

Strategic Equity Plan

Final Internal Audit Report

2025/26

Swansea Bay University Health Board



Limited Assurance

Contents

Executive Summary	1
Findings & Agreed Action Plan	3
Appendix A Assurance Opinion & Prioritisation of Findings	14

Review Reference

SBU-2526-29

Fieldwork

June – July 2025

Executive Sign Off

5 September 2025

Audit Committee

16 September 2025

Executive Lead

Richard Thomas, Director of Insight, Communications and Engagement, Joanne Abbott-Davies, Assistant Director of Insight Communications and Engagement

Audit Team

Osian Lloyd, Head of Internal Audit; Felicity Quance, Deputy Head of Internal Audit



Executive Summary

Purpose

To review the plans in place to progress key actions, including those related to the Welsh Government's *Anti-Racist Wales Action Plan*.

Overview

The Public Sector Equality Duty (PSED), introduced under the Equality Act 2010, places a legal obligation on public bodies to eliminate unlawful discrimination and to advance equality of opportunity across a range of protected characteristics.

Tackling inequality is a core element of Swansea Bay University Health Board's (the health board) vision, as outlined in its Annual Plan. This commitment is further reinforced through its *People Strategy 2024-2029*, one of the seven themes of which is *Equality, Diversity and Belonging* – aiming to foster a diverse and inclusive culture where all voices are heard. To support this, the health board has developed a *Strategic Equity Plan (SEP) 2025-28 ('We All Belong')*, following engagement with over 4,000 colleagues and people in the community, which sets out the specific equality objectives and how the health board intends to achieve these.

The development and implementation of the SEP 2025-28 is led by the Directorate of Insight, Communications and Engagement (DICE), with contributions from Workforce and Organisational Development (WOD) and other stakeholders. While DICE leads on the patient and public equality matters, the WOD team focus on staff-related equality, diversity and inclusion (EDI).

This audit, originally scheduled in 2024/25, was deferred at management's request, to allow for the ongoing development of the SEP. We recognise the significant work undertaken, including the recent *We All Belong* campaign, which promotes a culture of inclusion across the organisation. At the time of audit fieldwork, the SEP remained in draft due to resource constraints, and several key challenges were identified that have limited the effective implementation and monitoring of the previous plan. However, we note that the plan was approved at the July Board meeting (31 July 2025).

A number of equity-related action plans—including those for LGBTQ+ inclusion, disability, women's health, and pregnancy and maternity—are either still under development or have not yet been formally approved, recognising that the requirements, as defined by the Welsh Government, have yet to be received. These plans are intended to underpin the overarching SEP and must be fully developed and integrated with relevant health board strategies to ensure consistency, avoid duplication, and maximise impact. There is a need for improved collaboration between WOD and DICE to ensure effective governance, oversight, and delivery of actions across all protected characteristic groups.

We have concluded **limited** assurance in this area. While significant recent work has been undertaken to develop the SEP and associated initiatives, several key areas require further attention to ensure effective implementation and oversight. The matters requiring management attention include:

1. Following the SEP's approval in principle, a Board Development Day is to be held. The aim of the session will be to clarify the implications and objectives of the SEP; assess the health board's readiness for implementation and explore the broader resource allocation agenda.
2. Enhancement of the SEP Action Plan, including the addition of clear target dates, named action owners, and links to previous SEPs and related action plans (recognising that the requirements, as defined by the Welsh Government, have yet to be received), along with formal approval of actions by an appropriate committee.
3. Assessment and implementation of the new Integrated Impact Assessment (IIA) tool. The Policy on Policies will also need to be updated to reflect the introduction of the IIA.
4. Review of the Strategic Equality Diversity and Belonging Group (SEDBG) to ensure it is operating in line with its terms of reference.
5. Establishment of formal monitoring arrangements for the SEP and associated action plans, in line with the proposed framework and completion of an Annual Equality Report, noting the most recent report covered the period 2022–23.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

		Related Findings	Assurance
1	An approved strategic equity action plan, underpinned by specified protected characteristics action plans (such as the Anti-Racist Wales and LGBTQ+) has been developed in accordance with the legislative requirements, and approved as applicable.	1,2	Limited
2	Policies and/or guidance are in place, and accessible to staff, which clearly describe the processes and expected methods to facilitate being a diverse and inclusive organisation.	3	Reasonable
3	Mechanisms are in place to monitor and manage compliance with policies and processes; and progress against planned actions.	1,2,4,5	Limited
4	Periodic reports on the progress against implementation of the action plan are produced and submitted to appropriate management and health board committees for oversight and escalation.	5	Limited

Management Actions

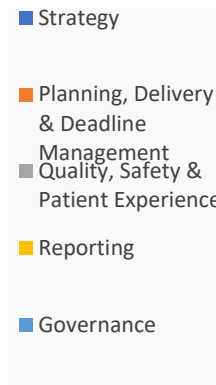


High Priority



Medium Priority

Themes



Risk Types

Legal & Regulatory Non-Compliance
 Public Perception & Reputational Risk
 Quality or Safety Issues

Findings & Agreed Action Plan

Objective 1: A Strategic Equality Plan, with supporting action plans, has been developed and approved.

Limited

The development and implementation of the Strategic Equality Plan (SEP) 2025-28, titled "*We All Belong*", is led by the Director of DICE supported by the Assistant Director and the Head of Engagement, with contributions from Workforce and Organisational Development (WOD) and other stakeholders. While DICE leads on the patient and public equality matters, the WOD team is responsible for staff-related equality, diversity and inclusion (EDI), including oversight of staff networks (e.g. LGBTQ+, BAME, disability). WOD's remit includes embedding EDI principles in recruitment, career progression, organisational culture, and addressing issues such as discrimination and harassment.

As noted under objective 3, the previous SEP expired in 2024, and several key challenges were identified that have limited the effective implementation and monitoring of the previous plan. The SEP has been developed in accordance with the Public Sector Equality Duty and aligns with key legislative and policy frameworks, including the Equality Act 2010, the Anti-Racist Wales Action Plan and the LGBTQ+ action plan.

The SEP is structured around three key areas: Strategic / Organisational Objective, General Objective and Protected Characteristic Specific Objective. It builds on previous objectives and aims to remove barriers, promote inclusive healthcare, and foster positive workforce practices. Data/feedback from previous engagements / workshops at the health board was used to help inform the development of the SEP, with a more formal consultation period between March and April 2025 to raise awareness of the same, helping foster engagement and build momentum ahead of its formal adoption.

Although the SEP was presented to the Board for approval in May 2025, a further paper was requested by Board to give assurance that the requirements of the Equality and Human Rights Commission (EHRC) were being met and to reflect legislative requirements and the health board's strategic priorities, whilst also making the case for the focus on equity. The updated SEP was resubmitted to Board at its July 2025 meeting and was approved in principle, with recognition of the need to arrange a Board Development Day. We note that this session will focus on understanding what the plan entails, assessing the health board's readiness for implementation, and exploring the broader resource allocation agenda (see **Key Finding 1**).

The accompanying SEP Action Plan 2025-26 outlines a range of priorities, including anti-racism, accessibility, LGBTQ+ inclusion, women's health, disability, and pregnancy and maternity. However, the plan lacks key implementation details such as target dates, action owners, and links to previous actions, which may hinder accountability progress monitoring (see **Key Finding 2**). For example, the Anti-Racist action plan within the overarching SEP action plan lacks formal ratification, clear ownership and detailed implementation plans. It also does not appear to have been formally approved at committee level.

A separate Anti-Racist Action Plan exists, developed by WOD and DICE, and approved in November 2022. It includes positive features such as target dates and mechanisms for tracking progress. However, it has not been regularly updated or consistently reported to committee, with the last update noted in December 2023 (at the WOD and Digital Committee for the workforce elements of the action plan only) (see **Key Finding 2**).

Several action plans, to be incorporated within the SEP (e.g. LGBTQ+, disability, women's health, pregnancy and maternity), are at different stages of development, approval and implementation recognising that the requirements, as defined by the Welsh Government, have yet to be received for some:

- Engagement for the LGBTQ+ plan identified key actions valued by the community and has already informed ongoing work;

- The women’s health agenda was announced in December 2024, and the health board is currently developing its response; and
- Similarly, although the independent review into maternity and neonatal services was only reported back in July, the need to cross-reference future actions has been recognised.

However, there is currently no clear plan to consolidate these efforts into a single cohesive framework (see **Key Finding 2**). Given the phased nature of these action plans, there is a clear opportunity to strengthen collaboration between the WOD and DICE teams. This will help ensure effective governance, oversight, and delivery of actions across all protected characteristic groups, and support the development of a more cohesive and integrated framework moving forward.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Strategic Implementation Planning for the Strategic Equity Plan</p> <p>The SEP was approved <i>in principle</i> at the July Board meeting, subject to further development and clarification. The Board recognised the need to convene a dedicated Development Day to:</p> <ul style="list-style-type: none"> • Clarify the implications and objectives of the SEP; • Assess the health board’s readiness for implementation; and • Explore the broader resource allocation agenda. 	<p>There is a risk of exacerbating health inequalities due to reduced trust and engagement from underrepresented communities.</p>	<p>Agreed Action:</p> <ol style="list-style-type: none"> 1. Finalise the overarching 2025/26 SEP implementation plan following the Board Development Day, incorporating feedback and updated priorities. 2. Develop and implement a clear communications plan to raise awareness of the SEP’s aims, actions, and expected outcomes across staff, patients and communities. 3. (a) Propose revised mechanisms for ongoing dialogue with underrepresented communities to ensure their voices continue to shape delivery, build trust; and support long-term engagement. (b) We will expand work of the Diverse Outreach Team to support greater engagement with underrepresented communities. <p>Expected Evidence of Implementation:</p> <ol style="list-style-type: none"> 1. SEP will be an item on the Board Development Agenda; action notes will evidence the discussion that has taken place; revised and finalised implementation plan will be available. 2. This will be aligned with the DICE annual Campaign – clear communications; campaign brief; various communications materials developed to support the campaign. 3. (a) Submission of proposal document to appropriate forum(s) as part of wider proposals around engagement. (b) Quarterly report to the Strategic Equality Diversity and Belonging Group (SEDBG).

Key Findings		Risk & Impact	Agreed Management Action
		Medium Priority	<p>Officer: Assistant Director of DICE</p> <p>Target Implementation Date: (1) 31 December 2025 <i>NB: if this action timeline is changed then it will have an impact on a number of actions included in the plan that are dependent on this taking place;</i> (2) 31 October 2025; (3a) 31 December 2025; (3b) 31 March 2026.</p>
	Theme: Strategy	Control Operation	
2	<p>Lack of Coordination, Formal Approval, and Strategic Alignment of Equity-Related Action Plans</p> <p>The overarching SEP Action Plan 2025-26 lacks key elements such as target dates, named action owners, and clear links to the previous SEP, which limits its effectiveness and accountability.</p> <p>A separate Anti-Racism Action Plan exists, however it is not regularly reviewed and updated. It remains unclear whether this plan is succeeded by the overarching SEP action plan or whether both plans require consolidating for coherence and strategic alignment.</p> <p>Several action plans, to be incorporated within the SEP (e.g. LGBTQ+, disability, women's health, pregnancy and maternity), are at different stages of development, approval and implementation recognising that the requirements, as defined by the Welsh Government, have yet to be received.</p>	<p>There is a risk of exacerbating health inequalities due to reduced trust and engagement from underrepresented communities.</p>	<p>Agreed Action:</p> <p>To ensure a coherent and accountable approach to advancing equity, the health board will:</p> <ol style="list-style-type: none"> 1. Clarify the intended approach to the two existing Anti-Racism Action Plans (WOD and DICE), including whether they will be consolidated into a single, integrated plan covering both staff and public-facing priorities. 2. Ensure that the health board SEP Action Plan is fully developed, including clear timelines and named leads; and is formally approved at committee level. The same will apply to any character-specific plan, should one be required.
		High Priority	<p>Expected Evidence of Implementation:</p> <ol style="list-style-type: none"> 1. The two plans have already been consolidated to a single plan. Following the Board Development session referenced in Key Finding 1, a paper will be presented to Management Board clarifying actions for agreement. 2. Copy of fully developed action plan(s) and evidence of approval.
	Theme: Planning, Delivery & Deadline Management	Control Design	<p>Officer: (1) Director of Workforce & Organisational Development and Director of DICE; (2) Assistant Director of DICE</p> <p>Target Implementation Date: (1) 31 March 2026; (2) 31 March 2026</p>

Policies and Procedures

There are no stand-alone policies specifically dedicated to Equality, Diversity and Inclusion (EDI), which is consistent with practice across NHS Wales. Instead, EDI principles are embedded within the health board's SEP (*We All Belong 2025–2028*) and are incorporated across all organisational objectives and policies. This reflects the sector-wide approach of addressing EDI through integrated planning and alignment with statutory and national frameworks, such as the Equality Act 2010 and the Welsh Government's Anti-Racist Wales Action Plan, rather than through individual policies for each EDI theme.

Training

Mandatory EDI training is in place across the health board and is monitored at Service Group level. This includes:

- "Treat Me Fairly" – a core EDI module with a current compliance rate of 92.13%, exceeding the Welsh Government target of 85%.
- Paul Ridd Learning Disability Awareness Training - a foundational module (Tier 1) module required for all health and social care staff, with enhanced and advanced tiers for staff in more patient-facing roles). The current compliance rate is 71.55%, although no formal target has been set.

Additionally, from 1 July 2025, NHS Wales introduced mandatory anti-racist training, to be completed by all staff by December 2025.

While mechanisms to monitor adherence to EDI principles in practice are difficult to quantify, a small number of EDI-related complaints were identified during the audit. These may indicate gaps in understanding, and it would be expected that individuals involved are identified for targeted or refresher training. As such, no formal recommendation has been raised in this report.

Impact Assessments

Equality Impact Assessments (EqIAs) are used to assess how policies, services, or decisions affect individuals with protected characteristics under the Equality Act 2010. The process begins with a screening tool to determine whether a full EqIA is required. While EqIAs are included in Board and Committee papers, management acknowledged that the quality and consistency of completion varies (see **Key Finding 3**).

The 2022 Audit Wales report, *Equality Impact Assessments: More than a Tick Box Exercise*, highlighted similar issues across NHS Wales, including underuse, inconsistent quality and weak monitoring. These gaps may undermine the health board's ability to meet its Public Sector Equality Duty and embed equity in strategic decision-making and service delivery.

In response, the health board recognised a lack of internal capacity and skills to deliver high-quality assessments. This is reflected in the Health Board Risk Register (HBRR, Risk #1763), which notes insufficient skills and resources to undertake integrated EQIAs in line with strategic service change and policy development (*initial risk* score: 16). A proposal to reduce the score to 12 was submitted to the Audit Committee in July 2025, based on progress made in developing the assessment process, despite no increase in engagement team capacity.

A new Integrated Impact Assessment (IIA) tool is being rolled out, on an active learning basis, as referenced in the HBRR and will operate in place of the EqIAs. The IIA aims to identify and address potential inequalities early, supporting a more inclusive culture aligned with the *We All Belong* vision. It consolidates multiple assessments, including equality, Welsh language, socio-economic impact, environmental sustainability and human rights, into a single process to streamline decision-making. However, further work is required to ensure that the IIA is fully embedded across the organisation. In particular, the Policy on Policies will need to be updated to reflect the introduction of the IIA (see **Key Finding 3**).

Key Findings	Risk & Impact	Agreed Management Action
<p>3 Limited Capacity and Inconsistent Application of Equality Impact Assessments</p> <p>Following the 2022 Audit Wales review, a risk was added to the health board risk register (Ref. 1763), highlighting insufficient resources to support effective delivery of EqIAs and inconsistencies in their completion. While this risk has recently been downgraded, reflecting progress of the implementation of the new Integrated Impact Assessment (IIA), with action learning being used to iteratively improve the process, further work is required to ensure the new tool is fully embedded across the organisation.</p> <p>The Policy on Policies will also require review and updating to reflect the implementation of the IIA tool and ensure alignment with the health board's broader governance and decision-making processes.</p>	<p>Potential for non-compliance with Equality Act 2010 and Public Sector Equality Duty which could lead to legal challenge and / or reputational damage.</p> <p>May undermine stakeholder confidence and delay progress in respect of addressing systemic inequalities.</p>	<p>Agreed Action:</p> <p>To strengthen the governance and effectiveness of equality impact assessments, the health board will:</p> <ol style="list-style-type: none"> 1. Complete the implementation of the new Integrated Impact Assessment (IIA) tool, ensuring it is embedded consistently across all relevant policy, service, and strategic decision-making processes. To be supported with a presentation to Board post the Development Day on the SEP, as agreed at the July 2025 Board meeting. 2. Update the Policy on Policies to reflect the introduction of the IIA and ensure alignment with the health board's governance framework. 3. Provide appropriate training and guidance to staff involved in completing impact assessments to improve consistency, quality, and understanding of the IIA's broader scope. 4. (a) Monitor implementation and effectiveness of the IIA through regular reporting and feedback mechanisms, ensuring it supports the health board's equity and inclusion objectives. (b) Develop a process for reviewing IIAs. <p>Expected Evidence of Implementation:</p> <ol style="list-style-type: none"> 1. The Board Development Day session in December will include a presentation on the IIA process; the information will be cascaded as part of the annual planning process and other relevant guidance; and review of the board paper format to ensure it reflects the IIA process. 2. Policy updated and signed off. 3. (i) Evidence of working with services to support the development IIAs; and (ii) Community of Practice developed to provide support and help embed process, including creation of a library of evidence and questions to ask AI to support staff to complete IIAs. 4. (a) Community of Practice developed and in place. (b) Written process review document.

Key Findings	Risk & Impact	Agreed Management Action
<p>Theme: Quality, Safety & Patient Experience</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Officer: (1) to (4) Assistant Director of DICE</p> <p>Target Implementation Date: (1) 31 December 2025; (2) 31 December 2025; (3i) 31 March 2026; (3ii) 30 June 2026; 4(a) 30 June 2026; 4(b) 31 March 2026</p>

Monitoring of Compliance for the Implementation of the Previous SEP

The previous SEP expired in 2024, and several gaps and challenges were identified during its implementation. These included limitations in data collection, particularly around protected characteristics, which was often incomplete or inconsistent. There was also underrepresentation of specific groups, such as ethnic minorities and individuals with disabilities. Concerns were raised regarding staff engagement and the practical application of equality principles in everyday operations. The COVID-19 pandemic further disrupted progress; and there was limited evidence of robust, outcome-based evaluation, making it difficult to assess the actual impact of the SEP on staff and service users.

Oversight for the New SEP Prior to Implementation

In 2023, the Strategic Equity, Diversity & Belonging Group (SEDBG) was established to lead the health board's human rights, equality, and diversity agenda; and tasked with developing the SEP and its associated action plan – the latter which was approved by the Board in May 2025, enabling progress on key actions while awaiting approval of *We All Belong* (by Board, in principle, July 2025). However, we have not seen evidence of progress of compliance against its action plans to date (see **Key Finding 2** and **Key Finding 5**). As we have noted under objective 1, several action plans (e.g. LGBTQ+, disability, women's health, pregnancy and maternity) are at different stages of development and implementation; some of which requiring further guidance from Welsh Government. While not all have been formally approved, many are referenced within the SEP to provide an overarching framework and demonstrate alignment with broader equality objectives (see **Key Finding 2**). Given the phased nature of these action plans, there is a clear opportunity to strengthen collaboration between the WOD and DICE teams. This will help ensure effective governance, oversight, and delivery of actions across all protected characteristic groups, and support the development of a more cohesive and integrated framework moving forward (see **Key Finding 2**).

The Terms of Reference (ToR) for the SEDBG, which outline its roles, responsibilities, and compliance obligations, remain in draft form (see **Key Finding 4**). Management has indicated that this is partly due to anticipated changes in key leadership roles, including the newly appointed Director of WOD. The draft ToR stipulate that the SEDBG should undergo an annual evaluation of its effectiveness, including a review of its ToR and meeting frequency. To date, we have not identified any evidence that such an evaluation has taken place. Furthermore, as noted under objective 4, we have not been able to confirm that the group is currently operating in full accordance with its ToR, which raises further concerns regarding governance and oversight during this transitional period. (See **Key Finding 4**).

Following the recent approval of the SEP, it will be important to engage with key stakeholders, including Equality Leads, Workforce, and Service Managers, to ensure that equality actions are embedded within broader organisational practices, such as service planning. The Welsh Government's recent WRES Organisational Report for the health board highlighted the importance of aligning policy work with Board-level action on the WRES and strategic equality plans, noting that this coordination is essential to translating progress into effective actions and a robust accountability framework. Monitoring of compliance should then continue in accordance with the requirements set out in the SEP (see **Key Finding 5**).

Key Findings	Risk & Impact	Agreed Management Action
<p>4 Lack of Formal Approval and Operational Compliance with Strategic Equity, Diversity & Belonging Group (SEDBG) Terms of Reference</p> <p>The terms of reference (ToR) for the SEDBG remain in draft form due to the anticipated changes in key leadership roles at the date of last review (February 2025). The ToR set out expectations for bi-monthly meetings, quorum requirements, and annual evaluations of the group’s effectiveness, including a review of its own ToR and meeting frequency.</p> <p>To date, there is no evidence that an annual evaluation has been completed. Furthermore, based on the limited number of minutes available, it is unclear whether the SEDBG is consistently meeting on a bi-monthly basis, whether quorum is reliably achieved, and whether the group is reporting to the Management Board in line with its stated responsibilities. We have not been able to confirm that the group is currently operating in full accordance with its ToR.</p> <p>This raises broader concerns regarding the robustness of governance and oversight arrangements during a critical period of transition, particularly as the health board seeks to implement its new Strategic Equality Plan.</p>	<p>Without formal approval of the Terms of Reference and assurance that the SEDBG is operating as intended, there is a risk of weak governance, unclear accountability, and ineffective oversight. This may undermine delivery of equality objectives and reduce stakeholder confidence.</p>	<p>Agreed Action:</p> <ol style="list-style-type: none"> 1. Finalise and formally approve the ToR, ensuring clarity on roles, responsibilities, quorum, reporting lines, and evaluation requirements. Include up to date TOR as part of update reports to Management Board as required. 2. Develop and maintain a forward plan or calendar for SEDBG meetings, aligned with the bi-monthly schedule set out in the ToR. This should include key reporting deadlines and review points. 3. Mandate the recording of formal minutes for all SEDBG meetings, including attendance, quorum confirmation, decisions made, and actions agreed. Minutes should be approved and stored centrally. 4. Introduce a structured annual self-assessment or independent review of the group’s effectiveness, including a review of the ToR, meeting frequency, and delivery against objectives. <p>Expected Evidence of Implementation:</p> <ol style="list-style-type: none"> 1. Updated ToR and SEDBG minutes confirming approval. 2. Calendar of meetings. 3. Notes available from meetings. 4. Self-assessment report to Management Board and Board.
<p>Theme: Governance</p>	<p>Medium Priority</p> <p>Control Operation</p>	<p>Officer: (1) to (4) Assistant Director of DICE</p> <p>Target Implementation Date: (1& 2) 31 March 2026; (3) 31 December 2025 (4) 30 May 2026</p>

The *We All Belong* SEP outlines a structured approach to monitoring and reporting. It proposes oversight by the Strategic Equity, Diversity and Belonging Group (SEDBG), quarterly performance reviews with Service Groups that integrate SEP progress with access and finance targets, biannual reporting to Management Board, and annual reporting to the Board in March. These annual reports are intended to be published and shared with partners and stakeholders. Additionally, the plan includes annual public engagement events to review progress and set future priorities.

Noting that the SEP has only recently been approved, a review of Management Board papers for 2024 found no evidence of Equality, Diversity and Belonging reports or updates until the meetings held in May and June 2025, where the draft SEP was shared (See **Key Finding 5**). As expected, there has not yet been annual reporting to the Board, nor have annual public engagement events taken place since the initial consultation period during the SEP's development.

Under the previous SEP (2020-24), the following monitoring arrangements were outlined '*progress will be reported regularly to the Workforce and Organisational Committee (a Committee of the Board). The Health Board will also publish an Annual Equality Report as required by the Wales-specific equality duties.*' The last published Annual Equality Workforce Report covered 2022/23 and was submitted to the February 2024 WOD Committee. An accompanying Employment Data Report (2022-23) was also issued, though it focused primarily on workforce metrics rather than progress against strategic equality objectives.

In contrast, we have observed that other NHS Wales organisations have continued to publish annual equality reports (see **Key Finding 5**). While we acknowledge the health board's commitment to EDI through its *People Strategy 2024-29*, which includes a dedicated theme on Equality, Diversity and Belonging, and through the health board's Annual Plan 2024/25 – 2025/26, where equality is embedded in strategic objectives such as tackling racism and promoting health equity, these documents are not a substitute for a dedicated annual equality report.

Although the SEDBG is reported to meet bi-monthly in line with its ToR, minutes are not routinely recorded to confirm that meetings have consistently taken place or whether quorum is always achieved (see **Key Finding 5**). While some documentation from 2024-2025 was provided, there is no evidence of formal monitoring activity to date. The minutes that were provided (June 2024, March 2025, and May 2025) confirm that those meetings were quorate in line with the ToR.

The minutes reviewed did include updates on the development of the SEP at all three meetings, with additional updates from Mental Health and Learning Disabilities Services at two of the meetings. Other items discussed included the draft EqIA / IIA tool, the Diverse Outreach Team Report, and the health board's response to the UK Supreme Court Gender Ruling.






As noted in Objective 2, there is also limited evidence of progress reporting against national action plans although we appreciate that such are at different stages of development and implementation whilst awaiting Welsh Government guidance/expectations. Monitoring of the Anti-Racist Wales Action Plan (2022) was referenced in WOD committee papers during 2023, with a more detailed update presented in December 2023, in respect of workforce actions only. A report presented to the December 2023 WOD Committee stated that '*progress will be monitored six monthly via the Strategic Equality Diversity and Belonging Group, Management Board and annually by Workforce and Digital Committee and Welsh Government.*' However, we have not seen evidence of this monitoring taking place during the audit (see **Key Finding 5**). The LGBTQ+ Action Plan was never formalised at Committee level, and there is no evidence to suggest that progress is being tracked.

Key Findings	Risk & Impact	Agreed Management Action
<p>5 Lack of Formal Reporting and Inconsistent Oversight of Equality Objectives</p> <p>The <i>We All Belong</i> SEP outlines a structured monitoring and reporting framework, including quarterly performance reviews with Service Groups, biannual reporting to the Management Board, annual reporting to the Board, and annual public engagement events to review progress and set future priorities. However, this framework is not yet operational, as the SEP has only recently been formally approved (July 2025).</p> <p>An Annual Equality Report has not been published since 2024, when a report covering the period 2022–23 was issued. While an Employment Data Report for the same period was also published, it focused primarily on workforce metrics rather than strategic equality objectives. In contrast, other health boards within NHS Wales have continued to publish annual equality reports, highlighting a gap in SBUHB’s current reporting practices.</p> <p>In addition, there is limited evidence of formal progress reporting against national equality and inclusion action plans. While some references were made in committee papers, there is no consistent or transparent reporting mechanism in place to demonstrate progress or accountability.</p>	<p>Without formal reporting structures and consistent oversight of equality objectives and national action plans, there is a risk of reduced transparency, missed statutory obligations, and limited assurance over progress. This may undermine strategic delivery and stakeholder confidence.</p>	<p>Agreed Action:</p> <ol style="list-style-type: none"> 1. To address current gaps in equality reporting, the health board will prioritise formal implementation of the <i>We All Belong</i> SEP. This will activate its structured monitoring framework, including quarterly reviews, biannual and annual reporting, and public engagement. 2. The Annual Equality Report will be reinstated immediately, covering both workforce data and progress against strategic equality objectives. This will align the health board with other NHS Wales organisations and meet statutory duties. 3. A schedule will be developed to track SEP actions and national equality plans. This will support transparency and inform decision-making across governance structures. 4. Equality reporting will be embedded into key committees, with regular updates to the Management Board, Workforce & OD Committee, and SEDBG. Named leads will be appointed for each national action plan, with clear accountability for progress reporting. 5. Annual public engagement events will be delivered to review progress and shape future priorities, with feedback integrated into planning cycles. 6. The health board will use benchmarking data produced by Welsh Government to identify good practice and ensure sector alignment. <p>Expected Evidence of Implementation:</p> <ol style="list-style-type: none"> 1. Signed off SEP. 2. (i) Interim report in November setting out work to date and priorities going forward; (ii) Annual report to Management Board and Board. 3. Schedule in place. 4. (i) Interim report in November setting out work to date and priorities going forward; (ii) Annual report to Management Board and Board. 5. Evidence of engagement informing the planning cycle.

			6. Evidence of review of Welsh Government benchmarking data and contact with other health bodies.
		High Priority	Officer: Assistant Director of DICE Target Implementation Date: (1) Completed; (2i & 4i) 30 November 2025; (2ii and 4ii) 31 May 2026; (3) 31 March 2026; (5) 31 December 2025; (6) 31 March 2026
	Theme: Reporting	Control Operation	

Appendix A Assurance Opinion & Prioritisation of Findings

Assurance Opinion

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

Prioritisation of Findings

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

Disclaimer

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

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

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

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

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



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