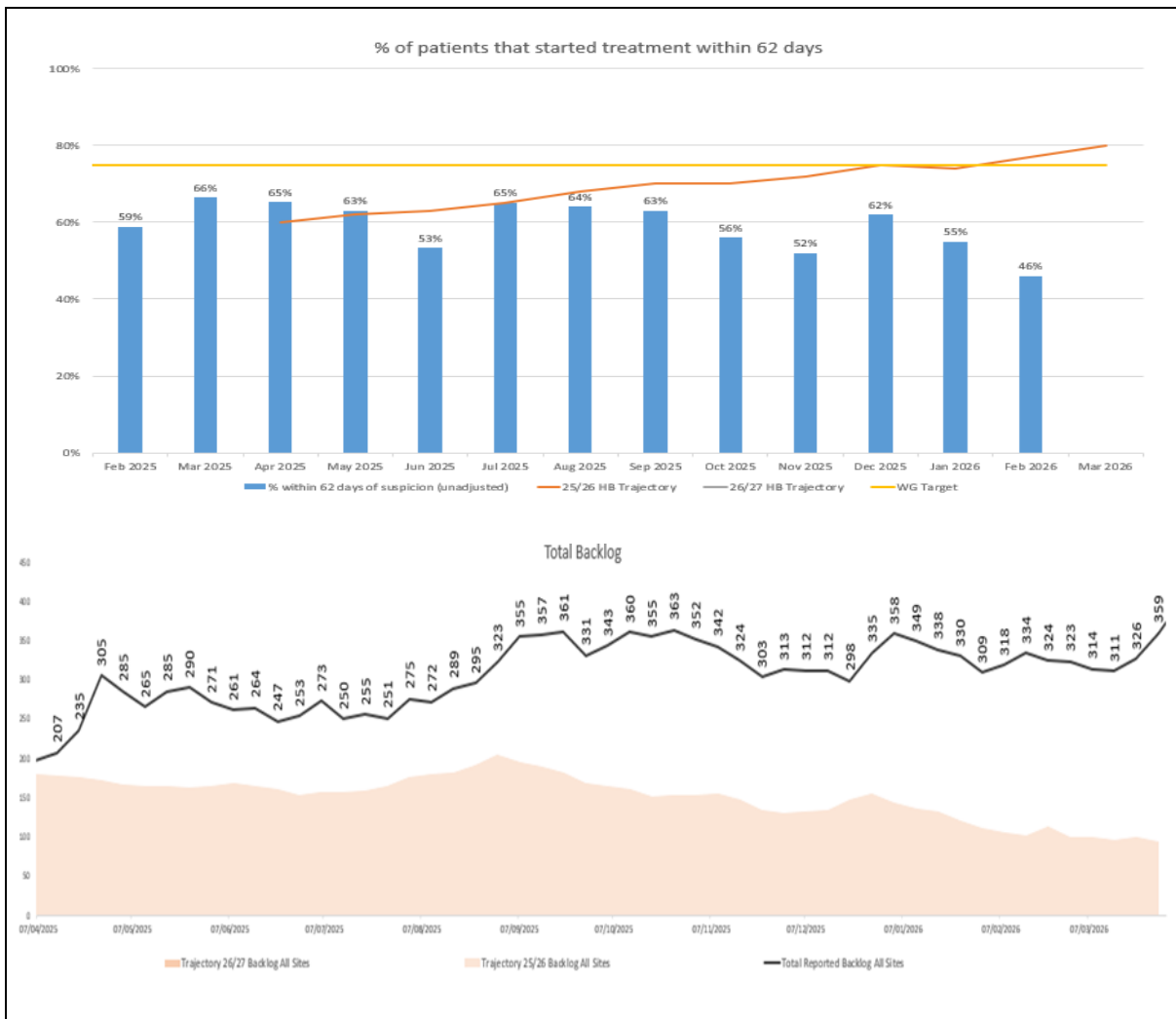
Key priorities for 2026/27 are to:

- 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 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:**

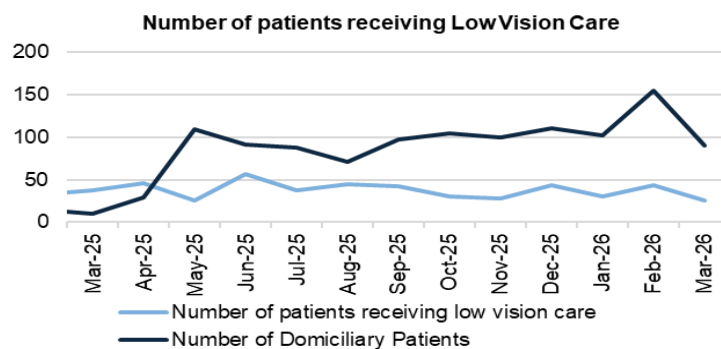
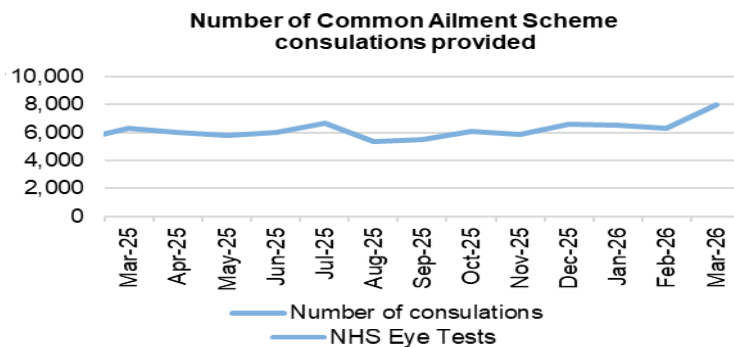
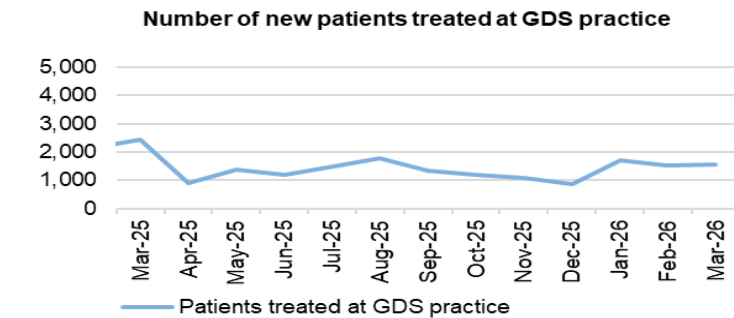
- Strengthened collaboration with local authorities in paediatric occupational therapy (OT) and speech and language therapy (SLT) to deliver universal and targeted interventions, including school-based consultations. Introduced an SLT phoneline to enable anyone to contact the service with concerns about 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.

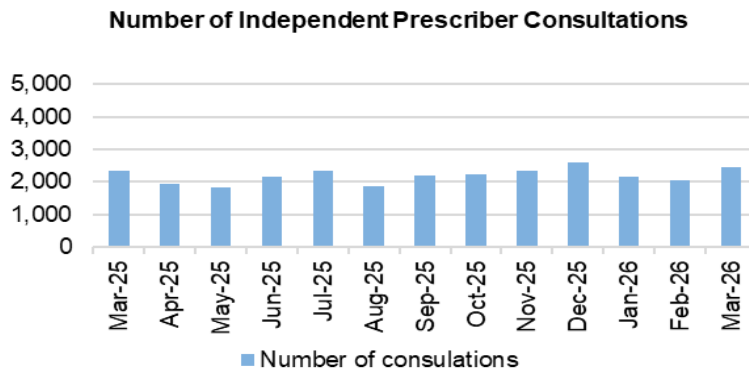
Delivered **33,000** urgent dental appointments and **15,500** new dental appointments.

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.

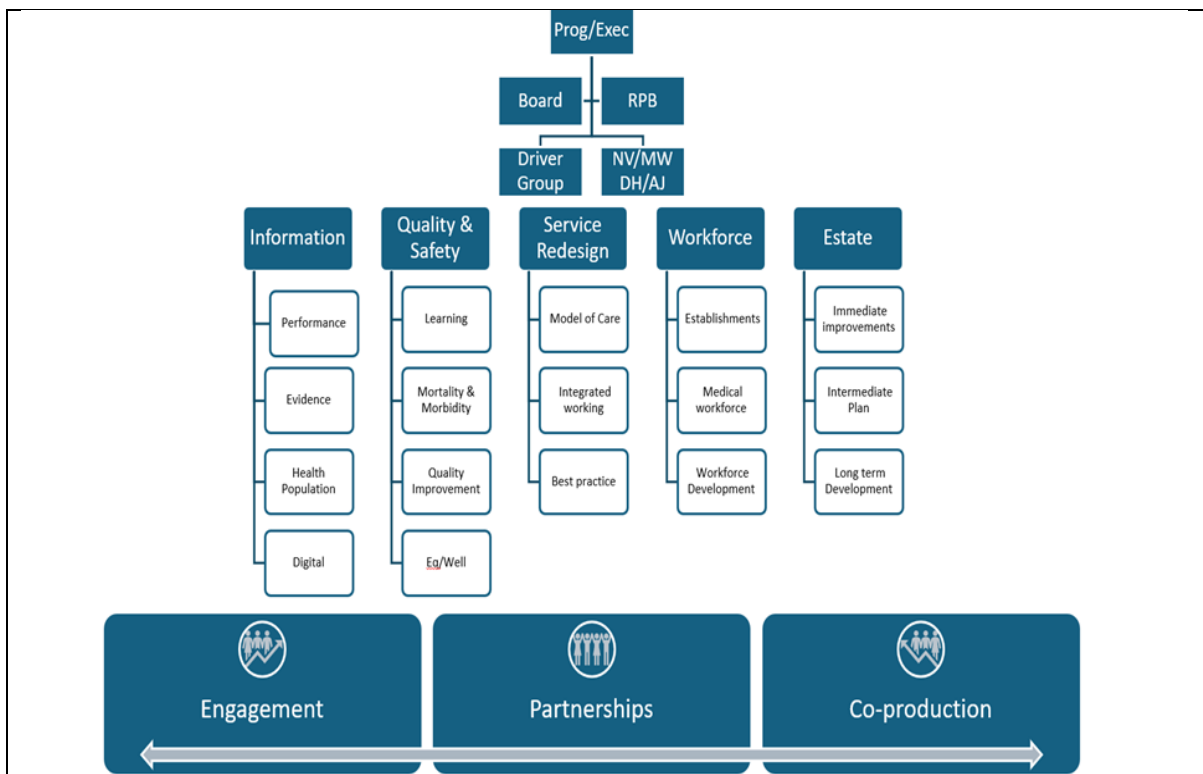


### Mental Health and Learning Disabilities

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.

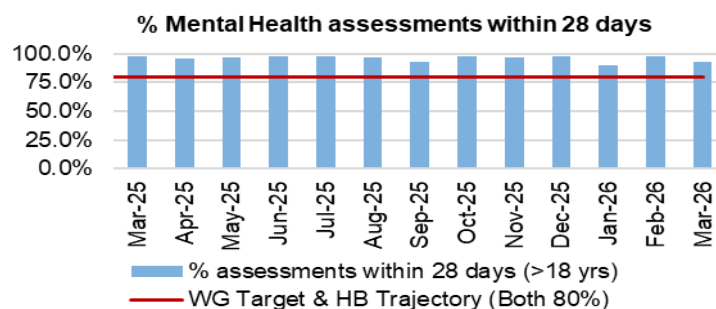
Across Secure Services and Recovery, the Health Board progressed improvements to clinical environments. Roof repairs at Tonna Hospital were completed between October and November 2025. Additional capital funding enabled installation of air-conditioning at Uned Gobaith, ensuring compliance with Royal 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 was 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.

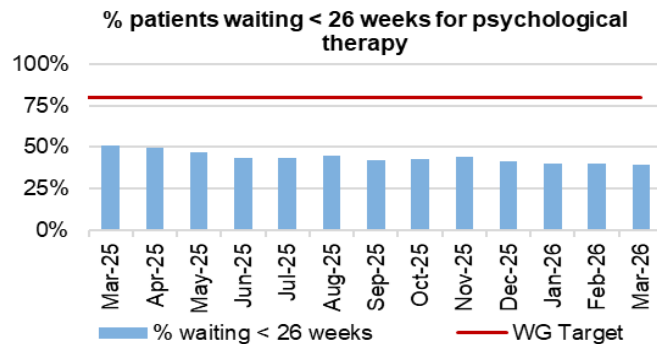
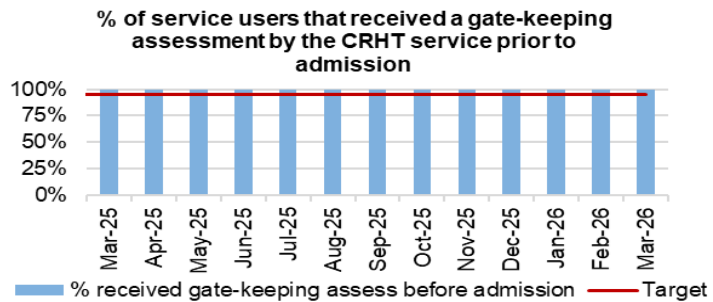
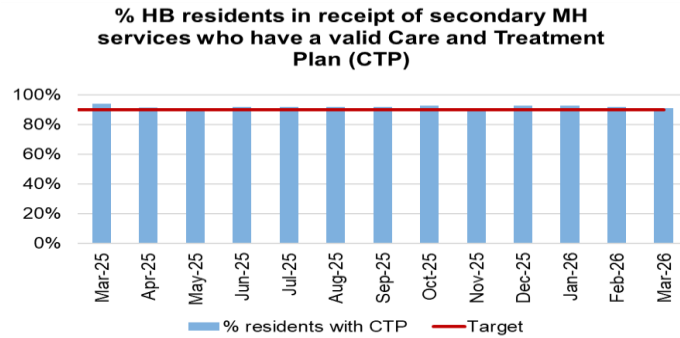
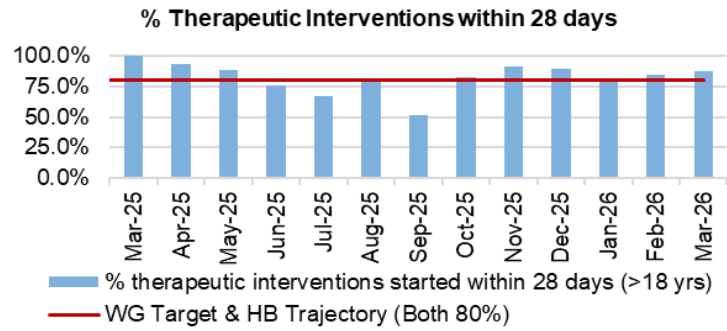
Even with increased demand on our service



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 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 we 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 & /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 organisation 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 these 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
- 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. We are proud to report the following improvements in key areas:

### **Falls**

As of February 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 3.85 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 OD 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 HB.
- ✓ 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 Part

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:**

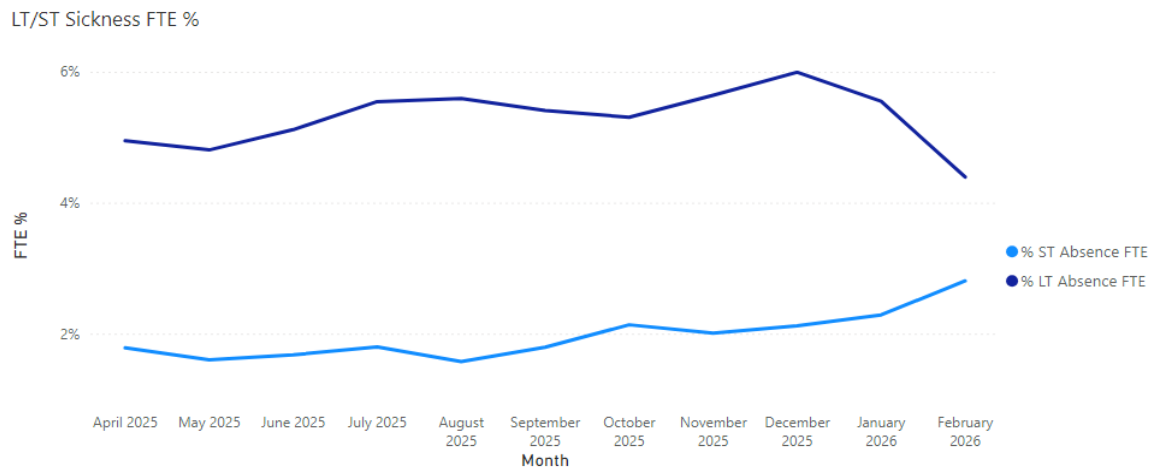
- ✓ Launched LEAD, a new behavioural leadership programme with strong early interest, receiving 275 applications between August 2025 and March 2026.
- ✓ Foundations of Quality Improvement integrated along with Compassionate Leadership Principles, resulting in tangible service impact showcased as part 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.

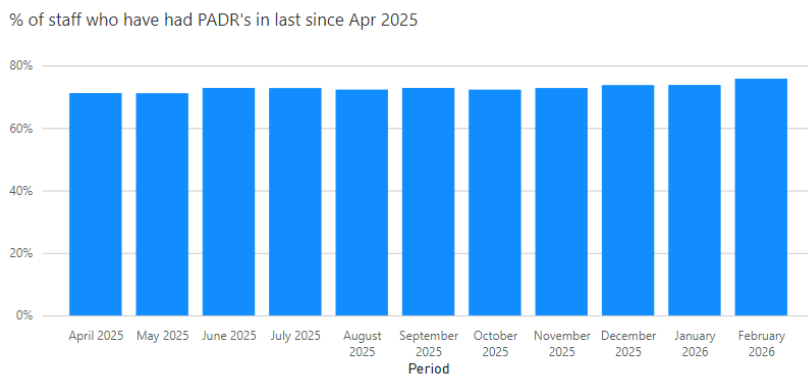
Supported staff from underrepresented groups to apply for the Stepping into Senior Leadership Programme.

## Key Workforce Metrics - Sickness absence



At the end of February 2026, the rate of long-term sickness absence was 4.39%, a slight increase from 4.1% a year prior (March 2025). The rate of short-term absence was 2.81%, again a slight increase compared to March 2025 (2.5%). The total absence rate for the Health Board has increased to 7.2% against a target of 5%.

## Personal Appraisal Development Reviews (PADRs)

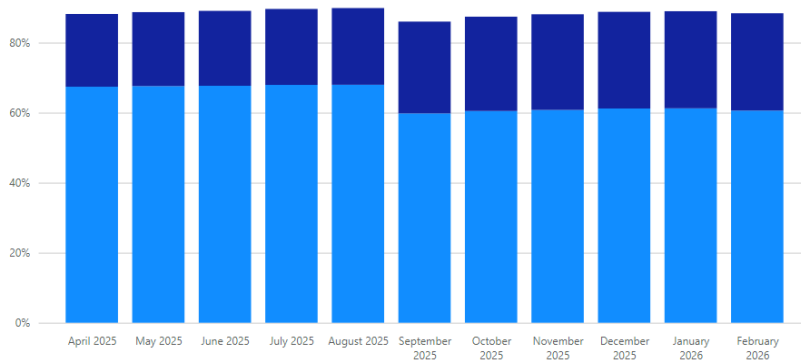


The percentage of PADR reviews completed as at the end of February 2026 was 75.79%, an increase compared to 2025 at 72.5%, (target 85%).

## Mandatory & Statutory Training

% of Compliance (Headcount) 13 WG Mandated & 6 SBUHB Mandated

Compliance Group ● Welsh Government Mandated ● SBUHB Mandated



The overall compliance rate as of the end of February 2026 was 88.39%, an increase compared to 87.26% in March 2025 (target 85%).

## Conclusion and Forward Look

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

# **Accountability Report 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.

## 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, 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 Llewelyn 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, 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, 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:

<b>Board Development</b>
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 review were discussed and incorporated into future action plans to enhance overall performance.

### ❖ **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; consultant job planning, workforce planning arrangements, follow-up outpatient services and continuing healthcare transformation programme.

### **Quality and Safety Committee**

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

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

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

### **Mental Health Legislation Committee**

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

### **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

Type of Risk	Risk Appetite	Risk Tolerance Levels*
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 & 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 & 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 & 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 <sup>1</sup>	Scrutiny Committee
<b>Objective 1:</b> People of Swansea Bay live healthier, equitable and more equitable and prosperous lives		
1: Population Health Approaches to Address Health Inequity	20	Population Health
<b>Objective 2:</b> Care is high quality, safe, efficient and delivers the best possible outcomes for people		
2.1: Urgent & Emergency Care	16	Performance & Finance
2.2: Planned Care	12	Performance & Finance
2.3: Cancer Care	20	Performance & Finance
2.4: Quality, Safety & Patient Outcomes	16	Quality & Safety
2.5: Listening to People	16	Quality & Safety
2.6: Maternity & Neonatal Service Transformation	16	Quality & Safety
2.7: Mental Health Transformation	16	Quality & Safety
<b>Objective 3:</b> Care is delivered in safe and appropriate settings supported by innovative digital solutions		
3.1: Partnerships & Collaboration	12	Quality & Safety
3.2: Maintaining our Estate	20	Performance & Finance
3.3: Sustainability of Digital Services	20	Digital, Data, Research & Innovation
3.4: Failure to Deliver Digital Transformation	20	Digital, Data, Research & Innovation
3.5: Research, Development & Innovation	12	Digital, Data, Research & Innovation
<b>Objective 4:</b> The health board is a great place to work where staff feel valued and work together towards a common goal		

<sup>1</sup> December 2025 Strategic Risk Register

Strategic Objectives & Risk Titles	Current Risk Score <sup>1</sup>	Scrutiny Committee
4.1: Staff health & Wellbeing and Organisational Performance	16	Workforce & Organisational Development
4.2: Leadership & Management	12	Workforce & Organisational Development
4.3: Culture, Values & Behaviours	12	Workforce & Organisational Development
<b>Objective 5:</b> The health board is a resilient, financially sustainable and responsible organisation		
5.1: Achieving Financial Sustainability	25	Performance & 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
<b>Total</b>	<b>24</b>

The most significant risks within the CRR are:

Ref	Risk Title	Current Risk Score <sup>2</sup>	Scrutiny Committee
4	Healthcare Acquired Infection	20	Quality & Safety

<sup>2</sup> February 2026 Corporate Risk Register

<b>Ref</b>	<b>Risk Title</b>	<b>Current Risk Score<sup>2</sup></b>	<b>Scrutiny Committee</b>
60	Cyber Security	20	Digital, Data, Research & Innovation
61	Paediatric Dental GA Service (Parkway)	16	Quality & Safety
64	Health & Safety Infrastructure	20	Quality & Safety
66	Access to SACT (Cancer Services)	20	Quality & Safety
69	Safeguarding: Adolescents on Adult Mental Health Wards	20	Quality & Safety
80	Inability to Transfer Patients	20	Quality & Safety
85	Non-Compliance with ALN Act	20	Quality & Safety
89	Healthcare Nursing Staff Level (HMPS)	20	Quality & Safety
90	Non-compliance with UK-GDPR Article 15 regarding Subject Access Requests	20	Digital, Data, Research & Innovation
92	Finance Forecast Deficit	25	Performance & Finance
96	Develop an Approvable IMTP (statutory compliance)	20	Performance & Finance
104	Failure to meet Tier 1 targets in Clinical Coding Completeness	20	Digital, Data, Research & Innovation
106	Emissions Reduction	20	Performance & Finance
107	EPRR & Recovery	20	Performance & 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).

<b>Risk Title &amp; Description</b>	<b>Controls In Place</b>
<b>STRATEGIC RISK REGISTER – MOST SIGNIFICANT RISKS</b>	
<p><b>SRR1.1</b>  <b>Population Health Approaches to Address Health Inequity</b>  <b>Score 20</b>            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</p>	<ul style="list-style-type: none"> <li>• The Public Health Team are pursuing an evidence-based engagement-focused methodology to support implementation of the Population Health Strategy.</li> <li>• The Population Health Committee has been established to provide oversight of the Population Health Strategy.</li> <li>• Engagement across the Organisation in support of strategy execution to build competence, capability and capacity to enact strategy.</li> <li>• Population health has been integrated into key organisational processes (planning, business case development, partnerships, performance, strategy development).</li> <li>• Strategy execution approach has developed tactical and operational level leadership.</li> <li>• There is reporting of progress on Population Health Strategy execution</li> </ul>

<b>Risk Title &amp; Description</b>	<b>Controls In Place</b>
<p>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.</p>	<p>through the Health Board Service Delivery Group quarterly performance.</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
<p><b>SRR2.3</b>  <b>Cancer Care</b>  <b>Score 20</b></p> <p>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 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 &amp; staff experience. This will impact not only on SBU patients but those of partner organisations depending on this Health Board as a regional centre for cancer care.</p>	<ul style="list-style-type: none"> <li>• Processes are in place to manage each individual case on the Single Cancer Pathway (SCP), with enhanced monitoring &amp; weekly monitoring of action plans for top 6 tumour sites.</li> <li>• Initiatives are in place to protect surgical capacity to support Single Cancer Pathways.</li> <li>• Performance is discussed by tumour-site with focus on compliance with the following targets: <ul style="list-style-type: none"> <li>○ First outpatient appointment by Day 10</li> <li>○ Deliver a decision to treat (DTT) by day 31</li> </ul> </li> <li>• Outsourcing solutions are in place to support pathology turnaround times for urgent suspect cancer.</li> <li>• 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.</li> <li>• Cancer improvement group meets monthly.</li> </ul>
<p><b>SRR3.2</b>  <b>Maintaining our Estate</b>  <b>Score 20</b></p>	<ul style="list-style-type: none"> <li>• Planned Preventative Maintenance prioritising highest risks dependent on funding availability</li> </ul>

Risk Title & Description	Controls In Place
<p>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.</p>	<ul style="list-style-type: none"> <li>• There is an Essential Infrastructure Replacement programme (subject to availability of decant facility and steps to secure funding).</li> <li>• Electrical resilience is tested through 'Black Starts' on Singleton and Morriston sites. Provision of further resilience is subject to funding.</li> <li>• 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.</li> <li>• Reactive Maintenance is ongoing. However, demands are increasing due to more frequent breakdowns and the age of the estate infrastructure, which is becoming more resource intensive with limited capacity and capability especially with regard to 24/7 shift cover, bringing associated business continuity risks.</li> <li>• There is engagement with Adult Mental Health, Forensic Services and Learning Disabilities on business case development.</li> </ul>
<p><b>SRR3.3</b>  <b>Sustainability of Digital Services</b>  <b>Score 20</b>            If the Organisation is unable to maintain &amp; replace existing digital systems &amp; infrastructure in a timely manner, there is a risk that this could lead to system failures and cybersecurity</p>	<ul style="list-style-type: none"> <li>• Cyber Security Policy and mandatory Cyber Security training in place.</li> <li>• Programme in place for management of legacy systems and infrastructure.</li> <li>• Ten-year Financial Plan for replacement of devices and infrastructure. Prioritisation in place to ensure consideration given to highest areas of risk.</li> <li>• Immutable backup process in place.</li> <li>• Active monitoring of, and protection of, networks, systems and infrastructure.</li> </ul>

Risk Title & Description	Controls In Place
<p>vulnerabilities, resulting in disruptions in clinical service delivery. This risk encompasses the need for ongoing investment in digital assets to ensure they remain functional &amp; secure. Factors contributing to this risk include financial constraints, aging infrastructure, &amp; the need for continuous updates &amp; support to meet evolving service requirements.</p>	<ul style="list-style-type: none"> <li>• Service level Business Continuity Plans in place to mitigate the impact of an outage, managed by the Emergency Preparedness Resilience and Response (EPRR) team.</li> <li>• Review process following all major Digital incidents.</li> <li>• Digital Strategy in place.</li> </ul>
<p><b>SRR3.4</b>  <b>Failure to Deliver Digital Transformation</b>  <b>Score 20</b>            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</p>	<ul style="list-style-type: none"> <li>• A robust Project Management Framework and Governance are in place within Digital Services</li> <li>• A Benefits Framework and methodology are in place within Digital Services</li> <li>• The Health Board Business Case Assurance Group process provides scrutiny to ensure digital resources are considered for all projects</li> <li>• 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.</li> <li>• 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</li> </ul>

Risk Title & Description	Controls In Place
<p>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 delivery. This risk is driven by constraints such as insufficient capital or revenue, limited capacity &amp; capability within digital, Service Group and Corporate teams, clinical and service leadership/ownership for digital transformation, data and data infrastructure &amp; other resource limitations such as procurement and contract management.</p>	<p>implementation, and address issues with business-as-usual activities.</p> <ul style="list-style-type: none"> <li>• Receipt, approval and recording of changes/updates made to all existing digital solutions via the Digital Services Change Advisory Board.</li> <li>• The Health Board has representation on national groups such as Advanced Analytics Group (AAG), all Wales Business Intelligence &amp; Data Warehousing Group and Welsh Modelling Collaborative.</li> <li>• An Integrated Medium-Term Plan (IMTP), Digital Strategy, Business Intelligence Strategic Plan, along with Digital Procurement Policy, and policies in relation to health records and other digital matters, are in place.</li> </ul>
<p><b>SRR5.1</b>  <b>Achieving Financial Sustainability</b>  <b>Score 25</b>            If we fail to manage our costs effectively, whilst optimising productivity and effectiveness, then we will not return to financial</p>	<ul style="list-style-type: none"> <li>• Annual Accountability Letters and Budgetary Management Framework are in place</li> <li>• There is Recovery &amp; Sustainability Board oversight of the identification and delivery of strategic long terms savings programmes.</li> </ul>

<b>Risk Title &amp; Description</b>	<b>Controls In Place</b>
<p>balance. This will result in poor use of public funds, and an inability to provide sustainable services for our patients.</p>	<ul style="list-style-type: none"> <li>• The budgetary management approach requires all Service Groups to produce a Finance Strategy each year.</li> <li>• There is the continued transparent exchange of position with NHS Wales Performance &amp; Improvement and Welsh Government</li> <li>• 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.</li> </ul>
<b>CORPORATE RISK REGISTER – MOST SIGNIFICANT PRE-EXISTING RISK</b>	
<p><b>CRR92</b>  <b>Forecast Deficit</b>  <b>Score 25</b>  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.</p>	<ul style="list-style-type: none"> <li>• Accountability Letters and Budgetary Management Framework were issued to all Directors in April 2025, which set the expectation and budget for 2025/26.</li> <li>• Oversight is provided via the Recovery &amp; Sustainability (R&amp;S) Board, which reports directly to the Performance &amp; Finance Committee and is chaired by the Chief Executive. This Board is held bi-weekly.</li> <li>• Supporting the R&amp;S Board is the R&amp;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).</li> <li>• 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.</li> </ul>

Risk Title & Description	Controls In Place
	<ul style="list-style-type: none"> <li>• There is continued transparent exchange of position with NHS Executive &amp; Welsh Government, via both weekly and monthly meetings with the NHS Executive.</li> <li>• Standard 'Day 5' Finance Reports on Variable Pay, Savings Performance and 'Flash' report are published via SharePoint site.</li> <li>• Variable Pay Cap agreed by the Organisation to deliver £32m of savings as set out in the Financial Framework dated 30<sup>th</sup> June 2025 as well as further enhancements to controls agreed through Quarter 2, and Quarter 3 via the Recovery &amp; Sustainability Board, with further controls and targets agreed at Special Board in December 2025.</li> <li>• Recovery &amp; Sustainability governance and controls were strengthened in line with the initial recommendations from work by Deloitte (external partner).</li> <li>• The Health Board developed with its strategic external partner (Deloitte) a clear plan to deliver the £55.4m savings required for 2025/26.</li> </ul>
<b>CORPORATE RISK REGISTER – SIGNIFICANT NEW RISKS</b>	
<p><b>CRR104</b>  <b>Failure to meet Tier 1 targets in Clinical Coding Completeness Score 20</b>  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</p>	<ul style="list-style-type: none"> <li>• A three-year coding modernisation plan was approved by Executive Board on 26<sup>th</sup> 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.</li> <li>• 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.</li> </ul>

Risk Title & Description	Controls In Place
<p>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.</p> <p>There is a risk that: Clinical notes for inpatient episodes will not be coded in a timely way.</p> <p>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 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,</p>	<ul style="list-style-type: none"> <li>• There is a comprehensive training programme in place for new Trainee Coders.</li> <li>• 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.</li> <li>• 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 &amp; Clinical Coding, and an update is also reported and presented on the Health Board Performance Scorecard.</li> <li>• 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.</li> </ul>

Risk Title & Description	Controls In Place
<p>Hywel Da and Cwm Taff (circa 70m per annum value in total) due to lack of coding data.</p>	
<p><b>CRR106</b>  <b>Emissions Reduction</b>  <b>Score 20</b>            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 potential reputational damage in the eyes of Welsh Government and the wider public.</p>	<ul style="list-style-type: none"> <li>• Board leadership is provided by the Executive Director of Planning and Partnerships. There is a supporting governance structure in place.</li> <li>• There is a Climate Action Plan (CAP) 2024-26.</li> <li>• 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 Team and through a quarterly Climate Knowledge Exchange.</li> <li>• Measures required to achieve emissions reduction objectives are integrated into other strategies and plans, including Estates Strategy; IMTP; Quality Strategy; Sustainable Travel Strategy; Healthy &amp; Sustainable Catering Strategy; Value Based Healthcare Strategy, People Strategy; Population Health Strategy.</li> <li>• The Organisation’s carbon emissions is one of the Health Board’s strategic indicators.</li> <li>• The Health Board’s Green Group enables staff to share and learn from others in Wales.</li> <li>• Climate change &amp; decarbonisation is a component part of the prioritisation for Capital Projects across NHS Wales organisations.</li> <li>• Climate and sustainability are being built into the Clinical Services Plan.</li> </ul>

Risk Title & Description	Controls In Place
	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The Health Board has contracted three 'Sustainability Clinical Leads'. They are driving sustainable healthcare work.</li> <li>• Participation on the Public Services Boards in Swansea and Neath Port Talbot enables sharing of best practice and opportunities for collaboration.</li> </ul>
<p><b>CRR107</b>  <b>Emergency Preparedness, Resilience and Response, (EPRR) and Recovery</b>  <b>Score 20</b></p> <p>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</p>	<ul style="list-style-type: none"> <li>• There is an Executive Director nominated as lead for Civil Contingences (the Director of Planning &amp; Partnerships).</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• The Organisation has established emergency preparedness, resilience, and</li> </ul>

Risk Title & Description	Controls In Place
<p>statutory obligations under the Civil Contingencies Act 2004; Legal actions and financial penalties; Reputational damage and diminished public trust.</p>	<p>response (EPRR) measures, with EPRR work and training programs aligned to meet Civil Contingency statutory requirements. Oversight is provided by the EPRR Oversight Group.</p> <ul style="list-style-type: none"> <li>• 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 Forum (LRF) Community Risk Register, and respective local authority risk registers.</li> <li>• 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.</li> <li>• The HB EPRR arrangements are aligned to the Health Board Strategic vision and objectives.</li> <li>• 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</li> </ul>

Risk Title & Description	Controls In Place
	<p>management, community engagement and continuous improvement, including the conduct of regular audits and assurance checks against NHS Wales EPRR standards.</p> <ul style="list-style-type: none"> <li>• Regular internal training and exercises are scheduled; lessons identified from incidents and exercises are captured for integration into plans.</li> </ul>

### ❖ **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 (READY MAY 2026 – FINANCE)**

#### ❖ **Disclosure Statements**

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

The Hhealth 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.	<ul style="list-style-type: none"> <li>• Internal management review undertaken and disciplinary procedure followed.</li> <li>• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence.</li> <li>• Information Governance audit process undertaken and recommendations for improvement provided.</li> <li>• Health Board findings provided to the Police.</li> </ul>
Disclosure – Paper (ICO_056)	A letter containing health data was mailed to an incorrect address. The letter was subsequently opened by	<ul style="list-style-type: none"> <li>• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence.</li> <li>• Legal advice sought.</li> <li>• Information Governance audit process undertaken and recommendations for improvement provided.</li> </ul>

	unintended recipient.	
Disclosure - Paper (ICO_057)	Medical results were erroneously attached to another patient's correspondence and sent to the incorrect recipient.	<ul style="list-style-type: none"> <li>• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence.</li> <li>• Standard Operating Procedure developed and disseminated within relevant team.</li> <li>• Information Governance audit process undertaken and recommendations for improvement provided.</li> </ul>
Disclosure - Verbal (ICO_058)	Information regarding appointment attendance was disclosed to a family member without the patient's specific consent.	<ul style="list-style-type: none"> <li>• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence.</li> <li>• A Standard Operating Procedure developed and disseminated within relevant team.</li> <li>• Information Governance audit process undertaken and recommendations for improvement provided.</li> </ul>
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.	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Unauthorised Access (ICO_060)	Staff member accessed records without a legitimate business interest.	<ul style="list-style-type: none"> <li>• Internal management review &amp; disciplinary procedure undertaken.</li> <li>• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence.</li> <li>• Information Governance audit process undertaken and recommendations for improvement provided.</li> <li>• Health Board findings provided to the Police.</li> </ul>

Unauthorised Access (ICO_061)	Staff member accessed records without a legitimate business interest.	<ul style="list-style-type: none"> <li>• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence.</li> <li>• Information Governance audit process undertaken and recommendations for improvement provided.</li> <li>• Health Board findings provided to the Police.</li> </ul>

### ***Ministerial Directions***

Welsh Government has issued non-statutory instruments and Welsh health circulars (WHC) since 2014-15, and a list of ministerial directions circulated for 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 Bboard published its original objectives in relation to the Wellbeing of Future Generations Act in 2017 in its wellbeing statement and then incorporated them as part of the organisational strategy. These were:

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

Following a Wellbeing of Future Generations Act self-assessment in August 2019, the Future Generations Commissioner feedback to the Health Bboard 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

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 HB's procurement process is managed through our NWSSP based team, ensuring that work within procurement follows best practice across Wales. Examples of recent developments include the use of multi-quote to encourage collaboration with Welsh 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 & 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 HB. 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 GreenED 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<sup>3</sup>' 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.

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<sup>3</sup> <https://www.who.int/news-room/fact-sheets/detail/health-care-waste>

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.

**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 (TCFD) 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 TCFD Compliance Statement and the recommended disclosures for:

- Phase 1: Governance; and Metrics and Targets (b), only where available from existing reporting processes.



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 tCO<sub>2</sub>e, 32,281.5 tCO<sub>2</sub>e 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 <sub>2</sub> e)	Variance to 2023/24 (%)	Driver
<b>SCOPE 1</b>			
Natural gas	11,579.66	+5.55	• Increase in cold weather days compared to 23/24 resulting in increased heating

Aspect	2024-25 (tCO <sub>2</sub> e)	Variance to 2023/24 (%)	Driver
Gas oil	250.43	+87.93	• Refill tanks at Morryston 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 Morryston
Anaesthetic gases	2,426.22	-23.66	• Reduced use of all gases, first year of 'Penthrox recorded'
<b>Scope 1 total</b>	16,982.90	+13.65	
<b>SCOPE 2</b>			
Grid electricity	6,450.54	-0.78	• Reduced use –linked with battery storage and expansion of the solar farm
<b>Scope 2 total</b>	6,450.54	-0.78	
<b>SCOPE 3</b>			
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 & 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
<b>Scope 3 total</b>	150,792.80	+25.14	
<b>Total</b>	<b>174,225.71</b>	<b>+22.74</b>	

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

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

The Health Board acknowledges that the 2025 target was not met across all three scopes, however, there has been success in Scope 1 and 2.

Scope	2018/19* (tCO <sub>2</sub> e)	2024/25 (tCO <sub>2</sub> e)	Difference (%)
<b>1</b> Direct emissions from owned or controlled sources incl. natural gas, gas oil, kerosene, fleet, fluorinated gases, anaesthetic gases	26,123.40	23,433.44	<b>-10.30</b>
<b>2</b> Indirect emissions from the purchase/use of electricity incl. grid electricity			
<b>3</b> All other indirect emissions (up/downstream) incl. supply chain, commuting, business travel, water, waste, well to tank, and transmission and distribution (grid)	110,063.30	150,792.27	<b>+37.01</b>
<b>Total</b>	136,186.70	174,225.71	<b>+27.93</b>

\*Based on Welsh Government reviewed baseline based on change in footprint

Note: Scope 1 & 2 emissions have reduced despite 3 additional categories to the baseline, including kerosene, F-gas & 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 Public Sector Internal Audit Standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit Committee and is 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:

<b>TBC</b>	<b>TBC</b>	<b>TBC</b>
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#### **❖ 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 report summarises the outcomes from internal audit work undertaken during the year. Where appropriate, it also includes references to audit work completed in prior years and to assurances gained from internal audit reviews of control systems operated by other NHS Wales organisations.

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	<ul style="list-style-type: none"> <li>• Digital Benefits Realisation</li> </ul>
Reasonable Assurance	<ul style="list-style-type: none"> <li>• Risk Management and Assurance</li> <li>• Budget Setting</li> <li>• Patient Experience</li> <li>• Management of National Reportable Incidents</li> <li>• Controlled Drugs</li> <li>• Access to Primary Care: Community Pharmacy</li> <li>• Theatres Utilisation</li> <li>• Vaccination and Immunisation</li> <li>• Health Records Migration (Draft)</li> <li>• Staff Retention (Draft)</li> <li>• Medical Study Leave</li> <li>• Asbestos Management</li> <li>• Morriston Hospital: Burns Intensive Care Unit - Post Completion Review (Draft)</li> </ul>
Limited Assurance	<ul style="list-style-type: none"> <li>• Escalation Status Action</li> <li>• Annual Plan / IMTP Delivery (Draft)</li> <li>• Urgent and Emergency Care (Draft)</li> <li>• Strategic Equity Plan</li> </ul>
Unsatisfactory Assurance	None
Advisory/ Non-Opinion	None
Work in progress	<ul style="list-style-type: none"> <li>• Service Group Governance Arrangements: Morriston</li> <li>• Hywel Dda University Health Board and Swansea Bay University Health Board Regional Joint Committee (Advisory)</li> <li>• Follow Up Reviews</li> <li>• Medical Variable Pay</li> <li>• National Safety Standards for Invasive Procedures (NatSSIPs) and Local Safety Standards for Invasive Surgical Procedures (LocSSIPs)</li> </ul>

	<ul style="list-style-type: none"> <li>• Management of the Delivery of National Digital Systems</li> <li>• Capital Systems</li> <li>• Singleton PET and CT Scanning</li> </ul>
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### ❖ Overall Conclusion

Of the reviews completed to date, with eight audits currently in progress, one review received Substantial Assurance, thirteen received Reasonable Assurance, and four received Limited Assurance. No reviews were assessed as Unsatisfactory, and no advisory or non-opinion reports have been issued during the year to date.

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 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 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 productivity 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.



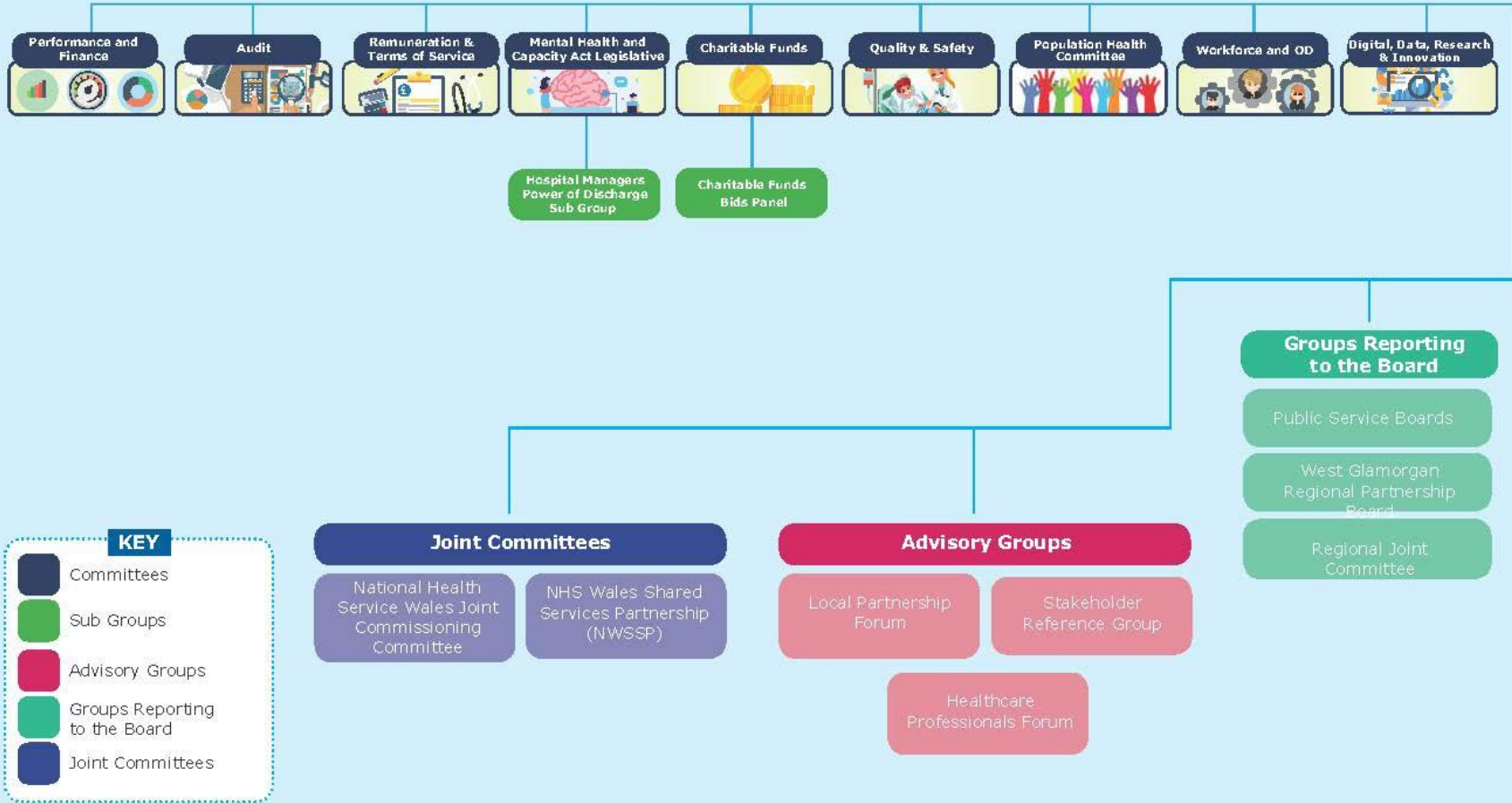
Abigail Harris  
**Chief Executive**  
**Swansea Bay University Health Board**

# Board and Committee Arrangements

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



**BOARD**



**KEY**

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

## 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\*

<b>Independent Members</b>			
<b>Name</b>	<b>Position</b>	<b>Area of Expertise Representation Role</b>	<b>Board Committee Membership</b>
Jan Williams	Chair	N/A	<ul style="list-style-type: none"> <li>• Health Board (Chair)</li> <li>• Remuneration and Terms of Service Committee (Chair)</li> <li>• Regional Joint Committee (Co-Chair)</li> </ul>
Steve Spill	Vice-Chair	Mental Health Primary Care	<ul style="list-style-type: none"> <li>• Health Board (Vice-Chair)</li> <li>• Mental Health Legislation Committee (Member)</li> <li>• Audit Committee (Member)</li> <li>• Quality &amp; Safety Committee (Member) from Jan 2026</li> <li>• Charitable Funds Committee (Member)</li> <li>• Remuneration and Terms of Service Committee (Member)</li> <li>• Performance and Finance Committee (Member)</li> <li>• Population Health Committee (Chair)</li> </ul>
Anne-Louise Ferguson	Independent Member	Legal	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> </ul>

			<ul style="list-style-type: none"> <li>• Remuneration and Terms of Service Committee (Member)</li> <li>• Quality and Safety Committee (Member)</li> <li>• Workforce and OD Committee (Member)</li> <li>• Mental Health Legislation Committee (Chair)</li> </ul>
Andrew Griffiths	Independent Member	ICT	<ul style="list-style-type: none"> <li>• Health Board</li> <li>• Audit Committee (Member)</li> <li>• Workforce and OD Committee (Member)</li> <li>• Digital, Data, Research and Innovation Committee (Chair)</li> <li>• Remuneration and Terms of Service Committee (Member)</li> </ul>
Keith Lloyd	Independent Member (until December 2025)	University	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Digital, Data, Research and Innovation Committee</li> <li>• Quality and Safety Committee</li> <li>• Remuneration and Terms of Service Committee (Member)</li> </ul>
Charlotte Rees	Independent Member (from February 2026)	University	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Digital, Data, Research and Innovation Committee</li> <li>• Remuneration and Terms of Service Committee</li> </ul>
Jackie Davies	Independent Member (until August 2025)	Trade Union	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Remuneration and Terms of Service Committee (Member)</li> <li>• Workforce and OD Committee (member)</li> <li>• Mental Health Legislative Committee (Member)</li> </ul>

			<ul style="list-style-type: none"> <li>• Charitable Funds Committee (Member)</li> <li>• Quality and Safety Committee (Member)</li> </ul>
Martin Lloyd	Independent Member (from Sept 2025)	Trade Union	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Remuneration and Terms of Service Committee (Member)</li> <li>• Workforce and OD Committee (member)</li> <li>• Mental Health Legislative Committee (Member)</li> <li>• Charitable Funds Committee (Member)</li> <li>• Quality and Safety Committee (Member)</li> </ul>
Jean Church	Independent Member	General	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Remuneration and Terms of Service Committee (Member)</li> <li>• Digital, Data Research and Innovation Committee (Member)</li> <li>• Performance and Finance Committee</li> <li>• Quality and Safety Committee (Chair)</li> <li>• Regional Joint Committee (Member)</li> </ul>
Nicola Matthews	Independent Member	Local Authority	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Remuneration and Terms of Service Committee (Member)</li> <li>• Charitable Funds Committee (Chair)</li> <li>• Population Health Committee (Vice Chair)</li> <li>• Quality and Safety Committee (Member)</li> </ul>
Reena Owen	Independent Member	Community	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Remuneration and Terms of Service Committee (Member)</li> <li>• Performance and Finance Committee (Member)</li> </ul>

			<ul style="list-style-type: none"> <li>• Population Health Committee (Member)</li> <li>• Workforce and OD Committee (Chair)</li> </ul>
Nuria Zolle	Independent Member	Third Sector	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Remuneration and Terms of Service Committee (Member)</li> <li>• Audit Committee (Chair)</li> <li>• Digital, Data, Research and Innovation Committee (Member)</li> <li>• Population Health Committee (Member)</li> </ul>
Patricia Price	Independent Member	Finance	<ul style="list-style-type: none"> <li>• Health Board (member)</li> <li>• Remuneration &amp; Terms of Service Committee (Member)</li> <li>• Mental Health Legislation Committee (Member)</li> <li>• Performance and Finance Committee (Chair)</li> <li>• Audit Committee (Member)</li> <li>• Regional Joint Committee (Member)</li> </ul>
Cllr. Alun Llewelyn	Associate Board Member (from February 2026)	Deputy Leader, Neath Port Talbot Council	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> </ul>
Pat Dunmore	Associate Board Member	Stakeholder Reference Group	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> </ul>
Helen Annandale	Associate Board Member (from November 2025)	Health Professionals' Forum	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> </ul>
Andrew Jarrett	Associate Board Member (until April 2025)	Social Services	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> </ul>

Andrew Griffiths	Associate Board Member (until October 2025)	Health Professionals' Forum	<ul style="list-style-type: none"> <li>Health Board (Member)</li> </ul>
Judith Vincent	Associate Board Member (until October 2025)	Health Professionals' Forum	<ul style="list-style-type: none"> <li>Health Board (Member)</li> </ul>

<b>Executive Directors</b>				
<b>Name</b>	<b>Position</b>	<b>Area of Expertise Representation Role</b>	<b>Board Committee Membership</b>	<b>Committee Roles</b>
Abigail Harris	Chief Executive	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Remuneration and Terms of Service Committee (in attendance)</li> </ul>	<ul style="list-style-type: none"> <li>NHS Wales Joint Commissioning Committee (NWJCC) (member)</li> </ul>
Richard Evans	Executive Medical Director/Deputy Chief Executive	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Digital Research and Innovation Committee</li> <li>Workforce and OD Committee</li> </ul>	

Darren Griffiths	Director of Finance and Performance (until Feb 2026)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Audit Committee (In attendance)</li> <li>• Charitable Funds (Lead Director/Member)</li> <li>• Performance and Finance (Lead Director)</li> </ul>	
Elizabeth Rix	Director of Nursing	N/A	<ul style="list-style-type: none"> <li>• Health Board (member)</li> <li>• Quality and Safety Committee</li> <li>• Charitable Funds Committee</li> <li>• Mental Health Legislation Committee</li> <li>• Workforce and OD Committee</li> </ul>	
Deb Lewis	Chief Operating Officer/Director of Primary Care and Mental	N/A	<ul style="list-style-type: none"> <li>• Health Board (member)</li> <li>• Performance and Finance (in attendance)</li> <li>• Mental Health Legislation Committee (in attendance)</li> </ul>	

			<ul style="list-style-type: none"> <li>• Quality and Safety Committee (in attendance)</li> </ul>	
Christine Morrell	Director of Allied Health Professions and Health Science	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Workforce and OD Committee (In Attendance)</li> </ul>	
Gill Richardson	Interim Director of Public Health	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Population Health Committee (in attendance)</li> </ul>	
Sarah Jenkins	Interim Director of Workforce and OD (until April 2025)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Remuneration and Terms of Service Committee (Lead Director/In attendance)</li> <li>• Workforce, OD and Digital (Lead Director/In attendance)</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Wales Shared Services Partnership Committee (NWSSP) Member</li> </ul>
Tina Ricketts	Director of Workforce and OD (from April 2025)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Remuneration and Terms of Service Committee (Lead</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Wales Shared Services Partnership Committee (NWSSP) Member</li> </ul>

			Director/In attendance) <ul style="list-style-type: none"> <li>• Workforce, OD and Digital (Lead Director/In attendance)</li> </ul>	
Marie Davies	Director of Planning and Partnerships	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Population Health Committee (in attendance)</li> <li>• Performance and Finance Committee (in attendance)</li> </ul>	<ul style="list-style-type: none"> <li>• Western Bay Partnership Board</li> </ul>

### 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 Committee	Population Health Committee	Mental Health Legislation	Performance and Finance	Quality and Safety	Remuneration & Terms of	Workforce and OD Committee	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	3	4	4	11	2	5	1	-
Jackie Davies, Independent Member (until August 25)	2	-	1	-	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	-	-
Anne-Louise Ferguson,	6	-	-	-	4	5	4	5	4	-

Independent Member										
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		3	4	-	-	6	3	-	-
Andrew Griffiths, Independent Member	3	5	-	-	-	-	-	2	5	4
Andrew Griffiths, Associate Board Member (until Oct 25)	3	-	-	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-	-	-

	<b>SBUHB Board</b>	<b>Audit Committee</b>	<b>Charitable Funds Committee</b>	<b>Population Health Committee</b>	<b>Mental Health Legislation</b>	<b>Performance and Finance - Committee</b>	<b>Quality and Safety Committee</b>	<b>Remuneration and Terms of Service</b>	<b>Workforce and OD Committee</b>	<b>Digital, Data, Research &amp;</b>
	<b>6</b>	<b>6</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>12</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>5</b>
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	2	-	-	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 to 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, OD and Digital 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 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 Reports
- Head of Internal Audit Opinion and Annual report
- Audit Wales Performance and Progress 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 20256**

- 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 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 Reports
- Performance and Progress 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 2025**

- Strategic Risk Report
- Audit tracker and Status Recommendations
- Partnership Governance Tracker
- Internal Audit Progress Reports
- Audit Committee Update
- Structured Assessment 2025
- Finance Update
- Annual Accounts Update and Closure Plan 2025/26
- Neonatal Annual Report

### **12 March 2025**

- 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
- Escalation Status Action (Limited Assurance)
- Management of National Reportable Incidents (Reasonable Assurance)
- Controlled Drugs (Reasonable Assurance)
- Asbestos Management (Reasonable Assurance)
- Audit Committee update
- 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

## 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 (Monjour®) 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

# **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**

# **Staff and Remuneration Report 2025-26**

## Staff Report

### ❖ Pre-Employment

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

- Option to receive an electronic or paper application upon request;
- Guidance for applicants with a disability included in the applicant guide, which is attached to all adverts;
- As a disability confident employer, applicants with a disability can request a guaranteed interview. (Applicants must meet the minimum essential criteria listed in the person specification to qualify for a guaranteed interview);
- Applications are anonymised during shortlisting, with a two-tick symbol visible if the applicant has requested a guaranteed interview;
- Applicant are asked in the interview invite if they require any reasonable adjustments prior to or during the interview and the recruitment system emails any requested adjustments requested to the manager for their consideration/action;
- Equal opportunities monitoring information is 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 Hhealth Bboard has a clear and well established process in place since 2017 for ensuring there are no off payroll payments made where the HMRC IR35 regulations apply to services provided by individuals. All invoices are routed through senior workforce staff prior to payment through payroll ensuring the correct tax deduction is made and no invoices for services submitted by individuals can be paid through. IR35

assessment are managed through senior workforce staff and HMRC has reviewed arrangements in previous audits.

**Remuneration and Staff Report**

**REMUNERATION AND STAFF REPORT (FIGURES WILL BE READY IN MAY)**

# **Long Term Expenditure Trends 2025-26**

## Long Term Expenditure Trends

### 1. Long Term Expenditure Trends (FIGURES READY IN MAY)

# **Financial Statements and Notes 2025-26**