Changing for the Future

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Bae Abertawe

Swansea Bay University Health Board

Swansea Bay University Health Board Annual Report 2022-23

Contents

Statement of the Chief Executive's Responsibilities as Accountable Officer

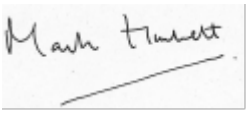
The Welsh ministers have directed that the Chief Executive should be the accountable officer to the health board.

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

The accountable officer is required to confirm that, as far as he is aware, there is no relevant audit information of which the entity's auditors are unaware, and the accountable officer has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

The accountable officer is required to confirm that the annual report and accounts as a whole is fair, balanced and understandable and that they take personal responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced and understandable.

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

Date: 13th July 2023 Chief Executive: 

Statement of Directors' Responsibilities in Respect of the Accounts

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

In preparing those accounts, the directors are required to:

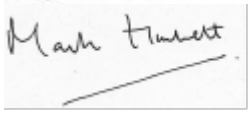
- apply on a consistent basis accounting principles laid down by the Welsh ministers with the approval of the Treasury;
- make judgements and estimates which are responsible and prudent;
- state whether accounting standards have been followed, subject to any material departures disclosed and explained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

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

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

By order of the board, signed:

Chair  Date: 13th July 2023

Chief Executive  Date: 13th July 2023

Director of Finance  Date: 13th July 2023

About the Health Board

Swansea Bay University Health Board plans, commissions and delivers healthcare services for the people of Neath Port Talbot and Swansea, and works to improve their health and wellbeing. We serve a population of approximately 390,000, have a budget of around £1.167billion and employ almost 13,500 staff.

We have three major hospitals providing a range of services: Morriston and Singleton hospitals in Swansea and Neath Port Talbot Hospital in Baglan, Port Talbot. We also have a community hospital at Gorseinon and primary care resource centres providing clinical and wellbeing services outside the main hospitals.

We provide more than 70 specialised services to the populations of south-west Wales, south Wales and for certain services, on a Wales-wide and UK basis. This reflects our clinical excellence and our diverse range of local and tertiary services for the people of Wales and beyond.

Primary care independent contractors play an essential role in the care of our population, and the health board commissions services from 49 GP practices, 31 optometry practices, 72 dental practices and 92 community pharmacies across our region.

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

There are five all-Wales services hosted by the health board:

- Emergency Medical Retrieval and Transfer Service (EMRTS) – provides advanced decision-making and critical care for life or limb-threatening emergencies requiring transfer for time-critical treatment at an appropriate facility.

- Major Trauma Network Operational Delivery Network – provides the management function overseeing the major trauma network, coordinating patient

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

- Lymphoedema Network – manages the Lymphoedema Network Wales National Team.

- NHS Wales Delivery Unit – provides professional support to Welsh Government to monitor and manage performance delivery across NHS Wales (this was to transfer to the NHS Executive in April 2023);

- Neonatal Transport Service - the Neonatal Transport Service is the service which safely moves babies (neonates) between hospitals across Wales and further when this is required;

- Spinal Operational Delivery Network – the management function for the network, co-ordination of patient flow across the spinal pathway, lead the development, and coordinate implementation and delivery of standards and pathways.

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

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

Introduction: Chief Executive's Overview

I would like to open this year's annual report by giving thanks to our staff for their continued hard-work and commitment during what has been a tough and very pressurised year. Our services have remained busy and our teams are working hard to care for those who need us, although we recognise that sometimes, this is not as quickly or as soon as we would like it to be. We are working hard to improve and design our services so they are robust and sustainable for our communities.

For the first time in a number of years, we have an approved integrated medium term plan (IMTP – three-year plan), which we have delivered almost in its entirety and the majority of our performance trajectories have been delivered. Also, we delivered a balanced financial plan, which was an incredible achievement and I am grateful for all the work that was undertaken to do this. Next year is going to be a difficult one in terms of finance, and we are already forecasting a deficit position, but this is not unique to us, as the whole of Wales has a challenging financial outlook.

This year saw the start of major service transformation as we started to implement our 'Changing for the Future' programme, put patients, service users and the needs of our communities at the heart of all that we do. 'Changing for the Future' set out proposals to recreate our three main hospitals as centres of excellence, each one having a concentrated focus to play to the strengths of our staff and address the improvements that are essential. Morriston Hospital will be our centre of excellence for urgent, specialist and regional care, Singleton Hospital for planned care, cancer care, maternity and diagnostics and Neath Port Talbot Hospital for orthopaedic and spinal care, diagnostics, rehabilitation and rheumatology.

December 2022 saw a change to the way we deliver urgent and emergency care. Through the acute medical services redesign (AMSR) programme, we centralised acute medicine at Morriston Hospital. Investment of £1.36m saw an acute medical unit established to triage and treat unscheduled patients who did not need emergency care, allowing the emergency department to provide care for those who were severely unwell or injured.

The acute medical unit has a number of areas, one which provides same day emergency care, assessing and discharging people to recover in their own homes and also a shorter-stay unit where patients stay for tests, treatment and observations for no more than 48 hours, and do not need a specialist ward bed. Our older person assessment service is also linked with this area. As a result of centralising the acute medical services at Morriston Hospital, the specialist medical wards on the site have been reconfigured and the Singleton assessment unit has closed, with staff transferring to Morriston Hospital.

However, we still have a high number of medically fit (clinically optimised) patients in our beds who we cannot discharge appropriately, leading to flow issues across our

sites, stopping those who are very unwell and in need of admission being cared for either in the emergency department or waiting on ambulances. Many of the medically fit patients have now been based together at Singleton Hospital in 120 additional beds made vacant by the transfer of services as part of the AMSR programme, but over the course of early 2023-24, our primary, secondary and community services will be working with local authority partners to provide care packages or care home placements for these patients so that we can close these beds.

This was the first step in creating our three centres of excellence. Work has also commenced at the other two hospitals, with an elective hub in the process of being built at Neath Port Talbot Hospital for urology, orthopaedic and spinal surgery. This will provide consistent access to surgical beds in specialities previously based at Morriston Hospital where the operational pressures have been too great to enable elective surgery. The new building will have three state of the art theatres and pre-assessment rooms as well as changing, rest and learning facilities for staff. The building was handed over to the health board at the end of March 2023 and the first surgery is scheduled for June 2023.

In summer 2023, the board will be asked to agree proposals for additional theatres at Singleton Hospital to create a centre of excellence for planned care. The facilities will be used to tackle individual specialities at a time, to start to bring the waiting lists down towards the 36 week targets and eradicate the backlog. Singleton Hospital will also be a centre of excellence for cancer, with the board agreeing in January 2023 the strategic programme case for 2023-24 to 2032-33 for non-surgical cancer care. This will provide a framework for business cases and service plans to be developed to provide equitable access to oncology services and treatment.

We do recognise that our performance in urgent and emergency, planned and cancer care is not as we would like it to be. There have been improvements, which are demonstrated in the next section, but ultimately, patients are still waiting too long for their treatment, which is contributes to poor patient experience and can lead to poor outcomes. The health board is determined to make significant improvements and in addition to the major service changes described above, there are a plethora of initiatives taking place across our primary care, community services and hospitals to improve.

Acute care is only a part of what we do and we fully recognise the important services primary care provides to allow patients to be cared for and treated in their own homes wherever possible. In support of this, there are two main areas of focus. Firstly, admission avoidance, providing care in the community to prevent the need for a hospital stay, whether that is managing chronic conditions to avoid unnecessary outpatient appointments or providing some urgent and emergency care services closer to home for those who do not need an ambulance or emergency department. The other is reducing length of stay, working with our services and partners to provide alternative facilities for those who are medically ready to leave hospital and need a care package or care home facility in order to do so. The ‘Home First’ approach adopted by the health board was enhanced this year and has supported circa 2,800 people to leave hospital utilising a discharge to recover and assess ethos along a range of established clinical and support pathways. Our acute clinical team

and district nursing teams also play a key role in this with our district nursing team supporting over 1,500 palliative care patients (in an eight month period) to die at their place of choice – their own home.

We have also established virtual wards, which are now established across all eight primary care clusters. A virtual ward looks to replicate a hospital ward but in the community. In a hospital ward a team of clinical staff will work together to review the needs and treatment plans of the patients on the ward and monitor their progress. We work the same way only the patients are in their own home, however they will still receive face to face care from a range of staff who will all communicate with each other and work together to develop care plans. Patients prefer to be at home and are far less likely to pick up an infection, or suffer from functional decline if they are at home. Although the term 'virtual' makes it sound as though you will not see staff in person you still do, we use the word virtual to mean 'virtually like a hospital ward', not electronic care.

The evidence clearly showed a 9% drop in attendances at the emergency department for the clusters with virtual wards. Along with excellent feedback from clinical staff and patients, we knew that our approach was working and delivering outcomes for patients, staff, and the wider health system. We therefore pushed for an expansion into the remaining four clusters, this was approved and by September 2022, we had them in all eight clusters and a team of staff based in Morriston carrying out our in-reach work. The in-reach programme is about identifying patients in hospital who could be cared for at home with the wrap around support of the virtual ward, and either preventing an admission or discharging them sooner. As patients do not have to be medically optimised to come under our care, we can take more acute patients that would normally require an admission or longer length of stay. We have also developed specialist pathways within secondary care which have given us the opportunity to improve communication between hospital and community staff and ensure more patients can recover at home, where they generally want to be. We still work very closely with GPs, and nearly half of our referrals come directly from general practice, this still proves to an excellent means of preventing admissions through early identification and collaborative working. We have also been chosen by Welsh Government to work with them on a pilot using remote patient monitoring technology.

This year alone we have had 2,964 patients referred to virtual wards, prevented 963 admissions and saved 16,367 bed days in hospital. We know there is vast scope to use our approach to achieve more so are currently drawing up plans for an expansion.

It was also a year which saw two significant strategies approved which will really put patients, service users and the needs of our communities at the heart of all that we do.

Our quality strategy for 2023-28 was approved by the board in January 2023 and launched in March 2023. It sets out our commitment to quality in order to be held to account and has four ambitions - delivering safe and reliable care, an organisation that our communities, and patients are proud of, empowering staff and high quality accessible services now and in the future.

Quality remains at the heart of what we do – it is critical that the services we provide are safe, effective and timely. The establishment of a quality management system has continued, focusing on four main areas – governance, quality, creating a learning organisation and outcomes. A task and finish group was in place for six months to oversee the implementation of the work programmes allocated to each theme and this stood-down in March. Some of the achievements to date include:

- Quality, safety and improvement hub webpages are now live;
- Dates set for patient safety congress events;
- Learning resources now available along with a community of practice;
- Quality improvement academy and a training review underway with engagement events with staff to identify what staff need and want;
- Quality dashboard phase one go live at the end of January 2023;
- 12 vlogs filmed with staff talking about what quality and the quality management system means to them;
- Newsletter focus on quality.

The population health strategy sets out the guiding principles by which the health board and its partners will seek to improve the overall health and wellbeing of the local population whilst reducing the gap between our least and most deprived communities. It focuses on prevention and tackling the 'causes of the causes' of ill-health. It must be owned by and delivered through the entire health board and our partners and has had significant input through both internal and external consultation.

The objectives of the strategy are to:

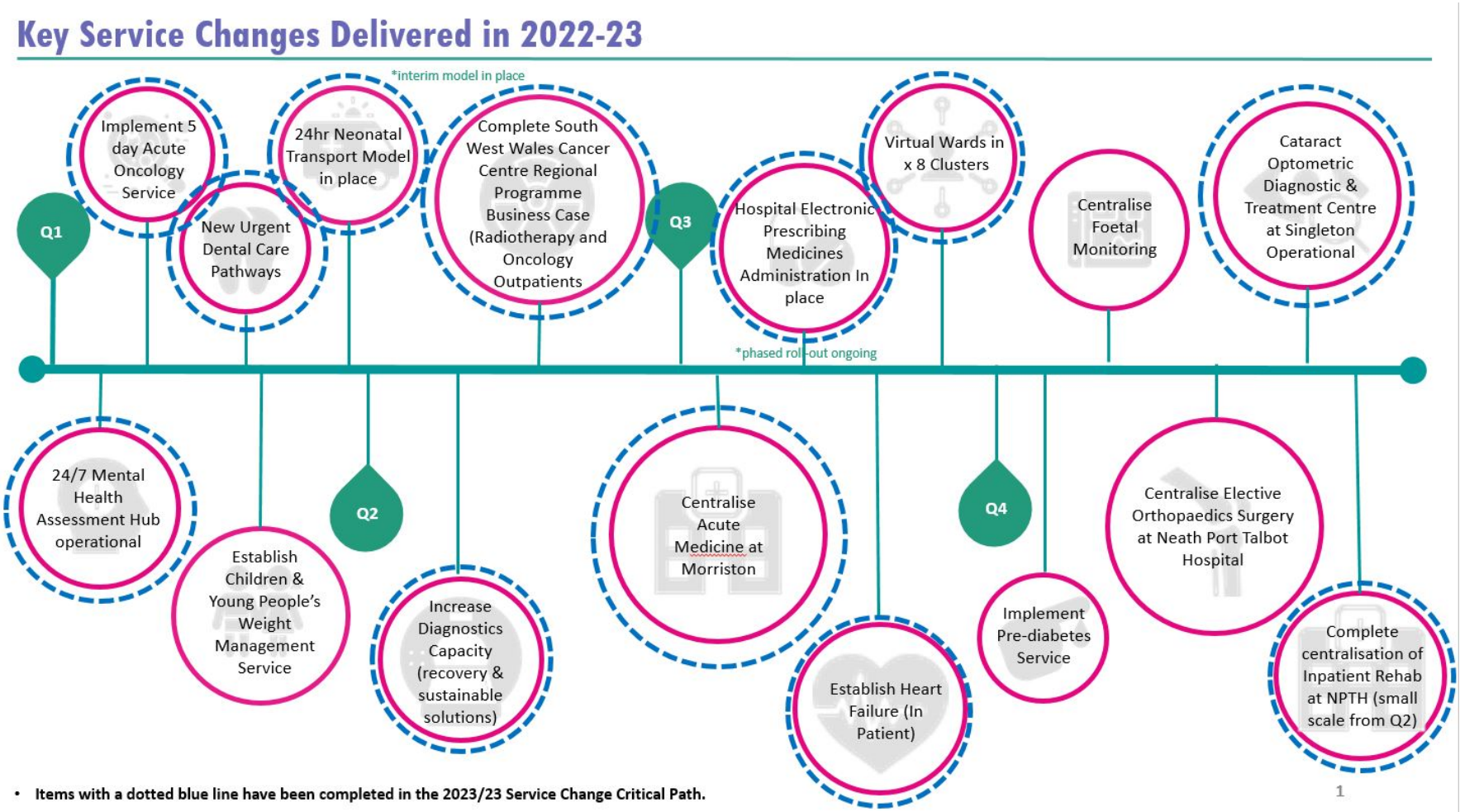
- Provide an overview of the current context and challenges that we face as a population and society in Swansea Bay;
- Highlight evidence based action, in line with the six Marmot policy objective areas that could be translated into practice and what has been learnt to date on how to tackle health inequalities;
- Present a consensus/collective view of areas for action that will help to guide decision making and purposeful partnership working including knowing how that will be achieved and measured;
- Publish a report that will contribute to the development of a range of policies, service developments and improvements as individual organisations, public service bodies and collectively to achieve population level health gains

Workforce is a critical priority for us as we want staff to enjoy coming to work and be able to do the job they were trained to do, which is immensely difficult at the moment given the operational pressures. *Our Big Conversation* staff engagement programme has been developed to inform and shape the 'One Bay Way' culture – a values driven, quality focused organisation. This is central to the Board commitment to improve quality. Phases one and two launched on 31st October 2022 and was rolled out the length and breadth of the health board. It involved all staff groups, students, bank staff and volunteers, and included people working in a wide and diverse range of roles.

It should be noted that the initial phases of this engagement programme were delivered during the period of October 2022 to February 2023, led by the Chief Executive and the executive team, supported by workforce colleagues. The climate across the organisation was particularly challenging due to winter pressures, on-going Covid-19 and other infections prevalent on sites and in the community, industrial strike action and AMSR impacting those key hospital sites and the staff involved. In spite of these challenges, a total of **1,274** staff, students and volunteers took part in phases one and two of the programme through a variety of digital and face to face engagement opportunities.

Following a presentation to the Health Board Partnership Forum in February 2023, it was agreed that a collective of key staff representatives, wellbeing champions and management colleagues, led by the Chief Executive, would develop the practical vision, based on the four areas for improvement from *Our Big Conversation*. An initial draft of the document would be out to consultation by the end of June 2023, followed by a six-week engagement ahead of final sign-off. This will support delivery of actions to ensure we have heard the voices of our staff, students, volunteers and stakeholders and gain collective ownership. The document will set out the characteristics of a high quality organisation; our vision and culture, and a three-year timescale to turn the vision in to a reality.

Key Service Changes Delivered in 2022-23

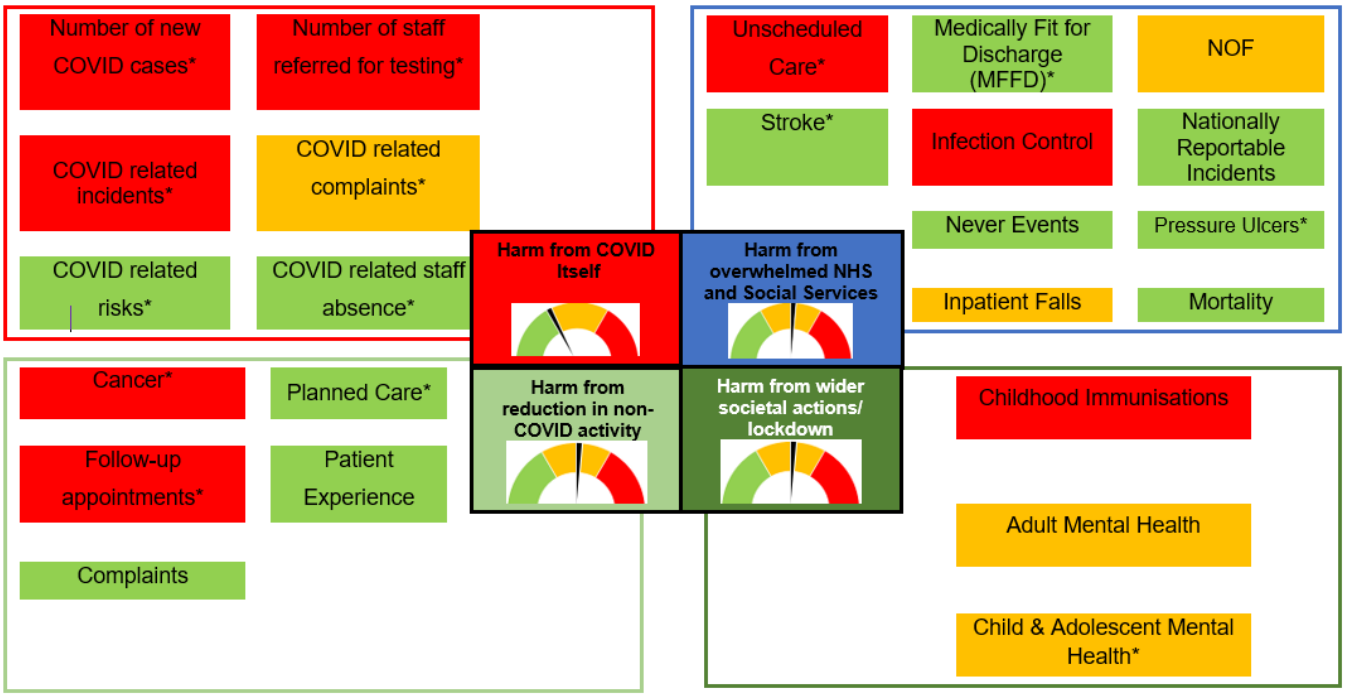


Performance Report
2022-23

Our Performance Summary

The financial year 2022-23 was another highly pressurised year, during which we implemented a number of significant changes via AMSR (acute medical services redesign) that will provide us with more solid foundations for the future. Performance during 2022-23 comprised both some successes and areas to improve.

To improve visibility of measuring and managing harm, performance reporting has been aligned with the four quadrants of harm as set out in the NHS Wales Delivery Framework. The illustration below gives a year-end summary of the final position for key performance indicators (red is deterioration, amber is on-track and green improved performance).



NB- RAG status is against national or local target
** Data not available

*RAG status based on in-month movement in the absence of local profiles

**RAG – red, amber, green; NOF – neck of femur.*

The Ministerial Priorities

The Ministerial priorities were a key area of focus for our performance in 2022-23. Below is a summary of our end-of-year position to demonstrate progress against final figures for 2021-22. Green shows where we have improved over the 12 months, although it is recognised that some of these have not met the ministerial priority and red denotes a deterioration.

Measure	Target	March 2022	March 2023
Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	37,820	28,353
Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	50.7%	58.4%
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by June 2023	12,593	3,895
Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	13,587	6,015
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	32,936	41,710
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	4,191	4,546
Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	54.3%	44.1% (Feb-23)
Agency spend as a percentage of the total pay bill	12 month reduction trend	6.62%	5.2%
Percentage of sickness absence rate of staff	12 month reduction trend	7.82%	7.78% (Feb-23)

Our Performance Report

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

Urgent and Emergency Care

Urgent and emergency care has been one of our most challenging performance areas throughout 2022-23 and was escalated as part of our internal performance management framework to enhanced monitoring by the Chief Operating Officer and Director of Finance and Performance.

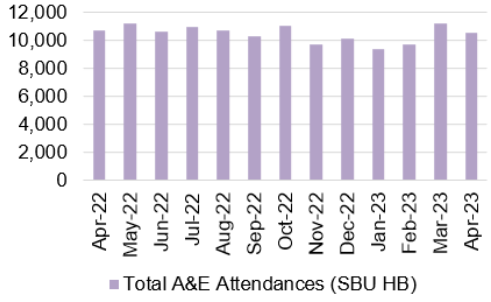
Our vision for the services supports the national 'Six Goals of Urgent and Emergency Care' to create 'one urgent and emergency care system' which supports patients and communities in knowing where and when they can get the care they need in an emergency. Progress against the six goals is regularly reported in the integrated performance report as linked above.

The Minor Injuries Unit (MIU) at Neath Port Talbot Hospital remains one of the busiest units in the UK with attendances increasing year on year (trajectory of 51,000 for 2022-23 with 98% of patients being seen within 4 hours). The MIU attendances account for approximately 38% of the total hospital unscheduled activity which is a significant contribution to ensuring patients receive the right care, in the right place in a timely way.

The emergency department at Morriston Hospital continued to be overwhelmed by the number of patients attending, many of whom were extremely ill or injured and needed an admission for treatment and main performance standards remained off-track, although there were improvements at various points in the year. High sickness and staff turnover significantly affected the available staff to support the service and infection control issues combined with a lack of community/social care capacity to support timely discharge, impacted on the flow of patients across the system.

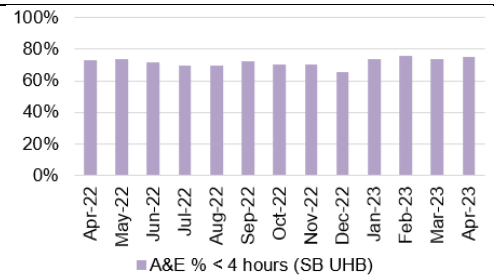
The main area of work in this area has been the AMSR programme as highlighted earlier. There are a number of other initiatives to tackle patients' length of stay and improve admission avoidance for those who do not need a hospital visit including:

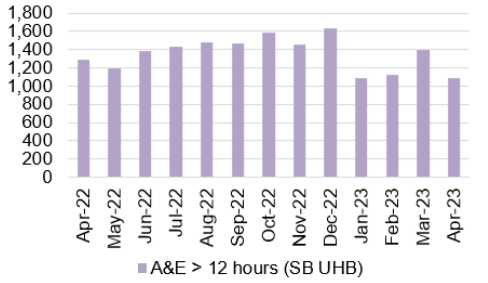
- GPs reviewing the ambulance call list 12 hours a day to identify those waiting who do not need to come to hospital and can be treated in the community;
- Consultant Connect software for paramedics and GPs to access primary care, care of the elderly and other specialist advice;
- The older person's assessment service

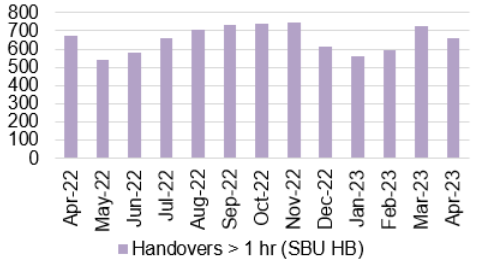


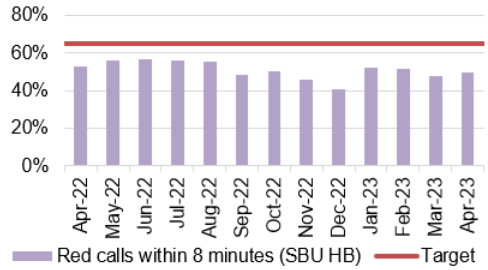
at Morriston Hospital has been extended to run from 7am to 7pm five days a week aimed at avoiding admissions for the frail elderly;

- Primary care services provided in the emergency department and same day emergency care centre;
- Direct admissions to alternative services to the emergency department for ambulance services;
- Internal ambulance handover escalation and immediate release framework in place;
- Dedicated acute medical team in the emergency department to support patients with a prolonged wait for an inpatient bed as well as act as senior decision makers for those who are well enough to be discharged from the department;
- The SAFER bundle has been refocused with an internal team appointed to reduce bed occupancy and improve flow;
- Weekend discharge team in place;
- Opened additional capacity across the hospitals, provided additional capacity to the discharge to risk assess service and expanded the virtual wards to provide step-up/step-down support for more patients to be managed at home.
- Weekend working implemented for physiotherapy and occupational therapy at Morriston Hospital for medical and trauma and orthopaedics.









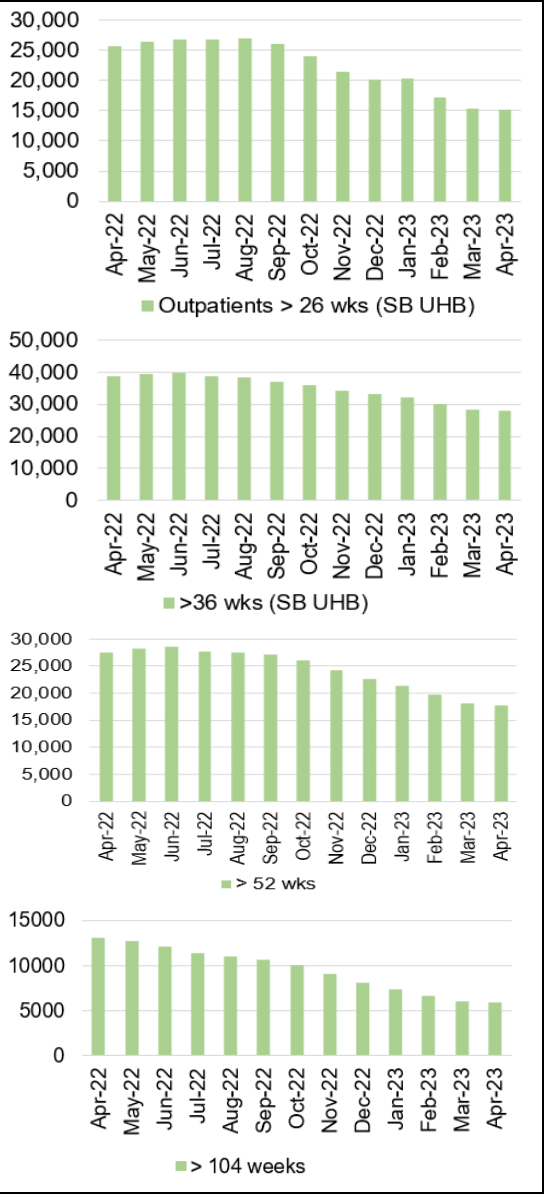
Planned Care

We have seen a significant improvement in waiting times for planned care, exceeding the trajectories submitted to Welsh Government for those waiting the longest for treatment, such as those waiting more than 52 and 104 weeks. The target is to remove all patients waiting more than 52 weeks for a first outpatient appointment by the end of June 2023 with an ambition to clear those waiting more than 104 weeks at all stages of their treatment by the end of June 2023.

2023-24 will be an important year for planned care with the opening of the elective hub for orthopaedics and urology at Neath Port Talbot Hospital in June 2023 and the development of the business case for three additional theatres in Singleton Hospital. The development of these two centres of excellence will provide the capacity to making significant progress in tackle our waiting lists and in time, those of neighbouring health boards as part of any regional initiatives.

There were a number of actions taken in 2022-23 to address the demand and they will continue to be an area of focus for 2023-24.

- Strengthened GP-led services to prevent unnecessary referrals to secondary care by diagnosing and treating at source; these will be enhanced with the development of at least 50 health pathways during 2023-24;
- Developed demand management solutions across our systems of care;
- Review of the referral management criteria to apply to existing lists and new referrals;
- Increased core capacity by modernising the follow-up system, implementing partial booking, examining individual consultant productivity and enforcing strict 'did not attend' protocols;
- Increasing core capacity for treatment through insourcing and outsourcing with the independent sector;
- Therapy-led education and lifestyle programme implemented for patients awaiting arthroplasty surgery;
- Successfully removed some patients from waiting list as their symptoms improved;
- Optimised patient's physical condition for surgery leading to improved outcomes.



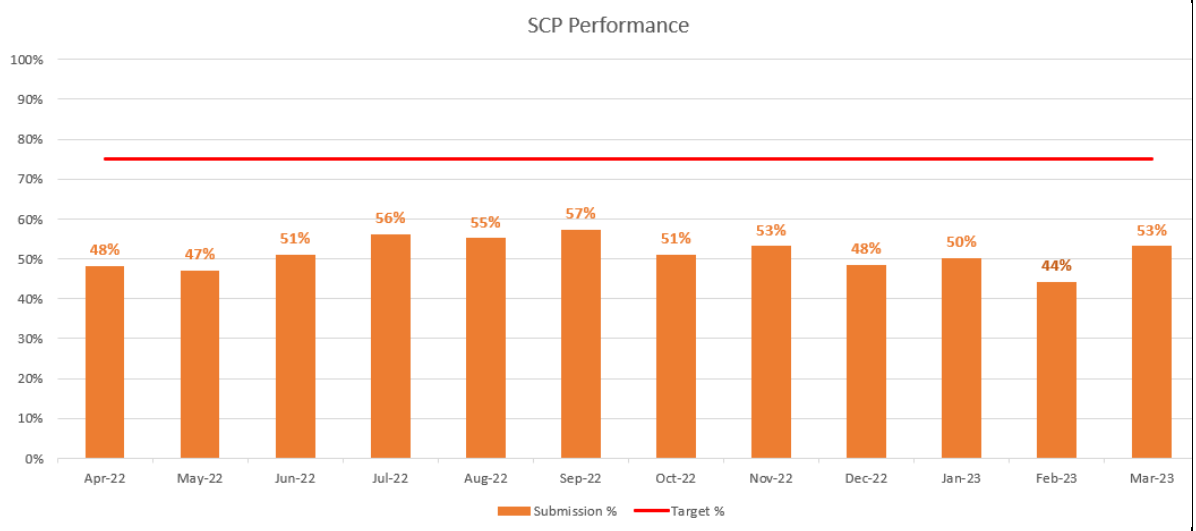
Cancer

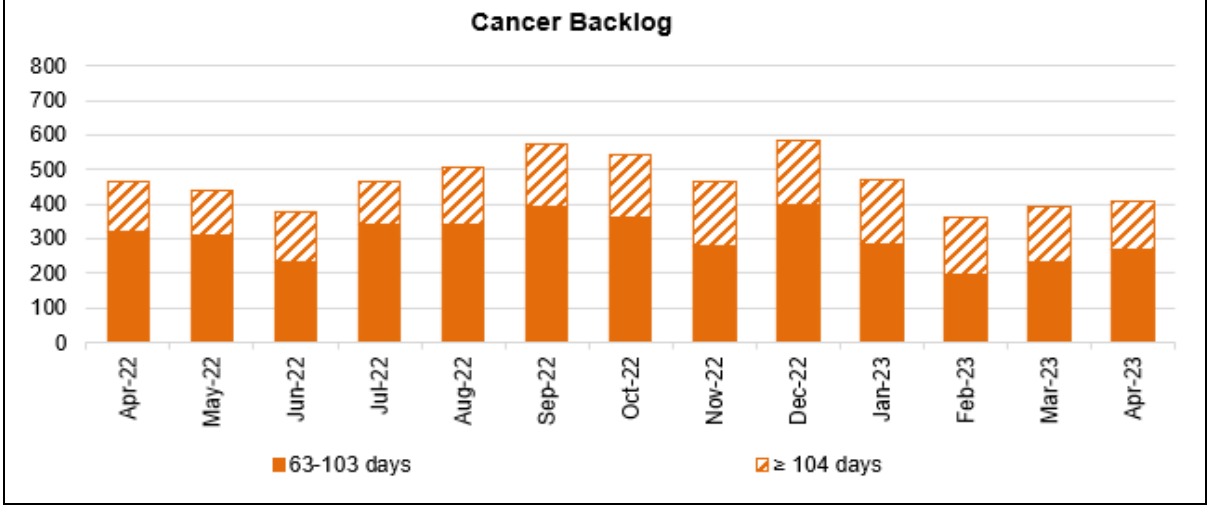
While there has been some improvement in cancer performance, there is still a large backlog of cases to be seen and a high number of patients waiting too long for treatment. The Chief Executive meets regularly with the clinical leads and management teams for the tumour sites with below-par performance. Each tumour site was required to develop a recovery plan after which focus was switched to treatment plans. Given the concerns around cancer, the board received a detailed report on improvement plans and agreed the improvement trajectories for 2023-24 at its March 2023 board. Colorectal cancer is the biggest contributor to backlog but there are also challenges within breast, gynaecology and urology.

Referral rates are higher than in previous years, linked to the delays caused by the pandemic, but are starting to stabilise. Diagnostics for cancer patients are improving and we have plans to take this further. For example, the rapid diagnostic clinic at Neath Port Talbot Hospital is to be extended for suspected bowel cancer

and those referred will be seen, diagnosed and if necessary, given a treatment plan within 48 hours. We also have plans in place with Hywel Dda University Health Board for a regional approach reducing waiting times in the endoscopy service. The strategic programme case for 2023-24 to 2032-33 for non-surgical cancer care will help us make improvements over the next 10 years. Actions we have taken this year to improve include:

- Providing FIT (fecal immunochemical tests) testing to GPs for any suspected colorectal cancers, this has reduced the demand for urgent suspected cancers;
- Additional investment in imaging and endoscopy to increase capacity reduce waiting times for patients on a cancer pathway;
- Outsourced the preparation and reporting of biopsies to create additional capacity to prioritise those patients awaiting their biopsy results;
- Increased operating sessions for cancer cases.





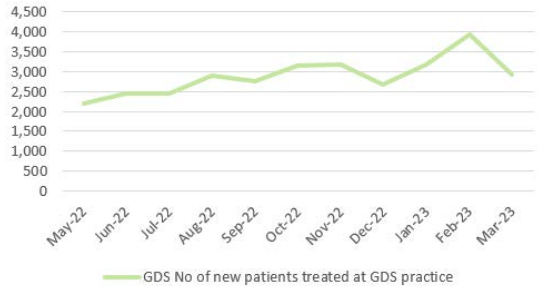
Primary and Community Care

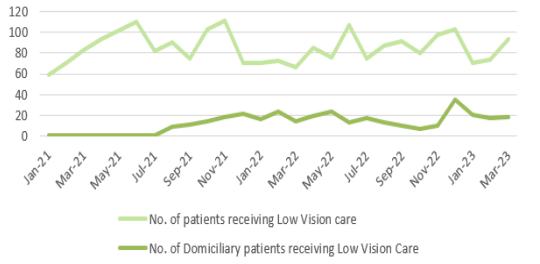
Primary and community care is a critical focus for us as it provides the majority of NHS contact with patients. It also plays a key role in ensuring that we prevent ill

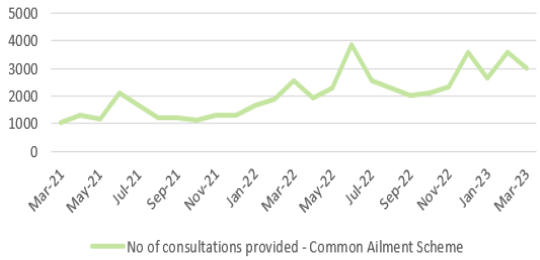
health wherever possible. This includes the provision of medical, ophthalmic , dental and pharmaceutical services. This year we have seen over 20,000 patients attend pharmacies to get help with common ailments, over 30,000 new dental appointments and over 16,000 emergency eye health examinations provided by our hard working primary care colleagues. GPs have been extremely busy dealing with increased patient demand and providing essential immunisation campaigns to prevent flu and Covid. Our out-of-hours GP service has delivered over 23,000 contacts. We have seen services in the community expand: we have rolled out the provision of primary care audiology to all primary care cluster areas. This enables patients to be seen closer to home. We have also launched a pre-diabetic service in our clusters to try and prevent patients developing diabetes. Over 200 people have received specialist consultations to date. This will be available in all cluster areas from next year. We now have 17 independent prescribers within community pharmacies and this is set to increase.

Some of our developments last year include:

- Expansion of common ailments scheme which had 22,000 consultations;
- New dental appointments with 30,000 new appointments made available;
- Implementation of primary care audiology, delivering the first contact hearing and tinnitus assessment advice and wax management, 9599 patients seen;
- Commissioned additional care home beds in the region to support the discharge of patients from hospital. 323 patients were admitted into these beds;
- Secured funding through Welsh Government's Early Years Integration Fund to provide universal and targeted support, training, advice and consultation for early years providers;
- Implementation of a paediatric physiotherapy outreach respiratory service offering preventative care and rapid response to respiratory exacerbations in the most vulnerable children and young people, preventing admissions to hospital and expediting discharge by maintaining child/young person in their own home and improving carer and self-management confidence;







• School nursing services established drop-in sessions for all secondary schools to provide support for students and families with their emotional health and wellbeing.	

Mental Health and Learning Disabilities

2022-23 saw the launch of the 111/Press 2 service with Swansea Bay Health Board being the first health board in Wales to go live 24/7 and 365 days a year. The service provides direct access to advice and support for anyone going through a mental health crisis, whether they have previously accessed mental health services or are accessing mental health support for the first time. In addition the single point of access (SPOA) for Health professionals was launched to improve access to advice and consultation in mental health services.

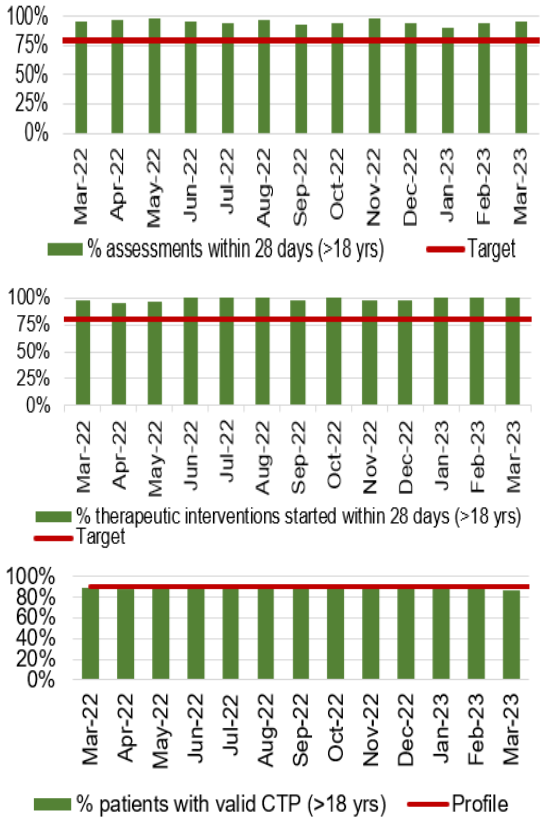
In 2023-24 the service group will continue to work on modernisation plans for mental health and learning disabilities services. This will include moving to outline business case stage for the adult mental health inpatient unit on the Cefn Coed Hospital site and agreeing a development and investment plan with our partner health boards for our learning disabilities inpatient units and community services. From the 1st April 2023, child and adolescent mental health services for Swansea Bay residents will come under the direct management of the health board and our focus will be on improving timeliness of access for this patient group.

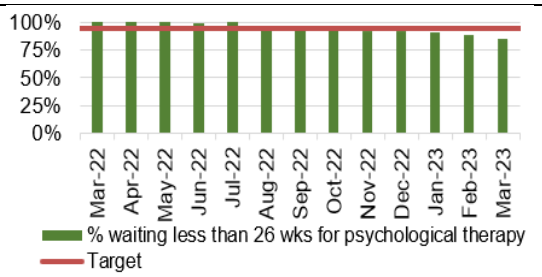
Key Performance metrics for our services

111 'Press Two' Service

Reductions in the levels of distress after a call to the 111 service have been measured after each individual call. This has been measured by using a distress measure scale (using a score of 1-10). Better outcomes have been consistently seen from those after making a call. The scale is a patient self-reported & recorded outcome measure. Range between 800-1,000 calls per month since launch and average wait time is 8 minutes, with calls lasting an average of 15 minutes. Patient pre-triage using SUD (subjective unit of distress) the average score recorded is seven post triage and the brief intervention SUD of average score five.

- **Mental Health Measure**





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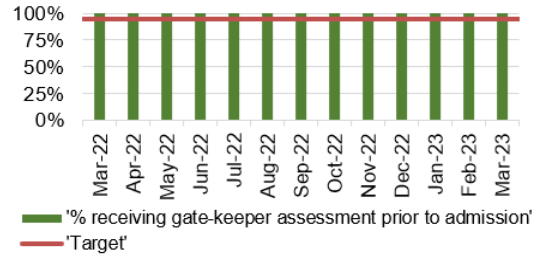


Quality

Quality is at the heart of all that we do – our services must be safe for our patients and provide good patient experience and outcomes. We have recognised that this is an area which needs great focus and improvement, so work commenced on establishing a quality management system, part of which included develoing a quality strategy, as mentioned earlier. A big part of this are our quality priorities, which for 2022-23 were falls, end-of-life care, sepsis, suicide prevention and pressure ulcers. While progress has been made in these areas, there is still a long way to go, and these will remain our priorities for 2023-24, along with nutrition and hydration, pressure damage and a dementia audit. Some of the actions of which we are proud to include:

Falls Prevention

- Delivering an intergenerational project with Morriston Primary School to increase knowledge of how to avoid falls at home;
- Reducing the number of patients who fall whilst in our hospitals from 208 per month to 178 per month.

Improving End of Life Care

- Through our End-of-Life Care Parasol Team we have trained 2,133 staff, which equates to around 15.5%;
- We have also trained people from our partner organisations including care homes, paramedics and students

Suicide Prevention

- Since April 2022, 1,897 members of staff have been trained in the recognition of the risk of suicide;
- Through the Arts Council funded Sharing Hope project we have been able to provide a creative intervention to improve staff wellbeing, with more than 360 staff attending.

Improving the Recognition and Management of Sepsis

- We have revised our sepsis screening tool to reflect new national guidance and will be launching this across the health board.

Arts in Health

- Our Arts in Health team have supported a range of quality projects, improving the experience of patients, staff and communities. This includes 250 people per week who have improved their wellbeing and reduced their risk of falling by attending the dance to health programme.

Quality Assurance Audits

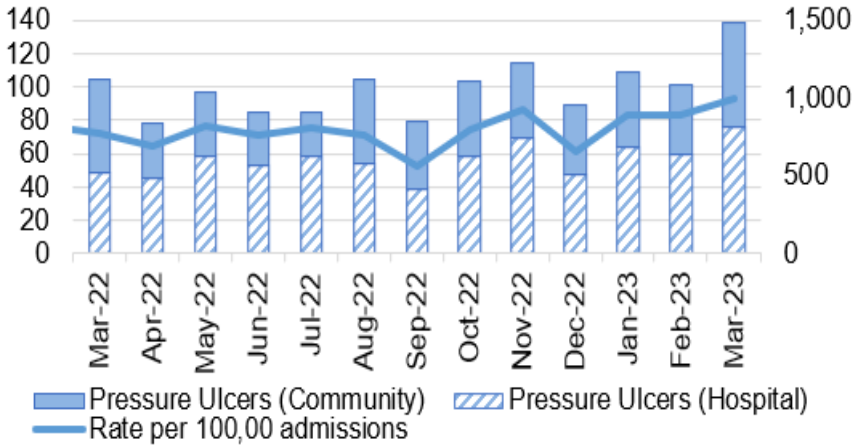
- To support checks and audits at ward and service level, we have also undertaken 10 corporately arranged unannounced quality audits on our wards and services;
- We also welcome the reintroduction of unannounced visits from the community health council.

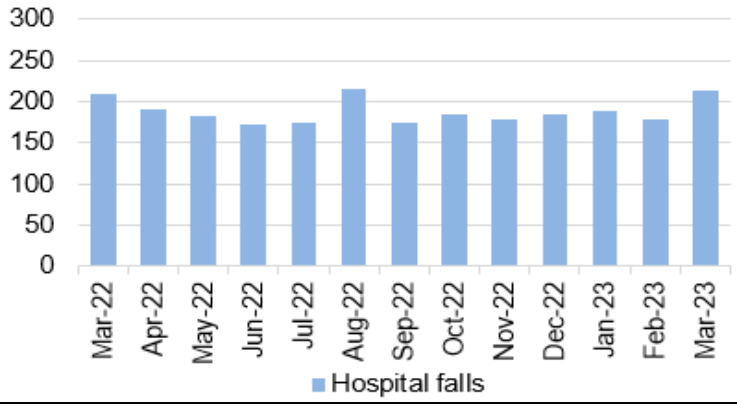
Quality Congress Events

- To support us in sharing learning from events we have established a programme of quality congress events and held two of these in 2022-23, attended by more than 130 people. We have quarterly events planned for the coming year.

Quality Improvement

- To help encourage and maintain a culture of improving quality, we have established a community of practice where staff can come together on a monthly basis to learn about successful quality improvement projects in order to share good practice across our services.





Patient Experience

A core value for the health board is 'always improving'. While every effort was made to do what is right for our patients, there have been times when we have got it wrong, and it is essential that we listen to people's feedback in order to learn.

To capture patients' experiences, social media and text messaging is used to send patients a survey following their discharge. The feedback is shared across the services as appropriate. We have also developed bespoke surveys to help heads of services and clinical teams improve their services.

We received 49,845 'Friends and Family' responses in 2022-23 with a satisfaction score of 90% and 1,641 formal complaints. Common themes included access to clinical treatment, communication and appointments. The health board reported 100 nationally reportable incidents to the NHS Wales Delivery Unit last year and four never events. We had 19 Ombudsman investigations over the last 12 months.

Some changes we made as a result of patient feedback:

- Patients who are with us for a long period of time said they would like bingo, jigsaws, reading, more activities to do at the bedside. The volunteer manager has used this feedback to shape the activities when visiting long stay patients;
- Children complained about the lack of snacks and variety of the food. The feedback was shared with Bay Youth and the health board nutrition group who are working to improve the provision of snacks and food;
- Emergency department feedback from patients was that the chairs were uncomfortable while waiting long times to be seen. Chairs with charging points have been installed.

Complaint Top Themes;

- Access to clinical treatment – 340
- Communication – 233
- Appointments – 224

National Reportable Incidents;

Out of the 100 reported, the top incidents types were;

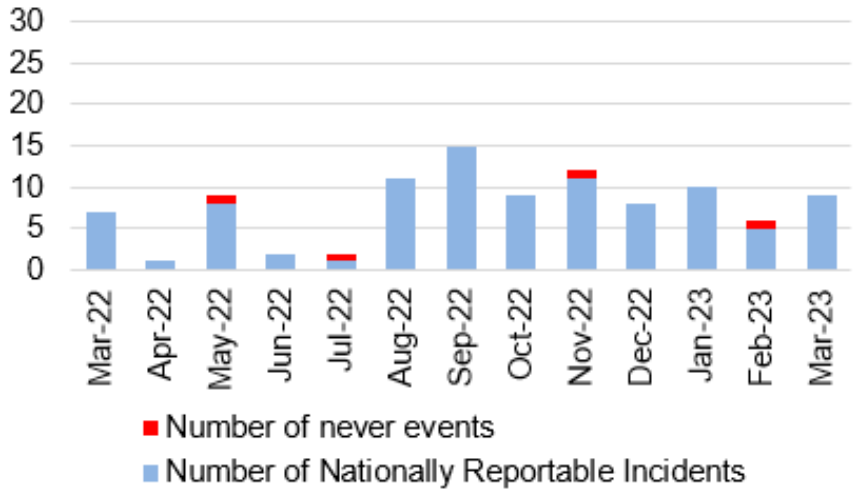
- Accident/injury/fall – 47
- Pressure ulcers - 17
- Unexpected death – 11

Never Events;

2 x Retained material/swab

1 x Medication error

1 x Wrong sided block



Workforce and Staff Experience

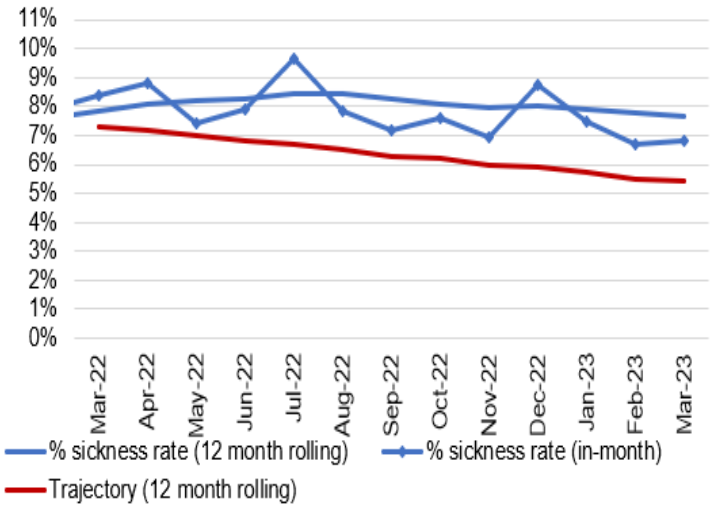
Without our staff, we would not be able to do what we need to do for our patients, families and communities. The pressures on staff this year have been unprecedented, with high operational pressures as well as Covid and other respiratory infections affecting sickness levels. We are immensely grateful for all that our staff do and the hard work and commitment they continue to show. Improving their experience and developing our services to enable them to feel happy to come to work, knowing they have the capacity to provide the care that they want to provide and are trained to do, is a key priority for us. As mentioned in the overview, 'Our Big Conversation' is taking place to hear from our staff around what we need to do to improve the quality of our services, not just for patients but for them as well. This is not the only initiative which has taken place in 2022-23 to support staff, others include:

- Rapid access to mental health, trauma and bereavement services for staff with Covid-19 related health impacts;
- Continuing to roll out TRiM (Trauma Risk Management);
- Supporting the organisation to reduce vacancies and staff burnout with a central resourcing team and implementing a robust recruitment strategy;
- Supporting the development of our staff by extending opportunities to undertake apprenticeships;
- Reviewing our staff reward and recognition programme.

Sickness absence: Rolling 12 month absence rate as at 31st March 2023 – 7.65% (target reduction in rolling 12 month)

PADR: Reviews completed as at 31st March 2023 – 69% (target 85%)

Mandatory training: Compliance rate as at 31st March 2023 – 81.9% (target 85%)



Conclusion and Forward Look

Much has already been achieved but there is significant work ahead to recover backlogs of care; to continue to modernise our services and to stabilise the health board's financial position on the road to long term sustainability. To support this, the next phase of our recovery and sustainability plan was approved by the board in March 2023, which sets out what we will achieve over the next few years, and how.

Accountability Report 2022-23

Annual Governance Statement

❖ Scope of Responsibility

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

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

In November 2022, we received confirmation that our escalation status would remain at ‘enhanced monitoring’ for quality issues relating to poor performance and long waiting times, but would be reduced to ‘routine arrangements’ for planning and finance. Overall our escalation status remains at ‘enhanced monitoring’. The tripartite meeting , which comprises Welsh Government, Audit Wales and Healthcare Inspectorate Wales (HIW), recognised the ‘considerable progress’ and that the executive had ‘a clear understanding of the challenges it faced and is actively developing solutions to these challenges.’

Our Governance Framework

❖ Overview

The health board has a statutory requirement to comply with the Local Health Board (Constitution, Membership and Procedures) (Wales) Regulations 2009 and comprises chair, vice-chair, chief executive, nine independent members and seven executive directors.

All of these ensure that the board is made up of people with a range of backgrounds, disciplines and expertise. This is enhanced further by non-voting director posts comprising the Chief Operating Officer, Director of Insight, Communications and Engagement, Director of Digital and the Director of Corporate Governance.

The board works as a corporate decision-making body with executive directors and independent members as equal members sharing responsibility. Its main role is to exercise leadership, direction and control which includes setting the overall strategic direction for the organisation (in-line with Welsh Government policies and priorities) and establishing and maintaining high-levels of corporate governance and accountability, including risk management and internal control. It is also there to:

- Ensure delivery of aims and objectives through effective challenge and scrutiny of performance across all areas of responsibility;
- Ensure delivery of high quality and safe patient care;

- Build capacity and capability within the workforce to build on the values of the health board and creating a strong culture of learning and development;
- Enact effective financial stewardship by ensuring the health board is administered prudently and economically with resources applied appropriately and efficiently;
- Instigate effective communication between the organisation and its community to ensure its services are planned and responsive to the identified needs;
- Appoint, appraise and oversee arrangements for remunerating executives.

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

During 2022-23, the following improvements were made:

- Revised approach to risk appetite based on themes and individual risks rather than a blanket approach;
- Quality governance arrangements reviewed and developed to be more standardised and robust;
- Further development of the board assurance framework.

❖ Director's Report

The board is made-up of executive directors, who are employees of the health board, and independent members appointed by the Minister through the public appointment process. Current board members and other members of the senior team are set out below along with the changes for the year. There are have been challenges around a permanent chair of the Stakeholder Reference Group with independent members chairing the meetings, as such, there is no associate board member for this role currently. Another advisory group the health board is required to have is the Health Professionals' Forum, which was relaunched in March 2022 following a hiatus during the pandemic. Its co-chairs, Andrew Griffiths and Judith Vincent, are now associate board members. Finally, to provide support to key areas of the board, three advisors attend board and/or committee meetings:

- Paul Mapson (performance and finance – until January 2023);
- Martyn Waygood (charity);
- Anne-Louise Ferguson (legal).

In May 2022, our local authority independent member, Mark Child, stood-down. He was replaced in January 2023 by Nicola Matthews. Our legal independent member decided not to be reappointed for a second term and stood-down in December 2021. This has been a gap for the board as recruitment campaigns were unsuccessful and a board advisor appointed in the interim as set out above. In March 2023, Anne-Louise Ferguson was announced as the board's new legal independent member. There was some impact on independent members as there were fewer to attend committee meetings, leaving scrutiny to a smaller number, and there were also requests to provide cover to ensure meetings were quorate during the year.

❖ Chair and Independent Members

Emma Woollett, Chair
Appointment:
Emma was appointed as Chair in April 2020. Prior to this she held the office of vice-chair but also undertook the interim Chair role from July 2019.
Board and Committee Membership
Emma chairs the board and Remuneration and Terms of Service Committee.

Stephen Spill, Vice-Chair
Stephen was appointed as Vice-Chair in January 2021. Prior to this he was a special advisor to the board on performance and finance from May 2020.
Board and Committee Membership
Stephen chairs the Quality and Safety Committee and Mental Health Legislation Committee. He is a member of the board, Remuneration and Terms of Service Committee and Performance and Finance Committee.

Reena Owen, Independent Member
Appointment:
Reena was appointed as an independent member in August 2018 (reappointed in August 2022).
Area of Expertise:
Community.
Board and Committee Membership
Reena chairs the Performance and Finance Committee. She is a member of the board, Remuneration and Terms of Service Committee and the Quality and Safety Committee.

Tom Crick, Independent Member
Appointment:
Tom was appointed as an independent member in October 2017 (reappointed October 2020).
Area of Expertise:
Information and Communications Technology.
Board and Committee Membership
Tom chairs the Workforce and Organisational Development(OD) Committee. He is a member of the board, Health and Safety Committee, Remuneration and Terms of Service Committee and Audit Committee.

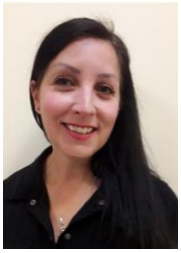
Maggie Berry, Independent Member
Appointment:
Maggie was appointed as an independent member in May 2015 (reappointed May 2019).
Board and Committee Membership
Maggie chairs the Health and Safety Committee. She is a member of the board, Remuneration and Terms of Service Committee, Quality and Safety Committee and the Mental Health Legislation Committee.

Keith Lloyd, Independent Member
Appointment:
Keith was appointed as an independent member in May 2020.
Area of Expertise:
University
Board and Committee Membership
Keith is a member of the board, Charitable Funds Committee and Remuneration and Terms of Service Committee.

Nuria Zolle, Independent Member
Appointment:
Nuria was appointed as an independent member in October 2019.
Area of Expertise:
Third sector
Board and Committee Membership
Nuria chairs the Audit Committee and Charitable Funds Committee. She is a member of the board, Audit Committee, Workforce and OD Committee, Remuneration and Terms of Service Committee and Stakeholder Reference Group.

Jackie Davies, Independent Member
Appointment:
Jackie was appointed as an independent member in August 2017 (reappointed August 2021).
Area of Expertise:
Trade union
Board and Committee Membership
Jackie is a member of the board, Mental Health Legislation Committee, Audit Committee, Workforce and Organisational Development, Health and Safety Committee and Charitable Funds Committee.

Patricia Price, Independent Member
Appointment:
Patricia was appointed as an independent member in October 2021.
Area of Expertise:
Finance
Board and Committee Membership
Patricia is a member of the board, Audit Committee, Performance and Finance Committee, Quality and Safety Committee and Remuneration and Terms of Service Committee.



Nicola Matthews, Independent Member
Appointment:
Nicola was appointed as an independent member in February 2023.
Area of Expertise:
Local Authority
Board and Committee Membership
Nicola is a member of the board, Planning, Population Health and Partnership Committee, Quality and Safety Committee and Remuneration and Terms of Service Committee.

Anne-Louise Ferguson, Independent Member
Appointment:
Anne-Louise joined the board in an advisory role for legal in August 2022 while the recruitment for the independent member vacancy for this speciality was undertaken. From March 2023, she was a full board member as the legal independent member of the board.
Area of Expertise:
Legal
Board and Committee Membership
Anne-Louise is a member of the board, Audit Committee, Quality and Safety Committee and Remuneration and Terms of Service Committee.

❖ Chief Executive and Executive Directors

Mark Hackett, Chief Executive
Appointment:
Mark joined the health board as Chief Executive in January 2021.
Board and Committee Membership
Mark is a member of the board and attends the Remuneration and Terms of Service Committee.

Richard Evans, Medical Director/Deputy Chief Executive
Appointment:
Richard was appointed as Medical Director in November 2018 and Deputy Chief Executive from March 2021.
Board and Committee Membership
Richard is a member of the board and attends Quality and Safety Committee and Workforce and OD Committee.

Gareth Howells, Director of Nursing and Patient Experience
Appointment:
Gareth was appointed as Director of Nursing and Patient Experience in September 2021 on secondment from Welsh Government
Board and Committee Membership
Gareth is a member of the board. He attends Audit Committee Quality and Safety Committee, Mental Health Legislation Committee, Health and Safety Committee and Workforce and OD Committee.

Debbie Eyitayo, Director of Workforce and Organisational Development (OD)
Appointment:
Debbie was appointed as Interim Director of Workforce and OD in August 2021 and substantively in September 2021.
Board and Committee Membership
Debbie is a member of the board and Health and Safety Committee. She attends Workforce and OD Committee and Remuneration and Terms of Service Committee.

Darren Griffiths, Director of Finance
Appointment:
Darren was appointed as Interim Director of Finance in February 2020 and substantively in July 2021.
Board and Committee Membership
Darren is a member of the board. He attends Audit Committee, Performance and Finance Committee and Charitable Funds Committee..

Siân Harrop-Griffiths, Director of Strategy
Appointment:
Sian was appointed as Director of Strategy in November 2014 and retired in April 2023. Interim arrangements are currently in place.
Board and Committee Membership
Siân was a member of the board. She attended Quality and Safety Committee, Performance and Finance Committee and Charitable Funds Committee

Keith Reid, Director of Public Health
Appointment:
Keith was appointed as Director of Public Health in December 2019.
Board and Committee Membership
Keith is a member of the board. He attends Quality and Safety Committee and Health and Safety Committee.

Christine Morrell, Director of Therapies and Health Science
Chris was appointed as Interim Director of Therapies and Health Science in March 2021 and substantively in August 2021.
Board and Committee Membership
Chris is a member of the board. She attends Quality and Safety Committee and Workforce and OD Committee.

❖ Associate Board Members (non-voting)

Andrew Jarrett, Director of Social Services, Neath Port Talbot Council
Appointment:
Andrew was appointed as an associate board member in April 2019 and attends board meetings.

Judith Vincent, Clinical Director for Pharmacy and Medicines Management
Appointment:
Judith became an associate board member in March 2022 as a co-chair of the Health Professionals' Forum with the Minister confirming the appointment for January 2023 for 12 months.

Andrew Griffiths, Head of Cluster Development and Planning
Appointment:
Andrew became an associate board member in March 2022 as a co-chair of the Health Professionals' Forum with the Minister confirming the appointment for January 2023 for 12 months.

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

Deb Lewis, Chief Operating Officer
Deb was appointed as interim Chief Operating Officer at the start of March 2023 and then substantively in April 2023.
Board and Committee Membership
Deb attends the board in a non-voting capacity as well as the Performance and Finance Committee.

Matt John, Director of Digital
Appointment:
Matt was appointed as Director of Digital in August 2020.
Board and Committee Membership
Matt attends the board in a non-voting capacity

Hazel Lloyd, Director of Corporate Governance
Appointment:
Hazel was appointed as Acting Director of Corporate Governance in December 2021 and substantively in October 2022.
Board and Committee Membership
Hazel is the main governance advisor to the board. She attends the board in a non-voting capacity, Quality and Safety Committee, Health and Safety Committee, Charitable Funds Committee, Audit Committee, Mental Health Legislation Committee, Performance and Finance Committee, Remuneration and Terms of Service Committee and the Workforce and Organisational Development Committee.

Richard Thomas, Director of Insight, Communications and Engagement
Appointment:
Richard took up post as the Director of Insight, Communications and Engagement in March 2023.
Board and Committee Membership
Richard attends the board in a non-voting capacity

❖ Board Advisors

Martyn Waygood, Board Advisor (Charity)
Appointment:
Martyn stood-down as an independent member in January 2022 but took on a role as a board advisor to support the development of the health board charity.

❖ Board Member Departures for 2022-23

Mark Child, Independent Member
Appointment:
Mark was appointed as an independent member in October 2017 (reappointed October 2021) and stood down in May 2022.
Area of Expertise:
Local authority
Board and Committee Membership
Mark was a member of the board, Remuneration and Terms of Service Committee and Performance and Finance Committee.

	**Nick Samuels** **Appointment:** Nick was appointed Interim Director of Communications in June 2021 and left the organisation in February 2023. **Board and Committee Membership** Nick attended the board in a non-voting capacity
	**Paul Mapson, Board Advisor (Performance and Finance)** **Appointment:** Paul took on a role as a board advisor in January 2022 to support the development of the Performance and Finance Committee, which he attended along with the Audit Committee. His advisory term finished in January 2023.
	**Inese Robotham, Chief Operating Officer** **Appointment:** Inese was appointed as Chief Operating Officer in October 2021 and left the organisation in March 2023. **Board and Committee Membership** Inese attended the board in a non-voting capacity and Performance and Finance Committee.

In terms of executive directors, interim arrangements were put in place to cover vacancies and these are set out above. We currently do not have a Director of Primary Care and Mental Health.

Each board member has stated in writing that he/she has taken steps to make the auditors aware of any relevant audit information. Board members and senior managers have advised of any interests which may have a conflict with their board responsibilities and no material interests have been declared in2022-23. A full register of interests is available upon request from the Director of Corporate Governance and details are also included in the remuneration report.

❖ Role of the Board

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

As a standard, the board meets in public six times a year, but there were occasions when special board meetings took place, for example in summer 2023 to agree the annual accounts and quarter four for the development of the recovery and sustainability plan. Each regular meeting begins with a patient or staff story, setting out personal experience of the health board's services. This is an opportune way to learn lessons and help improve and plan services for the future. The stories received in 2022-23 included:

- a patient with small veins for whom staff had difficulty placing a cannula;
- commemorative video of the Bay Field Hospital as it closed;

- experience of a student in training for equestrian championships who broke her leg falling from her horse;
- care provided to someone living with dementia who had needed an admission to the specialist unit at Cefn Coed Hospital when their mental health deteriorated;
- highlights reel from the recent Living our Values Awards and a short film from one of the winners;
- learning from treating patients with secondary cancers;

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

Due to the Covid-19 pandemic, changes were made to the way in which board meetings were run in order to comply with social distancing guidance as well as the Public Bodies (Admissions to Meetings) Act 1960 which requires the organisation to meet in public. To ensure public and staff safety, meetings took place virtually via Zoom, occasionally with the Chair, Chief Executive and Director of Corporate Governance in the same room, along with the secretariat. This continued into 2022-23, with the public session livestreamed to enable members of the public to observe safely and the recording remains on YouTube for people to watch after the meeting. A hybrid approach was tested in September and November 2022, with the majority of board members attending the meeting in person, with a small number joining virtually. As attendance was subject to a negative lateral flow test and to keep numbers in the room to a minimum for safety, these meetings were not open to the public to attend in person but the livestream option was maintained. Meetings returned to virtual at the start of 2023 due to increased respiratory virus rates and capital works in the Headquarters building. From March 2023, all board members are to meet in person, with the livestream available for members of the public.

In addition to formal board meetings, there are a mixture of board briefings and development sessions. These are a chance to talk through plans or strategies in the developmental stage, undertake training or hear about good practice internal and external to the organisation. The topics covered during the year included:

Board Briefing
Covid nosocomial review plan (April 2022)
Presentation on partnership working with Cardiff and Vale (October 2022)
WHSSC Specialised Services Strategy (October 2022)
City Deal (October 2022)
Covid-19 inquiry (October 2022)
Industrial action (October 2022, January 2023)

Board Development
Quality and culture (April 2022)
Acute medical services redesign (AMSR) (June 2022)
Board effectiveness (June and August 2022)
Risk appetite (August 2022)
Risks around the financial position (August 2022)
Learning disabilities modernisation plan (August 2022)
Disaggregation of digital services following the Bridgend boundary change (August 2022)
Arrangements for the 2022-23 service level agreements (August 2022)
Update on the development of an orthopaedic centre for clinical excellence (January 2023)
Development of the estates strategy (January 2023)
Development of the IMTP and emerging medium draft financial framework (January 2023)
Role of counter fraud (January 2023)
Race equality (February 2023)

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

In June 2022 at a board development session, members undertook the annual assessment of board effectiveness, the results of which, along with the action plan, were received at the formal board meeting in September 2022. The Audit Committee is now monitoring progress against the action plan. The review for 2022-23 is to be undertaken in June 2023, facilitated by an external organisation, for which a new action plan will be developed and monitored by the Audit Committee.

❖ Committees of the Board

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

In March 2023, the board received a review of its committee structure and approved proposals to stand-down the Health and Safety Committee. The health board

established its Health and Safety Committee in 2018 following a number of referrals to and inspections by the Health and Safety Executive (HSE), culminating in 10 enforcement notices to address. Progress was monitored by the committee until members endorsed the final response to the HSE advising that the improvement plan was completed. Around a similar time, the health board was in receipt of a number of limited assurance internal audit reports which were also a focus for the committee. As arrangements around health and safety have now improved, recognising there are still areas to address within a recent limited assurance internal report, the committee now has a 'business as usual' work programme, overseeing general health and safety. Given the stability of the position, it was agreed by the board at its meeting on 30th March that the work now be absorbed into the work programmes of other committees, or marked as closed, and the Health and Safety Committee be stood-down. This is part of an overarching review of board committees and recommendations were also agreed relating to other committees. These arrangements will be kept under review and should any immediate or significant health and safety issues arise, consideration will be given to either a time-limited task and finish group or re-establishing the committee to address these.

Also as part of the proposals, it was agreed to establish a Population Health and Partnerships Committee which will provide the board with advice and assurance on arrangements for: ensuring that strategic collaboration and effective partnership arrangements are in place; and that there are effective mechanisms in place for improving population health and reducing health inequalities. The committee will also provide the board with advice and assurance on the robustness of the health board's approach, systems and processes for developing strategies and plans, including those developed in partnership. It is important to note that this committee will not be responsible for the development of strategy, which is a collective board responsibility and therefore reserved for full board discussions. In addition, it will be important for the full board to remain appraised of the work of its statutory partnerships. These arrangements will be in place from April 2023 and will form part of the 2023-24 annual report.

Assurance committees the health board is required to have comprise:

Audit Committee

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

- overseen the system of internal controls;
- continued to focus on the improvements of the financial systems and control procedures;
- overseen the development and implementation of the board assurance framework;
- monitored local counter fraud arrangements;
- sought assurance in relation to the risk management process;
- considered and recommended for approval revisions to standing orders and standing financial instructions;

- reviewed findings of internal and external audits and progress against corresponding action plans;
- held executive directors to account where appropriate;
- discussed and recommended for approval by the board the audited annual accounts, accountability report, annual report and head of internal audit opinion;
- continued to monitor the implementation of the recommendations as set out in the governance work programme.

Quality and Safety Committee

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

Remuneration and Terms of Service Committee

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

Mental Health Legislation Committee

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

Information Governance

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

Charitable Funds Committee

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

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

Health and Safety Committee

The purpose of the Health and Safety Committee is to:

- *Advise* and *assure* the board and the accountable officer on whether effective arrangements are in place to ensure organisational wide compliance of the health board's health and safety policy, approve and monitor delivery against the health and Safety priority action plan and ensure compliance with the relevant standards for Health Services in Wales.
- This will be achieved by encouraging strong leadership in health and safety, championing the importance of a common sense approach to motivate focus on core aims distinguishing between real and trivial issues.

Where appropriate, the committee will *advise* the board and the accountable officer on where and how, its health and safety management may be strengthened and developed further.

In March 2023, following an overarching review of board committee, the board agreed to stand-down the Health and Safety Committee as described earlier.

Performance and Finance Committee

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

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

Workforce and OD Committee

The Workforce and OD Committee seeks assurance on:

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

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

❖ Advisory Groups and Joint Committees

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

Advisory Boards

- *Stakeholder Reference Group*

The Stakeholder Reference Group (SRG) is formed from a range of partner organisations from across the health board's local communities and engages with the strategic direction, provides feedback on service improvement proposals and advises on the impact on local communities of the current ways of working. Its membership includes representatives from wide ranging community groups, including children and young people, LGBTQ+, older people and ethnic minorities, as well as statutory bodies such as police and fire, rescue services and environment agency. As a result, the group has excellent links to the wider general public and each member can highlight issues raised by their particular communities. The forum is currently experiencing some challenges in appointing a chair/vice-chair and is reviewing how it functions to maximise its potential. Meetings are currently chaired by an independent member so there is no associate board member for the SRG.

- *Health Professionals' Forum*

The role of the Health Professionals' Forum provides balanced, multidisciplinary professional advice to the board on local strategy and delivery. During 2019-20 the Health Professionals' Forum was due to be re-instated with refreshed membership but was delayed due to the pandemic. An introductory meeting took place in March 2022 to start to develop arrangements for it to be re-established, including electing a chair. It now meets on a regular basis but still has some more work to do to ensure a robust membership and attendance as well as work programme. Its co-chairs now attend the board as associate board members.

- *Health Board Partnership Forum*

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

Joint and all-Wales Committees

There are three all-Wales committees as detailed below:

- *Welsh Health Specialised Services Committee (WHSSC)*

WHSSC was established in 2010 by the seven health boards to ensure the population has fair and equal access to the full range of specialised services. Hosted by Cwm Taf Morgannwg University Health Board, the health board is represented on the joint committee by the Chief Executive and regular reports are received by the board.

- *Emergency Ambulance Services Committee (EASC)*

EASC is a joint committee of the seven health boards, with the three NHS trusts as associate members, and was established in April 2014. It has responsibility for the planning and commissioning of emergency ambulance services on an all-Wales basis. Hosted by Cwm Taf Morgannwg University Health Board, the health board is represented on the joint committee by the Chief Executive and regular reports are received by the board.

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

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

❖ Partnership Working

The health board works in partnership with a number of organisations, including local authorities, Swansea University, other NHS organisations including the NHS Wales Collaborative and the third sector. In addition, it has joint executive groups with Cardiff and Vale, Cwm Taf Morgannwg and Hywel Dda university health boards.

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

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

❖ Organisational Structure

The organisation is comprised four service groups:

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

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

❖ System of Control

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

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be

realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31st March 2023 and up to the date of approval of the annual report and accounts.

❖ Capacity to Handle Risk

Building on work undertaken in previous years, risk management processes have continued to develop and improve. Alongside the existing training provided to new staff joining the organisation, the health board programme of enhanced risk management training sessions for existing managers within service groups that was commenced during 2021-22 has been delivered across each of the service groups. Following this round of training, further sessions have been commissioned and delivered to groups of managers at speciality level. Training will continue to be provided to meet needs identified within teams and at an individual level.

The understanding of risk continues to inform the board's priorities, actions and overall approach to how it manages them, in order to ensure high quality and safe care to the local communities as well as a safe and effective work environment for staff.

While overall responsibility for the management of risk sits with the Chief Executive, the Director of Corporate Governance is responsible for the risk management framework and the Director of Nursing and Patient Experience has a lead role in ensuring that established risk management processes operate effectively in practice across the organisation. All executive directors are accountable for the management of their own risks in accordance with the health board risk management policy.

Arrangements are in place to effectively assess and manage risks across the organisation, which included the ongoing review and updating of the health board risk register. The Chief Executive also delegates elements of risk management to other senior managers, and this is set out in the risk management policy.

❖ Risk Control and Framework

The risk management policy sets out a framework for consistent management of risk in the health board, directing the way in which risks are identified, evaluated and controlled. The policy was reviewed, refreshed and approved by the board in March 2023. The operation of the risk management framework is overseen by the Audit Committee, with individual executives and senior managers having specific delegated responsibilities.

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

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

group directors, receives and ratifies changes made to the health board risk register prior to its receipt at the full board.

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

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

The health board risk register was most recently reviewed by the Audit Committee and the Board in March 2023. As part of the risk management framework, the board has considered its main objectives and identified the risks most likely to prevent the achievement of these – these are captured within the board assurance framework (BAF), which continues to be developed with the support of the Audit Committee to ensure it aligns with the health board's objectives, and informed by the organisation's significant risks captured within the health board risk register. By taking a more proactive, rather than reactive, approach to management of its key risks, it increases the likelihood of achieving its objectives.

❖ Risk Appetite

Early in the onset of the Covid-19 pandemic, in April 2020, the board reviewed its risk appetite and tolerance levels and set new levels for the staff to follow during the Covid-19 pandemic. Previously, the board's risk appetite was such that risks with risk scores of 16 and above were considered unacceptably high risks and the board considered actions should be taken as a priority to mitigate. There was, and there remains, a low threshold to taking risk where it would have a high impact on the quality and safety of care being delivered to patients. In April 2020, members of the board, agreed that the risk appetite, whilst dealing with Covid-19, would increase to a risk score of 20 and above.

In November 2023, the board considered a more nuanced approach to the expression of its risk appetite, and approved a revised risk appetite statement that described the level of risk it was prepared to tolerate in a more expansive way and according to the type of risk presented. At a high level, this has been summarised in the below table (the full statement expresses further nuance within individual risk types):

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

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

The board recognises that current levels of service demand, staffing availability and financial constraints create a high risk environment. The relatively high appetite levels currently adopted currently reflect this context in order to focus effort on the management of the most significant of risks – however, it is the health board's aspiration to reduce these as soon as practicable. The appetite is now incorporated within the revised board risk management policy approved in March 2023.

❖ Risk Profile 2022-23

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

While the Audit Committee has the overarching responsibility for overseeing risk management, it has delegated relevant risks to each of the other board committees. Committees receive corresponding extracts of the health board risk register to enable alignment of their work programmes to ensure they review and receive reports on the progress made to mitigate key risks as far as possible. Regular reports are submitted to each of the committees of the board to accompany the specific health board risk register extracts assigned to the committees. The most significant risks the health board is managing relate to access to services – principally unscheduled care and cancer services – and the provision of maternity services.

Key actions taken to manage risks are captured in the health board risk register, reported to executive team, Audit Committee and board. Actions and controls to address the top three risks included:

Risk	Controls and Actions
#1: Access to Unscheduled Care (score 25) *If we fail to provide timely access to unscheduled care then this will have an impact on quality and safety of patient care as well as patient and*	• Programme management office in place to improve unscheduled care; • Daily health board-wide conference calls/ escalation process in place; • Regular reporting to executive team and health board/Quality and Safety Committee and Performance and Finance Committee;

Risk	Controls and Actions
family experience and achievement of targets. There are challenges with capacity/staffing across the health and social care sectors.	• Increased reporting as a result of escalation to enhanced monitoring status; • Development of a 'Phone First' for emergency department model in conjunction with 111 to reduce demand; • 24/7 ambulance triage nurse in place; • Joint ambulance stack review by GP and advanced paramedic practitioner; • Older people's assessment service has undertaken training with nursing homes (on management of patient falls) and set up direct contact details with nursing homes; • Frailty short-stay unit re-established; • Additionally, actions to improve the discharge of clinically optimised patients (a separate risk register entry) expected to assist with patient flow, are anticipated to free capacity to assist to address this risk also; • Following implementation of our acute medical services review programme further work is ongoing to increase out of hospital capacity; • A bed decommissioning group has been set up chaired by the Chief Executive; • An increase in the hours of same day emergency care is planned.
#50: Access to Cancer Services (score 25) *A backlog of patients now presenting with suspected cancer has accumulated during the pandemic, creating an increase in referrals into the health board which is greater than the current capacity for prompt diagnosis and treatment. Because of this there is a risk of delay in diagnosing patients with cancer, and consequent delay in commencement of treatment, which could lead to poor patient outcomes and failure to achieve targets.*	• Tight management processes to manage each individual case on the urgent suspected cancer pathway. Enhanced monitoring and weekly monitoring of action plans for top six tumour sites; • Initiatives to protect surgical capacity to support urgent suspected cancer pathways have been put in place; • Prioritised pathway in place to fast track urgent suspected cancer patients; • Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. This is part of the remit of the cancer performance group; • Weekly cancer performance meetings are held for both Neath Port Talbot and Singleton and Morriston Service Groups by specialty; • The top six tumour sites of concern have developed cancer improvement plans;

Risk	Controls and Actions
	• Additional work being undertaken as part of diagnostic recovery and theatre recovery workstreams; • Endoscopy contract has been extended for insourcing; • A phased and sustainable solution for the required uplift in endoscopy capacity that will be key to supporting both the urgent suspected cancer backlog and future cancer diagnostic demand on endoscopy services; • Oral and maxillofacial and colorectal operating capacity to be expanded; • A detailed recovery plan is being prepared for the board. • Regular reporting to Performance and Finance Committee
#81: Critical Staffing Levels: Midwifery (score 25) *Vacancies and unplanned absences resulting from Covid-19 related sickness, alongside other long term absences including maternity leave, have resulted in critical staffing levels, which undermine the ability to maintain the full range of expected services safely, increasing the potential for harm, poor patient outcomes and/or choice of birthplace. Poor service quality or reduction in services could impact on organisational reputation.*	• All midwives are working at the hours they require up to full time. • Specialist midwives and management redeployed to support clinical care as required. • Birth rate plus Intrapartum acuity tool completed four-hourly to guide safe service provision and escalation; • Escalation meeting continues three times a week to review rotas and reallocate staff as required – this is director led. • Morning safety huddle for community midwifery teams. • Additional shifts offered via bank, additional hours and overtime. • Utilisation of off-contract midwifery agency authorised by Director of Nursing and Patient Experience. • Open advert for recruitment on TRAC. • On-call manager rota in place. • Medical team support used when required. • International recruitment campaign initiated with MEDACS. • Offer of additional support worker shifts particularly in the postnatal area for additional support for women. • Vacancies advertised for maternity care assistant (MCA) role to increase support for midwives in providing care in women and their families.

Risk	Controls and Actions
	• Appointment of a transformational midwife to support senior management team in workforce paper. • Appointment of a band five service support manager to support ward managers with roster management. • Regular communication with stakeholders includes: early warnings to Welsh Government; verbal and formal communication with community health council; internal communications on home births, Royal College of Midwives updates; weekly staff briefings and bulletins. • Homebirth and free-standing maternity unit services remain suspended. • Workforce paper to be developed with input from finance and workforce teams to establish vacancy position and develop vacancy tracker.

❖ Emergency Preparedness

The organisation has a major incident and business continuity plan in place, as required by the Civil Contingencies Act 2004 but the scale and impact of the pandemic has been unprecedented. Significant action has been taken at a national and local level to prepare and respond to the likely impact on the organisation and population. This has also involved working in partnership on the multi-agency response as a key member of the Strategic Co-ordination Group. There does remain a level of uncertainty about the overall impact this will have on the immediate and longer term delivery of services by the organisation, although I am confident that all appropriate action is being taken and our command and control structure was stood-down in April 2022.

The health board must be capable of responding to incidents of any scale, in a way that delivers optimum care and assistance to those affected, minimises the disruption and has a timely return to 'business as usual'. An integrated emergency management approach of assessment, planning, response and recovery is maintained and this assurance has been reflected in a recent Welsh Government health emergency planning audit.

There is also a specific *emergency preparedness, resilience and response* (*EPRR*) risk register, which is aligned with that of the national and regional risk registers, and continues to be reviewed quarterly. It includes the necessary scorings and mitigations to either manage or tolerate the risks identified and there is an EPRR strategy, training and exercising strategy and programme in place to support the work programme. Major incident plans are also in place.

In addition the health board works in collaboration with other appropriate local and national groups and in particular, there is excellent collaboration with other health

boards, Welsh Ambulance Service Trust (WAST), Welsh Blood Service and Public Health Wales.

❖ The Control Framework

Quality Governance Arrangements

Quality comprises patient safety, experience, clinical effectiveness, outcomes and access within health services. Quality is of paramount importance in the recovery process from Covid-19 and it is essential there is a quality focus at every level. In 2021-22, a number of reviews, both internally and externally have taken place of quality governance:

- Internal review of the quality governance arrangements in the service groups;
- Audit Wales review of quality governance;

Internal audit of the quality governance framework. Quality comprises patient safety, experience, clinical effectiveness, outcomes and access within health services.

The reviews provided a clear baseline of the current quality system within the health board. They were followed by two externally facilitated quality workshops with the Management Board and a health board development session to discuss the requirements for a quality management system and the wider organisational culture. The findings of which were shared with the Management Board, Audit Committee and Board.

An action plan has been drafted which includes the actions identified during the workshops and also the response to the recommendations from the three pieces of work on quality governance and progress against this is reported regularly to the Management Board and Quality and Safety Committee.

More recently, the Institute for Health Care Improvement and Improvement Cymru undertook a quality review, the report for which has been shared with the Management Board and board members. The main areas for improvement included data, lineation of aims and trajectories and improvement methodologies, including training for staff.

Work to develop a robust quality management system is now underway, led by the Chief Executive and supported by the Director of Nursing and Patient Experience as the executive lead for quality along with the Medical Director, Director of Therapies and Health Science, Director of Workforce and OD and Director of Corporate Governance. However, it is recognised that everyone has a role in improving quality and that the culture is an intrinsic component of helping to drive the reset for quality improvement.

There are a number of key areas in which work is progressing to develop a quality management system. In order to achieve what is needed, two or three key actions have been identified for four domains to ensure they are delivered well and in full, rather than having a scattergun approach and not achieving anything. These are set out in **appendix six** and there will be further work in 2023-24 which will also capture the next steps across the domains and any new areas agreed.

One of the biggest milestone of the work is the development of the quality strategy and the final version was agreed by the board in January 2023, with an official launch on 2nd March 2023.

In order for the quality management system to be a success, staff needed to be engaged and on board with taking forward the work. As such particular focus was given to the 'Big Conversation' to seek staff views on what they feel the current culture is within the organisation and what work they feel is needed.

Other key developments in the establishment of the quality management system include:

- Quality, safety and improvement hub webpages are now live;
- Dates set for patient safety congress events with the next one 2nd February;
- Learning resources now available along with a community of practice;
- Quality improvement academy and a training review underway with engagement events with staff to identify what staff need and want;
- Quality Dashboard phase one go live at the end of January;
- 12 vlogs filmed with staff talking about what quality and the quality management system means to them. These are in the final editing stage;
- Newsletter focus on quality in December edition;
- Relaunched Quality and Safety Group with a streamlined membership and focus with dedicated subgroups to look at key areas of quality, including patient safety, experience, clinical effectiveness, outcomes, access, mortality reviews, clinical audit, safeguarding, patient safety alerts and quality impact assessments.

It should be noted that the Duty of Candour came into legal force in April 2023, in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The new reporting requirements will therefore be captured in the reporting period 2023-24.

We are linked into the national work streams that are supporting the preparedness for the act and will:

- strengthen the existing duty of quality on NHS bodies and extend this to the Welsh ministers in relation to their health service functions;
- establish an organisational duty of candour on providers of NHS services, requiring them to be open and honest with patients and service users when things go wrong;
- strengthen the voice of citizens, by replacing community health councils with a new all-Wales Citizen Voice Body that will represent the interests of people across health and social care; and
- enable the appointment of vice-chairs for NHS trusts, bringing them into line with health boards.

In addition the work we are undertaking as a health board to refresh and refocus our quality strategy, priorities and governance arrangements will support a system-wide way of working to provide safe, effective, person-centred, timely, efficient and equitable health care in the context of a culture of openness, transparency, candour and a learning culture.

Corporate Governance Code

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

An assessment of compliance with the code was undertaken in March 2023 and found no departures from the code. This was reported to the Audit Committee the same month.

Health and Care Standards

The current standards came into being in April 2015 and form Welsh Government's common framework of standards to support NHS Wales and partner organisations to provide effective, timely and quality healthcare services. Its framework incorporates the 'Standards for Health Services in Wales (2010)' and the 'Fundamentals of Care Standards (2003)'. They place the patient at the centre, emphasising the importance of strong leadership, governance and accountability.

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

Through listening and learning from previous years, we added increased support and scrutiny to service groups in completing their annual health and care standards self-assessments in 2022-23. Scrutiny panels were held during the year, where service groups discussed their progress against the standards and their planned improvements; additionally subject experts met with service groups to discuss individual standards.

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

❖ Planning Arrangements

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

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

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

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

For 2022-23, the health board met one of its financial duties. It achieved financial balance for the year for both revenue (as set out below) and for capital, reporting a revenue underspend of £1.838m against a £1,167m budget, however the health board did not meet its financial duty to break-even against its revenue resource limit over the three years 2020-21 to 2022-23. In terms of the second requirement, this was met for the first time in a number of years as the health board had an approved three-year recovery and sustainability plan for 2022-25 and work has now commenced on the plan for 2023-26.

	2020-21	2021-22	2022-23	Total
	£'000	£'000	£'000	£'000
Net operating costs for the year	1,096,986	1,113,261	1,165,677	3,375,924
Less general ophthalmic services expenditure and other non-cash limited expenditure	739	1,156	1,206	3,101
Less revenue consequences of bringing PFI schemes onto SoFP	(2,164)	(2,406)	(2,024)	(6,594)
Total operating expenses	1,095,561	1,112,011	1,164,859	3,372,431
Revenue Resource Allocation	1,071,257	1,087,612	1,166,697	3,325,566
Under /(over) spend against Allocation	(24,304)	(24,399)	1,838	(46,865)

The full financial performance is set out later in this report as part of the financial accounts.

In-line with the national 2022-23 planning framework, in March 2023 the board agreed its recovery and sustainability three-year plan for submission to Welsh Government. At the time, this was not a balanced plan and discussions took place with Welsh Government as to the inequalities in the budget allocations and the £24m permanent deficit the health board had as a result. Welsh Government agreed to increase the allocation by £24m enabling the health board to resubmit its three-year plan as an IMTP (integrated medium term plan), which was approved with a number of accountability conditions in the following areas:

- Primary care;
- Regional planning;
- Planned care;
- Urgent and emergency care;
- Finance;
- Mental health/dementia diagnosis;
- Neurodevelopmental services;
- Digital;
- Cost of living.

❖ Disclosure Statements

Equality, Diversity, Inclusion and Human Rights

The health board is committed to treating everyone fairly and does not tolerate discrimination on the grounds of age, disability, gender identity, marriage or civil partnership status, pregnancy or maternity, race or nationality, religion or belief, sex or sexual orientation. It continues to widen access to opportunities to employment and training to attract, develop and nurture people from different backgrounds. This is documented in the strategic equality plan 2020-2024, which includes an objective to increase diversity in workforce to reflect the communities supported through its services. Steps being taken include supporting under-represented groups to access apprenticeship places and vocational training, as well as the roll out of Project SEARCH to enable people with learning disabilities to have work experience. The health board facilities and promotes staff networks.

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

Data Security

Information governance is robustly managed within the health board and the framework includes the following:

- the Information Governance Group whose role it is to support and drive the board agenda and provide the health board with the assurance that effective information governance best practice mechanisms are in place;
- a Caldicott Guardian whose role it is to safeguard patient information;
- a Senior Information Risk Owner (SIRO) whose role it is to manage information risk from a corporate viewpoint;
- a Data Protection Officer whose role it is to ensure the health board is compliant with data protection legislation;
- Information Governance Group leads within each service delivery group and corporate department whose role it is to champion data protection within their areas.

The health board follows a dedicated strategic work plan to maintain, review and improve organisational compliance with data protection legislation. It continues to further develop its data protection compliance via a number of measures, and assurances that the organisation has compliant information governance practices are evidenced in a number of ways including quarterly reports to the Information Governance Group, including key performance indicators and a raft of information governance and information security policies and procedures.

Data protection legislation requires that where personal data breaches meet a certain set criteria that they be notified to the Information Commissioner's Office (ICO).

For the financial year 2022-23, nine data breaches were notified to the ICO, two of which were later withdrawn as upon further investigation they were found not to meet the threshold for notification. Brief details of these breaches are outlined below.

Where the ICO has given recommendations, they have been considered for implementation by the health board.

Breach Category	Summary of Breach	Summary of Actions
Disclosure - Paper	An immunisation record was shared to an unauthorised party	• Apology provided to data subject • Investigation into root cause and mitigating actions taken to prevent reoccurrence • Information governance audit process undertaken and recommendations given
Disclosure – Electronic	Information, relating to a complaint was sent to an unauthorised third party in error	• Apology provided to data subject • Investigation into root cause and mitigating actions taken to prevent reoccurrence • Information Governance audit process undertaken with recommendations given
Security Failing	Video footage uploaded to social media by trespassers, including boxed archive patient records	• Measures taken to further secure data and building • Investigation into root cause and mitigating actions taken to prevent reoccurrence
Disclosure - Paper	Fertility data shared with unintended recipient	• Apology provided to data subject • Information Governance audit process underway • Investigation into root cause and mitigating actions taken to prevent reoccurrence
Disclosure - Paper	Waiting list letter incorrectly contained patient's previous postcode, and was opened by an unintended recipient	• Apology provided to data subject • Investigation into root cause and mitigating actions taken to prevent reoccurrence
Lost/Stolen Hardware	Loss of unencrypted storage device containing patient data	• Information Governance audit process underway • Investigation into root cause and mitigating actions taken to prevent reoccurrence

Breach Category	Summary of Breach	Summary of Actions
Disclosure – Electronic	Email intended for member of staff unintentionally shared with a member of the public	• Apology provided to data subject • Information Governance audit process recently undertaken • Risk assessment undertaken and mitigating actions introduced

Ministerial Directions

Welsh Government has issued non-statutory instruments and Welsh health circulars (WHC) since 2014-15, and a list of ministerial directions circulated for 2022-23 can be found on the Welsh Government website. All relevant directions have been fully considered and implemented appropriately, with Welsh health circulars logged corporately and an executive lead assigned, as well as reported to the board. These are set out at **appendix seven.**

Wellbeing of Future Generations Act

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

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

Following a Wellbeing of Future Generations Act self-assessment in August 2019, the Future Generations Commissioner feedback to the health board suggested a need for greater alignment between its wellbeing objectives and the seven national wellbeing goals, in particular those for the environment, culture (including Welsh language) and global impact. On that basis, it was agreed by the senior leadership team that the existing wellbeing objectives be reviewed and a set of refreshed wellbeing objectives published in the 2021-22 annual plan.

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

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

The refreshed wellbeing objectives for inclusion in the annual plan 2021-22 were agreed as set out below and remain extant:

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

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

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

Welsh Language

As a health board, the vital part that the Welsh language and culture has to play in the provision of health and social care services to our resident population is recognised. Many people choose to receive services in Welsh because that is what they prefer. For others, however, it is more than a matter of choice - it is a matter of need. It is especially important for many vulnerable people and their families who need to access services in their first language, such as older people with dementia or stroke who may lose their second language and children who speak only Welsh. In addition, when discussing mental health, being able to communicate in your first language to express feelings, thoughts and emotions is important. The annual report for our Welsh language service will be received by the board and available on our website in September 2023.

Sustainability and Carbon Reduction

2022-23 has been an exciting year for the evolution of our sustainability work. The new governance arrangements, put in place in 2021-22, have helped to embed the work better into our plans and decision making processes. The communications team, working closely with the new staff green group, has raised visibility and engagement for a number of initiatives, some of which are firsts for Wales.

We are proud of the feedback from Welsh Government on the quality of our first decarbonisation action plan, and the quality of work the teams are delivering to support the Welsh Government target for a net zero public sector 2030.

The new governance structure brings together our plans for Well-Being of Future Generations Act (2015), Foundational Economy and Decarbonisation. This has helped to foster extensive collaboration across directorates and teams through the Sustainable Swansea Bay Steering Group.

A core aim of the steering group is to embed sustainability into 'business as usual' for the health board and has this year worked in five key areas of development:

- **Integrated Medium Term Plan:** in 2022-23 the plan was retrospectively reviewed against the health board's wellbeing goals. To embed proactive

inclusion of sustainability in the 2023-24 and future plans, the team produced a sustainability ‘how to’ guide, shared at a workshop with planners from across the health board;
- **Estates:** sustainability and decarbonisation are one of four pillars in the new estates plan which was approved by the board in winter 2022;
- **Business cases:** a review of the current process has identified opportunities to incorporate sustainability into the business case process. Guidance and up-dating of documentation is underway;
- **Service review:** jointly with Cardiff and Vale University Health Board, we have embedded sustainability into service review decision making processes for tertiary care. Learning from this will inform further work;
- **Realisation register:** the capital planning team has developed a decarbonisation realisation register which will now be included in all capital business cases to Welsh Government.

Some of our exemplars have been reported in external media and news, profiling the work of teams on; Morriston solar farm, the first in the UK to power a hospital; bed poverty through the donation of non-clinical beds from the pandemic to local families and Ukrainian refugees in Moldova; and the first in Wales inhaler recycling programme. Additionally the health board launched its first sustainability website.

The staff green group, launched in March 2022, goes from strength to strength, and recently established staff interest groups for sustainable food, greener theatres, waste and recycling, and travel, including a cycle user group. The group has been active in developing and challenging health board sustainability planning.

The group led the first health board ‘staff sustainability survey’, reaching nearly 300 staff and generating ideas which will now inform the health board decarbonisation action plan refresh in 2023.

In 2022-23, the health board allocated £166,900 to support completion of work on;
- Decarbonisation audits;
- A sustainable travel strategy;
- The next stage business care for Re:FIT;
- Additional capacity for estates.

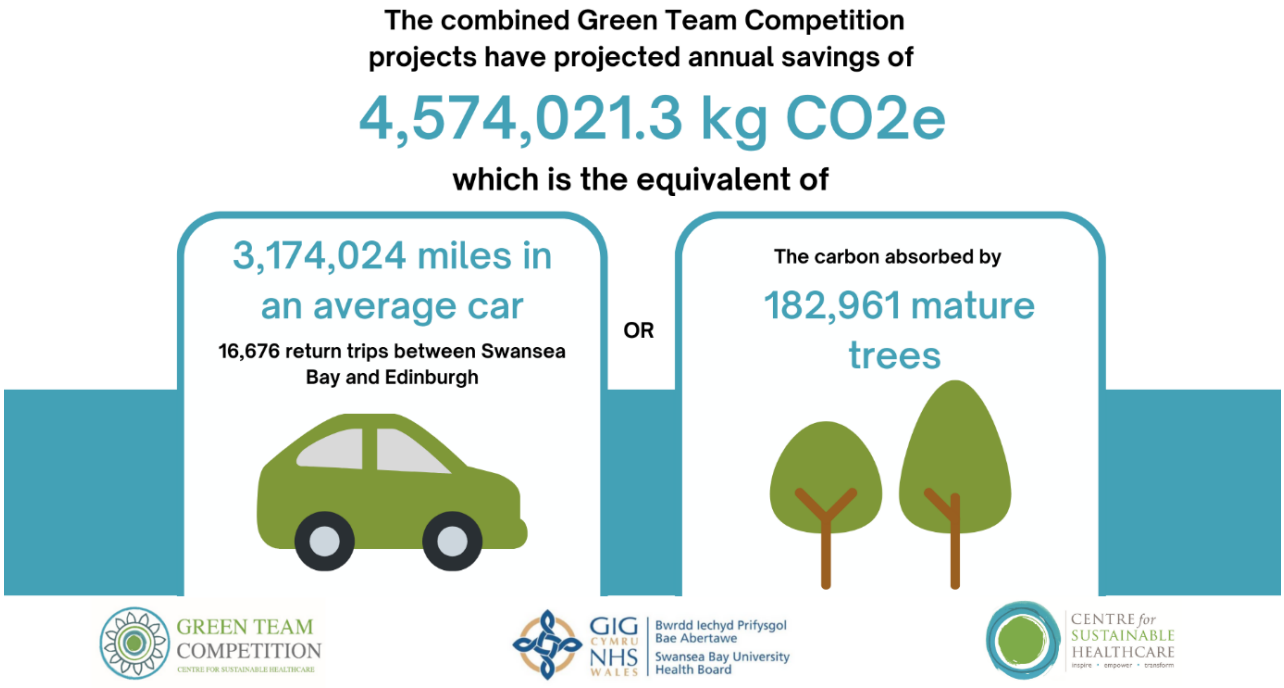
This has improved knowledge on areas of carbon savings potential from our estate and for collaboration across the region, to deliver the Swansea Bay Healthy Travel Charter, which the health board signed up to in May 2022.

The health board bid for and secured £58,618 of Welsh Government Health and Social Care Climate Emergency Programme funding to support five projects, three of which as ‘first in Wales’ initiatives; green teams competition, green labs and inhaler recycling.

After developing the green teams competition to include Hywel Dda University Health Board, the programme was able to run with 12 teams, mentored by the Centre for Sustainable Healthcare over a 10-week period, delivering projected savings of 6,914,971.3kg CO2e and £60,193. At a showcase event, messages of

support from Welsh Government for the programme were shared and the winning teams were presented with their awards.

Welsh Government and Green Health Wales are now looking to extend the programme across Wales to encourage staff 'permission to act' and reward bottom up change. We will be continuing to work with our colleagues in Hywel Dda University Health Board to extend the spread and scale of the 12 projects across our two organisations, sharing them with colleagues across Wales and looking to support more staff teams to deliver their sustainability ideas.



NHS Pensions

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

Quality of Data

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

Nurse Staffing Levels (Wales) Act 2016

The board reviews compliance with the Nurse Staffing Levels (Wales) Act 2016, with

reports received twice a year – May and November. The most recent report was in May 2023.

❖ Review of Effectiveness

As accountable officer, I have responsibility for reviewing effectiveness of the system of internal control. This is informed by the work of internal audit and executive directors who are responsible for the development and maintenance of the internal control framework and comments made by external auditors. Work has continued to improve the performance information provided to the board and its committees so that it can be assured on its accuracy and reliability as well as ensure the achievement of organisational objectives. As part of the implementation of the board assurance framework, committees now have delegated responsibilities to monitor developments in their areas, as the board is accountable for maintaining a sound system of internal control which supports the delivery of the organisation's objectives, primarily through the Audit and Quality and Safety committees.

Internal Audit

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

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

The programme has been impacted by the pressures experienced in the wider healthcare system as a whole. This meant that two audits had to be deferred and are reflected in the 2023-24 audit plan. The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit annual opinion. In forming the opinion, the Head of Internal Audit has considered the impact of the audits that have not been completed as planned in 2022-23.

❖ Head of Internal Audit Opinion

The purpose of the annual head of internal audit opinion is to contribute to the assurances available to the Chief Executive as Accountable Officer and the Board which underpin the board's own assessment of the effectiveness of the system of internal control. The approved Internal Audit plan is focused on risk and therefore the board will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the annual governance Statement. The overall opinion for 2022-23 is that:

Reasonable assurance		The board can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

❖ Delivery of the Audit Plan

Our internal audit plan has needed to be agile and responsive to ensure that the Health Board's key developing risks are covered. As a result of this approach, and with the support of officers and independent members across the Health Board, the plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit Committee (the 'committee'). In addition, regular audit progress reports have been submitted to the committee. Although changes have been made to the plan during the year, we can confirm that we have undertaken sufficient audit work during the year to be able to give an overall opinion in line with the requirements of the Public Sector Internal Audit Standards.

The internal audit plan for the 2022-23 year was initially presented to the committee in March 2022. Changes to the plan have been made during the course of the year and these changes have been reported to the Audit Committee as part of our regular progress reporting.

There are, as in previous years, audits undertaken at NWSSP, DHCW, WHSSC and EASC that support the overall opinion for NHS Wales health bodies.
Our latest External Quality Assessment (EQA), conducted by the Chartered Institute of Public Finance and Accountancy (CIPFA) (in March 2023), and our own annual Quality Assurance and Improvement Programme (QAIP) have both confirmed that our internal audit work 'fully conforms' to the requirements of the Public Sector Internal Audit Standards (PSIAS) for 2022/23. We are able to state that our service 'fully conforms to the IIA's professional standards and to PSIAS.'

❖ Summary of Audit Assignments

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

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

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

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

In addition, we also undertook a number of advisory and non-opinion reviews to support our overall opinion. A summary of the audits undertaken in the year and the results are summarised in the table below.

Substantial Assurance	Reasonable Assurance
• Digital strategy implementation; • Clinical systems implementation – benefits realisation; • Capital follow-up.	• Risk management and assurance; • Quality and safety governance framework; • Freedom of information requests • Claims management; • Stakeholder engagement and communication; • Infection prevention and control; • Covid-19 cost management: response funding and deployment; • Covid-19 cost management: recovery funding and deployment; • Rostering; • Access to cancer services; • End-of-life care; • Controlled drugs; • Cyber security; • Management of physical health records; • Singleton Hospital – cladding; • Environmental infrastructure modernisation programme: sub-station 6 (integrated audit plan); • Follow-up review.
Limited Assurance	**Advisory/Non-Opinion**
• Continuing healthcare • Transition from child and adolescent to adult mental health services • Health and safety • Clinical audit • Information governance • Primary and community care infrastructure projects - Swansea Wellness Centre	• Electronic staff record: self-service • Decarbonisation

• Estates assurance follow-up **No Assurance** • N/A	

Every internal audit review is reported to the Audit Committee with the executive leads for any which receive limited assurance asked to attend to explain the findings and present an action plan. These are also referred to the relevant board committee to monitor improvement and progress. There is also an audit tracker in place which records the status of every internal and external audit recommendation. This is reported to the Audit Committee at every meeting to ensure progress is being made and the leads for the ones which are overdue are asked to attend a committee meeting to outline the reasons why.

❖ External Audit

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

"Overall, we found that the Health Board has generally good governance arrangements in place but there is scope for the Health Board to enhance these arrangements further by ensuring key governance structures, processes, and resources are fully aligned to strategic objectives and risks.

"The Health Board has a long-term strategy, but this is out of date. There needs to be more clarity across all the Health Board strategies to ensure there is oversight of these. For the first time in several years, the Health Board has produced a Welsh Government approved Integrated Medium-Term Plan (IMTP) for 2022-25, which was developed with good engagement from the Board. Good arrangements are also in place for developing other corporate plans and strategies and monitoring delivery of the IMTP. However, oversight of plans supporting the Clinical Services Plan needs to be improved and the effectiveness of commissioning arrangements needs to be an area of focus.

"The Board Assurance Framework (BAF) continues to evolve, and systems of assurance are improving. But there is a need to tighten-up sources of assurance and align the framework with the refreshed long-term strategy. The Board and its committees are generally operating well; however, opportunities exist to enhance public transparency, and strengthen staff and patient feedback. The committee structure needs to align with the BAF, and self-review mechanisms need to be in place. There is currently a stable Executive Team, but there remains considerable fragility in the Morriston Hospital Service Group.

"The Health Board failed to meet some of its financial duties for 2021-22 and will also fail to meet some of them in 2022-23, despite forecasting a break-even position. It is on-track to deliver the required savings, but cost pressures and discretionary capital are a challenge. Financial deficits in the last two years, also means that the Health Board will fail to break-even over the three-year period 2020-23. Appropriate

arrangements for financial management and controls are in place, and arrangements for monitoring and scrutinising the financial position are robust.

The Health Board has adequate arrangements in place to support and oversee staff well-being but does not systematically seek staff views. The Health Board is prioritising digital transformation but lacks the resources to fully implement its ambitions. The Health Board has good operational arrangements for the management of estates and physical assets, but these matters are currently not visible within the committee structure."

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

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

"I concluded that the health board's accounts were properly prepared and materially accurate and issued an unqualified true and fair audit opinion on them. My work did not identify any material weaknesses in the health board's internal controls relevant to my audit of the accounts. However, I qualified the regularity opinion in two respects. Alongside my audit opinion, I placed a substantive report on the Health Board's financial statements to highlight the regularity issues. Firstly, and in line with prior years, the regularity opinion was qualified because the health board did not meet its revenue resource allocation over the three-year period ending 2021-22. The Auditor General's substantive report also reported the fact that the health board did not meet its financial duty to have an approved three-year integrated medium term plan (IMTP) for the period 2019-20 to 2021-22 (the period extant when the process for the 2020-23 IMTP was paused in spring 2020). The regularity opinion was not qualified for this. Secondly a new regularity opinion qualification arose due to the accounts including £1.9 million of expenditure and funding in respect of clinicians' pension tax liabilities.

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

- *The health board has generally good governance arrangements in place and updating the organisation's ten-year strategy presents an opportunity for the health board to enhance these arrangements further by ensuring key governance structures, processes, and resources are fully aligned to strategic objectives and risks;*
- *Despite the additional investment in waiting list recovery, the significant growth in the numbers of people waiting is likely to mean that waiting lists will not return to pre-pandemic levels for many years*
- *The contract arrangements following the health board boundary change in 2019 are sound and supported by good operational oversight and project management. However, there has been no clear programme for disaggregation of services until recently, and the lack of commissioning capacity and programme management, alongside the impact of Covid-19, has meant that the original timetable has not been met. Oversight and scrutiny of the programme at board and committee level within both health boards also need to be improved, as well as the management of risk."*

During the year the health board received a number of all-Wales reports to consider whether any of the recommendations could be applied to its services. These were shared with the Management Board and Audit Committee and comprised:

- Equality impact assessments;
- Digital inclusion in Wales;
- Orthopaedics services in Wales;
- Planned care recovery;
- National fraud initiative;
- Public sector readiness for Net Zero Carbon by 2030;
- Cyber resillence.

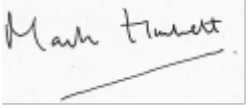
❖ Conclusion

As accountable officer, and based on the process outlined above, I have reviewed the relevant evidence and assurance relating to internal control. While the challenges faced remain similar to those outlined in the previous annual report, with the support of the board there is confidence these can be addressed and improvement in governance has been demonstrated. However, 2023-24 is going to be a significant challenge with a deficit end-of-year position forecasted.

This governance statement highlights positive improvements in strengthening governance arrangements while at the same time addressing the challenges of Covid-19, and I am confident that we have plans in place to address the weaknesses highlighted within the statement. As an organisation, there is disappointment with the number of areas that have received a limited assurance rating from internal audit and work is continuing to strengthen and improve its services.

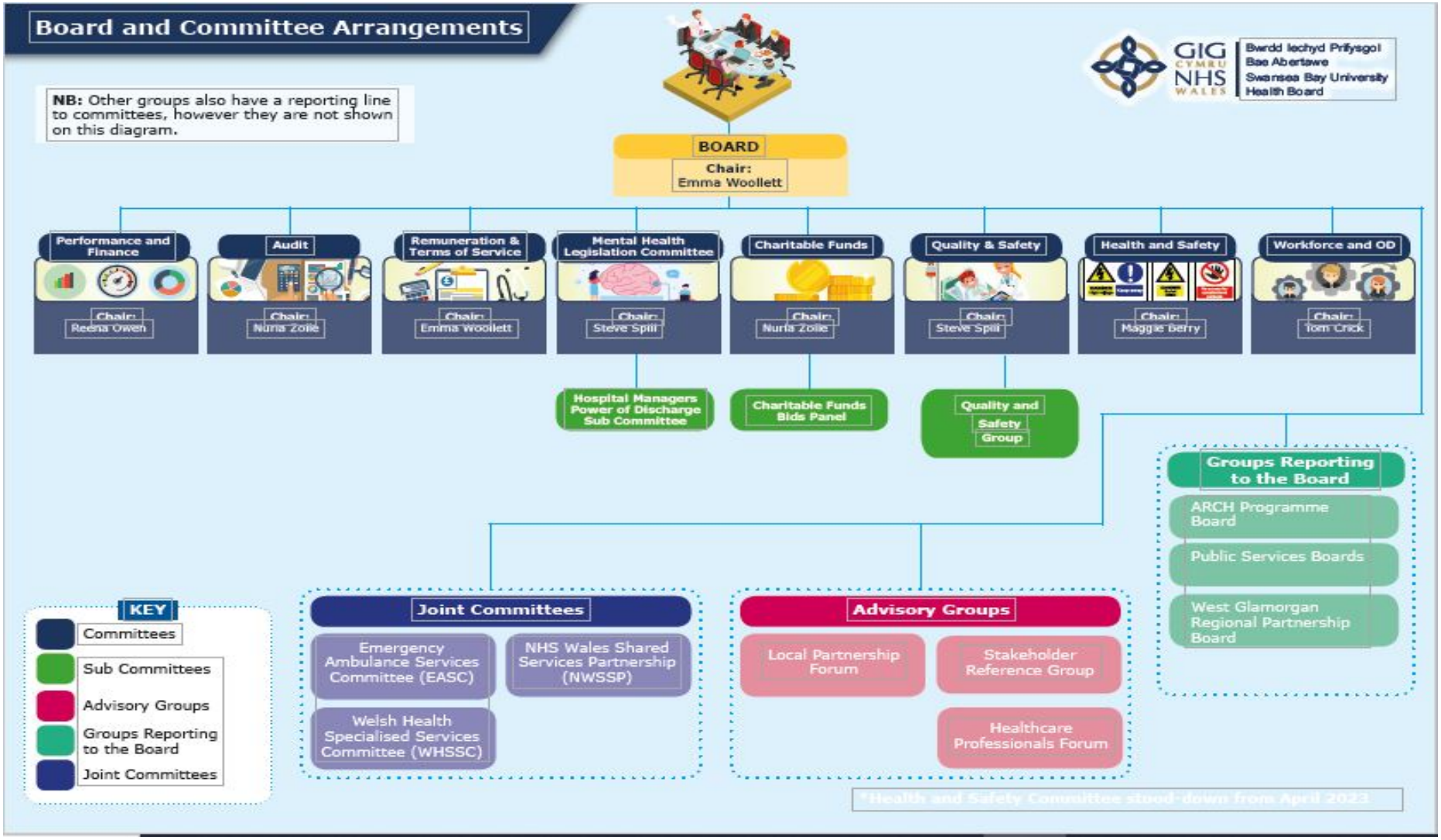
While the last year has been difficult and challenging, some stability and progress was being made despite the operational pressures illustrated by the health board's de-escalation from some areas of enhanced monitoring. My review has concluded that the health board has a generally sound system of internal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

The need to plan and respond to the Covid-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to the risks. The need to respond and recover from the pandemic will be with the organisation and wider society throughout the 2023-24 and beyond. I will ensure our governance framework considers and responds to this need.



Mark Hackett
Chief Executive
Swansea Bay University Health Board

Appendix One – Board and Committee Structure



Appendix Two – Board and Committee Dates 2022-23

The table outlines dates of board and committee meetings held during 2022-23. Where meetings were not quorate, escalation arrangements were in place to ensure that any matters of significant concern that could not be brought to the attention of the committee could be raised with the health board chair.

Board/Committee													
Health Board	26th May 2022	8th June 2022	28th July 2022	29th September 2022	24th November 2022	26th January 2023	30th March 2023						
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate						
Audit Committee	19th May 2022	14th July 2022	15th September 2022	17th November 2022	19th January 2023	9th March 2023							
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate							
Mental Health Legislation Committee	5th May 2022	4th August 2022	3rd November 2022	2nd February 2023									
Quorate/Not Quorate	Quorate	Not Quorate	Quorate	Quorate									
Remunerations and Terms of Service Committee	23rd June 2022	6th October 2022	7th December 2022	6th February 2022	8th March 2022								
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate								

Board/Committee												
Performance and Finance Committee	26th April 2022	24th May 2022	28th June 2022	26th July 2022	23rd August 2022	27th September 2022	25th October 2022	22nd November 2022	20th December 2022	24th January 2023	23rd February 2023	28th March 2023
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate
Charitable Funds Committee	12th July 2022	8th September 2022	12th December 2022 (Accounts)	16th March 2023								
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate								
Quality and Safety Committee	26th April 2022	24th May 2022	28th June 2022	26th July 2022	23rd August 2022	27th September 2022	25th October 2022	22nd November 2022	20th December 2022	24th January 2023	23rd February 2023	28th March 2023
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate
Workforce and OD Committee	12th April 2022	14th June 2022	9th August 2022	13th October 2022	13th December 2022	14th February 2023						
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate						
Health and Safety Committee	5th April 2022	5th July 2022	4th October 2022	17th January 2023								
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate								

Appendix Three – Board and Committee Membership

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

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Champion Roles
Emma Woollett	Chair	N/A	• Health Board (Chair) • RATS Committee (Chair)	• Whistleblowing Champion
Steve Spill	Vice-Chair (from December 2020)	Mental Health Primary Care	• Health Board (Member) • Mental Health Legislative Committee (Chair) • RATS Committee (Member) • Performance and Finance Committee (Member) • Quality and Safety Committee (Chair)	• Primary Care • Mental Health and Learning Disabilities • Veterans
Anne-Louise Ferguson (From March 2023)	Independent Member	Legal	• Health Board (Member) • RATS Committee (Member) • Quality and Safety Committee (Member) • Audit Committee (Member)	
Tom Crick	Independent Member	ICT	• Health Board (Member) • Health and Safety (Member) • Audit Committee (Member) • Workforce and OD Committee (Chair)	
Keith Lloyd	Independent Member (from May 2020)	University	• Health Board (Member) • Charitable Funds Committee (Member) • Audit Committee (Member)	Research and development

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Champion Roles
Jackie Davies	Independent Member	Staff Side	• Health Board (Member) • RATS Committee (Member) • Mental Health Legislative Committee (Member) • Charitable Funds Committee (Member) • Workforce and OD Committee (Member) • Health and Safety Committee (Member)	
Maggie Berry	Independent Member	N/A	• Health Board (Member) • Mental Health Legislative Committee (Member) • RATS Committee (Member) • Quality and Safety Committee (Member) • Health and Safety Committee (Chair)	
Mark Child (until May 2022)	Independent Member	Local Authority	• Health Board (Member) • RATS Committee (Member) • Performance and Finance Committee (Member)	

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Champion Roles
Nicola Matthews (from January 2023)	Independent Member	Local Authority	• Health Board (Member) • RATS Committee (Member) • Quality and Safety Committee (Member)	
Reena Owen	Independent Member	Community	• Health Board (Member) • RATS Committee (Member) • Performance and Finance Committee (Chair) • Quality and Safety Committee (Member)	
Nuria Zolle	Independent Member	Voluntary Sector	• Health Board (Member) • Workforce and OD Committee (Member) • RATS Committee (Member) • Audit Committee (Chair) • Charitable Funds (Chair)	
Patricia Price	Independent Member	Finance	• RATS Committee (Member) • Performance and Finance Committee (Member) • Audit Committee (Member) • Health Board (Member)	
Andrew Jarrett	Associate Board Member	Social Services	• Health Board (Member)	
Andrew Griffiths	Independent Member	Health Professionals' Forum	• Health Board (Member)	
Judith Vincent	Associate Board Member	Health Professionals' Forum	• Health Board (Member)	

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Committee Roles
Mark Hackett	Chief Executive	N/A	• Health Board (Member)	• Emergency Ambulance Services Committee (Member) • WHSSC (Member)
Darren Griffiths	Director of Finance	N/A	• Health Board (Member) • Audit Committee (In attendance) • Chartable Funds (Lead Director/Member) • Performance and Finance (Lead Director/Member) • Health and Safety (Lead Director/Member)	
Gareth Howells	Interim Director of Nursing and Patient Experience	N/A	• Health Board (Member) • Audit Committee (In attendance) • Mental Health Legislative Committee (Lead Director/In attendance) • Quality and Safety Committee (Lead Director/In attendance) • Workforce and OD Committee (In attendance)	

Name	Position	Area of Expertise Representation Role	• Board Committee Membership	Committee Roles
Keith Reid	Director of Public Health	N/A	• Health Board (Member) • Quality and Safety Committee (In attendance) • Health and Safety Committee (In attendance)	
Debbie Eyitayo	Director of Workforce and OD	N/A	• Health Board (Member) • RATS (Lead Director/In attendance) • Workforce and OD (Lead Director/In attendance) • Health and Safety Committee (Member)	• NHS Wales Shared Services Partnership Committee (NWSSP) Member
Siân Harrop-Griffiths	Director of Strategy	N/A	• Health Board (Member) • Charitable Funds Committee (Member) • Performance and Finance Committee (Member)	• Western Bay Partnership Board • ARCH Programme Board Member
Richard Evans	Medical Director/ Deputy Chief Executive	N/A	• Health Board (Member) • Quality and Safety Committee (In attendance) • Workforce and OD Committee (In Attendance)	• ARCH Programme Board • Advisory Committee on Clinical Excellence Awards
Christine Morrell	Director of Therapies and Health Science		• Health Board (Member) • Quality and Safety Committee (In Attendance) • Workforce and OD Committee (In Attendance) • Health and Safety Committee (In attendance)	

Appendix Four – Members' Attendance at Meetings

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

	Health Board	Audit Committee	Charitable Funds Committee	Health and Safety Committee	Mental Health Legislation Committee	Performance and Finance Committee	Quality and Safety Committee	Remuneration and Terms of Service Committee	Workforce and OD Committee
	7	6	4	4	4	12	12	5	6
Emma Woollett, Chair	7	-	-	-	-	-	-	5	-
Steve Spill, Vice-Chair	7	*2	-	-	4	12	12	5	-
Jackie Davies, Independent Member	3	1	2	2	3	-	-	1	3
Keith Lloyd, Independent Member	6	3	0	-	-	-	-	2	-
Maggie Berry, Independent Member	5	-	-	3	4	-	5	3	-
Mark Child, Independent Member (until May 2022)	0	-	-	-	-	1	-	-	-
Nuria Zolle, Independent Member	5	6	4	-	-	-	-	4	5
Reena Owen, Independent Member	6	-	*1	-	-	11	11	3	-
Tom Crick, Independent Member	5	4	-	4	-	-	-	1	6
Patricia Price, Independent Member	6	6	*2	-	-	11	7	4	-
Andrew Griffiths, Associate Board Member	2	-	-	-	-	-	-	-	-
Judith Vincent, Associate Board Member	2	-	-	-	-	-	-	-	-
Andrew Jarrett, Associate Board Member	2	-	-	-	-	-	-	-	-

	Health Board	Audit Committee	Charitable Funds Committee	Health and Safety Committee	Mental Health Legislation Committee	Performance - and Finance - Committee	Quality and Safety Committee	Remuneration and Terms of Service Committee	Workforce and OD Committee
	7	6	4	4	4	12	12	5	6
Mark Hackett, Chief Executive	7	-	-	-	-	-	-	5	-
Christine Morrell, Director of Therapies and Health Science	6	-	-	1	-	-	10	-	0
Gareth Howells, Director of Nursing and Patient Experience	6	2	-	-	2	-	10	-	5
Darren Griffiths, Director of Finance	7	5	4	4	-	11	5	-	-
Debbie Eyitayo, Director of Workforce and OD	7	-	-	3	-	-	-	5	6
Keith Reid, Director of Public Health	6	-	-	0	-	-	0	-	-
Richard Evans, Medical Director	6	-	-	-	-	-	9	-	6
Siân Harrop-Griffiths, Director of Strategy	5	-	2	-	-	7	4	-	-

Appendix Five

Topics Considered by Board and Committees

Health Board
28th April 2022 • Adult acute mental health services engagement **26th May 2022** • Patient story • Covid nosocomial review plan • Key issues reports from board committees • Bi-annual nurse staffing levels • Performance management arrangements for 2022-23 • Extension to the transitional care home beds scheme • Clinical services plan strategic portfolio case • Decommissioning of the field hospital • Strategic case for Singleton Hospital theatres • Corporate governance issues and annual report for board committees • Performance report • Financial report including 2022-23 savings plan update • Quarter four progress report for annual plan 2021-22 • Summary of work with NHS partnerships • Summary reports from the health board's advisory groups **8th June 2022 (Special)** • Financial annual accounts 2021-22 • ISA 260 audit of financial statements • Letter of representation and response to audit enquiries • Executive summary of the Head of Internal Audit's opinion • Annual report 2021-22 **28th July 2022** • Patient Story • Progress update on Covid nosocomial review plan • Health board's approach to developing a quality management system • Health board risk register • Board assurance framework • Key issues reports from board committees • Progress to establish neonatal transport operational delivery network and approve memorandum of understanding • 'Sub Station 6' business case • Progress of acute medical services redesign • Health Board's integrated medium term plan • Corporate governance issues and terms of reference approval for the board committees • Summary reports from health board's advisory groups • Performance report • Finance report **29th September 2022**

- Patient story
- Health board's approach to developing a quality strategy
- Board assurance framework
- Action plan following board effectiveness self-assessment
- Key issues reports from board committees
- Healthcare Inspectorate Wales annual report
- Memorandum of understanding for spinal network
- Reporting of decarbonisation to Welsh Government
- Presentation on acute medical services redesign programme
- West Glamorgan market stability report for onward submission to Welsh Government
- WHSSC Joint Committee briefing on South Wales Cochlear Implant and BAHA Hearing Implant Device Service
- Child and adolescent mental health services (CAMHS)
- Corporate governance issues and approval of terms of reference for board committees
- Annual letter 2021/22 from the Ombudsman to SBUHB
- Welsh language standards annual report
- Performance report
- Finance report
- Progress report for the recovery and sustainability plan - IMTP (quarter one)
- Meetings with NHS partners

24th November 2022

- Patient story
- Health board's risk appetite
- Key issues reports from board committees
- Winter plan
- Health board's approach to taking forward equality
- Management model for a mid and south Wales regional centre of excellence for pathology
- Voluntary sector recommissioning process and recommended revision to timescales agreed in 2021 by the board
- Summary reports from health board's advisory groups
- Corporate governance issues
- Performance report
- Finance report
- Progress report for the integrated medium term plan (quarter two)

26th January 2023

- Patient story
- Health board's quality strategy
- Progress report on the action plan in response to the children's community nursing service review
- Key issues reports from board committees
- Burns critical care business case
- Portfolio business case for the south-west Wales cancer centre
- Development of the IMTP 2023-26
- Summary reports from the health board's advisory groups

- Corporate governance issues
- Performance report
- Finance report
- Meetings with NHS partnerships
- Meetings with external partnerships

30th March 2023

- Patient story
- Board assurance framework
- Risk register
- Progress on cancer improvement plan
- Key issues reports from board committees
- Draft recovery and sustainability plan 2023/2024
- Population health strategy
- Service level agreements for 2023-24
- nVCC strategic and economic cases
- Public services board wellbeing plans
- West Glamorgan area plan
- Development of the research and development strategy
- Progress on the overseas nursing programme and its delivery
- Quarterly report on workforce resilience
- Phase one findings of 'Our Big Conversation'
- Revised arrangements for board committees
- Audit Wales structured assessment and annual report for 2022
- Summary reports from the health board's advisory groups
- Corporate governance issues
- Performance report
- Finance report
- Quarter three progress report for the IMTP year 2022-23

Audit Committee

19th May 2022

- Draft annual accounts, remuneration & staff report and organisational annual report
- Compliance with the corporate governance code
- Clinical audit and outcome review plan
- Progress reports
- Draft Deputy Head of Internal Audit opinion and annual Report
- Audit registers and status of recommendations
- Board effectiveness action plan
- Governance arrangements for spinal ODN
- Guardian service annual report
- Quality management system and management responses to reviews
- Performance and progress reports
- Finance update
- NWSSP procurement single tender actions and quotations
- Counter fraud annual report 2021/22

- Information governance board updates
- Declaration of interest register, gifts and hospitality register
- Audit committee terms of reference

14th July 2022

- Board assurance framework
- Audit registers and status of recommendations
- Health board risk register
- Acceptance of gifts to the health board charity
- Closure of the structured assessment 2021 action plan and note brief for the 2022 structured assessment review
- Development of the neonatal transport ODN, and endorse the memorandum of understanding
- Progress reports
- Final Head of Internal Audit annual report and opinion
- Performance and progress reports
- Audit Wales strategy 2022-27
- Finance update
- NWSSP procurement single tender actions and quotations, including consultancy and GP cluster training
- Information governance board updates
- Annual reports from the hosted services Lymphoedema and NHS Wales Delivery Unit

15th September 2022

- West Glamorgan market stability report
- Implementation of the quality management system
- Audit registers and status of recommendations
- Hosting arrangements for Spinal Services and Operational Delivery Network
- Health board's standing orders and standing financial instruction
- Progress report on the action against the declarations of interest internal audit and agree a revised standards of business conduct policy
- Performance and progress reports
- Unscheduled care project brief
- Action plan on tackling planned care backlog
- Finance update
- Losses and special payments
- NWSSP Procurement single tender actions and quotations
- Mid-year performance reports
- Annual report
- Management response and strategic/operational governance on the internal audit limited assurance report
- Progress reports
- Post payment verification end of year reports
- Annual reports from the hosted services EMRTS
- Consultation document on healthcare procurement reform in Wales

17th November 2022

- Board assurance framework

- Audit registers and status of recommendations
- Health board risk register to include inspection schedule
- Update on the guardian service
- Board effectiveness assurance programme to include action plan
- Regional pathology management model
- Capital policy and manual
- Digital transformation to deliver sustainable clinical services
- Progress reports
- Finance update
- Financial control procedure review plan
- NWSSP procurement single tender actions and quotations
- Performance and progress reports
- Audit Wales' report on equality impact assessments and the health board's response
- Update on the voluntary sector recommissioning process
- Information governance group report

19th January 2023

- Audit registers and status of recommendations
- Board effectiveness action plan
- Bribery policy
- Amendments to the standing financial instructions
- Progress reports
- Progress of the recommendations against the estates internal audit limited assurance report
- Finance update
- Annual accounts timetable and plan
- Losses and special payments
- NWSSP Procurement single tender actions and quotations
- Evaluation of NHS procurement spending during the COVID-19 pandemic - report on post event assurance activity
- Performance and progress reports
- Commissioning and contracting arrangements post Bridgend boundary change
- National update on the post-payment verification annual report

9th March 2023

- Audit registers and status of recommendations
- Board effectiveness assurance programme
- Board assurance framework
- Health board risk register
- Compliance with the corporate governance code
- Progress reports
- Approval of the annual plan
- Finance update
- NWSSP Procurement: single tender actions and quotations
- Annual accounts update
- Performance and progress reports
- Outline audit plan

- Outstanding management responses
- Structured assessment and annual report 2022
- National orthopaedic report
- Counter fraud report

Quality and Safety Committee

26th April 2022

- Patient story: *'Return to Original Care'* by Primary, Community and Therapies Services
- Service group highlight report: Service Director, Primary, Community and Therapies Services, including progress report on GP access following review by CHC
- Progress against the infection prevention and control improvement plan
- Childrens continuing care service final improvement plan
- Outcome of the annual review of health and care standards
- Impact on patient experience and quality and safety for the cleft, lip and palate service demand and capacity work, and outsourcing of adult cases
- Quality and safety performance report
- Executive summary of the quality and safety governance group
- Quality and safety risk register (risks 20 and above)
- Additional funding and resource to support patients' wellbeing on waiting lists
- Upcoming launch of the older person and dementia charters

24th May 2022

- Patient story: *Journey through ITU during COVID-19 and the Lessons Learnt*
- Service group highlight report: Service Director, Morriston Hospital
- Quality and safety performance report
- Patient experience report, including community patient feedback trajectory
- Executive summary of the quality and safety of patient services group
- External inspections
- Clinical outcomes and effectiveness update including clinical audit and mortality
- Quality and safety committee terms of reference
- Progress report on controlled drug governance and assurance
- Health board response following the CHC review of NHS dental services
- WHSSC quality patient safety chairs report for March 2022

28th June 2022

- Infection prevention and control plan, including overarching infection prevention and control plan
- Patient story: *My Story by Mike Davies* by Service Director, Mental Health and Learning Disabilities
- Service group highlight report: mental health and learning disabilities
- Quality and safety risk register (risks 20 and above)
- Position following self-assessment against the Ockenden maternity recommendations

- Quality and safety performance report
- Update on work to reduce number of clinically optimised patients to improve experience for patients and those waiting for beds

26th July 2022

- Patient story: *'A Good Death'*
- Service group highlight report: Neath Port Talbot Hospital/ Singleton Hospital
- Infection, prevention and control report, including the overarching improvement plan
- Quality and safety performance report
- Patient experience report, including progress and timescales surrounding discussions with service groups around complaints
- Allocation of funds to support long waiters
- Additional Learning Needs Act
- Arrangements for implementing the Duty of Candour and Quality Bill including training
- Hospital electronic prescribing and medicines administration evaluation report
- Major trauma network report
- Executive summary of the quality and safety of patient services group, including update on quality priorities
- Quality and safety priorities progress report

23rd August 2022

- Patient story: *Virtual Wards*
- Service group highlight report: primary, community and therapies services
- Position following self-assessment against the Ockenden maternity recommendations
- Children's community nursing improvement plan, including outcome of the workforce improvement business case
- Quality and safety performance report
- Executive summary of the quality and safety of patient services group
- External inspections
- Dementia and older people's charter
- Infection, prevention and control report, including overarching improvement plan
- Quality and safety risk register (risks 20 and above)
- Emergency medical retrieval and transfer service (EMRTS) clinical governance report
- WHSSC joint committee key issues report

27th September 2022

- Patient story: care after death team presentation
- Service group highlight report: Morriston Hospital service group, including an update on service groups' infection control plans
- Health board's infection control plan
- Service groups' infection control plans: Singleton/Neath Port Talbot and primary, community and therapies.

- Quality and safety issues associated with clinically optimised patients and progress being made
- Quality and safety performance report
- Executive summary of the quality and safety of patient services group
- Clinical outcomes and effectiveness
- 2021/22 annual letter from the Ombudsman
- WHSSC joint committee key issues report

25th October 2022

- Patient story: Swansea's community mental health team
- Service group highlight report: mental health and learning disabilities
- Infection, prevention and control report, including overarching improvement plan
- HIW immediate improvement notice at Morriston emergency department
- Progress report on the end-of-life quality priority
- Quality and safety performance report
- Quarterly patient experience report
- Executive summary of the quality and safety of patient services group
- Controlled drugs governance and assurance progress report
- Ongoing tasks, actions and improvement plan surrounding HMP Swansea following HIW review
- Quality and safety risk register (risks 20 and above)
- Quarter one South Wales Major Trauma Network clinical governance report

22nd November 2022

- Patient story: alone in foreign land
- Service group highlight report: Neath Port Talbot Hospital/ Singleton Hospital
- Infection, prevention and control report, including overarching improvement plan
- Quality and safety performance report
- Executive summary of the quality and safety of patient services group
- Allocation of funds to support long waiters
- External inspections, including update on progress against HIW immediate improvement notice for Morriston emergency department
- Health boards preparedness for the Duty of Candour
- Deep dive on quality priorities: falls
- Maternity and neonatal network review of SBUHB maternity services

20th December 2022

- Patient Story: fracture discharge
- Service group highlight report: primary, community and therapies services
- Infection, prevention and control report including overarching improvement plan
- Quality and safety performance report
- Executive summary of the quality and safety of patient services group
- Quality strategy
- Health board risk register
- Executive summary of the clinical ethics group
- WHSSC quality patient safety highlight report

24th January 2023

- Patient Story: fracture discharge
- Service group highlight report: primary, community and therapies services
- Infection, prevention and control report including the overarching improvement plan
- Quality and safety performance report
- Executive summary of the quality and safety of patient services group
- Quarterly patient experience report
- CAMHS
- Children's community nursing report
- Quarter two South Wales Major Trauma Network clinical governance report
- Additional Learning Needs Act

23rd February 2023

- Patient story: patient experience - emergency care, Morriston Hospital
- Service group highlight report: Morriston Hospital
- Infection, prevention and control report, including overarching improvement plan
- Maternity self-assessments against recent reviews of NHS trusts
- Quality and safety performance report
- Executive summary of the quality and safety of patient services group
- Preparedness for Duty of Candour
- External inspections
- Learning of the management of the Tuberculosis outbreak
- Mortality review plan
- Health board risk register

28th March 2023

- Patient Story: mental health and learning disabilities
- Service group highlight report: mental health and learning disabilities
- Repatriation of CAMHS services update
- Quality and safety performance report
- Executive summary of the quality and safety of patient services group
- Demonstration on the quality dashboard
- Infection, prevention and control report including overarching improvement plan
- Board effectiveness action plan
- 10th annual quality position statement from the National Collaborative Commissioning Unit quality assurance and improvement service
- WHSSC quality patient safety highlight report

Workforce and OD Committee

12th April 2022

- Personal injury file reviews
- Health board risk register relating to Workforce and OD Committee
- Organisational culture programme
- Workforce recruitment and retention

- Workforce key performance indicators, including sickness, PADR and statutory and mandatory compliance
- Medical workforce efficiencies
- COVID-19 workforce position, including long COVID-19
- Medical workforce board update report
- Therapies and health science update report

14th June 2022

- Progress update on the organisational culture programme
- Deep dive into speaking up safely in Swansea Bay, including the Guardian Service update
- Workforce recruitment and retention
- Medical workforce efficiencies
- Workforce metrics
- Management of attendance at work, including wellbeing and occupational health interventions
- Covid-19 update, including managing return to work/attendance due to Covid/long Covid
- Nurse Staffing Levels (Wales) Act 2016
- Workforce and OD Committee terms of reference
- Deep dive report into statutory and mandatory compliance
- Medical workforce board update report
- Nursing and midwifery board update report
- Therapies and health science group report
- Workforce delivery group update report

9th August 2022

- Covid-19 update, including managing return to work/attendance due to Covid/long Covid
- Workforce and OD risk register
- Organisational culture programme
- Race action plan
- Workforce recruitment and retention
- Medical workforce efficiencies
- Workforce metrics, including statutory and mandatory compliance
- Medical workforce board update report for May and June 2022
- Nursing and midwifery board update report, including discussions and 'what matters to me' staff feedback following International nurses day celebrations
- Therapies and health science group report
- Workforce delivery group update report

13th October 2022

- Guardian service bi-annual update
- Culture values, including staff engagement, big conversations, anti-racist action plan, LOV awards
- E-Rostering
- Anti-racist action plan
- Workforce recruitment and retention

- Workforce metrics and key performance indicators, including statutory and mandatory compliance, ADR compliance and sickness, metrics review, Covid-19 update
- Caring for carers
- Medical workforce efficiencies
- Procurement training and awareness across the Health Board
- Medical workforce board update report for July 2022
- Therapies and health science group report

13th December 2022

- Organisational culture programme, including the big conversation
- Nurse Staffing Levels (Wales) Act 2016
- Deep dive report on nursing establishment levels not included in NSA, a focus on establishment levels for maternity (not included in nurse staff levels)
- Workforce and OD risk register
- Workforce and OD committee terms of reference
- Medical revalidation
- Staff turnover
- Workforce recruitment and retention
- Workforce metrics and key performance indicators
- National changes, challenges and positions surrounding post-graduate medic allocations
- Medical workforce board update report
  Therapies and health science group report
- Nursing and midwifery board update report
- Workforce delivery group update report
- Summary board report from the health board partnership forum

14th February 2023

- Nursing establishment levels not included in NSA - primary care
- Board effectiveness action plan
- Workforce recruitment and retention
- Medical workforce efficiencies
- Workforce metrics and key performance indicators, including the metrics review, Covid-19 update, PADR compliance, statutory and mandatory training
- Management of attendance at work, including wellbeing and occupational health interventions
- Performance deep dive on workforce planning relating to service transformation
- Deep dive on apprenticeships
- Strategic workforce equality plan and annual equality report
- Workforce delivery group update report
- Medical workforce board update report
- Therapies and health science group report
- Welsh language delivery group report
- Education commissioning plan

- Big conversation phase one

Health and Safety Committee

5th April 2022

- Service group highlight report: Neath Port Talbot and Singleton Service Group (NPTSSG)
- Service group highlight report: Morriston Hospital, including update on progress of replacement flooring at Morriston Hospital
- Health and safety risk register
- Health and safety strategic action plan
- Update on COVID-19 health and safety issues
- Recent inspections and audits
- Monitoring system and local authority enforcement following implementation of smoking legislation
- Findings of review on compliance display screen equipment, home working assessments and training
- Health and safety operational group key issues report

5th July 2022

- Facilities and Hotel Services health and safety highlight report
- Estates Services health and safety highlight report
- Health and safety risk register
- Recent inspections and audits
- Update report on progress of the six facet review of backlog maintenance
- Tender for water risk assessments
- Fire door compliance
- Health and safety committee terms of reference
- Health and safety operational group key issues report

4th October 2022

- Primary and Community services highlight report
- Mental Health and Learning Disabilities highlight report
- Health and safety risk register
- Health and safety plan
- COVID-19 health and safety issues
- Recent inspections and audits to include management response to health and safety internal audit
- Updated action plan for site responsibility
- Combined progress report from Estates, including six facet review of backlog maintenance and water risk assessments action plan
- Singleton cladding to include achievements made to complete improvements, capital infrastructure update and recognise operational work from a health and safety perspective for good work
- Health and safety operational group key issues report to include:
- Display screen equipment (DSE) and home working assessments
- High voltage policy for ratification
- New and expectant mother's procedure for ratification

17th January 2023

- Corporate and headquarters highlight report
- Health and safety risk register
- Health and safety plan
- Health and safety annual report
- Estates update report, including water update
- Update on 6 facet survey, including review of backlog maintenance
- Air conditioning and ventilation systems
- Health and safety operational group key issues report

Performance and Finance Committee

26th April 2022

- Month twelve finance position, including 2021-22 outturn position, savings achievement and review of maturity assessment
- Savings plan 2022-23, including bed efficiency update
- Month twelve performance report
- Welsh Government ministerial performance measurement priorities for 2022-23
- Cancer performance and recovery
- Planned care recovery internal audit report
- Month twelve financial monitoring return
- Speech and language therapy performance, including progress on trajectories
- Performance and finance risk register

24th May 2022

- Month one financial position, including report on savings
- Month one performance report
- Quarter three continuing healthcare performance report
- Revision of performance management framework
- Progress of podiatry recovery plan
- Cancer performance and recovery
- Urgent and emergency care performance
- Quarter four progress report for the annual plan 2021-22
- Performance and finance committee terms of reference
- Month one financial monitoring return

28th June 2022

- Month two financial position, including budget report
- Month two performance report
- Stroke performance, including information on recruitment risks, rota improvement, 24hr access, access to dedicated beds, CT access, timelines and update on establishment of HASU following Management Board
- Urgent and emergency care performance and mitigating actions
- Month two financial monitoring return
- Financial reporting and monitoring final internal audit report

26th July 2022

- Month three financial position

- Quarter one capital update
- Financial reporting and monitoring final internal audit report
- Month three performance report
- Speech and language therapy performance
- Month three financial monitoring return
- AMSR business case

23rd August 2022

- Month four financial position
- Month four performance report
- NHS performance framework measures overview 2022-23
- Neurodevelopment services, including timelines on Welsh Government position and business case development
- Impact following service level agreement termination, financial effects and waiting list position
- Theatre efficiency
- Cancer performance
- Quarter one recovery and sustainability plan
- Month four financial monitoring return

27th September 2022

- Month five financial position, including scenario update
- Month five performance report for month five
- Quarter four continuing healthcare performance report
- Improvement action plans for planned care
- Health board risk register
- Child and adolescent mental health services
- Digital transformation progress against the plans
- Month five financial monitoring return

25th October 2022

- Month six financial position, including scenario update
- Capital resource plan
- Month six performance report
- Quarter two delivery report for the IMTP
- Progress report on public health in context of IMTP
- Urgent and emergency care performance and associated action plan
- Stroke performance and the action plan (including timescales and detail on 0% discharge standards)
- Month six financial monitoring return

22nd November 2022

- Month seven financial position, including scenario update
- Month seven performance report
- Quarter one and two continuing healthcare performance report
- Deep dive presentation on cancer performance
- Month seven financial monitoring return

20th December 2022

- Month eight financial position, including scenario update
- Update from the Morriston Financial Director

- Month eight performance report
- Health board risk register
- Improvement action plans for planned care
- Digital transformation progress against the plans
- Month eight financial monitoring return

24th January 2023

- Briefing on planned care access
- Month nine financial position, including year-end forecast
- Capital resource plan
- Month nine performance report
- Unscheduled care and emergency care performance
- Progression of actions on public health in the context of IMTP
- Digital transformation progress against the plans
- Month nine financial monitoring return

23rd February 2023

- Month ten financial position, including year-end forecast
- Draft financial Plan 2023-24
- Month ten performance report
- Quarter three continuing healthcare performance
- Deep dive into stroke performance
- Deep dive into neurodevelopment performance
- Month ten financial monitoring return for month ten

28th March 2023

- Month eleven financial position
- Performance report for month eleven
- Achievement against the quality assurance framework
- Cancer performance
- Board effectiveness action plan
- Financial monitoring return for month eleven

Mental Health Legislation Committee

5th May 2022

- Mental Health Act monitoring report
- Mental Capacity Act monitoring report and update on deprivation of liberty safeguards, including deprivation of liberty safeguards (DoLS) annual monitoring report 2020-21
- Health board's implications and preparedness surrounding liberty protection safeguards
- Mental health measure monitoring report
- Mental health legislation committee terms of reference
- Internal audit report on mental health legislation

4th August 2022

- Mental Health Act monitoring report, including care and treatment plans
- Mental Capacity Act monitoring report and update on deprivation of liberty safeguards, including deprivation of liberty safeguards (DoLS) annual monitoring report 2020-21

- Health board's implications and preparedness surrounding liberty protection safeguards
- Mental health measure monitoring report

3rd November 2022

- Mental Health Act monitoring report, including care and treatment plans, audit and action plans
- Powers of discharge committee update
- Attendance and arrangements for the powers of discharge panel
- Recruitment of associate hospital managers
- Mental Capacity Act monitoring report and update on deprivation of liberty safeguards monitoring report, including data referring to 'discharged or had capacity'
- Health board's implications and preparedness surrounding liberty protection safeguards
- Mental health measure monitoring report

2nd February 2023

- Mental Health Act monitoring report, including care and treatment plans, audit and action plans
- Mental Capacity Act monitoring report and update on deprivation of liberty safeguards monitoring report, including action plan, percentage of staff trained and detail of the review of the risk rating
- Health board's implications and preparedness surrounding liberty protection safeguards
- Mental health measure monitoring report

Appendix Six

Appendix 7

Ministerial Directions

WHC Number and Title	Date Received	Month Reported to Board
WHC/2022/007 Recording of Dementia READ Codes	24/02/2022	March 2022
WHC/2022/005 Welsh Value in Health Care – data requirements	24/03/2022	May 2022
WHC/2022/011 – Patient Testing Framework – Updated Guidance	24/03/2022	May 2022
WHC (2022) 010 – Reimbursable vaccines and eligible cohorts for the 2022/23 NHS seasonal Influenza Vaccination Programme	29/03/2022	May 2022
WHC/2022/009 Priortisation of Covid-19 patient episodes by NHS Wales Clinical Coding Departments	14/04/2022	May 2022
WHC/2022/014 AMR & HCAI improvement goals for 2021-23	25/04/2022	May 2022
WHC/2022/015 Changes to the vaccine for the HPV immunisation programme	31/05/2022	July 2022
WHC (2022) The National Influenza Immunisation Programme 2022-23	01/06/2022	July 2022
WHC (2022) 02 NHS Wales National Clinical Audit and Outcome Review Plan	14/06/2022	July 2022
WHC/2022/019 Non Specialised pediatric orthopedic services	29/06/2022	July 2022
WHC 2022/018 - Revised Guidelines for Managing Patients on the Suspected Cancer Pathway	04/07/2022	July 2022
WHC 2022/021 National Optimal Pathways for Cancer (2022 update)	28/07/2022	September 2022
The Role of the Community Dental Service and Services for Vulnerable People WHC (2022) 022	22/08/2022	September 2022
Updated Guidance – Patient Testing Framework WHC (2022) 011	02/09/2022	September 2022
WHC/2022/023 Changes to the vaccine for the HPV immunisation programme	09/09/2022	November 2022
WHC/2022/026 Approach for Respiratory Viruses – Technical Guidance for Healthcare Planning	11/10/2022	November 2022
WHC/2022/(003) Guidance for the provision of continence containment products for adults in Wales 2022	21/10/2022	November 2022
WHC/2022/004 Guidance for the care of children and young people with continence problems	21/10/2022	November 2022

WHC Number and Title	Date Received	Month Reported to Board
WHC/2022/027 Urgent polio catch-up programme for children under 5 years old	24/10/2022	November 2022
WHC/2022/028 More than just words Welsh language awareness course	10/11/2022	January 2023
WHC/2022/028 Urgent polio catch-up programme for children under 5 years old	23/11/2022	January 2023
WHC/2022/029 Urgent polio catch-up programme for children under 5 years old	23/11/2022	January 2023
WHC (2022) 031 Reimbursable vaccines and eligible cohorts for the 2023/24 NHS Seasonal Influenza (flu) Vaccination Programme	12/12/2022	January 2022
WHC/2022/035 Influenza (flu) Vaccination Programme deployment 'mop up' 2022- 2023	22/12/2022	January 2022
WHC/2023/001 Eliminating hepatitis (B and C) as a public threat in Wales - Actions for 2022-23 and 2023 – 2024	12/01/23	March 2023
WHC (2023) 02 New Lower Gastrointestinal "FIT" National Optimal Pathway	13/02/23	March 2023
Letter ref: MA/EM/3653/22 - 2023-24 Allocation for Health Boards	15/02/23	March 2023
WHC/2023/04 COVID-19 spring booster vaccination programme 2023	08/03/23	March 2023
WHC 2022 032 Further extending the use of Blueteq in secondary care	21/03/23	March 2023
WHC/2023/07 Patient Testing Framework – Updated guidance	31/03/23	May 23

Parliamentary Accountability and Audit Report 2022-23

Senedd Cymru/Welsh Parliamentary Accountability Report

Swansea Bay University Health Board makes the following parliamentary disclosures for 2022-23:

- **Regularity of expenditure** - public resources were used to deliver the intended objectives and expenditure was compliant with relevant legislation including EU legislation, delegated authorities and followed the guidance in Managing Welsh Public Money.

- **Fees and charges** - charges for services provided by public sector organisations normally pass on the full cost of providing those services. Public sector organisations may also supply commercial services on commercial terms designed to work in fair competition with private sector providers. The Welsh Government expects proper controls over how, when and at what level charges may be levied. This is not applicable to the health board – all items are charged at full cost recovery.

- The health board is compliant with the cost allocation and charging requirements set out in HM Treasury guidance.

- All remote contingent liabilities are disclosed under IAS37.

Staff and Remuneration Report 2022-23

Staff Report

❖ Pre-Employment

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

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

❖ Managing Attendance

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

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

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

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

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

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

❖ Redeployment Policy

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

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

❖ Off Payroll Policy

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

Remuneration Report

This report provides information in relation to Executive Directors' and Independent Members' remuneration, and outlines the arrangements which operate within the Health Board to determine this. It also includes information on staff numbers, composition, sickness absence data, staff policies applied during the year, expenditure on consultancy, off-payroll engagements and exit packages.

1. The Remuneration and Terms of Services Committee

This Committee considers the remuneration and performance of Executive Directors in accordance with the policy detailed below. The norm is for Executive Directors and very senior managers' salaries (those outside of Agenda for Change) to be uplifted in accordance with the Welsh Government identified normal pay inflation percentage. For 2022/23 there was a pay uplift of £1,400 and a 1.5% non-consolidated pay award for Executive Directors and very senior managers in line with the pay award agreed nationally for NHS staff.

If there were to be an up-lift over and above this level, this would always be agreed as a result of changes in roles and responsibilities. The Remuneration and Terms of Services Committee would receive a detailed report in respect of issues to be considered in relation to any uplift to Executive Directors salaries (including advice from the Welsh Government) and having considered all the advice and issues put before them, would report their recommendations to the Health Board for ratification. The Committee also reviews objectives set for Executive Directors and assesses performance against those. It should be noted that Executive Directors are not on any form of performance related pay.

The Remuneration and Terms of Services Committee is chaired by the Health Board's Chair, and the membership comprises all independent members. The Committee meets quarterly to address business and formally reports in writing its recommendations to the Health Board, with special meetings called to discuss urgent matters as required. Meetings are minuted and decisions fully recorded.

The Committee also recommends to the Board annual pay uplifts in respect of Executive Directors and very senior managers in the Health Board who are not within the remit of Agenda for Change. For 2022/23, the only uplifts recommended were an increase of £1,400 and 1.5% non-consolidated.

2. Independent Members' Remuneration

Remuneration for Independent Members is decided by the Welsh Government, who also determine tenure of appointment.

3. Single Remuneration Report

The Single Total Remuneration for each Director and Independent Member for 2022/23 and 2021/22 are shown in the table below. Total remuneration includes salary (Nb the 2021/22 figure excludes the NHS COVID bonus of £735 gross paid in May 2021), non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

The salaries disclosed in the table below reflect new appointments and leavers during the financial years 2022/23 and 2021/22. Whilst the salaries disclosed relate to the period in post during the year, the NHS Pensions Agency is unable to attribute part year pension benefits to post holders and therefore, the full financial year Pension Benefits are shown.

The value of pension benefits is calculated as follows: (real increase in pension[1] multiplied by 20) plus real increase in lump sum, less contributions made by the individual.

The pension calculation is based on information received from NHS BSA Pensions Agency included in the Disclosure of Senior Managers' Remuneration (Greenbury) 2022 report. Further details on the Single Total Remuneration and Salary allowances figure from Cabinet Office can be found at the Employer Pension Notices website: disclosure of salary pension and compensation information.

[1] excluding increases due to inflation or any increase or decrease due to a transfer of pension rights

Names	Titles	2022/23					2021/22				
		Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)
		£000	£000	£	£000	£000	£000	£000	£	£000	£000
E Woollett	Chair	70-75	0	0	0	**70-75**	70-75	0	0	0	**70-75**
S Spill	Vice Chair	55-60	0	0	0	**55-60**	55-60	0	0	0	**55-60**
M Hackett	Chief Executive	225-230	0	0		**225-230**	220-225	0	0		**220-225**
R Evans	Medical Director and Deputy Chief Executive	195-200	0	0	55	**250-255**	190-195	0	0	85	**275-280**
D Griffiths	Director of Finance and Performance from 9th August 2021. Interim Director of Finance from 2nd March 2020 to 8th August 2021.	150-155	0	300	46	**195-200**	145-150	0	0	86	**235-240**
G Howells	Interim Director of Nursing & Patient Experience from 20th September 2021.	130-135	0	0	0	**130-135**	70-75	0	0		**70-75**
C Williams	Interim Director of Nursing & Patient Experience until 30th September 2021.						65-70	0	0		**65-70**

Names	Titles	2022/23					2021/22				
		Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)
		£000	£000	£	£000	£000	£000	£000	£	£000	£000
C Morrell	Director of Therapies and Health Science	90-95	0	0		**90-95**	85-90	0	0		**85-90**
D Eyitayo	Director of Workforce & OD from 9th August 2021	145-150	0	0	627	**770-775**	90-95	0	0	*0	**90-95**
K Jones	Interim Director of Workforce & OD until 31st July 2021.						40-45	0	0	*0	**40-45**
K Reid	Director of Public Health	130-135	0	0	32	**160-165**	125-130	0	0	30	**155-160**
S. Harrop-Griffiths	Director of Strategy	105-110	0	0	11	**120-125**	135-140	0	3,600	58	**195-200**
P Wenger	Director of Corporate Governance/Board Secretary until 28th November 2021						80-85	0	0	*0	**80-85**
H Lloyd	Director of Corporate Governance/Board Secretary from 11th October 2022. Interim Director of Corporate Governance/Board Secretary from 15th	95-100	0	0	120	**215-220**	35-40	0	0	29	**60-65**

Names	Titles	2022/23					2021/22				
		Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)
		£000	£000	£	£000	£000	£000	£000	£	£000	£000
	November 2021 until 11th October 2022.										
M Berry	Independent Member	15-20	0	0	0	**15-20**	15-20	0	0	0	**15-20**
M Sollis	Independent Member until 7th June 2021						0-5	0	0	0	**0-5**
M Waygood	Independent Member until 31st December 2021						10-15	0	0	0	**10-15**
P Price	Independent Member from 16th October 2021	15-20	0	0	0	**15-20**	5-10	0	0	0	**5-10**
T Crick	Independent Member	15-20	0	0	0	**15-20**	15-20	0	0	0	**15-20**
M Child	Independent Member until 4th May 2022	0-5	0	0	0	**0-5**	15-20	0	0	0	**15-20**
R Owen	Independent Member	15-20	0	0	0	**15-20**	15-20	0	0	0	**15-20**
N Zolle	Independent Member	15-20	0	0	0	**15-20**	15-20	0	0	0	**15-20**
N Matthews	Independent Member from 25th January 2023	0-5	0	0	0	**0-5**					
A Ferguson	Independent Member from 27th March 2023	0	0	0	0	**0-5**					
K Lloyd	Independent Member	0	0	0	0	**0**	0	0	0	0	**0**

Names	Titles	2022/23					2021/22				
		Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)	Salary (£5k Bands)	Other Remun. (£5k Bands)	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)
		£000	£000	£	£000	£000	£000	£000	£	£000	£000
J Davies	Independent Member	0	0	0	0	**0**	0	0	0	0	**0**
A Jarrett	Associate Board Member	0	0	0	0	**0**	0	0	0	0	**0**
A Stokes	Associate Board Member to 30th November 2021						0	0	0	0	**0**
J Vincent	Associate Board Member	0	0	0	0	**0**	0	0	0	0	**0**
A Griffiths	Associate Board Member	0	0	0	0	**0**	0	0	0	0	**0**

The NHS and social care financial recognition scheme bonus of £735 payment to reward eligible NHS staff during 2021-22 has not been included in the NHS Remuneration Report calculations in the table above. This bonus payment was not a contractual payment, but a one off payment to reward eligible staff for their commitment and tireless efforts in the most challenging circumstances.

* This indicates that the pension benefits have been set to zero as the pension benefit calculation results in a negative figure. Where the calculation produces a negative figure the Greenbury Disclosure of Senior Managers Remuneration states that zero value should be disclosed. The reasons for the negative pension calculations for the 2021/22 financial year are as follows:

*D Eyitayo – opted out of and then rejoined the NHS Pension Scheme during 2021/22 financial year. As a result the pension entitlement as at age 60 in 2021/22 was lower than reported in 2020/21. This is reversed in 2022/23, resulting in a higher pension entitlement. The CETV as at 31st March 2023 is now broadly in line with the CETV as at 31st March 2021.
*K Jones – no longer contributes to the NHS Pension Scheme following her departure in July 2021. As a result the pension entitlements as at age 60 are lower than those reported in 2020/21 which are based on continuous contributions to aged 60.
*P Wenger – took the pension benefits available under the 1995 element of the NHS pension Scheme on departure from the health board in November 2021.

The following notes provide explanations for either no salary or changes in salary or post between the financial the years:

- G Howells was appointed as Interim Director of Nursing and Patient Experince in September 2021 on secondment from Welsh Government.
- D Eyitayo was appointed as Director of Workforce and OD with effect from 9th August 2021.
- S Harrop-Griffiths reduce their contracted hours from full time (37.5 hours per week) to 30 hours per week with effect from 1st April 2022.
- H Lloyd was appointed as Interim Director of Corporate Governance (Board Secretary) with effect from 15th November 2021 to 11th October 2022 and then appointed to the role permanently on 11th October 2022.
- K Lloyd has declined remuneration for his post as an Independent Member.
- J Davies is a full time employee of the Health Board and as such, has not received the remuneration that is normally paid to an Independent Member.
- A Jarrett, J Vincent and A Griffiths as Associate Board Members receive no remuneration.

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

The highest paid director in the LHB in 2022/23 as in 2021/22 was the Chief Executive and the tables below provide details on the relationship between the remuneration of the Chief Executive and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce

	2022/23			2021/22		
	Chief Executive Salary (£5k bands)	**Employee Salary £000**	**Ratio**	**Chief Executive Salary (£5k bands)**	**Employee Salary £000**	**Ratio**
25th percentile pay ratio	225-230	25	9.12:1	220-225	21	10.62:1
Median pay	225-230	31	7.35:1	220-225	28	7.96:1
75th percentile pay ratio	225-230	44	5.18:1	220-225	39	5.72:1

The reduction in the ratio of the Chief Exective salary to the 25th percentile, median and 75% percentile is due to the impact of the 2022/23 NHS pay award which gave higher percentage increases to staff at lower pay bands.

In 2022/23, 9 (2021/22, 1) employees received remuneration in excess of the highest-paid director. The remuneration for those employees in 2022-23 and 2021-22 included payments in respect of waiting list initiatives undertaken in addition to their normal salary. Remuneration for staff ranged from £20,758 to £294,062 (2021/22 £18,546 to £240,823).

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. Benefits in kind relate to benefits derived from the provision of a leased or salary sacrifice car.

The employees who received remuneration in excess of the highest paid director in 2022/23 and 2021-22 were all medical staff. None of these staff members were related to the Chair, Executive Directors or Independent Members.

The following table shows the percentage change in the remuneration of the highest paid director and the percentage change in the remuneration of the employees of the entity taken as a whole.

	2021/22 - 2022/23 (%)	**2020/21- 2021/22 (%)**
Percentage Change from previous year in respect of the Chief Executive		
Salary and Allowances	2.14	2.73
Performance Pay and Bonuses	0.00	0.00
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and Allowances	18.52	(12.13)
Performance Pay and Bonuses	0.00	0.00

The increase in the average salary and allowances of employees taken as a whole is due to the structure of the 2022/23 NHS pay award which gave higher percentage increases to staff at lower pay bands.

4. Directors Pension Benefits

The NHS scheme requires that employees pay from 5% up to 14.5%, on a tiered scale, of their earnings, into the NHS Pension Scheme, with the employer contributing 20.68%. The employer's contribution to the NHS Pension Scheme is excluded from the salary figures shown for Executive Directors.

Cash Equivalent Transfer Value

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated in accordance with The Occupational Pension Schemes (Transfer Values) (Amendment) Regulations 2008 and do not take account of any actual or potential reduction to benefits resulting from Lifetime Allowance Tax which may be due when pension benefits are taken.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period

The disclosures in the table below do not apply to independent members as they are not members of the NHS Pension Scheme and do not receive pensionable remuneration.

Name and Title	Accrued pension at pension age as at 31 March 2023 and related lump sum	Real Increase/ (Decrease) in pension and related lump sum at pension age	CETV at 31/03/2023	CETV at 31/03/2022	Real increase in CETV
	(bands of £5,00) £'000	(bands of £2,500) £'000	£'000	£'000	£'000
D Griffiths Director of Finance and Performance from 9th August 2021.Interim Director of Finance from 2nd March 2020 to 8th August 2021.	55-60 plus lump sum of 130-135	2.5-5 plus lump sum of (5-7.5)	1,053	969	54
K Reid Director of Public Health	25-30 plus lump sum of 50-55	2.5-5 plus lump sum of (0-2.5)	527	466	47
S Harrop-Griffiths Director of Strategy	60-65 plus lump sum of 125-130	0-2.5 plus lump sum of (2.5-5)	1,256	1,179	40
R Evans Medical Director and Deputy Chief Executive	75-80 plus lump sum of 145-150	2.5-5 plus lump sum of 0-2.5	1,460	1,330	89
D Eyitayo Director of Workforce & OD from 9th August 2021	55-60 plus lump sum of 115-120	27.5-30 plus lump sum of 75-77.5	1,119	478	625
H Lloyd Director of Corporate Governance/Board Secretary from 11th October 2022. Interim Director of Corporate Governance/Board Secretary from 15th November 2021 to 11th October 2022.	30-35 plus lump sum of 65-70	5-7.5 plus lump sum of 10-12.5	596	463	119

- M Hackett, Chief Executive. Gareth Howells, Interim Director of Nursing & Patient Experience and C Morrell, Director of Therapies and Health Science chose not to be covered by the NHS Pension Arrangements during 2022-23. Gareth Howells was auto-enrolled on 1st April 2022 and subsequently opted out of the to the Civil Service Pension Scheme on 1st December 2022.

- The increase in the CETV for D Eyitayo in 2022/23 reverses the reduction in CETV in 2021/22 following recalculation of the pension benefits for 2021/22 undertaken in March 2023.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023-24 CETV figures."

5. Contracts of employment

With the exception of the Director of Nursing and Patient Experience, (G Howells) who rejoined the health board on secondment from his permanent contract at Welsh Government, all Executive Directors are on permanent Contracts of Employment with Swansea Bay University Local Health Board. Executive Directors are required to give the Health Board three months' notice and are eligible to receive three months' notice from the Health Board. The policy on duration of contracts, notice period and termination periods is that set by the Welsh Government.

The only provisions for early termination are as allowed by the NHS Pension Scheme (compensation for premature retirement) regulations. In all other cases of early termination this will be as detailed in individuals' contract of employment.

6. Other information

There are no local pay bargaining initiatives within the Health Board. No payments have been made for Professional Indemnity Insurance for any Officer or Director.

7. Staff Report Section

This section of the report includes information on staff numbers, composition, sickness absence data, staff policies applied during the year, expenditure on consultancy, off-payroll engagements and exit packages.

7.1 Staff Numbers and Composition

The average number of employees by staff group for 2022-23 is set out in the table below, along with the comparison for 2021/22. The average is calculated as the whole time equivalent number of employees under contract of service at the end of each calendar month in the financial year, divided by the number of months in the financial year.

Staff Group	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainees (SLE)	Collaborative Bank	Other	Total 2022/23	Total 2021/22
Administration, Clerical & Board Members	2,402	16	31	0	0	0	**2,449**	**2,382**
Medical & Dental	786	3	27	468	0	50	**1,334**	**1,237**
Nursing, Midwifery registered	3,631	6	278	0	17	0	**3,932**	**3,857**
Professional, Scientific & technical staff	363	0	0	0	0	0	**363**	**353**
Additional Clinical Services	2,479	0	37	0	0	0	**2,516**	**2,410**
Allied Health Professions	888	1	5	0	0	0	**894**	**870**
Healthcare Scientists	329	0	12	0	0	0	**341**	**325**
Estates and Ancillary	993	0	5	0	0	0	**998**	**1,041**
Totals	**11,871**	**26**	**395**	**468**	**17**	**50**	**12,827**	**12,475**

Staff included as Specialist Trainees (SLE) in the table above are Medical, Dental and GP Trainees employed under the Single Lead Employer Arrangement by Velindre NHS Trust but who are placed for their training within the Health Board. Prior to August 2020 these trainees were directly employed by the Health Board and as such would have been classified as permanent staff. Staff included as Collaborative Bank staff in the table above are also directly employed by Velindre NHS Trust and provide bank nurse cover across Wales. Currently only Swansea Bay University Health Board, Cwm Taf Morgannwg Health Board and Digital Healthcare Wales (DHCW) are members of the Collaborative Bank Scheme.

Staff listed under the “Other” column in the table above are temporary staff sourced through the MEDACS managed service contract. These staff are paid through the NHS payroll.

As at 31st March 2023, the Health Board has 13,774 employees, of which 9 are Executive Directors. Of these staff, 3,083 are male, including 5 Executive Directors, and 10,691 are female, including 4 female Executive Directors.

There are also 10 Independent Members, of which 3 are male and 7 are female.

7.2 Sickness Absence Data

	2022/23	2021/22
Total days lost	328,256	332,536
Short Term Sickness (27 days or less)	121,726	105,674
Long Term Sickness (28 days or more)	206,531	226,863
Total staff years	11,854	11,740
Average working days lost	17	18
Total staff employed in period (headcount)	13,467	13,347
Total staff employed in period with no absence (headcount)	3,789	4,296
Percentage staff with no sick leave	27.51%	31.55%

7.3 Staff Policies applied during the year:

The staff policy on equality was applied during the year to address the following:

- For giving full and fair consideration to applications for employment by the Health Board made by disabled persons, having regard to their particular aptitudes and abilities.
- For continuing the employment of, and for arranging appropriate training for, employees of the Health board who have become disabled persons during the period when they were employed by the Health Board.
- Otherwise for the training, career development and promotion of disabled persons employed by the Health Board.

7.4 Expenditure on Consultancy

As disclosed in Note 3.3 of the Health Board's Accounts, the Health Board incurred expenditure of £1.065m on Consultancy Services in 2022/23, (£0.594m in 2021-22). Expenditure on Consultancy Services is incurred when outside expertise is required by the Health Board to support the Health Board in managing its services and functions on a day to day basis. Such examples include:

- Management Consultancy support to Morriston Service Group to support the development of a financial improvement plan and build local systems for action, reporting and cost control.
- Management Consultancy to support the Health Board with the development and implementation of the Acute Medical Services Redesign (AMSR) project delivering service transformation across the health board.
- External advice and support to the Health Board in developing the Home First demand and capacity model as part of service transformation.

7.5 Off-payroll Engagements

Table 1: For all off-payroll engagements as of 31 March 2023, for more than £245 per day and that last for longer than six months

Number of existing engagements as of 31 March 2023	0
Of which...	
Number that have existed for less than one year at time of reporting.	0
Number that have existed for between one and two years at time of reporting.	0
Number that have existed for between two and three years at time of reporting.	0
Number that have existed for between three and four years at time of reporting.	0
Number that have existed for four or more years at time of reporting.	0

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2022 and 31 March 2023, for more than £245 per day and that last for longer than six months

Number of new engagements, or those that reached six months in duration, between 1 April 2022 and 31 March 2023	0
Number of these engagements which were assessed as caught by IR35	0
Number of these engagements which were assessed as not caught by IR35	0

Number of these engagements that were engaged directly (via PSC contracted to department) and are on the departmental payroll;	0
Number of these engagements that were reassessed for consistency/assurance purposes during the year whom assurance has been requested but not received;	0
Number that saw a change to IR35 status following the consistency review.	0

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 31 March 2023

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Details of the exceptional circumstances that led to each of these engagements.	Not Applicable
Details of the length of time each of these exceptional engagements lasted	Not Applicable
Total number of individuals both on and off-payroll that have been deemed “board members and/or senior officials with significant financial responsibility”, during the financial year. This figure includes engagements which are ON PAYROLL as well as those off-payroll.	0

There were 0 off payroll engagements in place at the start of the 2022/23 financial year. There have been no new off payroll engagements during the year.

7.6 Exit packages

The figures disclosed relate to exit packages agreed in the year. The actual date of departure might be in a subsequent period, and the expense in relation to the departure costs may have been accrued in a previous period. The data here is therefore presented on a different basis to other staff costs and expenditure noted in the Health Board’s Annual Accounts.

	2022-23				2021-22
Staff Numbers **Exit packages cost band (including any special payment element)**	**Number of compulsory redundancies**	**Number of other departures**	**Total number of exit packages**	**Number of departures where special payments have been made**	**Total number of exit packages**
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	1	0	1	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	**1**	**0**	**1**	**0**	**0**

	2022-23				2021-22
Exit Packages Costs **Exit packages cost band (including any special payment element)**	**Cost of compulsory redundancies**	**Cost of other departures**	**Total cost of exit packages**	**Cost of special element included in exit packages**	**Total cost of exit packages**
	£	**£**	**£**	**£**	**£**
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	58.000	0	58,000	0	0

	2022-23				2021-22
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	**58,000**	**0**	**58,000**	**0**	**0**

Where the LHB has agreed early retirements, the additional costs are met by the LHB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

£58,000 exit costs were paid in 2022-23 (2021-22, £0).

Long Term Expenditure Trends 2022-23

1. Long Term Expenditure Trends

The Swansea Bay University Local Health Board was established on 1st April 2019 under statutory instrument 2019 No.349 (W.83), the Local Health Boards (Area Change) (Wales) (Miscellaneous Amendment) Order 2019.

This statutory instrument transferred the principal local government area of Bridgend from Abertawe Bro Morgannwg University Local Health Board to Cwm Taf University Local Health Board in addition confirmed that Abertawe Bro Morgannwg University Local Health Board would be renamed as Swansea Bay University Local Health Board.

Swansea Bay University Local Health Board is responsible for the provision of healthcare services for the populations falling under the local government areas of Swansea and Neath Port Talbot.

The health board's predecessor organisation Abertawe Bro Morgannwg University Health Board was established on 1st October 2009 following the merger of the former Abertawe Bro Morgannwg University NHS Trust, Swansea Local Health Board, Neath Port Talbot Local Health Board and Bridgend Local Health Board, providing services to the local government areas of Swansea, Neath Port Talbot and Bridgend.

The expenditure reported in this report for the 2019/20, 2020/21, 2021/22 and 2022/23 financial years relates to Swansea Bay University Health Board whilst expenditure in 2018/19 relates to the former Abertawe Bro Morgannwg University Health Board and this must be borne in mind when making comparisons of expenditure between years. To help understand the reduction in expenditure between years it is important to note that the baseline resource allocation to the Swansea Bay University Health Board is 28% lower than the baseline allocation for the former Abertawe Bro Morgannwg University Local Health Board.

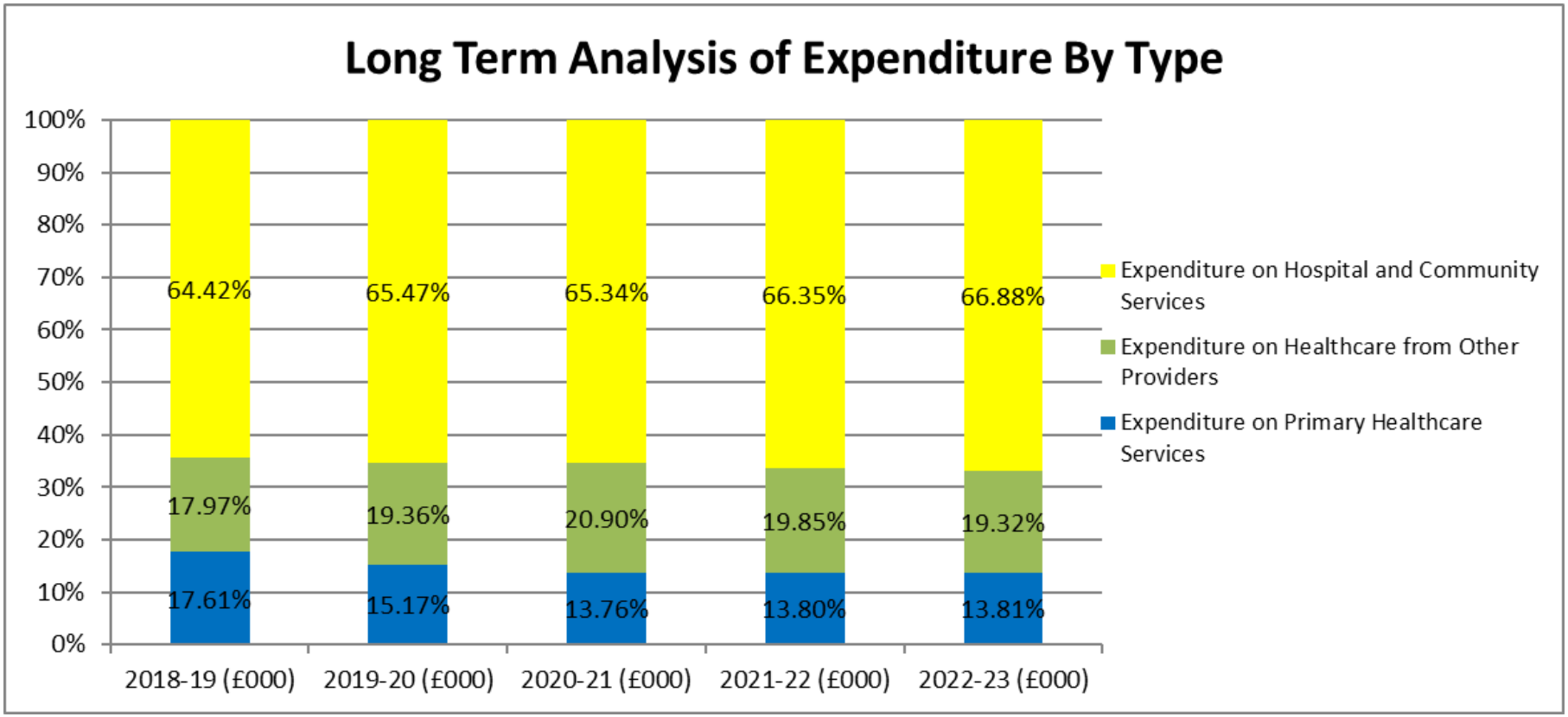
The 2022/23 financial year continued to provide challenges for the health board due to the ongoing COVID-19 pandemic and the recovery from the pandemic with the gradual re-introduction of services suspended during 2020/21. In recognition of the challenges faced and the increased costs associated with the pandemic, the health board received specific additional COVID-19 revenue funding of £58.661m, having received COVID funding of £130.407m in 2021/22 and £148.887m 2020/21. The health board also received additional capital funding of £2.505m as compared to £7.038m in 2021/22 and £8.549m in 2020/21. The increased costs associated with the pandemic manifest themselves in the long term expenditure trends in 2020/21, 2021/22 and 2022/23 as outlined later in this section

The movements in expenditure for the financial years 2018/19 to 2022/23 are documented below by the main expenditure headings of:

- Expenditure on Primary Healthcare Services
- Expenditure on Healthcare from Other Providers
- Expenditure on Hospital and Community Services

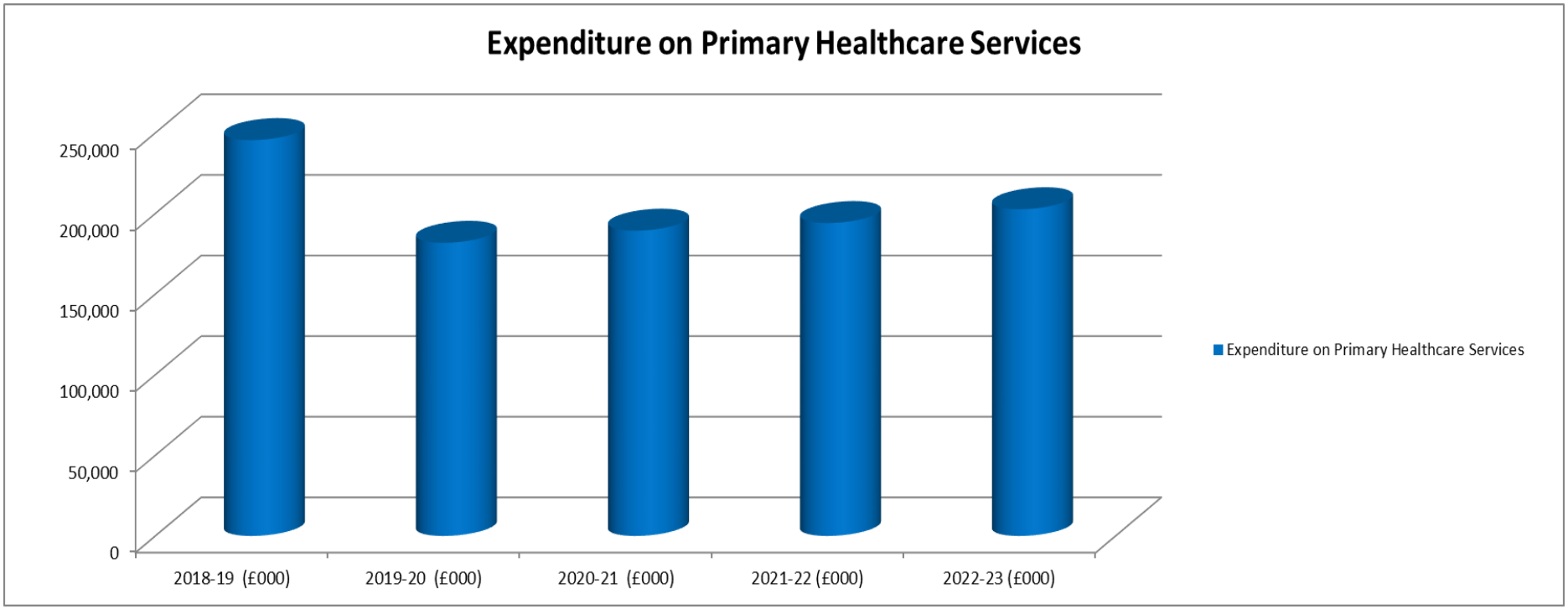
As shown in the table below, on 1st April 2019 (following the change in health board) there was a reduction of 2.44% in the expenditure share of Primary Healthcare Services as a percentage of the health board's total expenditure and a further decrease of 1.4% in 2020/21, with increases of 1.39% for Healthcare from Other Providers and 1.05% for Hospital and Community Health Services. During 2021/22 and 2022/23 there have been only small movements in the distribution of expenditure with small increases in hospital and community services being offset by a small reduction in expenditure on healthcare from other providers.

	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000
Primary Healthcare Services	245,546	181,823	189,358	194,075	202,658
Healthcare from Other Providers	250,518	232,061	287,515	279,082	282,070
Hospital & Community Services	898,238	784,902	898,889	933,099	981,563



3.1 Expenditure on Primary Healthcare Services

Expenditure on Primary Healthcare Services comprises expenditure on the Primary Care contracts for General Medical Services, Pharmaceutical Services, General Dental Services, General Ophthalmic Services, Prescribed Drugs and Appliances and other Primary Health Care Expenditure.

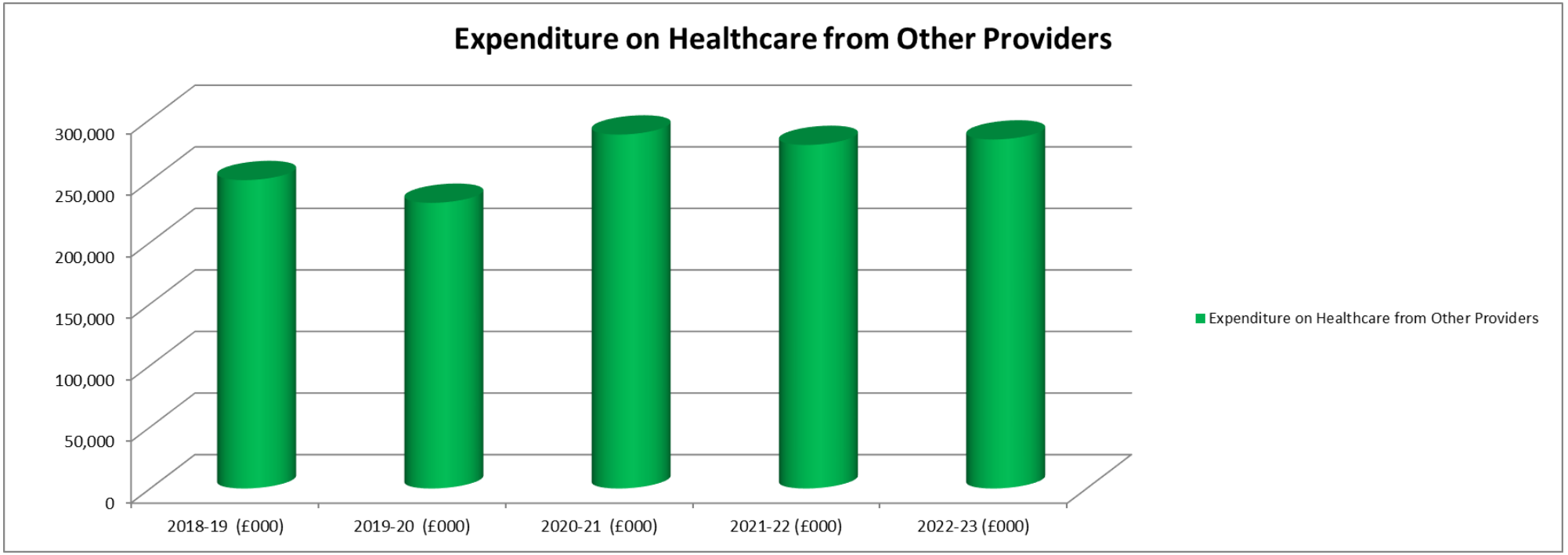


During 2019/20 expenditure reduced to £181.823m, a reduction of 26% which is broadly in line with the reduction in the allocation of the new Swansea Bay University Health Board as compared to the former Abertawe Bro Morgannwg University Health Board. The reduction was consistent across all areas of primary care expenditure.

In 2020/21 expenditure increased to £189m, with increases in the global sum uplift for General Medical Services of 3%, in professional fee payments to Pharmacists and a £5m increase in primary care prescribing costs. These increases were partly offset by a reduction in General Dental Services due to reduced Dental Contract payments during the COVID pandemic.
In 2021/22 expenditure increased further, rising to £194m, comprising a £2m increase in General Medical Services as a result of the 3% uplift to the global sum payment, with an increase of £4m in General Dental Services due to an increase in the GDS contract with a 3% pay award to Dentists and reintroduction of services following COVID.

In 2022/23 expenditure again increased, rising to £203m a 4.4% increase. The biggest increase was in Prescribed Drugs and Appliances of £5.916m (8.1%) with other increases in General Medical Services of £1.509m (2.2%) and General Dental Services of £1.319m (4.6%). Expenditure on General Ophthalmic Services, Pharmaceutical Services and Other Primary Care Expenditure saw minimal movement.

3.2 Expenditure on Healthcare from Other Providers



Expenditure on healthcare from other providers comprises expenditure with other NHS organisations, Local Authorities, Voluntary Organisations, private providers and for NHS funded nursing and continuing healthcare. In 2019/20 expenditure in this area reduced to £232m following the creation of the new Swansea Bay University Health Board. The impact of COVID and the increased payments to local authorities in respect of the setup of the Field Hospitals, Test Trace and Protect Facilities and the Mass Vaccination Centres

saw this expenditure increase significantly to £287m in 2020/21, reducing back down to £279m in 2021/22, with a slight increase of 1.6% to £2824m in 2022/23.

In 2019/20 expenditure incurred reduced by 7.4% as a result of the health board change. A significant factor in the 2019/20 expenditure was the almost doubling of expenditure with other NHS Wales bodies from £21.9m in 2018/19 to £42m in 2019/20. This was due to the clinical service level agreements put in place for services at Neath Port Talbot Hospital with Cwm Taf Morgannwg University Health Board as a significant number of services at the hospital are provided by clinical staff based in Bridgend who transferred to Cwm Taf Morgannwg Health Board as part of the Bridgend boundary change on 1st April 2019. Expenditure with the majority of external healthcare providers reduced in year as a result of the health board change with the exception of local authorities and voluntary organisations due to the Intermediate Care Fund (ICF).

In 2020/21 expenditure increased by 23.9% to £287m and was largely related to COVID, most significantly with Local Authorities. Expenditure with the City & County of Swansea and Neath Port Talbot County Council relating to the Bay Field Hospital (£29.1m), Llandarcy Field Hospital (£3.9m) and Community Testing (£3.9m) was incurred. Continuing Healthcare expenditure saw additional expenditure with care homes as a result of the COVID-19 pandemic over and above that normally paid to cover voids (beds that could not be filled due to COVID restrictions.) with funding provided from Welsh Government to support these payments. These increases were offset by a reduction in expenditure with private providers due to the inability to outsource activity to private providers during the COVID pandemic.

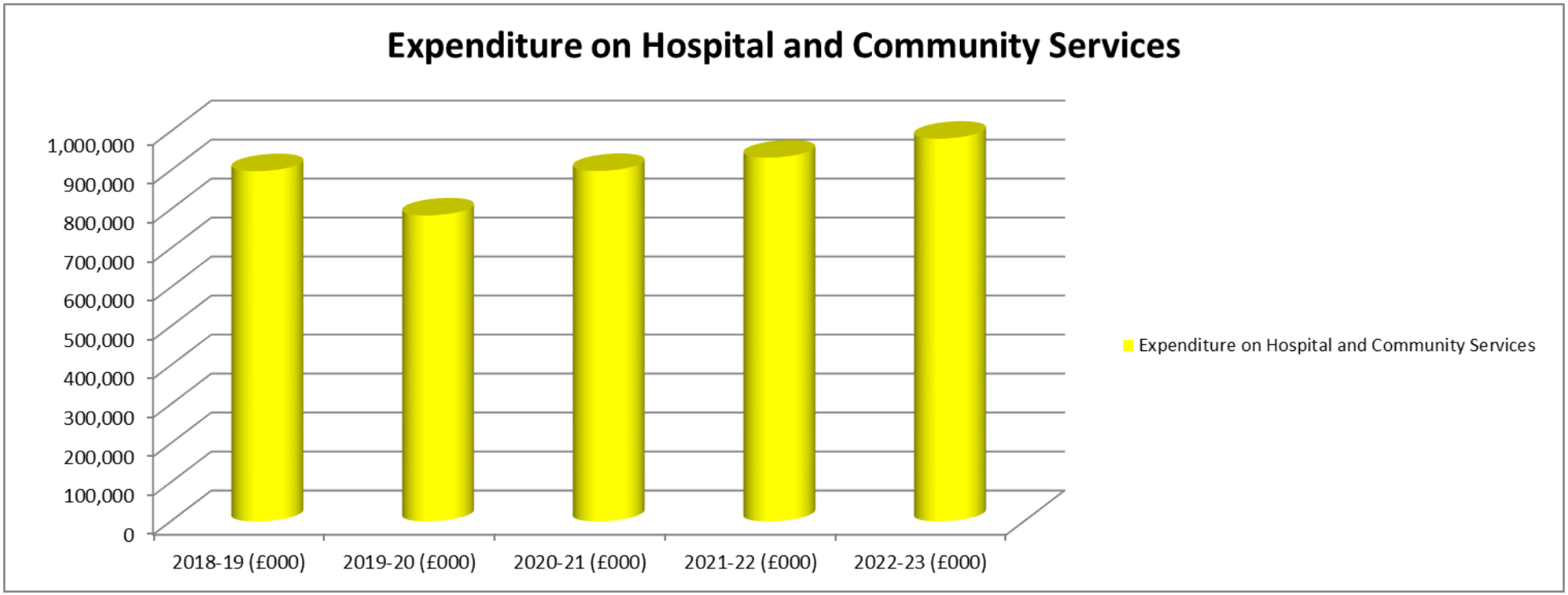
The one off costs associated with the establishment of the field hospitals in 2020/21 inevitably resulted in expenditure reducing in 2021/22 with a reduction of £30m in expenditure with local authorities. However, this reduction was offset by increases of £8.5m with the Welsh Health Specialised Services Commission (WHSSC) through growth and inflation funding, an increase of £5m in Continuing Healthcare costs with increased costs in Mental Health and Learning Disabilities and the introduction of the Home First Nursing team designed to allow patients fit for discharge to be discharged to care homes until care packages could be put in place to free up hospital beds and an increase of £5m in expenditure with private providers to assist with clearing the backlog of patients waiting for treatment as a result of the COVID pandemic.

In 2022/23 expenditure increased by 1.1% to £2824m – The main increases were in expenditure with Private Providers which increased from £7.542m in 2021/22 to £14.356m in 2022/23, largely due to outsourcing and insourcing costs aimed at reducing waiting lists. Expenditure on goods and services with WHSSC also increased by £13.265m (11.7%) these increases being offset by reductions in expenditure with Local Authorities of £11.043m and with voluntary organisations of £2.087m mainly due to reductions in the amounts passed over to these bodies under the Welsh Government Funded Regional Investment Fund (RIF), previously the

Intermediate Care Fund (ICF). There was also a reduction of expenditure of £4.061m with Welsh Trusts, primarily with the Welsh Ambulance Services NHS Trust.

3.3 Expenditure on Hospital and Community Health Services

This area represent the majority of the health board's expenditure and as such sees the biggest fluctuations over time.



During 2018/19 the health board maintained strong financial control of its non-staff expenditure with no significant increases in costs as a result of the ongoing work being undertaken under the recovery and sustainability programme. An increase in staff costs was offset by a reduction of £13.7m in asset impairments, with the 2017/18 figure being impacted upon by the 5 yearly revaluation of the NHS estate by the District Valuer.

In 2019/20 expenditure reduced to £784.902m representing a reduction of 12.6% (£113.3m) reflecting the change from Abertawe Bro Morgannwg University Health Board to Swansea Bay University Health Board. Staff expenditure reduced by £90.2m (13.7%) with non- staff costs reducing by £23.1m (9.6%). Included within staff costs are increases of £23.584m in respect of the 6.3% increase in employer pension contributions and £8.8m in respect of the 2019/20 pay award. Non staff costs reduced in all areas apart from an increase of £3.262m in asset impairments, £2.468m in losses, special payments and irrecoverable debts and £1.181m in amortisation charges in respect of intangible fixed assets.

In 2020/21 expenditure increased by 14.5% to £899m. Most significantly, staff costs increased by £80m. Of this it is estimated that £67m was related to the COVID pandemic with expenditure increases in additional hours and bank staff costs (£27m), agency staff costs (£4.3m), additional temporary staff (£2.7m) and costs for medical and dental and nursing students (£4.8m). The increase also included £13.28m relating to untaken annual leave and an estimated £14.4m in respect of the £500 bonus payment (£735 gross) per staff member announced by the Welsh Health Minister and funded by Welsh Government. Non staff costs increased in areas such as Personal Protective Equipment (PPE), clinical consumables, mass vaccination centre running costs including security and maintenance costs and cleaning materials due to the enhanced cleaning regimes required throughout the pandemic.

In 2021/22 expenditure increased by £34m, an increase of 3.8%. Staff costs increased by £19m as a result of the 3% pay award to all staff, £9.8m for additional staff to support COVID recovery, £5.8m for mass vaccination centre staff and £1.1m for testing and tracing staff costs, with the increase reduced by the inclusion in 2020/21 of the one off COVID bonus. Non staff costs increased by £15m, with £9m being in increased drug, vaccine and blood products costs with the remaining increase being in respect of research and development costs and in losses and special payments.

In 2022/23 expenditure increased by £48m (5.2%) to £982m. The biggest increase was in staff costs of £53.5m (8%) which includes staff costs in respect of junior medical staff under the Single Lead Employer (SLE) arrangement with Velindre NHS Trust. Included within the staff costs are £28.483m for the 6.3% employer pension contributions paid directly by Welsh Government. Of the increase, £7.015m relates to the 1.5% non-consolidated pay award paid in March, £8.806m in respect of the 1.5% consolidated pay award, accrued at year end and paid in May 2023, which is in addition to the £28.642m pay award costs for the initial 2022/23 pay award.

Offsetting the staff cost increase was a reduction of £10.694m in the charge to revenue from the net movement in the losses provision, with small increases in clinical supplies and services of £2.228m, establishment costs of £2.121m and depreciation costs of £4.511m, which included depreciation of £2.526m in respect of Right of Use (ROU) assets under IFRS16.

Financial Statements and Notes 2022-23

SWANSEA BAY UNIVERSITY HEALTH BOARD

FOREWORD

These accounts have been prepared by the Local Health Board under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

Statutory background

The Local Health Board was established on 1st April 2019 under statutory instrument 2019 No.349 (W.83), the Local Health Boards (Area Change) (Wales) (Miscellaneous Amendment) Order 2019.

This statutory instrument transferred the principal local government area of Bridgend from Abertawe Bro Morgannwg University Local Health Board to Cwm Taf University Local Health Board in addition to confirming that Abertawe Bro Morgannwg University Local Health Board is renamed and is to be known as Swansea Bay University Local Health Board.

Swansea Bay University Local Health Board is responsible for the provision of healthcare services for the populations falling under the local government areas of Swansea and Neath Port Talbot.

On 1st April 2019 all staff property, assets and liabilities relating to services provided to the local government area of Bridgend transferred from Swansea Bay University Local Health Board to Cwm Taf Morgannwg Local Health Board. This transfer was undertaken in line with the Local Health Boards (Area Change) (transfer of Staff, Property and Liabilities) (Wales) Order 2019. The transfer was accounted for under absorption accounting rules.

The health board's predecessor organisation Abertawe Bro Morgannwg University Health Board was established on 1st October 2009 following the merger of the former Abertawe Bro Morgannwg University NHS Trust, Swansea Local Health Board, Neath Port Talbot Local Health Board and Bridgend Local Health Board, providing services to the local government areas of Swansea, Neath Port Talbot and Bridgend.

Performance Management and Financial Results

Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 ‘Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards’ and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2021-22. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-17.

Local Health Boards in Wales must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the Primary Statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by the LHB which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

Under the National Health Services Finance (Wales) Act 2014, the annual requirement to achieve balance against Resource Limits has been replaced with a duty to ensure, in a rolling 3 year period, that its aggregate expenditure does not exceed its aggregate approved limits.

The Act came into effect from 1 April 2014 and under the Act the first assessment of the 3 year rolling financial duty took place at the end of 2016-17.

COVID-19

The 2022/23 financial year saw the continued impact of the recovery from the COVID-19 pandemic with the ongoing COVID-19 vaccination programme and the actions taken to recover from COVID through reducing the backlog of patients waiting for treatment.

In recognition of the challenges faced and the increased costs, the health board again received specific additional COVID-19 revenue funding of £58.661m and additional capital funding of £2.505m, the details of which are disclosed in Note 34.2 of these accounts. The increased costs associated with the ongoing impact of recovery from the pandemic manifest themselves in notes 3.1 to 3.3 of the accounts.

Statement of Comprehensive Net Expenditure for the year ended 31 March 2023

	Note	2022-23 £000	2021-22 £000
Expenditure on Primary Healthcare Services	3.1	**202,658**	194,075
Expenditure on healthcare from other providers	3.2	**282,070**	279,082
Expenditure on Hospital and Community Health Services	3.3	**981,563**	933,099
		1,466,291	1,406,256
Less: Miscellaneous Income	4	**(305,442)**	(297,902)
LHB net operating costs before interest and other gains and losses		**1,160,849**	1,108,354
Investment Revenue	5	**0**	0
Other (Gains) / Losses	6	**(116)**	(249)
Finance costs	7	**4,944**	5,156
Net operating costs for the financial year		**1,165,677**	**1,113,261**

See note 2 on page 27 for details of performance against Revenue and Capital allocations.

The notes on pages 8 to 74 form part of these accounts.

Other Comprehensive Net Expenditure

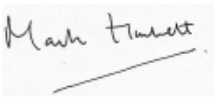
	2022-23 £000	2021-22 £000
Net (gain) / loss on revaluation of property, plant and equipment	**(24,674)**	(10,891)
Net (gain)/loss on revaluation of right of use assets	**0**	
Net (gain) / loss on revaluation of intangibles	**0**	0
(Gain) / loss on other reserves	**0**	0
Net (gain)/ loss on revaluation of PPE & Intangible assets held for sale	**0**	0
Net (gain)/loss on revaluation of financial assets held for sale	**0**	0
Impairment and reversals	**0**	0
Transfers between reserves	**0**	0
Transfers to / (from) other bodies within the Resource Accounting Boundary	**0**	0
Reclassification adjustment on disposal of available for sale financial assets	**0**	0
Other comprehensive net expenditure for the year	**(24,674)**	(10,891)
Total comprehensive net expenditure for the year	**1,141,003**	1,102,370

The notes on pages 8 to 74 form part of these accounts.

Statement of Financial Position as at 31 March 2023

	Notes	31 March 2023 £000	31 March 2022 £000
Non-current assets			
Property, plant and equipment	11	**578,411**	542,917
Right of Use Assets	11.3	**16,802**	
Intangible assets	12	**4,033**	5,542
Trade and other receivables	15	**124,590**	120,572
Other financial assets	16	**0**	0
Total non-current assets		**723,836**	669,031
Current assets			
Inventories	14	**10,714**	9,372
Trade and other receivables	15	**75,640**	65,390
Other financial assets	16	**0**	0
Cash and cash equivalents	17	**2,859**	4,398
		89,213	79,160
Non-current assets classified as "Held for Sale"	11	**0**	0
Total current assets		**89,213**	79,160
Total assets		**813,049**	748,191
Current liabilities			
Trade and other payables	18	**(219,166)**	(237,873)
Other financial liabilities	19	**0**	0
Provisions	20	**(29,851)**	(24,449)
Total current liabilities		**(249,017)**	(262,322)
Net current assets/ (liabilities)		**(159,804)**	(183,162)
Non-current liabilities			
Trade and other payables	18	**(41,052)**	(30,916)
Other financial liabilities	19	**0**	0
Provisions	20	**(128,622)**	(126,206)
Total non-current liabilities		**(169,674)**	(157,122)
Total assets employed		**394,358**	328,747
Financed by :			
Taxpayers' equity			
General Fund		**327,629**	282,899
Revaluation reserve		**66,729**	45,848
Total taxpayers' equity		**394,358**	328,747

The financial statements on pages 2 to 7 were approved by the Board on 13th July 2023 and signed on its behalf by:

Chief Executive and Accountable Officer 

Date:
13th July 2023

The notes on pages 8 to 74 form part of these accounts.

Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2023

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2022-23			
Balance as at 31 March 2022	282,899	45,848	**328,747**
NHS Wales Transfer	0	0	**0**
RoU Asset Transitioning Adjustment	(902)	0	**(902)**
Balance at 1 April 2022	281,997	45,848	**327,845**
Net operating cost for the year	(1,165,677)		**(1,165,677)**
Net gain/(loss) on revaluation of property, plant and equipment	0	24,674	**24,674**
Net gain/(loss) on revaluation of right of use assets	0	81	**81**
Net gain/(loss) on revaluation of intangible assets	0	0	**0**
Net gain/(loss) on revaluation of financial assets	0	0	**0**
Net gain/(loss) on revaluation of assets held for sale	0	0	**0**
Impairments and reversals	0	0	**0**
Other Reserve Movement	0	0	**0**
Transfers between reserves	3,874	(3,874)	**0**
Release of reserves to SoCNE	24	0	**24**
Transfers to/from LHBs	(1,788)	0	**(1,788)**
Total recognised income and expense for 2022-23	(1,163,567)	20,881	**(1,142,686)**
Net Welsh Government funding	1,180,716		**1,180,716**
Notional Welsh Government Funding	28,483		**28,483**
Balance at 31 March 2023	327,629	66,729	**394,358**

Included in Net Welsh Government Funding:		
Welsh Government Covid 19 Capital Funding	2,505	2,505
Welsh Government Covid 19 Revenue Funding	58,661	58,661

The notes on pages 8 to 74 form part of these accounts.

Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2022

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2021-22			
Balance at 31 March 2021	273,547	39,004	**312,551**
NHS Wales Transfer	0	0	**0**
RoU Asset Transitioning Adjustment			
Balance at 1 April 2021	273,547	39,004	**312,551**
Net operating cost for the year	(1,113,261)		**(1,113,261)**
Net gain/(loss) on revaluation of property, plant and equipment	0	10,891	**10,891**
Net gain/(loss) on revaluation of right of use assets			
Net gain/(loss) on revaluation of intangible assets	0	0	**0**
Net gain/(loss) on revaluation of financial assets	0	0	**0**
Net gain/(loss) on revaluation of assets held for sale	0	0	**0**
Impairments and reversals	0	0	**0**
Other reserve movement	0	0	**0**
Transfers between reserves	4,047	(4,047)	**0**
Release of reserves to SoCNE	0	0	**0**
Transfers to/from LHBs	0	0	**0**
Total recognised income and expense for 2021-22	(1,109,214)	6,844	**(1,102,370)**
Net Welsh Government funding	1,091,784		**1,091,784**
Notional Welsh Government Funding	26,782		**26,782**
Balance at 31 March 2022	282,899	45,848	**328,747**

The notes on pages 8 to 74 form part of these accounts.

Statement of Cash Flows for year ended 31 March 2023

	Notes	2022-23 £000	2021-22 £000
Cash Flows from operating activities			
Net operating cost for the financial year		**(1,165,677)**	(1,113,261)
Movements in Working Capital	27	**(16,718)**	23,735
Other cash flow adjustments	28	**82,650**	80,729
Provisions utilised	20	**(19,500)**	(29,149)
Net cash outflow from operating activities		**(1,119,245)**	(1,037,946)
Cash Flows from investing activities			
Purchase of property, plant and equipment		**(56,849)**	(54,082)
Proceeds from disposal of property, plant and equipment		**131**	1,602
Purchase of intangible assets		**(771)**	(1,129)
Proceeds from disposal of intangible assets		**0**	0
Payment for other financial assets		**0**	0
Proceeds from disposal of other financial assets		**0**	0
Payment for other assets		**0**	0
Proceeds from disposal of other assets		**0**	0
Net cash inflow/(outflow) from investing activities		**(57,489)**	(53,609)
Net cash inflow/(outflow) before financing		**(1,176,734)**	(1,091,555)
Cash Flows from financing activities			
Welsh Government funding (including capital)		**1,180,716**	1,091,784
Capital receipts surrendered		**0**	0
Capital grants received		**0**	0
Capital element of payments in respect of finance leases and on-SoFP PFI Schemes		**(2,899)**	2,899
Capital element of payments in respect of on-SoFP PFI		**0**	0
Capital element of payments in respect of Right of Use Assets		**(2,622)**	
Cash transferred (to)/ from other NHS bodies		**0**	0
Net financing		**1,175,195**	1,094,683
Net increase/(decrease) in cash and cash equivalents		**(1,539)**	3,128
Cash and cash equivalents (and bank overdrafts) at 1 April 2022		**4,398**	1,270
Cash and cash equivalents (and bank overdrafts) at 31 March 2023		**2,859**	4,398

The notes on pages 8 to 74 form part of these accounts.

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Local Health Boards (LHB) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2022-23 Manual for Accounts. The accounting policies contained in that manual follow the 2022-23 Financial Reporting Manual (FReM) in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the LHB Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the LHB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the LHB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2. Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3. Income and funding

The main source of funding for the LHBs are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the LHB. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the LHB and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the LHB for the Welsh Government such as funding provided to agencies and non-activity costs incurred by the LHB in its provider role. Income received from LHBs transacting with other LHBs is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FREM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

1.4. Employee benefits

1.4.1. Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.4.2. Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated from 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency).

However, NHS Wales' organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

1.4.3. NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5. Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6. Property, plant and equipment

1.6.1. Recognition

Property, plant and equipment is capitalised if:

● it is held for use in delivering services or for administrative purposes;

● it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;

● it is expected to be used for more than one financial year;

● the cost of the item can be measured reliably; and

● the item has cost of at least £5,000; or

● Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

● Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.6.2. Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

● Land and non-specialised buildings – market value for existing use

● Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However, IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

1.6.3. Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated. For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

1.7. Intangible assets

1.7.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

● the technical feasibility of completing the intangible asset so that it will be available for use.

● the intention to complete the intangible asset and use it.

● the ability to use the intangible asset.

● how the intangible asset will generate probable future economic benefits.

● the availability of adequate technical, financial and other resources to complete the intangible asset and use it.

● the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8. Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale,

within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: The entity has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application Swansea Bay University LHB has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16.
Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.
There are further expedients or election that have been employed by Swansea Bay University LHB in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

Swansea Bay University LHB will not apply IFRS 16 to any new leases of intangible assets applying the

The LHB is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 Swansea Bay University LHB has assessed that in all other respects these arrangements meet the definition of a lease under the standard.

The LHB is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.11.1 The entity as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The entity employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset Swansea Bay University LHB applies a revised rate to the remaining lease liability.

Where existing leases are modified Swansea Bay University LHB must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by Swansea Bay University LHB.

1.11.2 Swansea Bay University LHB as lessor

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of LHB's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the LHB’s net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Where the LHB is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition the LHB has reassessed the classification of all of its continuing subleasing arrangements to include peppercorn leases.

1.12. Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13. Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14. Provisions

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1. Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in both 2022-23 and 2021-22. The WRP is hosted by Velindre NHS University Trust.

1.14.2. Future Liability Scheme (FLS) - General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GMP services in Wales.

In March 2019, the Minister issued a Direction to Velindre NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

GMP Service Providers are not direct members of the GMPI FLS, their qualifying liabilities are the subject of an arrangement between them and their relevant LHB, which is a member of the scheme. The qualifying reimbursements to the LHB are not subject to the £25,000 excess.

1.15. Financial Instruments

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

1.16. Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1. Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2. Financial assets at fair value through SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4. Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

1.16.5. Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Wales organisation assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.17. Financial liabilities

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.17.1. Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

1.17.2. Financial liabilities at fair value through the SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3. Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18. Value Added Tax (VAT)

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19. Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20. Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.21. Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the NHS Wales organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Wales organisation accounts for all losses and special payments gross (including assistance from the WRP).

The NHS Wales organisation accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

1.22. Pooled budget

The NHS Wales organisation has entered into a pooled budget with the City and County of Swansea and Neath Port Talbot County Borough Council Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by the City and County of Swansea. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

1.23. Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.24. Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the Welsh Risk Pool.

Significant estimations are also made for continuing care costs resulting from claims post 1 April 2003. An assessment of likely outcomes, potential liabilities and timings of these claims are made on a case by case basis. Material changes associated with these claims would be adjusted in the period in which they are revised.

Estimates are also made for contracted primary care services. These estimates are based on the latest payment levels. Changes associated with these liabilities are adjusted in the following reporting period.

1.24.1. Provisions

The NHS Wales organisation provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisation, the full cost is recognised in year and

1.24.2. Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

Remote	Probability of Settlement	0 – 5%
	Accounting Treatment	Remote Contingent Liability.
Possible	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision*
	Contingent Liability for all other estimated expenditure.	
Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

** Personal injury cases - Defence fee costs are provided for at 100%.*

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of minus 0.25%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury

1.24.3 Annual Leave Accrual

In line with International Accounting Standard (IAS) 19, the Health Board has included in its accounts an accrual for untaken annual leave as at 31st March 2022. The impact of Covid-19 and the availability of staff across the service due to sickness absence had a significant impact on the ability of staff to take annual leave during both 2020-21 and 2021-22.

For the 2020-21 financial year employees who were unable to take their annual leave allocation within the 2020-21 leave year, were allowed to carry forward of up to 20 days outstanding leave (pro rata for part time staff) in accordance with Welsh Government guidance. 50% of the leave carried over could be further carried forward to the 2022-23 leave year with the requirement that all carried forward annual leave must be used by the end of that leave year.

In January 2022, Welsh Government updated the annual leave guidance to allow staff who had been unable to take their annual leave to carry forward up to 10 days outstanding leave (pro rata for part time staff) from 2021-22 into 2022-23 and to sell back to the health board up to 10 days untaken annual leave from 2021-22 (pro rata for part time staff). An additional day's annual leave was also provided to all staff.

Given the ability to sell back leave and the reducing prevalence of Covid-19 the normal carry forward arrangements of a maximum of 5 days untaken leave with managers approval was in place at the end of the 2022-23 financial year and the health board introduced a formal application process for staff who wished to carry forward annual leave into 2023/24, capped at a maximum of 5 days. for those staff whose 2022-23 leave year does not end until after 31st March 2023, applications can be made at the end of their leave year. This applies to many medical staff whose annual leave yea is based on their start date.

For 2022-23, the impact of the reversion to pre Covid-19 rules on untaken annual leave has been to reduce the annual leave accrual by £9.386m as detailed in Note 9.1 to the accounts.

1.24.4 Primary Care Expenditure

As in previous years, due to the short timescale available to prepare the year end accounts, the primary care expenditure disclosed contains a number of significant estimates where the value of the actual liabilities was not available prior to the date for accounts submission, the most material areas being:

General Medical Services Quality and Assurance Improvement Framework (QAIF)

From 1st October 2019, QAIF was introduced as part of the 2019/20 GMS contract reform, replacing the quality and outcomes framework. Under both schemes, GP Practices achieve a certain level of points and these are multiplied by a financial value per point to establish the payments due.

Clinical QAIF domains transferred into Core contract from 1 October 2022, resulting in a transfer of funding into Global Sum (GSUM). This quantum represents full achievement in all indicators for all practices moving into total GSUM and then distributed to practices via the Carr-Hill formula. The removal of Assurance indicators from the framework means that QAIF has become QIF (Quality Improvement Framework).

The points that are remaining in the Quality Improvement domains, namely Access (100 pts) and the newly drafted mandatory QI projects (170 pts), have been revalued at £189 per point for 2022/23.

This compares to the 2021/22 points of Access (125 pts) and QI projects (185 pts) and QA projects (382 pts).

An amount of £1.962m (2021-22, £2.077m) has therefore been accrued on the basis of the number of points achieved by each GP Practice in 2022/23 capped at 692 points payable at £189 per point.

Prescribing Costs

For 2022/23, the Health Board has used the accrual methodology used in previous years. This has resulted in an accrual of £12.974m (2021-22: £11.896m) in respect of prescribing costs for the months of February and March 2023.

The costs were derived using the average daily charge for the 4 month period October to January to derive an average weighted daily run rate for prescribing. This weighted daily run rate is based on 50% calendar days in the month and 50% prescribing days in the month. This average cost was then applied to the number of days in February and March to arrive at an amount for accrual.

As in previous years, this amount was then reviewed to take into account the estimated impact of any category M changes effective from January 2023 which impact in February and March. In addition No Cheaper Stock Option (NCSO) information was assessed to determine whether adjustments needed to be made for any specific drugs within the accrual methodology.

Pharmacy

A total of £4.431m (2021-22: £4.190m) was accrued for February and March pharmacy contract payments.

For the past six years, the run rate for November to January was used to accrue for February and March due to several changes to the fees and allowances within the pharmacy contract from April to October. This approach was used again for 2022-23 with estimated adjustments made for the increase in contract price per item for February and March 2023.

The basis of the primary care estimates disclosed above was agreed in advance with the Health Board's Auditors and reported to the Health Board's Audit Committee in March 2023.

1.25 Discount Rates

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

1.26 Private Finance Initiative (PFI) transactions

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The NHS Wales organisation therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

a) Payment for the fair value of services received;

b) Payment for the PFI asset, including finance costs; and

c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

1.26.1. Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

1.26.2. PFI asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the NHS Wales organisation's approach for each relevant class of asset in accordance with the principles of IAS 16.

1.26.2. PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the SoCNE.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the SoCNE.

1.26.3. Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the NHS Wales organisation's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

1.26.4. Assets contributed by the NHS Wales organisation to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the NHS Wales organisation's SoFP.

1.26.5. Other assets contributed by the NHS Wales organisation to the operator

Assets contributed (e.g. cash payments, surplus property) by the NHS Wales organisation to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the NHS Wales organisation, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the NHS Wales organisation through the asset being made available to third party users.

1.27. Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.
Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.28. Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where transfer of function is between LHBs the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

1.29. Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts
Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

1.30. Accounting standards issued that have been adopted early

During 2022-23 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.31. Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the NHS Wales organisation has established that as it is the corporate trustee of the Swansea Bay University LHB NHS Charitable Fund, it is considered for accounting standards compliance to have control of the Swansea Bay University LHB NHS Charitable Fund as a subsidiary and therefore is required to consolidate the results of the Swansea Bay University LHB NHS Charitable Fund within the statutory accounts of the NHS Wales organisation.

The determination of control is an accounting standard test of control and there has been no change to the operation of the Swansea Bay University LHB NHS Charitable Fund or its independence in its management of charitable funds.

However, the NHS Wales organisation has with the agreement of the Welsh Government adopted the IAS 27 (10) exemption to consolidate. Welsh Government as the ultimate parent of the Local Health Boards will disclose the Charitable Accounts of Local Health Boards in the Welsh Government Consolidated Accounts. Details of the transactions with the charity are included in the related parties' notes.

2. Financial Duties Performance

The National Health Service Finance (Wales) Act 2014 came into effect from 1 April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1 April 2014 section 175 of the National Health Service (Wales) Act places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The first assessment of performance against the 3 year statutory duty under section 175 (1) was at the end of 2016-17, being the first 3 year period of assessment.

Welsh Health Circular WHC/2016/054 "Statutory and Financial Duties of Local Health Boards and NHS Trusts" clarifies the statutory financial duties of NHS Wales bodies effective from 2016-17.

2.1 Revenue Resource Performance

	Annual financial performance			
	2020-21	2021-22	2022-23	**Total**
	£000	£000	£000	**£000**
Net operating costs for the year	1,096,986	1,113,261	1,165,677	**3,375,924**
Less general ophthalmic services expenditure and other non-cash limited expenditure	739	1,156	1,206	**3,101**
Less unfunded revenue consequences of bringing PFI schemes onto SoFP	(2,164)	(2,406)	(2,024)	**(6,594)**
Less unfunded revenue consequences of bringing RoU Leases onto SoFP	0	0	0	**0**
Total operating expenses	1,095,561	1,112,011	1,164,859	**3,372,431**
Revenue Resource Allocation	1,071,257	1,087,612	1,166,697	**3,325,566**
Under /(over) spend against Allocation	(24,304)	(24,399)	1,838	**(46,865)**

Swansea Bay University LHB has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2020-21 to 2022-23.

The health board did not receive strategic cash support in 2022-23.

2.2 Capital Resource Performance

	2020-21	2021-22	2022-23	**Total**
	£000	£000	£000	**£000**
Gross capital expenditure	49,799	69,545	38,937	**158,281**
Add: Losses on disposal of donated assets	0	0	0	**0**
Less NBV of property, plant and equipment and intangible assets disposed	(140)	(1,354)	(16)	**(1,510)**
Less capital grants received	(1,517)	(621)	(43)	**(2,181)**
Less donations received	(186)	(185)	(232)	**(603)**
Less IFRS16 Peppercorn income	0	0	0	**0**
Less **initial recognition** of RoU Asset Dilapidations	0	0	0	**0**
Add: recognition of RoU Assets Dilapidations **on crystallisation**	0	0	0	**0**
Charge against Capital Resource Allocation	47,956	67,385	38,646	**153,987**
Capital Resource Allocation	47,984	67,417	38,684	**154,085**
(Over) / Underspend against Capital Resource Allocation	28	32	38	**98**

Swansea Bay University LHB has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2020-21 to 2022-23.

2.3 Duty to prepare a 3 year integrated plan

The NHS Wales Planning Framework for the period 2022-2025 issued to LHBs placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government.

The LHB submitted an Integrated Medium Term Plan for the period 2022-2025 in accordance with NHS Wales Planning Framework in March 2022. This plan did not include a financially balanced position.

In July 2022 Welsh Government advised the health board that an analysis of the health board's current allocation showed that the funding it receives was nearly 6% lower than the amount it would receive under a revised formula based on its relative population size adjusted for demographic and health needs factors.

In light of this, Minister for Health & Social Services agreed that an allocation for population need be made to the health board and an additional recurrent allocation of £24.4m was approved in line with the population requirements. At that time the health board was requested to revise its IMTP to reflect this and resubmit the IMTP to Welsh Government.

The revised IMTP was approved by the Minister for Health and Social Services on 6th September 2022.

The Minister for Health and Social Services extant approval

Status	**Approved**
Date	06/09/2022

The LHB has therefore met its statutory duty to have an approved financial plan.

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2.4 Creditor payment

The LHB is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The LHB has achieved the following results:

	2022-23	2021-22
Total number of non-NHS bills paid	**315,307**	271,459
Total number of non-NHS bills paid within target	**298,578**	255,707
Percentage of non-NHS bills paid within target	94.7%	94.2%

The LHB has not met the target.

3. Analysis of gross operating costs

3.1 Expenditure on Primary Healthcare Services

	Cash limited £000	Non-cash limited £000	2022-23 Total £000	2021-22 Total £000
General Medical Services	70,533		70,533	69,024
Pharmaceutical Services	22,120	(4,804)	17,316	17,120
General Dental Services	30,036		30,036	28,717
General Ophthalmic Services	1,183	3,598	4,781	5,235
Other Primary Health Care expenditure	794		794	697
Prescribed drugs and appliances	79,198		79,198	73,282
Total	**203,864**	**(1,206)**	**202,658**	194,075

The expenditure above for General Medical Services includes £0.475m in respect of staff costs relating to the Cymmer managed GP practice, (2021-22: £0.581m).

3.2 Expenditure on healthcare from other providers

	2022-23 £000	2021-22 £000
Goods and services from other NHS Wales Health Boards	**43,308**	42,528
Goods and services from other NHS Wales Trusts	**8,644**	12,705
Goods and services from Welsh Special Health Authorities	**970**	375
Goods and services from other non Welsh NHS bodies	**861**	1,648
Goods and services from WHSSC / EASC	**126,423**	113,158
Local Authorities	**15,924**	26,967
Voluntary organisations	**2,956**	5,043
NHS Funded Nursing Care	**7,758**	7,530
Continuing Care	**60,703**	61,501
Private providers	**14,356**	7,542
Specific projects funded by the Welsh Government	**0**	0
Other	**167**	85
Total	282,070	279,082

Expenditure with local authorities primarily relates to Continuing Healthcare Costs for services provided to the Health Board's residents within Local Authority Residential and Nursing Homes and in respect of contributions to the Community Equipment Pooled Budgets scheme with the City & County of Swansea.

Expenditure in respect of other projects run by Local Authorities but where contributions are made by the Health Board are also included here as are payments made to Local Authorities under the Regional Investment Fund (RIF) (Previously known as the Integrated Care Fund (ICF)) where the funding flows through the Health Board to Local Authorities from Welsh Government for approved RIF schemes.

3.3 Expenditure on Hospital and Community Health Services

	2022-23	2021-22
	£000	£000
Directors' costs	1,798	1,761
Operational Staff costs	692,569	654,489
Single lead employer Staff Trainee Cost	32,746	17,385
Collaborative Bank Staff Cost	335	214
Supplies and services - clinical	145,993	143,765
Supplies and services - general	9,500	11,916
Consultancy Services	1,065	594
Establishment	18,080	15,959
Transport	1,367	1,645
Premises	34,980	35,017
External Contractors	4,033	4,346
Depreciation	30,497	28,512
Depreciation (Right of Use assets RoU)	2,526	
Amortisation	1,847	1,848
Fixed asset impairments and reversals (Property, plant & equipment)	(5,690)	(5,567)
Fixed asset impairments and reversals (RoU Assets)	0	
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments & reversals of financial assets	0	0
Impairments & reversals of non-current assets held for sale	0	0
Audit fees	418	378
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	3,790	14,484
Research and Development	5,380	6,105
Expense related to short-term leases	0	
Expense related to low-value asset leases (excluding short-term leases)	0	
Other operating expenses	329	248
Total	**981,563**	933,099

3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

	2022-23	2021-22
Increase/(decrease) in provision for future payments:	**£000**	£000
Clinical negligence;		
Secondary care	29,579	28,403
Primary care	233	0
Redress Secondary Care	357	797
Redress Primary Care	0	0
Personal injury	(738)	930
All other losses and special payments	100	591
Defence legal fees and other administrative costs	1,807	1,271
Gross increase/(decrease) in provision for future payments	**31,338**	**31,992**
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	0	0
Less: income received/due from Welsh Risk Pool	(27,548)	(17,508)
Total	**3,790**	14,484

	2022-23	2021-22
	£	£
Permanent injury included within personal injury £:	(1,173,000)	313,000

The reduction in year in the permanent injury charge to operating expenses is largely due to the change in the HM Treasury discount rate which changed from (1.3%) to 1.7% during 2022/23.

4. Miscellaneous Income

	2022-23 £000	2021-22 £000
Local Health Boards	104,208	103,418
Welsh Health Specialised Services Committee (WHSSC)/Emergency Ambulance Services Committee (EASC)	136,194	126,961
NHS Wales trusts	6,163	6,603
Welsh Special Health Authorities	16,588	14,914
Foundation Trusts	0	0
Other NHS England bodies	1,956	2,281
Other NHS Bodies	22	58
Local authorities	6,221	5,974
Welsh Government	7,350	10,126
Welsh Government Hosted bodies	0	0
Non NHS:		
Prescription charge income	0	0
Dental fee income	2,876	2,413
Private patient income	356	70
Overseas patients (non-reciprocal)	85	57
Injury Costs Recovery (ICR) Scheme	1,268	1,185
Other income from activities	3,177	2,894
Patient transport services	0	0
Education, training and research	8,991	10,644
Charitable and other contributions to expenditure	293	544
Receipt of NWSSP Covid centrally purchased assets	0	0
Receipt of Covid centrally purchased assets from other organisations	0	0
Receipt of donated assets	232	185
Receipt of Government granted assets	43	707
Right of Use Grant (Peppercorn Lease)	969	
Non-patient care income generation schemes	590	486
NHS Wales Shared Services Partnership (NWSSP)	0	0
Deferred income released to revenue	594	509
Right of Use Asset Sub-leasing rental income	0	
Contingent rental income from finance leases	0	0
Rental income from operating leases	47	47
Other income:		
Provision of laundry, pathology, payroll services	237	222
Accommodation and catering charges	2,760	2,002
Mortuary fees	415	369
Staff payments for use of cars	3,805	2,962
Business Unit	0	0
Scheme Pays Reimbursement Notional	(825)	1,953
Other	827	318
Total	**305,442**	297,902

Other income Includes;		
Grant income	0	5
Pharmacy and other sales income	74	45
Clinical trial income	181	131
All other income	182	136
Licence Fee Income	390	0
Total	**827**	318

Injury Cost Recovery (ICR) Scheme income

	2022-23 %	2021-22 %
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	23.76	23.76

5. Investment Revenue

	2022-23	2021-22
	£000	£000
Rental revenue :		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
Interest revenue :		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	**0**	0

6. Other gains and losses

	2022-23	2021-22
	£000	£000
Gain/(loss) on disposal of property, plant and equipment	116	249
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	**116**	249

7. Finance costs

	2022-23	2021-22
	£000	£000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under Right of Use Leases	158	
Interest on obligations under PFI contracts;		
main finance cost	1,868	2,051
contingent finance cost	2,995	3,163
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	**5,021**	5,214
Provisions unwinding of discount	(77)	(58)
Other finance costs	0	0
Total	**4,944**	5,156

8. Future change to SoCNE/Operating Leases

LHB as lessee

As at 31st March 2023 the LHB had 334 operating leases agreements.

	Post Implementation of IFRS 16		Pre implementation of IFRS 16
	Low Value & Short Term	Other	
Payments recognised as an expense	**2022-23**	**2022-23**	2021-22
	£000	**£000**	£000
Minimum lease payments	**1,996**	**382**	5,567
Contingent rents	**0**	**0**	0
Sub-lease payments	**0**	**0**	0
Total	**1,996**	**382**	5,567

Total future minimum lease payments			
Payable	**£000**	**£000**	£000
Not later than one year	**93**	**218**	4,404
Between one and five years	**52**	**121**	10,664
After 5 years	**0**	**0**	9,056
Total	**145**	**339**	24,124

As a result of the implementation of IFRS 16 the current year operating lease figures relate to low value and short term leases only. Previously reported Expenditure £3.8m and Minimum lease Payments £23.3m transitioned to the balance sheet as right of use assets.

LHB as lessor

	Post Implementation of IFRS 16	Pre implementation of IFRS 16
Rental revenue	**£000**	£000
Rent	**47**	47
Contingent rents	**0**	0
Total revenue rental	**47**	47

Total future minimum lease payments		
Receivable	**£000**	£000
Not later than one year	**286**	247
Between one and five years	**1,185**	1,406
After 5 years	**415**	590
Total	**1,886**	2,243

9. Employee benefits and staff numbers

9.1 Employee costs

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2021-22
	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	530,212	1,529	40,315	26,098	287	1,961	600,402	547,369
Social security costs	45,051	0	0	3,128	19	483	48,681	45,884
Employer contributions to NHS Pension Scheme	83,202	0	0	3,519	29	0	86,750	84,174
Other pension costs	261	0	0	0	0	0	261	71
Other employment benefits	0	0	0	0	0	0	0	0
Termination benefits	3	0	0	0	0	0	3	0
Total	658,729	1,529	40,315	32,745	335	2,444	736,097	677,498

Charged to capital	732	591
Charged to revenue	735,365	676,907
	736,097	677,498
Net movement in accrued employee benefits (untaken staff leave)	(9,386)	(1,731)
Covid 19 - Net movement in accrued employee benefits (untaken staff leave)		787
Non Covid 19 - Net movement in accrued employee benefits (untaken staff leave		(2,518)

The employer contributions to the NHS Pension Scheme disclosed above include £28.483m of NHS Pension contributions paid by Welsh Government for the twelve month period, 1 April 2022 to 31 March 2023. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pe nsion contributions between April 2022 and February 2023 alongside Health Board data for March 2023. This expenditure accounted for by the health board as notional expenditure paid to NHS BSA by Welsh Government has been covered off by notional funding provided to the health board. There is therefore no impact on the health board's Revenue Resource Performance as a result of the inclusion of these notional transactions. Further information is disclosed in Note 34.1.

Included within Note 9.1 above are £61k (2021-22 £162K) of final pay control charges relating to 3 (2021-22, 5) individuals. These costs are partly offset by credits of £44k form payments made in previous years which have been appealed successfully. Final pay control is applicable to all Officer and Pra ctice Staff members of the 1995 Section of the NHS Pension Scheme, including 1995/2015 transition members, who retire with entitlement to pension benefits.
If a member receives an increase to pensionable pay that exceeds the 'allowable amount' the relevant employer is liable for a final pay control charge. The 'allowable amount' is the amount that pensionable pay can increase by before the employer is liable for a final pay control charge. The 'allowable amou nt' is the lesser of:
• the member's pensionable pay in the relevant year, or the member's pensionable pay in the previous year plus the Consumer Price Index % plus 4.5%, or the percentage increase in the member's pensionable pay for the current year compared with the previous year.

The £2,444k other staffing cost in Note 9.1 relates to the cost of temporary staff sourced through the MEDACS managed service contract. These staff are paid via payroll.

9.2 Average number of employees

	Permanent Staff Number	Staff on Inward Secondment Number	Agency Staff Number	Specialist Trainee (SLE) Number	Collaborative Bank Staff Number	Other Number	Total Number	2021-22 Number
Administrative, clerical and board members	2,402	16	31	0	0	0	2,449	2,382
Medical and dental	786	3	27	468	0	50	1,334	1,237
Nursing, midwifery registered	3,631	6	278	0	17	0	3,932	3,857
Professional, Scientific, and technical staff	363	0	0	0	0	0	363	353
Additional Clinical Services	2,479	0	37	0	0	0	2,516	2,410
Allied Health Professions	888	1	5	0	0	0	894	870
Healthcare Scientists	329	0	12	0	0	0	341	325
Estates and Ancilliary	993	0	5	0	0	0	998	1,041
Students	0	0	0	0	0	0	0	0
Total	11,871	26	395	468	17	50	12,827	12,475

9.3. Retirements due to ill-health

	2022-23	2021-22
Number	10	8
Estimated additional pension costs £	522,551	412,632

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

9.4 Employee benefits

The LHB does not have an employee benefit scheme.

9.5 Reporting of other compensation schemes - exit packages

Exit packages cost band (including any special payment element)	2022-23 Number of compulsory redundancies	2022-23 Number of other departures	2022-23 Total number of exit packages	2022-23 Number of departures where special payments have been made	2021-22 Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	1	0	1	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	1	0	1	0	0

Exit packages cost band (including any special payment element)	2022-23 Cost of compulsory redundancies	2022-23 Cost of other departures	2022-23 Total cost of exit packages	2022-23 Cost of special element included in exit packages	2021-22 Total cost of exit packages
	£	£	£	£	£
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	58	0	58	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	58	0	58	0	0

Exit costs paid in year of departure	Total paid in year 2022-23	Total paid in year 2021-22
	£	£
Exit costs paid in year	58,000	0
Total	58,000	0

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS).

£58,000 exit costs were paid in 2022-23 (2021-22, £0).

Where the LHB has agreed early retirements, the additional costs are met by the LHB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

9.6 Fair Pay disclosures

9.6.1 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

	2022-23	**2022-23**	**2022-23**	2021-22	2021-22	2021-22
	£000	**£000**	**£000**	£000	£000	£000
Total pay and benefits	**Chief Executive**	**Employee**	**Ratio**	Chief Executive	Employee	Ratio
25th percentile pay ratio	**228**	**25**	**9.12:1**	223	21	10.62:1
Median pay	**228**	**31**	**7.35:1**	223	28	7.96:1
75th percentile pay ratio	**228**	**44**	**5.18:1**	223	39	5.72:1
Salary component of total pay and benefits						
25th percentile pay ratio	**228**	**25**		223	21	
Median pay	**228**	**31**		223	28	
75th percentile pay ratio	**228**	**44**		223	39	

	Highest Paid			Highest		
Total pay and benefits	**Director**	**Employee**	**Ratio**	Paid Director	Employee	Ratio
25th percentile pay ratio	**228**	**25**	**9.12:1**	223	21	10.62:1
Median pay	**228**	**31**	**7.35:1**	223	28	7.96:1
75th percentile pay ratio	**228**	**44**	**5.18:1**	223	39	5.72:1
Salary component of total pay and benefits						
25th percentile pay ratio	**228**	**25**		223	21	
Median pay	**228**	**31**		223	28	
75th percentile pay ratio	**228**	**44**		223	39	

In 2022-23, 9 (2021-22, 1) employees received remuneration in excess of the highest-paid director. These staff members were all medical staff and none of them were related to the Chair, Executive Directors or Independent Members.

Remuneration for all staff ranged from £20,758 to £294,062 (2021-22, £18,546 to £240,823).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

Financial year summary

The reduction in the ratio of the Chief Executive salary to the 25th percentile, median and 75% percentile is due to the impact of the 2022/23 NHS pay award which gave higher percentage increases to staff at lower pay bands.

There have been increases in the 25th percentile salary, the median salary and the 75th percentile salary during 2022/23.

9.6.2 Percentage Changes	**2021-22 to 2022-23**	2020-21 to 2021-22
% Change from previous financial year in respect of Chief Executive	**%**	**%**
Salary and allowances	**2.14**	2.73
Performance pay and bonuses	**0**	0
% Change from previous financial year in respect of highest paid director		
Salary and allowances	**2.14**	2.73
Performance pay and bonuses	**0**	0
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	**18.52**	(12.1)
Performance pay and bonuses	**0**	0

The Health Board does not pay any performance pay or other bonuses

9.7 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2022-2023 tax year (2021-2022 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1st April 2017.

10. Public Sector Payment Policy - Measure of Compliance

10.1 Prompt payment code - measure of compliance

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the Health Board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

	2022-23	**2022-23**	2021-22	2021-22
NHS	**Number**	**£000**	Number	£000
Total bills paid	5,009	246,350	4,393	213,253
Total bills paid within target	4,352	239,972	3,675	206,127
Percentage of bills paid within target	**86.9%**	**97.4%**	83.7%	96.7%
Non-NHS				
Total bills paid	315,307	482,714	271,459	419,512
Total bills paid within target	298,578	440,446	255,707	382,894
Percentage of bills paid within target	**94.7%**	**91.2%**	94.2%	91.3%
Total				
Total bills paid	**320,316**	**729,064**	275,852	632,765
Total bills paid within target	**302,930**	**680,418**	259,382	589,021
Percentage of bills paid within target	**94.6%**	**93.3%**	94.0%	93.1%

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2022-23	2021-22
	£	£
Amounts included within finance costs (note 7) from claims made under this legislation	**0**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0
Total	**0**	**0**

11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost at 31 March bf	39,850	438,311	10,043	40,475	140,081	1,350	44,471	3,997	718,578
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	(283)	(768)	0	0	0	0	0	0	(1,051)
Cost or valuation at 1 April 2022	**39,567**	**437,543**	**10,043**	**40,475**	**140,081**	**1,350**	**44,471**	**3,997**	**717,527**
Indexation	**(1,262)**	**19,488**	**463**	**0**	**0**	**0**	**0**	**0**	**18,689**
Additions									
- purchased	**29**	**460**	**0**	**28,899**	**4,065**	**12**	**3,877**	**716**	**38,058**
- donated	**0**	**110**	**0**	**0**	**121**	**0**	**1**	**0**	**232**
- government granted	**0**	**0**	**0**	**0**	**43**	**0**	**0**	**0**	**43**
Transfer from/into other NHS bodies	**0**	**0**	**0**	**(1,788)**	**0**	**0**	**0**	**0**	**(1,788)**
Reclassifications	**0**	**22,959**	**0**	**(29,081)**	**5,181**	**0**	**940**	**0**	**(1)**
Revaluations	**2,682**	**(46,757)**	**(292)**	**0**	**0**	**0**	**0**	**0**	**(44,367)**
Reversal of impairments	**74**	**15,922**	**0**	**0**	**0**	**0**	**0**	**0**	**15,996**
Impairments	**(295)**	**(11,976)**	**0**	**0**	**0**	**0**	**0**	**0**	**(12,271)**
Reclassified as held for sale	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Disposals	**0**	**0**	**0**	**0**	**(4,194)**	**(59)**	**(1,372)**	**(147)**	**(5,772)**
At 31 March 2023	**40,795**	**437,749**	**10,214**	**38,505**	**145,297**	**1,303**	**47,917**	**4,566**	**726,346**
Depreciation at 31 March bf	0	49,354	1,207	0	92,272	1,166	29,671	1,991	**175,661**
NHS Wales Transfers	0	0	0	0	0	0	0	0	**0**
Transfer of Finance Leases to ROU Asset Note	0	(151)	0	0	0	0	0	0	**(151)**
Depreciation at 1 April 2022	**0**	**49,203**	**1,207**	**0**	**92,272**	**1,166**	**29,671**	**1,991**	**175,510**
Indexation	**0**	**54**	**1**	**0**	**0**	**0**	**0**	**0**	**55**
Transfer from/into other NHS bodies	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Reclassifications	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Revaluations	**0**	**(49,198)**	**(1,207)**	**0**	**0**	**0**	**0**	**0**	**(50,405)**
Reversal of impairments	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Impairments	**0**	**(1,965)**	**0**	**0**	**0**	**0**	**0**	**0**	**(1,965)**
Reclassified as held for sale	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Disposals	**0**	**0**	**0**	**0**	**(4,179)**	**(59)**	**(1,372)**	**(147)**	**(5,757)**
Provided during the year	**0**	**14,497**	**315**	**0**	**10,083**	**47**	**5,165**	**390**	**30,497**
At 31 March 2023	**0**	**12,591**	**316**	**0**	**98,176**	**1,154**	**33,464**	**2,234**	**147,935**
Net book value at 1 April 2022	**39,567**	**388,340**	**8,836**	**40,475**	**47,809**	**184**	**14,800**	**2,006**	**542,017**
Net book value at 31 March 2023	**40,795**	**425,158**	**9,898**	**38,505**	**47,121**	**149**	**14,453**	**2,332**	**578,411**
Net book value at 31 March 2023 comprises :									
Purchased	**40,795**	**421,825**	**9,898**	**38,505**	**45,161**	**149**	**14,402**	**2,327**	**573,062**
Donated	**0**	**2,654**	**0**	**0**	**513**	**0**	**51**	**0**	**3,218**
Government Granted	**0**	**679**	**0**	**0**	**1,447**	**0**	**0**	**5**	**2,131**
At 31 March 2023	**40,795**	**425,158**	**9,898**	**38,505**	**47,121**	**149**	**14,453**	**2,332**	**578,411**
Asset financing :									
Owned	**38,855**	**365,160**	**9,898**	**38,505**	**47,121**	**149**	**14,453**	**2,332**	**516,473**
Held on finance lease	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
On-SoFP PFI contracts	**1,940**	**59,998**	**0**	**0**	**0**	**0**	**0**	**0**	**61,938**
PFI residual interests	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
At 31 March 2023	**40,795**	**425,158**	**9,898**	**38,505**	**47,121**	**149**	**14,453**	**2,332**	**578,411**

The net book value of land, buildings and dwellings at 31 March 2023 comprises :

	£000
Freehold	**475,850**
Long Leasehold	**0**
Short Leasehold	**0**
	475,850

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account. **0**

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHB s are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2021	38,825	405,439	9,591	25,318	123,397	1,295	43,007	4,439	651,311
Indexation	546	8,870	452	0	0	0	0	0	9,868
Additions									
- purchased	(43)	642	0	48,401	13,861	88	5,011	315	68,275
- donated	0	94	0	0	88	0	3	0	185
- government granted	0	0	0	0	621	0	0	0	621
Transfer from/into other NHS bodies	(79)	(1,077)	0	0	(413)	(33)	(3)	0	(1,605)
Reclassifications	0	26,527	0	(33,244)	4,995	0	46	0	(1,676)
Revaluations	0	(5,516)	0	0	0	0	0	0	(5,516)
Reversal of impairments	244	10,183	0	0	0	0	0	0	10,427
Impairments	0	(6,400)	0	0	0	0	0	0	(6,400)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	357	(451)	0	0	(2,468)	0	(3,593)	(757)	(6,912)
At 31 March 2022	39,850	438,311	10,043	40,475	140,081	1,350	44,471	3,997	718,578
Depreciation at 1 April 2021	0	43,083	909	0	87,042	1,124	28,394	2,371	162,923
Indexation	0	2,007	43	0	0	0	0	0	2,050
Transfer from/into other NHS bodies	0	(415)	0	0	(322)	(33)	(2)	0	(772)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	(8,590)	0	0	0	0	0	0	(8,590)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(1,540)	0	0	0	0	0	0	(1,540)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	(105)	0	0	(2,468)	0	(3,592)	(757)	(6,922)
Provided during the year	0	14,914	255	0	8,020	75	4,871	377	28,512
At 31 March 2022	0	49,354	1,207	0	92,272	1,166	29,671	1,991	175,661
Net book value at 1 April 2021	38,825	362,356	8,682	25,318	36,355	171	14,613	2,068	488,388
Net book value at 31 March 2022	39,850	388,957	8,836	40,475	47,809	184	14,800	2,006	542,917
Net book value at 31 March 2022 comprises :									
Purchased	39,850	386,166	8,836	40,470	45,530	184	14,687	1,997	537,720
Donated	0	1,927	0	5	565	0	113	1	2,611
Government Granted	0	864	0	0	1,714	0	0	8	2,586
At 31 March 2022	39,850	388,957	8,836	40,475	47,809	184	14,800	2,006	542,917
Asset financing :									
Owned	37,830	329,177	8,836	40,350	47,809	184	14,800	2,006	480,992
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	2,020	59,780	0	125	0	0	0	0	61,925
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2022	39,850	388,957	8,836	40,475	47,809	184	14,800	2,006	542,917

The net book value of land, buildings and dwellings at 31 March 2022 comprises :

	£000
Freehold	374,942
Long Leasehold	62,701
Short Leasehold	0
	437,643

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account. 0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the Royal Institute of Chartered Surveyors Valuation Standards, 6th Edition. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

Within the above note reclassifications of (£1,676k) are shown. This is due to reclassification of an intangible asset from assets under construction with the opposite entry shown in Note 12.

11. Property, plant and equipment (continued)

Disclosures:
i) Donated Assets
The majority of donated assets were purchased from Swansea Bay University Health Board Charitable Funds. Government Granted assets of £0.043m were received via income from Welsh Government.

ii) Valuations
The LHBs land and Buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

The LHB is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

iii) Asset Lives
Depreciated as follows:
Land is not depreciated.

Building asset lives are as determined by the District Valuer and range from 2 to 84

Equipment assets are allocated lives on based on the professional judgement and past experience of clinicians, finance staff and other Health Board professionals. The appropriateness of these lives is reviewed regularly.
Medical Equipment range from 5 to 15 Years
Non-clinical Equipment - 5 Years
Vehicles - 7 Years
Furniture - 10 Years
IMT Hardware & Software - 5 years or reflects contract life for some software assets

iv) Compensation
There has been no compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

v) Write Downs
£7.799m of assets have been written down to depreciated replacement cost following the initial professional valuation on completion of 8 specialised building assets. These are detailed in Note 13 on page 49 of these accounts.

In addition, there have been DEL impairments of £0.153m for the following schemes which are not continuing:

- Second Multi Storey Car Park - £0.017m
- Renal Design Unit - £0.010m
- Elective Orthopaedic Unit Morriston - £0.126m

vi) The LHB does not hold any property where the value is materially different from its open market value.

vii) Assets Held for Sale or sold in the period.
There are no assets held for sale or sold in the period.

The following assets were valued on completion by the District Valuer:

National Programmes – Decarbonisation - April 2022
National Programmes – Mental Health - April 2022
Ophthalmology Day Theatre, Singleton - April 2022
Replacement of CT Scanner at Morriston Hospital - July 2022
Fracture and Orthopaedic Unit (FOU) - Morriston - October 2022
Anti-Ligature - October 2022
Enfys Ward Morriston - October 2022
Linear Accelerator D at Singleton Hospital - October 2022

IFRS 13 Fair value measurement
There are no assets requiring Fair Value measurement under IFRS 13.

11. Property, plant and equipment

11.2 Non-current assets held for sale

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance brought forward 1 April 2022	0	0	0	0	0	**0**
Plus assets classified as held for sale in the year	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	**0**
Less assets sold in the year	0	0	0	0	0	**0**
Add reversal of impairment of assets held for sale	0	0	0	0	0	**0**
Less impairment of assets held for sale	0	0	0	0	0	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	**0**
Balance carried forward 31 March 2023	0	0	0	0	0	**0**
Balance brought forward 1 April 2021	532	0	0	0	0	**532**
Plus assets classified as held for sale in the year	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	**0**
Less assets sold in the year	(532)	0	0	0	0	**(532)**
Add reversal of impairment of assets held for sale	0	0	0	0	0	**0**
Less impairment of assets held for sale	0	0	0	0	0	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	**0**
Balance carried forward 31 March 2022	0	0	0	0	0	**0**

The following assets classified as Held for Sale as at 31st March 2021 were sold during the 2021-22 financial year:-

- Coelbren Health Centre
- Fairfield Cefn Coed
- Trehafod Cefn Coed

11.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings below. Most are individually insignificant, however, five are significant in their own right:
- Briton Ferry Primary Care Centre (GP1 Premises) held under land and buildings NBV at 31 March 2023 £1,307k
- Briton Ferry Primary Care Centre (GP2 Premises) held under land and buildings NBV at 31 March 2023 £1,193k
- Mayhill Primary Care Centre held under land and buildings NBV at 31 March 2023 £1,295k
- Port Talbot Resource Centre held under land and buildings NBV at 31 March 2023 £2,246k
- Vale of Neath Primary Care Centre (GP2 Premises) held under land and buildings NBV at 31 March 2023 £2,829k

2022-23	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 31 March	0	0	0	0	0	0	0	0	**0**
Lease prepayments in relation to RoU Assets	0	0	0	0	0	0	0	0	**0**
Transfer of Finance Leases from PPE Note	0	1,051	0	0	0	0	0	0	**1,051**
Operating Leases Transitioning	0	14,929	0	0	1,186	863	1,101	0	**18,079**
Cost or valuation at 1 April	**0**	**15,980**	**0**	**0**	**1,186**	**863**	**1,101**	**0**	**19,130**
Additions	0	163	0	0	64	40	0	0	**267**
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	81	0	0	0	0	0	0	**81**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
De-recognition	0	0	0	0	0	0	0	0	**0**
At 31 March	**0**	**16,224**	**0**	**0**	**1,250**	**903**	**1,101**	**0**	**19,478**
Depreciation at 31 March	0	0	0	0	0	0	0	0	**0**
Transfer of Finance Leases from PPE Note	0	151	0	0	0	0	0	0	**151**
Operating Leases Transitioning	0	0	0	0	0	0	0	0	**0**
Depreciation at 1 April	**0**	**151**	**0**	**0**	**0**	**0**	**0**	**0**	**151**
Recognition	0	0	0	0	0	0	0	0	**0**
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
De-recognition	0	0	0	0	0	0	0	0	**0**
Provided during the year	0	1,535	0	0	398	315	277	0	**2,525**
At 31 March	**0**	**1,686**	**0**	**0**	**398**	**315**	**277**	**0**	**2,676**
Net book value at 1 April	**0**	**15,829**	**0**	**0**	**1,186**	**863**	**1,101**	**0**	**18,979**
Net book value at 31 March	**0**	**14,538**	**0**	**0**	**852**	**588**	**824**	**0**	**16,802**

RoU Asset Total Value Split by Lessor Lessor	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	0	0	0	0	0	0	0	**0**
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	**0**
Other Public Sector Peppercorn Leases	0	994	0	0	0	0	0	0	**994**
Other Public Sector Market Value Leases	0	0	0	0	0	0	0	0	**0**
Private Sector Peppercorn Leases	0	0	0	0	0	0	0	0	**0**
Private Sector Market Value Leases	0	13,544	0	0	852	588	824	0	**15,808**
Total	**0**	**14,538**	**0**	**0**	**852**	**588**	**824**	**0**	**16,802**

11.3 Right of Use Assets continued

Quantitative disclosures

Maturity analysis Contractual undiscounted cash flows relating to lease liabilities	£000
Less than 1 year	2,462
2-5 years	7,197
> 5 years	6,748
Total	**16,407**

Lease Liabilities (net of irrecoverable VAT)	£000
Current	2,324
Non-Current	13,330
Total	**15,654**

Amounts Recognised in Statement of Comprehensive Net Expenditure	£000
Depreciation	2,526
Impairment	0
Variable lease payments not included in lease liabilities - Interest expense	0
Sub-leasing income	0
Expense related to short-term leases	0
Expense related to low-value asset leases (excluding short-term leases)	0

Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT)	£000
Interest expense	158
Repayments of principal on leases	2,623
Total	**2,781**

1. The Health Board has 28 property leases from which it provides services, 77 leases for vehicles and 7 for equipment.

2. Discount Rate used for transitioning leases is 0.95%.

3. Practical Expedient applied on Transport Vehicles.

12. Intangible non-current assets
2022-23

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure-internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2022	12,862	0	1,029	0	0	0	13,891
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	338	0	0	0	0	0	338
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Gross cost at 31 March 2023	13,200	0	1,029	0	0	0	14,229
Amortisation at 1 April 2022	8,232	0	117	0	0	0	8,349
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	1,847	0	0	0	0	0	1,847
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2023	10,079	0	117	0	0	0	10,196
Net book value at 1 April 2022	4,630	0	912	0	0	0	5,542
Net book value at 31 March 2023	3,121	0	912	0	0	0	4,033
NBV at 31 March 2023							
Purchased	3,121	0	912	0	0	0	4,033
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2023	3,121	0	912	0	0	0	4,033

12. Intangible non-current assets
2021-22

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Assets under Construction	**Total**
	£000	£000	£000	£000	£000	£000	**£000**
Cost or valuation at 1 April 2021	**10,885**	**0**	**1,035**	**0**	**0**	**0**	**11,920**
Revaluation	0	0	0	0	0	0	**0**
Reclassifications	1,676	0	0	0	0	0	**1,676**
Reversal of impairments	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	**0**
Additions- purchased	433	0	32	0	0	0	**465**
Additions- internally generated	0	0	0	0	0	0	**0**
Additions- donated	0	0	0	0	0	0	**0**
Additions- government granted	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	**0**
Transfers	0	0	0	0	0	0	**0**
Disposals	(132)	0	(38)	0	0	0	**(170)**
Gross cost at 31 March 2022	**12,862**	**0**	**1,029**	**0**	**0**	**0**	**13,891**
Amortisation at 31 March bf	**6,516**	**0**	**155**	**0**	**0**	**0**	**6,671**
NHS Wales Transfers	0	0	0	0	0	0	**0**
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	**0**
Amortisation at 1 April 2021	**6,516**	**0**	**155**	**0**	**0**	**0**	**6,671**
Revaluation	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	**0**
Impairment	0	0	0	0	0	0	**0**
Provided during the year	1,848	0	0	0	0	0	**1,848**
Reclassified as held for sale	0	0	0	0	0	0	**0**
Transfers	0	0	0	0	0	0	**0**
Disposals	(132)	0	(38)	0	0	0	**(170)**
Amortisation at 31 March 2022	**8,232**	**0**	**117**	**0**	**0**	**0**	**8,349**
Net book value at 1 April 2021	**4,369**	**0**	**880**	**0**	**0**	**0**	**5,249**
Net book value at 31 March 2022	**4,630**	**0**	**912**	**0**	**0**	**0**	**5,542**
NBV at 31 March 2022							
Purchased	4,626	0	912	0	0	0	**5,538**
Donated	4	0	0	0	0	0	**4**
Government Granted	0	0	0	0	0	0	**0**
Internally generated	0	0	0	0	0	0	**0**
Total at 31 March 2022	**4,630**	**0**	**912**	**0**	**0**	**0**	**5,542**

The reclasification of £1,676k relates to the transfer of an asset in year from assets under construction disclosed in note 11.1

Additional Disclosures re Intangible Assets

Disclosures:
i) Donated Assets
Swansea Bay University LHB has not received any donated intangible assets during the year.

ii) Recognition
Intangible assets acquired separately are initially recognised at fair value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred to date when the criteria for recognising internally generated assets has been met (see accounting policy 1.7 for criteria).

iii) Asset Lives
The useful economic life of Intangible non-current assets are assigned on an individual asset basis. Software is generally assigned a 5 year UEL and the UEL of internally generated software is based on the professional judgement of LHB professionals and Finance staff.

iv) Additions during the period

Additions during 2022/23 relate to software.

v) Disposals during the period

There were no intangible disposals in 2022/23.

13 . Impairments

	2022-23 Property, plant & equipment £000	2022-23 Right of Use Assets £000	2022-23 Intangible assets £000	2021-22 Property, plant & equipment £000	2021-22 Right of Use Assets £000	2021-22 Intangible assets £000
Impairments arising from :						
Loss or damage from normal operations	0	0	0	0		0
Abandonment in the course of construction	153	0	0	0		0
Over specification of assets (Gold Plating)	0	0	0	0		0
Loss as a result of a catastrophe	0	0	0	0		0
Unforeseen obsolescence	0	0	0	0		0
Changes in market price	0	0	0	0		0
Others (specify)	7,799	0	0	4,860		0
Reversal of Impairments	(13,642)	0	0	(10,427)		0
Total of all impairments	**(5,690)**	**0**	**0**	(5,567)		0
Analysis of impairments charged to reserves in year :						
Charged to the Statement of Comprehensive Net Expenditure	(5,689)	0	0	(5,567)		0
Charged to Revaluation Reserve	0	0	0	0		0
Total	**(5,689)**	**0**	**0**	(5,567)		0

The impairment losses disclosed above as "other" comprise

£7.799m for the write down to depreciated replacement cost following the initial professional valuation on completion of 8 specialised building assets as detailed below;

- National Programmes – Decarbonisation £0.635m
- National Programmes – Mental Health £0.980m
- Ophthalmology Day Theatre, Singleton Hospital £1.900m
- Replacement of CT-Scanner, Morriston Hospital £0.466m
- Fracture and Orthopaedic Unit (FOU), Morriston Hospital £1.007m
- Anti-Ligature £0.729m
- Enfys Ward Morriston Hospital £1.450m
- Linear Accelerator D, Singleton Hospital £0.631m

14.1 Inventories

	31 March 2023	31 March 2022
	£000	£000
Drugs	4,982	4,172
Consumables	5,275	4,794
Energy	457	406
Work in progress	0	0
Other	0	0
Total	**10,714**	9,372
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31 March 2023	31 March 2022
	£000	£000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	**0**	**0**

Note 14.1 discloses the stock values held at 31st March 2023. Where stock is counted manually stock takes are undertaken throughout February and March in order to ensure that stock valuations are available at the balance sheet date due to the time taken to price the items of stock counted.
In line with the 2015-16 guidance Note 14.2 only relates to health bodies that purchase assets to sell and as such does not apply to the health board.

The health board no longer holds separate stocks of PPE items relating to the COVID-19 pandemic, as compared to 2021/22 when stock of £222k was held.

15. Trade and other Receivables

Current	31 March 2023 £000	31 March 2022 £000
Welsh Government	1,534	3,805
WHSSC / EASC	5,009	2,259
Welsh Health Boards	5,770	2,564
Welsh NHS Trusts	1,632	1,225
Welsh Special Health Authorities	995	494
Non - Welsh Trusts	295	88
Other NHS	155	323
2019-20 Scheme Pays - Welsh Government Reimbursement	10	28
Welsh Risk Pool Claim reimbursement		
NHS Wales Secondary Health Sector	44,156	37,856
NHS Wales Primary Sector FLS Reimbursement	418	108
NHS Wales Redress	903	1,363
Other	0	0
Local Authorities	914	1,662
Capital debtors - Tangible	0	0
Capital debtors - Intangible	0	0
Other debtors	8,074	9,071
Provision for irrecoverable debts	(2,326)	(2,916)
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	7,910	7,170
Other accrued income	191	290
Sub total	**75,640**	65,390
Non-current		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	1,094	1,925
Welsh Risk Pool Claim reimbursement;		
NHS Wales Secondary Health Sector	123,494	118,647
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	2	0
Other	0	0
Local Authorities	0	0
Capital debtors - Tangible	0	0
Capital debtors - Intangible	0	0
Other debtors	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	0	0
Other accrued income	0	0
Sub total	**124,590**	120,572
Total	**200,230**	185,962

15. Trade and other Receivables (continued)

Receivables past their due date but not impaired

	31 March 2023 £000	31 March 2022 £000
By up to three months	**13,147**	12,151
By three to six months	**387**	314
By more than six months	**617**	767
	14,151	13,232

Expected Credit Losses (ECL) / Provision for impairment of receivables

Balance at 1 April	**(2,916)**	(4,377)
Transfer to other NHS Wales body	**0**	0
Amount written off during the year	**58**	22
Amount recovered during the year	**4**	2,230
(Increase) / decrease in receivables impaired	**528**	(791)
Bad debts recovered during year	**0**	0
Balance at 31 March	**(2,326)**	(2,916)

In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.

Receivables VAT

Trade receivables	**2,360**	2,377
Other	**0**	0
Total	**2,360**	2,377

16. Other Financial Assets

	Current		Non-current	
	31 March 2023	31 March 2022	**31 March 2023**	31 March 2022
	£000	£000	**£000**	£000
Financial assets				
Shares and equity type investments				
Held to maturity investments at amortised costs	**0**	0	**0**	0
At fair value through SOCNE	**0**	0	**0**	0
Available for sale at FV	**0**	0	**0**	0
Deposits	**0**	0	**0**	0
Loans	**0**	0	**0**	0
Derivatives	**0**	0	**0**	0
Other (Specify)				
Right of Use Asset Finance Sublease	**0**		**0**	
Held to maturity investments at amortised costs	**0**	0	**0**	0
At fair value through SOCNE	**0**	0	**0**	0
Available for sale at FV	**0**	0	**0**	0
Total	**0**	**0**	**0**	**0**

17. Cash and cash equivalents

	2022-23	2021-22
	£000	£000
Balance at 1 April	**4,398**	1,270
Net change in cash and cash equivalent balances	**(1,539)**	3,128
Balance at 31 March	**2,859**	4,398
Made up of:		
Cash held at GBS	**2,774**	4,308
Commercial banks	**0**	0
Cash in hand	**85**	90
Cash and cash equivalents as in Statement of Financial Position	**2,859**	4,398
Bank overdraft - GBS	**0**	0
Bank overdraft - Commercial banks	**0**	0
Cash and cash equivalents as in Statement of Cash Flows	**2,859**	4,398

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

Lease Liabilities £0
PFI liabilities £2,899k

The movement relates to cash, no comparative information is required by IAS 7 in 2022-23.

18. Trade and other payables

Current	**31 March 2023**	31 March 2022
	£000	£000
Welsh Government	**46**	4
WHSSC / EASC	**907**	264
Welsh Health Boards	**5,052**	2,663
Welsh NHS Trusts	**2,966**	2,116
Welsh Special Health Authorities	**56**	117
Other NHS	**2,643**	1,503
Taxation and social security payable / refunds	**7,606**	5,399
Refunds of taxation by HMRC	**0**	0
VAT payable to HMRC	**145**	82
Other taxes payable to HMRC	**2**	1
NI contributions payable to HMRC	**8,356**	6,881
Non-NHS payables - Revenue	**34,909**	33,940
Local Authorities	**353**	1,565
Capital payables- Tangible	**5,402**	24,193
Capital payables- Intangible	**38**	471
Overdraft	**0**	0
Rentals due under operating leases	**0**	0
RoU Lease Liability	**2,324**	
Obligations under finance leases, HP contracts		0
Imputed finance lease element of on SoFP PFI contracts	**3,194**	2,899
Pensions: staff	**9,325**	8,884
Non NHS Accruals	**134,752**	146,107
Deferred Income:		
Deferred Income brought forward	**660**	558
Deferred Income Additions	**810**	612
Transfer to / from current/non current deferred income	**0**	0
Released to SoCNE	**(594)**	(510)
Other creditors	**214**	124
PFI assets –deferred credits	**0**	0
Payments on account	**0**	0
Sub Total	**219,166**	237,873
Non-current		
Welsh Government	**0**	0
WHSSC / EASC	**0**	0
Welsh Health Boards	**0**	0
Welsh NHS Trusts	**0**	0
Welsh Special Health Authorities	**0**	0
Other NHS	**0**	0
Taxation and social security payable / refunds	**0**	0
Refunds of taxation by HMRC	**0**	0
VAT payable to HMRC	**0**	0
Other taxes payable to HMRC	**0**	0
NI contributions payable to HMRC	**0**	0
Non-NHS payables - Revenue	**0**	0
Local Authorities	**0**	0
Capital payables- Tangible	**0**	0
Capital payables- Intangible	**0**	0
Overdraft	**0**	0
Rentals due under operating leases	**0**	0
RoU Lease Liability	**13,330**	
Obligations under finance leases, HP contracts		0
Imputed finance lease element of on SoFP PFI contracts	**27,722**	30,916
Pensions: staff	**0**	0
Non NHS Accruals	**0**	0
Deferred Income :		
Deferred Income brought forward	**0**	0
Deferred Income Additions	**0**	0
Transfer to / from current/non current deferred income	**0**	0
Released to SoCNE	**0**	0
Other creditors	**0**	0
PFI assets –deferred credits	**0**	0
Payments on account	**0**	0
Sub Total	**41,052**	30,916
Total	**260,218**	268,789

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

Footnote re change in current year operating lease figures

RoU Lease Liability Transitioning & Transferring	**£000**
RoU liability as at 31 March 2022	**0**
Transfer of Finance Leases from PPE Note	**0**
Operating Leases Transitioning	**18,010**
RoU Lease liability as at 1 April 2022	**18,010**

18. Trade and other payables (continued).

Amounts falling due more than one year are expected to be settled as follows:	**31 March 2023 £000**	31 March 2022 £000
Between one and two years	**3,471**	3,194
Between two and five years	**14,210**	12,721
In five years or more	**10,041**	15,001
Sub-total	**27,722**	30,916

19. Other financial liabilities

	Current		**Non-current**	
Financial liabilities	**31 March 2023 £000**	31 March 2022 £000	**31 March 2023 £000**	31 March 2022 £000
Financial Guarantees:				
At amortised cost	**0**	0	**0**	0
At fair value through SoCNE	**0**	0	**0**	0
Derivatives at fair value through SoCNE	**0**	0	**0**	0
Other:				
At amortised cost	**0**	0	**0**	0
At fair value through SoCNE	**0**	0	**0**	0
Total	**0**	0	**0**	0

20. Provisions

	At 1 April 2022	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2023
Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-									
Secondary care	19,969	(7,834)	(4,151)	11,834	27,190	(16,284)	(6,730)	0	23,994
Primary care	70	0	0	0	298	(35)	(65)	0	268
Redress Secondary care	538	0	(98)	0	633	(202)	(278)	0	593
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	652	0	0	424	817	(728)	(320)	(76)	769
All other losses and special payments	0	0	0	0	100	(100)	0	0	0
Defence legal fees and other administration	1,624	0	0	150	1,994	(1,047)	(1,028)		1,693
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	41			3	36	(39)	(4)	(1)	36
2019-20 Scheme Pays - Reimbursement	28			0	6	(24)	0	0	10
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	1,527		0	0	2,191	(140)	(1,090)		2,488
Total	24,449	(7,834)	(4,249)	12,411	33,265	(18,599)	(9,515)	(77)	29,851
Non Current									
Clinical negligence:-									
Secondary care	117,107	0	0	(11,834)	20,153	(857)	(3,200)	0	121,369
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	2	0	0	0	2
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	5,472	0	0	(424)	115	0	(1,350)	0	3,813
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	1,685	0	0	(150)	843	(44)	(2)		2,332
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	17			(3)	0	0	(2)	0	12
2019-20 Scheme Pays - Reimbursement	1,925			0	0	0	(831)	0	1,094
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	126,206	0	0	(12,411)	21,113	(901)	(5,385)	0	128,622
TOTAL									
Clinical negligence:-									
Secondary care	137,076	(7,834)	(4,151)	0	47,343	(17,141)	(9,930)	0	145,363
Primary care	70	0	0	0	298	(35)	(65)	0	268
Redress Secondary care	538	0	(98)	0	635	(202)	(278)	0	595
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	6,124	0	0	0	932	(728)	(1,670)	(76)	4,582
All other losses and special payments	0	0	0	0	100	(100)	0	0	0
Defence legal fees and other administration	3,309	0	0	0	2,837	(1,091)	(1,030)		4,025
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	58			0	36	(39)	(6)	(1)	48
2019-20 Scheme Pays - Reimbursement	1,953			0	6	(24)	(831)	0	1,104
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	1,527		0	0	2,191	(140)	(1,090)		2,488
Total	150,655	(7,834)	(4,249)	0	54,378	(19,500)	(14,900)	(77)	158,473

Expected timing of cash flows:

	In year to 31 March 2024	Between 1 April 2024 31 March 2028	Thereafter	Total
				£000
Clinical negligence:-				
Secondary care	23,994	121,369	0	145,363
Primary care	268	0	0	268
Redress Secondary care	593	2	0	595
Redress Primary care	0	0	0	0
Personal injury	769	1,461	2,352	4,582
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	1,693	2,332	0	4,025
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	36	12	0	48
2019-20 Scheme Pays - Reimbursement	10	48	1,046	1,104
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	0	0	0	0
Other Capital Provisions	0	0	0	0
Other	2,488	0	0	2,488
Total	29,851	125,224	3,398	158,473

The expected timing of cash flows are based on best available information but they could change on the basis of individual case changes.

Reimbursements are anticipated from Welsh Risk Pool against the provisions detailed above for Clinical Negligence, Redress, Personal Injury Claims and defence legal fees and other administration provisions. The value of the anticipated reimbursement against these provisions amounts to £168.973m and is disclosed as part of the Welsh Risk Pool line in note 15 Trade and Other Receivables.

2019-20 Scheme Pays Reimbursement

In accordance with a Ministerial Direction issued on 18 December 2019, the Welsh Government have taken action to support circumstances where pensions tax rules are impacting upon clinical staff who want to work additional hours, and have determined that clinical staff who are members of the NHS Pension Scheme and who, as a result of work undertaken in the 2019-20 tax year, face a tax charge on the growth of their NHS pension benefits, may opt to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement.

Welsh Government on behalf of Swansea Bay University LHB, will pay the members who opt for reimbursement of their pension, a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction.

This scheme will be funded directly by the Welsh Government to the NHS Business Services Authority Pension Division, the administrators on behalf of the Welsh claimants. The figure disclosed above as a provision is based on details provided to Welsh Government by the Government Actuary Department in respect of individuals employed by the

20. Provisions (continued)

	At 1 April 2021	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2022
Current	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Clinical negligence:-									
Secondary care	42,159	0	(3,977)	6,855	25,939	(23,510)	(27,497)	0	**19,969**
Primary care	70	0	0	0	0	0	0	0	**70**
Redress Secondary care	669	0	(166)	5	1,082	(767)	(285)	0	**538**
Redress Primary care	0	0	0	0	0	0	0	0	**0**
Personal injury	856	0	0	389	874	(1,222)	(188)	(57)	**652**
All other losses and special payments	0	0	0	0	591	(591)	0	0	**0**
Defence legal fees and other administration	2,028	0	0	159	1,799	(1,362)	(1,000)		**1,624**
Pensions relating to former directors	0			0	0	0	0	0	**0**
Pensions relating to other staff	45			6	37	(43)	(3)	(1)	**41**
2019-20 Scheme Pays - Reimbursement	0			0	28	0	0	0	**28**
Restructuring	0			0	0	0	0	0	**0**
Other	1,192		0	0	555	(182)	(38)		**1,527**
Total	**47,019**	**0**	**(4,143)**	**7,414**	**30,905**	**(27,677)**	**(29,011)**	**(58)**	**24,449**
Non Current									
Clinical negligence:-									
Secondary care	95,422	0	0	(6,855)	33,661	(1,421)	(3,700)	0	**117,107**
Primary care	0	0	0	0	0	0	0	0	**0**
Redress Secondary care	5	0	0	(5)	0	0	0	0	**0**
Redress Primary care	0	0	0	0	0	0	0	0	**0**
Personal injury	5,617	0	0	(389)	244	0	0	0	**5,472**
All other losses and special payments	0	0	0	0	0	0	0	0	**0**
Defence legal fees and other administration	1,423	0	0	(159)	475	(51)	(3)		**1,685**
Pensions relating to former directors	0			0	0	0	0	0	**0**
Pensions relating to other staff	23			(6)	0	0	0	0	**17**
2019-20 Scheme Pays - Reimbursement	0			0	1,925	0	0	0	**1,925**
Restructuring	0			0	0	0	0	0	**0**
Other	0		0	0	0	0	0		**0**
Total	**102,490**	**0**	**0**	**(7,414)**	**36,305**	**(1,472)**	**(3,703)**	**0**	**126,206**
TOTAL									
Clinical negligence:-									
Secondary care	137,581	0	(3,977)	0	59,600	(24,931)	(31,197)	0	**137,076**
Primary care	70	0	0	0	0	0	0	0	**70**
Redress Secondary care	674	0	(166)	0	1,082	(767)	(285)	0	**538**
Redress Primary care	0	0	0	0	0	0	0	0	**0**
Personal injury	6,473	0	0	0	1,118	(1,222)	(188)	(57)	**6,124**
All other losses and special payments	0	0	0	0	591	(591)	0	0	**0**
Defence legal fees and other administration	3,451	0	0	0	2,274	(1,413)	(1,003)		**3,309**
Pensions relating to former directors	0			0	0	0	0	0	**0**
Pensions relating to other staff	68			0	37	(43)	(3)	(1)	**58**
2019-20 Scheme Pays - Reimbursement	0			0	1,953	0	0	0	**1,953**
Restructuring	0			0	0	0	0	0	**0**
Other	1,192		0	0	555	(182)	(38)		**1,527**
Total	**149,509**	**0**	**(4,143)**	**0**	**67,210**	**(29,149)**	**(32,714)**	**(58)**	**150,655**

The expected timing of cash flows are based on best available information but they could change on the basis of individual case changes.

Reimbursements are anticipated from Welsh Risk Pool against the provisions detailed above for Clinical Negligence, Redress, Personal Injury Claims and defence legal fees and other administration provisions. The value of the anticipated reimbursement against these provisions amounts to £157.974m and is disclosed as part of the Welsh Risk Pool line in note 15 Trade and Other Receivables.

2019-20 Scheme Pays Reimbursement

In accordance with a Ministerial Direction issued on 18 December 2019, the Welsh Government have taken action to support circumstances where pensions tax rules are impacting upon clinical staff who want to work additional hours, and have determined that clinical staff who are members of the NHS Pension Scheme and who, as a result of work undertaken in the 2019-20 tax year, face a tax charge on the growth of their NHS pension benefits, may opt to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement.

Welsh Government on behalf of Swansea Bay University LHB, will pay the members who opt for reimbursement of their pension, a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction.

This scheme will be funded directly by the Welsh Government to the NHS Business Services Authority Pension Division, the administrators on behalf of the Welsh claimants. The figure disclosed above as a provision is based on details provided to Welsh Government by the Government Actuary Department in respect of individuals employed by the Health Board who took up the option.The provision is backed off by a debtor with Welsh Govermnent disclosed in Note 15 to these

21. Contingencies

21.1 Contingent liabilities

Provisions have not been made in these accounts for the following amounts :	**2022-23 £'000**	2021-22 £'000
Legal claims for alleged medical or employer negligence:-		
Secondary care	**173,077**	214,448
Primary care	**689**	80
Redress Secondary care	**0**	0
Redress Primary care	**0**	0
Doubtful debts	**0**	0
Equal Pay costs	**0**	0
Defence costs	**3,903**	5,509
Continuing Health Care costs	**120**	46
Other	**0**	0
Total value of disputed claims	**177,789**	220,083
Amounts (recovered) in the event of claims being successful	**(174,008)**	(216,307)
Net contingent liability	**3,781**	3,776

Prior to 2019/20, liabilities for continuing healthcare costs were a significant issue for the LHB. However, since the 2017-18 financial year significant progress has made in progressing phase 3, 4, 5 and 7 claims, to the extent that as at 31st March 2023 there are no phase 3 or phase 5 cases remaining and only 1 phase 6 claim remains.

As at 31st March 2023, the LHB has included the following amounts relating to these uncertain continuing healthcare costs:

Note 20 sets out the £182,486 (2021-22, £75,516) provision for probable continuing care costs relating to 19 (2021-22, 13) claims received.

Note 21.1 sets out the £120,498 (2021-22, £45,597) contingent liability for possible continuing care costs relating to 18 (2021-22, 12) claims received.

21.2 Remote Contingent liabilities

	2022-23 £000	2021-22 £000
Guarantees	0	0
Indemnities	106	25
Letters of Comfort	0	0
Total	**106**	**25**

21.3 Contingent assets

	2022-23 £000	2021-22 £000
The Health Board has no contingent assets	0	0
Total	**0**	0

22. Capital commitments

Contracted capital commitments at 31 March

The disclosure of future capital commitments not already disclosed as liabilities in the accounts.

	2022-23 £000	2021-22 £000
Property, plant and equipment	19,288	9,473
Right of Use Assets	0	
Intangible assets	0	0
Total	**19,288**	9,473

23. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, this note is prepared on a cash basis.

Gross loss to the Exchequer

Number of cases and associated amounts paid out during the financial year

	Amounts paid out during period to 31 March 2023	
	Number	£
Clinical negligence	128	17,378,035
Personal injury	33	319,150
All other losses and special payments	212	99,652
Total	373	17,796,837

Analysis of cases in excess of £300,000

	Case Type	In year claims in excess of £300,000		Cumulative claims in excess o £300,000	
		Number	£	Number	£
Cases in excess of £300,000:					
10RYMMN0033	Clinical Negligence With Advice			1	1,250,000
10RYMMN0205	Clinical Negligence With Advice			1	481,250
10RYMMN0212	Clinical Negligence With Advice			1	6,091,100
10RYMMN0223	Clinical Negligence With Advice			1	3,935,000
11RYMMN0156	Clinical Negligence With Advice			1	2,331,278
12RYMMN0130	Clinical Negligence With Advice			1	758,319
13RYMMN0115	Clinical Negligence Witł	1	532,170	1	655,000
13RYMMN0234	Clinical Negligence With Advice			1	565,000
13RYMMN0247	Clinical Negligence With Advice			1	307,375
14RYMMN0034	Clinical Negligence Witł	1	400,000	1	2,271,281
14RYMMN0122	Clinical Negligence Witł	1	325,000	1	725,000
14RYMMN0131	Clinical Negligence With Advice			1	510,573
14RYMMN0136	Clinical Negligence Witł	1	2,375,228	1	2,600,000
15RYMMN0040	Clinical Negligence With Advice			1	2,906,000
15RYMMN0151	Clinical Negligence With Advice			1	6,700,000
15RYMMN0154	Clinical Negligence With Advice			1	1,218,995
16RYMMN0057	Clinical Negligence With Advice			1	890,133
16RYMMN0068	Clinical Negligence With Advice			1	390,000
16RYMMN0126	Clinical Negligence Witł	1	787,500	1	792,500
16RYMMN0161	Clinical Negligence With Advice			1	2,431,831
16RYMMN0185	Clinical Negligence With Advice			1	360,000
16RYMMN0199	Clinical Negligence With Advice			1	446,069
17RYMMN0040	Clinical Negligence Witł	1	354,000	1	354,000
17RYMMN0047	Clinical Negligence With Advice			1	311,830
17RYMMN0090	Clinical Negligence With Advice			1	372,000
17RYMMN0102	Clinical Negligence With Advice			1	1,267,500
17RYMMN0114	Clinical Negligence With Advice			1	1,395,000
17RYMMN0176	Clinical Negligence With Advice			1	325,000
18RYMMN0061	Clinical Negligence With Advice			1	710,000
18RYMMN0092	Clinical Negligence Witł	1	1,020,000	1	1,130,000
18RYMMN0122	Clinical Negligence Witł	1	616,912	1	616,912
18RYMMN0156	Clinical Negligence Witł	1	1,009,824	1	1,009,824
18RYMMN0158	Clinical Negligence Witł	1	450,000	1	450,000
19RYMMN0003	Clinical Negligence Witł	1	2,910,570	1	3,160,000
19RYMMN0019	Clinical Negligence Witł	1	570,000	1	610,000
19RYMMN0080	Clinical Negligence Witł	1	560,000	1	560,000
20RYMMN0002	Clinical Negligence With Advice			1	482,000
20RYMPI0037	Personal Injury with Advice			1	555,562
Sub-total		**13**	**11,911,204**	**38**	**51,926,332**
All other cases		360	5,885,633	335	10,384,217
Total cases		**373**	**17,796,837**	**373**	**62,310,549**

24. Right of Use / Finance leases obligations

24.1 Obligations (as lessee)

The Health Board has no finance leases receivable as a lessee.

The Health Board does not hold any finance leases in respect of land and buildings.

Amounts payable under right of use asset / finance leases:	**Post Implementation of IFRS 16 (RoU)**	Pre implementation of IFRS 16 (FL)
Land	**31 March 2023**	31 March 2022
	£000	£000
Minimum lease payments		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Less finance charges allocated to future periods	**0**	0
Minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
Present value of minimum lease payments		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Present value of minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

24.1 Right of Use / Finance leases obligations

Buildings	Post Implementation of IFRS 16 (RoU)	Pre implementation of IFRS 16 (FL)
	31 March 2023	31 March 2022
Minimum lease payments	**£000**	£000
Within one year	**1,550**	0
Between one and five years	**5,898**	0
After five years	**6,749**	0
Less finance charges allocated to future periods	**(724)**	0
Minimum lease payments	**13,473**	0
Included in:		
Current borrowings	**1,430**	0
Non-current borrowings	**12,043**	0
	13,473	0
Present value of minimum lease payments		
Within one year	**1,430**	0
Between one and five years	**5,551**	0
After five years	**6,492**	0
Present value of minimum lease payments	**13,473**	0
Included in:		
Current borrowings	**1,430**	0
Non-current borrowings	**12,043**	0
	13,473	0

Other- Non property	Post Implementation of IFRS 16 (RoU)	Pre implementation of IFRS 16 (FL)
	31 March 2023	31 March 2022
Minimum lease payments	**£000**	£000
Within one year	**911**	0
Between one and five years	**1,299**	0
After five years	**0**	0
Less finance charges allocated to future periods	**(28)**	0
Minimum lease payments	**2,182**	0
Included in:		
Current borrowings	**894**	0
Non-current borrowings	**1,288**	0
	2,182	0
Present value of minimum lease payments		
Within one year	**894**	0
Between one and five years	**1,288**	0
After five years	**0**	0
Present value of minimum lease payments	**2,182**	0
Included in:		
Current borrowings	**894**	0
Non-current borrowings	**1,288**	0
	2,182	0

24.2 Right of Use Assets / Finance lease receivables (as lessor)

The Local Health Board has no finance leases receivable as a lessor.

Amounts receivable under right of use assets / finance leases:	Post Implementation of IFRS 16 (RoU)	Pre implementation of IFRS 16 (FL)
	31 March 2023	31 March 2022
Gross Investment in leases	£000	£000
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Present value of minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0

25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

The LHB has no PFI Schemes off-statement of financial position.

Commitments under off-SoFP PFI contracts	**Off-SoFP PFI contracts**	Off-SoFP PFI contracts
	31 March 2023	31 March 2022
	£000	£000
Total payments due within one year	**0**	0
Total payments due between 1 and 5 years	**0**	0
Total payments due thereafter	**0**	0
Total future payments in relation to PFI contracts	**0**	0
Total estimated capital value of off-SoFP PFI contracts	**0**	0

25.2 PFI schemes on-Statement of Financial Position

Capital value of scheme included in Fixed Assets Note 11	**£000**
	61,938
Contract start date:	**12th May 2000**
Contract end date:	**31st May 2030**

On 12th May 2000, a 30 year Private Finance Initiative (PFI) contract was signed between the Health Board's predecessor organ isation Bro Morgannwg NHS Trust and Baglan Moors Healthcare for the provision of a 270 bed local general hospital to serve the population of Neath and Port Talbot.

The services to be provided in the new hospital which was completed in Autumn 2002 resulted in the transfer of services from the subsequently closed Neath and Port Talbot Hospitals.

Total obligations for on-Statement of Financial Position PFI contracts due:

	On SoFP PFI Capital element 31 March 2023 £000	**On SoFP PFI Imputed interest 31 March 2023 £000**	**On SoFP PFI Service charges 31 March 2023 £000**
Total payments due within one year	**3,194**	**4,972**	**5,326**
Total payments due between 1 and 5 years	**17,681**	**22,076**	**17,672**
Total payments due thereafter	**10,041**	**17,078**	**6,450**
Total future payments in relation to PFI contracts	**30,916**	**44,126**	**29,448**

	On SoFP PFI Capital element 31 March 2022 £000	On SoFP PFI Imputed interest 31 March 2022 £000	On SoFP PFI Service charges 31 March 2022 £000
Total payments due within one year	2,899	4,863	5,402
Total payments due between 1 and 5 years	15,915	21,417	18,695
Total payments due thereafter	15,001	22,709	10,753
Total future payments in relation to PFI contracts	33,815	48,989	34,850

	31/03/2023 £000
Total present value of obligations for on-SoFP PFI contracts	**104,490**

25.3 Charges to expenditure	2022-23	2021-22
	£000	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	2,747	2,680
Total expense for Off Statement of Financial Position PFI contracts	0	0
The total charged in the year to expenditure in respect of PFI contracts	2,747	2,680

The LHB is committed to the following annual charges

PFI scheme expiry date:	£000	£000
Not later than one year	0	0
Later than one year, not later than five years	0	0
Later than five years	13,492	13,163
Total	13,492	13,163

The estimated annual payments in future years will vary from those which the LHB is committed to make during the next year by the impact of movement in the Retail Prices Index.

25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	1	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

PFI Contract	On / Off-statement of financial position
Number of PFI contracts which individually have a total commitment > £500m	0

PFI Contract	On/Off
Neath Port Talbot Hospital	On

25.5 The LHB has no Public Private Partnerships

26. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The LHB is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The LHB has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the LHB in undertaking its activities.

Currency risk

The LHB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The LHB has no overseas operations. The LHB therefore has low exposure to currency rate fluctuations.

Interest rate risk

LHBs are not permitted to borrow. The LHB therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the LHB's funding derives from funds voted by the Welsh Government the LHB has low exposure to credit risk.

Liquidity risk

The LHB is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The LHB is not, therefore, exposed to significant liquidity risks.

27. Movements in working capital

	2022-23 £000	2021-22 £000
(Increase)/decrease in inventories	(1,342)	43
(Increase)/decrease in trade and other receivables - non-current	(4,018)	(23,935)
(Increase)/decrease in trade and other receivables - current	(10,250)	28,280
Increase/(decrease) in trade and other payables - non-current	10,136	(2,899)
Increase/(decrease) in trade and other payables - current	(18,707)	38,587
Total	(24,181)	40,076
Adjustment for accrual movements in fixed assets - creditors	19,224	(12,534)
Adjustment for accrual movements in fixed assets - debtors	0	0
Other adjustments	(11,761)	(3,807)
	(16,718)	23,735

28. Other cash flow adjustments

	2022-23 £000	2021-22 £000
Depreciation	30,497	28,512
Amortisation	1,847	1,848
(Gains)/Loss on Disposal	(116)	(249)
Impairments and reversals	(5,690)	(5,567)
Release of PFI deferred credits	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0
Covid assets received credited to revenue but non-cash	0	0
Donated assets received credited to revenue but non-cash	(232)	(185)
Government Grant assets received credited to revenue but non-cash	(43)	(707)
Right of Use Grant (Peppercorn Lease) credited to revenue but non cash	(969)	
Non-cash movements in provisions	26,324	30,295
Other movements	31,032	26,782
Total	82,650	80,729

Other Adjustments in Note 27 relates to the capital element of payments in respect of finance leases, on SoFP PFI schemes and Right of Use (ROU) assets.

Other movements in Note 28 relates to the notional funding provided by Welsh Government in respect of the 6.3% NHS Pension Contributions paid by Welsh Government and notionally charged to the Health Board and depreciation on Right of Use (ROU) assets.

29. Events after the Reporting Period

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 19th July 2023; post the date the financial statements were certified by the Auditor General for Wales.

NHS Wales Recovery payment 2022-23

NHS Wales bodies were notified in a pay circular letter issued on 25th May 2023 by the Welsh Government, of the additional pay arrangements for employees covered by the Agenda for Change terms and conditions in Wales for 2022-23, which will be funded by the Welsh Government.

NHS Wales bodies will make a one off non-consolidated, prorated “recovery payment” for staff employed on the Agenda for Change terms and conditions (this includes most NHS staff including nursing staff but excludes medical staff).

These costs have not been recognised in the 2022-23 financial statements because the obligating event was the publication of the offer agreed with the Minister on 20 April 2023 and therefore post 31st March 2023. The costs will be accounted for in the 2023-24 Annual Accounts of NHS Wales bodies.

The estimated cost is £12.037m.

Delivery Unit

On 1st April 2023 the Delivery Unit which is currently hosted by Swansea Bay University Health Board and reported as an operating segment in note 33 to these accounts will transfer to Public Health Wales NHS Trust. All assets and liabilities associated with the Delivery Unit will transfer as at 1st April 2023.

30. Related Party Transactions

A number of the LHB's Board members have interests in related parties as follows:

Name	Details	Related Party Interest
Mrs. M Berry	Independent Member	Trust and Vice Chair - Care & Repair Cymru
Mr. M Child	Independent Member	Cabinet member for Adult Social Care City and County of Swansea Council
Professor T.Crick	Independent Member	Non Executive Director of Welsh Water/Dwr Cymru
Mrs. J Davies	Independent Member	Board Member Royal College of Nursing Wales
Mr. D Griffiths	Director of Finance and Performance	Governor of Gower College Swansea and Wife is Director for Wales for the British Red Cross
Mr. A Jarrett	Associate Board Member	Director of Social Services for Neath Port Talbot CBC
Mr. K Lloyd	Independent Member	Board member of Mind and Executive Dean and Pro Vice Chancellor at Swansea University
Ms N Matthews	Independent Member	Councillor- City and County of Swansea Council
Mr. P Mapson	Board Adviser	Non Executive Director of Somerset District Hospital NHS Foundation Trust
Mr.S Spill	Vice Chair	Non Executive Director - Coastal Housing Group and Trustee Platform for Change
Mr. M Waygood	Board Adviser	Trustee of the Ospreys in the Community Charity
Ms. N Zolle	Independent Member	Trustee of the Ospreys in the Community Charity

The total value of transactions with related parties in 2022/23 were as follows:

Related Party		Payments to related party	Receipts from related party	Amounts owed to related party	Amounts due from related party
		£000	£000	£000	£000
Care and Repair Cymru		43	0	0	0
City & County of Swansea Council		23,713	3,387	309	610
Welsh Water - Dwr Cymru		783	0	0	0
Royal College of Nursing		7	27	1	11
Gower College		9	0	3	0
British Red Cross		155	0	18	0
Neath Port Talbot County Council		12,896	4,474	27	1,160
Swansea University		6,974	911	1,564	330
MIND Cymru		68	0	34	0
Somerset District Hospital NHS Foundation Trust		26	0	0	0
Coastal Housing Group		398	0	176	0
Platform for Change		13	0	0	0
Wales NHS Confederation		67	0	115	0
Ospreys in the Community		112	0	0	0

The Swansea Bay University Health Board Charity is the linked charity to the Swansea Bay University Health Board. During the financial year the health board for operational reasons may make payments on behalf of the NHS Charity and the NHS Charity may make payments on behalf of the heath board. These payments are cleared monthly via an intercompany transfer within the financial ledgers. In 2022/23 the health board made cash payments of £1,994,207 on behalf of the NHS Charity and the NHS Charity made payments of £599,935 on behalf of the health board. As at 31st March 2023 the amount owed to the health board by the NHS Charity amounted to £175,653 with the health board owing the NHS Charity £14,999. These balances will be cleared in April 2023.

The Welsh Government is regarded as a related party. During the year Swansea Bay University Local Health Board has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely:

Entity	Payments to related party	Receipts from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Welsh Government	218	1,193,767	46	1,534
Welsh Health Specialised Services Commission	126,540	136,194	907	5,009
Aneurin Bevan LHB	1,018	3,992	222	598
Betsi Cadwaladr LHB	455	170	107	32
Cardiff & Vale LHB	7,472	6,347	1,374	590
Cwm Taf LHB	32,548	43,159	2,340	2,511
Digital Health Care Wales	5,228	1,153	54	184
Health Education & Improvement Wales	2	15,621	2	811
Hywel Dda LHB	4,706	41,551	838	1,051
Powys LHB	1,481	10,315	171	988
Public Health Wales NHS Trust	4,414	4,038	398	502
Velindre NHS Trust	51,982	5,055	2,440	1,107
Welsh Ambulance Services NHS Trust	1,214	140	128	23
Total	**237,278**	**1,461,502**	**9,027**	**14,940**

31. Third Party assets

The LHB held £1,009,643 cash at bank and in hand at 31 March 2023 (31st March 2022, £590,080) which relates to monies held by the LHB on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

Cash held in Patient's Investment Accounts amounted to £0.00 at 31st March 2023 (31st March 2022, £491,452). Due to a change in money laundering regulations in year, the LHB is no longer permitted to hold client call accounts in the names of patients, which was how the Lloyds investment accounts were held. As a result the Lloyds Investment accounts were closed by Lloyds Bank in August 2022 and the sum of £437,236 transferred into the Patients Monies Current Account.

In addition the LHB had located on its premises a significant quantity of consignment stock. This stock remains the property of the supplier until it is used. The value of consignment stock at 31 March 2023 was £969,856 (£436,794 as at 31st March 2022).

32. Pooled budgets

The Health Board (Swansea Locality) has participated in a formal pooled budget arrangement in 2022/23 which commenced in April 2012 and replaced previous agreements in place between 2008/09 and March 2012. The pooled budget arrangement is accounted for in accordance with IFRS 11, Joint Arrangements and IFRS 12, Disclosure of Interests in Other Entities.

Section 33 Partnership : Community Equipment

1. Statutory Partners

City & County of Swansea
Neath Port Talbot County Borough Council
Swansea Bay University Health Board

2. Aims of the Partnership

To provide an integrated community equipment service that meets the defining criteria and good practice within the guidance provided by the Welsh Assembly Government.

To provide a flexible and responsive service for users and practitioners through a unified assessment and provisioning system which avoids duplication and barriers to provision.

To meet national and local standards and performance indicators, in particular to provide a high percentage of equipment and minor adaptations within a seven day target.

To support intermediate care, palliative care and hospital discharge initiatives and to build on and consolidate existing joint arrangements.

To develop more accessible services with consistent eligibility criteria, which will improve co-ordination between partner agencies and service users.

To provide an assessment, demonstration display and learning facility for service users and practitioners from health, education and social services.

To meet the above in respect of beds, mattresses and cot sides and other equipment

3. Pooled Budget Memorandum Account

Gross Funding	**2022/23**	**2021/22**
	£	**£**
City & County of Swansea	634,110	634,800
Neath Port Talbot County Borough Council	356,730	357,190
Swansea Bay University Health Board	1,309,160	1,308,010
Other	632,080	356,365
Total Funding	**2,932,080**	**2,656,365**
Expenditure	3,419,496	3,101,992
Net (under)/over spend	**487,416**	**445,627**

The overspend will be funded through an equivalent drawdown from a ring fenced reserve specific to the Equipment Pool.

33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

Swansea Bay University Health Board has organised its operational services into 4 Service Groups.
Two of these service groups are centred on the Health Board's main hospital sites of Morriston, Neath Port Talbot, and Singleton. The remaining two Service Groups cover Mental Health and Learning Disabilities Services and Primary Care Community and Therapy Services

The LHB has formed the view that the activities of its service groups are sufficiently similar for the results of their operations not to have to be disclosed separately. In reaching this decision the Health Board is satisfied that the following criteria are met:

1. Aggregation still allows users to evaluate the business and its operating environment

2. Service Groups have similar economic characteristics

3. The Service Groups are similar in respect of all of the following

> The nature of the service provided
> The Service Groups operate fundamentally similar processes
> The end customers (the patients) fall into broadly similar categories
> The Service Groups share a common regulatory environment

The LHB did operate as a home to two hosted bodies during 2022/23.

The first of these is the NHS Wales Delivery Unit (DU). This unit is responsible for the functions of assurance, improvement of performance and delivery for NHS Wales, with the unit being aligned with the priorities of and directly funded by the Welsh Government. As of 1st April 2023 the NHS Wales Delivery Unit will transfer to Public Health Wales NHS Trust.

During 2022/23 these accounts contain income of £6.637m and expenditure of £6.967m in respect of the DU.

The second hosted body is the Emergency Medical Retrieval and Transfer Service (EMRTS). This service provides pre-hospital critical care for all age groups and undertakes time critical life or limb threatening adult and paediatric transfers from Emergency Departments, Medical Assessment Units, Intensive Care Units and Minor Injury Units for patients requiring specialist intervention at the receiving hospital. The service is mainly funded directly by Welsh Government

During 2022/23 these accounts contain income of £0.311m and expenditure of £8.830m in respect of EMRTS.

The LHB does not consider the amounts involved to be sufficiently material to be reported as a separate segment.

34. Other Information

34.1. 6.3% Staff Employer Pension Contributions - Notional Element

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2022 to 31 March 2023. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2022 and February 2023 alongside Health Board/Trust/SHA data for March 2023.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

	2022-23	2021-22
Statement of Comprehensive Net Expenditure for the year ended 31 March 2023	**£000**	**£000**
Expenditure on Primary Healthcare Services	**0**	0
Expenditure on Hospital and Community Health Services	**28,483**	26,782
Statement of Changes in Taxpayers' Equity For the year ended 31 March 2023		
Net operating cost for the year	**28,483**	26,782
Notional Welsh Government Funding	**28,483**	26,782
Statement of Cash Flows for year ended 31 March 2023		
Net operating cost for the financial year	**28,483**	26,782
Other cash flow adjustments	**28,483**	26,782
2.1 Revenue Resource Performance		
Revenue Resource Allocation	**28,483**	26,782
3. Analysis of gross operating costs		
3.1 Expenditure on Primary Healthcare Services		
General Medical Services	**0**	0
3.3 Expenditure on Hospital and Community Health Services		
Directors' costs	**60**	50
Staff costs	**28,423**	26,732
9.1 Employee costs		
Permanent Staff		
Employer contributions to NHS Pension Scheme	**28,483**	26,782
Charged to capital	**41**	33
Charged to revenue	**28,442**	26,749
18. Trade and other payables		
Current		
Pensions: staff	**0**	0
28. Other cash flow adjustments		
Other movements	**28,483**	26,782

34. Other Information

34.2 Welsh Government Covid 19 Funding

Details of Covid 19 Pandemic Welsh Government funding amounts provided to NHS Wales bodies:

	2022-23 £000	2021-22 £000
Capital		
Capital Funding Field Hospitals	0	0
Capital Funding Equipment & Works	2505	7038
Capital Funding other (Specify)	0	0
Welsh Government Covid 19 Capital Funding	**2,505**	**7,038**
Revenue		
Stability Funding	34,604	59,758
Covid Recovery	0	25,307
Cleaning Standards	0	2,366
PPE (including All Wales Equipment via NWSSP)	4,285	4,797
Testing / TTP- Testing & Sampling - Pay & Non Pay	2,286	3,104
Tracing / TTP - NHS & LA Tracing - Pay & Non Pay	5,601	13,090
Extended Flu Vaccination / Vaccination - Extended Flu Programme	918	825
Mass Covid-19 Vaccination / Vaccination - COVID-19	8,977	13,647
Annual Leave Accrual - Increase due to Covid		0
Urgent & Emergency Care		3,383
Private Providers Adult Care / Support for Adult Social Care Providers		2,243
Hospices		0
Other Mental Health / Mental Health		0
Other Primary Care	1,560	0
Social Care		1,816
Other	430	71
Welsh Government Covid 19 Revenue Funding	**58,661**	**130,407**

The Certificate of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Swansea Bay University Local Health Board for the year ended 31 March 2023 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion the financial statements:

> give a true and fair view of the state of affairs of Swansea Bay University Local Health Board as at 31 March 2023 and of its net operating costs for the year then ended;

> have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and

>have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, except for the matters described in the Basis for Qualified Regularity Opinion section of my report, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for Qualified Opinion on regularity

I have qualified my opinion on the regularity of Swansea Bay University Local Health Board's financial statements because the Health Board has breached its resource limit by spending £46.865 million over the £3,326 million that it was authorised to spend in the three-year period 2020-2021 to 2022-2023. This spend constitutes irregular expenditure.

Further detail is set out in the attached Report.

Basis of opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.
My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Swansea Bay University Local Health Board is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly state d in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledg e obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsisten cies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If I conclude that there is a material misstatement of this other information based on the work I have performed, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made thereunder by Welsh Ministers.
In my opinion, based on the work undertaken in the course of my audit:

> the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers' directions; and

> the information given in the Foreword, Accountability Report and Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Foreword and Accountability Report or the Governance Statement.
I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

> I have not received all the information and explanations I require for my audit.

> adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;

> the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;

>information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;

> certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or

> the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for:

> maintaining adequate accounting records;

> the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;

> ensuring that the annual report and financial statements as whole are fair, balanced and understandable;

> ensuring the regularity of financial transactions;

> internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and

> assessing the Board's ability of continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Board will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

> Enquiring of management, the audited entity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Swansea Bay University Local Health Board policies and procedures concerned with:

identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;

detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and

the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.

> Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, posting o f unusual journals, and biases in accounting estimates;

> Obtaining an understanding of Swansea Bay University Local Health Board's framework of authority and other legal and regulatory frameworks that Swansea Bay University Local Health Board operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Swansea Bay University Local Health Board.

> Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

> reviewing the financial statement disclosures and testing supporting documentation to assess compliance with relevant laws and regulations discussed above;

> enquiring of management, those charged with governance and legal advisors about actual and potential litigation and claims;

> reading minutes of meetings of those charged with governance and the Board; and

> in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments, assessing whether the judgements made in making accounting estimates are indicative of a potential bias, and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit teams and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of Swansea Bay University Local Health Board controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I am also required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the Senedd and the financial transactions conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my au dit.

Report

Please see my Report on page 79.

Adrian Crompton
Auditor General for Wales

26 July 2023

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Report of the Auditor General to the Senedd

Introduction

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Swansea Bay University Local Health Board's (the LHB's) financial statements. I am reporting on these financial statements for the year ended 31 March 2023 to draw attention to a key matter for my audit, the failure against the first financial duty and consequential qualification of my 'regularity' opinion. I have not qualified my 'true and fair' opinion in respect of this.

Financial duties

Local Health Boards (LHBs) are required to meet two statutory financial duties, known as the first and second financial duties.

For 2022-23, Swansea Bay University Local Health Board (the LHB) failed to meet the first financial duty.

Failure of the first financial duty

The **first financial duty** gives additional flexibility to LHBs by allowing them to balance their income with their expenditure over a three-year rolling period. The three-year period being measured under this duty this year is 2020-21 to 2022-23.

As shown in Note 2.1 to the Financial Statements, the LHB did not manage its revenue expenditure within its resource allocation over this three-year period, exceeding its cumulative revenue resource limit of £3,326 million by £46.865 million. Where an LHB does not balance its books over a rolling three-year period, any expenditure over the resource allocation (i.e. spending limit) for those three years exceeds the LHB's authority to spend and is therefore 'irregular'. In such circumstances, I am required to qualify my 'regularity opinion' irrespective of the value of the excess spend.

Adrian Crompton
Auditor General for Wales
26 July 2023

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

LOCAL HEALTH BOARDS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2011 and subsequent financial years in respect of the Local Health Boards (LHB)1, in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the LHB shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year in which the accounts are being prepared, and has been applied by the Welsh Government and detailed in the NHS Wales LHB Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the LHB for the year ended 31 March 2011 and subsequent years shall comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied by the Welsh Assembly Government, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst Dated :

1. Please see regulation 3 of the 2009 No.1559 (W.154); NATIONAL HEALTH SERVICE, WALES; The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009.