



Working **together**



Caring for each other



Always **improving**

**Swansea Bay UHB
Annual Plan 2026/27**



CONTENTS

Strategic Context	Pages		
• Introduction and About the Health Board	4	• Mental Health and Learning Disabilities	38
• Achievements	5-6	• CHC and Complex Care	39
• Our Summary Plan	7	• Babies, Children , Young People and Women	40
• Key Fact – Our population ad Services	8-9	• Primary Care and Community	41
• Strategic Overview	10-12	• Population Health and Prevention	42
• Transforming for the Future	13-14	• Workforce	43
• Strategic Risks	15-16	• Non-Pay	44
• A Population Health Focused Organisation	17-181	Ways of Working and Enabling Delivery	
• Quality & Safety	19	• Regional Partnerships (RPB & PSB)	46-48
• Community By Design	20	• Primary Care Clusters	49
• Quantifying the Challenges	21	• SWW Regional Joint Committee	50-53
• Our Path to Sustainability	22-23	• Tertiary Services Partnership	54-56
• Organising for Success	24	• Research and Development	57
• Workforce Strategy	25-26	• Genomics and Advanced Therapies	58
• Delivering Performance	27	• Strategic Commissioning	59
• Financial Plan	28-33	• Digital	60-63
Delivery in 26/27		• Capital and Estates	64-68
• Planning Approach	35	• Sustainability	69-70
• Urgent and Emergency Care	36	• Welsh ;language	71
• Planned Care and Cancer	37	• Governance and Delivery	72

INTRODUCTION

I am pleased to introduce Swansea Bay University Health Board's Annual Plan for 2026–2027. This year represents both a continuation of our transformation journey and a pivotal stage in strengthening the safety, sustainability, and quality of care for our population. While this Plan does not deliver a financially approvable position, it sets out the essential steps required to stabilise the organisation, build the foundations for long-term sustainability, and maintain delivery of high-quality services.

Our ambition is to become a high-quality, sustainable organisation aligned with *A Healthier Swansea Bay (2025)*. Achieving this requires a strengthened operating model, clearer accountability, and consistent improvement across all levels. The Organised for Success programme is central to ensuring our structures, systems, and culture support effective delivery.

This Plan is shaped by three organisational priorities for 2026/27:

- **Safe and Effective Care** – improving timely access and reducing avoidable delays.
- **Financial Sustainability** – living within our means through strengthened financial discipline and improved productivity.
- **Transforming for the Future** – developing our Clinical Services Strategic Plan, embedding a positive culture, and progressing Organised for Success.

We have already taken steps to improve the rigour and pace of our work, including detailed analysis of our financial position and action on the structural and operational challenges driving current pressures. The Plan consolidates this work and defines a clear trajectory for the year ahead.

We remain transparent about our financial outlook for 2026–2029. While we cannot submit a balanced Integrated Medium-Term Plan, we are progressing a structured, evidence-based approach to identify opportunities for cost reduction, service redesign, and more efficient workforce deployment.

Above all, we remain focused on improving services in the areas that matter most to patients, staff, and communities, including urgent and emergency care, cancer, maternity and neonatal services, planned care, and mental health. This Plan balances immediate pressures with the longer-term need to create a clinically robust, financially sustainable health system.

I am grateful to colleagues across Swansea Bay for their professionalism and commitment during an exceptionally challenging period. Together, we will continue to strengthen service quality, support our workforce, and progress towards a sustainable future for our communities.

Abi Harris

Chief Executive Officer

Swansea Bay University Health Board

ACHIEVEMENTS 2025/26

Over the last 12 months our staff have consistently strived to improve services and deliver the best quality care to every patient. They have had many successes locally, regionally and nationally:

People of Swansea Bay live healthier, equitable and more equal and prosperous lives

- ✓ Our prehabilitation services helped hundreds of patients improve their health while waiting, leading to better surgical outcomes and faster recovery.
- ✓ Our Waiting Well Single Point of Contact team became operational, engaging with outpatients via phone or through digital health assessments.
- ✓ We implemented a multi-faceted vaccination strategy to maximise uptake across staff, eligible cohorts, and vulnerable populations.
- ✓ The All-Wales Diabetes Prevention Programme is active in all Clusters providing support to people with an increased risk of type 2 diabetes.
- ✓ In Spring 2025, we established the Community by Design Programme Board to systematically identify services that can be delivered closer to home.
- ✓ Integrated 'Help Me Quit' (HMQ) smoking cessation services continue to support people in the community through face-to-face, online, and telephone options.
- ✓ We are working with Hywel Dda to deliver a collaborative population health approach that scales proven practices and drives sustainable change to improve health equity across the region.

Care is high quality, safe, efficient and delivers the best possible outcomes for people

- ✓ We've delivered one of the most significant accelerations in planned care, with waiting lists falling sharply across multiple specialties
- ✓ By March 2026, we will have delivered 25,000 extra outpatient appointments, a huge achievement by our clinical teams.
- ✓ We've reduced unnecessary appointments and given patients more control by expanding Patient Initiated Follow Up.
- ✓ Demand on Unscheduled Care remains high and our teams are working under intense pressure, but we're now delivering a better service even on our busiest days than we did before last summer's changes.
- ✓ Therapies continue to perform strongly, consistently meeting national targets
- ✓ We launched a Mental Health Transformation Programme to deliver rapid improvements in quality and safety and drive short- to medium-term enhancements across services.
- ✓ We are addressing national and local concerns on maternity and neonatal care following the Independent Review (July 2025); we have set-up our Perinatal Improvement Board and approved our Perinatal Improvement Plan which reflects key recommendations.
- ✓ We reopened Neath Port Talbot Birth Unit and home birth services, improving staffing, training, safety monitoring, and bereavement support.

The Health Board is a resilient, financially sustainable and responsible organisation

- ✓ We have strengthened governance and accountability from Board to frontline services; including our organisational strategy refresh, a comprehensive review of Board and committee governance, development of our performance and accountability framework, and enhanced financial governance and planning.
- ✓ We have implemented strong vacancy control measures and improved levels of variable pay and reduced use of agency.

Care is delivered in safe and appropriate settings supported by innovative digital solutions

- ✓ We're proud to be the only health board in Wales with Patient Portal integration through the NHS Wales app:
 - 71,000 residents registered on NHS Wales App
 - 32,000 patients actively using SBPP for blood results, clinic letters, discharge summaries, and messaging
 - 23,500 repeat prescriptions ordered monthly via the app
- ✓ We implemented the Rio Digital System Mental Health, with full electronic patient record integration with local authorities targeted by September 2026, making this the first such integration in Wales.
- ✓ Women can now access maternity records digitally, enabling self-referral, online booking, appointment viewing, personalised care plans, and remote monitoring.
- ✓ Electronic Prescribing (EPMA) has saved 5,600 hours of prescriber time annually; reduced drug rounds by 10 minutes per nurse per shift.
- ✓ Nearly 90% of pathology requests are now electronic.
- ✓ We launched our brand new Women's Health Hub which is an accessible, virtual networked sustainable model of care shaped by women's needs and experiences, giving them greater control over their health. Rather than a single building, the Hub links existing women's health services, making care easier to access and closer to home.

The Health Board is a great place to work where staff feel valued and work together towards a common goal






- ✓ We established Speaking Up Safely Working group, including Trade Union representation to support collective delivery of actions .
- ✓ We launched LEAD behaviour-based multi-disciplinary leadership development programme in September 2025 with foundations of Quality Improvement built in. Within a month of launching 124 applications had been received and the Learning Lab was launched to support all leaders access resources and learning they need digitally in real-time, complimenting the existing Brilliant Basics platform.
- ✓ Our occupational health and wellbeing service offers a broad range of early intervention/prevention support for both mental and physical health.

CHALLENGES INTO 2026/27

We enter 2026/27 facing significant pressures across finance, performance, workforce and system flow. We must address a substantial underlying financial deficit and productivity variation. We will also continue to face on-going urgent and emergency care pressures such as high levels of clinically optimised patients, increasing Continuing Health Care / Complex Care demand, and continuing challenges in cancer, diagnostics and elective recovery . Workforce shortages, sickness levels and the need for new models of care continue to strain operational resilience. These issues are intensified by persistent health inequalities, growing service demand, and ageing infrastructure. At the heart of meeting these challenges is the need for a fundamental cultural shift towards strengthened accountability, compassion, continuous improvement and genuine co-production with staff, patients and communities .

Despite the scale of these challenges, this Annual Plan sets a clear, disciplined and achievable path forward. It reflects an organisation determined to change, committed to improvement, and ready to take the difficult but necessary steps to build a sustainable, high-quality future for the people of Swansea Bay.

OUR SUMMARY PLAN

Strategic Objective	Long Term Success	By 2028 years	Breakthrough Objective 2026/27
<p>Better Health for all</p> 	<p>People of Swansea Bay live healthier, fairer and more prosperous lives</p>	<ul style="list-style-type: none"> • 90% of children are protected from communicable diseases • 88% of children are protected from non-communicable disease • Fewer adults are smoking: 5% of adult smokers make a quit attempt via smoking cessation services • Fewer deaths from cancer: 65% of eligible adults participate in bowel screening 	<ul style="list-style-type: none"> • Flu vaccine uptake improved in most deprived areas by 10% • Bowel screening rates up 10%
<p>Improved patient safety</p> 	<p>Care is high quality, safe, efficient and delivers the best possible outcomes for people in partnerships</p>	<ul style="list-style-type: none"> • Avoidable Mortality: Best in Wales European Age-standardised rate (EASR) per 100,000 • Achievement of 6/9 access targets for both Emergency and Planned Care • Year on year reduction in concerns 	<ul style="list-style-type: none"> • No more than 2000 patients waiting more than 104 weeks for referral to treatment. • Reduce the number of adults placed out of area for mental health inpatient treatment by 50% • 30% reduction in avoidable pressure ulcers • Reduce the number of patients waiting 12 hours or more in ED by 10%
<p>Care is delivered in partnership</p> 	<p>Care is delivered in partnership with our communities in safe and appropriate settings, supported by innovation</p>	<ul style="list-style-type: none"> • Year on Year reduction of backlog maintenance relative to Estates risk register and strategic priority • HIMSS Digital maturity assessment outcome score 3 • Time to Open Studies - 75% set up within 90 days 	<ul style="list-style-type: none"> • Clinically Optimised patients reduced to <100 at any one time • Increase in the take up of the NHS App by 25% (from a March 2026 baseline)
<p>A great place to work</p> 	<p>The health board is a great place to work where all staff feel valued and work together towards a common goal</p>	<ul style="list-style-type: none"> • >75 % Engagement score, reported via the NHS Wales Staff Survey • >70% NHS Staff Survey respondents that feel their line manager takes effective action to help them with any problems they face • >68% NHS Staff Survey respondents agreeing that the organisation respects individual differences 	<ul style="list-style-type: none"> • Improvement in staff engagement score by 5% • Improvement in staff health & wellbeing by 1%
<p>Use every NHS £ wisely</p> 	<p>The health board is a resilient, sustainable and responsible organisation</p>	<ul style="list-style-type: none"> • Financial position against allocation • Delivery of financial savings • Reduction in Annual emissions carbon footprint 	<ul style="list-style-type: none"> • Deliver savings plan of £65m of which £50m is recurrent

OUR POPULATION- KEY FACTS

In Swansea Bay, we serve some of the most deprived communities in Wales. We understand that deprivation increases the costs of care due to higher emergency demand and longer lengths of stay and more complex, resource-intensive interventions. We also know that health inequalities are widening, with earlier onset and greater complexity of illness and we have an ageing population with increasing multimorbidity and long-term conditions. Our plan recognises this context and demonstrates our steps to address these factors:

395,000

Approx. population



23%

of Children in Swansea Bay are living in poverty



1 in 6

children aged 4 years old in Swansea Bay are not fully up to date with their vaccinations.



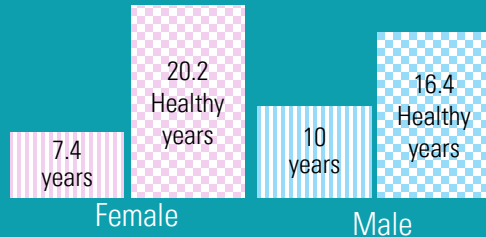
Life Expectancy

Female **81.6 years**

Male **77 Years**

Gap in Life Expectancy

Most deprived vs least deprived



Healthy Behaviours



14% Adults currently smoke



16% Adults drink above guidelines



64% Working age adults not a healthy weight

6.4% of people in Swansea, and 4.3% of those in NPT, are unemployed



9% of the population in Swansea and 4% of the population in NPT were born outside the UK. 5% and 1% of our population's main language is not English.

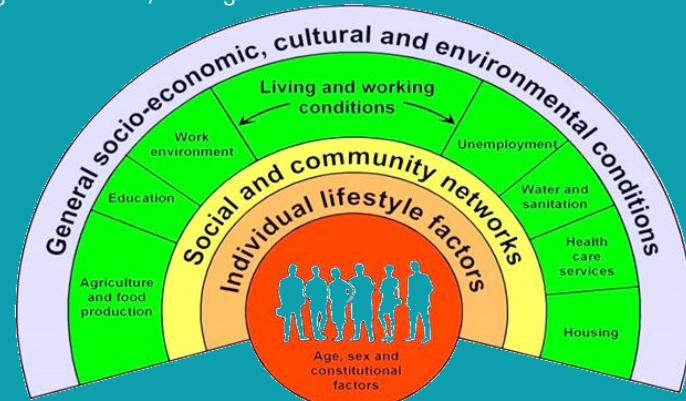
Health inequalities

There are persistent inequalities in Swansea Bay, linked to differing experiences of the wider determinants of health (such as education, housing and income) throughout life.

9% of the population in Swansea and 3% of the population in NPT are from a non-white ethnic group.

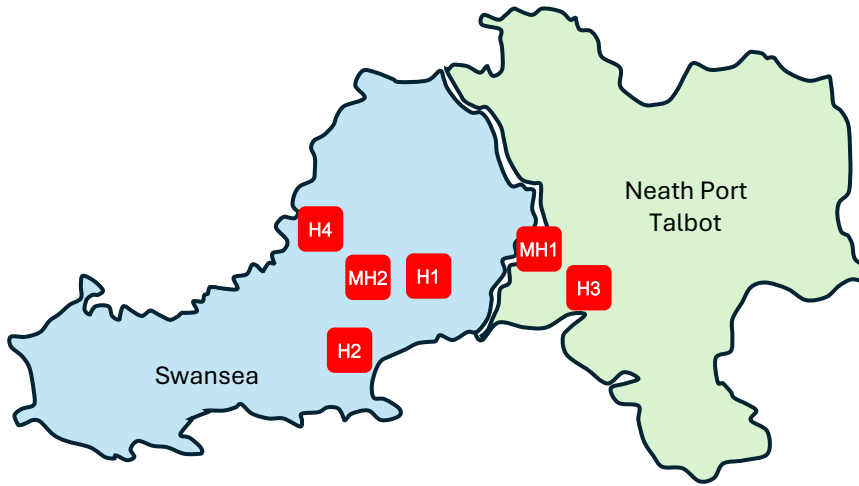


Over the last 20 years the proportion of the SBUHB population aged 65+ has increased from 18% to 21%, while the proportion of the population that is traditionally working age (aged 16-64) has decreased from 64% to 62%.



Source: Dahlgren and Whitehead, 1991

OUR SERVICES- KEY FACTS



- H1** Morriston Hospital
- H2** Singleton Hospital
- H3** Neath Port Talbot Hospital
- H4** Gorseinon Hospital
- MH1** Tonna (Mental health)
- MH2** Cefn Coed (Mental Health)

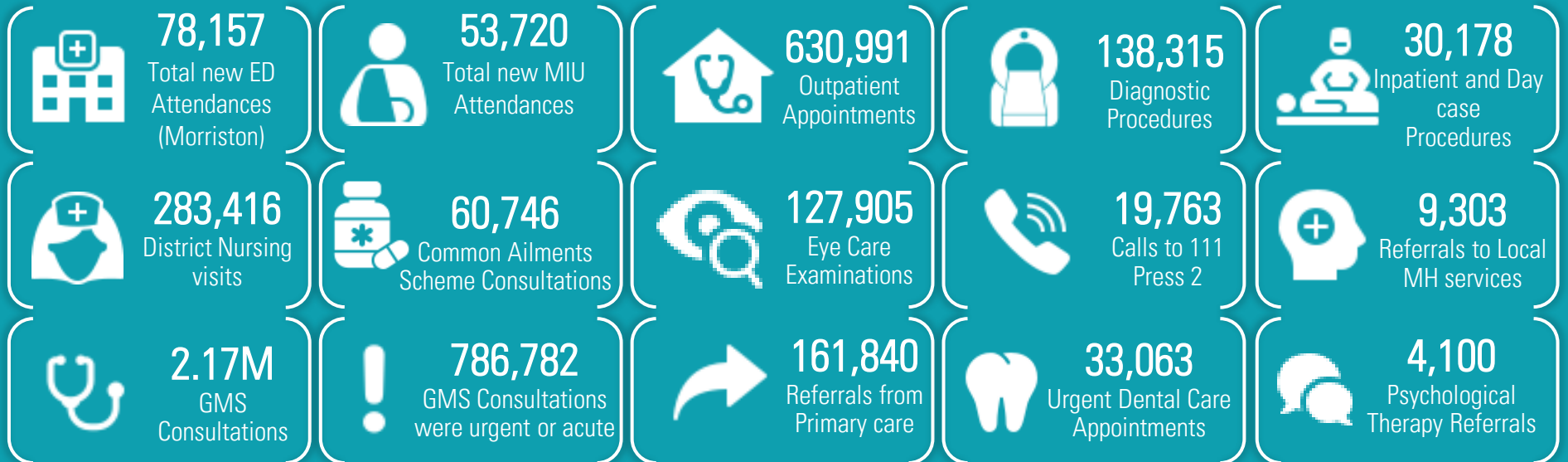
We also have:

- 44 GP practices
- 91 Community Pharmacies
- 58 Dental Practices
- 32 Optometry practices

And we provide care out of other Health Board estates.

In addition to serving our Swansea Bay population we also provide a range of specialist and tertiary services for a much larger population across South Wales, and in the case of burns and plastics services we provide service to South Wales and South-West England. We also host the Major Trauma and Spinal Networks on behalf of the South Wales Health Boards and the Emergency Medical Retrieval Service (EMRTS) on behalf of all health boards. Our joint work with Hywel Dda, formalised in our joint committee, now provides us with the opportunity to plan and deliver services together for a total population of nearly 1m people

In a single year across the Health Board there are:



STRATEGIC OVERVIEW

Our Organisational Strategy for 'a Healthier Swansea Bay' was refreshed in September 2025. It describes our commitment to building a healthier future for everyone in our communities, a future where people live well and age well, supported by high-quality care that is compassionate, equitable, and delivered close to home.

Our vision is clear: a healthier Swansea Bay where individuals enjoy longer, happier, and more independent lives, with access to the care they need when they need it most.

This vision guides every decision we make and every service we design. But achieving it requires a system that prioritises prevention, early intervention and a deep understanding of the social, economic, and environmental factors that shape health. Our mission, Better Health, Better Care, Better Lives reflects this approach. We are committed not only to treating illness, but to support wellbeing throughout peoples' lives. By working with our communities and partners, we seek to tackle health inequalities, empower people to make informed choices, and foster environments where everyone can thrive physically, mentally, and socially. This is why we have been clear about the need to maximise the four different ways we make a difference: not only as providers of care but also as a major employer, a key economic player, and a collaborative partner within the wider system.

Our Mission:

Better Health, Better Care, Better Lives

Better Health means focusing on prevention, education, and early intervention. We will work alongside our partners and communities to tackle the root causes of poor health supporting people to make informed choices, promoting mental wellbeing, and reducing health inequalities.

Better Care means putting people at the heart of everything we do. We aim to deliver safe, timely, and personalised care that reflects what matters most to each individual, designing services with patients, using feedback, lived experience and co-production at every stage. Whether at home, in the community, or in hospital, we strive to ensure every patient experience is grounded in dignity, respect, and excellence.

Better Lives reflects our wider commitment to supporting wellbeing beyond healthcare. By collaborating with social care, education, housing, and voluntary sectors, we aim to create the conditions where people can thrive physically, mentally, and socially.

STRATEGIC OBJECTIVES

Our Strategy is crystallised through five Strategic Objectives. We have aligned our delivery to these objectives including alignment to the Board Assurance Framework, Strategic Risk Register and Executive Directors' objectives and portfolios.

1. People of Swansea Bay live healthier, fairer and more prosperous lives



2. Care is high quality, safe, efficient and delivers the best possible outcomes for people in partnerships



3. Care is delivered in partnership with our communities in safe and appropriate setting, supported by innovation



4. The health board is a great place to work where staff feel valued and work together towards a common goal



5. The health board is a resilient, sustainable and responsible organisation



Delivering our Vision and mission requires us to work and live our values:

- **Caring for each other**, where kindness and dignity shape every interaction.
- **Working together**, where openness, respect, and partnership guide how we engage with patients, families, staff, and communities; and
- **Always improving**, where safety, professionalism, and learning drive us to be the best we can be.

Four ways we make a difference

We recognise that our Health Board's influence goes well beyond the walls of our hospitals. Achieving our strategic objectives and delivering our vision and mission relies on us embracing and maximising the four ways we make a difference:

As a healthcare provider, we directly influence health outcomes by delivering safe, effective, and compassionate care.

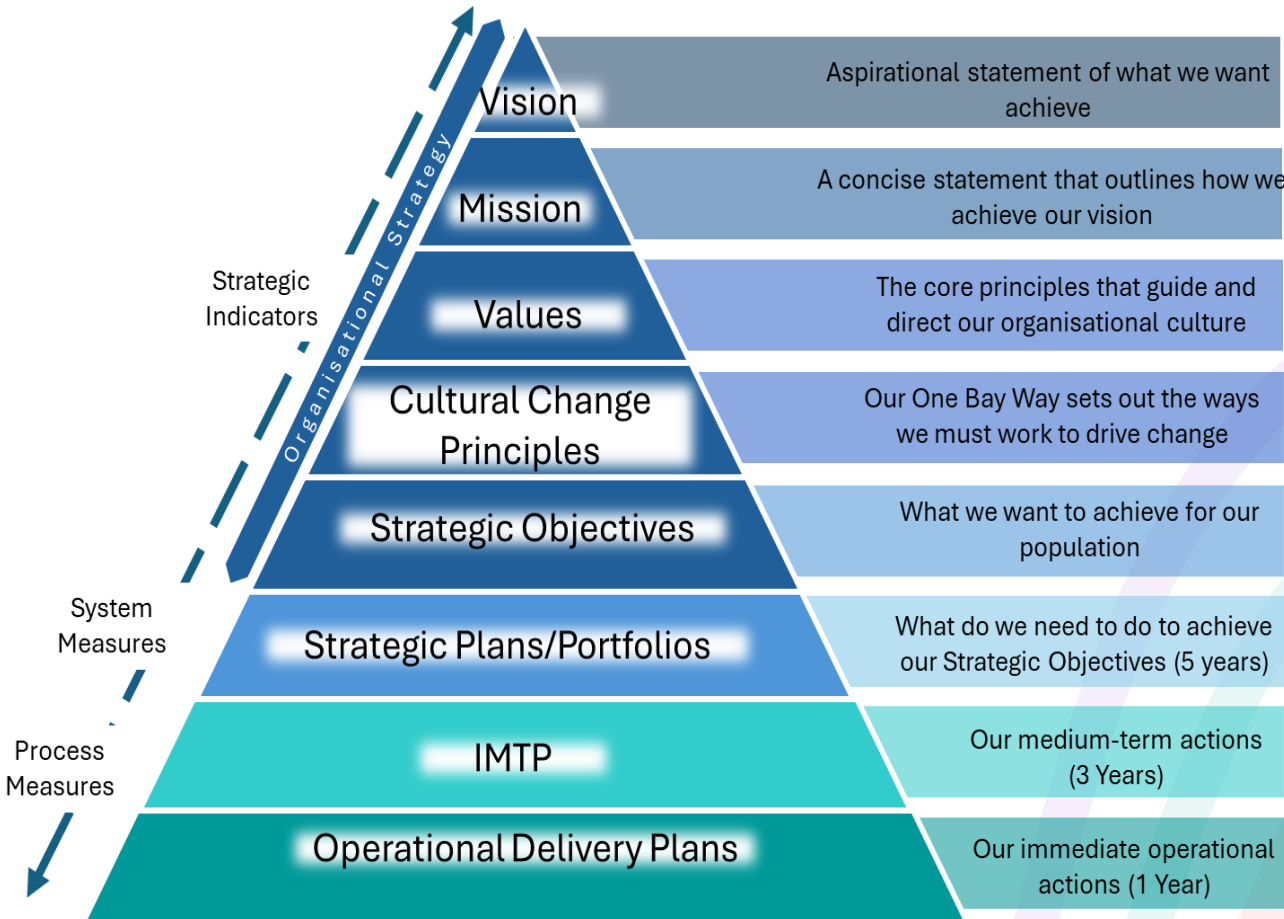
As an employer, we play a critical role in the local economy, employing over 12,500 people.

As a major local organisation (anchor Institution), we impact economic stability, community wellbeing, and social progress through responsible stewardship of resources and active engagement in local development.

Finally, **as a productive partner**, we collaborate closely with a wide range of organisations, public bodies, and communities to deliver integrated, person-centred solutions.

STRATEGIC FRAMEWORK – HOW IT ALL FITS TOGETHER

In 2025/26, we have worked to put in place the right foundations that will support effective delivery and transformation. Our organisational strategic framework sets out all our plans fit together from our vision right through to our operational delivery plans. Executive portfolios, our risk management approach, the Board Assurance Framework and our Integrated performance report are all aligned to this strategic framework in order that our efforts are concentrated in the same direction with the same purpose.



Strategic Plans

Our strategic Plans set out how, across all aspects of the organisation we will take forward the organisational strategy and how we will measure success

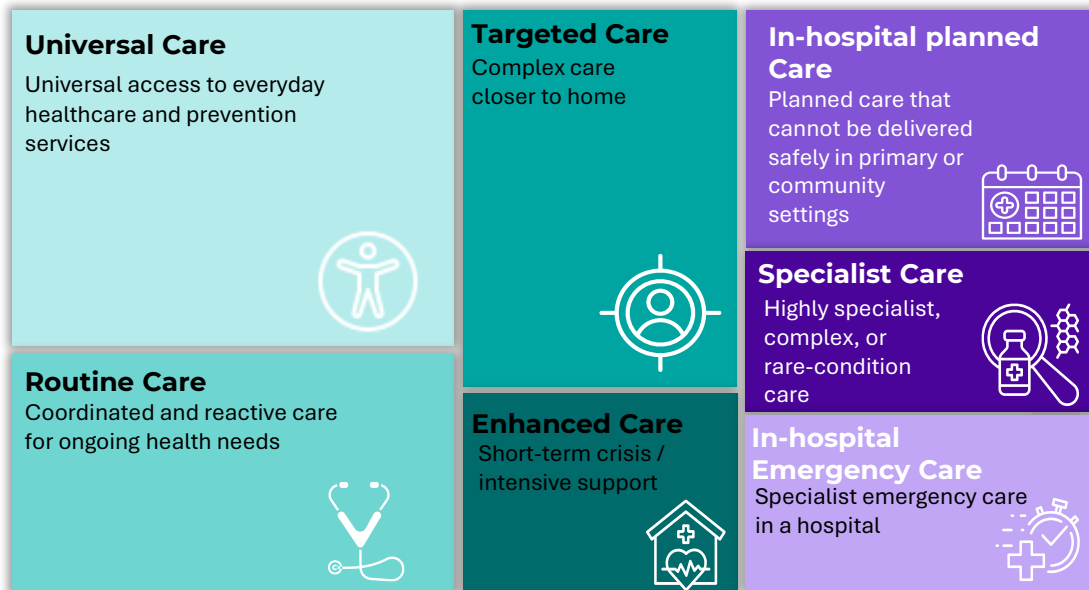


TRANSFORMING FOR THE FUTURE:

Our 10 Year Clinical Plan

The refreshed Clinical Services Strategic Plan (CSSP) ‘**Transforming for the Future**’ will be developed through a whole-system, evidence-based approach that is grounded in meaningful collaboration with the people we serve. Central to this is the creation of a public charter, shaped through engagement across the Seven Areas of Care, which will clearly outline what our communities can expect from their health service and what the health service needs from them to deliver sustainable, high-quality care. This charter, alongside our established design principles (which will be revisited and tested through this work), will guide the development of future service models. As those models are shaped, all major pathway redesign will be co-produced with our communities, Llais, carers, and third-sector partners, ensuring that our future clinical system reflects lived experience, local need, and the values of those who depend on it.

Seven Areas of Care

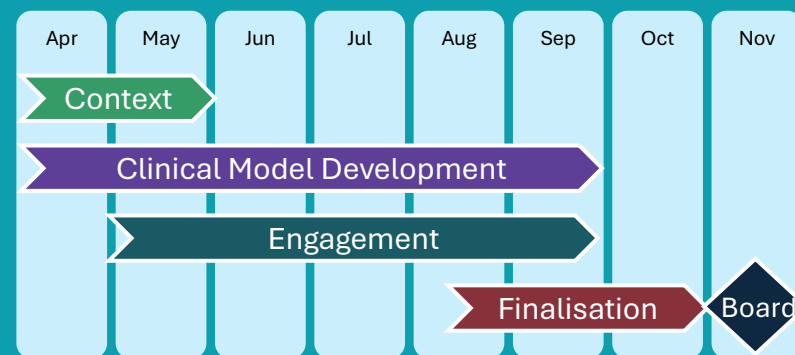


Our Approach

The development of the CSSP is being taken forward through a structured and iterative process that:

- Builds on the extensive analysis already completed (State of the Population, demand & capacity, horizon scanning, infrastructure review).
- Uses co-design with clinicians through a series of workshops, clinically led design sessions and cross-system engagement.
- Involves broad and meaningful engagement with staff, partners, Llais, carers, and third-sector organisations.
- Integrates evidence, service pressures and population needs to develop realistic, sustainable models of care.
- Revisits and tests the previously co-developed principles to ensure they remain valid foundations for future design.

Timeline



TRANSFORMING FOR THE FUTURE: OUR 10 YEAR CLINICAL PLAN

A key component of the Transforming for the Future is the work to understand the context and challenges we face now and are likely to face in the coming years so that we can plan and develop sustainable services fit for the future. The CSSP is therefore informed by the findings from these key pieces of work undertaken in 2025/26:

State of the Population	Horizon Scanning	Demand and Capacity	Infrastructure
<ul style="list-style-type: none"> Greater emphasis will be required on upstream interventions and community-based models to tackle the increasing chronic disease burden An aging population and rising multimorbidity will significantly increase service complexity. There will be increased demand for diagnostics, treatment facilities, with pressures on workforce capacity for cancer, CVD, and dementia. A shrinking working-age population and skills gaps will require proactive workforce planning. Persistent health inequalities will require proportionate universalism in service design. Data-driven planning is essential for adapting to emerging needs and preparing for new interventions and their impact on service capacity. 	<ul style="list-style-type: none"> Financial sustainability and policy agility are critical to maintain service resilience. Deepening health gaps require targeted, equity-focused service redesign. Workforce resilience and digital skills are essential for future-proof care and expand tech enabled care. Digital equity and interoperability must underpin technology adoption. AI readiness—data quality, ethics, and workforce training must start now. Compassionate leadership and flexible working are key to retention and quality. Climate resilience and sustainability must be embedded in all planning. Agility and research integration will define future competitiveness and outcomes. 	<ul style="list-style-type: none"> We will need to prioritise bed base resilience, sustainable elective capacity, and improved theatre and diagnostics throughput Urgent and emergency care must shift to a 7-day flow model with strengthened intermediate care, virtual wards, and MDT discharge processes. Future services will need a workforce model that enables sustained capacity rather than surge-funded short-term activity Diagnostics expansion, triage, and throughput improvement are essential to avoid diagnostic bottlenecks driving systemic delays. Standardising pathways will be key to restoring flow and predictable capacity. 	<ul style="list-style-type: none"> Maintaining Capacity and Service Delivery will require high-risk to be prioritised to protect theatre/ward throughput and urgent/emergency capacity. Sequencing capital plans will be vital in to unlocking pathway redesign benefits. There are opportunities in regional programmes to consolidate specialist services and scarce skills. It is vital to shift from reactive to lifecycle management to optimise compliance. We will need to explore mixed funding opportunities to bridge the capital gap and accelerate highest-value schemes.

STRATEGIC RISKS ALIGNED TO THE STRATEGIC OBJECTIVES

A reset of our risk management approach was undertaken in 2024/5. This led to the creation of a strategic risk register informed by pre-existing board risks, operational service risks, and fresh top-down review against SBU objectives by Board Directors. A consolidated strategic risk register was adopted by the Board identifying the principal risks to the strategic objectives. It is supported by a refreshed corporate risk register of significant operational risks – itself informed by operational service risk registers and ongoing bi-monthly reviews of register by Executives and Board, supplemented by detailed scrutiny of Board Committees.

The below table sets out our key Strategic Risks, Corporate Risks and Operational risks aligned to our strategic objectives. Which Board Committee has oversight of the risks is also noted:

- PHC: Population Health Committee
- PFC: Performance and Finance Committee
- QSC: Quality & Safety Committee
- DDRI: Digital Data Research a& Innovation Committee
- WOD: Workforce and Organisational Development Committee
- IC: In-Committee

Strategic Risk Register (n=17) (Ref, Risk Title, Over-seeing Committee)		Principle risks to the health board (at the strategic level) that could impact successful delivery of one of the organisation's five strategic objectives			Horizon 2 – 3
Better Health for all	Improved patient safety	Care is delivered in partnership	A great place to work	Use every NHS £ wisely	
Level 20 1.1 Population Health Approaches to Address Health Inequity, PHC	Level 20 2.3 Cancer Care, PFC Level 16 2.1 USC Access, PFC 2.4 Quality, Safety & Patient Outcomes, QSC 2.5 Listening to People, QSC 2.6 Maternity & Neonatal Service Transformation, QSC 2.7 Mental Health Transformation, QSC Level 12 2.2 Planned Care Access, PFC	Level 20 3.3 Sustainability of Digital Services DDRI 3.4 Digital Transformation Programme DDRI 3.2 Estates PFC Level 12 3.1 Partnerships and Collaboration, QSC 3.5 Research, Development & Innovation, DDRI	Level 16 4.1 Staff Health & Wellbeing and Organisational Performance, WOD Level 12 4.2 Leadership and Management, WOD 4.3 Culture, Values & Behaviours, WOD	Level 25 5.1 Recovery & Sustainability Programme, PFC	

Corporate Risk Register (n=24) (Ref, Risk Title, Overseeing Committee)	<ul style="list-style-type: none"> • A level below the Strategic Risk Register. • Significant Corporate or Operational risks escalated and accepted by an Executive or Corporate Director to go on the CRR because: 		System wide Horizon 1 – 2
	<ul style="list-style-type: none"> • The risk rating is high and the Corporate Director feels it is outside of their control • The risk cannot be tolerated 	<ul style="list-style-type: none"> • All action has been taken to mitigate the risk • The risk remains at a level above the risk tolerance level. 	

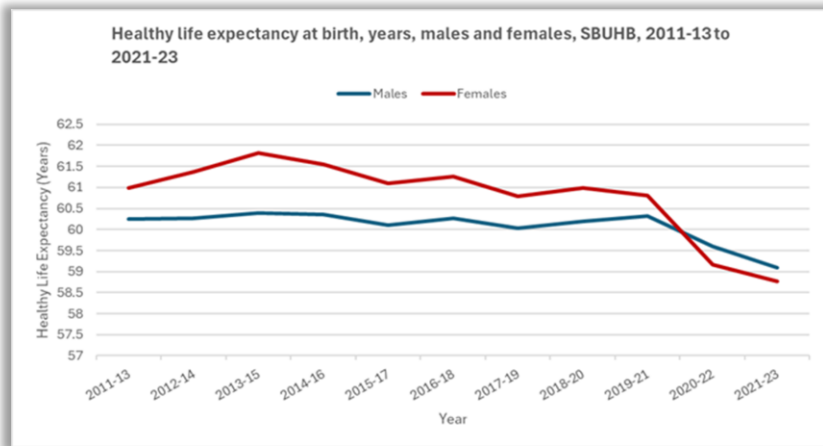
Better Health for all	Improved patient safety	Care is delivered in partnership	A great place to work	Use every NHS £ wisely
Level 12 52 Statutory Compliance: Engagement & Impact Assessment, PFC 100 A lack of a robust approach to partnerships & collaboration, PHC	Level 20 4 Healthcare Acquired Infection, QSC 66 Access to Cancer services, QSC 69 Adolescents admitted to adult MHW, QSC 80 Clinically Optimised Patients QSC Level 16 61 Paediatric GA, QSC Level 12 94 CAMHS, PFC	Level 20 60 Cyber Security and Resilience, DDRI IC 64 H&S Infrastructure, QSC 104 Clinical Coding Completeness, DDRI Level 16 36 Paper Record Storage, DDRI 105 LIMS, DDRI 108 WCCIS/Connecting Care, DDRI	Level 20 89 Healthcare Nursing Staff Levels (HMPS), QSC Level 16 3 Recruitment of Consultant Medical and Dental Staff, WOD	Level 25 92 Finance forecast deficit risk, PFC Level 20 85 Non-Compliance with ALN Act, QSC 90 Subject Access Request, DDRI 96 Failure to Develop an Approvable IMTP, PFC 106 Emissions Reduction, PFC 107 Emergency Preparedness, PFC Level 15 53 Welsh Language Standards, QSC Level 12 93 Finance Capital Funds, PFC

Operational Risks Current Risk Score 20+ (n=83) (Risk Type, No.)	<ul style="list-style-type: none"> • A level below the Corporate Risk Register. • All service group risks rated 20+ which are not on the Corporate Risk Register or the Strategic Risk Register 	Horizon 1 – ‘Here and now’
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Better Health for all	Improved patient safety	Care is delivered in partnership	A great place to work	Use every NHS £ wisely
	Patient Safety (2) Medical Devices & Equipment (11)	Environment, Estates & Infrastructure (11) Information Governance (1)	Workforce & OD (14) Sustainable Services (32)	Compliance & Legislation (5) Financial Management (1) Governance & Assurance (4) Health & Safety (2)

A POPULATION HEALTH FOCUSED ORGANISATION

The Swansea Bay Population Health Strategic Plan (2023) – A Better Future for All – sets out how we and our partners will improve health and wellbeing while reducing inequalities. Our focus is on prevention and tackling the ‘causes of the causes’ of ill-health through whole-system, multi-sector action. Grounded in the Marmot principles and the five World Health Organisation policy areas, the strategic plan aligns with our A Healthier Swansea Bay: Swansea Bay UHB Organisational Strategy, mapping directly to Strategic Objective 1: People of Swansea Bay live healthier, fairer and more prosperous lives and the four pillars are embedded throughout the whole Strategy.



This strategic focus is critical given the stark health inequalities in Swansea Bay; women in the most deprived areas live nearly 20 fewer healthy years than those in the least deprived and in men this difference is nearly 15 years. Neath Port Talbot and Swansea also have among the highest rates of premature cardiovascular deaths in Wales and the UK.

The Health Board aims to add years to life, and healthy life to those years for all. We tackle our health inequities by guiding partnership whole system working on prevention and mitigation and in the health and care system through the Core20PLUS5 approach. The most deprived 20% of the population (CORE 20) as well as Priority population groups with greater health needs (PLUS) are targeted on the top five preventable health conditions affecting the population. For adults, the five (5) conditions include cardiovascular and, respiratory disease, maternity services, mental illness and cancers, and for children includes asthma, diabetes, epilepsy. mental and oral health. Smoking cessation is a priority for all the adult areas as it is a risk factor in all categories.

The Population Health Committee has focused on ensuring the Strategy is implemented through priority areas by measurable actions and collaboration with directorates to embed it as a priority.



POPULATION HEALTH PRIORITY AREAS FOR 2026/27

Alongside delivery against our ambitions outlined in the Population Health Strategic Plan, the 2026/27 NHS planning guidance also draws attention to specific priority areas which include:

Increase uptake and decrease inequity in Vaccinations and Screening



- Continue to improve vaccine accessibility through community-based vaccination venues in lower-uptake areas, particularly during winter, alongside home immunisations. We will work with Primary care and Public Health Wales on low uptake areas for both Cancer Screening and Vaccination, targeting those at highest risk.
- Investigate and target actions to understand and address non-attendance for vaccination across the life course.

Healthy weight and obesity



- Develop structures, goals and actions to progress the collaborative approach across Neath Port Talbot and Swansea Public Service Boards (PSBs) on public food procurement to support food system improvements and healthier settings/ communities.
- Strengthen collaboration with partners to support early years interventions that promote healthy weight, including breastfeeding, physical activity and activity through play.
- Further develop delivery of Healthy Schools programmes to embed and sustain healthy behaviours in education settings.

Prevention



- Strengthen activity in primary and secondary prevention and health improvement. Through ensuring evidence-based prevention actions in Primary care (e.g. on hypertension) we aim to achieve improved population health outcomes.
- Building sustainable tobacco control and weight management services to meet present and future need.
- Work with schools and other partners in educational settings through a whole school approaches.

Population Health Surveillance and Management



- Local intelligence captured through the State of the Population report will be used to inform the development of individual Clinical Service Plans
- Continue to advocate for a data driven approach to population health improvement tracking through the All-Wales Population Health Management guidance, whilst awaiting a national solution to access integrated patient-level datasets, on which to run tools such as segmentation and risk stratification and identify population groups for targeted, preventative intervention.

Tackling health inequalities



- Delivery of a population health focused tool to support Clinical Services Planning in addressing future need, including prevention and early intervention.
- Community by design will shift services closer to the patient.
- Working in partnership, strengthen our understanding of the health needs of inclusion health groups, map current services and set actions to enhance how services meet the needs of seldom heard/marginalised groups.
- Advocate and embed population health approaches by working with PSBs, local authorities, schools, communities and other partners, to include engaging with emerging Marmot Nation, Tata Steel, and 'Clear Hold Build' place initiatives.

Action across the life course



- Strengthen universal pre-natal and perinatal prevention and ensure coordinated early years support across maternity, health visiting and wider partners by using data to support and prioritise evidence-based actions.

QUALITY AND SAFETY

Improving the quality and safety of our care remains an organisational priority as we continue delivering on our Duty of Quality and Candour. Through engagement with our communities and stakeholders, we have revised our Annual Quality report to better meet their needs.

Quality Governance & Assurance



Over the coming year, we will build on our work with the national Safe Care Partnership to develop our Quality Management System, including learning from Perinatal Services via the Wales-wide QMS prototype.

Patient Experience Requirements



The national Patient Experience Survey is used across services, with real-time data driving daily action on negative feedback. Over the past year, Welsh-medium feedback systems have been strengthened, with further improvements planned for 2026. Annual self-assessment against the People's Experience Framework is underway, supported by an improvement plan.

We prioritise Welsh-language care and plan to expand Welsh-medium clinical consultations in the More Than Just Words priority areas.

Concerns, Complaints & Redress – “Listening to People” (from April 2026)



Concerns handling and learning will feature in the 25/26 Annual Quality Report. Compliance with the 30-day closure target has fallen to 54% as of 11.2.26. We are addressing overdue concerns, promoting early resolution, and centring the person through listening.

Looking forward, we will implement the new Listening to People framework from April 2026, focussing on early resolution and trauma informed responses.

Safety Systems & Incident Learning



Nationally reported incidents are submitted to NHS Performance and Improvement per guidance, with learning shared via quarterly Patient Safety Congress events. Over the next year, we will revise our processes to enhance learning at service and organisational levels. Safety alerts are managed through the Once for Wales DATIX system, and we will work with the Welsh Risk Pool to strengthen the national system.

We continue to prevent deconditioning and have reduced inpatient falls to 3.7 per 100 bed days, well below the national average.

Workforce, Safety & Culture



We will continue to develop Quality Improvement skills across our teams so that we can make positive changes to our care at every level

Year-1 Delivery Expectations (2026/27) :

From April 2026, we will implement revised concerns processes by building staff awareness and skills, reducing overdue concerns, and promoting early resolution.

COMMUNITY BY DESIGN

Community by Design (CbD) is now a core national priority for 2026–29, signalling a shift away from a hospital-by-default model toward integrated, community-centred care. Rooted in *A Healthier Wales*, the approach strengthens prevention, supports population health management and ensures more care is delivered closer to home. A new national Transformation Programme Board, chaired by the Chief Medical Officer, is driving this work across three pillars:

Chronic Conditions



Supporting people with chronic conditions and risk factors to remain well in the community through the delivery of integrated services with prevention at their core

Urgent and Same Day Care



Improve access and availability of services in the community in a way that people and staff can navigate care pathways easily and appointments are timely and appropriate to need in the right setting.

Prevention and Population Health



Prevention and population management are business as usual, systematically embedded into every contact to secure better health outcomes and reduce inequalities.

Health boards are expected to increase both activity and investment in primary and community services and consistently apply CbD principles across all pathways.

Our Position

Swansea Bay already has a strong foundation for this shift, with many services such as oral surgery, audiology, ophthalmic care and INR monitoring already delivered in community settings. Well established clusters and an active Pan-Cluster Planning Group also provide a mature platform for neighbourhood-level redesign and co-production with partners.

Our Ambition for 2026/27

In 2026/27, we will establish a local CbD programme reporting into the Planned Care & Cancer Board, embedding Community by Design as the default planning principle for future service transformation—community first unless hospital care is clearly required. This will include shifting activity and resources from secondary to primary and community care, supported by national expectations and GMS contract investment. We will work with clusters, primary care contractors, local authorities, social care and third-sector partners to co-design stronger community pathways and expand seven-day services, including community nursing, urgent-care alternatives and enhanced palliative care. Our ambition is to reduce delays and avoidable admissions by improving community management of long-term conditions and urgent care, while ensuring CbD is fully reflected in the refreshed Clinical Services Strategy and aligned across our workforce, digital, estates and financial plans.

QUANTIFYING THE CHALLENGES AND OUR OPPORTUNITIES

In 2025/26, we have gained a stronger understanding of both the challenges and opportunities facing the Health Board. We now have a system-wide, evidence-based assessment of the Health Board's financial challenges, including the drivers of our current deficit and the scale of deliverable opportunities. This is summarised across five domains described on this page. Further work will be undertaken to ensure we fully understand how these opportunities can be realised in realistic timescales.

1. Understanding the Financial Problem – Underlying Deficit (ULD)

We have confirmed the HB's underlying deficit has deteriorated. Key deficit drivers have been quantified and £94.2m–£108.2m of recurrent pressures identified. 78–80% of these drivers are *operational or strategic*, meaning the HB has control to address them:

- UEC workforce, choices and investment
- CHC growth and structural issues
- Acute income vs cost
- Planned care productivity
- Beds/sites and rurality
- Medicines management

2. Urgent & Emergency Care (UEC): Flow, Bed Base and De-escalation

A UEC deep-dive identified quantified opportunities in SDEC, AMU and inpatient flow:

- Redesign Front-door and assessment area –
- Improve discharge profile (board round standardisation, MDT coaching) supporting further bed release
- Review of Investments providing opportunities to stop, repurpose or re-specify spend
- These are foundational to restoring safe flow and reducing dependency on temporary escalation capacity.

3. Planned Care & Productivity

Substantial opportunities have been identified through benchmarking with Model Hospital and Welsh peers. Key quantified opportunities are:

- Embed Outpatient productivity (template standardisation enabling c. 27,000 extra appts)
- Embed Theatres productivity
- Use of Omnicell to reduce waste
- Wider planned care productivity

4. Continuing Healthcare (CHC): Operating Model, Reviews & Market Management

A CHC is the second-largest category of financial risk after UEC. Key quantified opportunities are:

- Market management
- Joint funding reviews
- Rightsizing packages & review backlog
- However, achieving these savings requires fixing structural weaknesses in CHC data, commissioning, governance and multidisciplinary working.

5. Workforce Controls and Efficiency Opportunities

Pay growth and workforce expansion (18% WTE growth since 2019/20) are major contributors to the deficit. Key quantified opportunities are:

- Assert Workforce governance & variable pay controls
- Reduce Sickness absence
- Implement Non-clinical workforce controls
- Right-sizing & spans of control (A&C, CST workforce, support services)
- Implement Nursing controls (Registered + HCSW)
- Implement Medical controls

OUR PATH TO SUSTAINABILITY

2025/2026

Building the basics



2026/2027

Transition year and doing things differently



2027/2028-2029/2030

Delivering transformation

We recognise that there is much to do now and in the immediate future to address the urgent challenges that are hampering the delivery of excellent, timely care for our population. The Board's route to financial sustainability is grounded in making wide-ranging operational, strategic and structural changes.

Transforming for the Future (Our Clinical Services Strategic Plan) is central to this. It provides the clinical blueprint for addressing the long-term challenges by aligning operational efficiencies, strategic redesign and structural change aligned with future population need within a single, coherent framework. It will enable us to standardise pathways, right-size our bed base and theatres, strengthen diagnostics, and ensure that specialist care is concentrated where it can be safely and sustainably delivered.

Alongside this, **Community by Design** (CbD) is essential to shifting activity and investment upstream. Many pressures we face are symptoms of a system weighted too heavily toward acute care. CbD enables more assessment, treatment and support closer to home, reducing avoidable admissions, improving flow and building a resilient system of care.

Together, the CSSP and CbD underpin the pipeline of operational, strategic and structural schemes required for recovery. This includes pathway standardisation, workforce and theatre right-sizing, community-based diagnostics, CHC redesign, and improved site utilisation. Embedding both programmes into our stepped approach ensures that short-term delivery is aligned to long-term transformation. This integration is vital to restoring financial balance, improving quality and safety, and creating a sustainable, resilient health system for Swansea Bay. We will identify and develop future opportunities through managing a pipeline of potential schemes, developing them through from initial concepts to high level plans, implementation plans and delivery. Below are some examples of the future schemes identified in our pipeline.

Operational

Recovery & Sustainability Plan for 26/27

Structural

- SLAs, LTAs, Commissioning and Contracting
- Radiology Service Sustainability (capacity and demand right-sizing)
- Community based activity and diagnostics to reduce acute demand
- Pathology Service Redesign
- South Wales Corridor Strategic alignment in priority services (e.g. Cancer, Cardiothoracic, Fertility, Spinal)

Strategic

- Acute and Community Estate consolidation and restructure to address underutilisation and support new service models
- Maternity services redesign and Optimisation Programme

TRANSITION IN 26/27 AND DOING THINGS DIFFERENTLY

Financial Grip and Control: Delivering efficiency and productivity through Recovery and Sustainability programmes

Finance: Reduce the ULD with transparent run-rate control and strengthened financial governance

Workforce: Single, mandatory workforce control framework with measurable reductions in variable pay and improved utilisation of the substantive workforce

UEC: Phased de-escalation, improved discharge performance, front-door redesign and sustainable flow governance across the UEC system.

Planned Care: Productivity-driven approach, linking workforce modelling, theatre utilisation, outpatient redesign & digital enablers

CHC: Redesign CHC operating model, complete the digital case management solution and implement systematic joint funding and market management approaches.

Procurement & Non-Pay: Strategic procurement programme, contract consolidation and efficiencies

Short-Term Service Change and Safe Services: Addressing particular risks through priority improvement programmes and regional solutions delivering transformation at pace.

Mental Health Improvement programme

Babies, Children, Young People and Women's Improvement programme

Cancer Improvement programme

Community by Design Improvement programme

Long Term Sustainability

Transforming for the Future: Our 10 Year Clinical Strategic Plan

Productive partnership working with communities, patients, clusters, Regional partnership Board, Third Sector, Public Services Board, NHS Partners

Enabling Actions

- Improving Value Optimising Outcomes and Minimising Variation
- Workforce Productivity
 - Operational Productivity and Efficiency – UEC and Planned Care
- Maximising Value

Delivery Expectations

- Timely Access to Care
- Population Health and prevention
- Community by Design
- Mental Health Access
 - Women's Health
 - Quality & Safety

Financial Sustainability

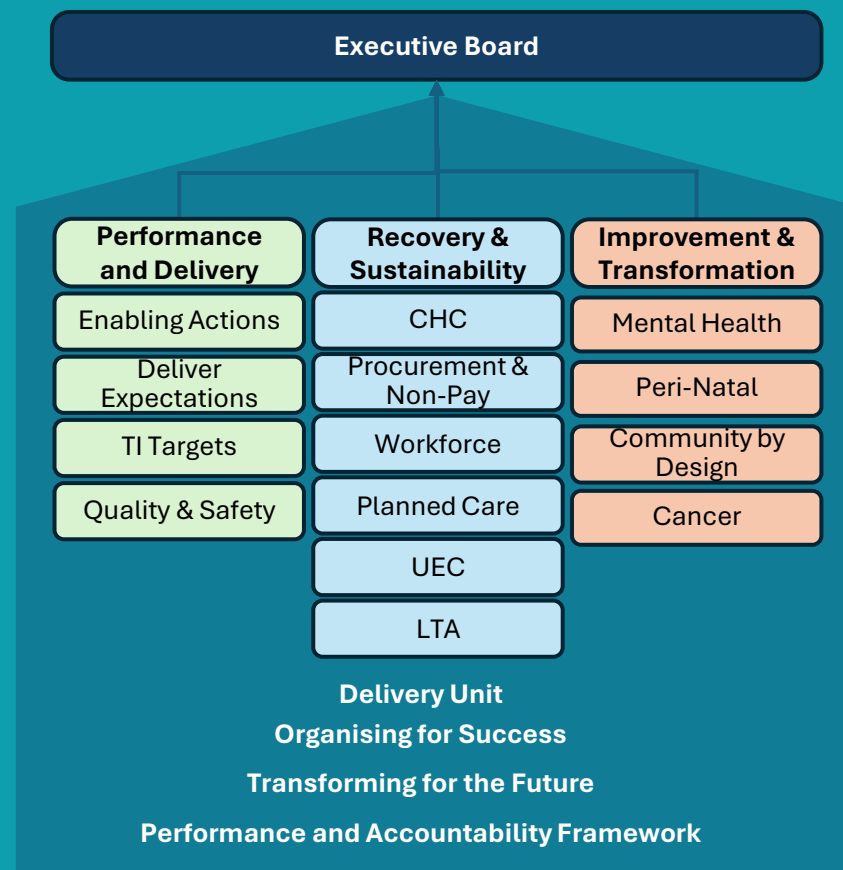
ORGANISING FOR SUCCESS

A clear one-to-three-year flightpath to sustainability requires us organising for success. It includes putting in place the structured support required to plan, deliver and monitor our plans. **The Organised for Success programme** will support us to be organised in the most effective way to deliver in-year and medium-term improvements aligned to the Annual Plan. The programme is a key enabler in the delivery of the savings benefit associated with headcount reduction (as identified by the Recovery and Sustainability Board), which will include a management restructure of our clinical services and corporate functions. It has been designed in the following phased and stage approach, with progress to date is as follows:

- **Phase 1; Stage A: The Executive Team portfolios.** Completed
- **Phase 1; Stage B: Delivery Unit Implementation from April 2026.** The Delivery Unit will provide :
 - **Oversight and Coordination:** To oversee and coordinate the identification, development, and monitoring of savings plans.
 - **Programme Support:** To support the delivery of transformational, operational improvement and productivity programmes.
 - **Benefits Realisation:** To track and evidence the realisation of benefits arising from these programmes.
 - **Unified Framework and Methodology:** To operate within an agreed accountability framework and apply a single, consistent improvement methodology.
 - **New Performance and Accountability Framework**
 - **Performance Management:** To establish and maintain a performance management infrastructure, including KPIs, tracking, reporting and data analysis to support insight driven decision making.
- **Phase 2 Care Group Structure. Implementation from September 2026.** The proposed Care Group Structure was approved by the Board on 29th January 2026. Further consultation and engagement on the structure and content of each Care Group will take part of next phase, i.e., where each service/ speciality will sit and how they will be grouped.

Governance

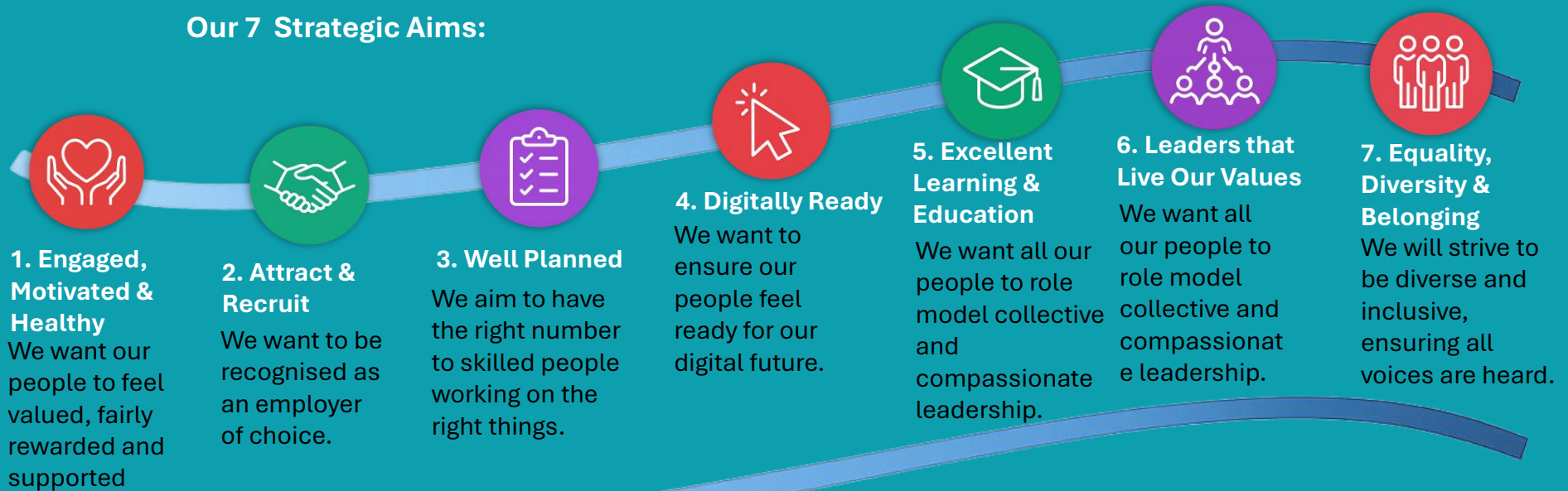
Our plan and our governance reflects the areas against which we need to deliver. Our operational plans set out the actions to achieve performance and delivery requirements, the work to deliver our recovery and sustainability schemes and the priority areas for improvement and transformation.



WORKFORCE

Our workforce will be key in delivering our plans. Our 5-year People Strategy 2024-2029 sets out our Health Board’s long-term ambitions for our workforce. The strategy is aligned to the national “Healthier Wales: Health and Social Care Workforce Strategy” and the Health Board’s 10 year “One Bay Way” vision document. The strategy outlines 7 strategic workforce themes:

Our 7 Strategic Aims:



Approach to Planning the Workforce

In addition to implementing our five-year People Strategy, service areas are encouraged to develop comprehensive workforce plans that define the workforce needed for both current and future service delivery. Over the next three years, this includes exploring workforce redesign and innovative working practices to support the Health Board in achieving its substantial savings targets.

WORKFORCE

The Workforce and OD Directorate has developed multiple programmes to support the Health Board in implementing its People Strategy, as detailed below. The boxes shaded in yellow correspond with the NHS Wales Planning Framework workforce priorities. Programmes highlighted in yellow are high priority programmes of work that will be completed by March 2027.

Strategic theme: **Be a great place to work**

Strategic Enabler: **People Strategy**

Strategic Aims	Engaged, Motivated & Healthy	Attract & Recruit	Well Planned	Digitally Ready	Excellent Learning & Education	Leaders That Live Our Values	Equality, Diversity and Belonging
	<p>We want people to feel valued, fairly rewarded and supported</p>	<p>We want to be recognised as an employer of choice</p>	<p>We will aim to have the right number of skilled people working on the right things</p>	<p>We want to ensure our people feel ready for our digital future</p>	<p>We will support our people to develop the skills and capabilities they need</p>	<p>We want all our people to role model collective and compassionate leadership</p>	<p>We will strive to be diverse and inclusive, ensuring all voices are heard</p>
Programmes of Work	<ul style="list-style-type: none"> • Personal Development Appraisal Review Improvement Plan • Staff Experience Action Plans • Staff Health & Wellbeing/ Sickness Absence Improvement Plan • Staff Recognition Plan • Psychology safe culture/ Freedom to Speak Up Improvement Plan / Behavioural Charter 	<ul style="list-style-type: none"> • Flexible Working Improvement Plan • Proactive Recruitment Plan 	<ul style="list-style-type: none"> • Strategic Workforce Plan • Variable Pay Improvement Plan • Organised for Success • Support local arrangements/ On Call Review • Support Banding Reviews • Support Job Planning Improvement Plan • Support Resident Doctor New Contract 	<ul style="list-style-type: none"> • ESR and E-rostering benefits realisation plans • New ESR 	<ul style="list-style-type: none"> • Education, Learning & Development Plan 	<ul style="list-style-type: none"> • Leadership & Management Development Plan • Proactive Model of OD • Talent Plan 	<ul style="list-style-type: none"> • Equality, Diversity and Belonging Plan

DELIVERING PERFORMANCE

In line with the Ministerial Priorities Delivery Expectations, we have baselines and trajectories for our key services that reflect our resources (workforce, finance and capacity) and ambition to deliver in 2026/27. Detailed Ministerial Templates at **Annexes 3**

Planned Care Delivery:

- We will endeavour to maintain zero 104 week waits for treatment ensuring increased productivity and optimisation in theatres
- We will work towards reducing the number of patients waiting over 8 weeks for a diagnostic endoscopy, and continue to maintain our current position of patients waiting over 8 weeks for all other diagnostics (80% TI target)

Cancer Care Delivery

- We will deliver a 12-month improvement trend in patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), achieving 70% by January 2027 and maintaining this until end of March 2027.
- We will reduce the backlog over 62 days to 100 by end of March 2027.

Unscheduled Care Delivery

- We will maintain the number of ambulance patient handovers >45mins.
- We will maintain numbers of patients waiting in ED >12 hrs
- We will deliver a 12-month reduction trend in the Number of people who are delayed in hospital as measured by the Delayed Pathways of Care Dashboard, reducing this to 100 patients delayed in hospital by March 2027.

Mental Health Delivery

- *Mental Health Specific Quality Indicators to be implemented by end of Q2 and awaiting national guidance on Open Access Model and Physical Health in those with long term MH conditions Monitoring policies*

Population Health and Prevention Delivery

- We will increase uptake in vaccinations (over 65 Flu vaccine) in the most deprived areas.

Quality & Safety Delivery:

- We will deliver a downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.
- We will deliver the national target of 40% complaints dealt with via early resolution, achieving by October 2026 and maintaining until the end of March 2027.
- We will ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, achieving this by September 2026.

Planned Care Delivery Expectations Trajectories											
Apr 26	May26	Jun 26	Jul 26	Aug 26	Sep26	Oct26	Nov26	Dec26	Jan27	Feb27	Mar27
104 Week Waits											
8 Week Wait - Diagnostics											

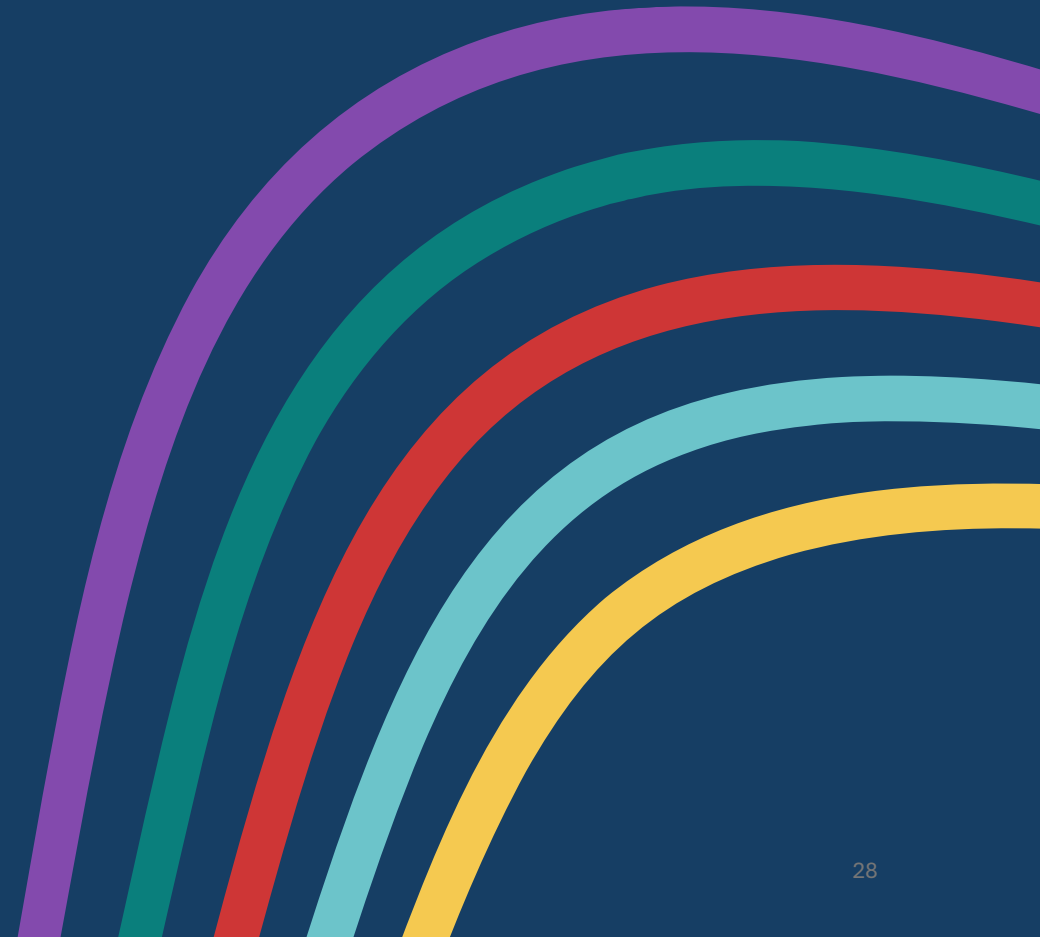
Cancer Delivery Expectations Trajectories											
Apr 26	May26	Jun 26	Jul 26	Aug 26	Sep26	Oct26	Nov26	Dec26	Jan27	Feb27	Mar27
SCP%											
62%	63%	63%	64%	66%	67%	68%	69%	69%	70%	70%	70%
Backlog >62 Days											
312	300	285	265	245	225	200	170	155	135	115	100

Unscheduled Care Delivery Expectations Trajectories											
Apr 26	May26	Jun 26	Jul 26	Aug 26	Sep26	Oct26	Nov26	Dec26	Jan27	Feb27	Mar27
Ambulance Handover >45min											
203	203	203	203	203	203	203	203	203	203	203	203
ED Waits > 12 hours											
997	997	997	997	997	997	997	997	997	997	997	997
Delayed Pathways of Care											
164	158	152	148	142	136	130	124	118	112	106	100

Population Health Expectations Trajectories											
Apr 26	May26	Jun 26	Jul 26	Aug 26	Sep26	Oct26	Nov26	Dec26	Jan27	Feb27	Mar27
Flu Vaccination Uptake in most Deprived Areas											
						25%	50%	55%	57%	59%	61%

Quality and Safety Delivery Expectations Trajectories											
Apr 26	May26	Jun 26	Jul 26	Aug 26	Sep26	Oct26	Nov26	Dec26	Jan27	Feb27	Mar27
Crude Mortality Rate											
1.51%	1.35%	1.14%	1.20%	1.32%	1.35%	1.43%	1.80%	1.80%	1.80%	1.54%	1.52%
% of Complaints Dealt with Via Early Resolution											
20%	25%	28%	32%	35%	38%	40%	40%	40%	40%	40%	40%
% of Episodes Clinically Coded <1Month											
81%	40%	40%	95%	92%	95%	95%	92%	90%	95%	95%	95%

Financial Plan 26/27



SUMMARY FINANCIAL PLAN (Revenue Only)

Journey Through 2025/26

The 2025/26 Annual Plan submitted on 31st March 2025 reported a deficit of £58.7m after the delivery of £55.4m of savings, with an expectation that operational spend remained within the allocated budgets. Through Quarter 1 and 2 the reported deficit significantly exceeded the plan driven primarily by the non-delivery of savings, and clearly this position was unacceptable and immediate actions were taken.

On the 11th September 2025 the Health Board submitted an Annual Plan - Financial Update 2025/26. The assessment and accompanying document summarised the work undertaken in collaboration with the Health Board's strategic external partner in the identification and delivery of all opportunities to support the financial position.

On the 16th December 2025 a Special Board meeting was provided with an assessment of the position based on the information available and the further actions required to ensure the £58.7m deficit plan was achieved, which was subsequently discussed as part of Public Accountability meeting held by Welsh Government on 18th December 2025. These set out targets and actions to reduce operational overspend, but with no material change in the overall expenditure trend of the Health Board in the early part of Quarter 4 of 2025/26, the options to strive to achieve the planned deficit figure of £58.7m were predominantly non-recurrent in nature.

Plan 2026/27

The Health Board receives its core funding from Welsh Government. The 2026/27 opening Revenue funding as set out in the allocation letter provided as part of the NHS Wales Planning Framework 2026-29 is £1,358.2m, which reflects a 1.11% increase from 205/26. The opening Capital funding for 2026/27 is £15.579m. These values are key in the assessment and establishment of the annual Financial Plan.

Next stage in the assessment of the Financial Plan is the impact of 2025/26 into 2026/27. The non-delivery of the recurrent savings required in 2025/26 (£55.4m), and the use of non-recurrent options to mitigate in year pressures in 2025/26, has led the organisation to a significant opening Underlying Deficit from 2025/26 going into 2026/27.

As well as the Health Boards Underlying Deficit, NHS Wales is facing significant increases in costs linked to the risk sharing agreement of the Welsh Risk Pool, which has added a further £17m to the growth requirements for 2026/27. These increased costs pressures are partly offset by the WG allocation increase of £12.5m (1.1%) however a more radical transformational cost reduction programme has been established resulting in saving targets set at level well above previous 2% targets.

SUMMARY FINANCIAL PLAN

The Underlying Deficit requires the organisation to set an ambitious savings delivery target of 5.3% for 2026/27. Even after delivery of this the closing assessed Plan for 2026/27 remains in excess of the interim closing position from 2025/26. Therefore, the Health Board must focus on sustainability over 3 years, allowing the Health Board to deliver its recognised Target Control Total by 2028/29, through the delivery of a 3 year Savings Programme supported by and underpinned via the establishment of a Delivery Unit aligned to:

- National Value, Sustainability and Benchmarking Programmes, including the Vault
- Delivery of the Ministerial Enabling Actions
- Recovery & Sustainability Board
- Ongoing development of opportunities identified by External Strategic partner
- Focus on the development and enhancement of a single 'Total Opportunities' list to support 2026/27 and 3+ years ahead

A summary of the Financial Plan for Years 2025/26 – 2027/28 is provided in the table below, which shows how the Health Board could reach and exceed its Target Control Total (£17m Deficit) over the 3 Years. However, this will require significant ongoing delivery of recurrent savings, which will be excess of £180m over 3 Years.

FINANCIAL PLAN				
AREAS:		2026/27	2027/28	2028/29
Part A	Opening Plan	58.7	76.6	46.1
	Part A1: Non Delivery Savings @ Month 8 (4th Nov)	32.2	0.0	0.0
	Part A2/A3 Operations Pressures	10.8	0.0	0.0
	Part A4: HB Decisions / Central Issues	6.7	0.0	0.0
	Financial Assessment 2025/26 into 2026/27	108.4	76.6	46.1
Part B	Part B1: National Cost Pressures - core	18.6	5.4	4.0
	Part B2: Local Inflation Cost Pressures	17.6	17.4	17.8
	Part B3: Local Growth Cost Pressures	4.3	18.4	17.7
	TOTAL PART B	40.5	41.2	39.5
Part C	Part C1: Commissioning	1.4	2.6	2.6
	Part C2: Provider	2.8	(0.7)	0.7
	Part C3: SLA	1.0	0.0	(0.1)
	TOTAL PART C	5.2	1.9	3.1
Part D	Part D1: WG Funding Allocation Letter	(12.5)	(12.6)	(12.6)
	Part D2: Funding Above Allocation Letter	0.0	0.0	0.0
	TOTAL PART D	(12.5)	(12.6)	(12.6)
Part E	Savings Original Target (5.3% Yr 1 & 5% Yr 2/3)	(65.0)	(61.0)	(61.0)
	Increase Target	0.0	0.0	0.0
	TOTAL PART E	(65.0)	(61.0)	(61.0)
Financial Plan Deficit		76.6	46.1	15.1

SUMMARY FINANCIAL PLAN

Actions in 2026/27

The previous section on the Financial Plan has summarised the high-level journey through 2025/26, with the output of this journey a place where savings have not been delivered recurrently and non-recurrent opportunities have been used as its mitigating approach to supporting the delivery of 2025/26. The Health Board recognises that this approach alongside the historic non-delivery of recurrent savings has added to the Financial Assessment and that is not acceptable to either Welsh Government or the Board. Going into 2026/27 to achieve financial sustainability the organisation must deliver a sustainable model of care whilst focusing on reducing its expenditure on a recurrent basis, through recurrent savings delivery.

The outputs from Phase 1 of the work by the External Strategic Partner in 2025/26, included a comprehensive assessment of the drivers of the Health Board's deficit, from 2024/25 into 2025/26, above the non-delivery of savings. This work has provided the organisation with an overview of the areas of focus for delivery of savings at operational, strategic and structural level for the next 3+ years, and the drivers and allocation of these by category is summarised in the table below. These will be critical in the delivery of savings over the next 3 years.

Theme	Key Line of Enquiry	Value Identified	Deficit Driver Value Included	Driver Segmentation		
				Operational	Strategic	Structural
Expenditure Growth	• Review of expenditure growth 19/20 to 25/26 (FOT)	Not quantified	N/A	N/A	N/A	N/A
Workforce Growth	• Total HB workforce growth 19/20 to 25/26	£104.0m	-	Excluded to mitigate overlaps with other themes		
UEC	• UEC Workforce growth • UEC Investments & Choices	£21.8m	£21.8m	£15.7m	£6.1m	-
CHC	• CHC expenditure growth compared to Wales Health Boards average	£20m - £34m	£20m - £34m	£20m	£14m	-
Acute Income & Cost	• Long Term Agreements and JCC cost of activity vs income received.	£17.6m	£17.6m	£5.9m	£5.9m	£5.9m
	• SBUHB Income & Cost	£20.4m	-	Excluded to mitigate overlaps with other themes		
Planned Care Productivity	• Planned Care Productivity	£16.0m	£16.0m	£16.0m	-	-
Sites, Beds and Rurality	• Number of sites compared to England average	Not quantified	N/A	N/A	N/A	N/A
	• Number of beds per 1,000 population	£15.6m	£15.6m	-	-	£15.6m
Medicines Management	• Comparison of NICE costs and corresponding Welsh Government funding	£3.2m	£3.2m	-	£3.2m	-
Total		£218.6m – £232.6m	£94.2m - £108.2m	£57.6m	£29.2m	£21.5m

SUMMARY FINANCIAL PLAN

These areas of opportunities, aligned with the undelivered savings from 11 September 2025 submission to Welsh Government and the actions taken by the Recovery & Sustainability Board since December 2025, represent a fundamental level of 'Total Opportunities' that the Health Board can utilise to achieve financial sustainability. However, the scale of the savings required over the next 3 years to achieve the Target Control Total are ambitious but as set out within this document, the Health Board has established its approach to embed the support required to deliver this level of change, which includes establishment of a Delivery Unit from April 2026, that will provide:



Oversight and Coordination: To oversee and coordinate the identification, development, and monitoring of savings plans.



Programme Support: To support the delivery of transformational, operational improvement and productivity programmes.



Benefits Realisation: To track and evidence the realisation of benefits arising from these programmes.



Unified Framework and Methodology: To operate within an agreed accountability framework and apply a single, consistent improvement methodology.



New performance and Accountability Framework



Performance Management: To establish and maintain a performance management infrastructure, including KPIs, tracking, reporting and data analysis to support insight driven decision making.

This will sit alongside 'doing things differently' as we transition into 2026/27 and the need to enhance grip and control across finance, workforce and service areas, which is referred to within this document in more detail. Given the scale of the financial challenge, it is essential that the Health Board can demonstrate that the financial governance and financial control environment mechanisms are robust and sufficient assurance is received on their effectiveness. Areas of focus aligned to the 2026/27 Planning Process have been Budget Planning, Budget Delegation and Budgetary Control, which has concluded with a change to the management of the central deficit, review of Budget Holders and their responsibility and the process by which these individuals are held to account.

SUMMARY FINANCIAL PLAN

Key to the delivery of the 2026/27 Plan will be the achievement of the £65m of savings recurrently. The Health Board has Projects Initiation Documents and Plans on a Page for the majority of the £65m, with the external strategic support assisting in the development of these and setting out the level of maturity, which has been discussed at Board Development sessions throughout February and March. Whilst many remain Pipeline or Red under the Welsh Government formal classification and further assurance will need required, the identification and development of these is more advanced than at this point in development of previous Annual Plans. It is noted that significant work remains, but the development of a single Total Opportunities list provides a continued pipeline. The HB is establishing a centralised Delivery Unit aimed at support the focus, development and delivery of the Recovery and Sustainability plan.

Where the Health Board has certainty, the financial impact is reflected within the 3 Year Assessment, but there are other areas that have the potential to impact on the delivery of the plan, but certainty, timing and choices has meant they are reflected only as a risk at this point. The risks in 2026/27 have been categorised as those:

- Risks Aligned to Choices Made in Development Plan – for example Health Board chose a high level of savings delivery and there is the risk that target will not be met in full.
- Risks the HB will need to Manage Above Plan that may have a financial consequence – for example planned changes to contractual workforce changes.

The risks are set out in detail within the Minimum Data Set.

For 2026/27 based on the current cost, risk, quality, safety and funding assumptions outlined above, the Health Board cannot see a position where a safe and sustainable service model can be contained within a financial plan for 2026/27 that meets the WG set Total Control Total, however the opportunities and choices the Health Board can explore over the next 3 Years, as set out in a single Total Opportunities list could allow this target to be achieved by the end of 2028/29.

Delivery 26/27



PLANNING APPROACH

This Annual Plan for 2026/27 is set in a three-year context that enables us to develop our strategic direction while focussing on our immediate priorities that will establish the foundations for success. This section of the Plan is divided into 'system areas'; Primary and Community Care, Unscheduled Care, Planned Care, Cancer, Mental Health, Learning Disabilities, Women's Health, Maternity and Neonatal, and Children and Young people. For each key area we have set out an overview that describes the key schemes and key impacts of delivering our plan including The financial implications, and the impact on performance and achieving national targets.

The 26/27 delivery plans are built from three main components:

1. Recovery and Sustainability Schemes : These schemes are the priority schemes identified and developed in response to the Drivers of the Deficit work. They are explicitly linked to the delivery of financial savings.

These schemes are in blue

2. System Enablers and Improvement: These schemes have been developed to support system transformation nationally mandated programmes Cabinet Secretary Enabling Actions and enabling priorities. These schemes will also enable the delivery of the Recovery and Sustainability schemes.

These schemes are in orange

3. Business as Usual : These actions are in place to ensure we deliver against our business-as-usual commitments.

These schemes are in green

We have also indicated the key risks and dependencies of the schemes. below:

Where schemes support delivery of WG Enabling Actions or Delivery Expectations these are also indicated:

Addresses Delivery Expectations 26/27
Addresses Enabling Actions 26/27

The delivery plan included in this document provide an overview. They are each supported by a more detailed Plan on a Page which where schemes support recovery and sustainability, are in turn supported by detailed PIDs.

Strategic Objective	Key Results	Key Initiatives
Mental Health and Learning Disabilities Overview	Our aim is to deliver mental health services that ensure people have easy access to tools and support to maintain their wellbeing. We will also strengthen the digital infrastructure and streamline complex PIMD pathways, while continuing the shift from specialist to community focused care. We also need to ensure services into modern facilities that better enable care, effective staffing and digital connectivity.	
Key Performance Indicators	<ul style="list-style-type: none"> High Impact - RR Reduction of £141.472 over 3 months Medium Impact - RR Reduction of £787.544 over 3 months High Impact - RR Reduction of £1162.075 over 3 months 	
Key Initiatives	<ul style="list-style-type: none"> Open Access Mental Health Support Improve safety in Secondary Care Mental Health services streamlined through agreed mental health safety plans and PIMD (PIMD) Improve Physical Health of people with long term PMH problems by carrying out monthly review and empowering. Improvement plans 	



Strategic Objective	Key Results	Key Initiatives
Mental Health Programme Plan		
Recovery and Sustainability Schemes	<ul style="list-style-type: none"> Cost for expanded PIMD and enhanced consultation over world wide app Review assessment of IUCI services to determine support levels Review of assessment of IUCI services to determine support levels Review of assessment of IUCI services to determine support levels 	
System Enablers and Improvement	<ul style="list-style-type: none"> Establish a robust governance to ensure that provides effective oversight, clear decision making and consistent, transparent reporting Delivery of a robust Transformation Plan, with key milestones to track progress. This will include the implementation of a robust service model and an integrated care pathway across Mental Health Implementation of a robust service model and an integrated care pathway across Mental Health 	
Business as Usual	<ul style="list-style-type: none"> Review and improve the quality and safety of Physical Health services and facilities for patient care within SH Health Board Review and improve the quality and safety of Physical Health services and facilities for patient care within SH Health Board 	



URGENT AND EMERGENCY CARE OVERVIEW

Our programme aligns with National Six Goals policy to deliver a unified system that helps patients understand where and when to access the right support. We will do this through consistent and integrated delivery of the Six Goals for UEC, and strengthened joint planning and accountability with partners, to ensure the best possible outcomes, value and experience for patients and staff.

Key Schemes		Finance Impact	FYE £ savings	£11.513M								
CIP_05	Bed Base Reconfiguration (also including Planned Care Elective Beds)	<ul style="list-style-type: none"> A number of actions are dependent on the availability of Welsh Government funding – delivery will be aligned to available resources. Workforce: Unfunded posts (IDF/ therapy etc) – investment required to maintain current delivery 										
CIP_31	Review UPCC Contact First Service											
CIP_33	Review Physio and OT weekend working											
TBC	<i>Pipeline opportunities:</i> <ul style="list-style-type: none"> Review <i>Integrated Discharge Hub service</i> 											
UEC_B_01	Community Redesign: <ul style="list-style-type: none"> Integrated models of Health and Social care aligned to Community by Design Community Nursing Review 	Performance Outcomes		Confidence assessment								
UEC_B_02	Community Based Falls Service/ Pathway	Ensure no ambulance patient handover waits over 45 minutes	No improvement									
UEC_B_03	Single Point of Access	Ensure no patient spend spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge.	No improvement									
UEC_B_04	SDEC and Acute Front Door Frailty Service	Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard.	Trajectory to achieve 100 DPoC patients waiting by the end of March 2027									
UEC_B_05	Acute and Community Hospital 'Back Door' flow	Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible	No improvement									
UEC_B_06	Communities and Older People Strategy	<table border="1"> <thead> <tr> <th>Risks</th> <th>Mitigations</th> </tr> </thead> <tbody> <tr> <td>Limited resources impacting on the delivery of actions</td> <td>Meetings in place to confirm funding allocation for 2026/27</td> </tr> <tr> <td>Inability to sustain operating model changes due to workforce capacity issues (IDF/ Front door/ Therapies)</td> <td>Delivery prioritisation to be determined through UEC Programme Board. Director level discussion. Regional workshops planned for March/ April.</td> </tr> <tr> <td>Reduced capacity and flow within acute services due to delay in the implementation of the Community Services Review</td> <td>Senior leadership engaged with LA and RPB, Director level discussions , Deputy COO co-chairs C&OP, Regional workshops planned March/ April.</td> </tr> </tbody> </table>			Risks	Mitigations	Limited resources impacting on the delivery of actions	Meetings in place to confirm funding allocation for 2026/27	Inability to sustain operating model changes due to workforce capacity issues (IDF/ Front door/ Therapies)	Delivery prioritisation to be determined through UEC Programme Board. Director level discussion. Regional workshops planned for March/ April.	Reduced capacity and flow within acute services due to delay in the implementation of the Community Services Review	Senior leadership engaged with LA and RPB, Director level discussions , Deputy COO co-chairs C&OP, Regional workshops planned March/ April.
Risks	Mitigations											
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Inability to sustain operating model changes due to workforce capacity issues (IDF/ Front door/ Therapies)	Delivery prioritisation to be determined through UEC Programme Board. Director level discussion. Regional workshops planned for March/ April.											
Reduced capacity and flow within acute services due to delay in the implementation of the Community Services Review	Senior leadership engaged with LA and RPB, Director level discussions , Deputy COO co-chairs C&OP, Regional workshops planned March/ April.											
UEC_B_07	UEC Digital Transformation – <ul style="list-style-type: none"> Electronic Patient Record Signal WICIS 											
UEC_B_08	UEC Capital Priorities: <ul style="list-style-type: none"> UEC Pathway & Foul Drainage, Wards A & B, Morryston Helipad Safety works, Morryston Progressing key infrastructure designs, including - Strategic Outline Business Cases for a new ED, Critical Care & Theatres building/Access Road at Morryston 											
UEC_C_01	Maintaining Ambulance handover times											
UEC_C_02	Reducing Clinically Optimised Patients											
UEC_C_032	Maintaining Stroke/ SNAP targets											

PLANNED CARE AND CANCER OVERVIEW

Our Planned Care and Cancer programme focuses on rightsizing services, efficiency and productivity to maximise value for money, ensuring quality and improving waiting times

Key Schemes		Financial Impact	FYE savings	£6.865m
CIP_06 and 07	Infrastructure Consolidation via Productivity (Theatres and Outpatients)	Performance Outcomes	Confidence assessment	
CIP_27	Review Vascular Interventional Radiology Service Development			
TBC	<i>Pipeline opportunities:</i> <ul style="list-style-type: none"> • Cap Diagnostic Services to reduce Variable Pay • Review of non statutory and waiting list pathway work • Low Value Interventions and INNUs 	No patients waiting more than 104 weeks for referral to treatment.		
PC_B_01	Community By Design Programme	>26 week waits outpatients		
PC_B_02	Theatre Transformation Programme	Number of patients waiting more than 8 weeks for a specified diagnostic		
PC_B_03	Diagnostics Transformation Programme	Follow up outpatients Backlog (TI)		
PC_B_04	Outpatients Redesign Programme	Achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027.	70% by Q4	
PC_B_05	Cancer Improvement Programme	%SCP >60% 3 months consecutive (TI)	Confident to exceed TI Target	
PC_B_06	Planned Care Digital Transformation: <ul style="list-style-type: none"> • LIMS and RISP • Digital Health Assessments • Patient Portal and Hybrid Mail • Ambient Voice Technology • Internal Referrals • Digital Cellular Pathology 			
PC_B_07	Capital Planned Care/Cancer Priorities <ul style="list-style-type: none"> • Radiotherapy expansion 5th Linac/6th Bunker and Replacement Linacs at SWWCC • PET CT • Regional Cellular Pathology relocation • Urology OR1 Theatres • Hybrid Theatre Morriston 			
PC_C_01 - 02	RTT Delivery Plans and SCP Delivery Plans			
		Risks	Mitigations	
		Productivity not achieved	Executive oversight and benchmarking	
		Delays in workforce plan progress and workforce resistance	Early engagement and vacancy control	
		Activity/performance delivery risk	Phased consolidation, close monitoring	

MENTAL HEALTH AND LEARNING DISABILITIES OVERVIEW

Our aim is to deliver mental health service transformation by ensuring people have easy access to tools and support to maintain their wellbeing. We will also strengthen the digital infrastructure and streamline complex MHL D pathways, while continuing the shift from inpatient to community focused care. We also need to centralise acute mental health inpatient services into modern facilities that better enable care, effective staffing and digital connectivity.

Key Schemes	
MH_A_01	Repatriation of Privatised Beds
TBC	<p><i>Pipeline opportunities:</i></p> <ul style="list-style-type: none"> Review Inpatient Unavailability Redeploy Community Staff to IP Wards to reduce Variable Pay
MH_B_01	Mental Health Transformation Programme
MH_B_02	Alliance Clinical Model for Substance Use Clinical Services
MH_B_03	<p>Mental Health Capital Priorities:</p> <ul style="list-style-type: none"> Seclusion Suites, Caswell Clinic Adult Acute Mental Health Unit Service Diversions, Cefn Coed & Other Mental Health In-Patient Estate Improvements Taith Newydd Anti ligature works across remaining MH estate
MH_B_04	<p>Mental Health Digital Transformation:</p> <ul style="list-style-type: none"> ReQol Rio Electronic Patient Record
LD_B_01	<p>Learning Disabilities Transformation:</p> <ul style="list-style-type: none"> Strategic Outline Case for the replacement of all remaining LD facilities. Consolidation of existing Complex Care Units

Financial Impact	FYE savings	~ £0.43M-£1.1M
<p>Low impact – RR Reduction of £431,672 over 3 months Medium Impact – RR Reduction of £797,044 over 3 months High Impact – RR Reduction of £1162415 over 3 months</p>		
Performance Outcomes		Confidence assessment
Open Access Mental Health Support		<i>Metrics nationally developed in Q1 26/27</i>
Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQol)		<i>Metrics nationally developed in Q1 26/27</i>
Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans		<i>Metrics nationally developed in Q1 26/27</i>
Risks	Mitigations	
Rio: Timescales for implementation project is reliant on Swansea LA as needs to align and launch at same time.	Rio Assurance Group in place to monitor and review progress of project and includes both HB & LA members.	
LD: Bed availability to close units is limited which impacts acute capacity, flow & could increase spend on placements	Management and escalation of POCDs working with stakeholders to prepare for changes	

CHC AND COMPLEX CARE OVERVIEW

Our CHC/Complex Care Transformation Programme is a strategic overhaul designed to address rising demand for Continuing Healthcare/complex care, tackle fragmented commissioning across departments in the Health Board, enhance partnership working with our Local Authority colleagues and strengthen operational and financial sustainability. Our aim is to commission quality services and ensuring our residents are getting the right care in the right place.

Key Schemes		Financial Impact	FYE savings	£0.973M
		This will also be addressing growth in demand estimated at £7M		
		Risks	Mitigations	
CIP_0 1-04	Review, right sizing and repatriation of CHC and Complex Care patients <ul style="list-style-type: none"> Implement a comprehensive review and rightsizing programme to ensure timely, accurate, and economically sustainable care planning across all CHC and Complex Care 	Lack of centralised digital CHC case management system results in inconsistent data management, increased risk of data loss, payment errors, and missed reviews.	Implement RIO and ADAM - digital case management systems	
TBC	<i>Pipeline opportunities:</i> <ul style="list-style-type: none"> Hold cases presented to MH and LD Complex Case panel Out of area Repats 			
CHC_ B_01	Market Management <ul style="list-style-type: none"> Deliver recurrent CHC savings by actively managing the market to control inflation, negotiation of high-cost packages, and reduce reliance on spot purchasing 	No agreement between SBUHB and Local Authorities to resolve outstanding	Commission an external review to clear the DST backlog and confirm case responsibility; share proposals early with Directors of Social Services to secure agreement.	
CHC_ B_02	Joint working arrangements <ul style="list-style-type: none"> Standardise joint funding processes and funding splits in collaboration with Local Authority partners 			
CHC_ B_03	CHC Operating Model <ul style="list-style-type: none"> Design and implement a future-ready CHC operating model through a structured transformation programme underpinned by a robust digital case management system 	Local Authorities refuse to accept the outcome of the external reviews	Share plans regularly with Directors of Social Services; take proposal through the Regional Commissioning Group for endorsement; include cases pending LA input to ensure balanced review	
CHC_ B_04	CHC Direct Payments implementation plan			

BABIES, CHILDREN YOUNG PEOPLE AND WOMEN OVERVIEW

This plan will improve the quality and safety of care for babies, women and families by strengthening maternity and neonatal services, reducing delays, and delivering more consistent, outcomes-focused pathways

Key Schemes		Performance Outcomes	Confidence assessment
PCYPW H_B_01	Perinatal Improvement Plan <ul style="list-style-type: none"> Expansion of current paediatric radiology offer Establish elective obstetrics theatre to reduce delays to induction of labour Trauma informed and psychology-led perinatal care All-Wales Perinatal single point of access maternity triage service Perinatal staff experience, wellbeing and retention plan (SEWR) and education and training framework 	CAHMS TI metrics	<i>Confident to meet the de-escalation criteria</i>
PCYPW H_B_02	Maternity Digital Transformation <ul style="list-style-type: none"> Integration of systems into Maternity Digital Record 	Maternity and Neonates TI criteria	<i>Confident to meet the de-escalation criteria</i>
PCYPW H_B_03	Women's Health Plan <ul style="list-style-type: none"> Embed national women's health pathways and reporting against agreed national indicators 	Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan)	<i>Expansion only if external funding available</i>
PCYPW H_B_04	Regional Gynae Oncology	Improving quality of maternity services by reducing peri-natal mortality rates	TBC
PCYPW H_B_05	CYP and Womens Capital Priorities: <ul style="list-style-type: none"> Morrison Paediatric footprint redesign and relocation Creation of new Obstetric Suite and Theatres, Singleton 	Risks	Mitigations
PCYPW H_B_06	CYP Strategic Programme - Defining vision and objectives for Children & Young People's Care	<ul style="list-style-type: none"> All Wales model for maternity triage detailed workings of model not confirmed. Women's Health –Guidance on 26/27 Women's Health Priorities from Women's Health Network not yet received. CYP - Reduction in ASD or ADHD assessment is dependant on Welsh Government funding – currently non recurrent funding received. 	<ul style="list-style-type: none"> Local model in place to ensure single point of access for maternity triage (implemented Feb 26) Anticipated timeline requested from WHN and building flexible planning assumptions
PCYPW H_B_07	CYP Regional Programmes with partners <ul style="list-style-type: none"> WG: ND Service Improvement Programme and HCW2 RPB: No Wrong Door, NPT PSB: NPT Early Years CYP Strategy Swansea PSB: Ealy Years Programme NPT and Swansea LA Education: ALN 		
PCYPW H_C_01	NDD waiting times		

PRIMARY CARE AND COMMUNITY OVERVIEW

We aim to provide equitable, safe and timely access to high-quality, data-driven care that supports people to stay well and receive the right help at the right time. We seek to deliver coordinated, person-centred services that improve outcomes, reduce inequalities, and empower individuals to manage their health effectively.

Key Schemes		Financial Impact	FYE £ Savings	£1.7M	
CIP_28	Dental Contract Recommissioning considerations	Performance Outcomes		Confidence assessment	
CIP_29	Review National Exercise Referral Scheme (Physio and COPD services)	% population receiving NHS dental care		<i>Maintain</i>	
CIP_30	Review Primary Care Audiology	% Community Pharmacies providing Pharmacist Independent Prescribing Services		<i>Maintain</i>	
TBC	<i>Pipeline opportunities:</i> • <i>Review Integrated Sexual Health</i>	Risks	Mitigations		
PCC_B_01	Digital Transformation in Primary Care	Significant programmes of work requiring capacity building in the community including the transfer of resources/ staff into the community	<ul style="list-style-type: none"> SBUHB Clusters considered mature in providing excellent footprints for the delivery of services that it would not be prudent to operate in all community. Developing Primary Care and Community at the heart of the CSSP. Key forums i.e. Pan Cluster Planning Group and Community by Design Group identifying opportunities and unlocking barriers to drive forward further service change. 		
PCC_B_02	HMP Swansea Improvement Plan		Limitations in Primary Care Estates	<ul style="list-style-type: none"> Development of strategy is key priority, as well as capital development projects in train to invest in primary care estates. 	
PCC_B_03	Dental Services <ul style="list-style-type: none"> Implement Community Dental Service changes to safeguard access, capacity and sustainability by optimising pathways, reconfiguring clinics, reducing waiting times, improving workforce retention and strengthening workforce planning Maintain access and waiting times for Specialist Dentistry services 		Access to diagnostics and digital capability in Primary Care	<ul style="list-style-type: none"> Close alignment with Planned Care/Diagnostics/ Digital programme to take forward opportunities to improve access, communication and digital capability - including systems and intelligence sharing. 	
PCC_B_04	Primary Care Estates Refresh of Primary and Community Estates strategy and Progress Primary Care Estates proposals: <ul style="list-style-type: none"> Croserw Ty'r Felin Participate in development of Swansea Wellness Hub 	significant contract reform being undertaken simultaneously	<ul style="list-style-type: none"> Involvement in national working groups/ Close communication with primary care practices and their representative bodies. 		
PCC_B_04	General Medical Services				
PCC_B_05	Community Optometry Services <ul style="list-style-type: none"> Continued implementation of Optometry Contract Reform and increase capacity and coverage for WGOS Levels 4 & 5 				

POPULATION HEALTH AND PREVENTION OVERVIEW

Our goal is to expand prevention, early intervention and evidence-based pathways reducing inequities, improving management of long-term conditions like diabetes, and ensuring more consistent, proactive support across the life course

Key Schemes		Financial Impact	FYE £ Savings	£1.4M
CIP_32	Review Nutrition & Dietetics services and Diabetic Pump Growth	<ul style="list-style-type: none"> Prevention and Early Years funding allocation for WG priorities tobacco control and healthy weight services Diabetes: Expected to deliver within existing resources or re-allocation of resources 		
PH_B_01	Healthy Weight/ Obesity Services <ul style="list-style-type: none"> Building sustainable weight management services to meet present and future need. Building opportunities for healthy weight and wellbeing in pregnancy to improve maternal and neonatal outcomes Prioritisation of GLP-1 provision and Level 3 service wrap around support System-Wide Collaboration to support healthier behaviours 	Performance Outcomes		Confidence assessment
PH_B_02	Tobacco Control <ul style="list-style-type: none"> Building sustainable services to meet present and future need. 	Increase the proportion of children in Wales who are a healthy weight by halting the rise and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged.		<i>Annually reporting metric</i>
PH_B_03	Diabetes Programme <ul style="list-style-type: none"> Tackling Diabetes Together programme – reducing inequity in most deprived communities Review resource allocation within the diabetes pathway (primary to secondary care) by adopting the STAR (socio-technical allocation of resource) methodology Prevention of Type 2 diabetes onset and remission - Structured education programmes to enable improved self-management of diabetes Community diabetes model redesign Expand hybrid closed loop approach for Type 1 diabetics 	Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care.		<i>Annually reporting metric</i>
		Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes		<i>TBC data for T1 diabetes under review</i>
PH_C_0_1	Vaccinations and Screening <ul style="list-style-type: none"> Increase uptake and decrease inequity in Vaccinations and Screening 	Risks		Mitigations
PH_C_0_2	Healthy Child Wales Programme	<ul style="list-style-type: none"> Diabetes: Demand for services is expected to increase – additional investment not available PEY funding - confirmed for 26/27 but uncertain from 27/28 		Reviewing allocation of resources across the pathway

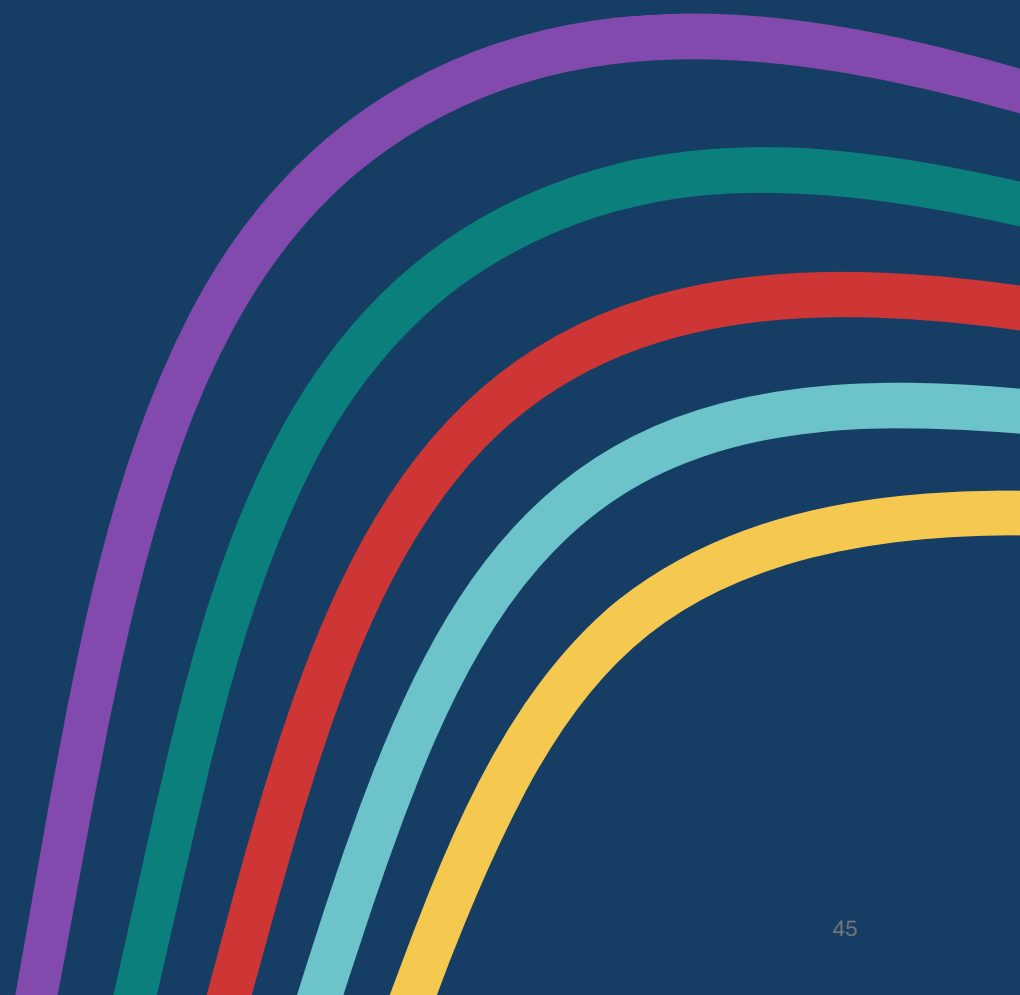
WORKFORCE OVERVIEW

Our workforce plan will build a stable, skilled and efficient workforce by strengthening recruitment, improving productivity, and developing flexible, sustainable staffing models that support safe, high-quality care.

Key Schemes	
CIP_26	Turnover Management Controls
CIP_25	A&C Fixed Term Contracts
CIP_24	A&C Reduction In Variable Pay
CIP_21	Medical Workforce Job Planning Principles (Reducing SPAs)
CIP_19	Maximise Substantive Medical Capacity (DCC) and Rostering
CIP_20	Medical Cease Above Vacancy 26-27
CIP_18	Medical Targeted Recruitment
CIP_22	Reducing unavailability of Medical workforce
CIP_16	HCSW reduction in variable pay
CIP_14	HCSW Vacancy Substantiation
CIP_15	Nursing & Midwifery Workforce Programme
CIP_17	Home First – Review Bonymaen Beds/ Nursing workforce
CIP_23	Palliative Care - consideration of recruiting to gaps incl. rotational posts
TBC	<i>Pipeline opportunities:</i> <ul style="list-style-type: none"> AHP Workforce Estates and Facilities Workforce

Finance Impact	FYE savings	£30.024M
Significant WTE reduction (substantive and variable staff) equating to 5% across all staff groups aligned to the plans		
Performance Outcomes		Confidence assessment
% sickness absence rate		
Turnover rate		
Agency spend		
Risks	Mitigations	
Workforce resistance to establishment and model of care changes	<ul style="list-style-type: none"> Early engagement with leaders, clear safety narrative, phased process and clear governance 	
Insufficient operational capacity to deliver programme	<ul style="list-style-type: none"> Provide dedicated programme support, clear SRO ownership, and prioritise high-impact areas. 	
Unforeseen surges in demand	<ul style="list-style-type: none"> Build flexible workforce models for temporary scaling; broaden skill mix and cross-cover; prioritise stabilisation in high-demand areas; implement contingency plans to limit premium-rate staffing 	
Persistent national workforce shortages	<ul style="list-style-type: none"> Run targeted recruitment for hard-to-fill roles; strengthen links with training bodies; use alternative workforce models (e.g., SAS doctors, ANPs); develop local talent pipelines and grow-your-own schemes. 	

Ways of Working and Enabling Delivery



REGIONAL WORKING: WEST GLAMORGAN REGIONAL PARTNERSHIP



Partneriaeth
Ranbarthol
Gorllewin
Morgannwg

West
Glamorgan
Regional
Partnership

Area Plan 2023-2027: Key Strategic Programmes 2026 /2027

The West Glamorgan Area Plan guides our work, focusing on person-centred care, prevention, early intervention, and seamless integration across services. Through embedding our Integrated Community Care System (ICCS) outcome-focused approach, the RPB is supporting and driving whole-system working across the region. The RPB has re focussed its programmes and governance to address the most significant risks we are facing across the region, maximising the impact of available resources. **Key Priorities 2026/2027:**

Older People Programme	Mental Health Transformation	Regional Commissioning (Complex Care Programme)	Cross-Cutting Foundations
<p>Develop sustainable, integrated community health and care to support people 65+ to live well at home.</p> <p>Enable people to remain as independent as possible at home, reduce reliance on long term packages of care and reduce unscheduled hospital admissions/ length of stay in hospital.</p> <p>This programme will also encompass the work to support people with living with Dementia and their carers.</p>	<p>To develop models of care that address and improve critical challenges, including workforce shortages, unsafe estates, and fragmented pathways.</p> <p>The programme will also incorporate the work of the Emotional Wellbeing and Mental Health Programme, continuing to review and support the development of opportunities that promote emotional wellbeing and mental health within the community.</p>	<p>To design innovative, financially sustainable models of integrated care that enable people with complex needs to live safely, independently, and closer to home.</p> <p>This programme also includes the oversight and delivery of:</p> <p>Capital programme: Section 16, Microenterprise, and Social Enterprise</p> <ul style="list-style-type: none"> • Children and Young Peoples Programme, • Wellbeing and Learning Disability Programme • Neurodiverse Programme. 	<p>Carers Partnership</p> <ul style="list-style-type: none"> • Digital Transformation: Integrated care record (Mosaic/RIO) linking all programmes • Strong partnerships across RPB, APB and Pan Cluster Planning • Prevention, wellbeing and self-care embedded in all activity. • Regional Integration Fund Support and Delivery. • Communications and Engagement

WEST GLAMORGAN REGIONAL PARTNERSHIP

Area Plan 2023-2027: High Level Priorities 2026 /2027

The West Glamorgan Area Plan guides our work, focusing on person-centred care, prevention, early intervention, and seamless integration across services. This approach is strengthened through our Integrated Community Care System (ICCS), which embeds outcome-focused, whole-system working across the region. Together, these commitments align with the vision set out in A Healthier Wales, emphasising long-term, integrated services that support people to live healthier lives through collaboration and shared responsibility. **Key Priorities 2026/2027:**

Older People Programme	Mental Health Transformation	Regional Commissioning (Complex Care Programme)
<p>Performance & Finance of S33 Integrated Community Care System: Strengthening financial transparency, performance oversight, live data, and governance to improve flow, reablement, and outcomes.</p> <p>Pathways of Care Delays Action Plan: Monitoring delays weekly, escalating high risk cases, improving collaboration, ensuring timely access and recovery across pathways.</p> <p>Discharge to Recover & Assess Processes: Standardising discharge criteria, mapping pathways, expanding specialist pathways, strengthening reablement capacity and implementing Trusted Assessor models to enable faster, safer discharge.</p> <p>Unscheduled Care Board: Six Goals for Urgent & Emergency Care - Integrating urgent care pathways, improving ED/AMU/OPAU flow, implementing community falls response and strengthening the Single Point of Access</p> <p>Dementia Memory Assessment Service (MAS) Review: Reviewing and redesigning Memory Assessment Services to ensure consistent pathways, equitable access, improved data, co produced SOPs and Dementia Connector involvement post diagnosis</p>	<p>Develop a whole-system mental health model for adults: creating a single, shared, integrated model across partners to reduce duplication, improve coherence and ensure a person-centred, seamless pathway</p> <p>Integrate NHS and third-sector psychological therapies: mapping provision, reducing duplication and waiting times, and designing an integrated model to address the 3,000-person waiting list in LPMSS.</p> <p>Redesign Community Mental Health Teams: developing a shared model for CMHTs and outpatient services aligned to national strategy to improve access, flow and continuity of care.</p> <p>Redesign the inpatient model and strengthen alternatives to admission: shifting to assessment/treatment models, updating policies and improving crisis pathways to enhance safety, flow and discharge.</p> <p>Implement estates, digital and workforce improvements critical to safety and system functioning: including ligature risk work, digital infrastructure upgrades, and workforce transformation.</p>	<p>Strengthen regional joint working for people with complex needs: delivering a consistent region wide approach to joint commissioning, pooled budgets and dispute resolution to reduce delays, improve transparency and provide timely coordinated support.</p> <p>Regional commissioning accommodation strategy for people with complex needs: defining service models, understanding capacity and demand, shaping the market to deliver high quality sustainable accommodation closer to home and reduce out of area placements.</p> <p>Regional Market Stability Report: creating a shared evidence-based view of care market using data to forecast demand, inform capital decisions and support a sustainable provider market.</p> <p>Strategic capital programme: delivering a coordinated long term capital plan aligned to population need and service pressures</p> <p>Establish integrated region wide pathways for children and young people with complex needs: progressing No Wrong Door and multi agency working to create single access points, coordinated decision making and joined up emotional mental health and care support.</p>

PARTNERSHIP WORKING WITH OUR PUBLIC SERVICE BOARDS

We continue to build strong collaboration and robust partnership arrangements across the Health Board working with the Swansea and Neath Port Talbot Public Services Boards (PSBs).

Key Priorities 2026/27:

Improve outcomes for **children and young people** including the Healthy Child Wales Pathway, speech and language and flying start.

Climate adaptation - complete the Climate Change Risk Assessments – outcomes to be used to inform Well-being Plan 2027

Progress the Dyfatty, Clear, Hold, Build Project in Swansea, through the **Community Safety Partnerships** arrangements. Initial focus on stakeholder mapping and communications and engagement plan

Refresh and strengthen the **Wellbeing priorities** and objectives for both PSBs for the final two years of the current plans and ensure regional priorities remain aligned with the Well-being of Future Generations (Wales) Act (WBFGA).

Regional Whole Systems Approach – **Improving Access to Food** through the development of a regional Public Food Procurement Strategy

Undertake regionally aligned **Well-being Assessments** - to be published May 2027.



PRIMARY CARE CLUSTERS

The Health Board works as part of the Pan Cluster Planning Group in both planning and delivering local health care services. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities. Clusters aim to:

- Have safe & effective systems to direct people to the right person at the first point of contact
- Provide care closer to or at home, by the right person, when it's most needed
- Deliver high quality integrated primary, community health, social care & third sector services
- Understand & respond to the health and care needs of their population
- Plan to prevent ill health and promote well-being



Pan Cluster Plan: Priority Areas for 2026/27 Summary:

Following the success of the 2025/26 Plan Cluster Plan we continue to take a more refined approach, considering the predominating areas of activity put forward within the Local Cluster Collaboratives which align with the Health Board and Regional Partnership Board priorities. This year there are three agreed Pan Cluster Priority areas.

Older people and frailty

- Implementation of a falls action plan
- Delivery of cluster-based services for frailty
- Seek opportunities for wider rollout of community clinicians

Women's health

- Develop primary care role in virtual health hub
- Develop local primary care action plan exploring potential for further primary care provision

Emotional mental health and well being

- Further embedding and rollout of community-based psychology
- Deliver integrated mental health model in conjunction with stepped care 2.0 mental health model

In addition to these three key priority areas the Pan Cluster Planning Group is also exploring additional priority areas of cardiovascular health, cancer prevention, substance misuse and dementia. Work will proceed in scoping these early in 26/27. Individual plans for each of the 8 clusters are included within the Pan Cluster Plan and contain a wide range of actions at cluster level to improve health and well-being and deliver excellent services close to home.



Afan



City



Bay



Upper Valleys



Cwmatawe



Llwwchwr



Penderi



Neath

SOUTH-WEST WALES REGIONAL JOINT COMMITTEE (RJC)

Swansea Bay and Hywel Dda UHB are committed to a stronger more sustainable West Wales Regional Health Economy and we continue to expand and develop our regional portfolio through the RJC.

As a formal Board Committee RJC provides joint leadership for the regional planning, commissioning, and delivery of services for both University Health Boards taking into account the service challenges, financial challenges and population health needs of both organisations and the work previously undertaken through ARCH. The Regional Drive and Delivery Group coordinates joint action. The RJC Programme Management Office coordinates and supports subgroups, planning, delivers programmes, and governance.

SWW Regional Joint Committee

Regional Drive and Delivery Group

The RJC's Sub-Structure (above) aligns with the 5 agreed objectives within the RJC's Terms of Reference:

Regional Health Economy Subgroup (OB1)

Regional Clinical Services Planning Subgroup (OB2+5)

Regional Workforce and OD Subgroup (OB3)

Regional Data & Digital Subgroup (OB3)

Regional Finance and Contracting Subgroup (OB3)

Regional Research, Innovation & Excellence Subgroup (OB4)

Objective 1 (OB1): Regional Health Economy Group – we will drive forward projects that have been identified as priorities for joint working to deliver the Ministerial Priorities. It will consider and prioritise the regional projects included within the RJC's work programme, approve Business Cases pre-sovereign Boards ratification, and identify and agree any further projects for inclusion in the RJC programme to deliver significant in-year progress and pace in delivery within the regional health and care system.

Objective 2 (OB2): Clinical Services Group – we will oversee the review of baseline activity undertaken, based on both Health Boards' Clinical Services Plans, focusing on cost efficiencies, quality, and service fragility. Current regional service planning work programme Sub-Groups include Orthopaedics, Ophthalmology, Pathology, Diagnostics, and Cancer.

Objective 3 (OB3): Corporate Functions – we will deliver various themes and enablers that will enable collaboration and achievement of improved service efficiencies and value to deliver the required regional aspirations, including Digital & Data; Workforce & Organisational Development; and Finance & Contracting. These themes and enablers will underpin the RJC to deliver the strategic infrastructure rather than being identified as direct reporting groups.

Objective 4 (OB4): Regional Research and Innovation Delivery and Oversight Group – opportunities for research, innovation, excellence, and training opportunities will be driven through this group, working with the three Universities within the region and through partnerships with Universities outside the region where there is benefit to the population. This group will also oversee the required preparatory work to enable the regional health economy to become a designated World Health Organisation sub regional health network, for the RJC to benefit from the shared learning opportunities this will bring.

Objective 5 (OB5): Regional Capital Programme – this will and oversee a joint approach to the prioritisation of capital programmes as part of the clinical service plans underpinning the regional health economy approach.

SOUTH-WEST WALES REGIONAL JOINT COMMITTEE (RJC)

Regional Delivery Assumptions

- Welsh Government approve funding to produce the Cell Path full business case.
- Programme Manager appointed for Cancer Centre Modernisation.
- Operational Resource availability to support planning and delivery (all programmes).
- Finance, contracting and SLA / LTA models can be agreed – dependency Finance and Contracting Subgroup

Orthopaedics

Products/Actions/ Deliverables	Quarter	Impact
Includes hip, knee, foot and ankle, shoulder and elbow, and hand and wrist—with a current focus on reducing long waits for hip and knee arthroplasty.		
Regional Hand Network within the Day Surgery Unit at Prince Philip Hospital	Q1	Outcome for patients, improved efficiency, regional collaboration
Iterative development of the regional Arthroplasty Model complete	Q2	Outcome for patients, improved efficiency, regional collaboration
Integrated regional service, standardised pathways, protocols	Q4	Outcome for patients, improved efficiency, regional collaboration

South-West Wales Cancer Centre Programme

Products/Actions/ Deliverables	Quarter	Impact
Regional radiotherapy and oncology outpatient services modernisation.		
Radiotherapy		
Complete scoping/detailed options appraisal for satellite centre	Q1	Potential (expansion of Linacs to 7 total in line with D&C) within HDd area or Singleton site.
Approved business case for additional (5th) Linac	Q2	Utilises the current empty bunker at Singleton and includes options to coincide increased 2nd CTSIM capacity as required.
Approved business case for additional / spare (6th) Bunker in Singleton	Q4	Maintains capacity for next RT Linac replacement due 2028.
Oncology Outpatients		
Support HDd in Implementing a sustainable oncology outpatients model for Bronglais	Q2	Improved alignment between outpatient capacity and forecast oncology demand
Complete demand modelling and baseline establishment.	Q2	Reduced outpatient waits and improved compliance with cancer pathway standards – improved patient experience
Capacity optimisation and pathway redesign –	Q3	Improved utilisation of specialist workforce
<ul style="list-style-type: none"> • Agreed regional standards for follow-up, clinic models and workforce utilisation • Implementation of priority capacity improvements and pathway changes 	Q4	

SOUTH-WEST WALES REGIONAL JOINT COMMITTEE (RJC)

Eye Care

Products/Actions/ Deliverables	Quarter	Impact
The South-West Wales Regional Eye Care Programme is focusing on Glaucoma, Cataracts, Medical Retina, and Paediatric Ophthalmology.		
Create a regional dashboard	Q1	Performance and service intel to inform planning and decision making
Recruitment two regional consultant posts in Vitreoretinal and Medical Retina	Q2	Increase capacity and capability
Implement a regional Vitreoretinal service	Q3	Improve access to services, patient outcomes, reduced waiting list
Develop and implement a series of targeted improvements	Q4	Improve access to services, patient outcomes, reduced waiting list

Diagnostics – Cellular Pathology

Products/Actions/ Deliverables	Quarter	Impact
Develop the case for a new single site and transition to a SWW Regional Pathology ODN		
Submit FBC for a SWW Cellular Pathology Laboratory Site to WG	Q4	Sets out the case for future investment, Ability to progress to acquisition and implementation of new regional laboratory
Development of full-service specification for Regional Cellular Pathology Operational Delivery Network	Q4	Operational functionality of the new regional cellular Pathology team outlined, including function specialist roles like Financial, Workforce and Digital. Underwritten by transitional MoU.
Acquisition and development of new Laboratory Site (subject to FBC approval).	Q4	Enabling developments to commence
Development of Regional Cellular Pathology ODN MoU	Q4	Outlines the formal agreement for the permanent Regional Cellular Pathology Operational Delivery Network

Vascular & Interventional Radiology

Products/Actions/ Deliverables	Quarter	Impact
To develop and deliver a quality vascular service, across the whole pathway and in line with the agreed service specification for the South West Wales Vascular Network, on behalf of its constituent health boards, Swansea Bay UHB (host organisation), Hywel Dda UHB, Cwm Taf Morgannwg UHB (Bridgend area only) and Powys THB (south Powys only).		
Strengthen VIR workforce to support Hybrid and DSA suite – building on the VIR business case submitted to SBUHB BCAG June 2025	Q1	Improved length of stay, intervening earlier, better outcomes
Submit South West Wales Amputation Reduction Strategy (SWWARS) business case – address Vascular Nurse Specialist (VNS) and Podiatry resourcing	Q1	Better outcomes, earlier intervention, reduced amputations, lower waiting list
Agreement and sign off SWW Vascular Network (VN) MOU and Service Spec	Q1	Formally establish SWWVN
Hybrid Theatre delivery – Expected completion September 2026	Q3	Increased planned care capacity, better outcomes

SOUTH-WEST WALES REGIONAL JOINT COMMITTEE (RJC)

Subgroup Ambitions

Regional Health Economy Subgroup (OB1)

Improve home energy efficiency to reduce health interventions and support independent living.
Regionally aligned plans amplify activity to drive sustainable systems change and improve health equity.
Better understand the impact of regional deprivation on current and future healthcare demand.
Whole Systems Approach addresses healthy weight through regional action on food access and procurement

Regional Clinical Services Planning Subgroup (OB2+5)

- Deliver a more resilient, safer, and equitable services.
- Improve equity of access across the region through a single regional waiting list and standardised pathways.
- Reduce waiting times and backlogs by increasing activity and optimising end-to-end diagnostic capacity.
- Improve patient outcomes through timely diagnostics, targeted pathways and clearer follow-up.
- Strengthen workforce capacity and sustainability
- Standardise protocols to reduce unwarranted variation.

Regional Workforce and OD Subgroup (OB3)

- Improved workforce retention, recruitment, succession planning, resilience, and apprenticeships
- Shared expertise enables cross-skilling, knowledge transfer, and faster development of specialist capabilities
- Widen access to programmes (leadership, coaching, mentoring), improving quality while reducing duplication
- Reduced reliance on bank and agency
- Better workforce alignment of population health needs where workforce planning and decisions better match changing demographics, and demand across pathways.

Regional Data & Digital Subgroup (OB3)

- Dedicated digital innovation fund –public investment, innovation grants, partnerships, and efficiency gains.
- Align around Purpose – Harness digital innovation to empower healthier lives, connect communities, and deliver proactive, equitable care, anytime, anywhere
- Assess the Landscape – HDdUHB and SBUHB with local authority, academic and industry partners.
- Design for Leverage – A codesigned system architecture that strengthens feedback loops between domains, linking population health data to service design, finance, and workforce planning.
- Deliver and Demonstrate – predictive analytics in community care, shared data between health & social care

Regional Finance and Contracting Subgroup (OB3)

- Regional Value through – Building the analytical foundation; Designing from community up, not institution down; Strengthening governance for delivery; Bringing value-based procurement into the regional model.
- Improved capabilities and capacity for resource allocation and value-led activities.
- Improve clinical outcomes and reallocate resource.
- Set the basis for future contracting models and decisions
- Collaborative working across finance functions – learning, finance literacy, training, career development, frameworks/controls, and process alignment

Regional Research, Innovation & Excellence Subgroup (OB4)

- Support the health and social agenda in South-West Wales
- Regional Themes – Mental Health & Learning Disabilities, Population Health & Prevention, Chronic Disease Management, Social Care & Integrated Research, Cancer & Genomics, Rural Health & Digital Innovation
- Regional opportunities for innovation, including with academic partners to be more attractive to trial sponsors
- Optimising use of facilities at local hospital sites and universities and potential to create centres of excellence
- Early adoption site for digital health solutions, regional testbed for AI in imaging, telemedicine, and population health analytics

Projects / Actions

Long-term Regional Health Economy Strategic Approach
Warm & Healthy Homes
Regional Whole Systems Approach (WSA) to Healthy Weight
Health Intelligence

- Orthopaedics
- Eye Care
- Pathology
- Diagnostics
- SWW Cancer Centre
- Stroke
- UEC
- Vascular

- Joint workforce plans for vulnerable services
- Joint recruitment plans for hard to fill roles/ areas of high variable pay
- A joint workforce impact assessment on the impact of the “left shift”, and on the future impact of digital and Artificial Intelligence
- Virtual collaborative learning, interspersed with physical connectivity Scope Opportunities for Joint Working (x15)

- Develop Agile and Phased Delivery plans and actions to progress priorities
- Regional digital capability and deficit review
- Co-design a system architecture
- Launch a small number of high-leverage pilots at domain interfaces
- Establish a Regional Digital Transformation Board

- Contracting redesign
- Set up STAR programme
- Value-based Procurement (Swansea University proposal) delivery
- Diabetes STAR project
- Develop Collaborative working programme

- Strategic Plan for Regional Model
- Establish Research, Innovation and Excellence Subgroup
- Finalise South-Wales Regional Research and Innovation Partnership Model and Functions

TERTIARY SERVICES PARTNERSHIP

We are the second largest provider of specialised healthcare services in Wales, serving patients from across the country. Although, we predominantly function as a provider of specialised services for the populations of West Wales and South Powys. Providing specialised and tertiary services to the South Wales population presents well-recognised sustainability challenges. These services depend on a critical mass of patients to maintain clinical expertise, support workforce development, and deliver consistently high-quality outcomes. However, the relatively small catchment size in South Wales makes achieving this scale inherently difficult.

Our partnership with Cardiff and Vale University Health Board (CVUHB), the largest provider of specialised services in Wales, is critical to addressing these challenges. Achieving the critical mass required for safe, effective care often demands regional or cross-border collaboration to prevent fragmentation and maintain quality. Building on this principle, we are working together to identify opportunities for joint delivery and closer collaboration to improve sustainability.

These challenges are compounded by the absence of a formal commissioning framework for many specialised services that have not yet been delegated to the NWJCC. Such services cannot be delivered or planned in isolation. It is essential to identify and manage interdependencies and co-dependencies across the wider system, both within Swansea Bay UHB and with partner organisations, to maintain resilience and ensure continuity of care. A collaborative, system-wide approach is critical to safeguarding these services, preventing fragmentation, and delivering equitable, high-quality outcomes for patients across Wales.

In response to these challenges, the Regional Specialised Services Provider Planning Partnership (RSSPPP) has agreed a focused work programme to deliver urgent and coordinated action, recognising that several specialised services face significant sustainability risks.

Specialised Services Outlook for 2026-27

The specialised commissioning position for 26–27 creates significant operational and financial uncertainty for providers across South Wales. Current NHS Wales JCC guidance indicates that commissioning for 26–27 will be based on 2025–26 baseline activity, with no growth, only partial application of the 1.11% uplift, removal of under-performance from baselines, and no additional funding for over-performance.

For specialised services with high fixed staffing and infrastructure costs, this approach poses substantial risks. Reductions in commissioned activity do not translate into equivalent savings, and it is possible that some services may become financially unsustainable if commissioned solely at current activity levels.

In the absence of a commissioning strategy for specialised services, Health Boards must plan amid considerable uncertainty. This reinforces the need for a coherent, shared provider position through the RSSPPP, ensuring commissioners receive consistent advice supported with clear evidence and a unified assessment of sustainability risks.

Overall, the 26–27 commissioning environment is highly constrained and presents material risks to the stability of specialised services.

In this context, providers will need to take a more proactive and collective approach to financial and service sustainability. This includes developing clear, evidence-based assessments of minimum safe activity and cost baselines, strengthening cross-Health Board alignment through the RSSPPP, and identifying where current commissioning assumptions risk destabilising core services.

It may also be necessary to articulate unavoidable fixed-cost pressures, model the consequences of reduced commissioning envelopes, and agree shared system positions for escalation to the JCC.

Informing Commissioning of Specialised Services

Another critical function of the partnership is to provide a unified and consistent specialised provider response to the NWJCC. This role is essential in ensuring clarity, alignment, and credibility when engaging with commissioners on complex service issues. By coordinating our input, we avoid duplication, overlap, and conflicting messages that could undermine planning and decision-making.

A single, coherent provider perspective enables us to articulate shared priorities, highlight common sustainability challenges, and present evidence-based solutions that reflect the needs of patients across South Wales, West Wales and South Powys. Consistency in our approach also ensures that commissioner requests are addressed in a timely, structured, and collaborative manner, reducing inefficiencies and promoting transparency.

However, it is also important to recognise that over half of the specialised services delivered by SBUHB fall outside the NWJCC commissioning framework, presenting substantial challenges for strategic coherence and effective system-wide planning.

Hepato-Pancreato-Biliary Surgery

Progress on the HPB Programme was paused in June 2025 due to the inability to secure commissioning support for establishing the Shared Delivery Network (SDN) for Severe Acute Pancreatitis (SAP), despite strong clinical engagement and widespread recognition of the need for change. District General Hospitals (DGHs) currently provide the majority of initial care for patients presenting with acute pancreatitis, including early assessment, stabilization, and delivery of supportive interventions. Their role is critical in ensuring timely management before escalation to specialist services when required.

However, the absence of consistent pathways and access to specialist input can lead to variation in practice and potential delays in care.

This setback underscored the urgency of tackling longstanding service fragilities, fragmented commissioning arrangements, and the absence of an integrated HPB centre for South Wales.

Lessons learned during this period have shaped a refreshed approach, ensuring the programme moves forward with clearer governance, stronger alignment, and renewed commitment from all partners. It has now been agreed that the NWJCC will lead the HPB Programme, supported by the tertiary services team. This collaboration will provide strategic oversight and commissioning leadership, aligning service redesign with national priorities and securing equitable, sustainable access to specialist care for patients across South Wales. The immediate priority is to establish the SDN for SAP, creating clear pathways for timely specialist input and consistent standards of care.

Severe Acute Pancreatitis

SAP is a complex, unpredictable, and potentially life-threatening condition, affecting up to 25% of patients presenting with acute pancreatitis. It is frequently associated with multi-organ dysfunction and failure, prolonged hospitalisation, and significant critical care bed occupancy. In Wales, approximately 100 SAP patients are admitted to critical care units across South Wales annually, with a crude mortality rate of around 30%. A larger cohort of SAP patients is likely managed at ward level, though this number remains unquantified.

Gynaecological Oncology Surgery

The Gynaecological Oncology (GO) workstream is focused on tackling urgent service fragility and rising demand across South Wales. In 2025, both Cardiff and Vale UHB and Swansea Bay UHB faced severe workforce shortages, fragmented pathways, and inconsistent access to care, with SBUHB particularly reliant on temporary arrangements to maintain delivery. These challenges, highlighted in the Senedd's Unheard: Women's Journey Through Gynaecological Cancer report, reinforced the need for a sustainable, regionally coordinated model.

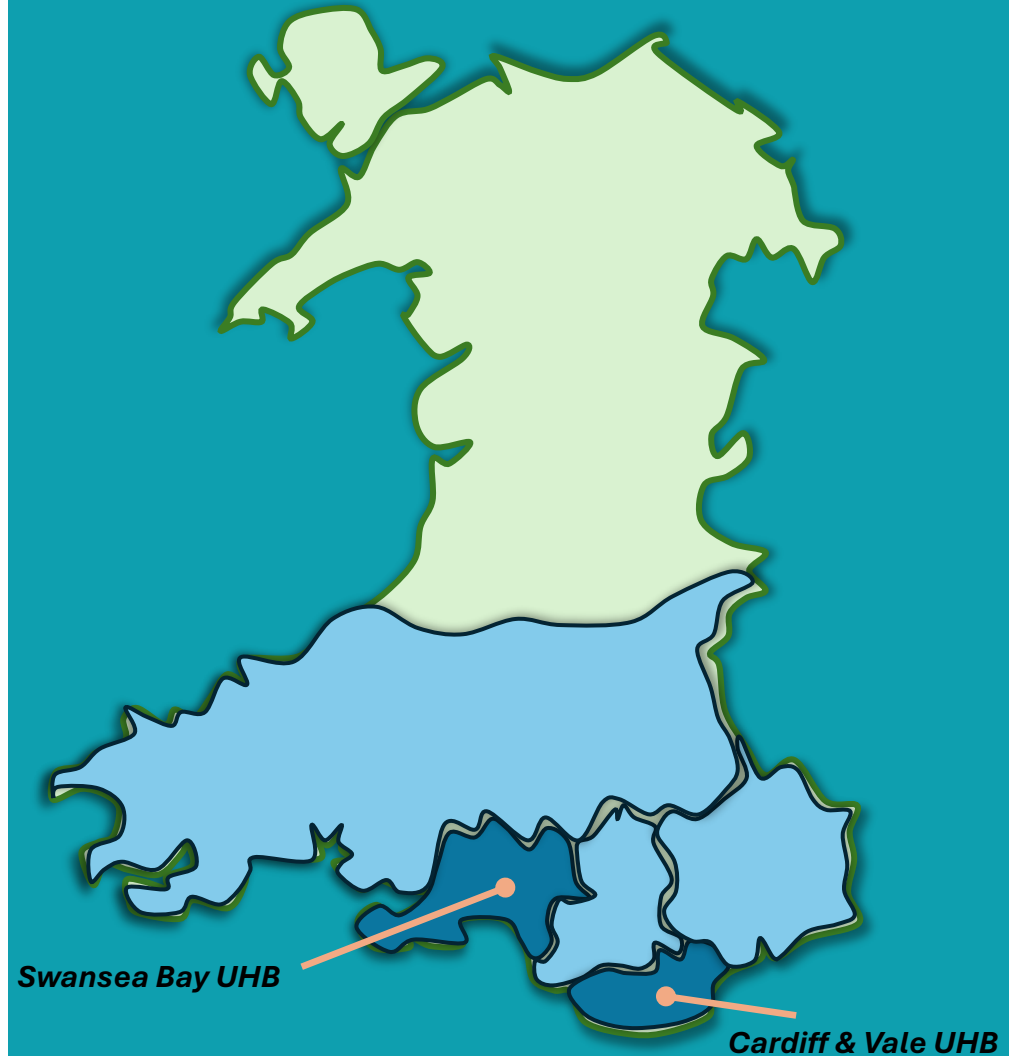
The RSSPPP is now progressing plans to establish a South Wales Gynae-Oncology Operational Delivery Network (ODN) by spring/summer 2026. This will introduce a centralised MDT to ensure consistent decision-making, strengthen training pathways, and improve equity of access. Longer term, the model will centralise high-complexity surgery within a dedicated centre while enabling lower-complexity procedures to be delivered locally, ensuring women across South Wales receive timely, safe, and effective care.

Cardiac Surgery

Cardiac Surgery services in South Wales face significant sustainability challenges, with Cardiff and Vale UHB and Swansea Bay UHB operating two of the smallest units in the UK. In 2025, long waiting times, particularly in South East Wales, highlighted the fragility of the current dual-site model. Despite strong clinical outcomes, workforce pressures and fragmented pathways have reinforced the need for a more resilient, regionally coordinated approach.

The RSSPPP is progressing work to establish a South Wales Cardiac Surgery ODN in 2026. This will provide a platform for shared leadership, consistent protocols, and integrated patient flow management, laying the foundation for future service integration.

The tertiary services partnership predominantly functions as a provider of specialised services for the populations of South Wales (South Wales, West Wales, and South Powys).



RESEARCH AND DEVELOPMENT

A thriving culture of Research, Development and Innovation is a critical factor in the provision of safe, high-quality care and aligns with health boards' Duty of Quality to continually improve the quality of the services they provide. This through a continued two-pronged approach

- **Development of a Regional RD&I strategy with Hywel Dda UHB under the Joint Committee arrangements, recognising the strengths both organisations bring, along with opportunities for wider academic partnerships with Swansea University and University of Trinity St David.**
- **Further development of its RD&I Strategy for SBUHB pending the establishment of the regional RD&I plan with Hywel Dda UHB**

The Research, Development and Innovation Strategy has been developed to align to the pillars of the NHS Research & Development Framework, supported by a current self-assessment. Underneath each pillar are associated objectives which are supported by a delivery plan, including:

- visibility of research, development and innovation at board level
- Effective Use of research delivery staff
- On-time trial initiation, higher research income and full access for all eligible patients
- Introduce research, development and innovation showcase events
- Introduce modern facilities and equipment
- Introduce pump-prime schemes
- Strengthen access to oncology clinical trials across south-west Wales as the cancer centre for the region, as well as working collaboratively with Velindre Cancer Centre to enhance the offer across Wales

New governance arrangements are an opportunity to define a clear process through which research impact on service development and clinical pathway design is tracked and disseminated, including identification and use of linked research accounts to support innovative service change.

Workforce	Strategy, Finance and Governance	Patient and Public Involvement	Partnership Working
Joint peer review committee to share learning	Alignment to organisation strategy and clinical service plan	Patient reps on health board sponsored studies	Partnership with Swansea Uni: <ul style="list-style-type: none"> • Co-signed sponsorship model • Joint Clinical Research Facility • Partnership board to be established
Time recognition in job planning guidance			
Research leads in non-medic roles	Commercial income and grant funding to support further activity and service change	Communications Plan	Monthly surgeries and clinical advisory group with local trials units
Shadowing links with medical and nursing schools	Board oversight through DDRI Committee, support by R&D Governance group		Plans for patient involvement group with Swansea Trials Unit
Increase number of clinicians with Good Clinical Practice Training		Annual showcase events	

GENOMICS AND ADVANCED THERAPIES

We ensure training in genomics for all relevant staff within the Health Board to either enable the identification and referral of eligible patients to specialist teams for genomic intervention, or implement genomic testing into clinical practice, in areas aligned with clinical priorities:

(Please note – it is recognised that there are clinicians in the areas below who already use genomic referrals in their patient pathways, but the aim is to ensure equitable access for patients regardless of their health board and the professional/s managing their care)

Diabetes: Medical consultants and clinical nurse specialists in diabetes to be trained to identify individuals who may have monogenic diabetes and arrange genomic testing for them. Around 1% of individuals with diabetes have monogenic diabetes. They require different treatment and have different risks for complications, so identification of these individuals results in better outcomes. It also enables family members to be identified at risk before they develop symptoms, allowing early intervention, resulting in better outcomes and reduced costs for the health board.

Infectious disease: Infection Prevention and Control staff, medical consultants and other relevant healthcare staff to be trained to utilise pathogen genomic data to support the detection and response to outbreaks. This training should also cover the use of genomics to support retrospective analysis to help prevent outbreaks in future.

Women's health: Specialists in women's cancer should be trained to offer genomic testing as appropriate (see Cancer above). Healthcare professionals who look after women during pregnancy should be trained to include genomics as appropriate in the clinical pathways.

Cardiac: Specialist nurses or healthcare professionals in lipid clinics should be educated to offer familial hypercholesterolaemia genomic testing to eligible patients. Diagnosis of familial hypercholesterolaemia allows patients to be monitored and treated to keep their cholesterol level normal and avoid cardiac disease. Cardiologists and clinical nurse specialists to identify individuals who may have an inherited cardiac condition where screening or intervention may be advantageous. Identification of those with inherited cardiac conditions enables appropriate targeting of screening and intervention to those at risk of significant cardiac symptoms, and removal of those not at risk from unnecessary screening.

Cancer: Medical doctors, surgeons and other appropriate clinical professionals caring for patients with cancer (including haematological malignancies) to be trained to offer tumour or germline genomic testing to eligible patients, to inform diagnosis and treatment decisions, in line with national recommendations for precision medicine. Genomic test results on tumours or germline DNA can inform cancer treatment and identify those eligible to take part in clinical trials, both resulting in better outcomes for patients.

Pharmacogenomics (relevant to several clinical areas): Preparatory planning is needed in collaboration with the clinical networks and local clinical teams within each organisation to enable future implementation of commissioned pharmacogenomic testing safely and effectively into current clinical pathway using a phased approach. The need for Point of Care (POCT) testing approaches may also need to be explored including the commissioning aspects depending on the clinical indication.

Mental health: Psychiatrists and psychiatric nurses to identify patients who would benefit from referral to the psychiatric genomics service for further investigation. Some psychiatric conditions and neurodevelopmental disorders are associated with underlying genomic variants, and individuals with these genomic variants have worse health and social outcomes, and reduced life expectancy. Identifying possible genetic causes enables people to have a clearer understanding of their condition, creates an opportunity to discuss and assess potential risk, provides enhanced physical testing and monitoring where appropriate and signposting to specialised support.

STRATEGIC COMMISSIONING

We have a responsibility to commission services that meet the needs of our population by assessing demand, planning and prioritising provision, as well as purchasing and monitoring services to ensure they deliver the best possible health outcomes for our communities. Below are the essential elements of our approach.

Our Aim: Commission high-quality, evidence-based, sustainable services that improve outcomes, reduce inequalities and deliver value

Partnership & System Leadership



Strengthen collaboration with Health Boards through clearer expectations, improved engagement and shared accountability. Contribute to national and region commissioning groups to strengthen All-Wales commissioning expertise. Work in partnership with other statutory organisations, independent providers and the voluntary sector to maximise the needs of the population

Quality & Outcomes



Clear service specifications detailing activity, quality indicators and outcomes expectations. Align pathways with national quality frameworks to improve consistency and equity

Equity & Access



Reduce variation in waiting times and access thresholds across commissioned pathways. Target priority areas where inequity or poor outcomes are most evident.

Assurance & Performance



Strengthened monitoring and reporting mechanisms for commissioned services.

Transformation & Innovation



Support adoption of innovative models, digital solutions and new treatment options identified through horizon scanning. Ensure commissioned pathways contribute to NHS Wales sustainability and decarbonisation goals.

Value & Financial Control



Maximise value through efficiency, reduced unwarranted variation and pathway redesign. Commission within clear affordability enveloped with demonstrable return on investment

2026/27 Priorities:

- Strengthen contract and performance management to ensure value, outcomes and accountability.
- Use robust NHS contracts with clear activity, quality, performance, financial, dispute-resolution and data requirements.
- Align SBUHB service changes with commissioning intentions across partners and providers.
- Implement an Alliance commissioning model for Drug and Alcohol Services with the Western Bay APB.
- Progress the CHC and Complex Care Transformation Programme, focusing on joint funding, operating models, market management and package rightsizing.
- Work with the West Glamorgan Regional Partnership to enhance community services and support care closer to home.
- Ensure regional models have commissioning arrangements enabling pooled lists, shared capacity and cross-boundary resource use.
- Deliver National Planned Care Programmes via independent-sector capacity, active demand management, faster access for long waiters and implementation of new national policies.

DIGITAL

Leadership, Strategy and Planning for Digital

The 10-Year Digital Strategic Plan (2025–2035) sets out the Health Board’s digital vision and key deliverables, aligned with national, regional and local strategies including the Digital Strategy for Wales, A Healthier Wales, and the Population Health Strategy. Developed in line with the NHS Wales Planning Framework and IMTP, and published in 2025, it will support with the National Architecture Programme to ensure local priorities fit within a nationally consistent, interoperable framework.

Digital services work closely with clinical teams to ensure user-centred design and clinical requirements are met. Clinicians shape ongoing development of Signal through change requests and User Groups, and are directly involved in Rio implementation planning, testing and configuration throughout 26/27 to support safe, effective, coordinated care. Clinical input also informs the Cancer MDT AI pilot, identifying required data items for regional AI-supported MDT efficiencies in colorectal and lung cancer. All digital transformational programmes of work are underpinned by a benefits framework which captures qualitative and quantitative benefits for all programmes.

We are also phasing out unsupported/legacy systems on a planned basis:

- **Indigo Review:** Decommission legacy diagnostic-results viewing system.
- **Symphony (WEDS):** MIU system contract ends 31/05/26 (extendable to Sept 2026). Mitigation plan is to revert to WPAS as the interim solution. WEDS database will be copied and hosted locally, with a web-based viewer for ED episodes and images.
- **SharePoint:** 2016: End of life.
- **LIMS 1.0:** To be discontinued and decommissioned in line with transition to LIMS 2.0.
- **Sexual Health System:** To be decommissioned.
- **TOMS:** Theatres Operation Management System to be decommissioned.

Value, Productivity & Financial Alignment

We use digital to drive productivity and efficiencies including through the expedited implementation of hybrid mail, facilitated by the Swansea Bay Patient Portal; releasing cash efficiencies. And exploiting AI capability to reduce the administrative burden by automating documentation and eliminating routine manual tasks. We also converge solutions regionally where appropriate to standardise pathways and share information:

- **3Ps Waiting Well – Phase 2:** Identifying complex patients early and optimising them using the Waiting Well website and a Digital Waiting Well Health Assessment sent automatically at referral.
- **PROMs Digital System:** Expanding PROMs/PREMs collection via Promptly : remaining Waiting Well priority services, Frailty Screening (Stages 1 & 5), additional hand surgery specialties, and other prioritised services. Embedding national Promptly work, including NHS App integration, NDR submission, PSOM compliance, and PROMs visualisation in WCP.
- **PES & F&F:** All surveys are bilingual: SMS sent in preferred language (via WPAS), with easy-read, BSL, IVR and Welsh options; additional languages due Feb 2026. Font size is adjustable. Demographic/equality data is shared across services to support improvement, and reports are shared with LGBT+ leads for learning.

DIGITAL

Governance, Clinical Safety, Cyber & IG

Swansea Bay UHB has strong governance for digital clinical safety, cyber security and information governance through groups such as IGCAG and the DDRI Committee, providing clear assurance and escalation to the Board. This framework will be strengthened by enhancing the Digital Leadership Group and establishing a Clinical Design Authority (subject to resources) to ensure robust, clinically led oversight of digital risk across the organisation.

Cyber Security and Information Governance mandatory training compliance is 86% for 2025/26, with reporting and assurance processes in place to maintain target compliance in 2026/27. This is supported by monthly cyber-awareness video training, which will continue. The cyber risk remains at 20 (L4, C5). The Health Board has strengthened cyber defences through modern security tools, enhanced monitoring, and replacing legacy systems where feasible, alongside building a cyber-aware culture through mandatory training, regular updates and phishing simulations. Despite improvements, evolving cyber threats remain a significant external risk. Cyber risk is routinely monitored, updated and reported to the DDRI Committee.

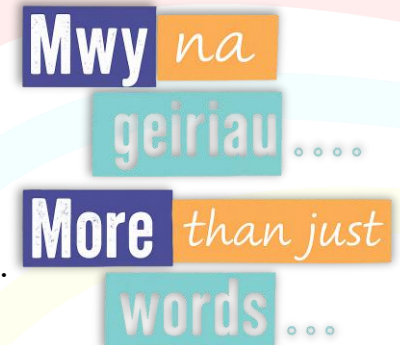
SBUHB has a documented Cyber Incident Response Plan which details the process for handling cyber incidents. This aligns with the Digital Disaster Recovery Plan to handle cyber attacks as well as operational incidents. SBUHB also reports all cyber incidents that meet the minimal reportable threshold to the Cyber Resilience Unit (CRU) in DHCW. Regular assessments and gap analyses are carried out with the CRU. All Digital investment incorporates cyber security by design.

The SBU Architecture Community of Practice, established in 2025/26, will be formalised under the new 26/27 governance structure to ensure alignment with national standards. System mapping into Ardoq has been completed and will be maintained on an ongoing basis.

Data for Equity, Language & Experience

Digital services should be citizen-centred, inclusive and bilingual and we work to ensure that we record/track/share language and communication needs in line with Mwy na geiriau and Accessible Communication Standards. We will continue the adoption of the patient portal which supports capturing patients' language preference whilst also providing timely access to clinical and administrative correspondence. We will also embed real-time feedback in planning and improvement through:

- **PROMs:** All validated bilingual digital health assessments continue to be used.
- **Promptly:** All patient communications are bilingual.
- **PROMs BI:** Dashboards will be developed for each onboarded service to provide situational awareness.
- **Waiting Well Website:** Fully bilingual and continuously updated.
- **PES & F&F:** 540 feedback areas captured, with real-time alerts via Civica Action Manager. Weekly and monthly reports go to service leads to identify improvements, and changes are added to the website.



DIGITAL

National Systems & Once-for-Wales Delivery

We work with Digital Health & Care Wales (DHCW) to plan local implementation of national programmes and systems, adhering to the Once-for-Wales approach. In 2026/27 this will include:

- **Digital Maternity:** After the Q4 25/26 go-live, continue with phase 2 go live, enabling service transformation across maternity services e.g. 24hr advice line.
- **Open ERS:** Implement the Ophthalmology e-referral solution; reducing time to patient triage and consultation.
- **LIMS 2.0:** Continue rollout of Blood Science and Blood Transfusion modules into 2026/27.
- **EPMA; intensive care:** reducing medicine errors, improving safety by providing real time (and remote) access to information.
- **Rio (MH & Community EPR):** Implement for paper-based MH teams in Q4 25/26, then migrate 750 WCCIS users by Oct 2026. Develop an Integrated Care Record (AICP) with The Access Group to link health and social care data; improving decision making and reducing delay to patient care.
- **WICIS:** Agree Phase 1 scope and plan.
- **CHC:** support national procurement.
- **NHS Wales App:** empowering patients to self manage whilst supporting waiting list pressures.

We will also extend the deployment of the Healthy IO wound app to support care closer to home and in conjunction with the performance and improvement team, work with patients to provide tailored home monitoring devices to track vital signs and symptoms. For 26/27, Electronic Test Requesting (ETR) will focus on significantly increasing radiology and pathology requesting adoption across clinical services. This will facilitate more speedy receipt and processing of samples and / or images, reduce duplication in requested tests, whilst also providing better quality of information via the referral process adhering to IR(ME)R guidance.

Standards & Data Quality

SBUHB implements core digital standards in Welsh Health Circulars and complies with DHCW Data Standards Change Notices (DCSNs). Each standard is reviewed for impact and changes to local/ third party systems built into roadmaps where required or requested via change requests to DHCW for national systems.

We have embedded the operational standards for the NHS number as approved by Welsh Information Standards Board (WISB) regarding how the NHS number MUST, SHOULD and MAY be used in all information systems which contribute to patient care across the health community. This is reviewed on an ongoing basis as systems are developed/ procured.

A revised 3-year plan and trajectories have been submitted to the DDRI Committee for assurance. The AI Auto-coder will be deployed mid-February 2026, starting with Neurology, with further specialties identified for exploration, including cataracts and short-stay electives.

DIGITAL

AI, Automation & Responsible Innovation

We will adopt national advice, guidance and standards for AI issued by the Office for AI and the AI Advisory Group for Health & Social Care, ensuring that all AI technologies are implemented safely, ethically and transparently. We will develop local guidance and policies aligned to the national framework to support the safe and innovative use of AI that delivers meaningful benefits for our staff and the population we serve. To achieve this, we recognise the need for dedicated investment in robust governance, clinical safety assurance and the expertise required to evaluate, monitor and deploy AI responsibly across the organisation. A draft governance plan has been developed awaiting board approval.

SBUHB will prioritise proven AI and automation technologies that improve care, reduce waits and streamline administration, focusing on HTW/NICE-endorsed or validated in-house/academic solutions. Building on the All-Wales MS365 agreement, CoPilot use will be expanded to release staff time and improve efficiency. Pilots of Ambient Voice Technology in Outpatients—and a proposed 25/26 pilot in Community Learning Disabilities (subject to a successful bid)—will support faster clinic-letter turnaround and reduce documentation burden. AI-assisted clinical coding work will also expand to increase throughput and address recruitment challenges, while further AI opportunities that benefit patients, staff and organisational performance will continue to be identified.

We will exploit digital innovation opportunities across treatment, prevention, testing, monitoring and patient-level devices where evidence shows benefit through continuing to expedite the implementation of the NHS Wales App with integration to the local patient portal. Enhanced features will include functionality targeted to support delivery of the Women's Health plan and the virtual hub model deployed across Swansea Bay and we will extend the deployment of the Healthy IO wound app to support care closer to home.



CAPITAL & ESTATES

The Health Board's Estates Strategy approved by the Board in 2023, identified the need for significant capital investment to support the Clinical Services Plan and a programme of backlog maintenance works identified by Condition Surveys. Following feedback on the NHS All Wales Capital Prioritisation in 2025, a new Estates Task Force under the leadership of our vice-chair was established to provide the board with strategic oversight of the implementation of the Estates Strategy. Whilst the main elements of the prioritised 10-year plan remain intact, the Task Force recommended an urgent focus on five schemes which will require urgent short-term capital funding support from WG (in addition to long term strategic support) to ensure Operational Resilience and Safety & Clinical Suitability

- **Helipad Safety Works, Morriston**
- **Adult Acute Mental Health Unit Service Diversions, Cefn Coed & Other Mental Health In-Patient Estate Improvements**
- **UEC Pathway & Foul Drainage, Wards A & B, Morriston**
- **Regional Cellular Pathology relocation**
- **New Obstetrics Theatre & Birthing Suite, Singleton**

We will be investing over £1m from our discretionary capital programme in 2026-27 on designs for some key infrastructure projects. These will include production of Strategic Outline Business Cases for a new ED, Critical Care & Theatres building/Access Road at Morriston Hospital and re-provision of Mental Health In-Patient Wards.

Capital funding of £31.993m is already in place for 26/27 through the All-Wales Capital Programme. This includes £8.134m from the national TEF (Targeted Estates Fund) to invest in our highest estates risks across six areas a)Decarbonisation, b)Decontaminations, c)Fire, d)Infrastructure, e)Infection Prevention Control (IPC) and f)Mental health. An increased discretionary capital programme to £15.579m will focus on maintaining the highest risks in our equipment & digital asset base, along with maintenance of our building estate alongside a contribution to the TEF programme and the PFI contractual commitments at NPT hospital.

Discretionary Allocation £m		
A	Discretionary Allocation	-15,579
B	Income Adjustments	-965
C	Commitments	7,717
D	Replacement	7,546
E	IMTP Choices	1,282
Total -Under / Over Commitment		-0

We are investing £1.9m from our discretionary capital funding to undertake urgent short-term improvement works at the Adult Acute Mental Health wards in Tawe Clinic, Cefn Coed. Additional proposals are being progressed which will require WG support to stabilise the Mental Health estates across the Health Board in anticipation of an accelerated programme to move to a longer-term solution.

Morrison Hospital - Hybrid Planning Application was submitted in July 25 for the development of the current site plus additional 55 acres (Outline Planning) and the provision of a new access route to J46 of the M4 (Full Planning). The development of alternative funding models, estates utilisation, disposals and decarbonisation from part of the 10-year programme. During 26-27 we will focus on developing our plans to provide modern estate to support our Community and Mental Health services in Swansea City Centre, looking at partnership models with Swansea Council and their development partners.

ESTATES RISK AREAS

Effective risk management is fundamental to the successful operation of the Health Board estate. The top estates risks form part of a forward investment programme and mitigation plans. Investment required will require a mixture of funding sources, including discretionary capital, TEF and major business cases through the AWCP.

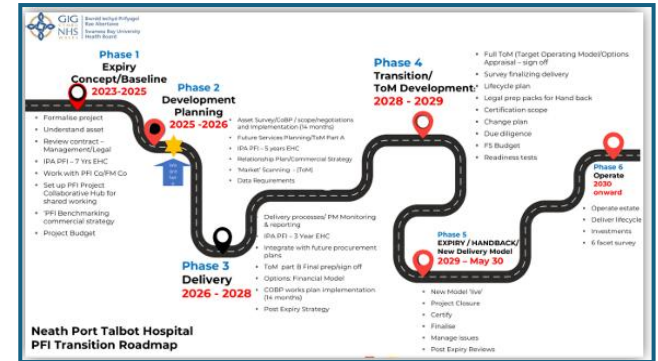
Risks	Description	Current Mitigations	Future Mitigations
N+1 both acute sites	Good practice requires back up for generators that support services on essential power.	Funding secured to install temporary generator hook-ups which provide temporary mitigation at Morriston.	Design consultants commissioned to review the feasibility of HV generation on site & local LV generation. Discussions are underway with National Grid on a HV solution.
Services on essential supply	There is limited information on whether key services at Morriston are on essential supply	Working through any issues highlighted from the black start tests undertaken at Morriston Hospital in Q3.	Commissioned a design consultant to confirm electrical capacity & feasibility to move the Pathology Plantroom electrical supply on to an essential supply.
Uninterrupted power supply (UPS).	Battery back-up that kicks in as soon as there is a power 'spike' or failure that could adversely affect the operation of key kit	We have compiled an asset list of existing UPS' which is under review. Funding secured to replace the highest priority UPS during 2025-26.	Additional capital to establish a rolling replacement programme.
Obsolete electrical infrastructure, CWB, Singleton	Original infrastructure in Central Ward Block is over 60 years old.	A design consultant has been commissioned to review options to replace the ageing electrical infrastructure.	Design fee funding being allocated from 2026-27 discretionary capital programme.
Replacement of core plant and equipment	Air handling units (AHUs) for Theatres and Critical Care, which are crucial for air changes and therefore infection prevention and control (IPC).	Rolling programme commenced to replace obsolete AHUs at Morriston and Singleton using TEF funding. Current intelligence of priorities is established from NWSSP-SES reports and Ventilation Authorised Persons (AP) site knowledge.	Rolling investment programme via TEF and discretionary capital is being established.

ESTATES RISK AREAS

Risks	Description	Current Mitigations	Future Mitigations
Foul drainage, both sites	Leaks are increasingly common. One of the main causes is age & state of the network. Cast iron drainage system in original nucleus building at Morriston is rotting away and unplanned closures are impacting clinical services.	Reactive ad-hoc repairs as required. Concluding the review of high-level cost options to replace the failing foul drainage at Morriston Hospital	Likely to be a significant investment but with good cause due to the risk to business continuity to the site. Singleton Hospital failures are to be reviewed to prepare any potential short or long-term resolutions.
Electrical load, Sub Stations, Morriston	The demand on 5 of the 6 Sub Stations (SS) is excess of available capacity and not compliant with current HTM standards (Health Technical Memorandums).	Site wide electrical infrastructure study commissioned to review electrical constraints, single points of failure and technical risks. Report expected in May - to determine the next priority based on business continuity, risk and backlog maintenance.	High level cost options are being reviewed to determine the most cost-effective approach to upgrade SS3, providing greater electrical capacity & compliance where practicable with current standards.
Main steam supply from Boiler house, Morriston	The main conduit from the Boiler house to Plant Room 5 is leaking and at risk of future collapse.	Works have commenced to replace the existing corroding main steam line for the site	Additional funding required to provide a second line for resilience.
Resilience	There are two incoming HV supplies to both Morriston and Singleton Hospitals. Singleton only has one dedicated incomer HV.	Discussions have commenced with National Grid (NG) to review the existing site loads & future plans for the Health Board sites.	Estimated max demand electrical loads for the Morriston masterplan under review to determine future capacity requirements.

CAPITAL & ESTATES – PFI (PRIVATE FINANCE INITIATIVE) HANDBACK, NEATH PORT TALBOT HOSPITAL

Neath Port Talbot Hospital, opened in 2002 under a PFI funding model, will reach the end of its 30-year contract in May 2030. The handback is a major and complex process, and we are following UK Government best-practice guidance led by NISTA, which advises organisations to begin expiry planning 4–7 years before contract end. We completed the initial 7-year Expiry Health Check in October 2023.



To support this work, we have invested in an internal PFI Expiry and Contract Management Team, bringing together key professional disciplines and external advisers. The programme is overseen by a PFI Exit Project Board reporting to the Performance and Finance Committee. The PFI expiry process aims to ensure a smooth transition, minimise risks, and shape the future operating model for the hospital. Our vision is a safe, compliant estate at Condition B standard that delivers value for money and aligns with NHS Wales and SBUHB strategic priorities. A 4-year Expiry Health Check has recently been completed with NISTA, with findings expected in April 2026.

Key Steps for Successful Exit		Current Status
Governance & Resourcing	Treat expiry as a major project, not business as usual. Assign a Senior Responsible Officer and ensure adequate financial and human resource.	<ul style="list-style-type: none"> Expiry Team established. We expect to invest between £0.750m & £1m annually over the next 4 years following the NISTA recommendations. SRO and PFI Expiry Board established.
Asset Condition & Surveys	Understand lifecycle obligations and conduct condition surveys well before expiry to avoid disputes.	<ul style="list-style-type: none"> Agreement reached with Project Co on commencing asset condition surveys in April 2026. Final reports expected in March 2027.
Legal & Commercial Strategy	Review contract terms for hand back requirements, TUPE for FM staff, and settlement agreements. Early engagement with legal advisors is critical	<ul style="list-style-type: none"> Initial legal advice received. PFI legal preparation workshop completed. Non-Executive PFI Expiry Project overview sessions in Q1 2026-27.
Financial Implications	Loss of ring-fenced funding post-expiry means liabilities for maintenance and operation revert to Health Board. Budget planning and options appraisal are essential	<ul style="list-style-type: none"> Financial baseline data collated to support future services financial modelling. Advisors appointed to provide specialist VAT advice. Initial work commenced using IPA Financial Distress Guidance on future financial investigation.

CAPITAL & ESTATES – ENABLING ACTIONS

Estates Rationalisation

Following the submission of our Estates Rationalisation of Non-Clinical Space in 2023, we have continued to review our clinical and non-clinical property needs. Following the disposal of two sites in 2024-25, a land transfer was completed in Morriston during 2025-26. The Health Board recognises the need to consolidate our services on fewer sites as part of our path to recovery and sustainability. Once the development of the Clinical Services Strategic Plan (CSSP) is completed in 2026-27, work will commence to look at options and sequencing. We will continue to develop our disposal strategy for the remaining surplus areas of the Cefn Coed site, although this work will need to be linked to the provision of funding support to stabilise the Mental Health estates across the Health Board in anticipation of an accelerated programme to move to a longer-term solution.

Alternative Financing Models

The newly formed Estates Task Force group will consider the commercial opportunities to deliver capital solutions using public and private partnerships to assist in developing the estate strategy and the implications. We are continuing to benefit from funding from the Swansea Bay City Deal, with the hybrid planning application for the development of the Morriston Hospital site and new Access Route from the M4 submitted in July 2025.

Working with the West Glamorgan Regional Partnership Board, we secured design funding to produce business cases for a new Learning Disabilities home in Dan-y-Deri (HCF) and a replacement for Cymmer Health Centre (IRCF). The completed Dan-y-Deri business case was presented to the WG HCF panel in January 2026, which we are awaiting an announcement on. Design work has completed on the replacement for Cymmer Health Centre and we expect to proceed to tender in Q1 2026-27.

Some of our schemes also have revenue funded options which require IFRS 16 technical capital support under Right of Use (ROU) Capital. We will be continuing to work with our Energy Service partner and the WG Energy Services and Health & Social Care Finance teams to explore how we can access alternative financing to de-steam and decarbonise the estate. These schemes are more about reducing carbon rather than also cost reduction. We have proposals for major capital developments linked to the provision of a new ED, Critical Care and Theatres development at Morriston and re-provision of Mental Health In-Patient Wards. As the availability of national capital funding may be constrained, we are keen to explore other funding opportunities, including the MIM (Mutual Investment Model).

SUSTAINABILITY /CLIMATE ACTION PLAN

The Health Board's Climate Action Plan (2026-30) addresses the requirements of the NHS Wales Decarbonisation Strategic Delivery Plan (SDP), A Healthier Wales, Just Transition, and findings of the Health Board Climate Change Risk and Opportunity Assessment.

Climate Action Plan 2026-2030

Aim: To build the Health Board's climate resilience across the four roles: 'Healthcare provider', 'Employer', 'Major local organisation', and 'Productive Partner', as defined in 'A Healthier Swansea Bay - Swansea Bay University Health Board'.

This will be achieved through reducing emissions and developing a proactive approach to climate adaptation. The **objectives** of the plan include:

1. Build adaptive capacity and understanding of low-carbon models of care
2. Build the evidence and data base around climate risk and opportunity gaps
3. Build emissions reduction and climate adaptation into existing processes
4. Continue reducing emissions from our buildings and estate
5. Enhance sustainable procurement and waste reduction
6. Improve biodiversity on sites to benefit staff, patients, and local environments
7. Work collaboratively across NHS Wales and wider system to ensure that adaptations between organisations are not conflicting

Governance: Managed through Health Board performance reviews & assurance to the Sustainable Swansea Bay Steering Group.

Welsh Government Reporting: Bi-annual SDP, annual Public Sector Emissions reporting, qualitative climate adaptation reporting (frequency to be decided), annual Socio-Economic Duty, annual Well-Being of Future Generations report



Morrison Hospital's Solar Farm



Biophilic Wales Project



Cae Felin Community Supported Agriculture Project

SUSTAINABILITY /CLIMATE ACTION PLAN



Our Culture & Ways of Working: Understanding and empowering staff to be sustainable & engaging with wider NHS and public sector to:

- Develop a workforce strategy to implement ‘Delivering sustainable healthcare’ position statement (Dec-26)
- Understand potential increased demand from climate change (Mar-27)
- Provide resources to staff to reduce emissions & adapt (ongoing)
- Build understanding of climate impacts to support business continuity (Mar-27)
- Continue collaboration between NHS Wales orgs and PSBs to build adaptive capacity (ongoing)



Our Buildings & Estate: Using Estate more efficiently, building greener, and improving biodiversity of our sites, including:

- Monitor and address excess building energy consumption (Sep-26)
- Embed energy management in day-to-day operations (Sep-26)
- Review climate risk before leasing/purchasing properties (Apr-26)
- Utilise green infrastructure and how new developments can support nature (Sep-26)



Our Travel: Moving more sustainably, from active travel, to public transport, and supporting electric vehicles, including:

- Develop agreed approach to Electric Vehicle Charging infrastructure across the Health Board and with partners (Mar-27)
- Develop user friendly guides for staff and public on low-carbon / sustainable travel options to Health Board sites (Sep-26)



Our Procurement: Buying less, buying sustainably, and building supply chain resilience with the system, including:

- An organisational environmental sustainability representative on all procurement exercises >£6million (Sep-26)
- Suppliers to include ‘climate resilience’ in their business continuity plans (Apr-26) This will build on the sustainability KPI work through the 3rd sector recommissioning.



Our Approach to Healthcare: Working with the system for sustainable healthcare, trialling and implementing projects in SBU, and sharing our learning, including:

- Participating in the ‘Your Medicines, Your Health’ programme (Sep-26)
- Continue to digitalise clinical records (annual review)
- Baseline of nature-based interventions by the Health Board (Mar-27)
- Build temperature monitoring into server room management (May-26)
- Develop review of what low carbon and climate adapted healthcare looks like (Aug-26)
- Develop Health Board waste management plan, building in circularity principles and targeting actions higher in the waste hierarchy (Sep-26)

WELSH LANGUAGE

We have a commitment to developing a confident workforce where all staff can greet, reassure and engage safely with Welsh speaking patients and service users.

System Priorities	Areas to Deliver (2026/27)	Outputs
Maintain compliance with Welsh language standards	Develop our work with schools and colleges to nurture our future workforce.	Increased awareness among pupils and students about career pathways and benefits of language skills to the NHS workforce. Professional development benefits to existing workforce by acting as mentors.
	Work collaboratively with Swansea University and Coleg Cymraeg, identifying opportunities for students to access mentoring support.	
	Improved integration of process for handling complaints and concerns in Welsh, or about our use of Welsh into corporate feedback, concerns and complaints procedures.	
	Improved evaluation and sharing of patient feedback so that departments across our organisation can draw on valuable information relating to the experiences of people trying to access our services in Welsh.	
Develop our Welsh language work in line with 'More Than Just Words' Strategy	Develop a group of stakeholders to steer our work related to the Welsh language.	A more robust process leading to better quality data identifying gaps in delivery of Welsh language services. Increased confidence amongst Welsh speaking patients that concerns are valued and addressed.
	Continued commitment to leadership visibility on language and organisation-wide commitment to Welsh language services, embedding expectations into governance and performance frameworks.	
	Continue our roll out of language skills training at 'Courtesy' level for all staff with skills currently recorded at level 0.	Creation of a healthy culture of belonging for the Welsh language at SBUHB leading to a transformation of outcomes for Welsh-speaking patients and service users.
	Maintain progression towards full implementation of the active offer in all clinical settings. Increasing recognition of language as a key component of person-centred care.	

2027 - 2028

- Introduce the CEFR for languages as the common framework for measuring staff language skills
- Introduce a specific apprenticeship for school leavers with level 4/5 Welsh skills.
- Embed Active Offer audits into Quality Assurance Frameworks
- Completion of language skills gaps by roles, service areas and key priority areas under the More Than Just Words framework.
- Workforce recruitment and retention plans to take skills gaps into account – with targeted interventions included in IMTPs

GOVERNANCE AND DELIVERY

We are strengthening our operating model to ensure clear accountability, consistent improvement, and a culture grounded in our values. The **Organised for Success** programme underpins this work by aligning leadership, management capacity and performance frameworks to support delivery.

Mitigating Risks to Delivery

All risks have mitigating actions and are continually reviewed through the Health Board Risk Register. The Plan is a dynamic document and risks to delivery are constantly assessed and acted upon. Key risks to delivery include:

- **Capacity to Deliver:** System pressures continue to affect our ability to release staff and resource for change programmes. To mitigate this, we are prioritising delivery against the most critical areas, tightening governance to maintain focus, and putting in place robust seasonal and operational escalation frameworks. This ensures progress continues even during periods of high demand.
- **Workforce:** There is a continued risk that workforce pressures, sickness, and organisational change could impact staff morale, wellbeing and culture, affecting our ability to engage colleagues. To mitigate this, we are strengthening leadership and values-based behaviours through Organised for Success, enhancing wellbeing and pastoral support, improving staff experience feedback, and sickness-reduction actions to build a stable, compassionate and resilient workforce.
- **Digital:** Digital transformation is essential for improving clinical quality, efficiency and performance. Risks relate to legacy systems, digital capacity and the scale of change required. Mitigations include progressing actions in the refreshed Digital Strategy, modernising infrastructure, strengthening cyber-resilience, and embedding digital governance within Board structures.
- **Capital:** Delivering an ambitious capital programme within constrained national allocations presents risk. We continue to prioritise investment through a clear risk-based process focused on safety, compliance and sustainability, while sequencing major service changes to maintain operational continuity.
- **Emerging International Risk – Middle East Conflict (Iran):** The escalating Iran-related conflict poses potential risks to supply chains, fuel and energy costs, cyber security and staff wellbeing. Although there is no immediate threat to UK supply, national monitoring highlights likely disruption if tensions persist. The Health Board is strengthening business continuity arrangements, mapping critical suppliers, enhancing cyber-vigilance, supporting staff wellbeing, and maintaining Executive oversight of risk escalation and communication to ensure organisational resilience.

Emergency Preparedness, Resilience and Response (EPRR) and Recovery

EPRR enables the Health Board to meet statutory duties and strengthens our ability to deliver safe, effective, and equitable services during both normal operations and disruptive events. The programme supports organisational resilience by ensuring robust planning, risk assessment, training, response and recovery capabilities across all services.

Through embedding EPRR within the Health Board's strategic work programme, we enhance our readiness for emergency incidents, protect the quality and continuity of care, particularly for vulnerable populations and safeguard staff wellbeing. This approach also contributes to long-term operational and financial sustainability by reducing service disruption and supporting effective recovery.

Appendices

Appendix 1: Detailed Delivery Plans

Appendix 2: Enabling Actions

Appendix 3: Ministerial Templates

Appendix 4: MDS