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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:

Chief Executive:

Statement of Directors' Responsibilities in Respect of the Accounts

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

In preparing those accounts, the directors are required to:

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

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

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

By order of the board, signed:

Chair

Date:

Chief Executive

Date:

Date:

Director of Finance

About the Health Board

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

We have three major hospitals providing a range of services: Morriston and Singleton hospitals in Swansea and Neath Port Talbot Hospital in Baglan, Port Talbot. We also have a community hospital at Gorseinon 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. This reflects our clinical excellence and our diverse range of local and tertiary services for the people of Wales and beyond.

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

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

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

- Emergency Medical Retrieval and Transfer Service (EMRTS) – provides advanced decision-making and critical care for life or limb-threatening emergencies requiring transfer for time-critical treatment at an appropriate facility;
- Major Trauma Network Operational Delivery Network – provides the management function overseeing the major trauma network, coordinating patient

transfers between the major trauma centre, trauma units and local hospitals and enhancing major trauma learning to improve patient outcomes, patient experience and quality standards from the point of wounding to recovery;

- Lymphoedema Network – manages the Lymphoedema Network Wales National Team;
- Neonatal Transport Service - the Neonatal Transport Service is the service which safely moves babies (neonates) between hospitals across Wales and further when this is required;
- Spinal Operational Delivery Network – the management function for the network, co-ordination of patient flow across the spinal pathway, lead the development, and coordinate implementation and delivery of standards and pathways.

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

Introduction: Chief Executive's Overview



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

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

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

Eradicating waits of more than two years was a big focus for us because of their impact on people's lives. Many will have been waiting for their operation or procedure in severe pain, uncertain about when that pain might be relieved or whether their treatment might be successful. And while they waited, their life might have, in effect, been on hold. That's tough and that's why I'm so glad we have been able to deliver such a big improvement in this area. We'd like to continue the improvement but it won't be easy.

There's no doubt another big achievement – eradicating waits of more than 52 weeks for a first outpatient appointment – helped us eradicate the two year waits for treatment. Seeing patients more quickly has meant that we have a better understanding of the demands facing us as a Health Board whilst at the same time, it has helped many patients get an early answer to their health concerns. For some, that will have been the start of a treatment pathway whilst others will have been given an all-clear.

That's why we have placed such an emphasis on maintaining our 52 week outpatient appointment position and why our ambition is to reduce the wait further going forwards.

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

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

Our urgent and emergency care services have been under sustained pressure over the last year or so. While there's no doubt that demand has increased, the underlying challenge we have faced is that our staff in the Emergency Department

have been unable to work efficiently due to over crowding caused by a lack of bed availability elsewhere on our hospital sites. In turn, the lack of beds comes about as a result of too many patients in beds when they no longer need medical care and would be better served being at home or in a non acute alternative care setting. We are working hard internally and with our Local Authority and third sector partners to improve the situation here, reducing the number of what we call Clinically Optimised Patients (COP). This will help free up space on our wards and in turn, decongest our Emergency Department.

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

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

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

In delivering these services we need to make the best possible use of public money. That's why I'm delighted that we were able to hit the financial control target the Welsh Government set us during 2024-25, limiting our deficit to just under the £43m they required of us. We encountered huge financial challenges during the year, due to demand, underlying costs pressures and inflation across a range of budget headings, so I'm glad that everybody's hard work paid off and we were able to deliver once again what we said we'd deliver.

The financial challenges ahead of us remain significant – but we are continuing to ensure that our plans and projections are stretching but realistic and that we continue our track record of delivering the financial out-turn we said we would.

Of course, the pressures on our finances and on our services could be relieved if fewer people had to access them. That's why we ramped up our focus on population health and the preventative agenda during 2024-25. Our new population health strategy provided clarity about what we were seeking to achieve and each of our service groups responded with specific actions to push the agenda forwards.

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

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

{To be added in: new members of executive team welcomed, staff survey in context of working with teams, MH references and regional joint working}

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

Everything we achieved during 2024-25 on behalf of our wider population and patients, was down to our staff. I want to recognise that in this annual report. No matter what their role or where they're based, every single member of staff is an important part of the team and their contribution is both essential and valued.

Diolch yn fawr one and all.

Abigail Harris
Chief Executive

Performance Report

2024-25

Our Performance Summary

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

Following Welsh Government’s tripartite meeting in December 2023, the Health Board was notified of an escalation of performance monitoring for performance and outcomes from enhanced monitoring to Targeted Intervention. The services listed in the introduction of this report were specifically included in the escalation.

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

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

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

Areas of Escalation Performance

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

Performance against Areas of Enhanced Monitoring (Level 3)

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

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

Number of patients waiting less than 14 weeks for therapies	85% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.	99.98%	100%
Number of LPMHSS* mental Health assessments undertaken within 28 days from receipt of referral	80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.	40%	75%
Number of therapeutic interventions started within 28 days following an LPMHSS assessment	65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	100%	100%
Number of HB residents in receipt of a secondary mental health service who have a valid care and treatment plan	80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	97%	98%

*LPMHSS – Local Primary Mental Health Services

** NOUS – Non-Obstetric Ultrasound Service

Performance against Areas of Targeted Intervention (Level 4)

Measure	De-escalation Target	March 2024	March 2025
% Patients started treatment within 62 days on a Single Cancer Pathway	60% performance maintained for 3 months against the Single Cancer Pathway (SCP) target.	58%	56% (Feb-2025)
Number of ambulance handovers over an hour	A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on quarter 2 and 3 2023 baseline).	642	555

Number of patients waiting over 12 hours in A&E	Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.	10%	11.3%
Median time from arrival at an emergency department to assessment by a clinical decision maker	Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.	81%	82.21%
Number of delayed Pathways of Care	A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 23 baseline).	243	219
Number of hospital onset infections of C-Diff	C-Diff: reduce the number of hospital onset infections by 40% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 10 cases to no more than 6 per month)	8 (April-24)	15
Number of hospital onset infections of Staph aureus	Staph aureus: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 4 cases to no more than 3 per month)	6 (April-24)	3
Number of hospital onset infections of E-coli	E-coli: reduce the number of hospital onset infections by 20% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 5 cases to no more than 4 per month)	8 (April-24)	4

Number of hospital onset infections of Klebsiella	Klebsiella: reduce the number of hospital onset infections by 10% and maintain for 3 months based on 2017/18 figures (baseline – 54 cases in 2017/18, reduce to average of at most 4 per month)	3 (April-24)	5
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Our Performance Report

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

Urgent and Emergency Care
<p>Urgent and emergency care (UEC) has continued to be one of our most challenging performance areas throughout 2024-25 as was the case within 2023-24 and we continue to be within 'Targeted Intervention' following escalation in December 2023, as per Welsh Government's escalation and intervention framework.</p> <p>Our vision for UEC services supports the national 'Six Goals of Urgent and Emergency Care' to create 'one urgent and emergency care system' which clearly supports patients and communities in knowing where and when they can get the care needed in an emergency. We have worked to this vision driving and monitoring activity via our 6 Goals UEC Board with the framework of 4 programmes of namely:</p> <ul style="list-style-type: none"> • Programme 1: Co-ordination, signposting and alternatives to admission • Programme 2: Integrated Front Door • Programme 3: Acute Hospital flow and discharge • Programme 4: Integrated Discharge <p>Key service areas for UEC activity include:</p> <ul style="list-style-type: none"> • Minor Injuries Unit (MIU) • Emergency Department (ED) • Same Day Emergency Care (SDEC) • Acute Medical Unit (AMU) • Urgent Primary Care Centre (UPCC) • Older Persons Assessment Unit (OPAU)

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

The Emergency Department (ED) at Morriston Hospital continued to be challenged within 2024-25 financial year with significant periods of patient overcrowding, many of whom were extremely ill or injured and needed an admission for treatment and main performance standards remained off-track, although there were improvements at various points in the year. The high level of Clinically Optimised Patients (COPs i.e. those patients fit enough to leave hospital with a package of care) within the hospital exacerbated the situation with poor flow out of ED due to lack of available beds. This linked with overall poor patient flow through our acute hospital system due in part to broader social care challenges to support timely discharge impacted on the flow of patients across the system.

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

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

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

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

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

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

Key achievements have included:

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

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

Programme 2: Integrated Front Door

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

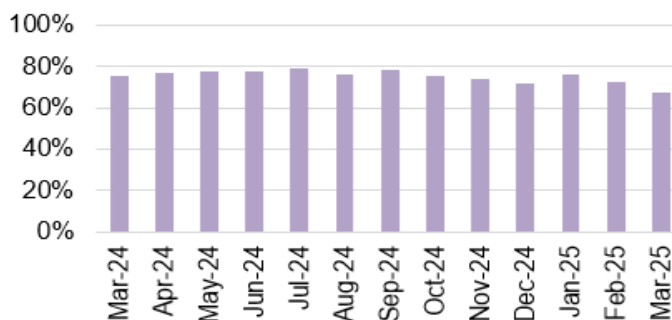
Programme 3: Acute Hospital Flow and Discharge

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

Programme 4: Pathway of Care Delays Action Plan Development



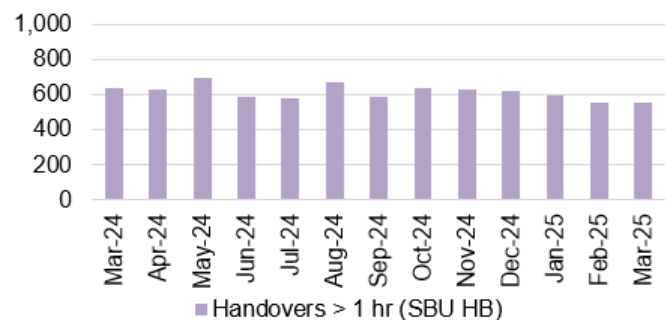
■ Total A&E Attendances (SBU HB)



■ A&E % < 4 hours (SB UHB)

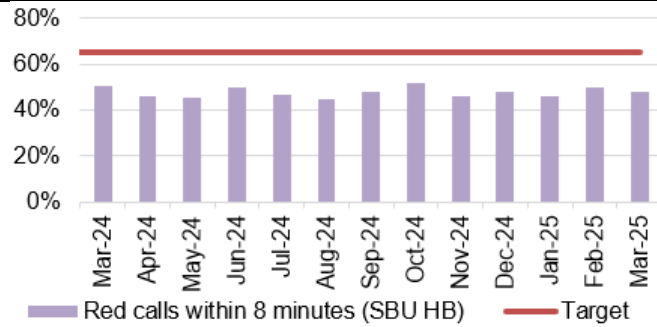


■ A&E > 12 hours (SB UHB)



■ Handovers > 1 hr (SBU HB)

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



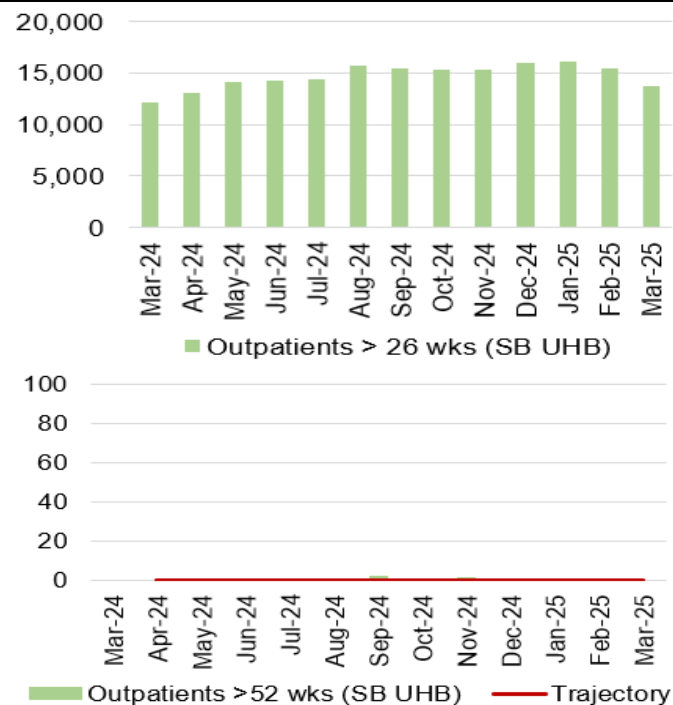
Planned Care

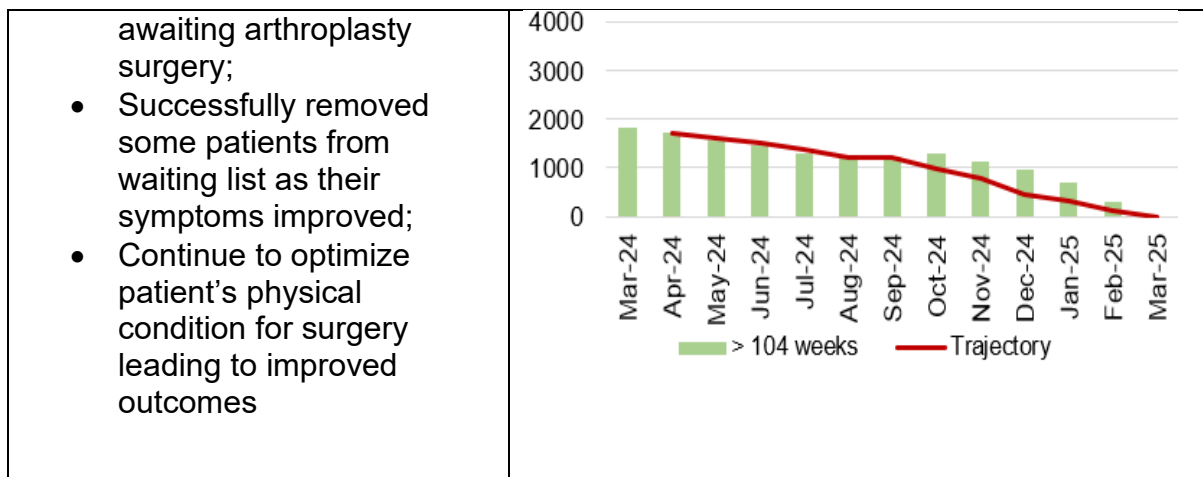
We continued to see significant improvements in our waiting times for planned care with the Health Board continuing to maintain the Ministerial Target for patients waiting in excess of 52 weeks for an outpatient appointment; the best in Wales. We achieved our goal and have treated all patients waiting over 2 years by the end of March 2025.

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

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

- Further strengthened GP-led services to prevent unnecessary referrals to secondary care by diagnosing and treating at source; such as the new pessary pathways in Gynaecology.
- Developed demand management solutions across our systems of care;
- Increasing core capacity for treatment through insourcing and outsourcing with the independent sector;
- Therapy-led education and lifestyle programme implemented for patients





Cancer

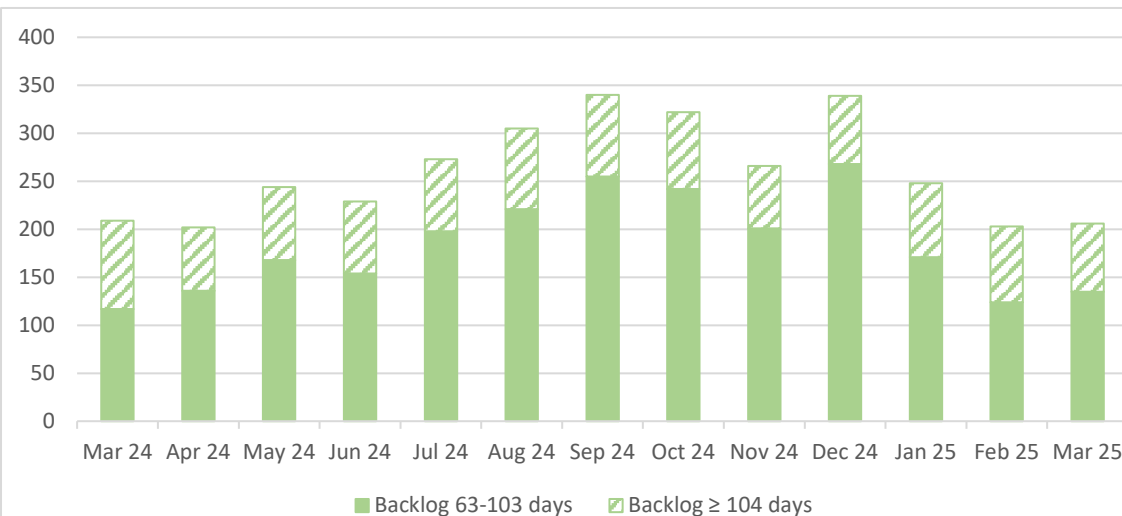
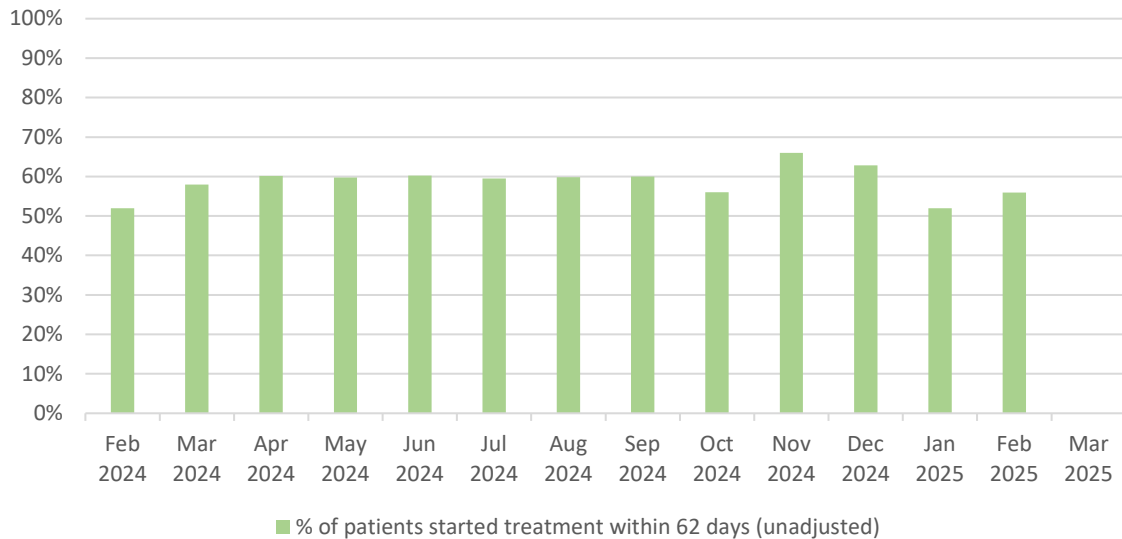
The delivery of the Single Cancer Pathway (SCP) (62 days) in common with all other health boards in Wales continues to be one of the most significant challenges for the organisation. There has been steady reduction in the backlog of cases waiting despite some issues with a **significant increase in skin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

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

Therefore the focus for the 2025/26 will be:

- Maintaining a focus of seeing patients within two weeks of referral for an urgent suspected cancer and target obtaining a decision to treat for each patient is available by day 31.
- Ensuring diagnostic capacity is available to ensure timely decision making for each patient
- Increasing operating capacity for cancer patients, in particular for those with colorectal, urology and gynaecology

- Increasing capacity for chemotherapy planning and expansion in radiotherapy capacity to meet the anticipated increase in adjuvant treatment regimens
- In addition the Health Board will work with general practice and patients to ensure that the importance of attending appointments when on an urgent suspected pathway is understood. Patients deferring appointments are still a significant factor in the Health Board failing to achieve the 62-day target.



Primary and Community Care

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

With Primary Care being the first point of contact for the majority of patients it plays a key role in supporting the prevention of ill health and the management of chronic health conditions. Primary Care includes the provision of medical, optometric, dental

and pharmaceutical services. The Health Board now have 33 independent prescribers within community pharmacies, that have undertaken over 10,000 consultations, this is set to increase, and also started to roll out an independent prescribing service in optometry, which is now being delivered in 9 optometry practices.

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

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

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

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

Our primary and community care academy continues to develop to work with Primary Care contractors (across) to ensure that we support our current workforce and prepare for the workforce of the future.

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

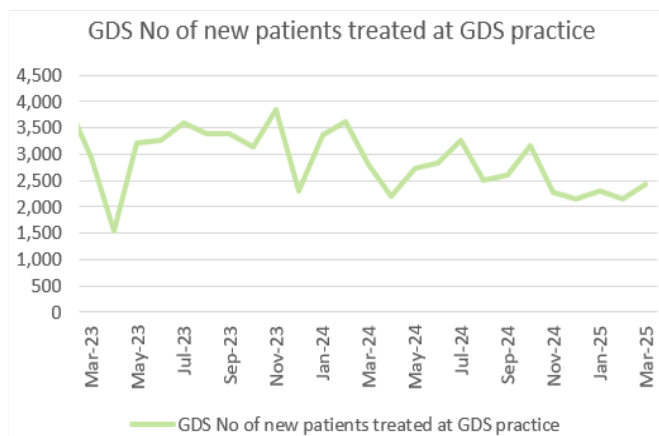
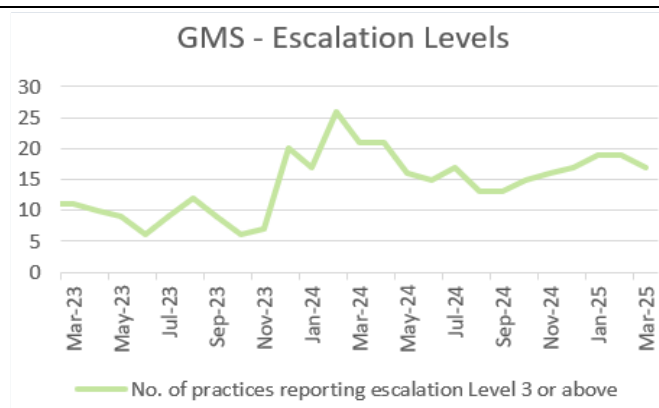
Our community nursing services are subject to ongoing review and modernisation to align with strategic workforce planning and the nurse retention plan. This has provided assurance around introduction of skill mix and use of student streamlining to support workforce plans. The senior nursing structure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

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

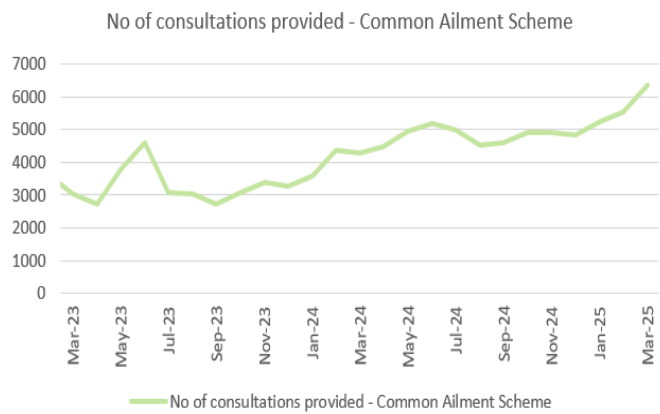
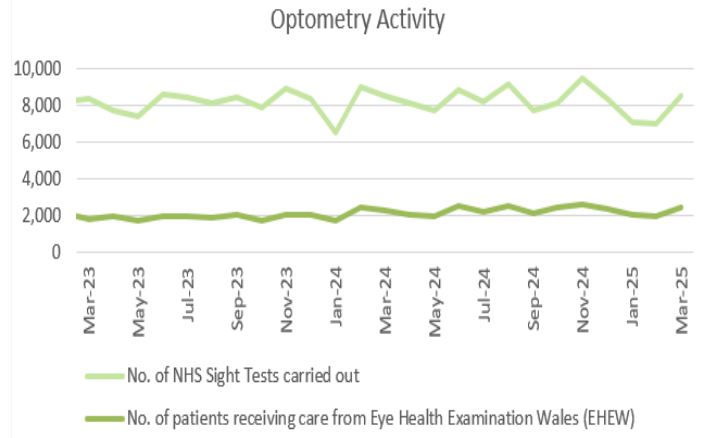
There has been increased introduction/update of digital platforms across services to support and enable performance and data collection.

Some of the developments last year include:

- Expansion of common ailments scheme which had over 43,000 consultations;
- New dental appointments with 16,000 new appointments made available and 14,000 urgent appointments ;
- Ongoing collaboration with LAs in Paediatric OT + SLT to deliver universal and targeted intervention + school-based consultations through SLA
- Whole service roll out of digital wound app, improving wound healing rates.
- Streamlining of services to work collaboratively reducing duplication, between wound clinic and podiatry. And between District Nursing and Specialist Palliative Care.
- Roll out of the Health Child Wales Programme Part 2 across school nursing.



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

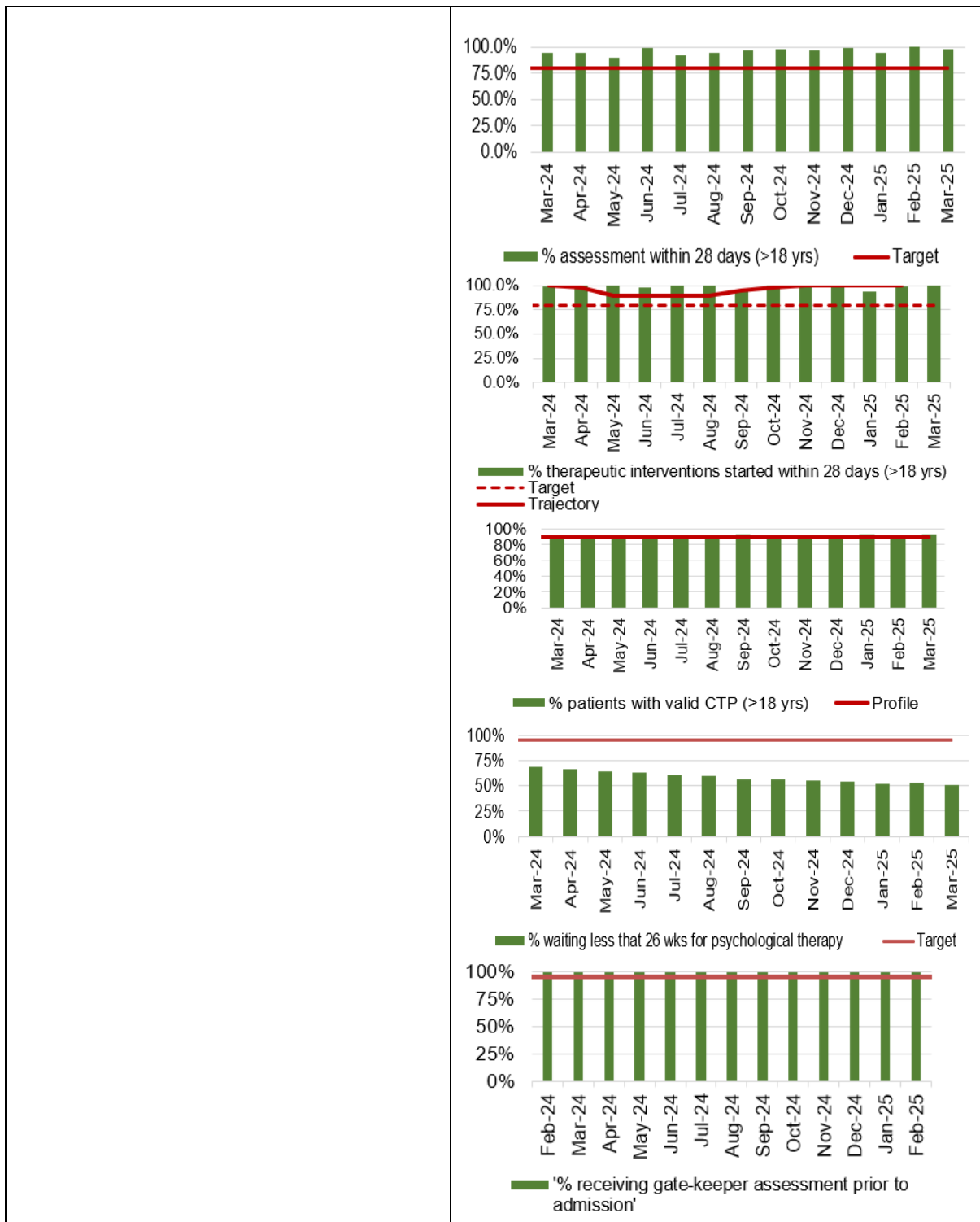


Mental Health and Learning Disabilities

WAITING FOR INFORMATION

Key Performance metrics for our services

- **Mental Health Measure**



Quality

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

- Strengthening our **quality control** systems through launching our Quality Dashboard,
- Broadening our **quality assurance** processes to visit more areas, including unscheduled and ambulatory care areas

- Embedding quality within our **quality planning** through progressing with the implementation of our Quality Strategy

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

Quality Control

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

Quality Assurance

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

Through using the AMaT audit tracking system we have strengthened how we track improvement actions following audits so that we can see at a glance what progress is being made.

During the coming year we will expand these visits to community settings, including teams such as District Nursing, and through introducing a programme on monthly Board visits to services in addition to these audits.

Quality Planning

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

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

Quality Improvement

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

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

We have made improvements within our quality priority areas

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

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

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

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

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

High quality **end of life care** is important to us and we have trained over 34% of our staff in talking to people and supporting people at the end of life.

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

Arts in Health

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

Patient Experience

A core value for the health board is 'always improving'. Feedback is invaluable in terms of informing the health board of positive experiences which we can share across the health board and also experience which we can use to learn and improve the services we provide in order to learn.

To capture peoples' experiences, social media and text messaging is used to send patients a survey following their discharge/appointment. The feedback is shared

across the services as appropriate. We have also developed bespoke surveys to help heads of services and clinical teams improve their services and pathways. We received 66,816 'Friends and Family' responses in 2024-25 with a satisfaction score of 93%. With 19 bespoke surveys across the organisation.

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

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

We had 17 Ombudsman investigations over the last 12 months.

Some changes we made as a result of patient feedback:

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

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

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

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

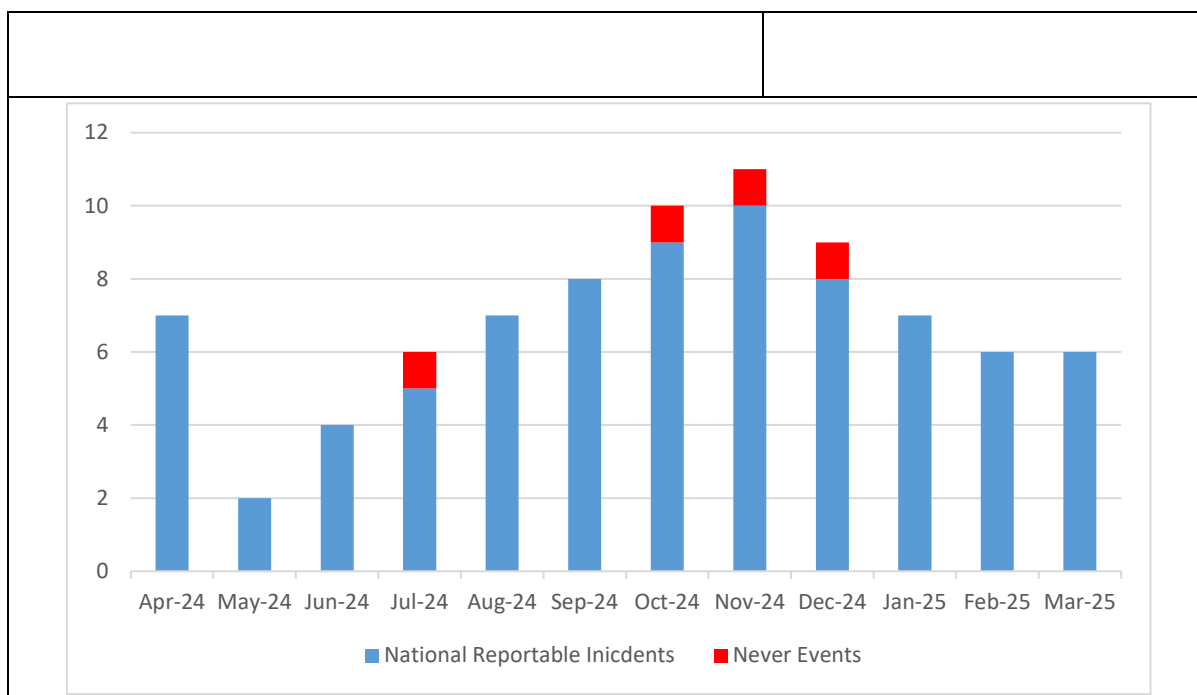
Complaint Top Themes;

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

National Reportable Incidents:
 Out of the 87 reported, top incident theme include:

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

Never Events:
 1 x Wrong procedure
 1 x Retained throat pack
 1 x Wrong implant



Workforce and Staff Experience

Our people are pivotal to delivering our ambitious vision to becoming a high-quality healthcare organisation for our patients, families and communities. In 2023/2024, we collaboratively developed and launched our 5-year People Strategy 2024-2029 to enable us to collectively focus on what is important to our people, creating an environment where they feel empowered and able to flourish. The People Strategy outlines 7 overarching strategic aims for our people: Engaged, motivated and healthy; Attract and recruit; Well planned; Digitally ready; Excellent learning and education; Leaders that live our values; and Equality, diversity and belonging.

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

Engaged, Motivated and Healthy:

- ✓ Delivered a people recognition programme in 2024/25 to support our staff to feel valued. Patient Choice Awards saw a total of 201 individuals and teams recognised across 15 events, our One Bay Way Awards recognised 26 teams and 17 individuals across 15 categories, and we recognised 30 staff and volunteers for 25+ or 40+ Year's cumulative NHS Service
- ✓ Commenced the delivery of the national Speaking Up Safely Framework Action Plan to help our staff feel confident to speak up, including development of an online Speaking Up Safely Hub
- ✓ Development of our 'You Said, We're Delivering Together' Executive Led Health Board Action Plan informed by the 2024 NHS Wales Staff Survey results
- ✓ Agreed a joint compact with our trade union partners to improve partnership working
- ✓ Commenced a best practice review of our employee relations processes to facilitate a positive improvement and embed the principles of a just culture (fair, open, learning)

- ✓ Designed an organisation wide retention plan for our people including increasing flexible working opportunities
- ✓ Developed and implemented a series of bitesize webinars (Steps to Wellbeing) for staff to access to proactively support their wellbeing
- ✓ Launched a dedicated Men's Health Group, which aims to promote and reduce the stigma associated with health-related conversations amongst the male workforce
- ✓ Set up a Healthy People Forum
- ✓ Introduction of Staff Health Checks to promote proactive health management, healthy behaviours and signposting to relevant support and advice when indicated
- ✓ Supported a 33% increase in referrals during 2024 to the Staff Wellbeing Service & a significant increase in TRiM support to teams
- ✓ Commenced support to the AMD for Education & Training to deliver on the requirements outlined in the NHS Wales Fatigue & Facilities Charter
- ✓ Completed a PADR deep dive in the Estates and Support Services Directorate to highlight challenges and opportunities to PADR delivery within the area. The Estates and Ancillary staff group PADR compliance has improved from 55.06% reported in June 2024 to 74.03% reported in March 2025
- ✓ The introduction of the Professional Nurse Advocate (PNA) role continues to provide Restorative Clinical Supervision, strengthening emotional resilience and supporting staff wellbeing, particularly in high-pressure areas like nursing
- ✓ Upgrades to doctors' mess and break rooms across key sites have received positive feedback and align with the All-Wales Fatigue and Facilities Charter, directly improving rest, recovery, and morale during shifts.
- ✓ Ongoing initiatives such as the Staff MOT and Wellbeing Champions Network are also supporting this aim

Attract and Recruit:

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

the scheduled completion date of May 2025. All had started their new roles before the end of March 2025, and have remained within NHS Wales

Well-Planned:

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

Digitally Ready:

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

Excellent Learning and Education:

- ✓ Development of bitesize learning modules aligned to key workforce areas including finance basics, completing a meaningful Personal Appraisal Development Review (PADR) and Managing Attendance at Work policy as part of the first phase of development for the Brilliant Basics digital learning platform
- ✓ Providing support sessions for staff to access Statutory and Mandatory E-learning training via ESR. Health Board compliance is currently 87.26%, which is exceeding the Welsh Government Target of 85%.
- ✓ Continued to champion staff to study apprenticeships both bilingually through the medium of Welsh. Currently, 47 out of the 164 Health Board College apprentices study through bilingual delivery – that's 29% of our learners. This is aligned to the Health Board's current People Strategy, which emphasises the importance of enhancing Welsh language skills among staff to improve patient and service user experiences

Leaders that Live our Values:

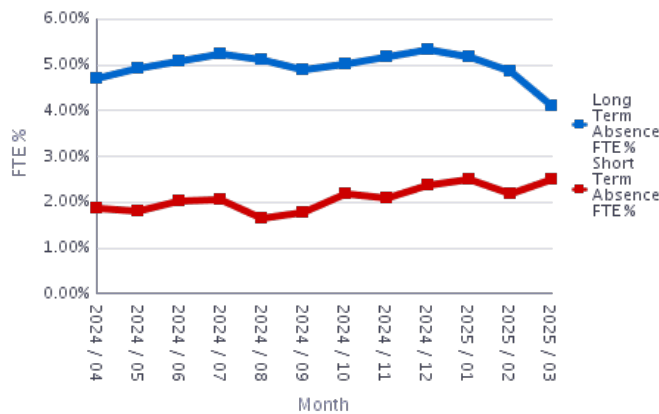
- ✓ Commenced a refresh of our suite of leadership development programmes to support our leaders to act as role models and advocates for our Health Board values, in addition to harnessing essential skills of management. This resulted in the launch of our "Brilliant Basics" digital management learning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

- ✓ Developed an easy to read/access Management and Leadership Development Digital Toolkit and resources on Compassionate Leadership, built into Brilliant Basics. Resources include short films and case studies bringing it to life.

Equality, Diversity and Belonging:

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

Key Workforce Metrics - Sickness absence



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

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

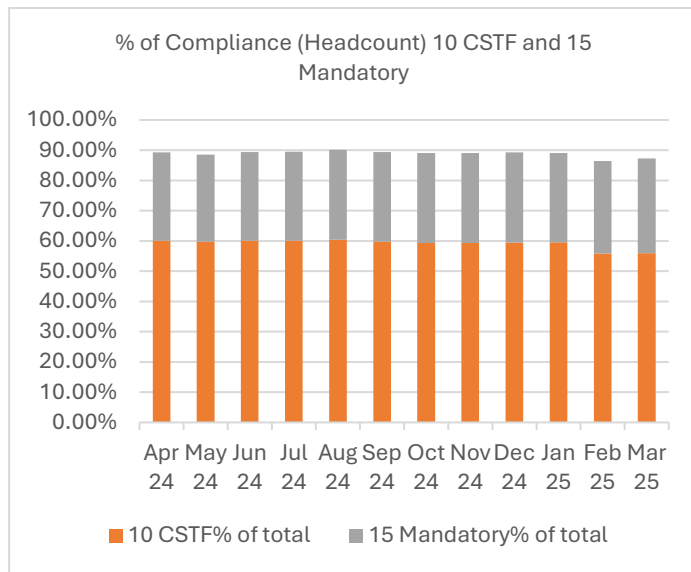
Personal Appraisal Development Reviews (PADRs)



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

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

Mandatory & Statutory Training



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

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

Conclusion and Forward Look

Much has already been achieved but there is significant work ahead to recover backlogs of 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 [recovery and sustainability plan 2023/24 – 2025/26](#) was approved by the board in March 2023, which sets out what we will achieve over the next few years, and how.**

Accountability Report 2024-25

Annual Governance Statement

❖ Scope of Responsibility

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

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

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

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 seven 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 Chief Operating Officer, 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.

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

❖ Director's Report

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

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

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

❖ Chair and Independent Members



Jan Williams, Chair

Appointment:

Jan was appointed as Chair in June 2024.

Board and Committee Membership

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



Stephen Spill, Vice-Chair

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

Board and Committee Membership

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



Reena Owen, Independent Member

Appointment:

Reena was appointed as an independent member in August 2018 (reappointed in August 2022).

Area of Expertise:

Community.

Board and Committee Membership

Reena chairs the Workforce & Organisational Development Committee. She is a member of the Board, Performance & 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 & Innovation Committee. He is a member of the Board, Remuneration and Terms of Service Committee Workforce & OD Committee and Audit Committee.



Jean Church, Independent Member

Appointment:

Jean was appointed as an independent member in May 2023.

Board and Committee Membership

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



Keith Lloyd, Independent Member

Appointment:

Keith was appointed as an independent member in May 2020.

Area of Expertise:

University

Board and Committee Membership

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



Nuria Zolle, Independent Member

Appointment:

Nuria was appointed as an independent member in October 2019.

Area of Expertise:

Third sector

Board and Committee Membership

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



Jackie Davies, Independent Member

Appointment:

Jackie was appointed as an independent member in August 2017 (reappointed August 2021).

Area of Expertise:

Trade union

Board and Committee Membership

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



Patricia Price, Independent Member

Appointment:

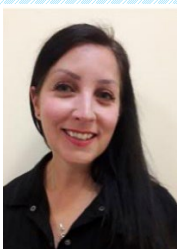
Patricia was appointed as an independent member in October 2021.

Area of Expertise:

Finance

Board and Committee Membership

Patricia chairs the Performance and Finance Committee. She is a member of the Board, Audit Committee, Mental Health & 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 Matthews chairs the Charitable Funds Committee. Nicola is a member of the Board, Remuneration and Terms of Service Committee, Population Health Committee and Quality and Safety Committee



Anne-Louise Ferguson, Independent Member

Appointment:

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

Area of Expertise:

Legal

Board and Committee Membership

Anne-Louise chairs the Mental Health Legislation Committee. Anne-Louise is a member of the Board, Remuneration and Terms of Service Committee, Quality and Safety Committee and Workforce & 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 & Safety Committee, Digital, Research and Innovation Committee and Audit Committee (the latter as required).



Hazel Powell, Interim Director of Nursing and Patient Experience

Appointment:

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

Board and Committee Membership

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



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

Appointment:

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

Board and Committee Membership

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



Darren Griffiths, Director of Finance

Appointment:

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

Board and Committee Membership

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



Gill Richardson, Interim Director of Public Health

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

Board and Committee Membership

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



Marie Davies, Director of Planning & Partnerships

Appointment:

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

Board and Committee Membership

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



Christine Morrell, Director of Allied Health Professional and Health Sciences

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

Board and Committee Membership

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



Deb Lewis, Chief Operating Officer

Deb was appointed as interim Chief Operating Officer at the start of March 2023 and then substantively in April 2023.

Board and Committee Membership

Deb attends the Board as well as the Performance and Finance Committee.

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



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

Appointment:

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



Judith Vincent, Clinical Director for Pharmacy and Medicines Management

Appointment:

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



Andrew Griffiths, Head of Cluster Development and Planning

Appointment:

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

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



Matt John, Director of Digital

Appointment:

Matt was appointed as Director of Digital in August 2020.

Board and Committee Membership

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



Hazel Lloyd, Director of Corporate Governance

Appointment:

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

Board and Committee Membership

Hazel is the main governance advisor to the board. She attends the board in a non-voting capacity, Quality and Safety

Committee, Population Health & Partnerships Committee, Charitable Funds Committee, Audit Committee, Mental Health Legislation Committee, Performance and Finance Committee, Remuneration and Terms of Service Committee and the Workforce & Organisational Development (OD) as well as the Digital, Data, Research and Innovation Committee.



Richard Thomas, Director of Insight, Communications and Engagement

Appointment:

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

Board and Committee Membership

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

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



Emma Woollett, Chair

Appointment:

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

Board and Committee Membership

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



Tom Crick, Independent Member

Appointment:

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

Area of Expertise:

Information and Communications Technology.

Board and Committee Membership

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



Gareth Howells, Director of Nursing and Patient Experience

Appointment:

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

Board and Committee Membership

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



Nerissa Vaughan, Interim Director of Strategy

Appointment:

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

Board and Committee Membership

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



Jennifer Davies, Interim Director of Public Health

Appointment:

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

Board and Committee Membership

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

Each board member has stated in writing that he/she has taken steps to make the auditors aware of any relevant audit information. Board members and senior managers have advised of any interests which may have a conflict with their board responsibilities and no material interests have been declared in 2024-25. A full register of interests is available upon request from the Director of Corporate Governance and details are also included in the remuneration report.

❖ Role of the Board

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

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

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

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

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

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

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

The Board is required to undertake an annual self-assessment of its effectiveness in terms of governance and internal controls. In April 2024, at a board development session, a review of board effectiveness was undertaken. Three themes were highlighted: board leadership, board governance and board connectivity.

❖ **Committees of the Board**

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

the health board will look at ways in which committees could be held in public where possible.

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

Assurance committees the health board is required to have comprise:

Audit Committee

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

- overseen the system of internal controls;
- continued to focus on the improvements of the financial systems and control procedures;
- overseen the development and implementation of the board assurance framework;
- monitored local counter fraud arrangements;
- sought assurance in relation to the risk management process;
- considered and recommended for approval revisions to standing orders and standing financial instructions;
- reviewed findings of internal and external audits and progress against corresponding action plans;
- held executive directors to account where appropriate;
- discussed and recommended for approval by the board the audited annual accounts, accountability report, annual report and head of internal audit opinion;
- continued to monitor the implementation of the recommendations as set out in the governance work programme.
- Conducted deep dives throughout the year, some examples are; National & orthopaedics review, review of implementation of quality management system, Covid Inquiry digital issues and discharge planning.

Quality and Safety Committee

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

Remuneration and Terms of Service Committee

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

Mental Health Legislation Committee

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

Information Governance

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

Charitable Funds Committee

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

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

Population Health Committee

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

- Epidemiologically driven approach - the Committee will focus on specific health challenges based on epidemiological data, such as diabetes, mental health, and respiratory diseases and will receive reports on the priorities and strategies developed to address these challenges.
- Life course approach - the Committee will seek assurance on addressing health challenges at different stages of life, from starting well to ageing well. As well as focusing on secondary and tertiary prevention where necessary.
- Prioritised approach – seek assurance on the clear method and approach to setting priorities for the organisation to enable a shift in health outcomes and monitor progress of the changes and outcomes.

- Cultural Change approach – seek assurance on the cultural change program to embed a population health mindset across the organisation. Integrated with leadership, strategic planning, and capacity building.
- Engagement and lived experience – Committee to hear patient and staff stories lived experiences relevant to the work programme to support understanding and of the decisions made and the models being embedded across the Health Board.
- Benchmarking and Learning – receive reports benchmarking against recognised successful models and strategies.

Performance and Finance Committee

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

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

Workforce & Organisational Development (OD) Committee

The Workforce & OD Committee seeks assurance on:

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

Digital, Data, Research and Innovation Committee

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

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

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

❖ Advisory Groups and Joint Committees

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

Advisory Boards

- *Stakeholder Reference Group*

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

- *Health Professionals' Forum*

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

- *Health Board Partnership Forum*

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

Joint and All-Wales Committees

There are two all-Wales committees as detailed below:

- *Joint Commissioning Committee (JCC)*

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

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

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

❖ Partnership Working

The health board works in partnership with a number of organisations, including local authorities, Swansea University, other NHS organisations including the NHS Executive and the third sector. The Health Board is in the process of establishing a

Joint Committee with Hywel Dda UHB. In addition, it has joint executive groups with Cardiff and Vale, Cwm Taf Morgannwg and Hywel Dda university Health Boards.

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

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

❖ **Organisational Structure**

The organisation is comprised four service groups:

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

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

❖ **System of Control**

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

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31st March 2024 and up to the date of approval of the annual report and accounts.

❖ **Capacity to Handle Risk**

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

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

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

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

❖ Risk Control and Framework

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

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

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

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

to manage the risk and for communication with external stakeholders this will be the appointed executive director lead for the risk.

Effective internal and external communication is important to ensure that those responsible for implementing risk management, and those with a vested interest, understand the basis on which decisions are made and why particular actions are required. External stakeholders will vary depending on the type of risk and the risk lead for the service group will need to consider which external stakeholders will need to be notified and included on or briefed following the establishment of task and finish groups/executive gold command groups set up to oversee actions to minimise the risk. All significant risks will be reported to Welsh Government through the weekly brief from organisations and quarterly performance review meetings.

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

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

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

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

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

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

The Strategic Risk Register (SRR) is under development and will ensure those risks impacting the delivery of the strategic objectives are identified and appropriately

managed. The SRR will be received by the Board early in 2025/26 and it will become a living document subject to ongoing review and scrutiny by the Board.

The current Health Board Risk Register (HBRR) is intended to summarise the greatest organisational risks facing SBUHB and the actions being taken to mitigate them. As the Strategic Risk Register is developed, risks currently captured on the HBRR will be reviewed and refreshed, and the HBRR replaced with a new Corporate Risk Register, reflecting risks that cannot be managed within Service Groups or individual Corporate Directorates alone and / or are assessed as exceeding the Health Board’s risk appetite. Where they exist, links will be made between risks within the CRR and the strategic risks within the SRR, and operational risk registers within Service Group and Corporate Directorates.

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

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

❖ **Risk Appetite**

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

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

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

In determining these thresholds, the Board recognised that the high demand on services, pressures on staffing availability and financial constraints created a high risk environment. This has continued to be the context within which the organisation has operated during 2024/25. The Health Board’s aspiration remains to reduce its tolerance to risk further as soon as practicable. Arrangements are

being made for the Board to review & refresh its risk appetite early in 2025/26.

❖ **Risk Profile 2024-25**

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

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

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

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

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

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

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

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

Risk	Controls and Actions
	<ul style="list-style-type: none"> • SAFER (Seen, Aim, Flow, Early Discharge and Recovery). • Criteria-led discharge • Continuous Flow Model (CFM) • Robust Same Day Emergency Care (SDEC) model <p>Further actions:</p> <ul style="list-style-type: none"> • Implementation of revised senior decision-making capacity within SDEC and AMU (Acute Medical Unit) • A review of community services is being undertaken by Service Group Nurse Directors for Primary Community & Therapies and Morriston service groups to ensure return of investment ahead of expansion. • Implementation of UEC Navigation Hub to decrease demand and implement right patient right place process • Focus on reducing pathway of care delays (PoCDs) as per the Care Action Committee 50-day Challenge • Further development of admission avoidance pathways with Welsh Ambulance Services University NHS Trust (WAST), focussing on falls prevention and respiratory conditions • Reintroduction of D2RA Principles across the Health Board with external consultancy support
<p>#50: Access to Cancer Services</p> <p>There is a risk of delay in diagnosing patients with cancer, and consequent delay in commencement of treatment, which could lead to poor patient outcomes and failure to achieve targets.</p> <p>The Health Board remains unable to deliver on the target of 75% of patients being treated within 62 days and is currently under targeted intervention by Welsh Government to improve performance. The Health</p>	<p>Arrangements in place include:</p> <ul style="list-style-type: none"> • Processes are in place to manage each individual case on the Urgent Suspected Cancer Pathway (USCP). Enhanced monitoring & weekly monitoring of action plans for top six tumour sites are in place. • Initiatives to protect surgical capacity to support SCPs have been put in place • A specific plan is being delivered to support Pathology services and ensure Suspected Cancer Pathway (SCP) tests are turned around within 5 days. • Cancer Performance and Information Group to monitor improvement trajectories for both cancer backlog and Suspected Cancer Pathway performance on a monthly basis.

Risk	Controls and Actions
<p>Board has been given an initial target of 60% to be delivered by the end of Dec 2024, increasing to 70% by the end of March 2025.</p>	
<p>#66: Access to Systemic Anti-Cancer Therapy The demand & complexity of planned treatment regime for cancer patients requiring chemotherapy currently exceed the available chair capacity, risking unacceptable delays in access to SACT treatment in Chemotherapy Day Unit with impact on targets and patient outcomes.</p>	<p>Arrangements in place include:</p> <ul style="list-style-type: none"> • Review of scheduling by staff to ensure all chairs used appropriately. • A daily scrutinizing process in progress to micro manage individual cases, deferrals etc. • Increased homecare capacity • Adopted principles from UK SACT board publication: General Principles to Support Systemic anti-Cancer Therapy Aseptic Pressures September 2023 <p>Further actions: Further options to address demand and capacity are subject to internal review.</p>
<p>#92: Forecast Deficit Forecast deficit is not met due to (1) insufficient progress on run rate reduction, (2) the extended saving targets required across all areas to meet the financial assessment submitted to WG on 26th September are not achieved, and (3) 30 other risks within the financial assessment are not mitigated.</p>	<p>Arrangements in place include:</p> <ul style="list-style-type: none"> • Enhanced governance arrangements in place from April 2024, including the submission of Financial Strategies from all Service Groups on 31st May 2024. • Financial plan was in place for 2024/25 alongside supporting documentation with regard to Budgetary Management. The initial plan set out the details on Accountability Letters issued in April 2024, with further actions outlined in October. • Publication of control targets in October to all Service Areas for 2024/25 to provide additional controls in the process following the work on Star Chambers and associated options. • Establishment of the Recovery and Sustainability (R&S) Team from July 2024 to support both immediate actions and longer term sustainability, with a Recovery & Sustainability Board overseeing the delivery from October 2024. • Review of all controllable expenditure and directions issued via the R&S Team, including Variable Pay targets.

Risk	Controls and Actions
	<ul style="list-style-type: none"> • Savings Programme Management Office (PMO) in place to support savings delivery. In July 2024, the PMO team expanded their remit to support the Recovery & Sustainability Programme • Standard Day 5 Finance Reports on Variable Pay, Savings Performance and Flash report published via SharePoint site. • Continuation of financial performance meetings and escalation as necessary.

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

❖ **Emergency Preparedness**

- ❖ Under the Civil Contingencies Act 2004, the Health Board is a ‘Category One’ responder organisation with specific duties to effectively prepare, plan and manage the response and recovery to emergencies. The Health Board is committed to ensuring the safety and wellbeing of patients, staff, and the wider community by focussing on maintaining robust emergency preparedness, enhancing resilience and ensuring a timely, coordinated response to critical incidents. This approach to Emergency Preparedness, Resilience and Response (EPRR) ensures that the Health Board is equipped to respond and recover from incidents of any scale, providing optimal care, minimising disruption, and returning to 'business as usual' as quickly as possible. This is achieved through a structured cyclical process of assessment, planning, response, and recovery.
- ❖ A dedicated EPRR risk register, aligned with national and regional frameworks, is reviewed regularly, and includes necessary risk scoring and mitigation strategies. To support this, the Health Board maintains an overarching EPRR strategy, along with a training and exercise schedule, and a lessons identified register. There are a suite of emergency response procedures, including a Major Incident Procedure and Business Continuity Management arrangements, in place to guide the wide range of required response efforts.
- ❖ Oversight of EPRR activities is provided by the Health Board’s EPRR Strategy Group, with performance monitored through a digital dashboard. A NHS Executive Civil Contingencies assurance report is submitted annually. The aim of EPRR is to provide high-quality, safe care even in the most challenging situations. Furthermore, collaboration with local and national partners, within the health sector and multi-agency, strengthens the Health Boards collective ability to respond to emergencies effectively.

❖ {add in any exercises/tests undertaken}

❖ The Control Framework

Quality Governance Arrangements

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

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

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

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

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

Duty of Candour

WAITING FOR INFORMATION

Corporate Governance Code

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

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

Health and Care Standards

The current standards came into being in April 2015 and form Welsh Government's common framework of standards to support NHS Wales and partner organisations to

provide effective, timely and quality healthcare services. Its framework incorporates the 'Standards for Health Services in Wales (2010)' and the 'Fundamentals of Care Standards (2003)'. They place the patient at the centre, emphasising the importance of strong leadership, governance and accountability.

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

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

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

❖ Planning Arrangements

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

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

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

For 2024-25 the health board has not met its financial duty of remaining within the financial funding provided for revenue (as set out below) and capital.

Whilst the health board did meet its financial duties in 2022/23, this was the only year between 2022/23 – 2024/25 this requirement was achieved.

Therefore the Health Board did not meet its financial duty to break-even over the three year period of 2022/23 to 2024/25.

	2022-23	2023-24	2024-25	Total
	£000	£000	£000	£000
Net operating costs for the year	1,165,677	1,282,337	1,420,276	3,868,290

Less general ophthalmic services expenditure and other non-cash limited expenditure	1,206	1,562	833	3,601
Less unfunded revenue consequences of bringing PFI schemes onto SoFP	(2,024)	(2,711)	(3,352)	(8,087)
Less any non funded revenue consequences of IFRS 16	0	0	0	0
Total operating expenses	1,1164,859	1,281,188	1,417,758	3,863,805
Revenue Resource Allocation	1,166,697	1,264,375	1,375,303	3,806,375
Under /(over) spend against Allocation	1,838	(16,813)	(42,454)	(57,429)

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

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

As the Health Board was unable to submit a balanced integrated medium-term plan in accordance with NHS Wales Planning Framework , the Board submitted an Annual Plan for 2024-25 on 28 March 2024. This plan did not include a break even position. A response to the Annual Plan was published by Welsh Government on 3 May 2024.

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

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

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

❖ Disclosure Statements

Equality, Diversity, Inclusion and Human Rights

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

is documented in the strategic equality plan 2020-2024, which includes an objective to increase diversity in workforce to reflect the communities supported through its services. Steps being taken include supporting under-represented groups to access apprenticeship places and vocational training, as well as the roll out of Project SEARCH to enable people with learning disabilities to have work experience. The health board facilities and promotes staff networks. In 2025 a strategic equality plan will be considered by the Board following exclusive engagement on the draft plan.

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

Information Governance

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

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

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

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

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

Breach Category	Summary of Breach	Summary of Actions
Other	Agency staff identity fraud	<ul style="list-style-type: none"> Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence Counter Fraud investigation Information Governance audit process undertaken and recommendations for improvement provided
Disclosure – Paper	Formal complaint response erroneously shared with incorrect recipient	<ul style="list-style-type: none"> Apology provided to data subject Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence Standard Operating Procedure developed and disseminated within relevant team
Disclosure – Electronic	Excessive personal data of staff member included within incident report accessible by unintended recipients	<ul style="list-style-type: none"> Report removed and resubmitted without personal data. Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence Information governance audit process underway
Disclosure – Verbal	Staff member’s clinical information disclosed to clinician without a legitimate business need	<ul style="list-style-type: none"> Apology provided to data subject Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence Information governance audit undertaken and recommendations provided
Disclosure – Paper	Court ordered information disclosure contained extraneous information regarding the data subject	<ul style="list-style-type: none"> Apology provided to data subject Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence Information governance audit process underway
Disclosure – Paper	Letter sent to incorrect address, unintended recipient subsequently shared the name of data subject via social media app	<ul style="list-style-type: none"> Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence Information governance audit process underway

Disclosure – Paper	Statutory Sick Pay information erroneously shared with incorrect data subject	<ul style="list-style-type: none"> • Apology provided to data subject • Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence • Information governance audit process underway
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Ministerial Directions

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

Wellbeing of Future Generations Act

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

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

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

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

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

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

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

- *Give every child the best start in life*
- *Nurture and use the environment to improve health and wellbeing*

- *Apply ethical recruitment practices and support health and care workers to be healthy, skilled, diverse and resilient*
- *Plan, commission, deliver and promote equitable, inclusive and accessible health and wellbeing services*
- *Provide opportunities to support every adult to be healthier and to age well*
- *Seek to allocate our resources to meeting the needs of, and improving, the population's health"*

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

Welsh Language

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

Sustainability and Carbon Reduction

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

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

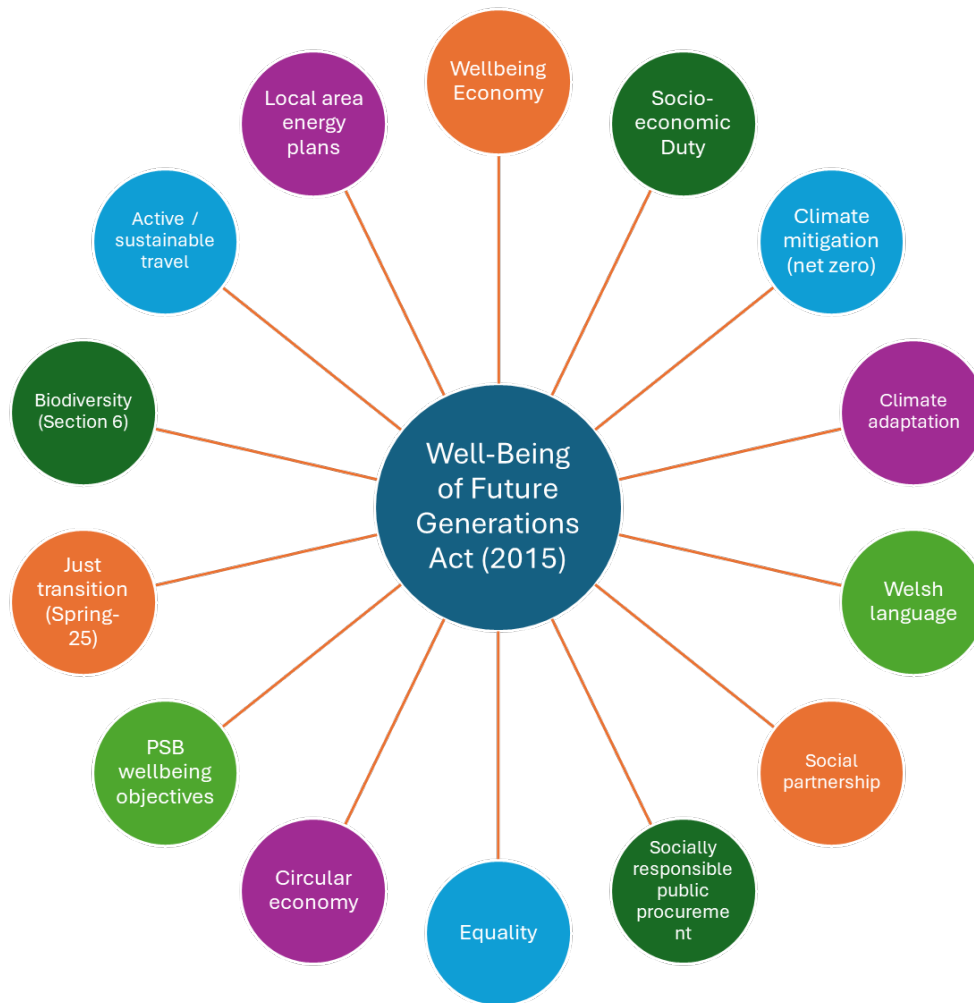


Figure 1 WBFGA and related workstreams

Foundational economy (FE)

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

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

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

PLACE: Currently there is limited understanding of the 'Place' element of the report, which seeks to detail the benefits of co-location of services within the HB. Examples include care closer to home and understanding what services can be taken out of the

acute sector and placed in town centres to enable accessibility and support regeneration of town centres. Three examples have been identified in this report, including:

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

PROCUREMENT: The 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 companies/suppliers, an FE calculator to understand impacts of Welsh based contracts, and work with a key Welsh provisions’ supplier, Castell Howell, where social value weighting was key.


Climate change




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


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

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

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

Area	Application within Swansea Bay UHB
 <p>OUR CULTURE & WAYS OF WORKING</p>	<p>Initiatives include close collaboration with the Communications Team, resulting in 55 staff bulletins, 13 website press releases, and a sustainability theme for COP 29 and Wales Climate Week. A public webpage on sustainable healthcare was published, as well as additional intranet resources created to help staff integrate sustainability.</p>

Area	Application within Swansea Bay UHB
	<p>Other initiatives supporting embedding into the culture and ways of working at the HB include:</p> <ul style="list-style-type: none"> • The 'One Bay Way Staff Awards' introduced a 'Sustainable Healthcare' category, won by Cae Felin. • Sustainability was added to the induction handbook for new starters. • An Independent Member Champion for sustainability was appointed. • Well-being of Future Generations was included in research protocols • Work has commenced to include Climate Change in the HB's risk register.
 <p>OUR BUILDINGS & ESTATE</p>	<p>Without dedicated funding it is challenging to make progress on emissions reduction, however, initiatives have been undertaken including:</p> <ul style="list-style-type: none"> • Two Swansea University interns have started to develop an energy awareness campaign for the HB. They will be working with Swansea University, Vital Energi and staff from the HB and aiming to deliver this by mid-April 2025-26, as well as establishing an annual event via social media campaign. • Endotherm has been trialled at one site with an 18% energy saving. A chemical added to the water to improve heat transfer which has also been completed at other sites
 <p>OUR TRANSPORT</p>	<p>Supporting sustainable transport requires extensive collaboration with public transport providers, staff, and wider public sector. Being involved in the Swansea Bay Healthy Travel Charter and Swansea Council's Active Travel Group has provided forums for this collaborative approach. Initiatives completed by the Health Board include:</p> <ul style="list-style-type: none"> • Regularly updated intranet page with frequent bulletins and social media regarding travel and transport • Annual staff travel survey completed • No Idling Policy included in the draft Car Parking Strategy (awaiting approval) • Regular meetings with First Cymru and first meeting with Transport for Wales in September • Working with the HB's Disability Liaison Group to enable better access/wheeling around sites. Further work to implement the Healthy Travel Charter and member of Swansea Council's Active Travel Group
 <p>OUR PROCUREMENT</p>	<p>Significant work is undertaken centrally through NHS Wales Shared Services Partnership, including working with suppliers to obtain supplier specific emissions factors (Tier 2). This includes all contracts over £5 million requiring the supplier to have a carbon reduction plan. This move to Tier 2 resulted in 223 supplier specific emissions factors reducing the total emissions by 35,954.54 tCO₂e. Other initiatives include:</p>

Area	Application within Swansea Bay UHB
	<ul style="list-style-type: none"> • Ongoing stock reviews to reduce waste being undertaken identifying overstocking and items expiring • Potential use of reusable items incorporated into Procurement Team's planning process
 <p>OUR SUSTAINABLE HEALTHCARE</p>	<p>Sustainable healthcare is the area of most considerable progress, especially where improving sustainability also results in reducing costs. Examples of initiatives include:</p> <ul style="list-style-type: none"> • Emissions, foundational economy and WBFGA related KPI's are included in all new third sector contracts • Primary Care Cluster IMTPs incorporating actions from the Greener Primary Care Framework including greener dentistry, reducing emissions from inhalers, inhaler recycling, and electric vehicles • RCEM Green ED Multi-Disciplinary Group established and currently working towards Bronze Actions. These include reviewing waste streams, eliminating single-use plastic cutlery, discharge medications reviewed to eliminate excessive dispensing and reduced cannulation equipment. • Decommissioning of Nitrous Oxide Manifold System. Work undertaken to look at all wall outlets and piping routes, collating a list of every department currently using this. Cylinder trial commenced with monitoring in place, to determine use of manifold system has reduced. • Digital work programmes supporting emissions reductions, including: <ul style="list-style-type: none"> ○ Electronic Radiology test requesting live in 7 areas ○ Community Children's Nursing app - now in pilot to remove paper notes ○ Digitalisation of pathology test reporting - ceasing of printing of paper reports in most areas from January 10th. Approximately 16,000 less pages of A5 printed per week ○ Paperlight in 12 areas ○ Hybrid mail to reduce paper, printing and postal as well providing more timely communications to patients • Pharmacist led Green ED initiatives: <ul style="list-style-type: none"> ○ Working with care homes to reduce medication waste ○ Optimising medication management by enabling pharmacists to identify unnecessary prescribing and minimise medicines waste ○ Reducing the carbon footprint of inhaler prescribing – National programme ○ Reduce waste of medications in ED: Estimated waste of £58k per year of medicines left in ED and not transferring with patients ○ Appropriate prescribing of paracetamol IV: Supporting staff in utilising oral paracetamol as opposed to IV, where clinically feasible. ○ Introducing the use of Pentrox (methoxyflurane) in ED: Utilising Pentrox as opposed to nitrous oxide as lower emissions, where clinically feasible.

Climate Related Financial Disclosures Statement (TCFD)

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

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

Governance Arrangements

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

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

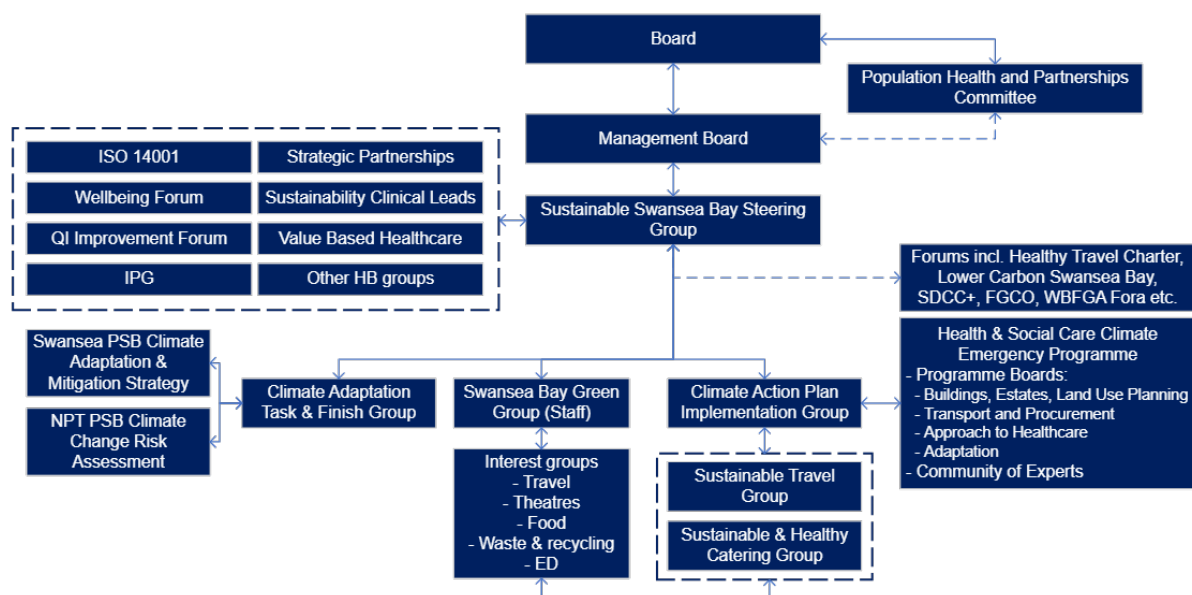


Figure 2 Organogram of Sustainability

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

- Annual emissions assessment using the Welsh Government Public Sector Emissions Tool
- Audit feedback
- Bi-annual progress against NHS Wales Decarbonisation Strategic Delivery Plan
- Annual report against additional actions in the CAP

- Health Board’s climate adaptation methodology for approval

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

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

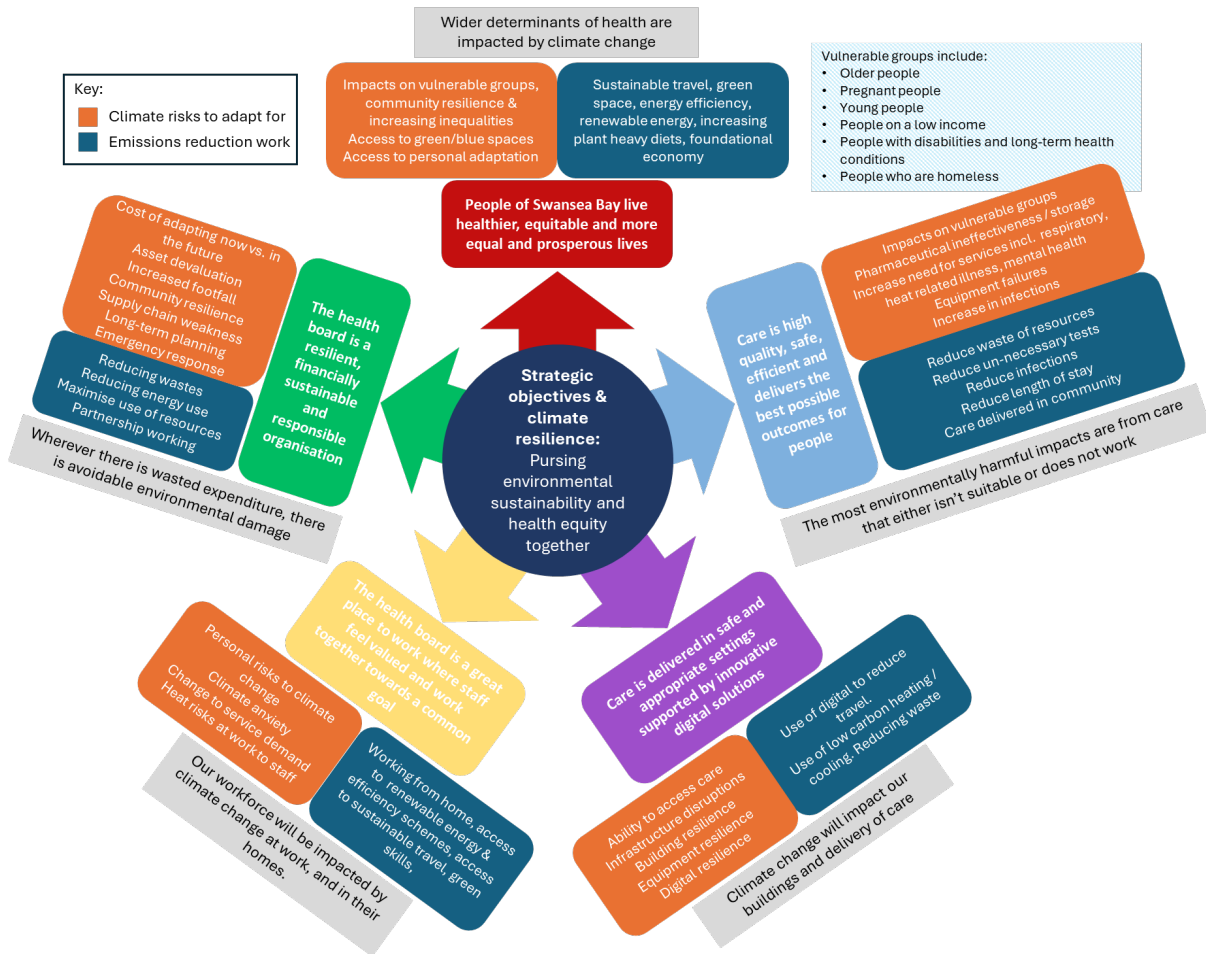


Figure 3: Health Board objectives and climate change

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

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

Swansea and Neath Port Talbot’s Public Service Boards are working on climate adaptation, with Swansea developing a strategy and Neath Port Talbot using the

Natural Resources Wales Climate Change Risk Assessment Framework. Both pieces of work seek to understand climate related impacts on communities and existing inequalities, whilst understanding what actions need to be undertaken by the regions to build a just transition.

Metrics and Targets

The 2023/24 emissions assessment for the HB provided the most comprehensive data set for the three scopes. Emissions totalled 141,944.21 tCO₂e, 452 tCO₂e less than in 2022/23, a summary of the sources are shown in Figure 4. 2024/25 data will be submitted in September 2025 and published by Welsh Government after this.

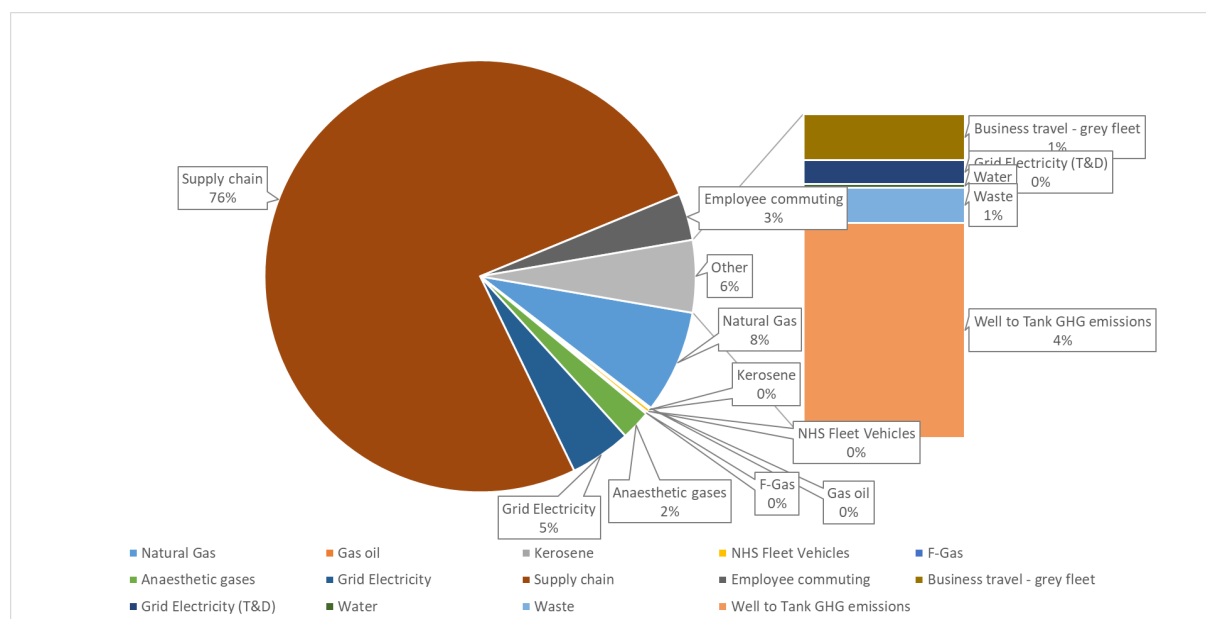


Figure 4 SBUHB emissions 2023/24

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

Aspect	2023-24 (tCO ₂ e)	Variance to 2022/23 (%)	Driver
SCOPE 1			
Natural gas	10,970.85	-6.48	• Reduction in use
Gas oil	133.26	-21.12	• Reduction in use
Kerosene	71.78	+19.49	• Catastrophic failure at NPT requiring back-up generator to be refilled.
Fleet vehicles	374.06	+11.26	• 14% increase in litres of fuel purchased
F-Gas	215.17	-59.48	• Quantities of F-gas used reduced
Anaesthetic gases	3,178.06	+213.80	• Increase in purchase: isoflurane (+982%), nitrous oxide (+22.6%) and sevoflurane (+60.4%) • First inclusion of Entonox = 1,853.37 tCO ₂ e OR 58% of total anaesthetic gas emissions
Scope 1 total	14,943.18	+7.97	
SCOPE 2			

Aspect	2023-24 (tCO ₂ e)	Variance to 2022/23 (%)	Driver
Grid electricity	6,501.08	+7.61	<ul style="list-style-type: none"> 0.01 per kWh increase in emissions factor Real time increase of 154,326 kWh
Scope 2 total	6,501.08	+7.61	
SCOPE 3			
Supply chain	107,835.65	-1.56	<ul style="list-style-type: none"> £91,732,445.90 excluded due to double counting 223 supplier specific emissions factors, reducing total emissions by 35,954.54 tCO₂e
Commuting	4,987.76	-0.34	<ul style="list-style-type: none"> Decrease in total full time staff number
Business travel	1,088.55	+6.18	<ul style="list-style-type: none"> 10% increase in miles claimed by staff Increased accuracy in the type of vehicle
Transmission & distribution (grid)	564.78	+2.20	<ul style="list-style-type: none"> Linked to increases in 'Grid electricity' & electric vehicle use
Water	90.47	-20.42	<ul style="list-style-type: none"> Reduction in volumes of water supplied/treated
Waste	826.62	-16.83	<ul style="list-style-type: none"> Reduction in volume of waste
Well to tank GHG emissions	5,107.25	-3.72	<ul style="list-style-type: none"> Linked to 'Natural gas', 'Gas oil', 'Kerosene', 'Fleet vehicles', 'Commuting' and 'Business travel'.
Scope 3 total	120,499.95	-1.66	
Total	141,944.21	-0.32	

The HB supports the wider NHS Wales emissions reduction targets of:

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

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

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

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

Local Counter Fraud Services

The Local Counter Fraud Specialist (LCFS) is an accredited counter fraud professional who delivers both proactive work (e.g., raising fraud awareness, preventing, and deterring fraud) and reactive work to hold those who commit fraud to account (e.g., fraud investigations). The LCFS provides reports to Audit Committee

and the Executive Leadership Team in relation to the quality and effectiveness of all counter fraud bribery and corruption work undertaken.

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

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

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

NHS Pensions

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

Quality of Data

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

Nurse Staffing Levels (Wales) Act 2016

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

❖ Review of Effectiveness

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

assurance framework, committees now have delegated responsibilities to monitor developments in their areas, as the board is accountable for maintaining a sound system of internal control which supports the delivery of the organisation’s objectives, primarily through the Audit and Quality and Safety committees.


Internal Audit

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

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

❖ **Head of Internal Audit Opinion**

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

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

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

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

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

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

❖ Summary of Audit Assignments

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

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

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

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

A summary of the audits undertaken in the year and the results are summarised in the table below.

Substantial Assurance	<ul style="list-style-type: none"> • Business Intelligence Strategy Implementation (draft)
Reasonable Assurance	<ul style="list-style-type: none"> • Risk Management and Board Assurance Framework • Service Group Governance Arrangements: Neath Port Talbot & Singleton (draft) • Learning from Incidents and Concerns (draft) • Mortality Reviews • Discharge Planning • Primary Care Cluster Plans • Acute Medical Services Redesign Programme – Benefits Realisation (draft) • Child and Adolescent Mental Health Service Transition • Wales Fertility Insitute

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

From the opinions issued during the year, one was allocated Substantial Assurance, fourteen were allocated Reasonable Assurance and ten were allocated Limited Assurance. No reports were allocated an Unsatisfactory assurance opinion and no advisory or non-opinion reports were undertaken.

At the time of producing the draft Annual Report, two audits are still work in progress with the assurance rating yet to be confirmed. It is anticipated that the majority of the work will be sufficiently progressed so that the ratings can be established before production of the final Annual Report.

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

Every internal audit review is reported to the Audit Committee with the executive leads for any which receive limited assurance asked to attend to explain the findings and present an action plan. These are also referred to the relevant board committee to monitor improvement and progress. There is also an audit tracker in place which

records the status of every internal and external audit recommendation. This is reported to the Audit Committee at every meeting to ensure progress is being made and the leads for the ones which are overdue are asked to attend a committee meeting to outline the reasons why.

❖ External Audit

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

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

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

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

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

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

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

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

“ I concluded that the Health Board’s accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit) however, I brought some issues to the attention of officers and the Audit Committee for improvement.

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

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

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

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

- whilst the Health Board met its control deficit target for 2023-24, it has a generally poor track record of achieving its savings targets and delivering recurrent savings. Given the Health Board’s extremely challenging financial position, it urgently needs to demonstrate that it can manage the factors that are driving its costs and accelerate work to embed a more sustainable approach to the financial savings it needs to deliver.*

- operational governance arrangements in the Health Board’s service groups need strengthening. Action is needed to address long standing vacancies and reliance on interim roles, and to strengthen escalation arrangements, quality and safety reporting, and risk management. The Acute Medical Services Redesign programme needs to be concluded quickly, accompanied by an assessment of the operational capacity needed within service groups to support the required governance arrangements.*

- despite the Health Board starting to transform its outpatient services, it has made limited progress in implementing our previous audit recommendations and continues to carry significant clinical risks associated with delayed follow-up appointments.*

- the Health Board is making good progress to address my previous audit recommendations on primary care. It has strengthened its arrangements for financial planning analysis, and new ways of working, and is progressing work to strengthen Local Cluster Collaboratives and shift resources from secondary to primary care. However, central primary care services capacity remains stretched, and the Health Board does not have a comprehensive understanding of its primary care workforce. There is limited oversight and scrutiny of primary care at Board and committees and reporting on primary care performance and outcomes needs strengthening.*

• *the Health Board is taking appropriate action to address its workforce challenges. However, it needs to ensure that it has sufficient workforce planning resources to support delivery of its new People Strategy and improve committee level oversight of its Workforce and OD Directorate's Goals, Methods and Outcomes (GMO) plan, which supports delivery of the People Strategy.*

❖ **Conclusion**

As accountable officer, and based on the process outlined above, I have reviewed the relevant evidence and assurance relating to internal control. While the challenges faced remain similar to those outlined in the previous annual report, with the support of the board there is confidence these can be addressed and improvement in governance has been demonstrated. However, 2024-25 is going to be a significant challenge with a deficit end-of-year position forecasted.

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

While the last year has been difficult and challenging, some stability and progress was being made despite the operational pressures illustrated by the health board's de-escalation from some areas of enhanced monitoring. My review has concluded that the health board has a generally sound system of internal control that supports the achievement of policies, aims and objectives, and no significant issues have been identified. Detailed action plans have been agreed to improve performance in all areas and these will be monitored through the governance structure.

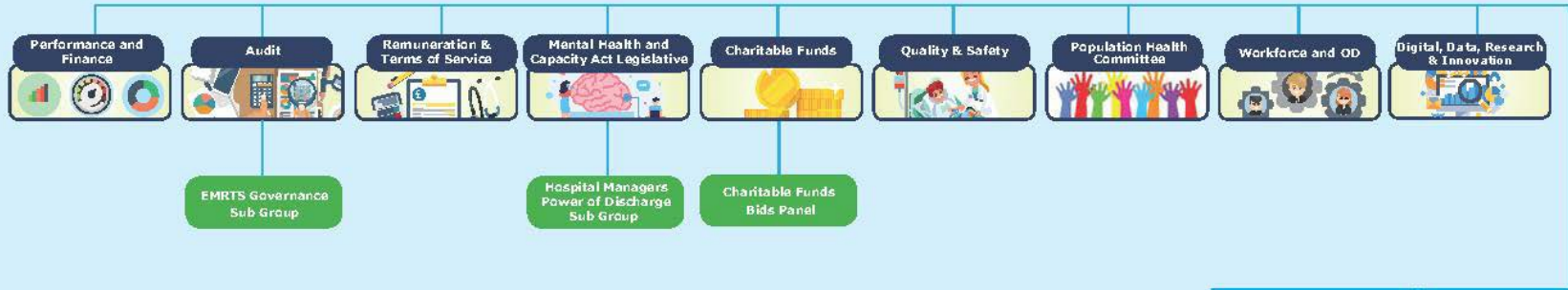
Abigail Harris
Chief Executive
Swansea Bay University Health Board

Board and Committee Arrangements

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



BOARD



KEY

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



Appendix Two – Board and Committee Dates 2024-25

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

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

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

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

Appendix Three – Board and Committee Membership

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

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

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

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

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

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

Executive Directors				
Name	Position	Area of Expertise Representation Role	Board Committee Membership	Committee Roles

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

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

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

Appendix Four – Members’ Attendance at Meetings

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

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

Tom Crick, Independent Member (until Oct 24)	2	3	0	0	-	0	-	2	3	-
Jean Church, Independent Member	5	2	0	0	1	12	-	10	6	3
Patricia Price, Independent Member	6	5	0	0	3	10	-	7	0	-
Nicola Matthews, Independent Member	6	-	2	3	-	0	6	7	0	-
Andrew Griffiths, Independent Member (from Jan 24)	2	2	0	0	-	0	-	0	1	2
Andrew Griffiths, Associate Board Member	0	2	0	0	-	0	-	-	0	2
Judith Vincent, Associate Board Member	2	-	0	0	-	2	-	-	0	-
Andrew Jarrett, Associate Board Member	2	-	0	0	-	0	-	-	0	-

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

Sarah Jenkins, Interim Director of Workforce and OD	6	-	0	0	-	1	-	11	5	-
Jennifer Davies, Interim Director of Public Health	3	-	0	3	-	0	-	-	0	-
Anjula Mehta, Acting Medical Director (until Oct 24)	2	-	0	0	-	2	4	-	3	-
Raj Krishnan, Acting Medical Director (until Oct 24)	2	2	0	0	-	0	6	-	1	1
Nerissa Vaughan, Interim Director of Strategy	3	-	0	2	-	6	-	-	0	-
Marie Davies, Director of Planning and Partnerships	1	--	0	1	-	2	-	-	0	-
Deb Lewis, Chief Operating Officer and Executive Director of Primary Care	4	1	0	1	-	8	-	-	0	-

Appendix Five Topics Considered by Board and Committees

Health Board

10th April 2024 (Special)

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

23rd May 2024

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

30th May 2024 (Special)

- Submission of the Annual Plan and Accountable Officer Letter

11th July 2024 (Final Accounts)

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

25th July 2024

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

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

10th September 2024 (Special)

- Re-opening of Neath Port Talbot Birthing Centre

25th September 2024

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

28th November 2024

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

19th December 2024 (Special)

- Financial Plan; Quarter Four Priorities

30th January 2025

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

27th March 2025

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

Quality and Safety Committee

21st May 2024

- Patient Story: Alexandra's Story

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

25th June 2024

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

23rd July 2024

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

24th September 2024

- Patient Story: Trauma Stabilisation Group

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

29th October 2024

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

26th November 2024

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

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

28th January 2025

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

25th March 2025

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

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

Workforce, OD & Digital Committee

18th April 2024

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

20th June 2024

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

15th August 2024

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

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

24th October 2024

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

18th December 2024

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

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

20th February 2025

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

Population Health and Partnership Committee

6th June 2024

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

5th September 2024

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

- Verbal update on Tata Steelworks

3rd December 2024

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

6th March 2025

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

Performance and Finance Committee

23rd April 2024

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

21st May 2024

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

25th June 2024

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

23rd July 2024

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

27th August 2024

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

24th September 2024

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

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

29th October 2024

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

26th November 2024

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

17th December 2024

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

28th January 2025

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

25th February 2025

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

25th March 2025

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

Mental Health Legislation Committee

2nd May 2024

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

10th September 2024

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

10th December 2024

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

6th February 2025

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

Audit Committee

16th May 2024

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

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

11th July 2024

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

19th September 2024

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

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

21st November 2024

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

23rd January 2025

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

20th March 2025

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

Charitable Funds Committee

14th July 2024

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

15th October 2024

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

Digital, Data, Research and Innovation Committee

7th November 2024

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

16th January 2025

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

11th March 2025

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



Ministerial Directions

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

Introduction of new NHS Wales Vaccination Programmes against respiratory		
WHC/2024/032 Introduction of new NHS Wales vaccination programmes against respiratory syncytial virus (RSV)	26/06/2024	July 2024
WHC/2024/033 The Winter Respiratory Programme 2024-25	02/08/2024	September 2024
WHC/2024/020 Exemptions for local health boards and NHS Trusts to the requirement to implement recommendations made by the National Institute for Health and Care Excellence or the All Wales Medicines Strategy Group within the usual period, in specified circumstances	16/08/2024	September 2024
WHC/2024/014 Introduction of the Office of National Statistics' (ONS) Register of Geographic Codes (RGCs) as a foundational standard for use across NHS Wales Bodies.	16/08/2024	September 2024
WHC/2024/07 Guidelines for managing patients on the suspected cancer pathway	16/08/2024	September 2024
WHC/2024/034 Directions to apply the National Framework for the Commissioning of Care and Support in Wales: Code of Practice to local health boards and NHS trusts – August 2024	28/08/2024	September 2024
WHC/2024/036 Oxygen Cylinders – Regulation 28 Report and Patient Safety Notice (PSN) 042 reminder	28/08/2024	September 2024
WHC/2024/038 AMR & HCAI Improvement Goals for 2024-2025	20/09/2024	November 2024
WHC/2024/035 Standardising the management of acute deterioration	20/09/2024	November 2024
WHC/2024/037 Winter Respiratory Framework 2024 to 2025	24/09/2024	November 2024
WHC/2024/038 AMR & HCAI Improvement Goals for 2024-2025	27/09/2024	November 2024
WHC Number and Title	Date Received	Month Reported to Board
WHC/2024/039 Pre-Transfusion Sample taking Compliance with the confirmatory sample rule	03/10/2024	November 2024

WHC/2024/040 Adopting a patient and family-initiated escalation approach	04/10/2024	November 2024
WHC/2024/041 - Ambulance patient handover guidance	04/11/2024	January 2025
WHC/2024/044 - Mandatory E-Learning Module – Anti-Racism	04/11/2024	January 2025
WHC/2024/030 - Weight Management Medication Pathway	06/11/2024	January 2025
WHC/2024/042 - Introduction of the 'Dictionary of medicines and devices	06/11/2024	January 2025
WHC/2024/043 - Pertussis Vaccine Offer for Healthcare Workers	14/11/2024	January 2025
WHC/2024/045 – Spotting Sepsis in Children Awareness Leaflet	19/11/2024	January 2025
WHC/2024/046 - Influenza (flu) Vaccination programme mop up 2024-2025	04/12/2024	January 2025
WHC/2024/047 covid-19 spring vaccination programme 2025	18/12/2024	January 2025
WHC/2025/002 -Timelines and Responsibilities for the Implementation of Early Warning Scores (EWS) to identify Acute Deterioration	27/02/2025	March 2025
WHC (2025) 001 NHS Wales Sustainability Conference and Awards 2025	05/03/2025	March 2025
WHC/2025/007 Amendments to Model Standing orders for LHBs, Trusts and SHAs January 2025	06/03/2025	March 2025
WHC/2025/005 - Climate Emergency Spread & Scale Leadership Day & Adaptation	07/03/2025	March 2025

Parliamentary Accountability and Audit Report 2024-25

Senedd Cymru/Welsh Parliamentary Accountability Report

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

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

**The Certificate and report of the Auditor General for Wales to the Senedd
Opinion on financial statements**

TO BE INSERTED on 26th June 2025

Report of the Auditor General to the Senedd

TO BE INSERTED on 26th June 2025

Staff and Remuneration Report 2024-25

Staff Report

❖ Pre-Employment

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

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

❖ Managing Attendance

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

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

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

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

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

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

❖ **Redeployment Policy**

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

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

❖ **Off Payroll Policy**

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

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