

Public Accountability Meeting Evidence Paper

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Context

This evidence pack has been produced by Swansea Bay University Health Board in support of the Public Accountability Meeting between Welsh Ministers and the Board on Thursday 18th December. It has been produced in line with the guidance from Welsh Government.

Date submitted 05/12/2025

Date of meeting 18/12/2025

Completed by Swansea Bay University Health Board

1.0 Finance, planning and escalation

We are committed to becoming a high-performing organisation that consistently delivers high-quality, financially sustainable services for our population.

The Board does not underestimate the scale of the challenges we face, particularly around our financial sustainability and escalation status. We are determined to address these.

Over the past year, we have made solid progress in strengthening governance and accountability from Board through to frontline services. This includes a refresh of our organisational strategy, a comprehensive review of our Board and committee governance, the development of our performance and accountability framework, and enhanced financial governance and planning. These steps demonstrate increased grip and control across the organisation. We are clear on our priorities: continuing the improvement of our maternity and neonatal services reflecting the findings of the Independent Review and the Llais and women and family reports; transforming mental health services in response to our assessment of the quality and safety of the service; maintaining our strong performance on planned care recovery so our patients access timely diagnosis and treatment; improving our emergency and urgent care system which was characterised by significant delays in ambulance patient transfers, overcrowding, long delays and poor experience at times; and urgently and sustainably addressing our financial deficit.

Our focus is now on embedding our performance and accountability framework and our refreshed operating model. We are redesigning our organisational structures through our *Organised for Success* Programme and setting out plans for service transformation through the development of our *Clinical Services Plan*. We are building on our strong clinical leadership to enable us to design and deliver the services we require into the future. High-quality care translates into better value, and it is only through this transformation that we will deliver services that are sustainable for both today and the future. We own the scale of the transformation required; the Board has reviewed and strengthened its risk appetite and management and is committed to taking the decisions required to achieve our goals, ensuring that we engage our communities, team colleagues and stakeholders as we continue this journey.

1.1 Finance

Introduction

We recognise fully the unacceptable position we are in regarding financial sustainability. Over the past three years, our position has deteriorated- both in terms of the underlying deficit and our in-year performance- as we have not secured the necessary level of recurrent, sustainable savings and cost reductions.

Reliance on non-recurrent savings has impacted the underlying position. Additional investments and service group budget adjustments have not been affordable and some of our decision-making processes required strengthening, in terms of governance, benefits realisation and rationale for decisions. We have identified the need to better intergrate and align our workforce, service delivery and financial planning. To address this, we are implementing a process for change management control within the overarching framework of the Integrated Medium-Term Plan (IMTP) and organisational priorities, ensuring recorded decisions with clear oversight and scrutiny at executive, committee, and Board levels. This will be supported by an effective tracking system to monitor impact and extract identified savings, with the introduction of a Delivery Unit playing a critical role.

With the support of Deloitte, we reviewed the drivers of our underlying deficit and current run-rate pressures as detailed below. This work is informing our plan for 2026/27 and beyond. The themes identified reflect the areas of targeted savings/cost reductions in our 2025/26 recovery plan. We are using the prudent care principles to underpin this work, ensuring that we can demonstrate optimal value for the allocation and income we receive (~£1.7bn in 2025/26), aiming for upper quartile performance over the next three years in the key delivery domains.

We delivered a balanced outturn in 2022/23. Across 2023/24 and 2024/25, annual plans invested in cost pressures which were planned to be offset in part by recurrent savings. We also saw growth in CHC and drugs spend beyond national averages and above allocations. This resulted in an opening 2024/25 deficit of £50.1m, later reduced by £6.4m through additional Welsh Government (WG) funding in December 2024.

At the start of 2025/26, the recurrent impact of 2024/25 created an initial deficit of £92.5m. Inflation and growth pressures versus a 1.77% allocation uplift added £21.5m, before applying the £55.4m savings target. Work during 25/26 has focused on understanding these deficit drivers whilst identifying a range of savings and run rate reduction plans to meet the deficit forecast. The focus on savings was both in-year and recurrent to arrest the patterns of non-recurrent subsidy in recurrent plans seen in previous years.

Whilst savings of £46.7m, £40.3m and £51.6m were reported in 2022/23, 2023/24 and 2024/25 respectively, the recurrent percentages of these were 40%, 27% and 72% which impacted on the underlying deficit position.

Current financial position, reasons for any reported deficit, outlook for the year-end outturn and anticipated recovery action

On 31 March 2025, we submitted a 3-Year Financial Plan with a Year 1 deficit of £58.7m, based on delivering £55.4m savings. The plan projected achieving the

target control total by 2027/28, assuming relatively stable allocations and cost growth each year, while recognising the need for greater pace, reduced risk, and larger-scale savings.

Savings targets across the 3 years total £133m; ambitious but achievable through productivity, efficiency, service transformation and cash-releasing measures within an organisation with annual gross expenditure exceeding £1.7bn. Year 1 savings of £55.4m represent 3.2% of expenditure, and we delivered £51.6m in 2024/25.

At Month 7, the reported overspend was £47.2m versus a planned position of £34.2m, leaving a £12.9m variance above the £58.7m deficit plan. This reflects four key issues:

- Slower than planned progress of savings (see 'Progress against savings plan' section)
- In-year pressures in Mental Health and Learning Disabilities, specifically temporary adult placements and continued growth in patients receiving CHC
- Reduced acute bed capacity available for acute care resulting from delayed pathways of care accounting for around 2,000 bed days in November
- £3m shortfall in the National Insurance funding versus actual costs following UK changes

This excludes the Welsh Risk Pool impact, which requires a collective, national solution. During Q3, we are assessing the year-end outlook to determine and agree the scale of the challenge and the actions needed to meet the £58.7m target by 31 March 2026. The Board is providing tight oversight of this process, is supporting the necessary decisions and has reconfirmed its commitment to delivering the end of year target.

Drivers of the financial deficit

One of the nine deliverables from our external strategic partner is an assessment of the financial baseline and deficit drivers. We also completed our own analysis, informing the March 2025 deficit plan using data from the Monthly Monitoring Return.

This assessment shows that from 2019/20 to 2025/26 (@ Month 5), we had seen expenditure increase from £1,167m to £1,701m. Of this increase, £318m relates directly to macro-economic changes such as Consumer Price Index (CPI) rates, pay awards and national uplift to commissioning/LTA contracts. However, £216m is in excess of macro-economics and relates to the following key issues:

- **£115m of £216m** : Staff numbers – whilst WG fund the annual pay awards, we have increased our Whole Time Equivalent (WTE) numbers from 11,481 in 2019/20 to 13,574 in 2025/26 (@ Month 5). A breakdown by staff group is provided below:

WTE by Staff Group 2019/20 to 2025/26

Staff Group	WTE @ End March 2020	WTE @ Mth 5 FY 2025/26	WTE Movement
Add Prof Scientific & Technical	293.46	427.02	133.56
Additional Clinical Services	2,438.21	2,840.70	402.49
Administrative & Clerical	2,074.46	2,346.39	271.93
Allied Health Professionals	822.17	994.72	172.55
Estates & Ancillary	1,016.85	1,016.33	- 0.52
Healthcare Scientists	310.14	371.65	61.51
Medical & Dental	1,048.14	1,386.07	337.93
Nursing & Midwifery Registered	3,477.87	4,190.65	712.78
Grand Total	11,481.30	13,573.53	2,092.23

(Note- this will include WTE for Variable Pay areas such as Bank and Overtime)

The drivers of our staff increase include compliance with The Nurse Staffing Levels (Wales) Act 2016, posts associated with business cases, increase in planned care activity and the fact that we have been successful in recruitment and retention. At the time, our planning process was not supported by an integrated workforce, service, and financial planning approach which is something we are now addressing.

- **£22m of £216m:** increase in non-pay costs above the average CPI rate.
- **£10m of £216m:** increase in secondary care drugs, which is predominantly be NICE related as on average the horizon scanning of NICE requires £4m-5m growth or +7% of budget.
- **£19m of £216m:** increase in Commissioned LTA above standard LTA inflationary increase. One key driver has been the continued growth in specialist services commissioned on behalf of Wales by JCC.
- **£36m of £216m:** CHC and FNC growth above basic CPI rates driven by increase in the cost of packages and the acuity of patients.

The above sets out one methodology of assessing cost growth and through the work we are doing with our support partner Deloitte, we are triangulating the deficit drivers and developing plans to address them through the IMTP process. The review of the underlying deficits draws out a distinction between operational, strategic and structural drivers of cost and expenditure. National benchmarking data have also been used to compare service delivery costs across key service lines.

Progress against savings plan

Following identification of savings non-delivery in the Month 1 2025/26 position, and with Cabinet Secretary support, an external strategic partner was appointed in July 2025 to support the drive of in-year, recurrent, and sustainable savings delivery. The programme focuses on nine key deliverables:

1. Board delivery structures: Diagnostic of governance, reporting, and accountability with recommendations to strengthen grip and mitigate risk.

2. Control environment: Review of controls in high-risk spend areas (e.g., temporary workforce, non-pay), identifying gaps and implementing priority actions to reduce run-rate pressures.

3. Financial baseline and deficit drivers: Independent validation of deficit assessment and drivers, with emphasis on Urgent & Emergency Care (UEC) and CHC.

4. UEC investment review: Analysis of investment impact with disinvestment options and redesign opportunities (e.g., Same Day Emergency Care, Acute Medical Unit, discharge) to unlock flow and capacity.

5. CHC spend reduction: Assessment of cost drivers and commissioning routes, identifying savings options and enablers.

6. Savings plan review: Risk-rated assessment of 2025/26 plan, testing deliverability and recommending actions to improve certainty.

7. Fully identified 2025/26 savings plan: Phased plan with in-year mitigations through scheme stretch, substitution, and grip improvements.

8. Future savings pipeline: Structured pipeline for 2026/27–2027/28 segmented by opportunity, risk, and timeline.

9. Implementation roadmap: Sequenced priorities, delivery tracking, and resourcing plan to sustain progress beyond diagnostic.

Outputs are being finalised and will be signed off on 11 December 2025. Key points on 2025/26 progress against the £55.4m savings target are noted below:

As outlined in the detailed submission titled ‘*Annual Plan – Financial Update*’ provided to WG on 11 September 2025, we, with support from our external strategic partner, identified a plan to deliver the £55.4 million requirement.

Planned Breakdown £55.4m as per 11 Sept Submission

Ref	RAG	@ 11 Sept Plan £M
B3	Amber	3.3
B3	Green	21.8
C2	Pipeline (Local)	1.7
C3	Pipeline C3	6.8
D1-D3	Pipeline D1, D2 or D3	9.0
C1	Red (Trackers)	2.7
Sub Total Savings Trackers		45.3
C1	Red (Corporate Stretch)	1.5
B2	NR Opportunities	6.1
B1	Corporate Underspend	2.5
Sub Total Other Actions		10.1
TOTAL		55.4

We are focused on delivering the £55.4m plan by 31 March 2026, which is being driven by the Recovery and Sustainability Board and supported by our external strategic partner. The table above provides a high-level summary of the component parts of the savings plan that would deliver the £55.4m target set out across our internal classifications. The first section contains those schemes for which a budgetary adjustment will be required and are reported through the Health Boards Savings Trackers and subsequently the monthly WG Monitoring Return submissions. The second section shows a mix of underspends and non-recurrent adjustments that whilst not savings, will support us in reaching our target on a non-recurrent basis.

At the Recovery and Sustainability Board held on 12 November 2025, forecast delivery against the plan demonstrated a £14.8m gap.

Forecast Delivery to 31st March 2026 @ 12 November 2025

Ref	RAG	@ 11 Sept Plan £M	@ 6 Nov Tracker Forecast Delivery £M	@ 6 Nov Gap Between Savings Plan & Forecast £M
B3	Amber	3.3	1.1	(2.2)
B3	Green	23.3	30.9	7.6
C2	Pipeline (Local)	1.7	0.0	(1.7)
C3	Pipeline C3	6.8	0.0	(6.8)
D1-D3	Pipeline D1, D2 or D3	9.0	0.0	(9.0)
C1	Red (Trackers)	2.7	0.0	(2.7)
Sub Total Savings Trackers		46.8	32.0	(14.8)
C1	Red (Corporate Stretch)	1.5	1.5	0.0
B2	NR Opportunities	4.6	4.6	0.0
B1	Corporate Underspend	2.5	2.5	0.0
Sub Total Other Actions		8.6	8.6	0.0
TOTAL		55.4	40.6	(14.8)

In Q3 work is underway at pace to address the gap and to ensure as a minimum we deliver the 2025/26 £58.7m deficit plan. This includes:

- Extension to the contract with external strategic partner to support the organisation on:
 - Structure of the Recovery and Sustainability Team
 - Immediate delivery of 2025/26 savings and translation of these into recurrent savings to stabilise the entry run rate into 2026/27
 - Delivery of a sustainability approach via the establishment of a Delivery Unit, fully optimising transformation and programme capacity and capability across the organisation
 - Full assessment of Year End Outlook, reviewing savings and delegated operational budgets to assess gap and the actions and decisions needed- to be concluded during Q3.

- Translation of our deficit drivers into clear plans that will shape our savings programme for 2026/27 and beyond identifying all opportunities for financial improvement
- Revised approach to be utilisation in the final four months of the year to include: -
 - o Developing a non-medical ward to care for clinically optimised patients and provide appropriate care and rehabilitation to support discharge
 - o Reduced surge bed numbers in acute settings to reduce variable pay costs per plan

Alongside support from our external strategic partner, we have:

- **Recovery and Sustainability Board** – meets twice monthly, reporting to the Performance and Finance Committee. One meeting reviews thematic executive programmes; the other focuses on Service Group savings delivery (Green/Amber).
- **Recovery and Sustainability Team** – provides project management for savings and thematic programmes.
- **Thematic Executive Lead Programmes** – aligned to national Value and Sustainability priorities, covering:
 - Workforce (Non-Clinical, Nursing, Medical) – with a focus on reducing variable pay, increasing staff availability to work, strengthened shift planning and continued move towards seven-day working
 - CHC and Complex Care
 - Urgent & Emergency Care (including review of previous investments, reduction in acute beds – currently in excess of 35 surge beds open and 179 acute beds occupied with patients with delayed pathways of care at time of writing this report.
 - Planned Care (including optimising theatre utilisation, outpatient productivity and streamlining patient pathways)
 - Procurement value cost savings and non-pay cost reductions
 - Medicines Management improvements.

Progress against the value and sustainability plans

Value and Sustainability (V&S) themes are embedded locally through our thematic executive programmes. All savings schemes are tracked via savings trackers, forming the core governance for reporting. Each scheme is categorised under a V&S heading (or as a local scheme), ensuring consistent oversight by the Recovery & Sustainability Board. Forecast delivery by V&S category, including local schemes, is shown in the table below.

2025/26 Savings Trackers Forecast Delivery by V&S Category @ 6th November

V&S Category	Forecast Delivery 2025/26 £M
CHC and Complex Care	6.5
Medicines Management	4.9
Pathway	3.1
Procurement & Non Pay	9.1
Workforce	4.2
Local / Other	4.2
Total	32.0

The table above provides a high-level summary of the total of savings that we are forecasting will be delivered in 2026/27 by each of the V&S categories. This £32m is within the £55.4m total savings plan and is presented by V&S category for ease of tie back. We welcome the national work carried out through the V&S Board and the opportunities it brings to test local processes and drive further options.

1.2 Enabling actions

We are committed to delivering the enabling actions. Each action is 'allocated' to a priority programme of work to track progress.

Q2 summary:

No.	Enabling Action (summarised)	RAG
1	Implement CIN guidelines	A
2	Implement CIN follow up criteria	A
3	DNA/CNA rates	G
4	Direct listing of cataract referrals	G
5	90% protected planned care capacity	G
6	Effective utilisation of theatre capacity through late starts, early finishes and in session utilisation	A
7a	High Volume Low Complexity Theatre lists; primary joints per list	G
b	cataracts per list	G
c	hernia/gallbladders per HVLC list,	R
8	Day surgery rates	R
9	Clerical and clinical validation	A
10	Community falls response	A
11	Remote clinical assessment services framework	G
12	Acute frailty model at the front door	A
13	Ambulance Handover Guidance	A
14	Optimum Hospital Flow Framework	G
15	Maintaining the actions within the 50 Day challenge	G
16	Nationally optimised pathways in the cancer recovery programme	A
17	Straight to test guidance	A
18	High Value High Impact pathway - Diabetes	A
19	High Value High Impact pathway - Arthroplasty (Hip & Knee)	G
20	High Value Impact pathway - Bone Health	Update TBC
21	Digital maternity system and NHS Wales app.	A
22	NHS Wales app for repeat prescriptions.	G
23	Eradicate unsupported systems and devices, and clear cyber response plan for the organisation.	G
24	Implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1.	Welsh Health Circular on national approach to INNUs not yet published.
25	Implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26	
26	<u>HealthPathways</u>	G
27	Variable Pay and Agency Control Framework Welsh Health Circular	A
28	Reduction in agency expenditure	G
29	Reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates and Ancillary staff	A
30	Job Planning	G
31	Reduction in sickness absence	R
32	Non-Pay	G
33	Medicines Management	G
34	CHC	A
35	Estate utilisation	Bco

1.3 Clinical Services Plan

Our Clinical Services Plan (CSP) 2019–2025 concluded in March 2025. On 24 July 2024, the Executive Team agreed to extend the CSP for 12 months to deliver remaining priorities and refresh the plan for relaunch in March 2026.

Progress to date includes:

- Networked Hospitals
 - *Morrison Hospital*: Emergency, complex, and unpredictable care; centre for all acute admissions. Paediatric inpatient services.
 - *Singleton Hospital*: Women and babies, surgical procedures not requiring ITU, and the Southwest Wales Cancer Centre.
 - *Neath Port Talbot Hospital*: High-volume surgical centre, rehabilitation, Minor Injuries Unit, and standalone birthing centre (reopened 2024).
- Integrated Clusters
 - Eight clusters of varying population size; mature clusters demonstrate improved access to community-based services.
 - Virtual wards provide integrated step-up/step-down care with GPs, geriatricians, pharmacists, and community teams. From Nov 2021–Sept 2025, supported 12,000 patients, preventing ~4,000 admissions; patients discharged under virtual ward care are 70% less likely to be readmitted.
- Outpatient Modernisation
 - See-on-symptom follow-up models of care, direct access from GP to diagnostic, improved health care pathways (heart failure, cardiology), expanded community clinics, accelerated Patient Portal adoption (aligned with NHS App), reducing paper and improving patient access.
- Key Developments
 - Strengthened stroke rehab via Early Supported Discharge and Acute Stroke Unit.
 - Community Mental Health and Emotional Wellbeing Strategy.
 - Frailty services with Older Persons Assessment Unit at Morrison.
 - Surgical services remodelling across three hospitals.

The refreshed CSP will reaffirm hospital service configuration, refine our centres of excellence ambition, prioritise out-of-hospital care, and rebalance resources to strengthen primary and community capacity (aligned to Community by Design). It will also enhance regional service delivery with Hywel Dda UHB and Cardiff and Vale UHB for highly specialist services. Delivery will require close collaboration with partners and engagement with our population on any service changes.

The refreshed plan will incorporate recommendations from the Independent Review of Maternity and Neonatal Services and our expert-led review of Mental Health Services.

The Clinical Strategic Plan

The Clinical Strategic plan will include:

- **Context and Drivers** – ‘State of the Population’ Report, Horizon Scan Report, Demand and Capacity Overview, Infrastructure Challenges
- **Quality Statement of Care and Services** – Building on established work and evidence this will set out what people can expect from the health board, NHS and care partners at each level of care



- **Strategic Future Models of Care** – Description of future direction of care delivery across the health board area, ensuring services are designed to meet people’s rightful expectations at every level, while making best use of resources, skills, and technology. To include: Service model description; Key features of the future model, Intended outcomes; Enablers



This approach will support the Welsh Governments plans to accelerate progress with the delivery of integrated health services for and in communities and the national Transformation Programme being established

1.4 Service change

We are delivering service changes aligned to priority programmes in maternity and neonatal, mental health, urgent and emergency care, and planned care, alongside changes driven by service fragility and safety concerns. All changes are undertaken with advice from Llais, local partners, and appropriate community engagement.

Of note:

- **Gorseinon Hospital** – Temporary transfer of West Ward beds to Singleton Hospital due to staffing-related safety concerns. We remain committed to Gorseinon’s long-term future and will engage on its role as part of CSP development in the new year.
- **Tonna Hospital** – Admissions to the Mother and Baby Mental Health Unit paused for urgent roof and air conditioning works, with outreach support and alternative placements agreed with the Joint Commissioning Committee (JCC). Completion expected by December. The location of the MBMHU’s location was always a temporary solution as it does not meet recommended standards of service co-location; future plans will be delivered through the Mental Health Transformation Programme, aligned to the CSP.

- **Caswell Medium Secure Unit** – Escalated to level 3 by JCC and closed to new admissions following review (14 October). Both the Health Board and JCC are confident that the immediate actions required to enable us to reinstate admissions to Caswell can be finalised by mid-December.
- **Minor Injuries Unit (Neath Port Talbot)** – As a result of senior clinical staff shortages, the closing time of the Minor Injuries Unit at Neath Port Talbot was temporarily changed from 11pm to 9pm in 2023 to enable additional staffing to be recruited / trained. This was considered feasible due to the low numbers of attendees at the unit after 9pm. The unit performs an important role in our urgent and emergency care portfolio of services, relieving pressure on our Emergency Department at Morriston. The temporary closing time is consistently under review, and we have engaged with Llais regarding future provision and opening hours, which will be included within our CSP development and engagement. A significant investment was made in this service, and the delivery model will need to reflect the need to review this investment and design service delivery in line with the financial resources available.
- **Phlebotomy Services** – Following redesign of the services in 2023-24 where waits were reduced consistently to the locally set target of 7 days, community waits have been growing again (currently average 16 days) due to demand and workforce pressures. Immediate actions include recruitment, overtime, and reducing inpatient phlebotomy at Neath Port Talbot to free capacity for circa 400 extra community slots weekly. We will revisit the sustainability of the distribution of blood testing capacity through our CSP.

1.5 Regional working

We work with Cardiff and Vale UHB through the Regional Specialist Services Provider Partnership to align Specialist Service provision across South and West Wales. This year we collaborated on:

- Addressing fragility of West Wales Gynae-Oncology Service
- Improving Haematology and specifically, Hepato-Pancreato-Biliary (HPB) pathways and;
- We are currently delivering around 200 additional cardiac surgery cases for the South East Wales population to help equalise waiting times across South Wales. We are working closely with JCC and our teams to develop a sustainable model, recognising the fragility of the service and the need to maintain capacity for training future clinicians—a concern recently escalated by Health Education Improvement Wales (HEIW).
- Hywel Dda UHB and Swansea Bay UHB remain committed to the Regional Joint Committee (RJC), established in January 2025, which is driving a step change in regional collaboration. It brings together Independent Members, Executive

Directors, WG observers, and Powys associates, with subgroups delivering on strategic objectives.

The South West Wales Regional portfolio of Clinical Services Planning features several programmes advancing joint initiatives such as:

- **Orthopaedics** – Development of networked hand surgery service and ankle arthroplasty service, reducing long waits for hip and knee arthroplasty
- **Eye Care**- Recruitment underway for two regional consultants; Open Eyes Electronic Patient Record live at Swansea Bay (September 2025), Hywel Dda go-live by March 2026, development of single consultant on-call rota.
- **Cancer Modernisation**- Second CT SIM operational at Singleton (November 2025), eliminating a single point of failure and paving the way for improved radiotherapy access, with plans underway for an additional Linac and spare bunker by 2027/28 (subject to approvals).
- **Vascular Network** – Progress three interdependent business cases (Hybrid Theatre, Vascular Interventional Radiology, and Critical Limb Pathway) to enable earlier intervention and a shift from unplanned to planned care.
- **Pathology** - Single-site laboratory proposal due in February 2026; plans underway for a South West Wales Operational Delivery Network.
- **Urgent and Emergency Care** - Initial focus to establish a regional Single Point of Access with WAST, ahead of winter.
- **Stroke** - Ambition to support new model of provision of stroke services through comprehensive stroke centre and a networked approach to cross boundary working that seeks to improve the whole patient pathway including access to diagnostics, interventions, rehabilitation, including early supported discharge and psychological support services.

Supporting workstreams include regional health economy, digital and AI strategy, finance and contracting, workforce development, and research and innovation. These aim to deliver integrated clinical services, improved resource allocation, enhanced digital maturity, and accelerated research and innovation

1.6 Escalation

The Board takes its escalation status seriously. The Chief Operating Officer is Senior Responsible Officer for targeted intervention, with each escalation area supported by senior management and clinical leads. Progress against de-escalation criteria is monitored through the Integrated Performance Report and Monthly Escalation Report.

Our *Organised for Success* Programme is strengthening our operating model by embedding performance, accountability, and a culture of continuous improvement—essential to achieving long-term sustainability and de-escalation.

- Finance – Level 4. Good progress made on financial control environment and actions in targeted intervention action plan tested by external support partner. Annual plan in a 3-year context will describe the financial improvement journey to Target Control Total.
- Strategy and planning- Level 4. CSP in place by March 2026. Good progress made in delivering against the Planning Maturity Matrix. Good progress made by the Regional Joint Committee which next meets in January 2026. We will produce an annual plan in a 3-year context for 2026/27 grounding in the need for a step-change in service, financial and service sustainability.
- Maternity and neonatal services – Level 4. Perinatal Committee established and Perinatal Programme Board set-up. Assurance in key domains of safety.
- Urgent and emergency care – Level 4. Good progress against ambulance handover criteria, POCDs targets, and time to clinical review. More progress required on 12-hour ED waits.
- Quality of care related to healthcare-associated associated infections (HCAIs) – Level 4. Remains significant concern and subject to intense ongoing improvement work. Key enabler is reduction in COPs to create a decent space on the Morriston Hospital site.
- Cancer – Level 4. Achieved 60% in three consecutive months as per de-escalation criteria (July, August & September).
- Planned care – Level 3. Continued compliance with 52-week and 104-week, and 14-week therapy targets. Issue remains 8-week diagnostics (mainly endoscopy) and follow-up waiting list breaches.
- Child and adolescent mental health services (CAMHS) – Level 3. Recovery against Part 1b measure of 63% in October. Compliant with other parts.
- Mental health – Level 2. Working closely with NHS Performance & Improvement (P&I) on action plan.

2.0 Improving access for all

2.1 Performance overview

High-quality care starts with safety. We aim to continually minimise avoidable harm and ensure care is reliably delivered to the highest standards. Timeliness matters, so we strive to ensure people receive the right care, at the right time, from the right person, in the right place. We have made many changes that demonstrate tangible improvements in safety, timeliness, and patient experience as highlighted throughout this section.

Our planned care performance is among the best in Wales:

- Zero patients waiting >52 weeks for outpatients or >104 weeks overall.
- Therapy and radiology targets met; endoscopy waits significantly reduced and on track to deliver local target now temporary additional capacity is in place.

We are confident we will achieve all key milestones set out in our Referral to Treatment (RTT) Delivery Plan at the end of March 2026.

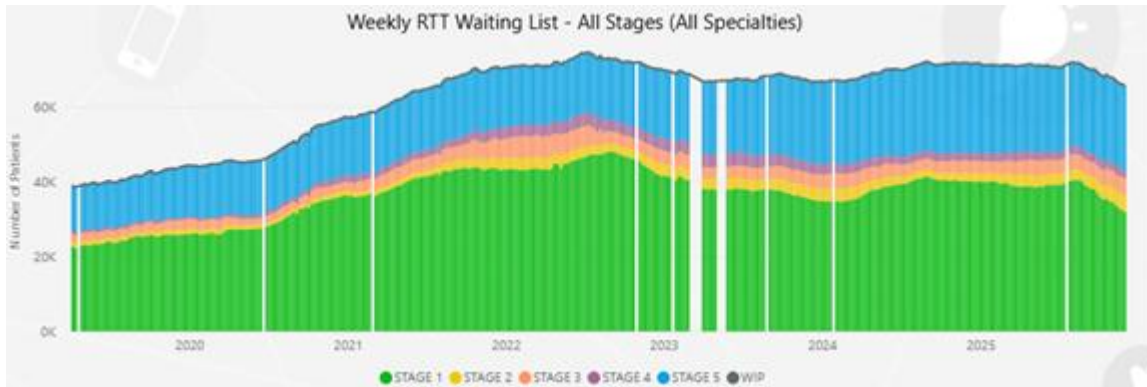
Our clinically-led, whole-system improvement programme delivered measurable improvements across the Urgent and Emergency Care pathway between June and October 2025, including:

- Frailty-focused initiatives, virtual wards, enhanced community teams, and senior decision-makers at the front door have improved flow.
- 161% improvement in <45-minute handovers.
- 77.9% improvement in average time to handover, against a backdrop of a 5.4% increase in ED ambulance attends.
- Whilst Pathways of Care Delays (POCD) have reduced and are meeting our targets, around 150 of our acute beds are occupied by patients delayed in moving to the next stage of their care and which poses a deconditioning risk to these patients and the potential for significant harm to be caused; we are working with Local Authority partners to address this.

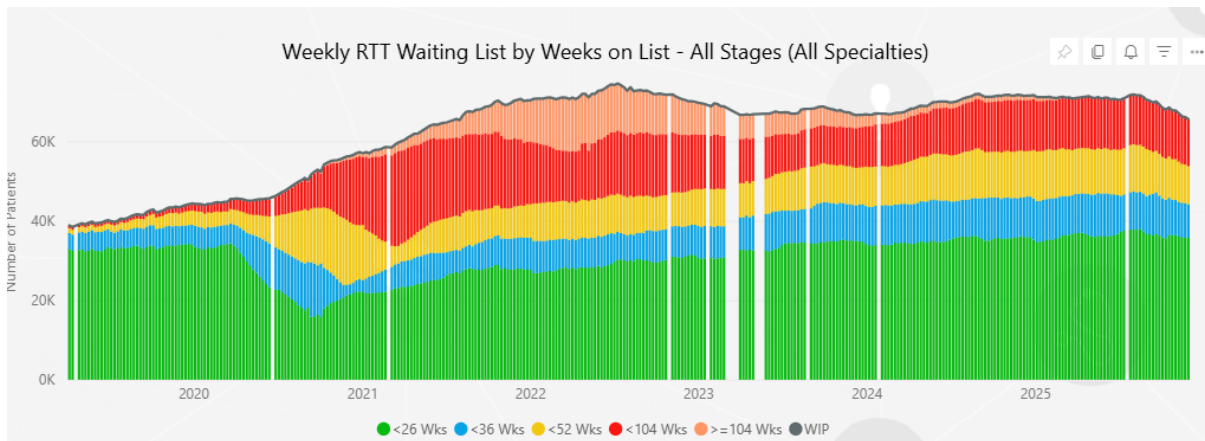
Cancer performance remains challenging, and we will sustain focus on diagnostic and treatment capacity and pathway redesign.

Planned Care and Cancer

The below graph taken from our RTT Vitals Dashboard illustrates overall waiting list (WIP – work in progress) by stage over the last 5 years.

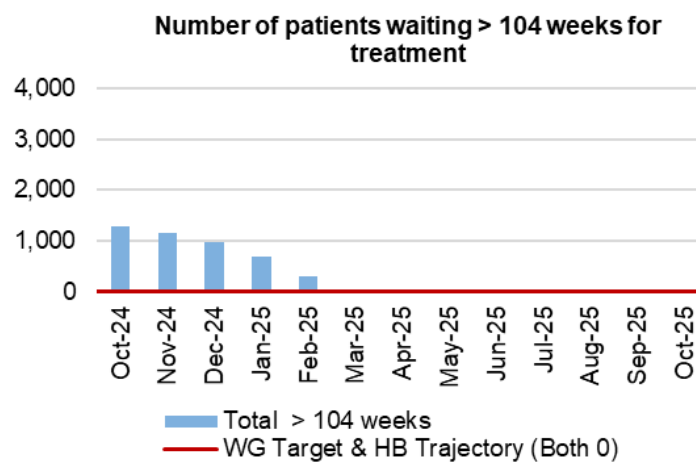


The below graph illustrates overall waiting list (WIP – work in progress) by weeks' wait over the last 5 years.



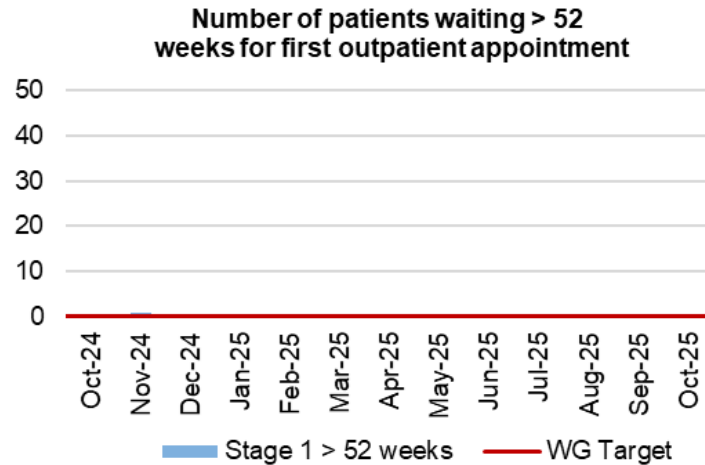
RTT Performance: 104 weeks (all stages)

We delivered our performance ambition of zero patients waiting over 104 weeks at the end of both Q1 and Q2 of this year. We are on track to maintain this position at the end of Q3 and Q4.

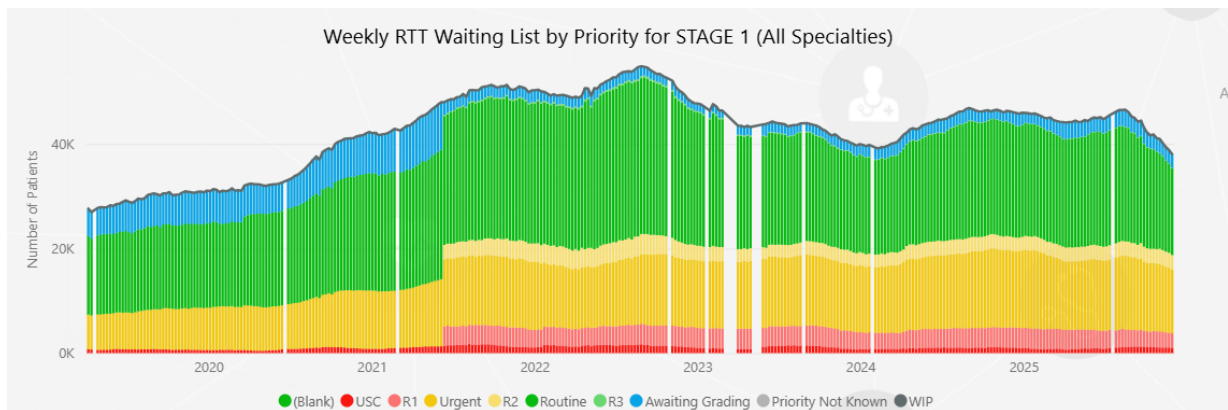


RTT Performance 52 weeks (Stage 1)

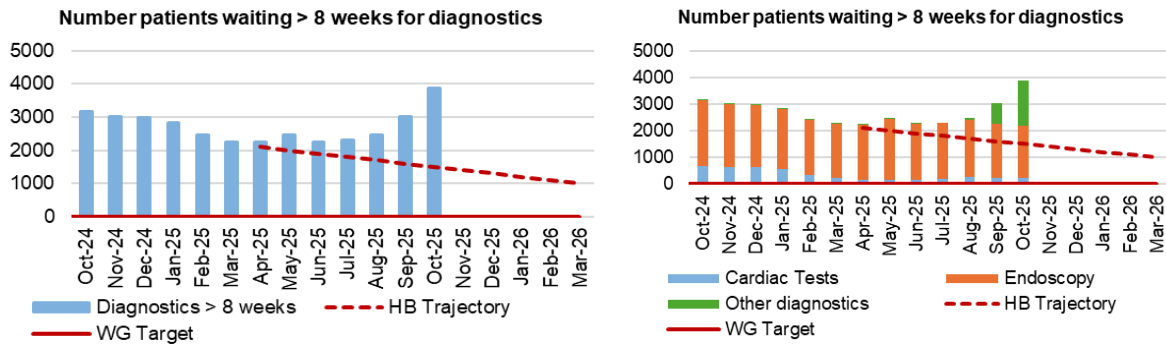
We maintained zero patients in our 52-week outpatient cohort last year and with support from WG’s Phase 3 national insourcing plan, we will see outpatient waits reduce further by the end of the March 2026, with a number of specialties (General Surgery, Urology, Neurology and all orthopaedic sub-specialties bar one) falling below 26 weeks.



The illustration below shows the recent reduction in the outpatient waiting list (all specialties) as a result of the Cabinet Secretary’s focussed work on reducing overall waiting list volumes. It shows the start point in April 2019 (circa 27k patients) to the all-time high in August 2022 (circa 58k patients) to the current position of circa 38k patients waiting. Progress in reducing these volumes will continue until the end of March 2026.

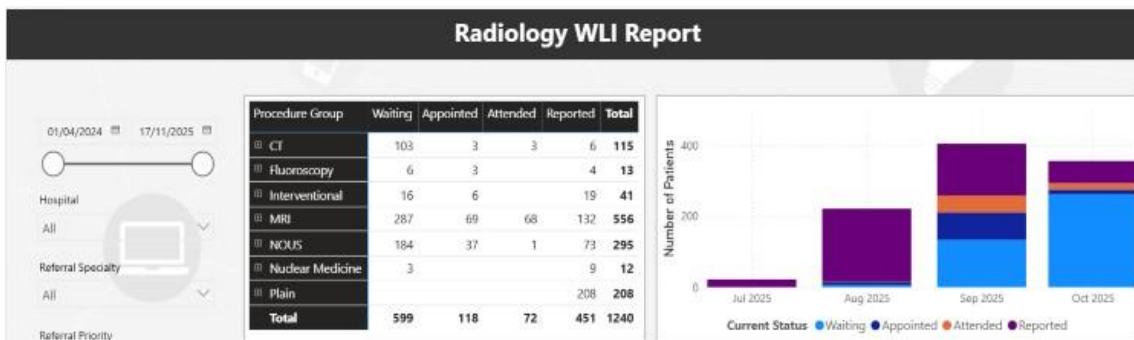


8 Week Access to Diagnostics Performance

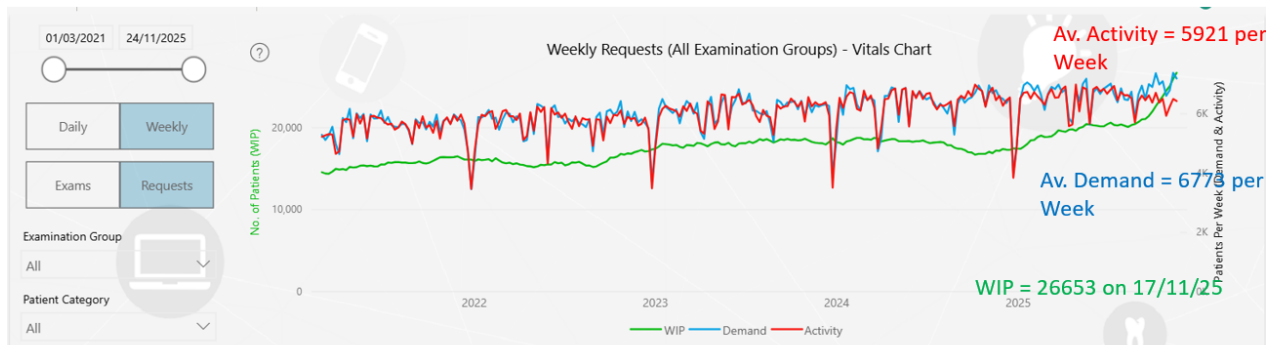


Endoscopy is our most challenged area - the mobile unit funded through WG's Phase 4 monies is supporting us to recover this position. Whilst we experienced procurement delays with the mobilisation of this solution, these are now resolved, and activity has commenced meaning we still plan to eliminate 8-week diagnostic waits by the end of March 2026. Non-endoscopy waits relate to the conversions to diagnostics from the additional outpatient work to deliver the Cabinet Secretary's commitment to reduce overall waiting lists.

The graphs below illustrate the increase in waiting list volumes as a direct result of additional outpatient activity. We initiated the additional activity from August and prior to that date, the only consequential 8-week breaches were within Endoscopy. The bar chart below shows that since August, we are now reporting breaches in other diagnostic modalities, with the biggest impact being on MRI.



The graph below, taken from our Vitals Dashboard, illustrates the overall waiting list (Work in Progress - WIP), since August. It shows that currently demand is outstripping activity by circa 850 investigations per week, across all modalities.



We are linking with colleagues in WG to release funding required to deliver the additional activity as per phase 4 of the Cab Sec waiting list reduction initiative.

Cancer

Ministerial delivery expectations are not yet fully achieved, and cancer performance – particularly against the Single Cancer Pathway standard – remains a key area of focus, requiring a sustained focus on diagnostic and treatment capacity and pathway redesign.

We are making good progress with implementation of the 5 high-impact pathway changes recommended in the Ministerial Advisory Group report:

- Capsule Sponge – On track: Two Advanced Nurse Practitioners are now qualified, with first lists completed in October and November 2025. Further work is needed to reach 25 procedures per month, but plans are in place to achieve this by March 2026.
- Symptomatic FIT – Complete: 80% of suspected LFI cancer referrals now include a FIT test.
- Unscheduled Bleeding on HRT/Post-Menopausal Bleeding Pathway – On track: Go-live planned for January 2026.
- Breast Pain Only Pathway – On track: Following national guidance dissemination in November, an implementation plan has been developed and tabled for discussion at the Planned Care and Cancer Programme Board.
- Tele-dermatology – Complete: All suspected skin cancer referrals are accompanied by a good quality image.

We are committed to improving access for cancer treatment and delivery against the 62-day target. We are currently focussing work in the tumour sites with the highest number of breaches (Urology, Colorectal and Skin) and are confident in making improvements towards compliance. Analysis of the pathways breaching the target and the backlog volumes indicates that patient choice and unavailability have a negative impact on our ability to deliver.

As an example; 18% of newly diagnosed patients receiving first definitive treatment in October had recorded periods of unavailability ranging between 3 and 56 days in total duration, totalling 794 lost days.

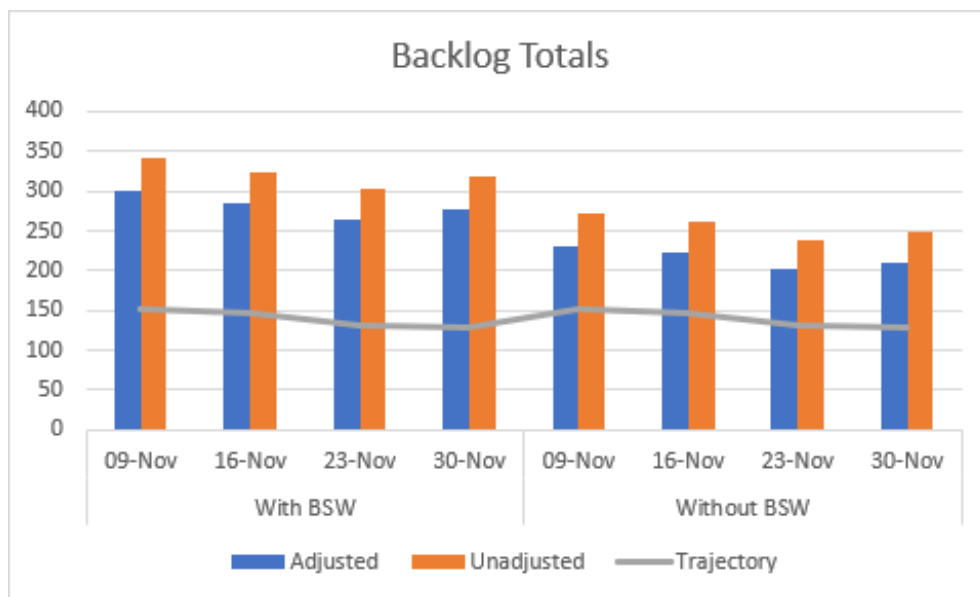
This varied somewhat between tumour sites, with Urological tumour site demonstrating the highest proportion, as per the table below.

Tumour Site / Adjustment Days	3	4	5	6	7	8	10	11	12	13	14	17	18	19	20	21	23	24	25	27	29	33	34	35	44	45	50	56	Total
Breast		1				1	1					1							1			1	1						7
Gynaecological										1					1				1										3
Haematological											1																		1
Head and Neck	1							1								1										1	1		5
Lower Gastrointestinal						1															1	1					1		4
Lung												1	1																2
Skin			1		1													1											3
Upper Gastrointestinal		1																									1		2
Urological	1	1	1	2	3			1		1			1		1	1							1	1					14
Grand Total	1	3	1	1	3	5	1	1	1	1	2	2	1	1	1	2	1	1	2	1	1	1	1	1	1	1	2	1	41

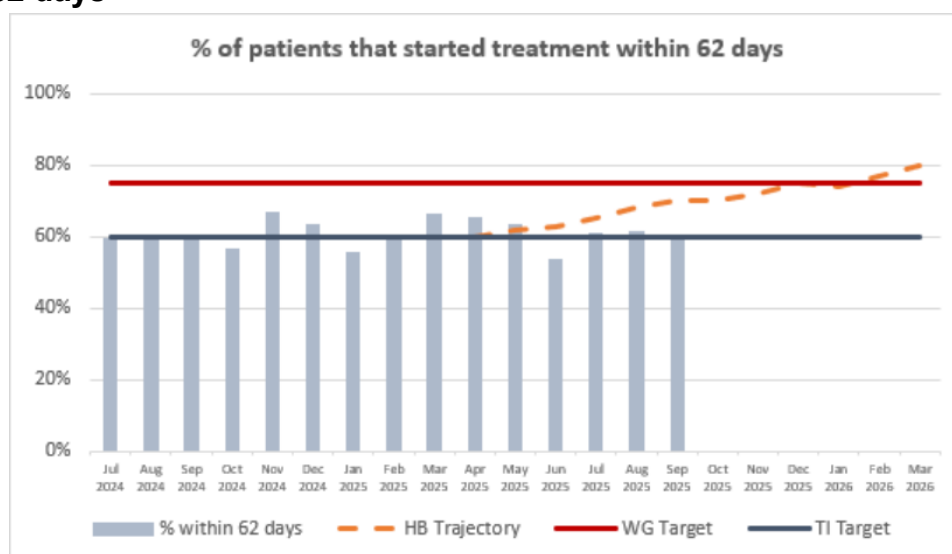
Similarly, the following demonstrates active patients on pathway over the last month who have adjustments on their pathway:

SCP Wait Status	09-Nov		16-Nov		23-Nov		30-Nov	
	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted
19 Days and under	1131	1058	1146	1081	1180	1110	1242	1166
20 - 31 Days	327	331	332	335	363	359	400	406
32 - 42 Days	270	276	243	243	328	245	258	265
43 - 52 Days	191	200	194	204	183	195	175	179
53 - 62 Days	133	146	122	134	161	178	138	154
63 - 103 Days	211	235	192	220	174	198	182	209
104> Backlog	90	107	92	104	91	105	94	110

This issue also impacts on our backlog numbers. The graph below depicts a difference in backlog volume of between 40 and 60 pathways per week when we compare adjusted and unadjusted waits:



Current position and trajectory for achieving 75% of patients starting treatment within 62 days



Our September 2025 position of 60% demonstrates a performance of 60% or greater for 3 consecutive months (i.e. meeting the criteria for de-escalation from Targeted Intervention) and therefore our current escalation status is under review.

Breach volumes by tumour site

Lower GI, Skin and Urology are the primary tumour sites off trajectory which is contributing to the backlog position.

Improvement work is ongoing in these specialties focused towards reducing waits at the front end of the pathway and improving communication with patients to reduce the high levels of patient unavailability currently experienced.

Table 1: Number of patients who breached target for each tumour site, April - September 2025

Patients who breached target	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sept 25
Head and neck	3	3	6	7	5	8
Upper Gastrointestinal	1	6	3	9	3	7
Loer Gastrointestinal	11	11	26	16	12	16
Lung	9	19	11	3	11	9
Sarcoma	2	0	1	1	2	0
Skin(c)	16	9	8	16	9	12
Brain/CNS	1	0	0	0	0	0
Breast	10	10	13	4	7	12
Gynaecological	2	10	8	6	5	5
Urological	20	20	33	31	20	29
Haematological	4	7	11	8	6	9
Acute Leukaemia	0	0	0	0	0	0
Children's cancer	0	0	0	0	0	0
Other	1	0	1	1	0	0
Grand Total	80	95	121	102	80	107

Tumour Site	63 - 103 days		≥104 Backlog		Total Backlog	Trajectory for w/e 16/11/25	Above or Below
	Number reported	+ / -	Number reported	+ / -			
Acute Leuk.	0	0	0	0	0	0	0
Brain/CNS	1	0	0	0	1	0	1
Breast	11	2	1	0	12	7	5
Children's	1	0	0	-1	1	0	1
Gynaecological	31	4	10	-1	41	18	23
Haematological	8	4	8	-1	16	9	7
Head and Neck	7	0	5	0	12	6	6
Lower GI (Excl. BSW)	14	-7	3	-2	17	24	55
<i>LGI of which are BSW</i>	39	-7	23	-1	62	-	-
Lung	9	-2	5	1	14	16	-2
Other	1	1	2	1	3	2	-1
Sarcoma	4	-1	1	1	5	4	1
Skin	58	1	12	0	70	22	48
Upper GI	11	2	9	-3	20	15	5
Urological	25	-12	25	3	50	22	28
Grand Total	220	-15	104	-3	324	146	178

Outsourcing of non-Urgent Suspected Cancer (USC) pathology backlog for Skin and LGI is in place to support the improvement of USC turnaround times.

The Public Health team works with Public Health Wales to align major screening programmes—breast, bowel, cervical—and clinical services to minimise delays for follow-up investigations. Public Health Wales leads all screening programmes and provides national reports.

Screening Uptake (June 2025):

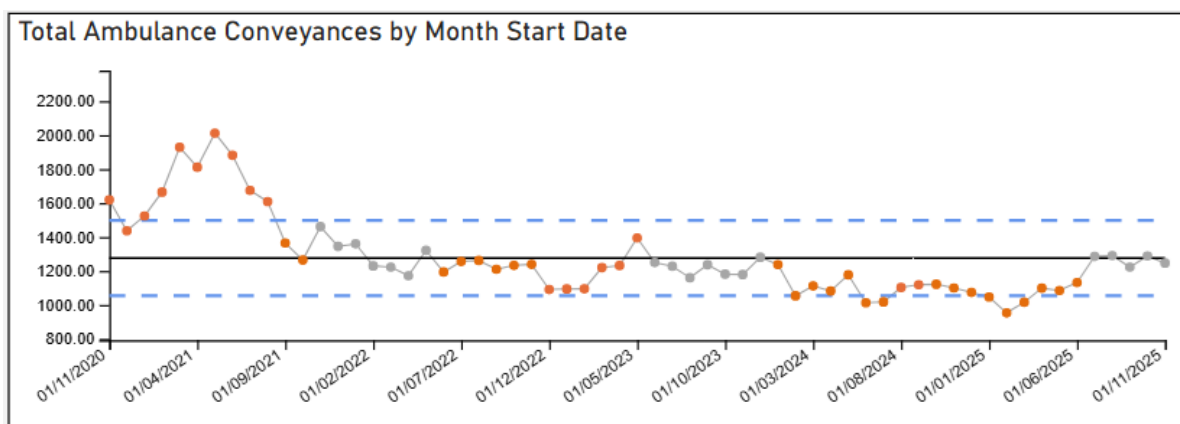
- **Bowel:** 65.0% (lowest among Health Boards); 72.3% in least deprived vs 56.9% in most deprived.
- **Breast:** 72.5% (highest in Wales); deprivation gap 63.7% vs 78.7%.
- **Cervical:** 68.5% coverage; similar deprivation gap.
- **AAA:** 77.3% uptake; lower in deprived areas.
- **Diabetic Eye:** 29.6% coverage; deprivation-related variation.

Low uptake delays early detection, leading to more late-stage diagnoses, which significantly increases treatment complexity, costs, and mortality risk. Late presentation also widens health inequalities, as deprived communities consistently have lower screening participation. As part of our Population Health Strategy we are looking at how we can address this inequitable access to disease prevention and early intervention opportunities which reflects the significant levels of deprivation in our communities.

Improvement Strategies include targeted outreach to non-response areas, culturally tailored communication, GP-led engagement, and reducing practical barriers such as appointment access—using approaches proven in vaccine equity to improve awareness, trust, and participation.

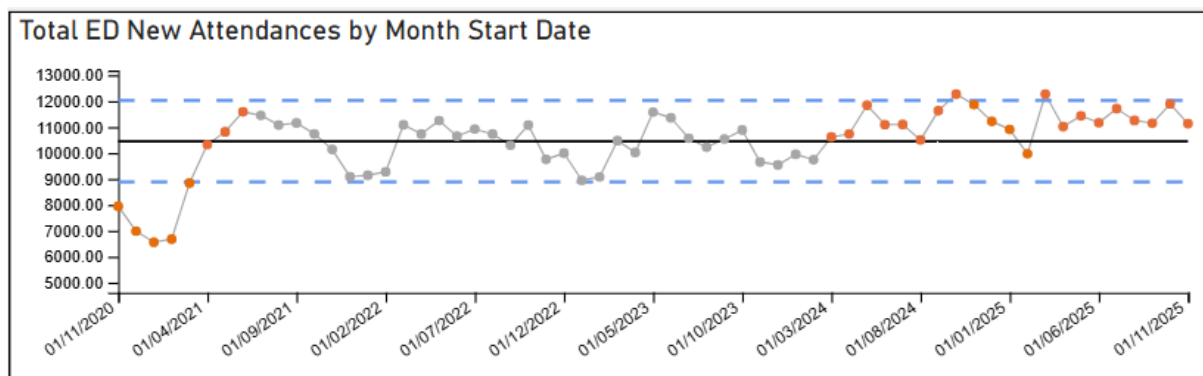
Urgent and Emergency Care

Demand for UEC services has evolved in recent years, alongside changes in how the system manages it. Greater focus on admission avoidance, pre-hospital triage, and acute care at home has reduced ambulance conveyances to hospital, as shown in the graph below. The recent rise in demand is understood locally as a result of shorter handover delays and WAST’s improved ability to respond to more patients in the community.



The graph below outlines the monthly Out of Hours general dental appointments provided across Swansea Bay. There has been a reduction in the appointments provided as focused work has taken place to ensure the in hours provision is robust and independent contractors are fully engaging with their contract.

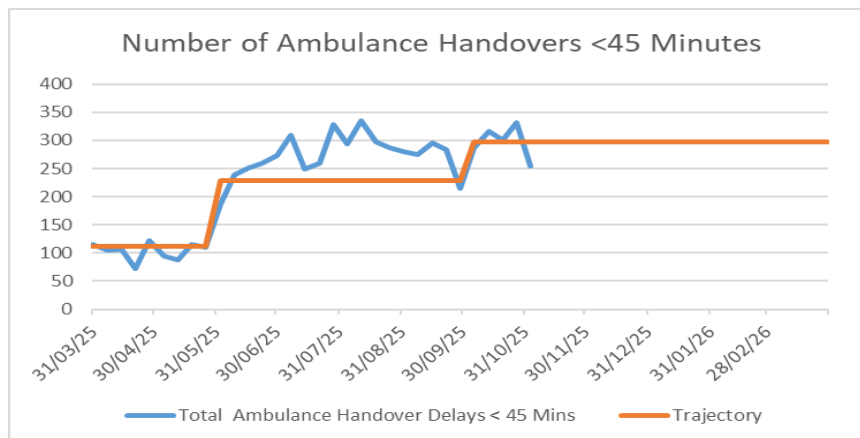
ED demand is at the upper control limit. The Urgent and Emergency Care Single Point of Access (UEC SPOA), launched in partnership with WAST, aims to reduce ambulance conveyances where clinically safe through pre-hospital triage and signposting. Patients are redirected into alternative pathways such as Same Day Emergency Care (SDEC), Community Services, Urgent Primary Care, or self-care.



Falls remain the highest conveyed group; a Level II falls service has been launched with St John and community therapy resources to provide timely response and keep patients at home. Breathlessness is the second highest group; respiratory and COPD teams support admission avoidance and early discharge through referrals from community practitioners, WAST, or self-referral. We are reviewing our Community Services to optimise workforce, strengthen cluster-based care, and reduce reliance on hospital services

Our whole-system improvement programme has strengthened the UEC pathway, improving ambulance handovers, reducing lost hours, lowering escalation levels, and cutting ED overcrowding and patient wait times.

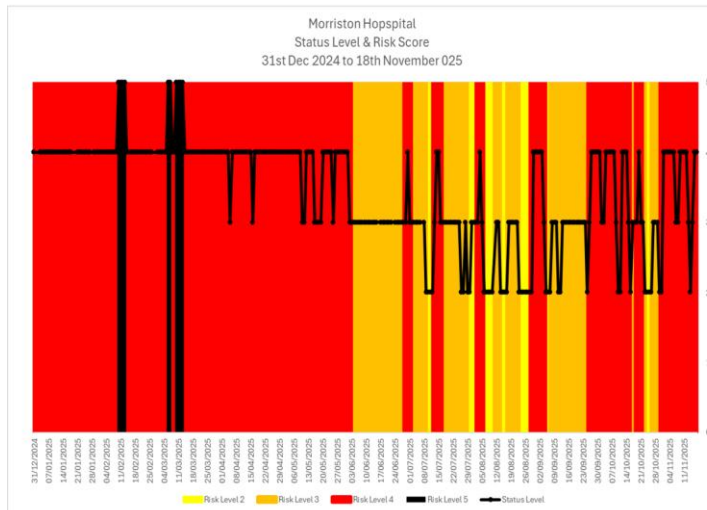
45-minute Ambulance Handovers and 4 and 12-Hour Emergency Department Waits



Improved ambulance handovers have significantly reduced time lost due to ambulance handover (after 15 minutes), improving access for patients waiting in the community.

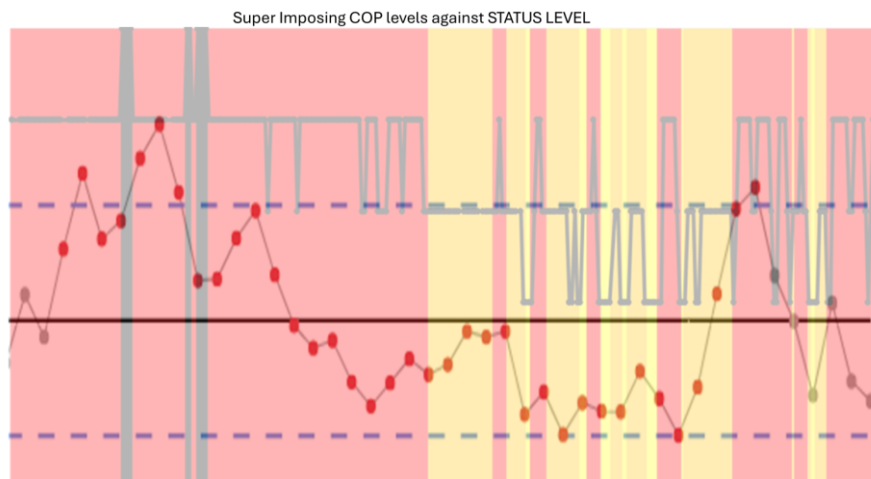
The graph below shows our 4-hour compliance against the 95% target, including ED and Minor Injury Unit (MIU) performance. MIU ranges between 84 – 98% due to the different case mix of patients managed in the service. Morriston ED ranges between

There is a direct correlation between the number of clinically optimised patients and flow; the graph below demonstrates that we operate at reduced levels of escalation and patient safety risk when the clinically optimised patient numbers are below a certain threshold.



- At the highest level, the impact of the above improvements within the Test of Change PDSAs can be seen in the graphic opposite, a summary view of the daily reporting of RISK across the Hospital.
- You will note the increased declaration of Status Level 4 more recently. This was initially due to an increased demand profile and a reduced discharge profile (within which the level of COP patients had increased – see next slide).

Escalation Status History - Morrison
Z: > storage2 > BI Shared Data > Business Intelligence 2021 = EMERGENCY DEPARTMENT



We are working with Local Authority partners to adopt a Quality Improvement approach to reduce POCDs and redesign the Pathway 2 inpatient rehabilitation offer. To lower clinically optimised patient numbers at Morrison, we will relocate a ward to Singleton with a new staffing model aligned to patient need, clear length-of-stay targets, and measures to expedite flow and reduce harm from delays and infection risk. The first 30 beds will move week commencing 5 January 2026. This forms part of our financial recovery plan, as the new staffing model will cost less to deliver and enable closure of surge beds—aiming to close one Morrison ward in January and a further ward at the start of the new financial year, subject to achieving additional POCD targets.

Pathway of Care Delays

We have now met the WG’s POCD targets for delivery in November. The new target is for us to maintain our position until March when a new set of targets will be issued. POCDs remain a considerable concern and associated risk of patient deconditioning. The position has a direct impact on the financial position and our escalation status.

Table 2: Pathway of Care Delays performance positions, November 2025

Ministerial Target	March 25 Baseline	November Target	November Census	Difference to Target
Total Delays (15% reduction)	219	186	179	-7
Total Days Delayed (20% reduction)	16,378	13,102	10,521	-2,581
Assessment Delays (20% reduction)	109	87	68	-19



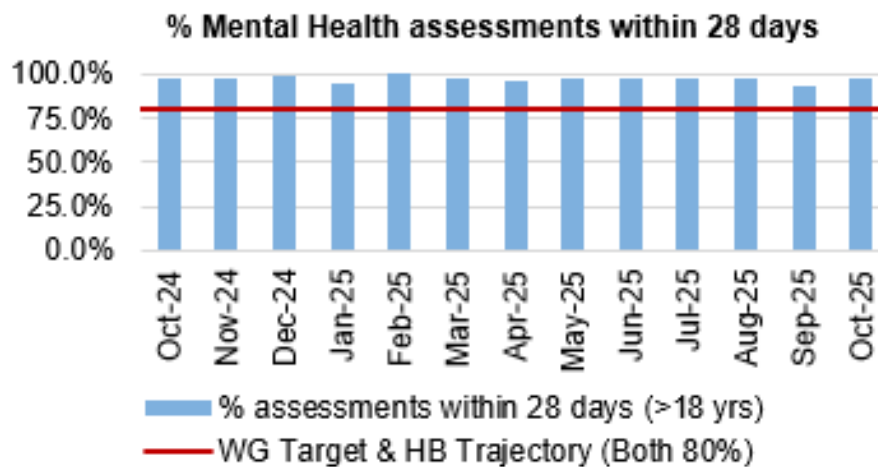
Assessment issues remain the biggest driver of delays, accounting for 38% of cases. The top causes of total days delayed are care home placement, assessment delays, and family disagreements and legislation (e.g., Court of Protection).

Mitigating actions include weekly deep dives and escalation meetings, pathway process reviews, refresh of board round processes, a 12-week mental health improvement programme, targeted work with learning disabilities to improve discharge planning, and daily SITREPs with enhanced escalation.

Total delays have fallen from 289 in January to 179 in November (lowest: 178 in August). Assessment delays dropped from 181 in January to 68 in November, with July recording the lowest (64).

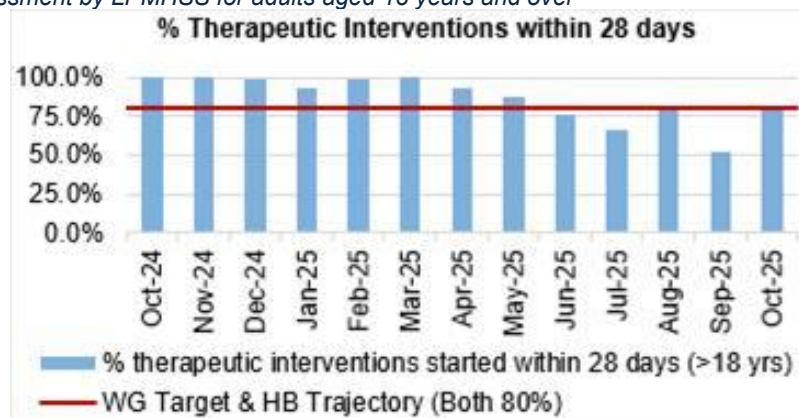
Adult and CAMHS Mental Health Measures

Figure 1: Adult Part 1a – Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date or receipt of referral for adults aged 18 years and over



Our performance remains consistent (in the high 90%) for this measure. We have no concerns in maintaining this.

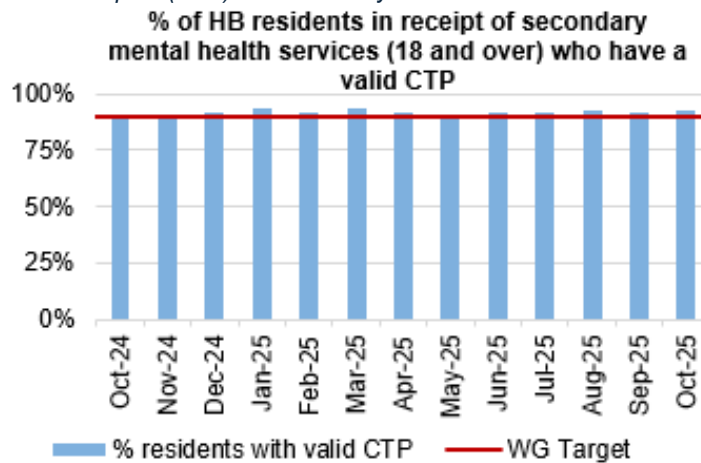
Figure 2: Adult Part 1b - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults aged 18 years and over



Fall in compliance in the start of the year due to a process change in line with NHS P&I processes has steadily recovered and continues to be monitored to ensure we remain in compliance.

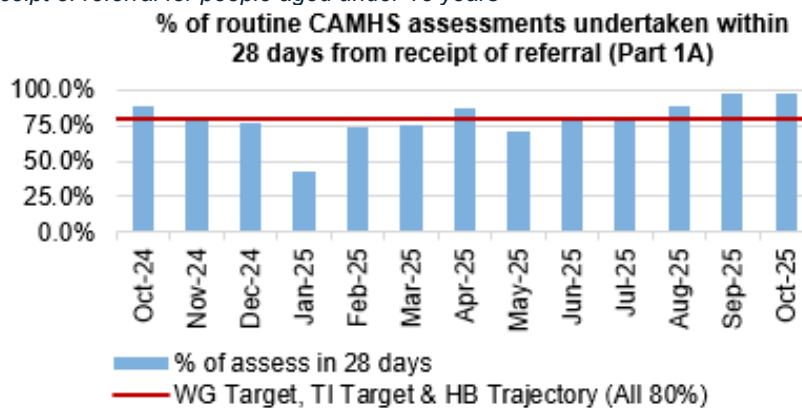
In September, compliance fell due to 10 cases exceeding the target timeframe. We put in a number of actions to improve process and increase group capacity, and this is reflected in an improvement in October's position.

Figure 3: Adult Part 2 – Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) for adults 17 years and over



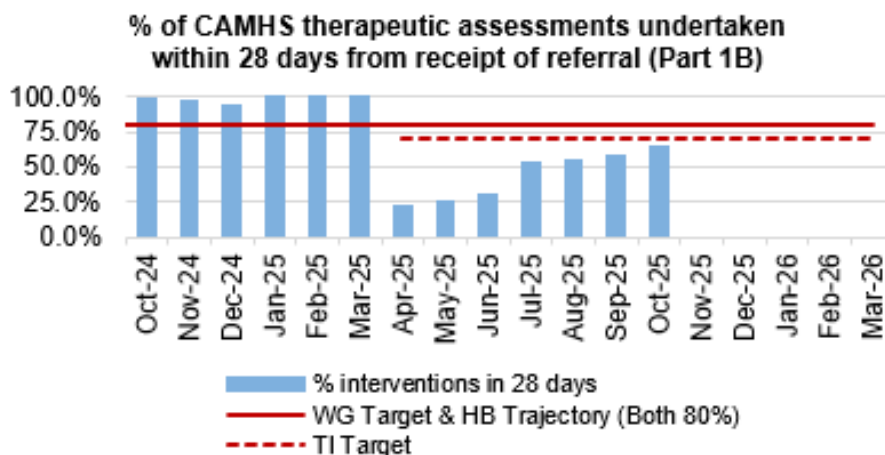
Compliance with this target is consistently around 90%. Recruitment is ongoing and sickness being managed robustly.

Figure 4: CAMHS Part 1a – Percentage of LPMHSS assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years



Performance remains generally consistent and in compliance for this measure; there are no concerns in maintaining this is the year.

Figure 5: CAMHS Part 1b – Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years

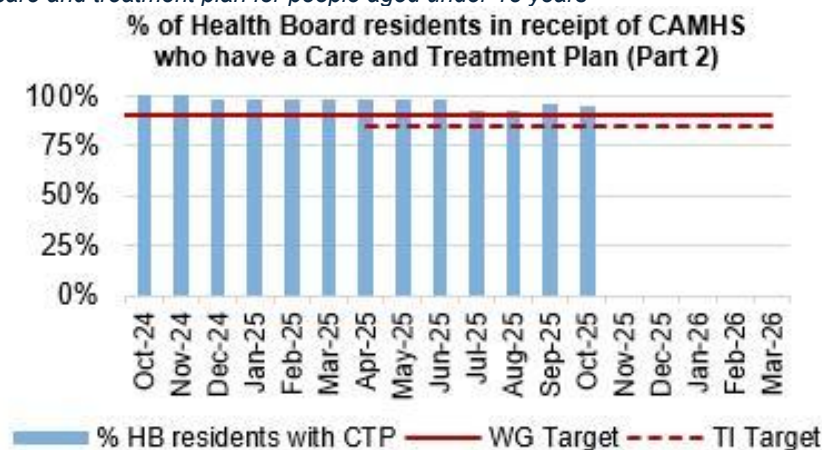


A significant fall in compliance early in the year was due to an error in the coding logic used for data extraction. The previous logic only counted cases where assessment and treatment were booked within the same month, excluding those assessed earlier but treated in the reporting month, resulting in inaccurate figures.

The error was identified and corrected from 1 April 2025, with revised logic ensuring accurate reporting. Mitigation and recovery plans are in place to restore compliance over the coming months.

A capacity review is complete, and recruitment is underway alongside work reallocation. Performance shows slow but steady improvement, with compliance expected to return within the next few months.

Figure 6: CAMHS Part 2 - Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years



We continue to see improved progress in line with our Targeted Intervention Target.

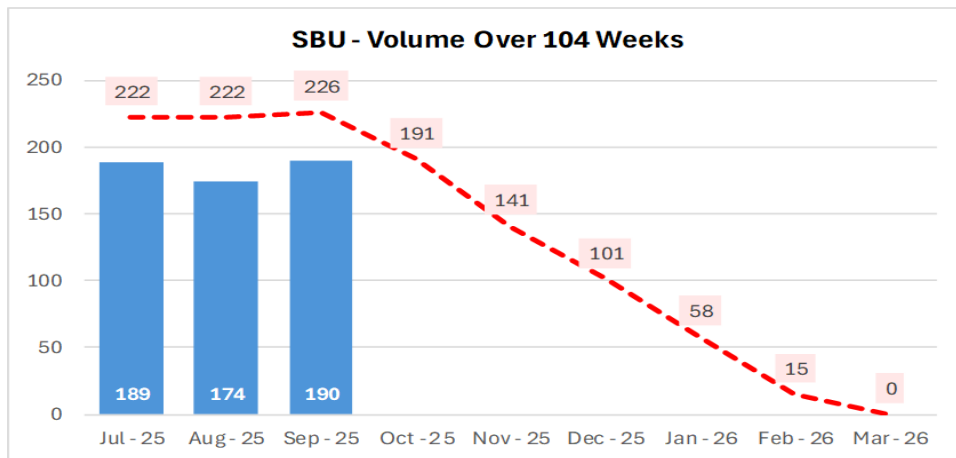
Neurodevelopment Waits

In October 2024, NHS Executive acknowledged the growing demand and capacity gaps for Neurodevelopmental Disorders and Early Years Neurodevelopmental disorders assessments across Wales, with waiting times continuing to rise. Health Boards were asked to provide cohort data and confirm the number of assessments required to clear >104-week and >156-week backlogs by March 2025, along with actions to achieve this.

Plans were submitted mid-October, outlining required actions, associated risks, and probability of delivery.

We outsourced 631 children and young people who were happy to receive their assessments in this way, and who received their initial assessments by 31 March 2025. This work was carried out in the last quarter of 2024/2025 and reduced the growing waiting list by 407 children overall as at the end of March 2025.

Our trajectory for 2025/26 utilises the Neurodevelopment improvement programme funding to provide capacity through insourcing via the independent sector.



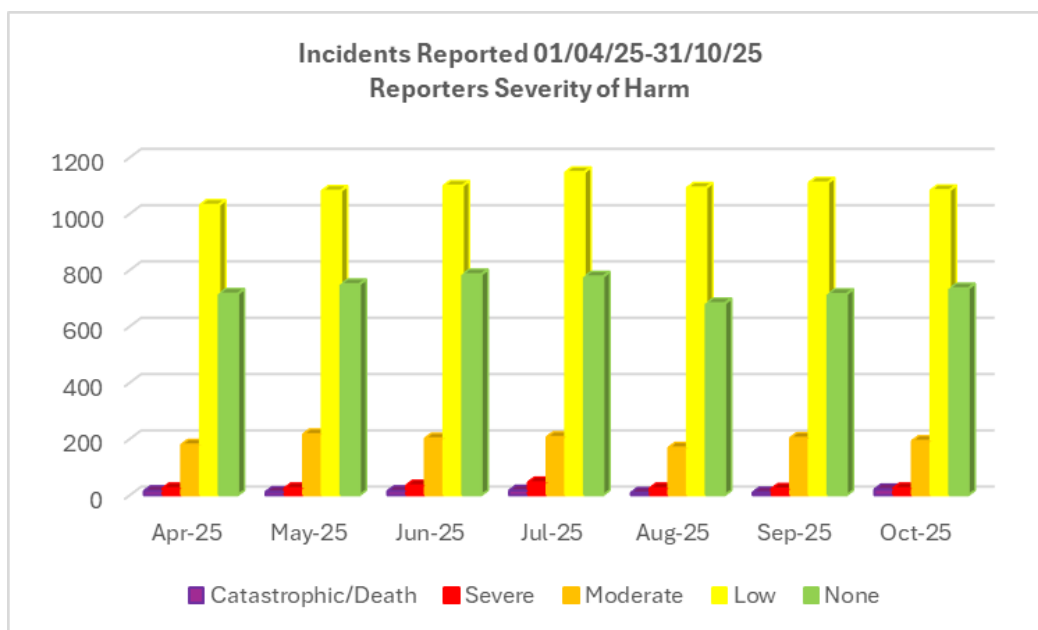
We are reviewing the service model to identify efficiencies, to enable new ways of working and create alternative capacity.

2.2 Quality and safety

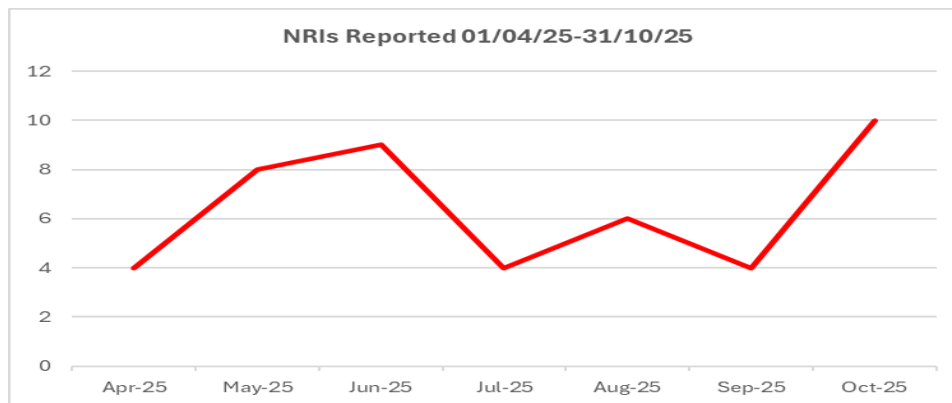
Current position and trajectory against quality and safety metrics

Incidents

Our incident reporting rates have remained relatively consistent with the majority of incidents resulting in low or no harm. Each incident is reviewed for learning as even 'no harm' incidents can give us insights into our care and help us to improve patient safety.



Nationally Reportable Incidents



Over a 7-month period, 45 incidents have been reported to NHS Wales P&I as NRIs (one incident was downgraded).

The top 10 NRI categories by volume between April 2025 – October 2025 are summarised below:

SBU UHB top 10 NRI categories occurring by volume (incident dates between Apr-25 and Oct-25) as of 03/11/2025		
NRI category	Total	
+ Treatment or procedure issues	7	
+ Unexpected death	7	
+ Neonate	5	
+ Clinical assessment, clinical diagnosis	4	
+ Patient injury	2	
+ Administration errors	1	
+ Completion and documentation of patient/service user observations	1	
+ Diagnostic testing - Pathology	1	
+ Infection outbreak / period of increased incidence	1	
+ Pressure ulcer present before admission to this clinical care area/caseload	1	

Never Events

2 patient safety incidents classified as 'Never Events' were reported to NHS Wales Performance & Improvement between 1 April 2025 and 31 October 2025. These related to:

- Wrong site surgery (incorrect lesions removed)
- Wrong site surgery (wrong laterality anaesthetic block)

Each never event is fully investigated, with learning and recommendations to prevent recurrence.

Wrong Site Surgery (incorrect lesions removed):

- Review dermatology SOP to strengthen safety checks for site, consent, and patient verification; include clothing removal check.
- Number lesions on diagrams with clear removal instructions; standardise marking methods; escalate queries to the original clinician.
- Provide a digital camera for lesion photographs to upload to patient notes for visual confirmation.
- Ensure patients remove clothing obstructing the surgical site.

Wrong Site Surgery (wrong laterality anaesthetic block):

- Introduce mandatory final consent verification before theatre transfer, including visual, cross-check, verbal confirmation, and staff sign-off
- Implement a physical barrier (e.g., clip lock box) to enforce Prep, Stop, Block completion.
- Complete sign-in in the anaesthetic room per LocSSIPs/NatSSIPs, with anaesthetist accountability.
- Deliver targeted learning on PSB and WHO Checklist, involving staff from the incident to share reflections.

Complaints

In preparation for implementing *Listening to People* in March 2026, we've begun engagement and scoping across services, alongside work to embed trauma-informed concerns management. Rising demand across clinical areas is reflected in current response rates, so we are introducing tests of change grounded in *Listening to People* principles.

A steering group is in place, with plans developed from each service group. The central team is supporting readiness assessments, and we are developing a revised structure to optimise resources. This will be completed by the end of March, ready for implementation on 1 April.

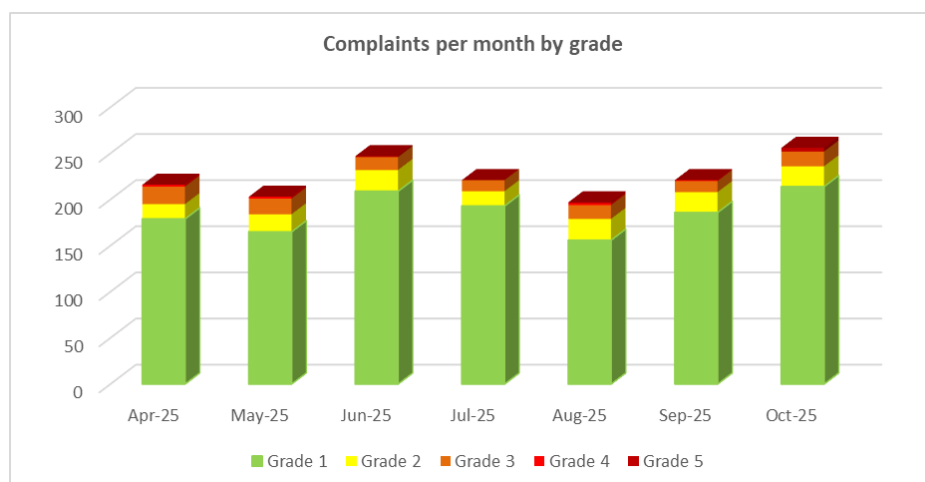


Table 3: Complaints per month by grade, April to October 2025

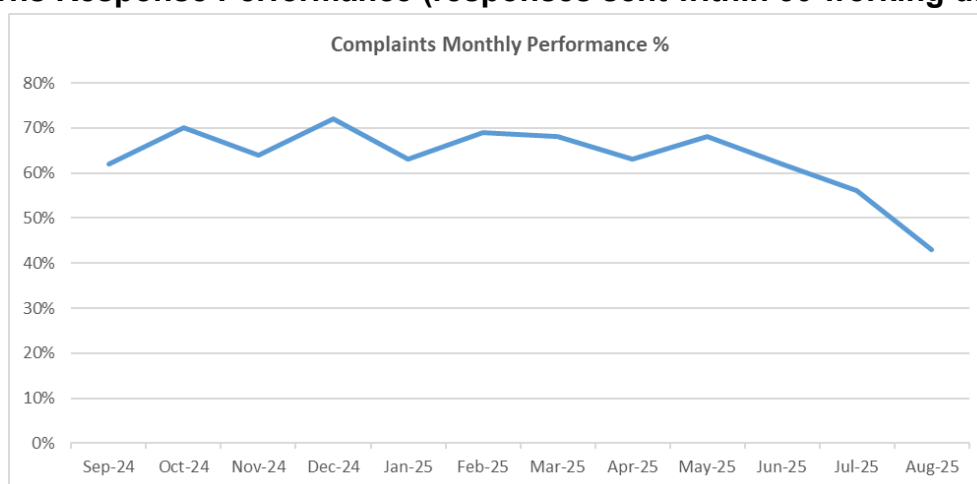
	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Apr-25	179	16	19	2	0
May-25	165	19	17	2	0
Jun-25	209	23	14	0	1
Jul-25	193	16	12	0	0
Aug-25	156	23	15	2	1
Sep-25	186	22	12	1	0
Oct-25	214	22	16	0	4

Top 10 themes for concerns received between April and October 2025 are below. Where services or divisions experience high numbers of concerns, we seek additional assurance through our quality and safety structures.

Table 4: Number of concerns received for the top 10 themes for concerns, April to October 2025

Delay/Lack of treatment or Assessment	319
Insufficient/Incorrect information	303
Attitude/Behaviour of Clinical Staff	191
Incorrect/insufficient treatment or Assessment	180
Delay in appointment/waiting time/transport	154
Delay in receiving/missing test results	116
Inappropriate/unsafe discharge	84
Reaction to procedure/ treatment	75
No admission date	68
Delay/Lack of diagnosis	64

Concerns Response Performance (responses sent within 30 working days)



An increase in the number of concerns each month, consistent with experience in other health boards, has made it challenging for us to respond within the national 30 working day timescale, but we anticipate that the increased emphasis on early resolution within *Listening to People* will help us achieve compliance by end of March 2026.

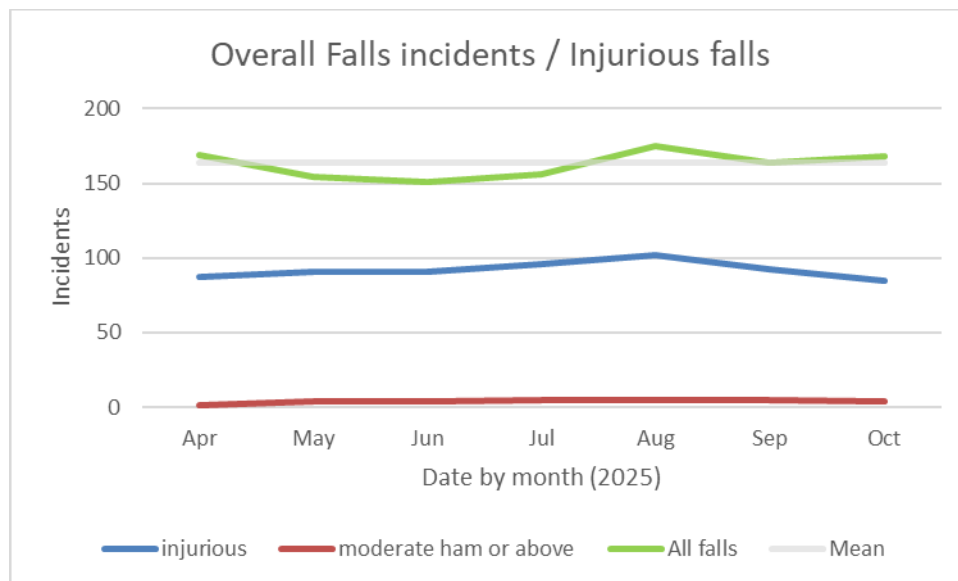
Falls

We are committed to reduce harm from patient falls as a QI priority. In 2024/2025, injurious falls in inpatient settings dropped by 19% compared to last year, with falls per 1,000 bed days at 3.89 versus a national average of 6.6.

The latest National Audit of Inpatient Falls shows improvement in multifactorial risk assessments (40% vs national 23%). Monthly audits and training aim to further enhance assessment and intervention quality.

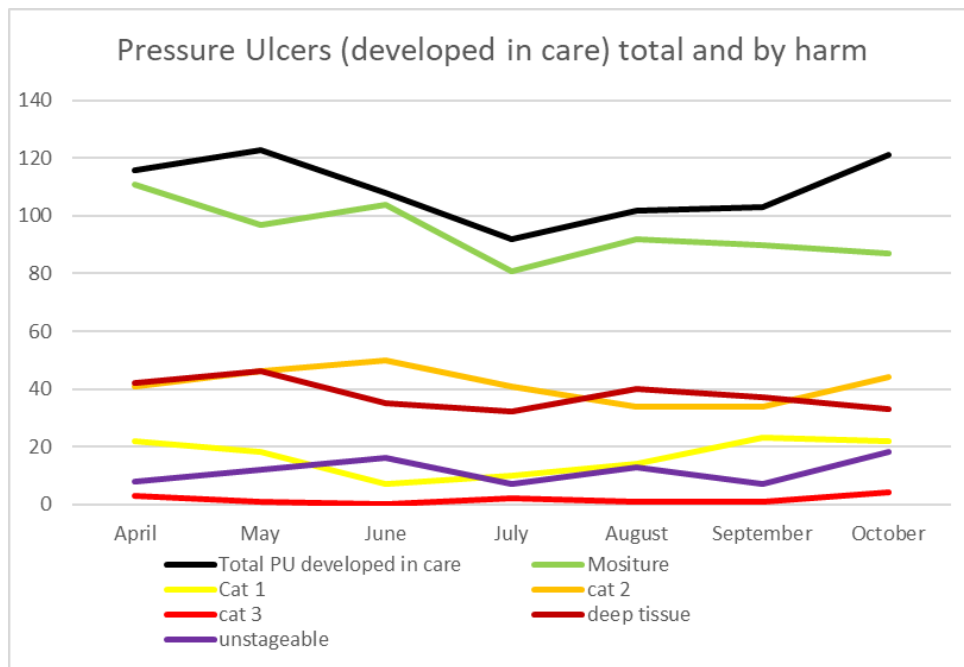
Funding through 6 Goals supports a Level 1 falls response service and the rollout of a domiciliary and care home project using the iStumble app, training, and lifting equipment. This project has handled 500+ incidents with only 87 ambulance call-outs—an estimated 80% reduction—and is being recognised nationally. It won the NHS Wales Award for whole system improvement and was also shortlisted the HSJ awards.

We are developing a regional Level 2 response for minor injuries and complex cases via a multi-professional therapy-led model. Short-term funding will enhance senior therapy support for technicians during a test of change, with hours and scope refined throughout.



2 patient safety incidents relating to avoidable inpatient falls were reported to NHS Wales Performance & Improvement between 1 April 2025 and 31 October 2025. Both incidents occurred prior to 1 April 2025.

Pressure Damage



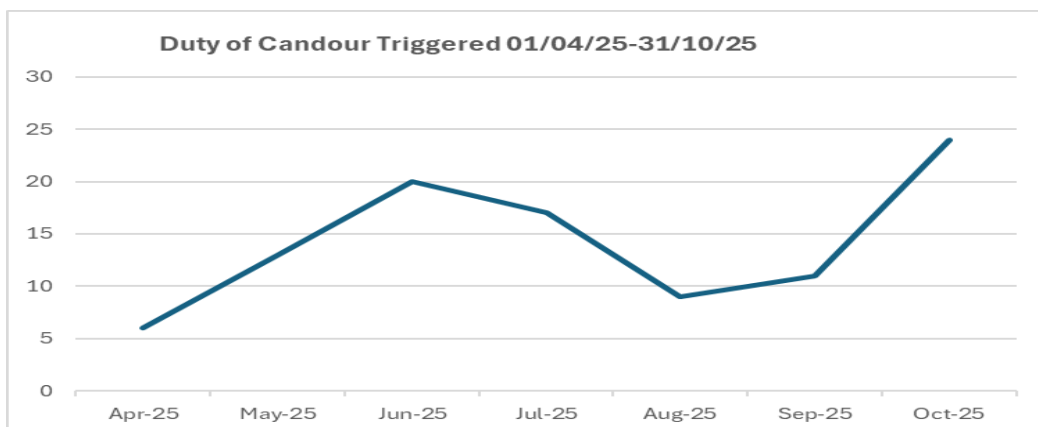
Most pressure ulcer incidents are acquired in the community setting. The highest reported on inpatient sites remains within our acute areas, including the Emergency Department, with an average of 30 HB acquired per quarter.

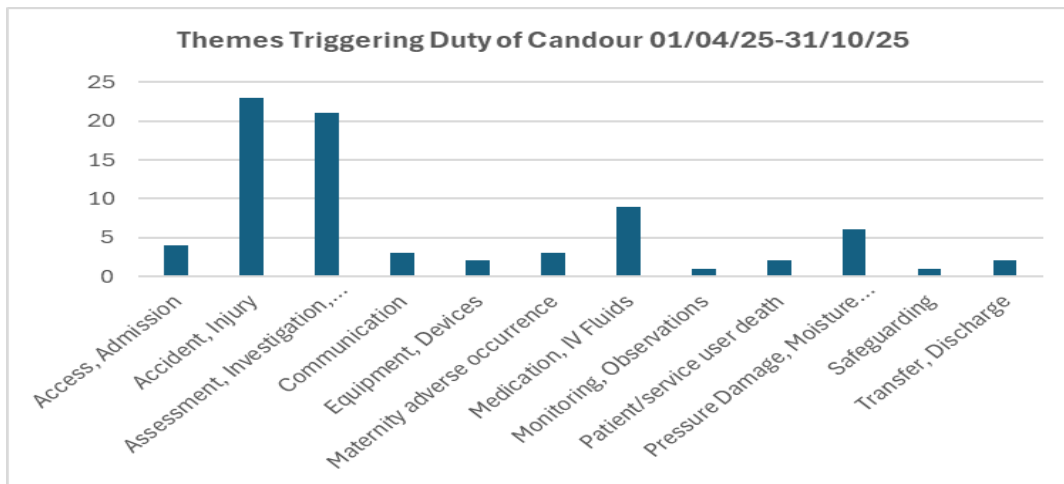
4 patient safety incidents relating to avoidable pressure damage were reported to NHS Wales Performance & Improvement between 1 April 2025 and 31 October 2025. 3 of these incidents occurred prior to 1 April 2025.

Actions to support reduction of avoidable harm from pressure damage by 10% include having a centralised tissue viability service, digital wound imaging to support correct grading and a suite of training including skills days, care home education and educational videos.

Duty of Candour

As the Duty of Candour becomes more embedded in our ways of working, the number of concerns that we have identified as triggering the duty has also increased.





Patient safety incidents where more than minimal harm has, or may have, occurred because of healthcare triggers the Duty of Candour. We are fully committed to the intention of the Duty - to promote a culture of openness, learning and improving, owned at organisational level.

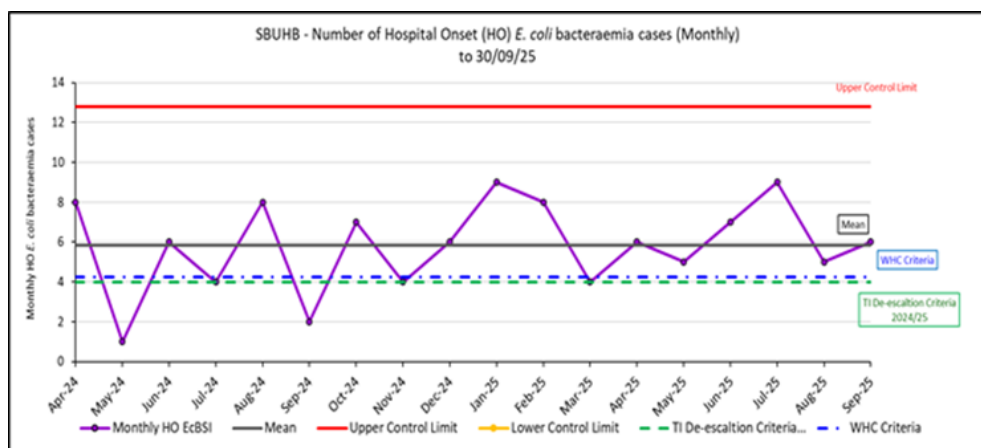
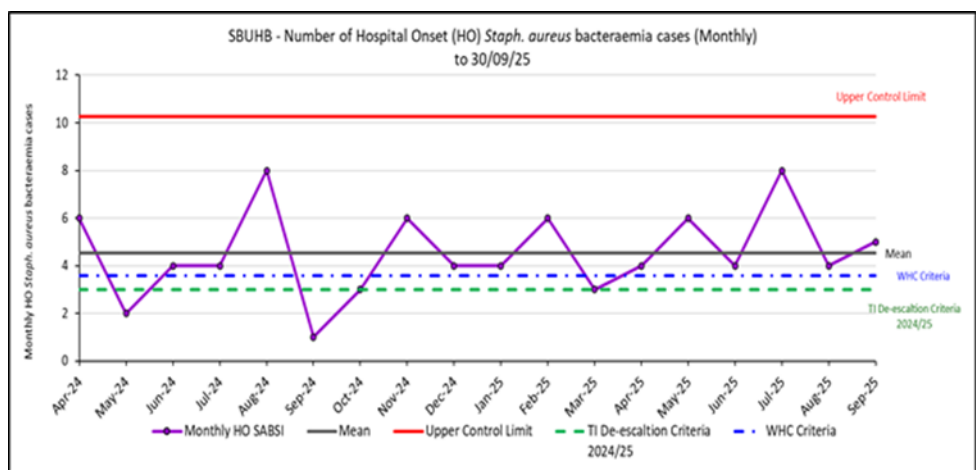
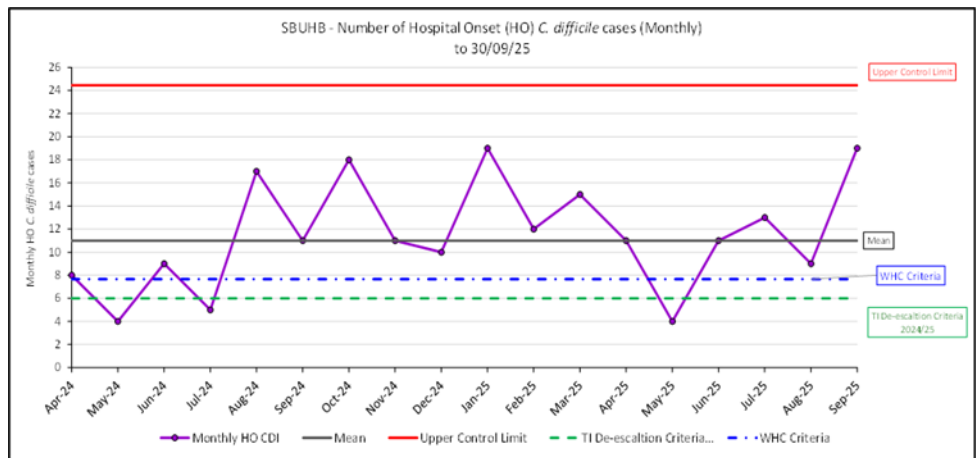
Our investigations are underpinned by the Yorkshire Contributory Factors Framework (YCOFF), embedded within Datix Cymru to enable consistent, evidence-based analysis and national data sharing. This approach strengthens accountability and drives improvement by identifying systemic contributory factors rather than attributing blame. Analysis of 2024/25 incidents triggering the Duty highlights recurring themes — situational patient factors, communication and cultural gaps, organisational training needs, and local working conditions such as leadership, supervision, and workload pressures. These insights inform strategic priorities around workforce resilience, leadership development, and enhanced communication, aligning with WG’s ambition for a health system that learns and improves at scale. Learning from our Independent Review of Maternity and Neonatal Services applies across all patient safety or harm incidents, ensuring that patients are engaged and informed.

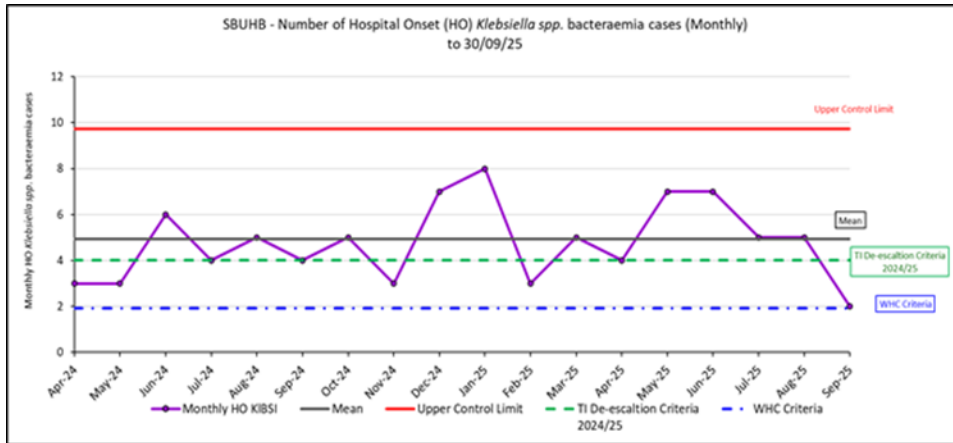
Infection Prevention and Control

Healthcare Acquired Infection rates remain a concern, and we are urgently implementing an intensive improvement programme.

The Welsh Health Circular on HCAI and AMR 2025–26 Improvement Goals was issued during preparation of this brief; this update reflects the previous goals.

Graphs below show the position up to the end of Q2 for Hospital Onset (HO) infections- diagnosed from samples collected on day 3 or later of admission.





C.difficile Infection

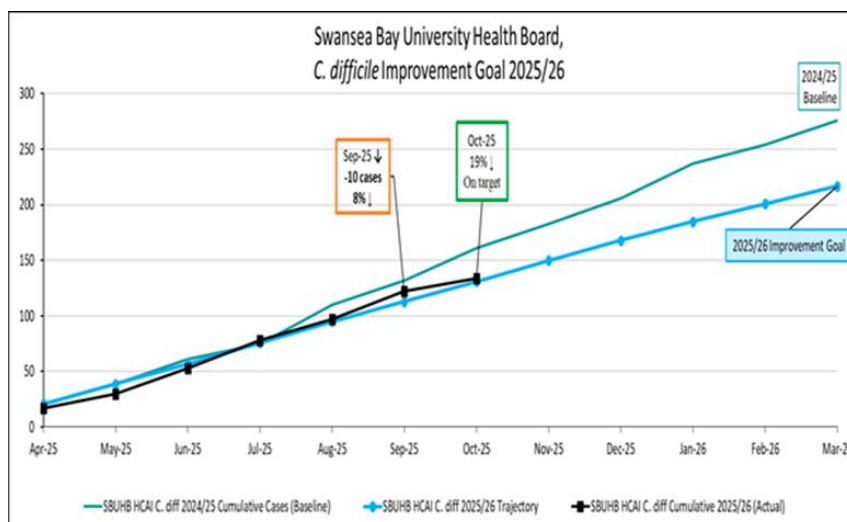
We continue to have the highest incidence rate of *C. difficile* in Wales. At end of Q2 incidence increased to 61.94 per 100,000 population compared to the previous quarter but improved compared to 68.88 per 100,000 in the same period 2024–25.

The total number of cases of *C. difficile* infection (hospital onset and community onset) between April and September 2025 was 8% lower when compared with April and September 2024. October 2025 data demonstrate further reductions when compared with October 2024:

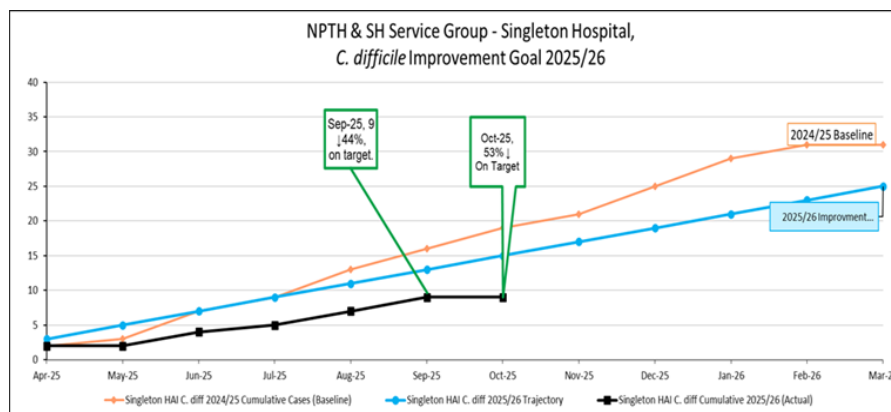
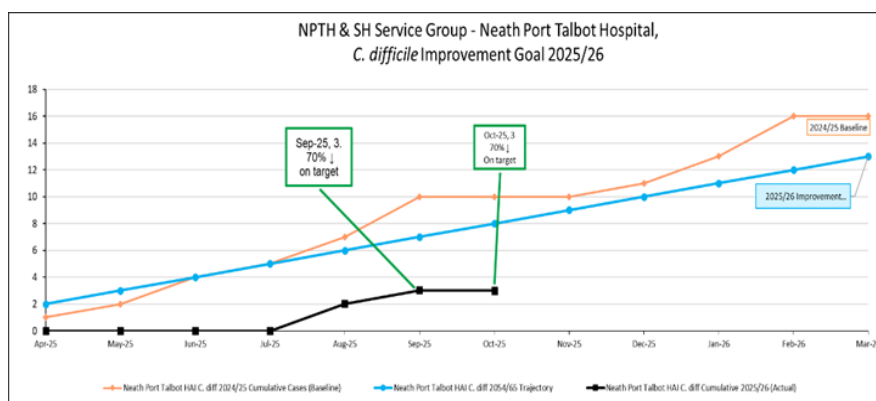
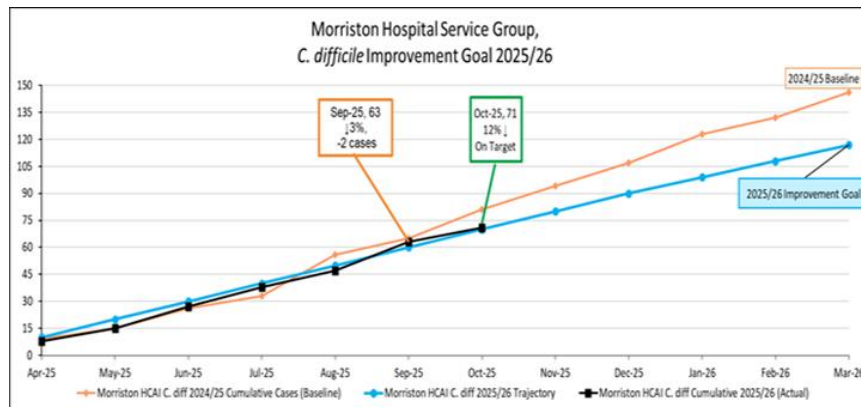
- 17% board wide.
- 12% Morriston Hospital
- 70% Neath Port Talbot Hospital.
- 53% Singleton Hospital

The next series of graphs demonstrate performance for each of the organisms outlined within the HCAI Improvement Goals.

The graph below shows the overall position which includes community associated infections and hospital acquired infections.



Graphs below outline infections associated with each of the acute hospitals in the health board.



Staphylococcus aureus bacteraemia

Q2 saw a 5% annual increase in *Staph. aureus* bacteraemia cases compared to the same reporting period in 2024/25. By end of October this improved to a 1% reduction in case numbers.

E. Coli bacteraemia

E. coli blood stream infections increased by 18% compared to last year, the majority of which are UTI (urinary tract infection) associated infection.

Klebsiella Spp. bacteraemia

2% reduction since last year.

Each hospital acquired case is reviewed to determine:

- the "source" infection that preceded a bacteraemia.
- contributory factors, such as patient risk factors, or HC interventions
- opportunities for improving practice.

Quality improvement projects continue to strengthen antimicrobial stewardship and promote switching from IV to oral antimicrobials—a key factor in reducing *C. difficile* cases.

For *Staph. aureus* bacteraemia, 34% of cases followed a recent skin and soft tissue infection (SSTI), the most likely source. In community cases, SSTI accounted for 44%, compared to 28% in hospital cases, with line-associated infections at 24%.

Gram-negative bacteraemia (*E. coli* and *Klebsiella*) is often linked to prior urinary tract infection or hepatobiliary disease. In nearly 40% of cases, patients had stones or prosthetic stents in situ due to underlying hepatobiliary disease.

Antimicrobial Stewardship 2025/26 Q1 Compliance

Compliance is based on the Q1 report; Q2 audit is complete but results are pending. We have the lowest prescribing rate for 4C antibiotics (high risk for *C. difficile*) in Wales and are now second highest overall prescriber, no longer first.

Key Performance Indicators:

- Guideline compliance: 93% (All-Wales: 90%)
- 72-hour review compliance: 89% (All-Wales: 88%)

Oncology Improvement Work – Focus on Aseptic Non-Touch Technique (ANTT)

- Targeted improvements to reduce intravascular, line-associated *Staphylococcus aureus* bacteraemias.
- Consultant-led teaching sessions for medical staff on ANTT, including eLearning completion and practical assessment.
- Practice educator sessions to improve ANTT compliance, covering competency assessment, uniform dress code, and “Bare Below the Elbows.”
- Application of silver-impregnated dressings to central vascular access device sites.

Next Steps:

- Gold *C. difficile* High Incidence Management Group continues to meet, monitoring the impact of *C. difficile* standards via Datix.

- Continue QI project in Acute Medical Unit focused on antimicrobial prescribing, 72-hour review, and switching to oral therapy.
- Financial impact assessment of new national cleaning standards (2025) identified additional costs; further scoping will assess operational and clinical risks.
- Pilot initiatives: trial new cleaning products and explore ward-based cleaner roles in high-incidence areas for patient equipment.
- Primary care QI projects to reduce UTIs in care home residents.

Primary Care Improvement Work Includes:

- 3-hour prescribing leads session with GP representation from all practices, dedicated to antibiotic prescribing.
- Review programme for long-term antibiotics and COPD rescue packs.
- Cwmtawe Cluster project: improve urine sampling/UTI diagnosis; reduce reliance on dipstick tests.
- POCT testing to reduce unnecessary antibiotics for likely viral respiratory infections (CRP test to confirm bacterial presence).
- Shorter antibiotic courses for some infections.
- Annual engagement with high-prescribing practices:
 - Top 5 prescribers of “4C” antibiotics.
 - Top 10 overall antibiotic prescribers.

2.3 External assessment

We have built strong relationships with regulators and inspectors through regular meetings with key contacts.

Public Service Ombudsman for Wales (PSOW)

- Number of new Ombudsman investigations between 1 April 2025 – 31 October 25 = 8
- Number of early settlements received = 13
- Number of closed investigations which were upheld = 7 (5%)

We received a Public Interest Report on an orthopaedic surgery delay, reporting a clock reset in October 2023 without clinical evidence or patient communication.

Immediate actions include an independent review of the waiting list within 12 weeks, review of all stopped-clock cases, and a clear contact point for concerned patients.

Audit Wales

Audit Wales has issued four reports since April 2025:

- Audit of Accounts
- Tackling the Planned Care Challenges
- Structured Assessment Report*

- Urgent and Emergency Care: Arrangements for Managing Demand

Internal Audit

Internal Audit have issued seven reports since April 2025: five reasonable assurance reports, one substantial assurance report and one limited assurance report.

- Patient Experience – Reasonable
- Access to Primary Care: Community Pharmacy - Reasonable
- Theatre Utilisation – Reasonable
- Vaccination & Immunisation – Reasonable
- Digital Benefits Realisation – Substantial
- Medical Study Leave – Reasonable
- Strategic Equality Plan - Limited

Where reports make recommendations, action plans are agreed by Executive Directors, progress tracked by the Corporate Governance Team, monitored by the Executive team and reported to the Audit Committee for the assurance of the Board.

Health Inspectorate Wales

HIW has undertaken and reported on five inspections since April 2025:

- Diagnostic Imaging, Singleton Hospital
- Birth Centre, Neath Port Talbot Hospital
- Laurels and Briary Learning Disabilities Complex Care Unit
- Minor Injury Unit, Neath Port Talbot Hospital
- Community Mental health Team (Swansea North)

Improvement plans are put in place to address matters raised. Progress against all open improvement plans is tracked by the Corporate Governance Team, monitored by the corporate Quality and Safety Group, and reported to the Quality and Safety Committee for the assurance of the Board.

Other Regulatory Body Reports

In May 2025, MHRA inspected Pharmacy at Cefn Coed Hospital under the Human Medicines Regulations 2012 and identified serious operational deficiencies, referring matters to the Licensing Authority. Our corrective action plan was accepted in August 2025. All actions due have been completed (one remains for completion in January 2026).

In October 2025, MHRA inspected Radiopharmacy and Pharmacy Support Services at Singleton Hospital. No critical findings were reported, but several major and other GMP non-compliances were identified. A response was submitted in November, and we await MHRA feedback.

The Office for Nuclear Regulation inspected compliance for the transport of Class 7 radioactive material at Singleton Hospital and rated the site 'Green – no formal action.

Llais

Since April 2025, Llais has made nine information requests. In May, Llais published its report on maternity and neonatal experiences in Neath Port Talbot and Swansea, which informed the Independent Review commissioned by the Health Board. The review's report was published in July, and we are developing one improvement plan to address all recommendations. A Programme Board is being established, led by a newly appointed programme manager, and in October we wrote to Llais outlining the steps being taken to address the recommendations in their report, which aligned with those of the Independent Review. We meet regularly with Llais colleagues through our formal meeting arrangements, and informally, taking advice from Llais regarding engagement and consultation proposals.

2.4 Quality Management System

Work across the four QMS elements is maturing to deliver on our Duty of Quality, supported by engagement in the national Safe Care Partnership, with Maternity and Neonatal Services applying as a prototype.

- **Quality Control:** Governance reporting is revised for clearer accountability from operational teams to Board. Metrics are tracked via an internal dashboard and AMaT audit system for ward-level visibility.
- **Quality Assurance :** Monthly corporate audits, unannounced service group checks, and Independent Member visits gather patient and staff feedback. Findings are logged in AMaT and shared through committees and team briefings.
- **Quality Planning:** Quarterly Patient Safety Congress events share learning from incidents and audits. Welsh Language Standards work supports bilingual care, with 91% staff trained and over 100 enrolled in courtesy Welsh courses. Strategic priorities include falls prevention, pressure damage reduction, deconditioning, nutrition, end-of-life care, and acute deterioration

2.5 Fragile and challenged services

We have undertaken a baseline assessment of all 86 tertiary services, including a risk assessment for each service across the following domains:

- Quality and patient safety
- Service sustainability
- Delivery and performance

Of the 86 services identified as tertiary services, 28 have at least one domain with a risk score of 15 or higher, which is categorised as a high risk. Only nine of these

services are commissioned by the NHS Wales Joint Commissioning Committee (NWJCC), with the remaining 19 commissioned by local health boards.

The Regional and Specialised Services Planning Partnership (RSSPPP) is the collaborative planning mechanism established between Swansea Bay and Cardiff and Vale university health boards to support the strategic development and sustainability of specialised services across South Wales. The Tertiary Services Oversight Group (TSOG) at Swansea Bay provides strategic governance and coordination for the planning and delivery of specialised services.

To promote consistency, quality, and equity of access, the RSSPPP has led the development of national service specifications for several specialised services, including:

- Paediatric Orthopaedics
- Hepato-Pancreato-Biliary (HPB) Surgery
- Specialised Endocrinology
- Specialised Infectious Diseases

Specifications were developed through clinically-led task and finish groups and informed by benchmarking, evidence review, and stakeholder engagement. They now serve as a foundation for commissioning, performance monitoring, and service improvement across Wales.

2.6 Patient experience

Learning from patient feedback is central to our Quality Assurance processes. In 2025 we introduced the (national) People's Experience Survey and in the period 1.4.25 to 31.10.25 43,499 surveys were returned with an overall satisfaction score of 91.3% (benchmark score 85%). To ensure that people with different access needs can provide us with feedback it is collected through a variety of methods including SMS text, paper form and telephone calls. At a national level, we survey more patients proportionally than other Health Boards.

Our Patient Advice and Liaison teams gather experience face to face and work from our acute sites to provide early resolution to concerns.

Patient feedback is used to inform improvement and examples of this is included in the table below.

Service group	You said	We did
Cancer Service group	<p><i>'I have just got back from an immunotherapy session at Singleton Hospital in Swansea.</i></p> <p><i>While the nursing and support staff were brilliant, as always, I must tell you that the new patient reclining chairs are TERRIBLE.</i></p> <p><i>In the earlier part of my treatment, I would often be sitting for 7 hours enduring chemotherapy and cold caps. People already unwell with cancer and suffering the rigours of chemo do not need this.'</i></p>	Lumbar support cushions provided and opportunity given to individual raising concerns to meet with the manufacturers to inform product development.
Singleton Radiotherapy	A patient recommended that patient information packs be distributed in advance of their first treatment day to ensure they arrive with all required items.	Information packs will now provided at the CT appointment, allowing patients time to review and prepare for their stay.
ENT	Limited food options are affecting wellbeing – patient recovering from tonsil cancer.	Catering contacted and food support officer was sent to discuss dietary options with patient to provide more comprehensive diet going forward.

Patient stories are a key feedback tool, shared at each Board meeting along with resulting improvements. To ensure inclusivity, we've revised our framework so stories can be shared in multiple formats—digital, in person, by letter, or through artwork.

3.0 Getting services ready for the future

3.1 Women's health plan

The Women's Health Hub is evolving into an accessible, 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 is developing as a virtual network that links existing women's health services, making care easier to access and closer to home. It strengthens professional communication and empowers women with better information and more choice, reducing the risk of a "postcode lottery."

We are expanding the virtual information hub to create a "virtual front door" that connects all services and simplifies access. This will also improve integration and enable real-time advice between GPs, GPSIs, pharmacists, allied health professionals, and specialists. Work has begun with a review of current online content and the creation of new webpages through a Digital and Communications Task & Finish Group starting January 2026.

Implementation of the Swansea Bay Patient Portal is well underway for all Health Board services with close to 40,000 patients now accessing their medical information online. The solution is fully integrated with the NHS Wales App which acts as the digital front door for patients to health services. Rollout across Obstetrics and Gynaecology Services continues; 8,000 women care for by these services are using the patient portal to view bloods, clinical correspondence, referral and outpatient appointment details. Adoption is expected to continue at pace in line with the establishment of the Women's Health Hub.

The virtual hub will be supported by additional clinics, improved pathways, and a comprehensive training and education programme across Swansea Bay to enhance clinicians' knowledge and skills in women's health.

Progress:

- Better training for staff: increased professional uptake of women's health training through the Primary Care Academy. Consultant-led clinic offering long-acting reversible contraception (LARC) operational with second clinic is planned. In early 2026, GPs will receive extra training led by gynaecologists to help close knowledge gaps in menopause care, HRT prescribing, and endometriosis. Programme includes:
 - Short Courses: 224 places offered; 108 booked. 23 clinicians attended the October Menopause essentials course

- Accredited Training: 69 EOIs; LoC IUT (12), LoC SDI-IR (9), BMS Certificate oversubscribed. Two drop in physiotherapy sessions have been held with 8 attendees.
 - Webinars: Two sessions scheduled for Q3.
 - Networking: Two half-day events planned for 2026.
- Tackling waiting lists: Work has been completed to understand how GPs are currently involved in managing waiting lists. Targeted support in place to help practices access the right training and reduce delays for women seeking care.
 - Listening to women and communities: working with local voluntary organisations and developing a Women’s Voices Network to ensure that women’s lived experiences directly influence how service redesign
 - Strengthening clinical services and physiotherapy pathways: Additional clinical sessions introduced, and specialist physiotherapy pathways redesigned as a “proof of concept” that can be expanded across the region.

Women will have:

- Clear, Accessible Information on menopause, contraception, abortion care, periods, and conditions like endometriosis—covering symptoms, diagnosis, and treatment options.
- Easier Access to Services, including self-referral guidance and details on where to find help.
- Support for Self-Care, with practical advice, healthy lifestyle tips, and guidance on following treatment plans.
- Links to Support Networks, including local groups, charities, trusted websites, and health professional contacts.
- A Voice in Design, with the hub shaped by feedback from women and maternity voices groups.
- Inclusive Access, ensuring information is available to everyone in multiple formats.

3.2 Maternity and neonatal services

We scrutinise quality and safety metrics at service and Board level through the Perinatal Committee.

Over the past 18 months, birth activity has remained broadly stable, except for a rise between September–November last year following the closure of the Princess of Wales Obstetric Services where we provided support to Cwm Taf Morgannwg UHB – 334 women gave birth (340 babies) compared to 292 (297 babies) the previous year.

Postpartum Haemorrhage greater than 1500 millilitres peaked at 7.52% in May 2024; since June 2025, rates stabilised at 1.9–3.4%. One Intensive Care Unit admission since October 2024 admitted for management of flu, had no obstetric concerns and MDT process initiated.

Neonatal outcomes are regularly reviewed; term Neonatal Intensive Care Unit admission rates range between 5.5–7.5%, mainly respiratory support. Five cases of Hypoxic Ischaemic Encephalopathy occurred in 2025—all survived without adverse outcomes.

National Neonatal Audit Programme (NNAP) 2024 data shows improved compliance. Neonatal Intensive Care Unit is a positive outlier in three measures; two-year follow-up, normothermia on admission, and breastmilk by day two. We have no negative outliers but we are monitoring four standards slightly below national average: antenatal steroids, bloodstream infections, brain injury (Intraventricular Haemorrhage/Periventricular Haemorrhagic Ventricular Dilatation), and milk at discharge. We will focus our improvement efforts on these areas. Bloodstream infections improved by 50% in 2025 versus 2024.

We are addressing national and local concerns on maternity and neonatal care following the Independent Review (July 2025), which echoed UK inquiries including Ockenden Review, Kirkup Inquiry, and Cwm Taf Morgannwg Review. These highlighted inconsistent care, poor communication, leadership gaps, and disproportionate harm to minority ethnic families. We have set-up our Perinatal Improvement Board with executive director leads for the key areas of work. The Perinatal Improvement Plan will come to the Board for approval in January and will reflect the key recommendations. The plan will also reflect any recommendations following the all-Wales assurance assessment. The Independent Oversight Panel has been commissioned to act as a critical friend ensuring that our Perinatal Improvement Programme is delivering the actions required and will provide support and expert guidance where needed. In November we held a successful learning event attended by over 200 professionals.

Clinical safety improvements include independent reviews of 138 women and 125 babies, updated protocols, mandatory senior oversight, and new triage and early warning systems. A digital dashboard supports real-time monitoring and benchmarking. Workforce strengthened with staffing aligned to national standards, 12-hour neonatal consultant cover, and improved training compliance. Immediate actions include enhanced radiology reporting, information technology upgrades, and integrated escalation protocols. Impact to date: early signs of reduced perinatal mortality, reopening of birth units, and improved family trust. WG escalated service monitoring to Level 4 for greater scrutiny.

We reopened Neath Port Talbot Birth Unit and home birth services, improving staffing, training, safety monitoring, and bereavement support. Between 16 September 2024 and 26 November 2025, we delivered 92 home births and 225 births at Neath Port Talbot.

The Maternity and Neonatal Safety Support Programme, led by Improvement Cymru, has accelerated improvements. Embedded initiatives include Early Warning Scores

(Modified Early Warning Score and Newborn Early Warning Trigger and Track), “Team of the Shift” for communication and safety culture, and Avoiding Term Admissions Into Neonatal units to reduce unnecessary neonatal admissions. Additional innovations include newborn risk assessment tools and temperature monitoring in ambulances.

Family engagement is central. The Maternity and Neonatal Voices Partnership, hosted by Llais, ensures co-production of services. Over 500 families contributed to its recent report highlighting systemic issues and trauma. The partnership supports the all-Wales assurance process and monitors review implementation, expanding to underrepresented communities and digital feedback tools. Transition from Maternity Voices Partnership to Maternity and Neonatal Voices Partnership is overseen by the Perinatal Committee.

We will drive forward our improvement programme, support staff training and wellbeing, strengthen family engagement, and ensure transparent reporting and continuous improvement.

3.3 Mental Health

Following an independent expert review of mental health services and recognising urgent challenges, we launched a Mental Health Transformation Programme to deliver rapid improvements in quality and safety and drive short- to medium-term enhancements across services.

Governance arrangements are in place with the Programme Initiation Document signed off, and the Programme Board being formally established. Work is led by the established Driver Group.

Service redesign is progressing through planned and unscheduled care groups, with strong service user involvement and local authority representation. The design phase concludes in December, based on an open access model and joint work on quality, safety, and outcome indicators.

Digital integration is a key enabler and a recurring risk highlighted in coroner’s reports, Healthcare Inspectorate Wales inspections, and our own review. The digital and data workstream has commissioned the Rio digital system, with implementation underway and full electronic patient record integration with local authorities targeted by September 2026—making this the first such integration in Wales. Work on data and metrics continues to support performance monitoring.

Workforce planning, though less advanced, has identified significant gaps in the current service model. Initial steps include nurse establishment reviews, with the next phase focusing on multi-disciplinary teams and additional roles. Addressing these gaps will form part of planning for 2025/26 and will be prioritised within financial improvement requirements and new service models.

Quality and safety improvements include reviewing governance processes, developing metrics, and embedding cultural change. Engagement is strong, with service users involved in redesign groups and staff engagement sessions, including targeted estates discussions.

Estates remain a critical challenge. External ligature risk assessments highlighted urgent safety issues. Immediate actions include roof repairs at Tonna, improvements at Tawe Clinic, and Section 136 suite upgrades, while the wider transformation programme progresses, including finalising a permanent medium-term solution for inpatient care as part of system-wide service transformation.

Our approach aligns with the All-Wales Strategy for Mental Health and Wellbeing and the National Strategic Programme for Mental Health, ensuring consistency with national priorities. We maintain senior representation within the National Mental Health Patient Safety Programme Steering Group, reinforcing our commitment to collaborative improvement.

Anti-ligature risk assessments continue in line with national guidance. Modernisation workstreams are reviewing admission models and configuration, and a safe overnight holding space is in use on Ward F to reduce out-of-area transfers.

The Mental Health and Learning Disabilities Outpatient Improvement Group has been reinstated to lead the review and evaluation of outpatient delivery across the Service Group, focusing on:

- Optimising clinic templates and patient flow
- Reducing Did Not Attend rates
- Enhancing patient experience and satisfaction
- Aligning job planning with demand and service priorities
- Ensuring compliance with All-Wales outcome measurement frameworks, digital strategies, and the Mental Health (Wales) Measure 2010

3.4 Quality improvement and governance

Key elements of our QI support are:

1. QI Awareness: introduce staff to QI principles, potential and value in integrating into their everyday work by completing e-learning for individuals and/or Introduction to QI team sessions.

2. QI in Action: equips staff to start or join QI projects applying their learning of QI tools and techniques by completing Fundamentals of Improvement and further bitesize courses.

3. Enabling QI: builds confidence in staff to lead improvement projects within their teams. Starting in Spring 2026 a new QI facilitator course which move delivery of QI

training and project from individuals to groups of MDTs. Staff must complete Fundamentals of Improvement and continue to have an option to complete certification for Improvement in Practice following completion of the QI Facilitator course.

4. QI Network: prepares individuals to mentor and guide others in embedding a culture of continuous improvement. This will be further developed in 2026.

5. Community and resources: available to staff across the health board and at any learning stage; Viva Engage Community, Improvement Forum, QSI hub resources and QSI Hive.

The national Leading for Quality and Safety programme began in September 2025, with nine Swansea Bay staff from Perinatal Services, Theatres, and Children's Services participating.

Following the launch of QSI Hive on the intranet in September 2025, Swansea Bay improvement programmes increased from 6 to 9, and projects from 19 to 25. QSI Hive provides a platform to share improvement work internally and externally, supporting learning and the spread of good practice.

Current quality improvement projects include:

- Reducing harm from pressure damage through improved handover communication in District Nursing.
- Cutting waiting times for dietetic support in Learning Disability services.
- Reducing delays in administering thromboprophylaxis medication.
- Projects initiated through our leadership development programme.

3.5 Population health

Our Population Health Strategic Plan (2023) – A Better Future for All – sets out how we and our partners will improve health and wellbeing while reducing health 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 5 World Health Organisation policy areas, the strategic plan aligns with our Organisational Strategy, mapping directly to Strategic Objective 1: People of Swansea Bay live healthier, fairer and more prosperous lives.

The Population Health Committee focusses on ensuring the strategy is implemented across the Health Board through strong communication, measurable priority actions and collaboration with directorates.

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 is nearly 15 years. Swansea and Neath Port

Talbot also have among the highest rates of premature cardiovascular deaths in Wales and England.

Reducing health inequalities in the health and care system are driven through the Core20PLUS5 approach, including both adult and child versions and focus on three aspects: (1) The most deprived 20% of the population (CORE 20); Priority population groups with greater health needs (PLUS); (3) Top five health conditions affecting the population group as a whole (5- FIVE), which in adults include cardiovascular disease, respiratory disease and cancer, and for children includes asthma, diabetes and epilepsy.

We are working with Hywel Dda through the Regional Health Economy Subgroup as part of the South West Wales Regional Joint Committee, to deliver a collaborative population health approach that scales proven practices and drives sustainable change to improve health equity across the region.

An example is the Regional Whole System Approach to Healthy Weight team, supporting Public Health Directors in Swansea Bay and Hywel Dda along with five Public Services Boards across Swansea, Neath Port Talbot, Carmarthenshire, Ceredigion, and Pembrokeshire. The programme builds collaboration to improve environmental conditions for healthy weight.

Regional workshops led to the creation of a learning network, launched in June, and joint commitments from Swansea and Neath Port Talbot PSBs to work together on food procurement. This will shape a shared vision, goals, and actions for system-level improvements in food access over the coming years.

We apply targeted approaches using the Core20PLUS5 approach to reduce healthcare inequalities, informing work on cancer inequalities, including collaboration with Public Health Wales to improve screening participation and data accessibility.

We will support the rollout of the national lung cancer screening programme, ensuring local delivery aligns with strategic goals and community needs.

Vaccination

We implement a multi-faceted vaccination strategy to maximise uptake across staff, eligible cohorts, and vulnerable populations.

Staff Vaccination: Each Service Delivery Group has a flu lead, supported by peer vaccinators for a 3-week period. A refreshed communications campaign and executive letters encourage uptake. Mobile and drop-in clinics, including evenings/weekends, improve accessibility. Healthcare students were vaccinated in partnership with Swansea University in September.

Eligible Cohorts: GP and Community Pharmacy lead vaccination for eligible groups. School nursing teams aim to complete vaccinations for all school-aged children by December. Pregnant women are offered vaccines at ante-natal clinics as an additional option.

Catch-Up and Social Care: From 1st December, the Immunisation Team will run catch-up clinics via community sites, OPDs, and the Immbulance, prioritising low-performing clusters. Social care staff are vaccinated during care home sessions and can access vaccines via pharmacies or GPs. Engagement events have promoted uptake.

Children and Young People: A pilot with Upper Valleys and Cwmtawe GP Clusters targeted fluenz uptake in 2–3-year-olds. Catch-up sessions during school holidays focused on deprived areas and vulnerable networks. A domiciliary service supports childhood immunisation rates. A 2-month pilot with Health Visiting explores barriers to routine immunisation for ages 0–4.

Future Plans: Work continues to improve uptake of MMR, HPV, 3-in-1 booster, and MenACWY vaccines. HPV uptake in 15-year-olds is 85.9% (below the 90% target but above the Welsh average of 74.1%). Targeted support will address low-uptake schools and home-educated children.

Vaccine Equity: Our Vaccine Equity Strategy (2025–2028) focuses on four priorities: data and intelligence, accessibility, communication and engagement, and evaluation.

Eligible cohorts	SBUHB 07/11/2025	SBUHB 14/11/2025	Change	Welsh Average 07/11/2025	Welsh Average 14/11/2025	Position 07/11/2025	Position 14/11/2025
Staff flu vaccination	34.5%	37.3%	↑ 2.8%	36.2%	38.6%	5th	5th
Over 65's	52.9%	57.7%	↑ 4.8%	54.2%	59.1%	4th	↓ 5th
At risk groups (16 to 64 years)	20.1%	24.4%	↑ 4.3%	23.8%	27.9%	6th	↑ 5th
2 and 3 year olds	27.2%	30.4%	↑ 3.2%	32.5%	35.4%	7th	7th

Smoking cessation

Around 46,000 people in Swansea Bay smoke. While the overall rate is 14.1%, similar to Wales, Neath Port Talbot stands out with 18% - well above the national average. ¹

We are committed to helping our population lead healthier lives through evidence-based services. Smoking cessation is a key intervention within the Core20Plus5 framework for reducing health inequalities. Integrated 'Help Me Quit' (HMQ) services support people in the community through face-to-face, online, and telephone options. Specialist services- Help Me Quit in Hospital and maternal 'Help Me Quit for Baby'- are funded through Prevention and Early Years funding for 2024-26, offering tailored support during inpatient stays and pregnancy. In 2024/25, 1,592 people accessed smoking cessation services: 630 via community HMQ, 684 through pharmacy level 3, 210 in hospital, and 68 in maternal services. These services make a real difference, as highlighted by a recent success story shared by a local resident who quit smoking with HMQ support². A new smoking cessation steering group is being developed, spanning primary, community, and secondary care. We promote healthy living through initiatives such as Smoke-Free Sites and partnership work on smoking and vaping among children and young people.

Weight loss

Swansea Bay is estimated to have a similar percentage of people who are a healthy weight to the national average, with 35.6% of working age adults of a healthy weight in 2022/23. ³

We are committed to strengthening services for weight management for the population.

Weight management services are under executive leadership from the Director of Therapies and Health Sciences, with focus on identifying the best ways to meet our population needs for obesity and weight management. This includes an investment of Prevention and Early Years Funding in 25/26 towards a weight management pathway lead (seconded), and procurement of provision for 810 people to access Level 3 weight management digital service through a commercial provider (Roczen).

Other weight management services have been operating for some time, including the Children's and Young People 'Lighthouse' delivered through Healthy Weight Healthy Wales money from WG, the Nutrition and Dietetic Service, and the Level 2

¹ Source: Stats Wales 2025. NHS Smoking Cessation Services in Wales. Available at: Welsh resident smokers who made a quit attempt via NHS smoking cessation services, by local health board and cumulative quarters within a financial year

² Source: [Dad praises lifechanging support to help him quit smoking for good - Swansea Bay University Health Board](#)

³ Source: Public Health Wales 2025. Public Health Outcomes Framework. Available at: PHOF Reporting Tool

Orthopaedic Prehabilitation and Early Lifestyle Prevention (ELP) programmes for surgical patients.

We are scoping future opportunities to build on the weight management services offer in the Health Board and to align to the national ambition to recognise obesity as a chronic, recurring condition.

Diabetes prevention and management

The All-Wales Diabetes Prevention Programme is currently delivered in all eight GP clusters providing targeted support to people who are at an increased risk of type 2 diabetes.

Our Diabetes Planning and Development Group [DPDG], co-chaired by a GP lead and a Consultant Diabetologist, drives the following key objectives:

- More people living well with diabetes measured in a reduction of amputations
- Stop the increasing prevalence of diabetes

Action over the past 12 months has concentrated on compliance with the eight diabetes care standards, which is currently not at the level we would wish:

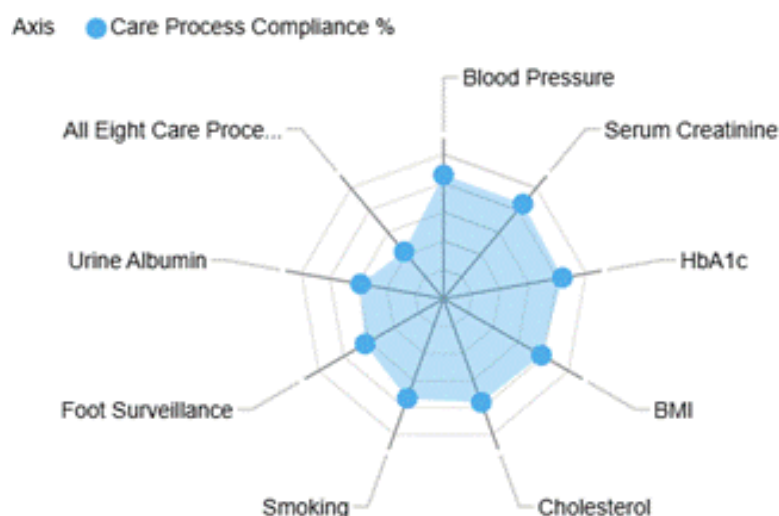
Type 1 –

- SBUHB: 9.93%
- All Wales: 23.08%

Type 2 –

- SBUHB: 45.16%
- All Wales: 46.19%

The areas of greatest challenge are HbA1c, blood pressure, and serum creatinine.



Performance is impacted by the absence of secondary care data flows into the national reporting system. The DPDG has been working with DHCW to implement a new digital solution to enable secondary care data to flow effectively and it is expected that an improvement will be noted by the end of the year.

All GP Clusters have signed up to focus on improving compliance rates, with examples of actions including:

- Through the primary care contract assurance governance framework, information is available on an annual basis on the performance of individual practices on the eight key care processes;
- Seven of the lowest performing practices have a formal governance visit by a senior team to review their diabetes care;
- Encouraged discussion at cluster level to improve the 8 key care processes;
- Reviewing GMS collaborative minutes to ensure that diabetes care is discussed;
- Working collaboratively on a national basis to propose the eight care standards are included in the GMS contract;
- Developing plans to shift care for less complex patients from secondary care to primary/community care, reducing unnecessary hospital use.

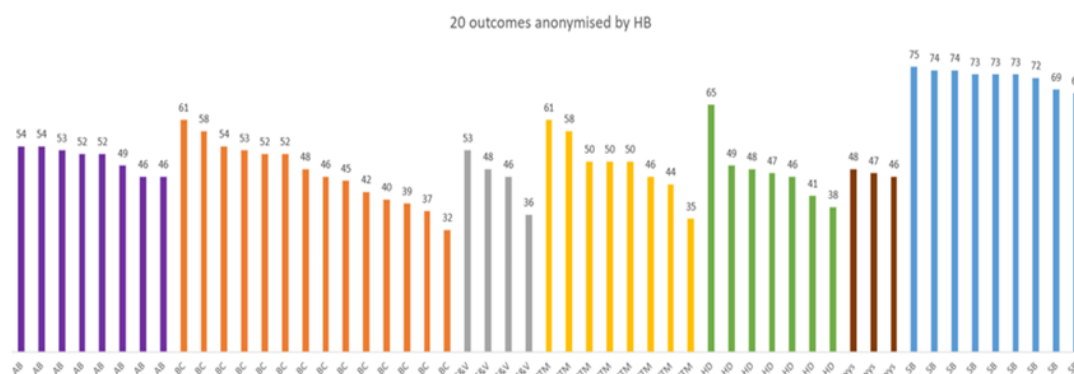
3.6 Primary care

Our refreshed strategy sets out our ambition to create a wellness-focused system that prioritises prevention, early intervention, and anticipates future health needs. Care will be delivered as close to home as possible, reducing reliance on hospital services and supporting faster recovery when hospital care is required. Community by Design is at the heart of this vision.

We are building on strong foundations. For many years, we have been on a journey to transform primary and community services - moving beyond traditional models to deliver care closer to home. This transformation has been driven through several key mechanisms:

- Effective and timely implementation of national primary care contract reform
- A cluster-based whole system transformation programme, introducing innovative ways of working and integrated care models.
- Expansion of multi-professional teams at practice and cluster level
- Investment in education and training, including protected learning schemes and the establishment of a Primary Care Academy
- Estates development, with two major schemes and 53 improvement grants delivered in the past three years
- Strengthening cluster maturity, with Swansea Bay reporting the highest level of cluster development in Wales—demonstrating leadership in collaborative care.

Summed level of maturity for PCMW and ACD, by cluster (anonymised) and Health Board for 2024/25



Deprivation and cluster self-reflection

- No significant relationship was found between deprivation and reported levels of maturity across clusters.

We prioritise the sustainability and development of primary care. Several GP practice mergers have strengthened resilience, supported by close cluster working. We have no managed or single-handed practices, and a dedicated support team assists any practice facing sustainability challenges. Collaboration extends to dental, optometry, and pharmacy colleagues, with our optometry adviser recently nominated for a national award.

Digital innovation is central. We hosted one of Wales' first digital platforms pre-COVID, and last year delivered nearly one million GMS consultations digitally. Electronic prescribing is also being rolled out, with multiple practices already onboarded.

Reducing hospital dependency is a priority—ensuring people only come into hospital when acutely unwell or requiring complex care. Primary care clusters are key to this work.

Some key initiatives are set out below:

Dental

Specialist Oral Surgery	Specialist oral surgery service commissioned with 2 dental providers.	c.1,500 patients treated p.a.
Specialist Orthodontic Service	Commissioned with 2 dental providers, alongside 3 Dentists with Special Interests (DwSI)	Allows treatment of c.1,850 patients p.a.
Dental Teaching Unit (DTU) Oral Surgery	Pilot concluded at the DTU for Level 2 oral surgery (OS) patients	Now an embedded service, reducing the Oral surgery waiting list and delivering enhanced skills training for Foundation Dentists.
Community Dental Service (CDS) Orthodontic Clinic	Consultant led joint orthodontic clinic with CDS	
Oral Medicine	Commissioned from the same Oral Surgery providers	684 patients treated since service inception April 2024
Primary Care Endodontic Pilot	Shift left from Restorative Dentistry	

Optometry

Wales General Ophthalmic Services (WGOS) 4	Uses highly qualified Optometrists to deliver two elements – Filtering and Monitoring	11 practices providing medical retinopathy; 9 providing glaucoma service
	Medical retinopathy capacity is 352 appointments per month	
	Glaucoma service capacity is 204 appointments per month	
	Priority is to deliver a service in every cluster	
WGOS 5 Independent Prescribing	Independent Prescribing Optometry Service (IPOS)	Capacity is 123 – 164 appointments per month
	Reduce volume of HES ophthalmology referrals via an urgent eye care service	848 patients had initial assessment with 856 follow up appointments (April – Sept 2025)
	Independent Prescribers increased from 1 to 14 with additional 3 in training	
	Priority is to deliver a service in every cluster and securing additional funding	

Medical

INR Testing	Directed Service to transfer anti-coagulant patients from hospital to primary care	Care of c.10,000 patients transferred from Secondary Care to GP practices
Spirometry hubs	Provide a community-based spirometry service to support the diagnosis of COPD	2 hubs in place with 378 patients tested and 215 new COPD diagnoses in past year
Vasectomy	Provided by General Practitioners with Special Interests. Pathway re-design from hospital to Primary Care model	Counselling, treatment and post-op care 553 patients counselled, and 476 procedures completed over rolling 12-month period
Echocardiogram	Community based service delivered via SLA with Swansea University.	Provision for 1,800 slots p.a.
Minor Surgery	Includes low risk BCCs, Actinic keratosis, Bowen's disease and scalp lesions	c.350 Extended Minor Surgery procedures p.a. by 7 GP practices via Local scheme
Ring Pessary	Improve symptoms of prolapse through a GP led service.	15 Practices signed up and 30 procedures completed
Urgent Primary Care Centres	Established in 3 sites	Last year dealing with 19,584 contacts last year.

Pharmaceutical

Clinical Community Pharmacy Framework	100% of community pharmacies signed up, including Urinary Tract Infection and Sore Throat test and treat.
Common ailments	Increase of 45% in the last year, with over 60,000 consultations taking place.
Independent Prescribing	Increased to 35 pharmacies with a 58% increase in consultations in 24-25 compared to 23-24.
Delivering vaccinations	Significantly increased role by delivering vaccinations

Mental Health

Mental health	Key priority within the Pan Cluster Plan; the Health Board has invested in four community psychologists to work with the clusters to identify and address the psychological needs of the community.
Cwmtawe mental health model	Rollout the model which won the NHS Award last year for overall improvement to healthcare.

In Spring 2025, we established the Community by Design Programme Board to systematically identify services that can be delivered closer to home. A recent workshop brought leadership together to accelerate this agenda through the Clinical Services Strategic Plan, aligned to the national implementation plan.

3.7 Digital

We are leveraging digital innovation to empower patients, improve access to care and optimise operational efficiency.

Our Digital Strategic Plan sets out our ambition is to become a “digital-first” health organisation, using technology and data to improve outcomes, experience, and efficiency. It aims to:

- Deliver service-led transformation through digital tools
- Support high-quality, safe, sustainable care
- Align with national priorities such as A Healthier Wales and WG’s Digital Health Strategy

Strategic Programmes include:

- Single Electronic Patient Record (EPR) for secondary care
- Digital systems for Community, Mental Health and Learning Disabilities
- Specialist solutions for maternity, pathology, and intensive care
- Expansion of patient-facing platforms like the NHS Wales App and Swansea Bay Patient Portal (SBPP)

Key achievements include:

Patient Empowerment

- 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
- Hybrid Mail adopted by 14 services, reducing delays and costs

Impact: Patients gain transparency on waiting times and referral status, reducing anxiety and unnecessary calls.

Case Study: A patient awaiting orthopaedic surgery used SBPP to track referral progress and book physiotherapy, avoiding multiple calls.

Digital Maternity (March 2026): Women will access maternity records digitally, enabling self-referral, online booking, appointment viewing, personalised care plans, and remote monitoring of health data.

Digital Storytelling: Patient stories are captured and shared in board meetings and training to influence service improvements.

Operational Efficiency

- Electronic Prescribing (EPMA): Saved 5,600 hours of prescriber time annually; reduced drug rounds by 10 minutes per nurse per shift
- Signal Patient Flow System: Real-time tracking improves bed utilisation and reduces delays
- Welsh Clinical Portal (WCP): Consolidates GP summaries, referrals, discharge letters, and care plans; enables access to radiology and pathology results across Wales. One in ten test results viewed in WCP originate from another health board, reducing duplication
- Electronic Test Requesting: Nearly 90% of pathology requests now electronic
- OpenEyes Ophthalmology: Launched across all sub-specialties in September 2025 using a “Big Bang” approach

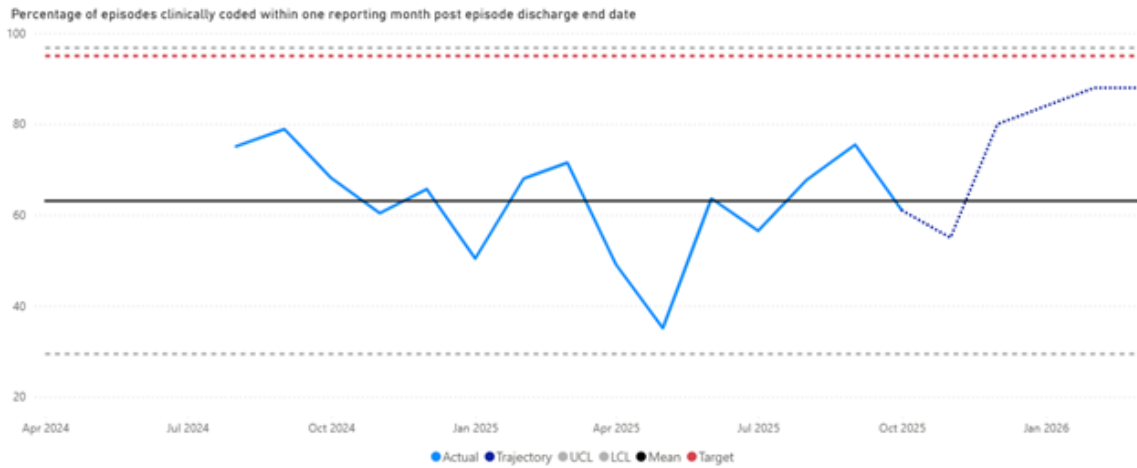
National Data Resource (NDR)

- Aligning with NDR to provide real-time access to patient records and population insights.
- Data Migration and Cloud Tools: Community datasets moved to NDR; tested Google Cloud tools for cost modelling
- AI Integration: Using Google Gemini to summarise dashboards and generate insights
- Regional Collaboration: Working with Hywel Dda on performance scorecards, auto-coding models, implementing AI supported care safely and cancer forecasting tools
- Predictive Modelling: Exploring DNA predictor and frailty models for admissions and re-admissions

Cyber Security

- Risk Management: Cyber risk recorded at highest level (score 20) on corporate risk register
- Staff Training: Partnered with MetaCompliance; 12,500 staff engaged in phishing simulations and awareness programmes
- Culture Change: Regular bulletins and board-level engagement foster vigilance
- Compliance: Achieved 83% in national cyber resilience assessment; improvement plan underway

Coding performance



The coding team set a target of 93% completion by June 2026, supported by measures such as coding primary diagnoses for short stays, staff re-banding, recruitment, and overtime. However, delays in recruitment, high sickness levels, and the loss of a supervisor have impacted capacity.

Despite challenges, electronic coding adoption has increased from 40% to 65%, enabling remote work and better hourly completion rates. Year-end projections indicate 88% completion, up from 79% in 2024/25. Monthly performance is expected to rise from 58% in November to 88% by April, before temporarily reducing as backlog coding for finance returns takes priority.

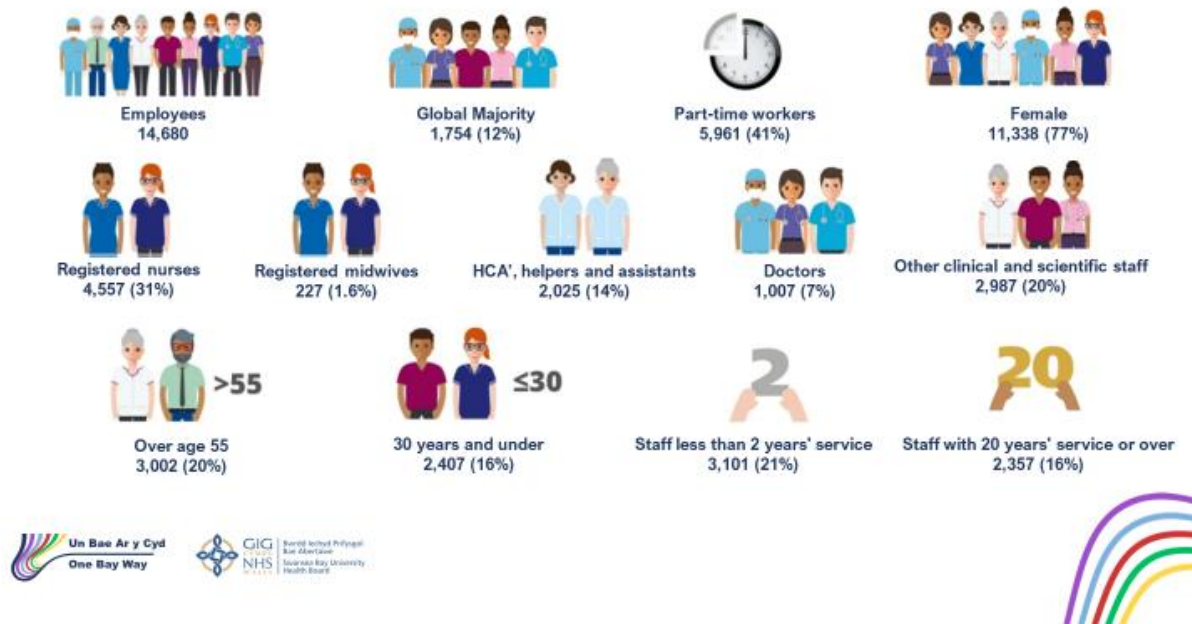
Focus remains on meeting 30-day coding targets and prioritising key clinical mortality indicators (stroke, MI, FNOF). While short-term pressures persist, the trajectory shows steady progress toward long-term goals.

4.0 Strengthening how we run the NHS

We are strengthening workforce planning at pace, recognising focussing on strengthening alignment between our service, workforce and financial plans. *Organised for Success* is our overarching programme leading the reshaping of our internal structures and operating framework.

The diagram below summarises our key workforce numbers in 2025/26.

Workforce composition in numbers

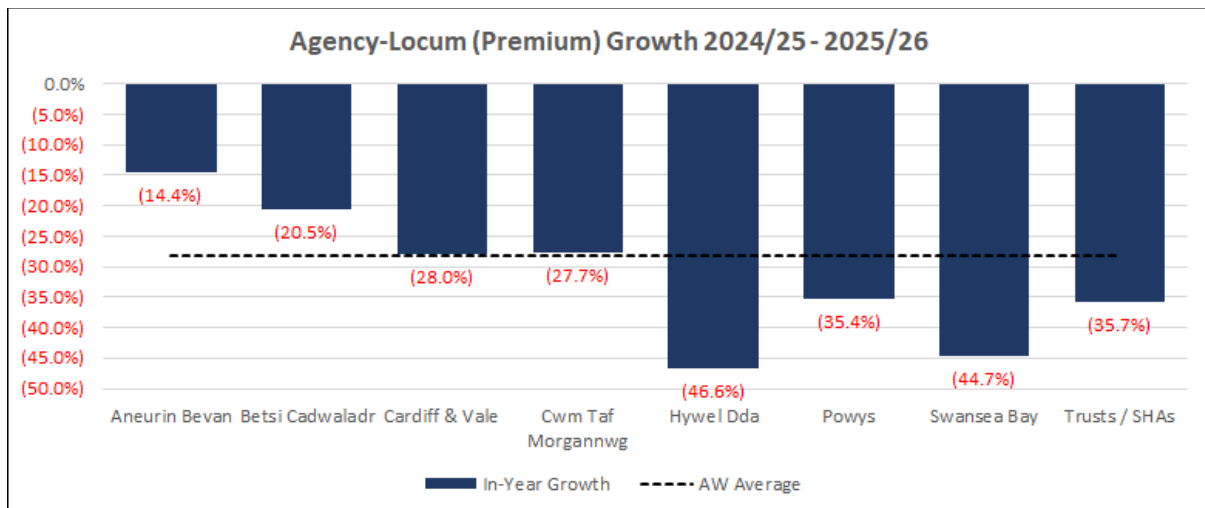
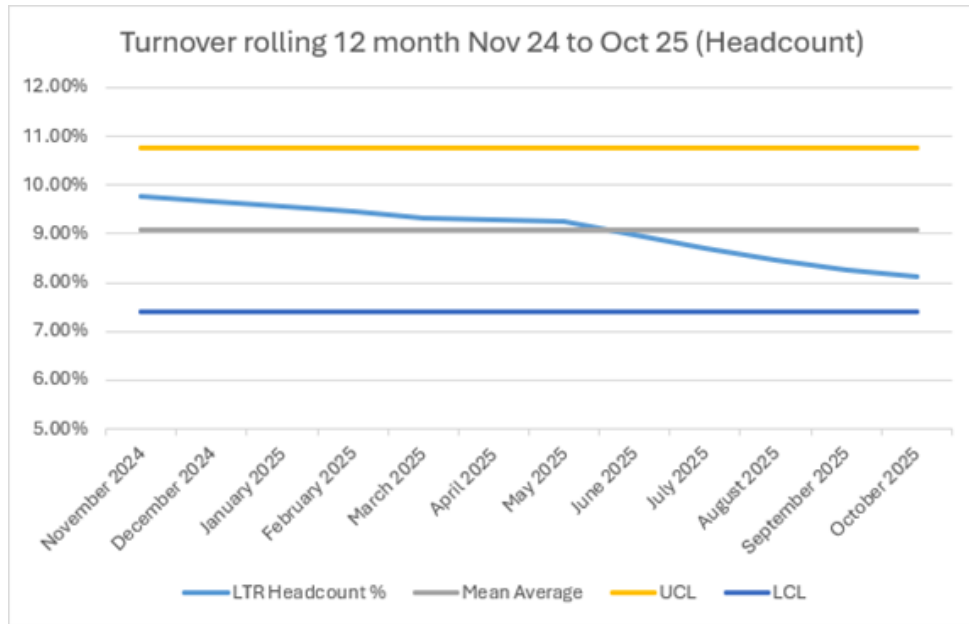


4.1 Interims, agency and locum staff

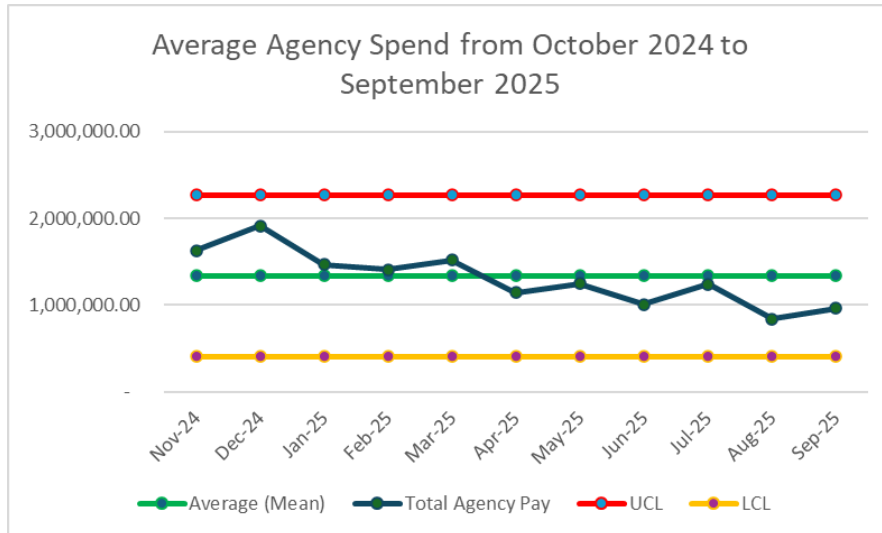
We employ very few interims within senior roles and only have one post on our Executive Team filled on an interim basis (Director of Public Health) approved by WG.

We have very few registered nursing and midwifery vacancies and historically low levels of nursing turnover (5.89%, against a high of circa 10.19% in January 2023).

Overall, we have seen a steady reduction in turnover during the last 12 months as outlined below.

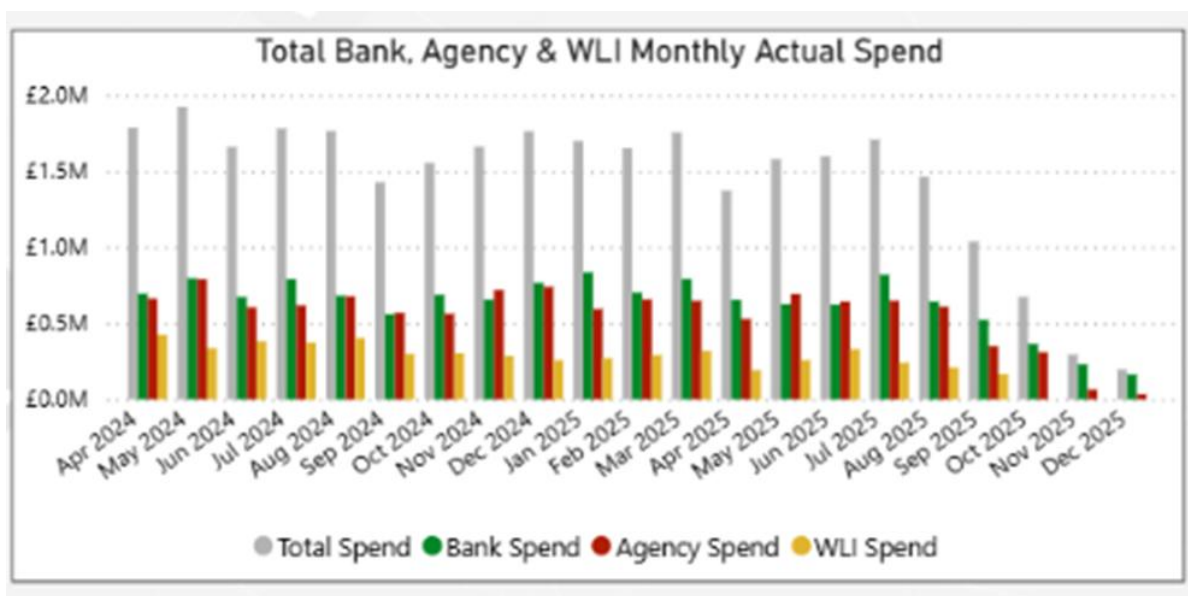


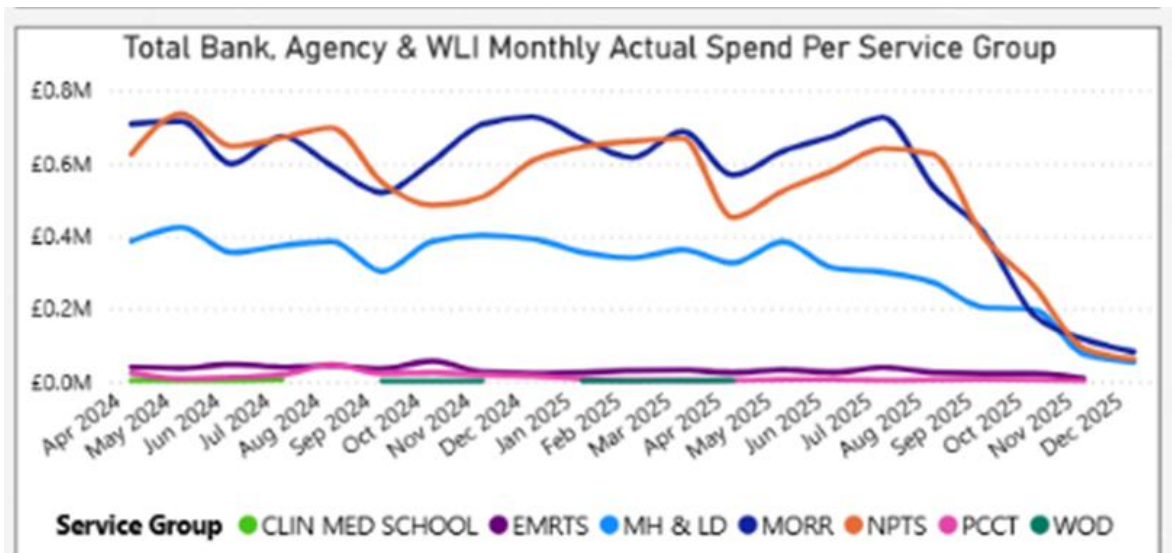
This has resulted in lower usage of agency, and we are increasing oversight and control measures to cease the use of agency other than by exception. These actions have enabled more effective workforce management and reduced reliance on bank staff.



We continue to see the use of agency and locum doctors in national shortage specialities and are exploring creative options to recruit into these posts, via more developed attraction and recruitment strategies. We have been successful in recruiting from overseas to all resident doctor or equivalent vacancies, the shortages mentioned here exist at consultant level. We are also exploring a recruitment process (RPO) with a commercial company to attempt to fill these hard to fill roles. Our participation in the WG funded route has only been in psychiatry due to the recruitment successes we have achieved as a Health Board. Agency and locum doctors are deployed due to the growing propensity for resident doctors to work part time. This creates part time gaps on medical rotas, and we are exploring creative ways to fill these.

Scrutiny arrangements, including daily meetings for approval of the use of bank and agency, have been in place since the beginning of 2025. These are having an impact as the graphs below show:





*(Any shifts which have been prebooked on Allocate for the remainder of 2025 are populated onto the graph so they can be further scrutinised. The data up to and including October 2025 is actual, with November 2025 and December 2025 is planned.

The Executive Medical Director meets weekly with service group medical directors to review their medical workforce position. A new rate card has been developed, along with proposals for an externally managed bank.

Progress is being made to secure longer-term recruitment, which is key to reducing variable pay:

- 255 doctors recruited in 2024 and 269 for 2025 by 31st October – an 18.5% increase this year;
- More than 100 applications received for most advertised resident doctor roles;
- 142 international doctors employed between January and October 2025.

A number of several hard-to-recruit posts have been successfully filled, including:

- Oncology (consultant level)
- Radiology Interventional (consultant level)
- Haematology (consultant level)
- Acute Medicine (consultant level)
- Mental Health (consultant and Specialty doctor levels)
- Emergency Medicine – (middle grade level)

There is a national shortage of consultant anaesthetists which impacts on our capacity to deliver planned care and increases use of variable pay to manage demand. We advertised nine vacancies, six of which have been appointed, five in post and the sixth has a start date. The remaining are in active recruitment.

4.2 Leadership and succession planning

Developing leaders who live our values and role-model compassionate leadership is a core priority in our People Strategy. We provide a suite of programmes and resources to support this commitment.

Brilliant Basics, launched in January 2025, offers a single digital platform for managers and aspiring leaders to access bite-sized learning, toolkits, and policies on topics such as finance, attendance, appraisal, recruitment, and leadership. Designed in response to staff feedback, it ensures quick, mobile-friendly access to essential resources at the point of need. Content continues to grow, shaped by user feedback and contributions from subject matter experts.

In August 2025, we introduced LEAD, a bespoke six-month leadership experience for aspiring, middle, and senior managers. The programme combines engagement days, digital learning, reflective journaling, improvement projects, and compassionate leadership principles. It was developed in response to organisational need and aligns with our People Strategy, while incorporating national developments led by Health Education and Improvement Wales. At 2 December 2025, there have been 220 applications for the LEAD programme. Early evaluation from participants are extremely positive, highlighting the quality improvement element as extremely beneficial.

Other key initiatives include:

- Coaching Network – providing confidential one-to-one coaching from Level 5+ qualified coaches to support career development, confidence, and resilience. Since 2021 the Coaching Network has supported over 600 hours of coaching to Health Board Staff. Recognising the demand we have worked closely with Bridgend College to deliver a fully funded L3 in Coaching and Mentoring to over 30 staff (to date).
- Optimise Women’s Development Programme – empowering women through mentoring, networking, and leadership skills development, addressing the Gender Pay Gap and tackling barriers such as imposter syndrome and limiting beliefs. This programme, to date, has been attended by over 150 women (or people who identify as women).
- Graduate Gateway Programme (GGP) – a two-year fast-track scheme introduced in 2016 to build a talent pipeline for Service Manager and General Manager roles. Trainees gain experience through placements, leadership workshops, mentoring, and coaching, supporting patient-centred projects and organisational priorities. The GGP has been highly successful in achieving its outcomes, with all 28 graduates from the first five cohorts gaining management positions within NHS

Wales; 21 (75%) of whom have stayed within the Health Board on completing the programme.

These programmes reflect our commitment to nurturing talent, strengthening leadership capability, and embedding a compassionate, inclusive culture across Swansea Bay University Health Board

4.3 Clinical leadership

We are committed to being a clinically driven organisation, led and supported by Clinical Executives. To enable this, we offer a Consultant Development Programme sponsored by the Executive Medical Director. Targeting newly appointed consultants in their first year, the programme builds leadership skills, behaviours, and capabilities essential for their role. It also provides opportunities to engage with the Executive Team, share ideas, and network across specialties. Delivered over six months through five one-day sessions, the programme focuses on:

- The role of clinical leadership in delivering Swansea Bay's vision and leading service change
- Standards of medical practice and managing complaints and risk
- Learning from patient experience to improve care quality
- Compassionate leadership principles, wellbeing tools, and CPD opportunities

Organised for Success will strengthen clinical leadership within our management structures and clinicians are actively involved in refreshing the Clinical Services Plan and shaping future approaches.

Clinical Senate meets quarterly, enabling clinical leads to share research, innovation, and quality improvement. Two new forums for medical leaders focus on job planning, professional affairs, quality, safety, and clinical outcomes, with external speakers such as the GMC and Coroner.

4.4 Culture

Our approach to cultural improvement includes:

- Embedding our values and behaviours; being clear about what is important to us.
- Refreshing our performance and accountability framework.
- Our People Strategy seeking to improve our environment, focus on our people, improved leadership development, and approach to equality, diversity and inclusion.
- Leadership events and workshops to ensure managers are clear on their responsibilities and accountability regarding financial recovery.
- Continued focus on the Staff Survey, using the engagement index and feedback to inform actions (we had the lowest response rate of the Health Boards in 2024 at a rate of 12.9%, this has increased to 18.9% in 2025).

- Focus on Maternity and Mental Health Services as part of our leadership and culture improvement plan.
- Developing a high performing culture at Board level; with well-defined values, clear goals, autonomy, recognition, diversity, ability to speak up safely, performance and accountability, compassionate leadership and strong connection to delivery.

Over the past 7 months, there has been a significant focus on enabling a psychologically safe culture through delivery of actions against the section 6 requirements of the National Speaking Up Safely Framework. This has included:

- Establishment of a Speaking Up Safely Working group, including Trade Union representation to support collective delivery of actions and inform lived experiences of staff.
- Development of a Raising Concerns Hub available via the main intranet page for staff to have easy access all avenues of support and ways in which concerns can be raised.
- A printable toolkit and poster has been made available for staff with limited digital access.
- An on-line Webinar developed and integrated into our Brilliant Basics Management Development platform.
- Enhanced local ownership through Service Groups self-assessing against the section 6 requirements and developing actions plans for improvement where gaps have been identified.
- Development of a centralised monitoring and reporting template for Service Groups and Directorates to record key concerns - themes, trends, action taken and lessons learned to support strengthen accountability and governance reporting. Service Groups now attend Workforce & OD Committee a minimum of twice yearly to report their local position around Speaking Up Safely as part of the overarching Speaking Up Health Board Report.
- We are part of an All Wales Learning Exchange comprised of Leads and Guardians from across organisations where challenges and best practice is shared to enable learning and improvement.

We have developed a 'heat map' approach to identify areas of good practice or concern, based on triangulated data, with intervention from the leadership and culture team. The 2024 staff survey results show that our staff engagement score is comparable to other Health Boards.

4.5 Organisational structure

Organised for Success will ensure we are structured in the most effective way to deliver high-quality care for our population. While financial sustainability is a critical driver—given the current unaffordable service delivery model and the need to reduce

the pay bill by at least 10%—the programme’s primary focus is on aligning leadership, management, and service structures to better meet the needs of patients, staff, and communities.

It responds to internal and external feedback highlighting the need for a more coherent operating framework that connects planning, performance, accountability, and delivery from Board to frontline. It also aims to address variability in management capability and oversight.

Structured in three phases, the programme will:

- **Phase 1: Executive Portfolios and Delivery Unit**
 - Review executive and deputy structures
 - Establish a delivery unit to consolidate transformation and improvement functions
 - Explore joint regional appointments with Hywel Dda
- **Phase 2: Service Group Structures**
 - Create new care groups and leadership models
 - Review divisions and directorates to ensure equitable spans of control
 - Rationalise management layers to a maximum of six, focusing on the top four tiers
- **Phase 3: Corporate Services**
 - Assess wraparound support for care groups (e.g., HR, Finance)
 - Redesign corporate functions for optimal integration and efficiency

Implementation is phased from January 2026 to April 2027.

4.6 NHS Wales Staff Survey

Our People Strategy and Promise commit to staff having a ‘voice that counts’ and acting when they speak up. The NHS Wales Staff Survey is central to this commitment.

For the 2025 survey, our focus is on increasing response rates, maximising engagement, assuring anonymity, and highlighting actions taken from staff feedback. We will continue with our ‘We Said, We’re Delivering Together’ approach.

Action plans are being developed at Service Group and Directorate level, with a minimum response target of **25%**, aligned to the top three priorities from the 2024 survey:

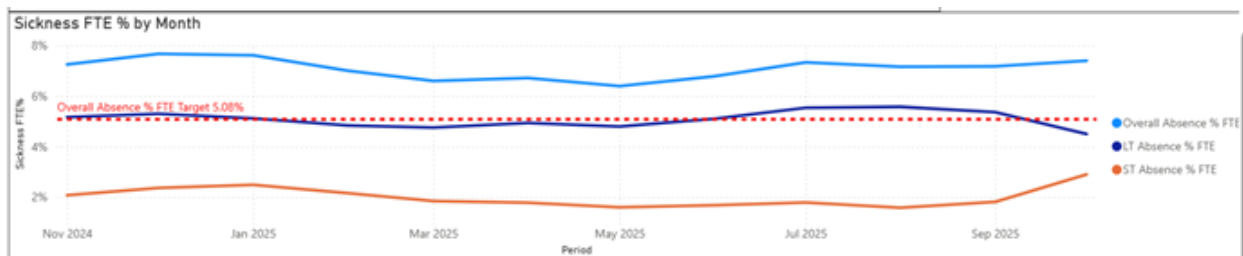
- Leadership & Management
- Speaking Up Safely
- Values & Behaviours

We are taking an 'every contact counts' approach, supported by national incentives. Drop-in stations across sites—branded 'A Brew for Your View'—offer digital access, support, and refreshments to encourage participation.

Response rates are monitored daily and weekly, with targeted support for areas needing further support and encouragement. Priority themes from the 2025 survey will inform future actions, embedding the survey as an annual event and reinforcing leadership accountability for results.

Support for staff health and Wellbeing

Sickness absence



Absence is higher in October 2025 (7.40%) compared to the same period in 2024 (7.25%) with a notable reduction in long term absence and an increase in short term absence. We continue to focus on effective sickness absence management to ensure compliance with the managing attendance at work policy and keeping staff well in work.

Our integrated occupational health and wellbeing service offers a broad range of early intervention/prevention support for both mental and physical health including:

- Staff trauma support pathway to help staff access support in a timely way. This includes an embedded TRiM (Trauma Risk Management) model, with over 190 trained peer responders embedded within clinical services.
- One-to-one support for staff including counselling, occupational therapy and trauma-informed interventions. Evidence suggests that sickness absence would be higher without this support.
- Physiotherapy and work-based assessments to support physical health and ergonomics in work.
- Working with Carers Wales, a survey of staff who identify as carers has been undertaken to inform future support, a dedicated SharePoint page has been created.
- Recent introduction of the staff health passport to support health in the workplace.
- Men's Health Support Group and a range of health & wellbeing webinars.
- Manager-focused workshops supporting managing menopause, work related stress risk assessment, inoculation injury and tailored adjustments.

5.0 Board local issues

5.1 Strengthening our Governance

We have taken a multi-faceted approach to strengthening Board-level governance, including:

- Recruitment to all members of the Board in 2024/2025
- Board Development Programme (2025/26) implemented, including sessions on: *Role of the Unitary Board* and *Effective Boards*; Risk management reset and strategic risk appetite; Engagement with Stakeholders; Listening to frontline staff to understand the operational risks and links to the Strategic risks of the Board.
- Board protocols introduced to set out: when to take matters In Committee; Conduct in Board meetings
- Board members engagement to support service site visits

5.2 Perinatal Improvement

See Section 3.2

5.3 Mental Health Transformation Programme

See section 3.3

5.4 Goresinon Temporary Move

See section 1.4- Service Change

5.5 Phlebotomy Access

See section 1.4- Service Change

5.6 Student nurses and wider workforce planning

We successfully recruited and retained staff over the last couple of years and now have limited vacancies.

In this context, we needed to think differently about how to best accommodate the March 2023 student cohort and created a number of rotational posts, with 85 posts offered across Mental Health and Learning Disabilities and Adult nursing. This is the highest number of posts offered by a Health Board across Wales and HEIW has commended our approach as an example for other Health Boards.

We recognise that our workforce planning and commissioning has not been sufficiently integrated. We are working with HEIW, other Health Boards and the Chief Nurse Office to explore all Wales strategic solutions for the next 3 years and we are strengthening joint work with Swansea University.