GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board

Accountability Report

2018-2019

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Signed : Tracy Myhill ……
(Chief Executive)

Date ……

This Accountability Report includes a number of key documents, namely:

- A Corporate Governance Report. This sets out the composition and organisation of Abertawe Bro Morgannwg University Health Board's (ABMU's) governance structures and how these support the achievement of the entity's objectives. This detail is contained within our Annual Governance Statement (AGS) attached at **Annex 'A'.**

- A Directors' Report and a Statement of Accountable Officer's Responsibilities is attached at **Annex 'B'.**

- A Remuneration and Staff Report attached at **Annex 'C'.**

- A National Assembly for Wales Accountability and Audit Report attached at **Annex 'D'.**

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Annex A

Corporate Governance Report

2018-2019

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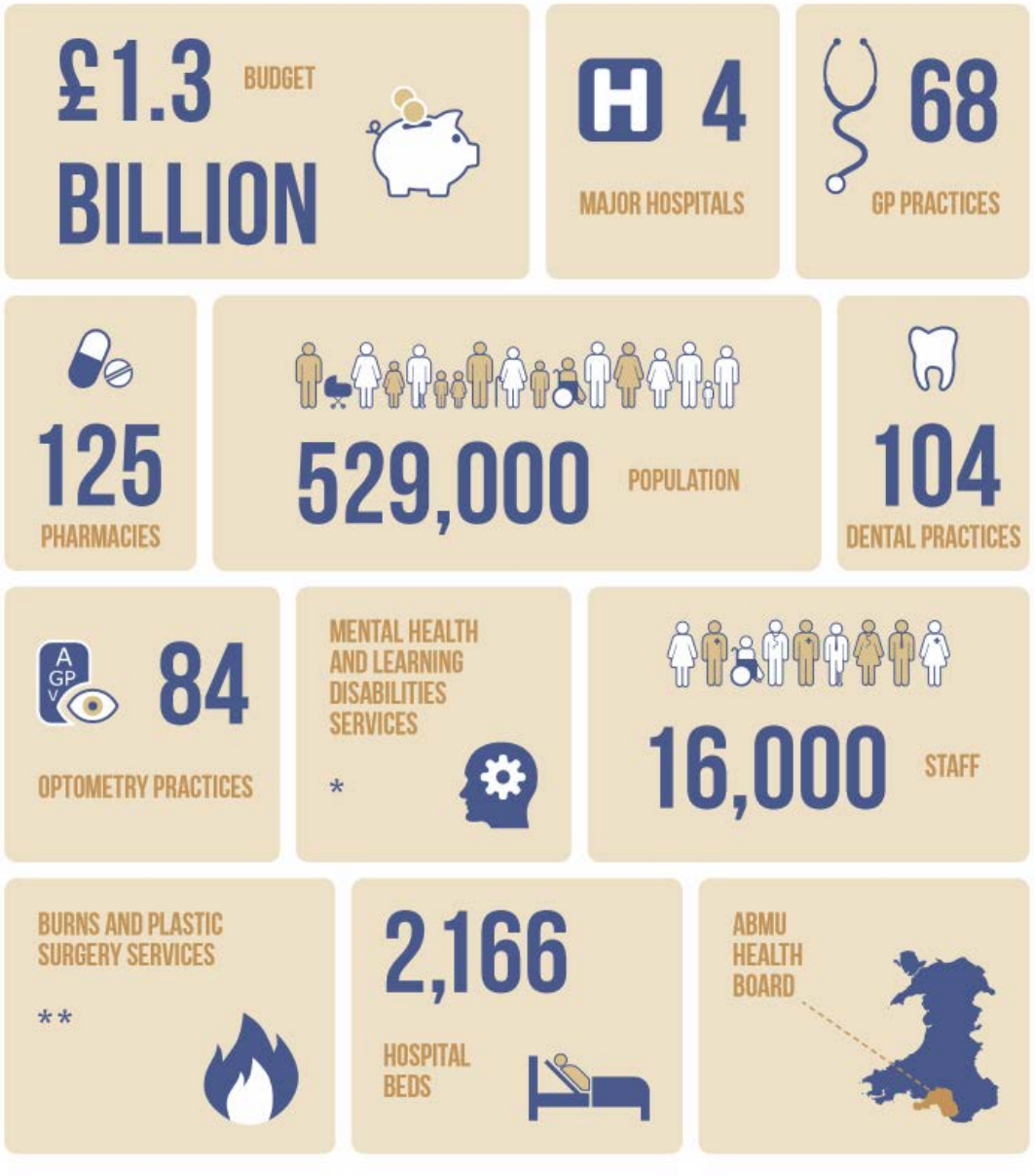
1. INTRODUCTION

For the reporting period 2018-2019, the Health Board had responsibility for assessing the health needs of our population in Bridgend, Neath Port Talbot and Swansea local authorities and then commissioning, planning and delivering healthcare for those people. We also have a joint responsibility for improving the health and wellbeing of our diverse communities and, with our partners in the Public Service Boards, we have undertaken wellbeing assessments, as well as care needs assessments for certain client groups with partners through the Western Bay Regional Partnership Board.

In 2018-2019, the Health Board had a budget of more than £1.0 billion, employing just over 16,000 staff, 70% of whom are involved in direct patient care.



* = Regional provider for Learning Disabilities Service, providing services for Cwm Taf and Cardiff and Vale University Health Boards, as well as ourselves

** = Services provided for the whole of South Wales and the South West of England, as well as ourselves

The Health Board reported a pre-audited year-end deficit position of £9.879m in 2018-2019. This financial performance was in line with the annual plan forecast.

Our responsibilities extend to both primary (general practitioner, optician, pharmacy and dental services) and secondary (hospital) services together with certain tertiary services such as providing burns and plastic surgery services for Wales and the South West of England. We also provide forensic mental health services for the whole of South Wales and learning disability services are provided from Swansea to Cardiff as well as for the Rhondda Cynon Taf and Merthyr Tydfil areas. A range of community based services are delivered within patients' own homes, via community hospitals, health centres, and clinics. The Health Board also provided general medical and dental services to Hillside Secure Children's Unit and general medical services to HM Prison Swansea.

In 2018-2019 we had four acute hospital sites these being the Princess of Wales (POW) Hospital in Bridgend, Neath Port Talbot (NPT) Hospital in Port Talbot and the Singleton Hospital and Morriston Hospital sites which are both located in Swansea. Details of our other hospital sites are published on our website. At the end of March 2019, the total number of beds in the Health Board stood at 2,166.

The Health Board also hosts two all-Wales Services:

- **The Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)**[1] is an All Wales Service that provides Consultant and Critical Care Practitioner-delivered pre-hospital critical care across Wales. It was launched at the end of April 2015 and is a partnership between Wales Air Ambulance Charity, Welsh Government and NHS Wales.
- **The NHS Wales Delivery Unit -** The Delivery Unit provides professional support to Welsh Government to monitor and manage performance delivery across NHS Wales.

Swansea Bay University Health Board (SBUHB)
From 1 April 2019, the responsibility for commissioning healthcare services for the people in the Bridgend County Borough Council (BCBC) area moved from Abertawe Bro Morgannwg University Health Board (ABMUHB) to Cwm Taf University Health Board (CTUHB). From 1 April 2019, the former Abertawe Bro Morgannwg University Health Board was renamed Swansea Bay University Local Health Board (SBUHB).

[1] https://www.emrts.cymru/

2. SCOPE OF RESPONSIBILITY

The Board is accountable for good governance, risk management and the internal control processes of the organisation. As Chief Executive of the Health Board, I have responsibility for maintaining appropriate governance structures and procedures, as well as ensuring that an effective system of internal control is in place that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the Health Board'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.

In discharging this responsibility I, together with the Board, am responsible for putting into place arrangements for the effective governance of the Health Board, facilitating the effective implementation of the functions of the Board and the management of risk.

2.1 Our purpose, vision and values

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 our communities, reducing health inequalities and delivering prudent healthcare in which patients and users feel cared for, confident and safe.

The Board's intent is to move to being a population health focused organisation, commissioning services to meet patient and community needs. Our two strategic aims **Supporting Better Health** and **Delivering Better Care** and associated enabling objectives are clear in our ambition for change. We will become increasingly focused on working with partners to improve the wellbeing of our population. The Swansea and Neath Port Talbot **Public Service Boards'** Well Being Plans have clear and aligned priorities which we are actively engaged in.

The Health Board's agreed objectives seek to ensure we meet national priorities set by Welsh Government, locally determined priorities and professional standards.

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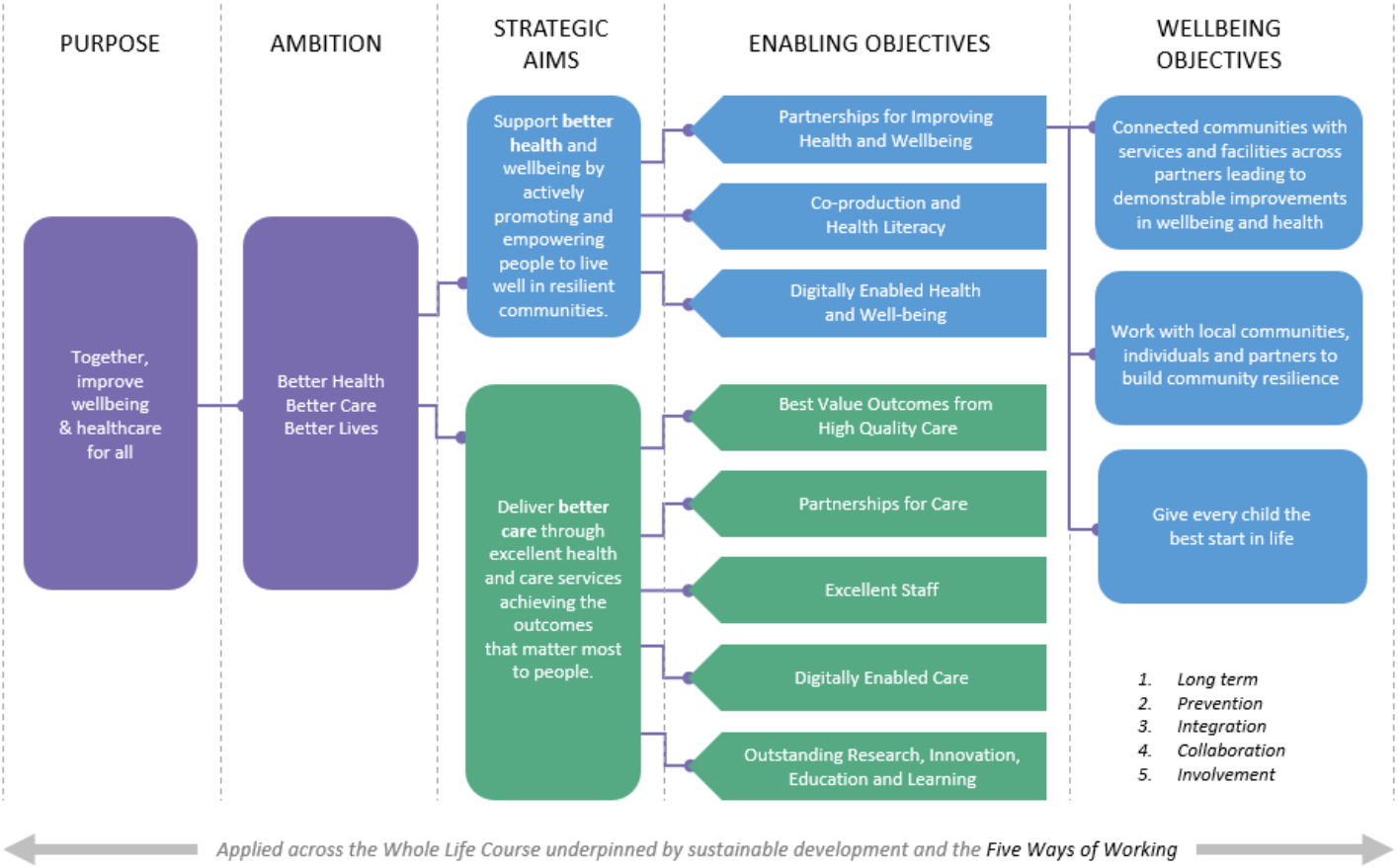


Our ways of working are underpinned by our Values and Behaviours, which were developed following thousands of conversations with staff, patients, their relatives and carers.

CARING for each other | Working TOGETHER | always IMPROVING

Caring for each other in every human contact in all of our communities and each of our hospitals

We will: Be approachable, helpful, attentive to other's needs; be thoughtful and flexible about how to meet the needs of each person; be calm, patient, reassuring and put people at ease; protect others' dignity and privacy and treat others as we wish to be treated.

Working together as patients, families, carers, staff and communities so we always put patients first

We will: Listen closely; consider other's views and include people; appreciate others: be open, honest and clear; give constructive feedback and be open to and act on feedback ourselves; be supportive and say "thank you."

Always improving so that we are at our best for every patient and for each other

We will: Be vigilant about safety and risk; never turn a blind eye; look for opportunities to learn; enthusiastically share ideas and actively seek solutions; be accountable for our behaviour and hold others to account; keep promises; be positive, a role model and inspiration to others.

2.2 Quality Priorities

Our Quality Priorities have been agreed as part of the process of updating our Quality Strategy which sets out a vision of what we can, and will achieve through a focus on delivering high quality services by addressing those matters that will contribute to the achievement of our strategic objectives. We have nine Quality Priorities which are closely aligned to our targeted intervention areas. More details around this are available in our Annual Quality Statement which will be available from our website as of the end of May 2019.

2.3 Targeted Intervention

While remaining under "targeted intervention" status under the NHS Wales Escalation and Intervention Arrangements[2] during 2018-2019, ABMUHB made significant progress over the course of the year. A firm focus for improvement was set for particular service areas which included unscheduled care, cancer, planned care, infection control, stroke and the financial management. The progress has been recognised and documented by Welsh Government.

In relation to planned care the Health Board's profile for the number of patients waiting more than 36 weeks at the end of 2018-2019 was at its lowest level since April 2014, with significant improvement in the longest waiting times (a reduction of 500 patients over the course of the year). The 2018-2019 targets agreed with Welsh Government were exceeded.

Significant improvements were also secured in speed of access to cancer services, for which Welsh Government set targets for time to treatment for patients entering a treatment pathway via 'non urgent' or 'urgent' routes. Performance against the former was above 95% for the majority of 2018-2019 and improved to over 80% in the latter, despite there being significantly more patients coming through the system.

The Health Board secured sustained improvements in infection control, seeing reductions of 36% in rates of *clostridium difficile*, 4% in *E.Coli*, and 7% in *Stauph. Aureus* infections between 2017-2018 and 2018-2019.

There were improvements in unscheduled care with some stabilisation of performance in four and twelve hour waits in A&E as well as reductions overall in ambulance waits. However, these improvements were not to the levels we were anticipating and work is ongoing to improve performance in these areas. The Health Board's winter plans were fully implemented, in partnership with Local Authorities, and their impact will be fully evaluated to inform further improvements planned for Swansea Bay University Health Board in 2019-2020.

Financial management has been strengthened considerably, resulting in the successful delivery of significant savings plans over the course of the year. An original plan to reduce the Health Board's deficit in 2018-2019 by 20% (to £25m), was pushed further to reduce the

[2] http://www.wales.nhs.uk/sitesplus/documents/862/Attach10iiNHSWalesEscalationandInterventionArrangementsReportMarch2014.pdf

deficit by 37% (to £20m). During the course of the year Welsh Government provided the Health Board with £10m in recognition of improvement and to provide visible support to the actions being driven forward by the Executive Team and Board. This resulted in a deficit control total target of £10m being set for the organisation by Welsh Government. The health board's end year position for 2018-2019 was within the control total.

3. OUR SYSTEM OF GOVERNANCE AND ASSURANCE

3.1 Overview

The Health Board has been constituted to comply with the Local Health Board (Constitution, Membership and Procedures) (Wales) Regulations 2009[3] and comprises of the Chair, Vice Chair, Chief Executive, nine independent members (also known as non-officer members) and eight executive directors which ensures it is composed of individuals with a range of backgrounds, disciplines and areas of expertise. It can also include associate members with three such posts being occupied during 2018-2019. As part of strengthening the Health Board clinical input into the Board, the Minister for Health and Social Services approved the appointment of an additional Associate Member to the Board in 2018-2019.

The Board functions as a corporate decision-making body with executive directors and independent members being equal members sharing corporate responsibility by the Board.

A summary of the Board and Committee dates are presented at **Appendices 1 & 2** for information. Details of Board members are outlined in **Appendices 2 - 5.**

The principal role of the Board is to exercise effective leadership, direction and control which includes setting the overall strategic direction for the organisation (within 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 identified needs,
- Appoint, appraise and oversee arrangements for remunerating of executives.

The Health Board has established a range of committees, as outlined in the Governance and Assurance Framework on page 17. These Committees are chaired by Independent Members of the Board and have key roles in relation to the system of governance and assurance, decision making, scrutiny, development discussions, assessment of current risks and performance monitoring. Key matters considered by the Committees of the Board are summarised in **Appendix 4.**

The Board has approved Standing Orders (SOs) for the regulation of proceedings and business which translates the statutory requirements set out in the Local Health Board

[3] http://www.legislation.gov.uk/wsi/2009/779/made

(Constitution, Membership and Procedures) (Wales) Regulations 2009[4] into day to day operating practice. Together with the adoption of a scheme of matters reserved for the Board, a detailed scheme of delegation to officers and an earned autonomy framework and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Health Board and define "its ways of working". The SOs & SFIs are regularly reviewed and updated, with any changes then being submitted to the Board for approval. The SOs & SFIs are supported by a suite of corporate policies together with the Values and Standards of Behaviour Framework form the Health Board's Governance Framework.

During 2018-2019, the Health Board established a Governance Work Programme which was agreed by the Board and progress monitored through the Audit Committee. The Governance Work Programme consolidated the outstanding recommendations of the Deloitte Financial Governance Review, the Wales Audit Office Structured Assessment and the actions from the Governance Stocktake sharing corporate responsibility.

During 2018-2019 the following improvements have been implemented:

- Reviewed the Board and Committee governance structures including terms of reference and membership;
- The remit and purpose of the committees to be much more clearly based on delegated functions of the Board,
- Tighter terms of reference to avoid overlap with executive functions or duplication with other committees,
- Workforce metrics agreed to be part of the remit of the Performance and Finance Committee,
- Establishment of a Health and Safety Committee;
- Strengthening and maturing role of the Performance and Finance Committee;
- Improved reporting templates including the Chair of Committee;
- Review and refreshed approach to risk management including the introduction of a 'new' format Health Board Risk Register;
- Supported the approach and style of the Board Assurance Framework for implementation in 2019-2020;
- Introduction of staff stories at each Board Meeting in addition to Patient Stories;
- Video summary from each Board Meeting by the Chairman;
- The strengthening of the Workforce & Organisational Development Committee; and
- Board Development Sessions have been widened to invite the Delivery Units to provide an insight to their services.

During the year, there have been a small number of reviews which are critically important to the corporate governance, clinical governance and assurance of the Board. These are listed below.

[4] http://www.legislation.gov.uk/wsi/2009/779/made

3.2 Governance Reviews

Health Inspectorate Wales (HIW) - Kris Wade Special Review
Between 2011 and 2013, three people who received care from the learning disability service made allegations of sexual abuse against Mr W. Healthcare Inspectorate Wales (HIW) undertook a special review of the Health Board's actions in relation to the Mr W case and the *"Abertawe Bro Morgannwg University Health Board's handling of the employment and allegations made against Mr W"* report was published on the 29th January 2019. This review examined staff recruitment and employment, incident reporting, adult safeguarding, governance and culture, an assessment of the Health Board's desktop review, and commissioning arrangements between health boards.

The Health Board has strengthened its leadership over the past 12 months and significant governance improvements have been made, along with more stringent reporting of serious incidents and wider sharing of lessons learned. The Health Board has accepted all of the recommendations in the report and an action plan has been developed to ensure the delivery of these recommendations. The Quality and Safety Committee and the Workforce & OD Committee are responsible for monitoring progress.

Delivery Unit (DU) - Review of Serious Incident Reporting
In December 2017 fieldwork was carried out by the Welsh Government's Delivery Unit which reviewed the ways in which the Health Board managed serious incidents taking into account complaints, patient safety incidents and clinical negligence claims. In April 2018 the Delivery Unit (DU) issued their report "*Intervention into Systems & Processes for the Management of Serious Incidents at ABM University Health Board".* In addition to recognising areas of good practice, the report made ten recommendations for improvement.

The Delivery Unit published a 90-day review in November 2018 and significant progress has been made in relation to the approach taken by the Health Board in investigating serious incidents and the approach to learning amongst staff has significantly improved to support a culture where risk and harm are reduced as much as possible.

Progress made during 2018-2019 includes:

- ***Quality of investigation reports -*** Significant improvements have been made to the process of Serious Incident (SI) investigation undertaken by the corporate team;
- ***Scrutiny*** - The scrutiny applied to investigation findings is more robust;
- ***Sharing Learning -*** Systems and processes to share learning have improved and there is greater sharing of learning across sites; and
- ***Never Event (NE) position*** - During 2018-2019 financial year, there has been one Never Event and this being progressed and in compliance with the Welsh Government target.

The impact of improvements to processes, sharing learning, and improving culture will take time to become embedded; however, there are positive signs of overall improvement. Progress on the implementation of the recommendations has been monitored by the Health Board Quality and Safety Committee and oversight has been provided by the Audit Committee.

Financial Governance Review
During 2017-2018 the Welsh Government commissioned Deloitte to undertake a Financial Governance Review of the Health Board. The Health Board accepted all of the recommendations from this review and developed an action plan which is being monitored by the Audit Committee. During the year, five of the six outstanding recommendations have been completed. The outstanding recommendation relates to the standardisation in relation to Delivery Unit Governance.

The Health Board has agreed the work to develop an operating model for the organisation and whilst much of the focus during this year has been on improving board governance, this is a phase of our governance improvement journey and therefore a key priority for the Health Board during 2019-2020. The recommendation will therefore be incorporated into the Governance Work Programme for 2019-2020.

Independent Investigation into the Care and Treatment Provided on Tawel Fan Ward: a Lessons for Learning Report
In May 2018, the Health and Social Care Advisory Service (HASCAS) published the outcome of its Independent evidence-based, clinical investigation into the care and treatment provided to patients on the Tawel Fan Ward of the Ablett Unit at Ysbyty Glan Clwyd. The conclusions and findings of the thematic lessons for learning report were published in the '*Independent Investigation into the Care and Treatment provided on Tawel Fan Ward: A Lessons for Learning Report* and included 15 recommendations.

The Health Board undertook its own assessment against these recommendations to ensure that any learning from the report is used to improve the care of elderly patients with dementia, and the engagement and communication with their families.

3.3 Role of the Board
The Board has overall responsibility for the strategic direction of the Health Board and provides leadership and direction to the organization. The Board has a key role in ensuring that the organisation has sound governance arrangements in place. It also ensures that we have an open culture and high standards in the way in which its work is conducted. Board members share corporate responsibility for all decisions and play a key role in monitoring the performance of the organisation.

The Health Board usually meets six times a year in public. The Board is formed from the appointment of individuals from a range of backgrounds, disciplines and expertise. It consists of the Chair, Vice Chair plus nine independent members (also known as non-officer members), the Chief Executive and eight executive directors. There are also currently three associate board members.

Each Board meeting begins with a patient story which sets out an individual's personal experience of a service. Such feedback is invaluable and is used to learn lessons, further improve services and in the planning of future services. During 2018-2019, the Board started to hear staff stories as well as patient stories; this is an important development for the Board and will develop further in 2019-2020.

Details of Board members and when the Board met during 2018-2019 are set out in **Appendix 1** along with the level of attendance at such meetings. All Board and Committee meetings held in 2018-2019 were quorate.

Board members are also involved in a range of other activities on behalf of the Board, such as development sessions (at least six a year), service visits and a range of other internal and external meetings. The Board also meets in public in May each year to formally approve its annual accounts following detailed consideration by the Audit Committee and in July to approve its annual report and the Annual Quality Statement. These documents are available via our website.

The Board also seeks to ensure that it has an open culture and high standards in the ways in which its work is conducted. Together, Board Members share corporate responsibility for all decisions and play a key role in monitoring the performance of the organisation. All the meetings of the Board in 2018-2019 were appropriately constituted and quorate.

Key business and risk matters considered by the Board during 2018-2019 are outlined below:

- Overseen the implementation of the Annual Plan for 2018-2019 and actively involved in the development of the 2019-2020 annual plan,
- Received and approved quarterly updates on progress with implementing the 2018-2019 Annual Plan,
- Received, considered and discussed the organisational risk register and the monitoring and management of the assigned risks to key committees of the Board;
- Received, considered and discussed financial performance and the related risks being managed by the Health Board,
- Routinely received updates on matters relating to workforce, including performance metrics, recruitment; and legislative changes e.g. Nurse Staffing Levels (Wales) Act 2016;
- Received and developed its response to the 2018 Structured Assessment and the Auditor General for Wales' Annual Audit Report for 2018,
- Routinely considered the Board's performance in relation to key national and local targets and agreed mitigating actions in response to improved performance where appropriate, this included actions to address and improve cancer target performance; stroke services; referral to treatment (RTT) waiting times, mental health measure compliance and workforce indicators,
- Contributed to the ongoing review of the Board's maturing Board Assurance Framework (BAF),
- Routinely received assurance reports from the Committees and Advisory Groups of the Board,
- Updates in relation to the Bridgend Boundary Change
- Updates in relation to Primary Care Services and Partnerships,
- Updates in relation to the Clinical Services plan.

3.4 Board Development

The Health Board has worked with the King's Fund during the year to undertake a comprehensive Board, Executive and Leadership development programme. The Board Development Programme has been designed to ensure that the board has the capability, capacity and confidence to lead the organisation. Through this Programme, the Board has been equipped to enhance individual member's knowledge of good governance, ensure the effectiveness of the Board collectively and individually in meeting core duties of the Board and supporting improvement. The Board continues to make progress to increase board, executive and senior leader confidence and capability.

In addition to the Board Development Programme facilitated by the King's Fund, the Health Board has held regular Board Development Sessions which have included:

- Overview of Primary Care and Community Services
- Overview of Mental Health and Learning Disabilities
- Building Healthier Communities
- Digital Transformation
- Digital Workforce Solutions
- Nurse Staff Act
- Brexit Preparedness
- Role and Responsibilities as Charitable Fund Trustees
- Intervention into Systems & Processes for Management of Serious Incidents in ABMU
- Three-Year Plan, Organisational Strategy & Clinical Services Plan Update
- Ward to Board Dashboard
- NHS Wales Shared Services Partnership Annual Review.

To support the Board Development Programme for 2019-2020, the Board has undertaken a skills assessment which will assist in the identifying areas of focus for the year ahead. Alongside the Board Development, all Board members undergo an annual appraisal of their individual contribution and performance. This appraisal focuses on the member's contribution as a member of the corporate Board; in the case of executive directors this is distinct from their functional leadership role.

3.5 Committees of the Board

The Health Board has established a range of committees as detailed in the diagram on page 17. These committees are chaired by Independent members of the board and they have key roles in relation to the system of governance and assurance, decision making, scrutiny, assessment of current risks and performance monitoring.

At each meeting, the Board receives a key issues summary report from each of its committees and advisory groups which have met since the previous meeting. These set out details of key topics considered, assurances received, key risks and any decisions made.

All papers for the Health Board and Committees which are held in public are available on the Health Board website. The meetings that do not meet in public are either because of the confidential nature of their business such as the Remuneration and Terms of Service Committee or they are development meetings discussing plans in the formative stages.

The Audit Committee supports the overall Board Assurance Framework arrangements including development of the Annual Governance Statement, which on behalf of the Board keeps under review the design and adequacy of the Health Board's governance and assurance arrangements. It undertakes these duties by providing advice and assurance to the Board on the effectiveness of arrangements in place around strategic governance, and the assurance framework and processes for risk management and internal control.

In providing assurance to the Board, the Audit Committee has specifically:

- Overseen the health board's system of internal controls;
- Had a continued focus on improvements of the financial systems and controls procedures;
- Overseen on behalf of the Board, the development of a Board Assurance

Framework (BAF) to be in place from 2019-2020;

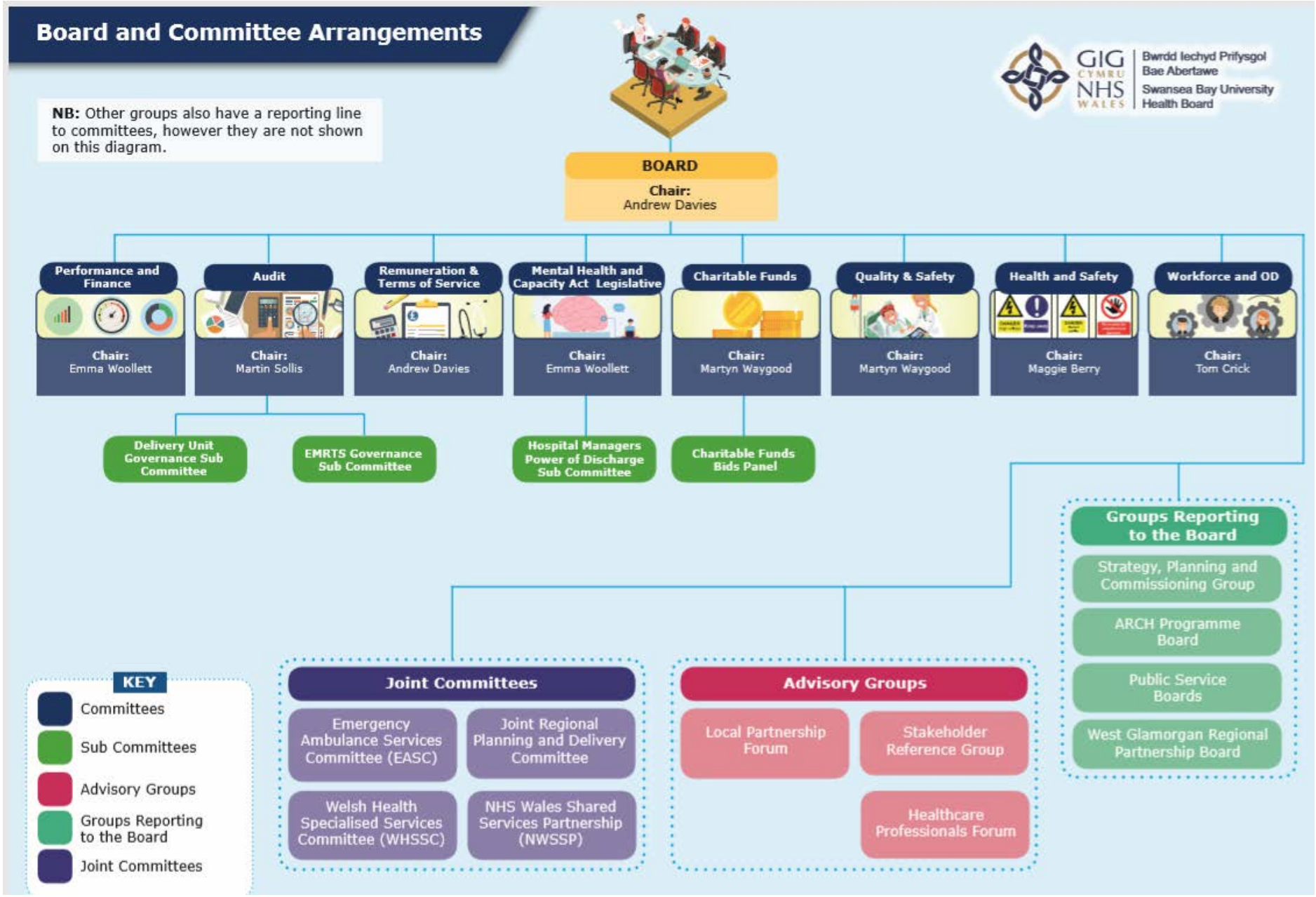
- Overseen the local arrangements for Counter Fraud and received regular update reports on related activity, including investigations;
- Overseen on behalf of the Board, the refreshed Health Board Risk Register, and the strengthening of the risk management systems and related processes;
- Provided Audit Committee oversight and scrutiny to hosted bodies, the NHS Wales Delivery Unit andEMRTS;
- Overseen and recommended approval of the revised Scheme of Delegations aligned with the Standing Orders of the Board;
- Internal and external audit reports, including clinical audits, and tracking progress against internal and external audit recommendations, developing and strengthening related internal processes;
- Called and held the Executive Directors to account, where appropriate, in relation to internal and external audit activity.
- Considered the Head of Internal Audit Opinion on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes;
- Discussed and approved for recommendation to the Board, the Health Board's audited financial statements and Auditor General's Opinion;
- Monitored the implementation of the recommendations as set out in the Governance Work Programme for 2018-2019 which included recommendations from the Financial Governance Review, Review of Serious Incidents and Structured Assessment;
- Continued to work with the Wales Audit Office (WAO) with regard to the work of external audit on the accuracy of the financial statements.

A list of key issues considered by the Board, the Audit Committee and Quality & Safety Committee during 2018-2019 is set out in **Appendix 4.**

The **Quality & Safety Committee** is the main assurance mechanism for reporting evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare. It is responsible for providing assurance to the Board in relation to the arrangements for safeguarding and improving the quality and safety of patient centred healthcare in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.

Each meeting begins with a patient story and a presentation on governance and performance management arrangements from a service delivery unit team. The committee receives reports from internal and external audit and Health Inspectorate Wales (HIW), each of these organisations has representatives who attend meetings of the committee. Where reports have identified concerns or deficiencies, action plans are produced to address the issues, progress upon which is reported through the Quality & Safety Committee. Following each meeting, a report on key issues is produced which is submitted to the bi-monthly meeting of the Health Board to keep it appraised of the topics that have been considered. The Quality & Safety Committee agenda papers are available following each meeting via our website.

Diagram 1 – Board and Committee Arrangement



3.6 Advisory Groups and Joint Committees

The Board also has three Advisory Groups and four joint committees. There are also a range of other boards and groups that report to the Board which include the Public Service Boards (PSBs), Regional Partnership Boards (RPBs) and ARCH, (A Regional Collaboration for Health) Programme Board). There is also a Chair's Advisory Group which supports the connection between the business of key committees and assurance reporting.

3.6.1 Advisory Groups

- **Stakeholder Reference Group (SRG)**

The Stakeholder Reference Group (SRG) is formed from a range of partner organisations from across the Health Board's area and engages with, and has involvement in the Health Board's strategic direction, advises on service improvement proposals and provides feedback to the Board on the impact of its operations on the communities it serves.

The SRG provides a forum to facilitate full engagement and active debate. Its membership includes representatives from specific groups of the community, such as children and young people, Lesbian, Gay, Bisexual, Transgender (LGBT), older people and Black, Asian and Minority Ethnic (BAME). Members also include statutory bodies such as the Police, Fire and Rescue Service and the Environment Agency. This group therefore has excellent links to the wider general public and each representative's role is to highlight the issues raised by their particular groups. The Chair of the SRG is an associate Board member. Reports on key issues considered at meetings of the SRG are provided to the Board on a regular basis and can be accessed via our key documents pages on our website.

- **Health Professionals Forum (HPF)**

Whilst the HPF's role is to provide a balanced, multidisciplinary professional advice to the Board on local strategy and delivery. This advisory fora did not meet during 2018-2019. The Health Board is currently reviewing these arrangements and during the year, established a Clinical Senate to provide co-ordinated clinical leadership across the organisation. Further work to confirm these arrangements is being taken forward during 2019-2020.

- **Local Partnership Forum (LPF)**

The LPF's role is to provide a formal mechanism whereby the Health Board, as the employer, and trade unions/professional bodies representing employees work together to improve health services. Key stakeholders engage with each other to inform debate and seek to agree local priorities on workforce and health service issues. The chairmanship of the LPF is alternated between management and staff side representatives. Key issues arising from meetings of the LPF are reported to the Board and can be accessed via our key documents pages on our website.

3.6.2 Joint Committees

The Board has four all-Wales 'joint committees' the outputs from which are reported to the Board:

- **Welsh Health Specialised Services Joint Committee (WHSSC)**
  The Welsh Health Specialised Services Committee (WHSSC) is responsible for the joint planning of Specialised and Tertiary Services on behalf of Local Health Boards in Wales. WHSSC was established in 2010 by the seven Local Health Boards in Wales to ensure that the population of Wales has fair and equitable access to the full range of specialised services. WHSSC is hosted by Cwm Taf University Health Board. The Health Board is represented on the Committee by the Chief Executive and reports of the joint committee's

discussion and decisions are regularly reported to the Board.

- **The Emergency Ambulance Services Joint Committee (EASC)**
  EASC is a joint committee of the seven local health boards, with three Welsh NHS Trusts as Associate Members, which was established in April 2014. EASC is responsible for the joint planning and commissioning of emergency ambulance services on an all Wales basis. EASC is hosted by Cwm Taf University Health Board (CTUHB). The Health Board is represented on the Committee by the Chief Executive and reports of the joint Committee's discussion and decisions are regularly reported to the Board

- **NHS Wales Shared Services Partnership Committee (NWSSP)**
  The NHS Wales Shared Services Partnership Committee (NWSSP), a partnership committee of the seven Local Health Board and three NHS Trusts in Wales was established in 2012. NWSSP is hosted by Velindre NHS Trust and is responsible for the exercise of the Shared Services functions across NHS Wales. The Health Board is represented on the Committee by the Director of Workforce and Organisational Development and reports of the joint committee's discussion and decisions are regularly reported to the Board.

- **Joint Regional Planning and Delivery Committee (JRPDC)**
  The Joint Regional Planning & Delivery Committee (JRPDC) was established to support and clarify clinical service decisions across the region, and is a joint Committee formed between Hywel Dda University Health Board (HDUHB) and ABMUUHB. The Committee has a key role to drive forward a range of projects that have been jointly identified as priorities for joint working to deliver Ministerial objectives, especially those relating to the NHS Outcomes Framework as well as alignment to the more strategic ARCH Programme Board, and that of the Service Transformation Programme. A further role for the JRPDC is to consider and prioritise the regional projects included within the agreed programme, approving Project Initiation Documents (PIDs) and Business Cases, and identifying and agreeing any further projects to be included in the work programme. The JRPDC will ensure projects deliver against their outcomes, timescales, quality measures and programme benefits, as identified in PIDs and or Business Cases.

3.6.3 Special Health Authority

- **Health Education and Improvement Wales (HEIW)**

Established on 1 October 2018, Health Education and Improvement Wales (HEIW) is a new Special Health Authority within NHS Wales. They sit alongside Health Boards and Trusts, and have a leading role in the education, training, development, and shaping of the healthcare workforce in Wales, in order to ensure high-quality care for the people of Wales. The Health Board has a key relationship with HEIW.

3.6.4 Partnership Working

The Health Board works in partnership with a number of organisations including local authorities, mainly through the Western Bay Regional Partnership Board, Swansea University, through the Collaboration Board, ARCH, the NHS Collaborative and the Acute Care Alliances. These arrangements continue to develop and mature. Areas of partnership working are reported directly to the Board.

The relationships and integrated services we have developed have enabled us to be successful in securing Regional Partnership Board (RPB) funding for a Transformation Fund Proposal; "Our Neighbourhood Approach". This is focused on enabling people and communities to become more self-supporting through a focus on maximising the assets we

have through a place based approach. This, along with the **Cwmtawe Cluster**[5], which is a test case for how the national primary care model can be implemented sets out our expected future direction for focusing on wellbeing and prevention, with care, when required, planned and delivered as far as possible through a cluster based model of care.

Our joint working arrangements for these partnerships have been strengthened in 2018-2019. The "Western Bay" arrangements have been reviewed to reflect the new planning arrangements to not include Bridgend from 1 April 2019, with a clearer set of strategic priorities to reflect Welsh Government's plan "A Healthier Wales: Our Plan for Health and Social Care', as well as simplified governance arrangements. Similarly, the Public Service Board priorities have been further refined and refocused to ensure we are delivering maximum value through these arrangements.

ARCH is a unique collaboration between three strategic partners; SBUHB, HDUHB and Swansea University. ARCH is a long term transformational collaboration that aims to improve the health, wealth and wellbeing of the South West Wales region.

It has an ambitious portfolio of regional work, delivered through four programmes of work as set out in the ARCH Portfolio Development Plan and underpinned the Welsh Government publication 'A Healthier Wales'. The ARCH Portfolio is a collaboration which brings together health and science to transform the NHS in South West Wales, train and develop the next generation of doctors, nurses, health workers, scientists, innovators and leaders; and, boost the local economy by encouraging investment and creating new jobs.

Through 2018-2019 we have continued to work in partnership with HDUHB and have developed a robust regional planning agenda together. Through the JRPDC we have developed a work programme to address both operational and longer term pressures across the region.

During 2018-2019 we established a **Regional and Specialised Services Provider Planning Partnership with Cardiff and Vale UHB.** Our two Health Boards have established this forum to progress improving service planning and delivery for those regional and specialised services for which we are the only providers in South Wales. We have established a set of principles which would determine which services should be considered on the basis of their sustainability; fragility; value and opportunity to bring care back to Wales. There is close engagement with WHSSC in this forum.

Bridgend Boundary Change

The Minister for Health and Social Services announced on 14 June 2018 that from 1 April 2019, the responsibility for commissioning healthcare services for the people in the Bridgend County Borough Council (Bridgend CBC) area would move from ABMUHB and CTUHB).

This local government boundary change meant that Bridgend CBC would be established within the south east Wales regional footprint for healthcare provision and social services

[5] The Cwmtawe Cluster is one of 5 clusters in Swansea, geographically covering the areas of Bonymaen, Clydach, Landore, Llansamlet, Morriston and Mynyddbach. A Cluster is a grouping of GPs working with other health and care professionals to plan and provide services locally.

complementing existing economic and education partnerships. As a result, the Bridgend CBC's partnership arrangements would become broadly comparable with all other local authority partnership arrangements in Wales.

The secondary impact of the boundary change was a name change for both organisations. From 1 April 2019, Abertawe Bro Morgannwg University Health Board became known as Swansea Bay University Health Board (SBUHB) and Cwm Taf University Health Board became known as Cwm Taf Morgannwg University Health Board (CTMUHB).

As agreed by both the Health Boards, a Joint Transition Board (JTB) was established as a sub-committee of each health board to oversee the implementation of the boundary change. The JTB met monthly during 2018-19 and received regular updates via the Transition Director on the programme of work from the Joint Transition Programme Group (JTPG). The programme of work has been taken forward by a number of work streams that report into the JTPG, each jointly chaired by representatives of ABM UHB and Cwm Taf UHB. The JTPG met monthly during 2018-2019.

In order to enact the decision by the Welsh Government to implement the boundary change there was a legal requirement to lay an Area Change Order before the National Assembly for Wales. The Area Change Order was laid on 25 February 2019 and a copy of the Order is available online:
The Local Health Boards (Area Change) (Wales) (Miscellaneous Amendments) Order 2019. A Transfer Order has also been completed that covers the transfer of property, staff, assets and liabilities has also been completed.

Colleagues across both organisations worked closely together, to identify all clinical services that fall within the scope of the transfer, working through every identified service, and both Health Boards have agreed the future service provider arrangements, the final clinical service listing was reported to the Health Boards in March 2019. For some services, a Service Level Agreement (SLA) has been put in place and ABMUHB will continue to provide services to the population of Bridgend on behalf of CTUHB and vice versa.

In practice, this was an administrative change and not a service change and thus patients should not notice any changes to their healthcare services. Services are not being lost or reduced, and how patients access services and receive their care remains the same from 1 April 2019. Patients will continue to travel to the same place as they do now to receive their care, there are no changes to patient flows or referral arrangements. Whilst health boards cannot guarantee that services will never change, if they do need to change an undertaken has been given to consult with Community Health Councils and local populations.

A workforce transfer process was agreed through both Health Board Partnership Committees and has informed and guided the decision making regarding all staff posts impacted by the change. The process of transferring identified services and the staff affected was led by the requirements under the TUPE (transfer of undertakings) as amended by the Collection Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 and those laid out in the All Wales Organisational Change Policy (OCP).

A legacy statement has been to provide a comprehensive summary of work which identifies known quality and patient safety issues and good practice. The information within the statement has been used by CTUHB to ensure a smooth transition and mitigate risks to quality and patient safety.

A comprehensive handover statement has been developed following existing best practice

guidance. It includes an overarching summary of key information in relation to:

- How the Joint Transition Programme was established and managed
- Key decisions made in relation to staffing, finance and corporate governance issues
- Functions that have transferred and the governance framework in place for partnership working
- The resources, assets, functions and liabilities that will transfer to CT UHB; and
- Residual issues and opportunities that require further work beyond April 2019.

The JTB met for the last time on 23 April 2019 to draw the Joint Transition Programme to a close. A Memorandum of Understanding (MoU) has been completed, incorporating the principles that the JTB has used to work together to manage the transition and boundary change thus far. The aim of the MoU is to set out the agreement reached by the two organisations in relation to the future co-operation, sharing of sites, staff and other resources and the exchange of information.

It is intended to complement and not override any long-term agreements and service level agreements entered into by the two organisations. It reflects that both organisations agree to adhere to its principles and to show proper regard for each other's activities and responsibilities.

The key principles underpinning the service and financial basis for the transfer were agreed at the outset of the Transformation Programme and it is expected that the final detail of the changes to the financial allocation will be confirmed in May 2019.

4. ORGANISATIONAL STRUCTURE

In order to ensure that the values and behaviours drive a caring, supportive and ambitious culture within the organisation, the Board changed its operational management arrangements in 2015 and established six service delivery units. Each unit is led by a core 'triumvirate' which consists of the Service Director, Unit Medical Director and Unit Nurse Director. For 2018-2019 the delivery units were as follows:

- Neath Port Talbot (NPT) Hospital
- Mental Health & Learning Disability Services
- Morriston Hospital
- Princess of Wales (POW) Hospital
- Singleton Hospital
- Primary Care and Community Services

There are also corporate directorates (in terms of finance, governance, information management and technology, workforce and organisational development, nursing, medical, planning & performance) which play a central role in supporting the organisation as well as providing support to the delivery units. Like the delivery units, corporate directorates will also be subject to performance reviews providing scrutiny to ensure effective and efficient performance.

4.1 Executive Team Structure

During 2018-2019 there have been significant changes in the Executive Team with appointments being made to all the Executive Director vacancies.

As an organisation in 'Targeted Intervention' we are under significant pressure to improve our services, performance and financial management and stability. When an organisation is put into this high level of escalation by the Welsh Government, there are responsibilities on the Health Board, and on the Welsh Government, to do all that can be done to bring the organisation back into a sustainable position.

The Health Board made two interim appointments as part of the targeted intervention agreement with Welsh Government, namely; Director of Transformation and Chief of Staff.

4.2 Transformation Programme

As we move into a new phase of development with a clear vision and strategic direction for the organisation established, the way in which we organise ourselves to ensure effective delivery of quality and safety is critical. In 2019-2020, it is proposed that an overarching 'Transformation portfolio' is established to provide a clear home for all transformation work within the organisation and to move away from a number of disparate approaches. In this way, the Board will have a clear delivery mechanism that will oversee the delivery of both the Organisational Plan, Clinical Services Plan and other key priorities (such as embedding the new operating model).

5. THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

Our systems of internal control are designed to understand and 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 this would have and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts

6. CAPACITY TO HANDLE RISK

We have continued to develop and embed our approach to risk management over the last year to ensure risk systems continue to be streamlined and inter-connected. The understanding of risks actively informs the Board's key priorities and actions and its overall approach to risk governance. We see active and integrated risk management as key elements of all aspects of our functions and responsibilities especially in order to support the successful delivery of our business. This assists in ensuring high quality and safe health care is provided to local people, that we contribute to improving the health and well- being of our population and that a safe and supportive working environment is provided for our staff.

The Chief Executive has overall responsibility for the management of risk. The executive lead for risk management is the Director of Corporate Governance/Board Secretary who has undertaken this role in conjunction with the Director of Nursing & Patient Experience. Together they have ensured that arrangements are in place to effectively assess and manage risks across the organisation, including maintaining and co-ordinating a Health Board Risk Register and the corporate reporting of risks.

The Chief Executive Officer as the accountable officer delegates particular aspects of her role to Executive Directors. These arrangements are reflected in job descriptions and performance review mechanisms. The Chief Executive role is directly accountable to the Board, has overall responsibility and accountability for all aspects of the Risk Management Policy and delegates this responsibility to the senior managers of the Health Board, as detailed in the Risk Management Strategy.

During 2018-2019, the Health Board has refreshed its approach to the management of risk, established a risk management group, and agreed a new format Health Board Risk Register. The Health Board Risk Register was developed, following discussions with the Executive Team and the Board.

6.1 Risk and Control Framework

The risk management strategy sets out the structures and processes for the identification, evaluation and control of risk, as well as the system of internal control. Delivery of the strategy is overseen by the Audit Committee with individual officers having specific delegated responsibilities.

We are committed to ensuring staff throughout the organisation are trained and equipped to appropriately assess, manage escalate and report risks and further work continues to embed

good risk management throughout the organisation. This work is being informed by best practice examples and through advice from Internal Auditors, Wales Audit Office and Welsh Government's Delivery Unit.

The delivery of healthcare services carries inherent risk and our risk profile is continually changing. The key risks that emerge which can impact upon our achievement of objectives is documented within the Health Board's Risk Register which is updated quarterly and reported to the Audit Committee and Board and feeds into our Annual Plan.

Risk Registers are used to identify and manage significant risks within an organisation. In addition internal and external reports/reviews are used to inform the framework and register, in terms of new risks or amendments to existing risks.

In acknowledging that effective risk management is integral to the successful delivery of its services, we have systems and processes in place which identifies and assesses risks, decides on appropriate management and then provides assurance on the effectiveness of their management. The implications of risks taken in pursuit of improved outcomes, in addition to the potential impact of risk-taking on and by its local communities, partner organisations and other stakeholders, is understood by the Board.

The Health Board Risk Register was most recently received at the March 2019 meeting of the Health Board. As a Health Board we recognise that work is required on strengthening the processes and systems of risk management. This has been highlighted through the internal governance stocktake and the Wales Audit Office (WAO) Structured Assessment. In 2018-2019 an internal audit review on Risk Management and Assurance (ABM-1819-003) found that the level of assurance given to the effectiveness of the system of internal control in place to manage risks was Reasonable (Yellow).

In enacting the risk appetite of the organisation which is set out in the ABMU Risk Management Strategy (page 41), the Board has given consideration to its principle objectives, both strategic and operational, and identified the principal risks that may threaten the achievement of those objectives. In doing so, the Board is aware that the process involves managing potential principal risks and not merely being reactive in the event of any risk exposure. It acknowledges that the modernisation of delivery of healthcare services cannot be achieved without risks being taken, the subsequent consequences of taking those risks and mitigating actions to manage any such risks.

In terms of the Health Boards risk profiling, Table 1 below sets out the Health Board risks by risk rating.

The risk management arrangements enable the principal risks to be identified whilst also ensuring that these risks are not considered in isolation as they are derived from the prioritisation of all risks flowing through the organisation. Effective risk management is integral in enabling us to achieve our objectives, both strategic and operational in delivering safe, high quality services and patient care.

We manage risk within a framework that devolves responsibility and accountability throughout the organisation. Each Executive Director is responsible for managing risk within their area of

responsibility and they ensure that there:

- are clear responsibilities for clinical, corporate and operational governance and risk management;
- is appropriate training for staff in risk assessment and risk management;
- mechanisms in place for identifying and managing significant risks through regular, timely and accurate reports to the executive team, relevant Board committees and the Board itself;
- are systems in place to learn lessons from any incidents or untoward occurrences and that corrective action is taken where required;
- are processes which allow details of the key risks to be reported to the Board;
- there is compliance with ABMU policies, legislation and regulations and professional standards for their functions.

Executive Directors consider, evaluate and address risk and actively engage with and report such matters to the Board and its committees. The Service Directors, Director of Nursing & Patient Experience and the Medical Director have devolved responsibilities for risk. Together, they ensure that robust systems are in place for risk management. In addition, the Director of Nursing & Patient Experience has specific responsibility for progressing compliance with the Health and Care Standards framework as specific strategic responsibility for key areas of patient safety. The Director of Finance also has specific responsibility for financial risk management and for providing regular, timely and accurate financial reporting to the Board in-line with requirements and professional standards.

Table 1 - HEALTH BOARD RISK REGISTER DASHBOARD OF ASSESSED RISKS – MARCH 2019

Impact/Consequences						
	5		**42:** Sustainable Services £20m Financial Control	**15:** Population Health Improvement	**56**: Capacity of Workforce function	
	4				• **1**: Tier 1 Unscheduled Care Targets • **3:** Recruitment of Medical and Dental Staff • **49:** TAVI Service • **11:** Healthcare model for aging population • **16:** Referral to treatment times • **50**: Cancer Target Compliance • **51:** Compliance with Nurse Staffing Levels (Wales) Act 2016 • **43:** DOLS Authorisation and Compliance with Legislation • **44**: Emergency Department Information Systems • **48:** Child & Adolescence Mental Health Services • **52**: Engagement & Impact Assessment Requirements • **37**: Operational and strategic decisions are not data informed • **17:** Replacement of medical equipment	• **54:** No Deal Brexit • **45**: Discharge information • **27:** Digital Transformation • **36:** Electronic Patient Record
	3			**55:** Bridgend Boundary Change	• **13**: Accommodation fit for purpose • **39**: IMTP	• **4:** Infection Control • **41:** Fire Safety Regulation Compliance • **53:** Welsh Language Standards
	2					
	1					
C X L		**1**	**2**	**3**	**4**	**5**
		Likelihood				

Service directors are responsible for the management of risk within their Units and must ensure that they have effective arrangements to carry this out. Any risks outside their control are communicated to the Chief Operating Officer with professional issues being relayed to the relevant executive lead e.g. Medical Director and Director of Nursing & Patient Experience.

Delivery Units have undertaken a self-assessment against the *Health and Care Standards* which has subsequently been reviewed and agreed by the Executive Team. There is more about the outcome of this process in Section 8.2.

Finally, each unit has attended an end-of-year Performance Review with the Executive Team to discuss performance and governance arrangements. Each unit is developing structures to ensure the appropriate management of risk has been confirmed within their mid-year and end-of-year performance reviews.

The Board recognises that there is risk associated with every decision it takes and within any proposed change in service. Therefore, the Board is keen to engage and consult with staff, the public and stakeholders to identify areas of concern and solutions. Working with partner organisations is critical to successful integrated working and delivering services with partners can bring significant benefits and innovation.

6.2 Top Health Board Risks

In 2018-2019, the Health Board Risk Register (HBRR) was significantly reviewed and a new format agreed. As of 31st March 2019 there were 26 risks on the Health Board Risk Register ranging from 12 to 20 which are categorised by rating against each of the Health Board's enabling objectives. In terms of the highest risks these are set out below:

- **Capacity within WODS (56)-** Insufficient capacity of Workforce and OD Function within ABMU to support and deliver the strategic and operational workforce agenda, plans and priorities of the Health Board.
- **Sustained Clinical Services (27)** - Inability to deliver sustainable clinical services due to lack of digital transformation.
- **Storage of Paper Records (36)** - Failure to provide adequate storage facilities for paper records then this will impact on the availability of patient records at the point of care.
- **Discharge Information (45)** - If patients are discharged from hospital without the necessary discharge information this may have an impact on their care
- **Brexit (54)** - Failure to maintain services as a result of the potential no deal Brexit

6.3 Managing Risk

In 2018-2019 the Health Board managed the impact of a number of risks, including:

6.3.1 Delivery of the financial deficit target

The Health Board managed a number of financial risks in 2018-2019, including medical, dental and registered nurse staffing pressures, supporting performance delivery and improvements, and challenges around savings delivery. Subject to audit, the Health Board met its financial control total of a deficit of £10m. This was supported by £10m of additional Welsh Government funding, in recognition of the positive progress made by the Health Board in a number of areas, including strengthening clinical leadership, a focus on primary care and cluster models, development of clear strategic plans, as well as an increased grip on finance and performance. In terms of risk management, the Health Board recognises that an element of the 2018-2019 financial improvement has been delivered non-recurrently, through one-off

technical opportunities and investment slippage, and that a transformational approach is required to support sustainable financial balance.

This financial performance was in line the annual plan forecast.

6.3.2 Nursing Staffing Act Levels (Wales) Act 2016

The Nurse Staffing Levels (Wales) Act 2016 became law in March 2016, with a phased commencement. The Act requires health service bodies to make provision for appropriate nurse staffing levels, and ensure that they are providing sufficient nurses to allow the nurses' time to care for patients sensitively.

During 2018-2019, the Health Board agreed the plans for the implementation of the statutory requirements of the Nurse Staffing Levels (Wales) Act 2016 and identified that there was a need to change the funded establishments of registered and non-registered nurses across the 39 wards that fell within the remit of the Nurse Staffing Levels (Wales) Act 2016. The Health Board agreed to fund by way of a phased risk assessed implementation plan. This phased implementation increased investment in nursing by £2.4m for Phase 1 and a further £1.5m for Phase 2 in April 2019 making us fully compliant with the financial/funding element of the Act. An increase in funded establishments will also significantly increase our vacancy levels. The recruitment and retention of staff is seen as a high priority and a number of work streams reporting through the Nurse Staffing Act steering group are focusing on these issues.

6.3.3 Brexit Preparedness

As part of the national preparedness for Brexit following the EU referendum, the NHS in Wales has been working to ensure adequate preparations in the event of a 'no deal' Brexit. The Health Board established a task and finish group to lead all business continuity, emergency preparedness and risk management of any potential fallout of Brexit that would impact upon staffing, services or supplies.

We identified the most significant risks to the health board and our associated services such as health and social care, ambulance and third sector provision. However, much of this operates on an NHS Wales level, and we have and will continue to work closely with our colleagues in Welsh Government and across the health and social care sector in Wales.

We are closely monitoring the situation and have a robust business continuity plan in place that reflects actions taking place at an all-Wales level, supplemented with local actions. As part of this, all clinical and service areas are required to consider and make plans to mitigate the risks that could impact on service delivery in the event of a no-deal Brexit.

We are continually reviewing our own business continuity plans and engaging with local and regional partners across the health and social care sector to review all identified potential risks and arrangements.

The UK was due to leave the European Union on 29th March 2019, but this has been delayed until 31 October 2019, however the UK could leave earlier if a withdrawal agreement is ratified by MPs. As at end of March 2019 there is no firm Brexit agreement, and there is a potential for the UK to leave the EU without any deal in place.

There is an obligation to maintain critical services and business as usual in an emergency and this includes Brexit Consequently there is the potential for disruption in commercial and public

services and therefore supplies, services, transport, fuel, border issues, EU national issues, immigration, critical infrastructure, energy and command resilience

The NHS has been working with suppliers to ensure there is a continuous supply of consumables and medicines according to national guidance:

- Medicine supplies to ensure there are sufficient medicines available to continue to treat patients.
- Workforce to ensure there are support packages for staff and managers in aiding EU national staff to progress with the EU settlement scheme.
- Procurement of medical consumables and devises to ensure a continuous supply and the Department of Health will be managing some suppliers nationally to ensure continuity and routes of delivery.

Our focus is on maintaining safe, high-quality health and social care for patients and staff.

6.3.4 Health and Safety

During the year, the Health Board agreed that further assurance was required in relation to compliance with the Health and Safety at Work Act. The Board therefore agreed to establish a Health and Safety (H&S) Committee to strengthen the existing arrangements.

In 2018-2019 a Health & Safety Executive (HSE) improvement notice was issued for the management of electrical safety with air mattress leads. This was an ABMUHB wide notice with compliance date due end of March 2019. The Health Board responded to the HSE at the end of March setting out all of the work completed in respect of the notice and the changes made to operational arrangements to address the recommendations within the notice. The HSE may re-inspect post April 2019 and consider CTUHB in this follow up. The Head of Operational Health Safety and Fire (CTUHB) has been briefed by Head of Health and Safety (ABMUHB).

In November 2018 the HSE undertook inspection visits of ABMUHB's sites and found examples of good practice and met some very committed and enthusiastic individuals who were making a real difference in their immediate workplaces.

The HSE advised the Health Board that in order to raise standards of health and safety management across the organisation it was recommended that the Health Board find ways to identify, recognise and communicate good practice.

Following the review and the inspection visits contraventions of health and safety law were identified by the HSE and the Health Board was subsequently issued with nine improvement notices concerning the management of violence and aggression, management of manual handling and the process for reporting incidents and sharing lessons learned, outlined below:

- AMO1 – Violence & Aggression at the Emergency Department (ED) Morriston Hospital
- AMO2 - Violence & Aggression, Portering Staff at Morriston Hospital
- AMO3 – Manual Handling, Emergency Department (ED), Morriston Hospital
- AM04 - Manual Handling, Portering Staff, Morriston Hospital
- AMO5 - Reporting and investigating health & safety incidents
- JVH1 - Violence & Aggression at Singleton Assessment Unit (SAU), Singleton Hospital

- JVH2 - Violence & Aggression, Portering Staff, Singleton Hospital
- JVH3 -Manual Handling, Theatre Department, Singleton Hospital
- JVH4 - Manual Handling, Portering Staff, Singleton Hospital

The Health Board has been proactive in addressing the issues raised and is working with the HSE and trade unions to address and improve the issues raised to ensure that all aspects of the enforcement notices are appropriately addressed by the September 2019 deadline. A task and finish group has been established to develop, oversee and implement the plan to address all of the points set out in the HSE letter and Notices. The Health Board Health and Safety Committee has been monitoring progress and delivery of the actions in the Health and Safety Notices, the Health Board has plans in place to address these notices.

The South Wales Fire & Rescue Service (SWFRS) issued a Fire safety notice for Theatres in the Princess of Wales (POW) Hospital. ABMUHB provided a full response to address the actions required within the notice and shared the response with CTUHB. At the point of handover, only two actions remained outstanding. One was in respect of training which was scheduled for 29 April 2019 and the other was in respect of a survey test the compliance of fire dampers in the theatre ducts. ABMUHB and CTUHB colleagues met in early April and agreed that the actions were in place. A draft damper survey has been received and both Health Boards agreed that it required further enhancement before being fit for purpose. ABMUHB, as the commissioner of the survey agreed to refine the commission and will hand over the final report when received. The fire brigade has since closed the notice on ABMUHB and issued it to CTMUHB as a new body with a date for completion of December 2019.

The Head of Operational Health Safety and Fire CTUHB has been briefed by Head of Health and Safety ABMUHB on this and CTUHB will take over responsibility for resolution as part of the Bridgend transfer.

6.3.5 Infection Prevention and Control

The Health Board are under targeted intervention for the Tier 1 Health Care Associates Infections (HCAIs) *Clostridium difficile (C.Diff)*, *E. coli* bacteraemia and *Staph. aureus* bacteraemia. The Health Board has been unable to achieve the required reductions in these three areas. However, significant improvements have been made in each of these areas with the greatest improvement in a reduction in *C.Diff* of 40% in the second half of the year compared to the first half (112 cases April – September 2018, 67 cases October – March 2019).

Reductions were as a result of a number of key improvements such as the implementation of Antimicrobial Guidelines and a revised cleaning programme for clinical areas. Key risks remains around a lack of facilities to decant ward areas to conduct thorough environmental decontamination, variations in environmental decontamination, insufficient isolation facilities, in particular negative pressure rooms and insufficient cleaning hours to achieve the National Occupations Standards of cleaning with insufficient environmental cleaning audits being undertaken.

The Health Board are in a strong position to maintain the current rates of the Tier 1 HCAIs however further focused work will be on environmental decontamination and infection control needs to be considered for all refurbishment and new works to ensure our hospitals provide suitable facilities for infection control.

6.3.6 Transcatheter Aortic Valve Insertion (TAVI)

In 2017 the Health Board became aware of prolonged waiting times for Transcatheter Aortic Valve Insertion (TAVI). Following an internal review of the service, the Health Board commissioned external advice from the Royal College of Physicians. An action plan was developed and throughout 2017-2018 the actions were implemented, and agreement from WHSSC was secured to increase the resource for the service. This has resulted in a reduction in waiting times and funding that makes the service sustainable.

7 INTEGRATED MEDIUM TERM PLAN (IMTP) / ANNUAL PLAN

The Health Board was unable to submit an Integrated Medium Term Plan (IMTP) to the Board or Welsh Government for 2018-2019 as the Board needed to develop an Organisational Strategy, and needed to improve further in the key targeted intervention priorities and to develop a balanced financial plan. The Health Board approved an Annual Plan for submission to Welsh Government, which focused on improvement in our six key Targeted Intervention priority areas, including finance. This was well-received by Welsh Government, although in 2018-2019 WG did not, as a principle, approve Annual Plans.

During 2018-2019 the Health Board has developed an Organisational Strategy which was approved by the Board in November 2018, and our five-year Clinical Services Plan which was approved in January 2019. These were key recommendations of the Deloitte governance review and are now complete.

The Health Board undertook planning on a three-year basis for the IMTP 2019-22 but was unable to submit an approvable IMTP due to complexities around the workforce and finance implications of the Bridgend transfer. The Health Board submitted an Annual Plan for 2019-2020 to the Board at the end of January 2019 which was approved for submission to Welsh Government. Welsh Government received it as a draft pending the resolution of the Bridgend issues and the final Plan will be submitted with a revised finance chapter when these are resolved. The Health Board has received good feedback on the document and the performance trajectories were agreed without amendment. The range of issues under discussion with Welsh Government have narrowed considerably with finance being the final challenge, although the Health Board will also need to improve performance in unscheduled care and maintain the improvements in RTT performance.

Building on these foundations, the Health Board intends to develop an approvable IMTP to present to the Board for approval to submit to Welsh Government as a final draft in September 2019. Based on Welsh Government advice this will allow sufficient time to work with Welsh Government to ensure a final approvable Plan can be submitted in early December (which is the likely national deadline for submission of IMTPs).

The IMTP 2020-2023 will be the delivery plan for the first three years of the Organisational Strategy and Clinical Services Plan.

A report on the delivery of the Annual Plan is presented to the Board on a quarterly basis and submitted to Welsh Government after each meeting. The latest report is for Q3 2018-2019 (the end of year report will be presented to the Board in May 2019). The report is in the public domain here. It shows that there is good progress with delivering the five targeted intervention

priority Service Improvement Plans in the Annual Plan 2018-2019, with very few off-track actions. The delivery of our plans is underpinning good progress in delivering our Corporate Objectives, particularly around promoting and enabling healthier communities. However at the end of Quarter 3 we were off-track with achieving a number of our key objectives for delivering improved patient access and effective governance and partnerships and the mitigating actions are detailed in the report.

For the reasons outlined above, the Health Board was not able to submit an IMTP for 2018-2019 to 2020-2021 to the Board or to Welsh Government and an Annual Plan was submitted.

Assessment against section 175 of National Health Service (Wales) Act 2006
The National Health Service Finance (Wales) Act 2014 became law in Wales from 27th January 2014, new duties with regard to operational planning were placed upon the Local Health Boards. The legislative changes are effected to section 175 of the NHS Wales Act 2006.

- S175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years;
- S175 (2A) and the Directions issued by the Welsh Ministers under section 175(2) to prepare a plan which sets out its strategy for securing 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.

For the period 2018-2019, subject to audit, ABMUHB met its financial duty to break-even against its Capital Resource Limit over three years however, failure to achieve financial balance, that is to manage aggregate expenditure within aggregate revenue resource allocations over the first rolling 3 year assessment has resulted in the Health Board failing to meet the first financial duty.

The Health Board has not met its statutory duty to prepare and submit an IMTP that is approved by Welsh Ministers for the financial year 2019-2020, as required by the National Health Service Finance (Wales) Act 2014.

	Year 1 2016/17 £000	Year 2 2017/18 £000	Year 3 2018-2019 £000		Total £000
Revenue Resource Funding	1,060,938	1,096,250	1,133,300		3,290,488
Total Operating Expenses	1,100,254	1,128,667	1,143,179		3,372,100
Under/(Over) spend against Allocation	**(39,316)**	**(32,417)**	**(9,879)**		**(81,612)**
As a % of Target	**3.71%**	**2.95%**	**0.87%**		**2.48%**

Development of the Annual Plan 2018-2019

The Board agreed that a further Annual Plan for 2018-2019 would be developed as our systems are currently unsustainable due to the scale of our financial and workforce challenges. These are primarily due to; demographic changes and health inequalities in the population we serve; a model of care which is overly weighted towards inpatient services and an imbalance in demand and capacity, leading to significant performance, workforce and financial challenges.

The overarching aim of our Annual Plan for 2018-2019 is to improve our Targeted Intervention monitoring status and to provide the foundation for a sustainable health and care system. We will do this by delivering our Corporate Objectives which were developed and agreed in 2017 and our focus is on strategic development, improving quality and safety, improving efficiency and delivering improved performance through an integrated service, workforce and financial plan which is assured through the delivery mechanism of our Recovery and Sustainability Programme. Our Plan sets out clear, timely, deliverable actions, using the Wellbeing Future Generations Act Five Ways of Working, through five specific Service Improvement Plans for our Targeted Intervention Priority Areas (Unscheduled Care, Stroke, Planned Care, Cancer and Healthcare Acquired Infections). These also include clear financial, workforce and infrastructure enablers.

Section 2.2 of this Annual Governance Statement provides and update on the targeted intervention status and explains that the Board agreed that an Annual Plan would be developed for 2018-2019 as our system is currently unsustainable due to the scale of our financial and workforce challenges.

8 MANDATORY DISCLOSURES

8.1 Corporate Governance Code – for central Government departments

For the NHS in 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". In simple terms this transposes to the way in which NHS bodies ensure that they are doing the right things, in the right way, for the right people, in a manner that upholds the values set for the Welsh public sector.

An assessment of compliance with the *Corporate Governance Code* is informed by:

- The review of Board effectiveness, taking account of Unit based self-assessments against the Health and Care Standards*;*
- The outcome of the *Structured Assessment* by Wales Audit Office;

An internal audit of the Health Board's compliance against the Corporate Governance Code was undertaken during 2018-2019. The overall objective of this audit is to review the conformance of Board and Committee arrangements with relevant principles of HM Treasury Corporate Governance in Central Government Departments: Code of Good Practice 2016. The Board can take **substantial assurance** in terms of the compliance with the code.

Any breaches in Standing Orders are reported to the Audit Committee. During 2018 all NHS organisations in Wales agreed to the implementation of a Procurement Compliance (No purchase order (PO) /No Pay) Policy. From a procurement perspective, the raising of purchase orders should only take place when a procurement process has been followed which is compliant with Standing Financial Instructions (SFIs). The initial success of the Procurement Compliance (No PO/No Pay) Policy in improving governance through identifying non-compliant purchasing but has also demonstrated the fact that the All-Wales purchase to pay (P2P) Group did not consider the need to comply with SFIs in placing purchase orders in areas where they did not previously exist.

Therefore to minimise the risk the following actions were supported by the Audit Committee:

- The procurement function to raise purchase orders in the short term, where the procurement requirements under SFI's have not been met in order to comply with the All-Wales Purchase Order Compliance Policy and to minimise the risk of service disruption through non payment of invoices on hold where a purchase order is not in place.

- An Assistant Director of Finance be given authority to authorise payment of invoices on hold without a purchase order in exceptional circumstances where there is a risk to service delivery.

- A letter is sent to all budget holders reminding them of the requirements to comply with the All Wales Purchase Order Compliance Policy and the procurement regulations as detailed in SFI's.

Section 6 of this Annual Governance Statement provides the Health Board's position in relation to the two financial duties under section 175 of the National Health Service (Wales) Act. For the period 2018-2019, the Health Board did not meet the two financial duties and therefore this has resulted in a breach of the Health Board Standing Orders and Standing Financial Instructions. During 2018-2019, the Board has been fully engaged in the development and monitoring of the annual plan through meetings of the Performance and Finance Committee and the Board.

8.2 Health and Care Standards

The current standards came into effect as of April 2015, incorporating the *Standards for Health Services in Wales (2010)*' and the '*Fundamentals of Care Standards (2003)*'. The Welsh Government's Health and Care standards[6] place the person at the centre and emphasise the importance of strong leadership, governance and accountability and form the Welsh Government's common framework of standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings.

The organisation uses the Health and Care Standards as part of its framework for gaining assurance on its ability to fulfil its aims and objectives for the delivery of safe, high quality health services. This involves self-assessment of performance against the standards across all activities and at all levels throughout the organisation.

Service directors, unit medical directors and unit nurse directors are collectively responsible for ensuring that the Health and Care Standards are embedded across their particular service delivery unit and they self-assess against each of these including the Governance, Leadership and Accountability standard to ensure there is effective scrutiny.

Following completion of last year's annual self-assessment an agreement was made that the previous quarterly scrutiny panels would be stood down. This was on the basis that performance reviews with delivery units would feature progress against the standards. Also it was agreed that to further support embedding of the standards within the health board key committees would be delegated responsibility for improving and monitoring the relevant standards.

The quarterly delivery unit performance reviews and integrated performance reports are structured around each of the health and care standards domains which has enabled each executive lead to monitor, identify and share good practice and provide proactive support throughout the year to the service delivery unit teams for each of their health and care standard areas of lead responsibility.

[6] Welsh Government's Health and Care Standards, April 2015
http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf

The links to the Health and Care Standards are also detailed on each report to the Board and Committees. Furthermore, the board risk management framework has also been reviewed and all corporate, executive and service delivery units risk registers are aligned with the health and care standards.

The Health Board has taken steps during the year to improve the governance arrangements of the Board and Committees and as part of strengthening these arrangements, agreed to undertaken an effectiveness survey to inform the end of year position and identify areas of improvement for 2019-2020.

At the Board Development Session on 25 April 2019, the Board reviewed the assessment against the Health and Care Standards. It was agreed that the process for the review of these standards should be reviewed and that an improved process to be in place for 2019-2020 to allow the Board to receive assurance on the embedding of the Health and Care Standards. This has been identified as a governance priority for 2019-2020.

In 2017-2018 the Health Board undertook the assessment against the Health and Care Standards Governance and Accountability Module and agreed areas of priority for inclusion in the Governance Work Programme for 2018-2019. The Board also agreed to take a more robust approach in terms of the assessment of the governance arrangements in 2018-2019 and this was undertaken through the board effectiveness self-assessment and the 'governance maturity matrix'

Each Member of the Board has been invited to complete the on-line survey and complete the governance maturity matrix to identify areas of improvement for the forthcoming year. The self-assessment provides an important tool to draw together the sources of assurance received throughout the year into one overarching organisational level view.

The priorities for 2019-2020 will be incorporated into the Governance Work Programme and progress will be monitored by the Audit Committee.

Governance Priorities for 2019-2020

- Quality Governance arrangements including role and accountabilities of supporting structures
- Implementation of a Board Assurance Framework
- Further development of Risk Management arrangements
- Governance Framework between Corporate and Delivery Units as part of the operating model including legislative compliance framework
- Further strengthening of the role of committees including reviewing the size, quality of board papers as well as financial consequences of all Board and Committee papers
- Review and refresh the assessment process in terms of compliance and reporting against the Health and Care Standards

This was the first year of using the maturity matrix, so it is recognised that there may be a requirement to modify this approach in future years, it should be helpful however, in identifying areas for improvement and development for 2019-2020.

In reviewing governance arrangements as outlined earlier in this statement and taking into account its assessment against the criteria for Governance, Leadership and Accountability Standard, the Board is clear that it is operating in accordance with the Corporate Governance Code for central government departments: Code of Good Practice 2017[7] and that there have been no departures from the Code.

The Health Board is clear that it is complying with the main principles of the Code, is following the spirit of the Code to good effect and is conducting its business openly and in line with the Code. The Board recognises that not all reporting elements of the Code are outlined in this Governance Statement such as declaration of interests, however they are reported more fully in the Health Board's Annual Report.

8.3 Equality, Diversity and Human Rights

The Health Board is committed to treating everyone fairly. We will 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.

Our equality objectives support us with delivering this commitment. These objectives are published within our Strategic Equality Plan 2017-2020[8]. Our Plan identifies the actions that will drive forward progress towards achieving each of the equality objectives.

We report annually on progress towards fulfilling each of these objectives. Assurance is provided to the Board through the Workforce and Organisational Development Committee.

Examples of key highlights for 2018-2019 include:

- Moving up four places in **Stonewall's Workplace Equality Index** from a ranking of 154 in 2018 to 150 in 2019. Key highlights for ABMU's LGBT+ Network, **Calon,** include:
    - **Joining the Spring Pride celebrations** on the parade through Swansea city centre to show support for LGBT+ communities and community engagement at the National Waterfront Museum.
    - **Awareness raising events** for staff, including sharing personal stories events where Calon Members talked about coming out and Allies talked about why Allies are important to LGBT+ staff.
    - **Collaboration** with other LGBT network groups in NHS Wales at Pride Cymru 2018 joining colleagues on the march and supporting the stall.

- Being the first Health Board in Wales to set up a **Women's Staff Network** in October 2018 led by a junior doctor. This followed a special ABMU **leadership skills event** on 19 April 2018 at Morriston Hospital aimed at offering women in healthcare practical advice on improving clinical leadership skills. As part of the Staff Network, we started

[7]Corporate Governance in Central Government Departments: A Code of Good Practice, 2017, HM Treasury/Cabinet Office https://www.gov.uk/government/publications/corporate-governance-code-for-central-government-departments-2017

[8] ABMUHB Strategic Equality Plan 2017-2020 www.wales.nhs.uk/sitesplus/863/page/59057

a cross-disciplinary pilot **mentoring scheme** for women within the Health Board in March 2019.

- **Promotion of NHS careers / apprenticeships** at diversity events, including Swansea Bay Job Centre and Welsh Refugee Council's first ever BAME event held in Swansea YMCA on 13 February 2019.

- Launch of **Project SEARCH** with Bridgend College and Elite Supported Employment Agency on 13 September 2018. This enabled nine young people with additional learning needs and disabilities to secure a supported internship at the Princess of Wales Hospital. The interns completed their first ten week placement, which has been a positive experience. The departments involved are supporting the interns to apply for vacancies. Elite Training Agency is also supporting interns to look for alternative vacancies in the wider local community.

- Supporting the implementation of the **All Wales Standards for Communication and Information for People with Sensory Loss** across the Health Board through joint working with our multi-agency group.

- Huge support for our **2018 World Mental Health Day event** in Swansea's Grand Theatre attended by more than 300 people. The theme of the event was young people and mental health in a changing world. 45 stallholders from a variety of organisations and speakers from across the Health Board and Swansea University raised awareness of the advice and support available to our youth and young adults if they are finding it difficult to cope. They addressed themes such as the eating disorders service, substance abuse and cyber bullying.

Looking forward to the next year, we will be engaging and consulting on what our equality objectives for 2020 – 2024 should be.

8.4 NHS Pension Scheme

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 into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations. The Scheme is managed on our behalf by the NHS Wales Shared Services Partnership.

8.5 Emergency Preparedness / Civil Contingencies / Disaster Recovery/ Environmental Management

ABMUHB 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 to business and brings about a timely return to 'business as usual'.

The Civil Contingencies Act, (2004) requires NHS organisations to show that they can deal with such incidents while maintain services. The Health Board is a Category 1 responder under the Civil Contingencies Act, 2004 and is accountable for six civil protection duties, including risk assessment and emergency planning.

There is a specific Emergency Preparedness, Resilience and Response (EPRR) risk register, aligned with national and community risk registers which is managed via the Health Board risk management processes and it is reviewed quarterly. The risk register includes the necessary risk scoring and mitigations to either treat or tolerate the risks identified. This includes emergency preparedness measures through an integrated emergency planning system. There are two corporate EPRR related risks; a risk of a major incident and a risk of a business continuity incident. All EPRR related work is overseen by the Health Board EPRR Strategy Group. This group includes representation from each Service Delivery Unit, 'cross cutting' service and Corporate services. The six civil protection duties are the foundation for the Health Board EPRR Work Programme and emergency planning arrangements, and consequently there are a range of emergency response plans in place in accordance to the mitigation requirements for the associated high risks; including major incident procedures and business continuity response procedure to ensure the Health Board can respond to, and recover from a range of emergencies at an operational, tactical and strategic level.

To support the Health Board EPRR agenda, there is full engagement with the Local Resilience Forum and local multi-agency category 1 and 2 responders and there is attendance at appropriate groups at a local and national level. In addition the Health Board is represented at the Wales Counter Terrorism Prepare Delivery Group in order that there is preparedness in terms of the threats as well as the identified hazards.

The Health Board is updated annually in terms of EPRR preparedness; noting the progress as well as challenges that exist with regard to resilience. The Executive Team is updated on EPRR related matters quarterly and sooner if there is a requirement to do so.

8.6 Environment, Sustainability & Carbon Reduction

The Health Board has once again retained ISO 14001 accreditation for its environmental management systems. This year it transitioned across to the updated 2015 standard. Our Environmental Committee is chaired by the Chairman of ABMUHB and attended by the Director of Strategy, along with representatives from each of the Service Units. This is part of ABMUHB's long-term carbon reduction strategy which aligns with the objectives determined by the Environmental (Wales) Act 2016 and the Well-being of Future Generations (Wales) Act 2015. We have seen the growth of recycling and recovery rates for the Health Board.

Over the last 12 months our acute hospital sites (Morriston Hospital, Singleton Hospital, Princess of Wales Hospital & Neath Port Talbot Hospital) have achieved an increase in mixed recycling once again, with more than a 53%* percent rise during 2018–2019. This has seen an additional 130 tonnes of waste being recycled compared to the previous year. In addition, we have reduced generation of black bag non-recyclable waste by 12%*, with a 203 tonnes reduction in black bag production compared to the previous year.

**Please note these figures are based on year to date analysis and will change as all figures for 2018-2019 are not available at the time of reporting.*

The Health Board is working with Refit Cymru – a Government initiative set up to support the public sector in the development of energy-saving schemes. Over the last year the

Health Board has been developing its specification and in 2018 over 10 companies responded to its invitation to tender. The Health Board has subsequently appointed Vital Environmental as its preferred partner and is currently developing a business grade proposal for downstream energy schemes. The Health Board is developing a vital bid of around £10 million for energy initiatives, with strict criteria on carbon reduction being part of the funding requirements of Welsh Government. ABMUHB are the first Health Board in Wales to enter into to such an agreement with Refit Cymru. These plans address scope 1[9] and 2[10] of the greenhouse gas protocol (as set by the World Resources Institute and World Business Council on Sustainable Development).

ABMUHB is required to publish an annual Sustainability report which includes data in relation to key sustainability metrics including utilities consumption, waste production and environmental management. The Sustainability Report for 2018-2019 can be accessed on our website.

The organisation has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements as based on UKCIP 2009 weather projections to ensure that the organisation's obligation under the climate change Act and the Adaptation Reporting requirements are complied with.

8.7 Data Security

Information Governance (IG) is robustly managed within ABMUHB. The framework includes the following:

- An Information Governance Board (IGB) whose role it is to support and drive the broad IG agenda and provide the Health Board with the assurance that effective IG best practice mechanisms are in place within the organisation
- 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
- IGB leads within each Service Delivery Unit and corporate department whose role it is to champion IG within their areas.

The financial year 2018-19 incorporated new data protection legislation which came into force during May 2018 in the form of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). It was recognised that, in order to fulfil its data protection obligations, the Health Board needed to expand the Information Governance Department and additional resources were allocated to expand the staffing complement from three x WTE (Whole Time Equivalent) staff to eight x WTE staff.

Assurances that the organisation has compliant information governance practices are evidenced by:

[9] *Scope one: direct emissions are omissions resources that are owned or controlled by the company for example submissions from combustion informed or controlled board boilers, furnaces vehicles carbon footprint through reducing its energy consumption*

[10] *Scope 2: accounts are omissions from the generation of purchased electricity new buildings are designed to be energy efficient, complying with energy standards. The new buildings where cost-effective effective energy-saving systems are installed.*

- Bimonthly reports to the IGB, including key performance indicators
- A detailed operational GDPR Work Plan, taken to IGB bimonthly, detailing progress made against actions required to ensure compliance with data protection legislation
- A raft of IG and information security policies, procedures and guidance documents
- The Information Commissioner's Office (ICO) commended the Health Board's IG intranet site
- A comprehensive biannual mandatory IG training programme for all staff, including proactive targeting of any staff non-compliant with their IG training
- A proactive IG audit programme across the Health Board
- A robust management of all reported IG breaches, including proactive reporting to the ICO
- An Information Asset Register used to manage information across the Health Board
- Audit reports from the Wales Audit Office (WAO) and Internal Audit
- The IGB Chair's Assurance report taken to both Audit Committee and the senior leadership team following all IGB meetings.

Under the new data protection legislation, those breaches reaching the agreed threshold score must now be reported to the ICO. All information governance incidents are reviewed by the IGB and during the year there were 15 incidents relating to data security that required reporting to the ICO. All IG incidents were investigated internally, whether ICO reportable or not. Support and co-operation has been provided to the ICO to inform their investigations if the breach met the reporting threshold and the ICO were informed.

Of the 15 reportable incidents, 12 have been closed by the ICO, with no further action from the ICO considered necessary. A summary of the actions completed is outlined in Table 1 below:

Table 1 – Summary of IG Actions Completed 2018-2019

Breach Summary for 2018-19	Summary of Actions Taken by ABMUHB	ICO status
1.Occupational health report sent to the incorrect address (previous letter used as a template by agency staff member) and opened by recipient's husband	• Apology provided to staff member • Implementation of new administrative processes to avoid duplicate breach • Development of training video to be used by agency staff prior to taking up post • Information governance training requirements considered • Information governance audit undertaken	Closed
2.Missing medical record declared as lost following transfer between two Health Boards. Failure to respond to subsequent subject access request within required legal timescale. Records later found	• Extensive searches undertaken – records later found • Ward reminded of correct procedures for transfer of patient records • Information governance training requirements considered	Closed

Breach Summary for 2018-19	Summary of Actions Taken by ABMUHB	ICO status
at the other Health Board, not at ABMUHB	• Information governance audit undertaken	
3.Patient information found to be at risk following break-ins at storage site within Gorseinon Hospital	• On-site records securely destroyed or relocated as appropriate • Additional physical security measures added to site • Information governance training requirements considered • Information governance audit undertaken	Closed
4.Address details of retired staff member were disclosed to other departmental staff (in order to send retirement cards). Complaint received regarding inappropriate disclosure	• Written apology provided to data subject • Written warning provided to staff member • Information governance training requirements considered • Information governance audit undertaken	Closed
5.Discharge letter for special care baby unit patient, including sensitive details about the mother, was posted to an incorrect address. Error occurred due to a pre-prepared envelope for another letter being used by mistake	• Documentation fully recovered • Change of administrative processes to avoid duplicate breach • Information governance training requirements considered • Information governance audit undertaken	Closed
6. Document containing details about staff member sickness saved in error to the departmental drive with open access. No personal identifiers were included but it was deduced who the document was about. Complaint received from data subject	• Written apology provided to data subject • Documentation saved to secure location • Information governance training requirements considered • Information governance audit undertaken	Closed
7. A member of the public requested future dates for sessions held by the Living Life Well Programme. The incorrect attachment was sent in the response e-mail. The attachment contained limited personal data about 54 previous and future attendees of the “low mood” sessions	• Change of processes to avoid use of ‘recently accessed documents’ function in Outlook to avoid a similar breach occurring • Confirmation received from e-mail recipient of deletion • Word documents containing personal information stored on the network drive are now password protected	Closed

Breach Summary for 2018-19	Summary of Actions Taken by ABMUHB	ICO status
	• Information governance training requirements considered • Information governance audit undertaken	
8.Sensitive medical test request form sent to data subject's previous address. Opened by data subject's father due to having same initials	• Changes in practice considered (although forms not usually sent via post) • Information governance training requirements considered • Information governance audit undertaken	Closed
9.Theft of external pharmacy company's van containing the data and medication of homecare service users (included five ABMUHB patients)	• Breach meeting took place with external company • External company liaised with Police • Apology and communication with affected patients • Review of service level agreements with external company • Information governance audit undertaken	Closed
10.Letters relating to three Learning Disabilities' patients found at a Cardiff bus stop by member of the public. Letters taken by finder to closest address and handed to parent of one of the patients. Parent returned letters to Health Board	• Changes to administrative processes to minimise the risk of a future breach • Implementation of "clear desk" procedure (hot desking may have contributed to the incident so this procedure was implemented to prevent accidental picking up of information in the future) • Information governance training requirements considered • Information governance audit undertaken	Closed
11.Mental Health Care & Treatment Plan containing sensitive information sent to incorrect patient	• Documentation collected and recovered • Staff members reminded to take extra care when addressing envelopes • Information governance training requirements considered • Information governance audit undertaken	Closed

Breach Summary for 2018-19	Summary of Actions Taken by ABMUHB	ICO status
12.A print run of Outpatient appointment letters were affected by misprinting causing the letters of other patients to be printed on the reverse, resulting in disclosure of personal data belonging to 78 individuals	• Communication with affected data subjects including written apology • Attempts made to recover letters by providing pre-paid envelopes • Correctly re-printed letters provided to patients • Replaced departmental printer • Information governance audit to be arranged	Closed
13.Sensitive images of a child taken on personal mobile phone and inappropriately shared with the parent of another patient	• Police investigation underway • HR/Disciplinary investigation underway • Images removed from device • Information governance training requirements considered • Information governance audit undertaken • Assessed by ICO Criminal Investigation Team, no action to be taken at present – update required	Open
14.Staff member inappropriately accessed the medical records of multiple family members over prolonged period of time	• HR/Disciplinary investigation underway • Information governance training requirements considered • Information governance audit to be arranged	Open
15.Inappropriate staff access to patient case notes, including disclosure to family members.	• HR/Disciplinary investigation underway • Information governance training requirements considered • Information governance audit to be arranged	Open

There were no outstanding ICO responses from 2017-18.

8.8 Ministerial Directions

The Welsh Government has issued Non-Statutory Instruments and reintroduced Welsh Health Circulars in 2014/15. A list of Ministerial Directions issued by the Welsh Government during 2018-2019 are available at:

- Welsh Government: http://wales.gov.uk/topics/health/nhswales/circulars/?lang=en
- HOWIS: http://extranet.wales.nhs.uk/howis/whcirculars.cfm?filter=2014

The Health Board can confirm that all relevant Directions have been fully considered and where appropriate implemented.

The Welsh Health Circulars (WHCs) published by Welsh Government during 2018-2019 are centrally logged within the UHB with a lead Executive Director being assigned to oversee implementation of any required actions.

Details of Welsh Health Circulars (WHCs) issued during the year are reported at each Board meeting and are available on our website. The Health Board has arrangements in place to ensure compliance.

8.9 Welsh Language

The Health Board is committed to ensuring that the Welsh and English languages are treated on the basis of equality in the services we provide to the public and other NHS partner organisations in Wales. This is in accordance with the ABMUHB Welsh Language Scheme, Welsh Language Act 1993, the Welsh Language Measure (Wales) 2011 and the Welsh Language Standards (WLS) (No7) Regulations which were approved by the National Assembly for Wales on the 20 March 2018. The Welsh Language Standards replaced existing Welsh Language Schemes and set out responsibility for ensuring services are offered and delivered through the medium of Welsh in particular circumstances whether this is in written form (including via the internet/email), in face-to-face interactions or verbally.

The ABMUHB recognises that care and language go hand in hand. The quality of care, patient safety, dignity and respect can be compromised by the failure to communicate with patients and service users in their first language. Many people can only communicate and participate in their care as equal partners effectively through the medium of Welsh. We are committed to meeting the Welsh language needs and preferences of our service users.

Over the years the health board has been making good progress implementing its statutory Welsh Language Scheme and, more recently, the Welsh Government's strategic framework for Welsh language services in health, social services and social care: 'More Than Just Words'. The aim of this work has been to improve the availability, accessibility, quality and equality of our Welsh medium services.

The Health Board was issued with a draft Compliance Notice in respect of the WLS by the Welsh Language Commissioner's Office in July 2018, in accordance with Section 47 of the Welsh Language Wales (Wales) Measure 2011. The draft Compliance Notice, invited the Health Board to participate in a consultation in respect of the WLS which apply to it. This required a response which set out whether it was anticipated that the organisation would be able to comply with each individual WLS or whether the requirement to comply with any specific WLS was viewed as unreasonable or disproportionate, in which case the Health Board must provide evidence to support its position. The Health Board was also given the opportunity to suggest variations to the requirements.

Both corporate departments and delivery units were invited to contribute to the response to the Compliance Notice which was submitted to the Welsh Language Commissioner at the beginning of October 2018 with an appeal being submitted thereafter resulting in a Final Compliance Notice being received at the end of November 2018.

ABMUHB was successful in a significant number of challenges resulting in a number of changes to requirements both in terms of their scope and compliance deadlines.

A Welsh Language Action plan has been introduced which sets out the detail of the requirements, outlined Executive leads and timescale for completion of actions.

Whilst good progress has been made, we recognise there is much more to do and we continue to improve our Welsh language services by implementing the requirements of the Welsh Language standards and the “More Than Just Words” strategy. ABMUHB is also aware of its contribution to the Welsh Government’s “Cymraeg 2050 – A million Welsh speakers” strategy and vision to achieve a million Welsh speakers in Wales by the year 2050.

Progress against the ABMUHB Welsh Language Standards Action plan and the ‘More Than Just Words’, strategy is reported to our internal “Welsh Language Delivery Group”, the Executive Board, the Welsh Language Commissioner and Welsh Government.

9 REVIEW OF EFFECTIVENESS

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of internal auditors and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework and comments made by external audits in their audit letter and other reports.

Executive directors and delivery unit senior leadership teams also have a responsibility for the development and maintenance of the internal control framework and for continually improving effectiveness within the organisation.

Work has continued to improve the performance information provided to the Board and its committees so that it can be assured on the accuracy and reliability of the information it receives as well as ensuring this is focussed on the achievement of organisational objectives.

As part of revisions to Board committee arrangements ABMUHB established a Performance & Finance Committee in June 2017 which has played a key role in overseeing improvements in key delivery areas.

The Board functioning as a corporate decision making body, has regularly considered assurance reports, whilst also receiving updates on key issues. Full details of Board reporting arrangements are set out in Section 1. The Board is accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is primarily supported in this role by the work of the Audit Committee and the Quality & Safety Committee. Further information about both these committees can be found at **Appendices 1 & 2.**

The overall opinion by the Head of Internal Audit on governance and risk management and control is a function of this risk based programme and contributes to the picture of assurance

available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

9.1 Internal Audit

Internal Audit provide me as accountable officer and the Board through the Audit Committee with a flow of assurance on the systems 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 NWSSP. The scope of this work is agreed with the Audit Committee and is focused on significant risk areas and local improvement priorities.

The overall opinion provided by the Head of Internal Audit on governance, risk management and control is an outcome 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 Head of Internal Audit has concluded:

Head of Internal Audit Opinion

The scope of my opinion is confined to those areas examined in the risk based audit plan which has been agreed with senior management and approved by the Audit Committee. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement. The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

 - + Reasonable	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.

This opinion will need to be reflected within the Annual Governance Statement along with confirmation of action planned to address the issues raised. Particular focus should be placed on the agreed response to any *limited assurance* reports issued during the year and the significance of the recommendations made.

Basis for Forming the Opinion

In reaching the opinion the Head of Internal Audit has applied both professional judgement and the Audit & Assurance "*Supporting criteria for the overall opinion*" guidance produced by the Director of Audit & Assurance and shared with key stakeholders.

The Head of Internal Audit has concluded that *Limited* assurance can be reported for the *Clinical Governance, Quality and Safety*; *Strategic Planning, Performance Management and Reporting* and *Capital and Estates* assurance domains. *Reasonable* assurance can be reported for *Corporate Governance, Risk and Regulatory Compliance; Financial Governance and Management; Information Governance and Security; Operational Services and Functional Management;* and *Workforce Management* domains.

During the year internal audit issued final audit reports with a conclusion of *limited* assurance in the following areas:

IT Infrastructure Assets *(2017/18 audit)*
Fire Safety (Follow Up) *(2017/18 audit)*
Non-Pay Expenditure: Goods Receipting *(2017/18 audit)*
European Working Time Directive: Portering Services *(2017/18 audit)*
Vaccination & Immunisation
Princess of Wales Service Delivery Unit[11]
Funds Held On Trust (Part I) & Funds Held On Trust (Part II)
Deprivation of Liberty Safeguards (Protection of Vulnerable Adults) (Follow Up)
Mortality Reviews (follow up)
Annual Plan: Delivery Framework
Nursing Quality Assurance / Matron checks
Third Sector Commissioning (follow up)
Charitable Fund: Golau (follow up)
Outpatient Delayed Follow Ups
Fire Safety (follow up) *(2018/2019 audit)*
Clinical Audit & Assurance
Board Assurance Framework
Staff Appraisal & Performance Management
Locum Medical Cover (Follow Up)
Estates Assurance: Control of Substances Hazardous to Health Systems (Risk Management/Declarations of Interest)

Action plans have been agreed to improve performance in these areas and this will be monitored through the Audit Committee, with follow up Internal Audit reviews undertaken where necessary. Reports issued in draft, and audits being concluded currently, will be subject to the same management action and monitoring arrangements.

Some planned assignments were deferred during the year following Audit Committee approval and carried forward into future audit planning. These were:

- Patient Reported Outcome Measures
- Discharge Planning (Follow-Up Review)
- HR & OD Directorate (Follow-Up Review)
- ARCH (SSu element)
- Capital Projects: Primary and Community Care Infrastructure Projects

Further detail on all audit work is included within Audit Committee papers and the *Head of Internal Audit Opinion & Annual Report 2018/2019*.

[11] This audit was followed up during the year and a *Reasonable* assurance rating subsequently reported.

9.2 External Audit

The Auditor General for Wales (AGfW) issued a qualified opinion on 2017-2018 financial statements of the Health Board, and in doing so brought several issues to the attention of officers and the Audit Committee, including:

- The qualification relates solely to the regularity opinion and is because the Health Board failed to achieve its first financial duty under the NHS Finance (Wales) Act 2014, to achieve financial balance for the three-year period ending 2017-18.
- The AGfW concluded that the Health Board's accounts were properly prepared and materially accurate, and did not identify any material weaknesses in the Health Board's internal controls relevant to my audit of the accounts.
- In addition, the AGfW placed a substantive report on the Health Board's financial statements to highlight its failure to achieve financial balance and its failure to have an approved three-year plan in place.

The AGfW examined the Health Board's financial planning and management arrangements, its governance and assurance arrangements, and its progress on the improvement issues identified in last year's Structured Assessment.

The AGfW concluded that:

- The new Board is improving governance and leadership arrangements, though work remains to improve quality governance and whole system working;
- Whilst working to an annual plan, the Health Board is showing ambition in developing its longer-term strategic planning but will need to ensure sufficient capacity to drive through the necessary change;
- There are signs of the Health Board managing its resources more strategically with an evolving values-based approach, but finance, performance and efficiency challenges remain with workforce and asset management presenting key risks;
- The AGfW wider programme of work has included reviews of primary care and the integrated care fund and the progress in addressing previous recommendations. This work found some aspects of good practice as well as opportunities to strengthen arrangements for securing efficient, effective and economical use of resources; and
- The Health Board is participating in the National Fraud Initiative and has made generally good use of the data matches released in 2017.

To inform the Board in terms of the compliance with the governance standard and the wider frameworks, the Wales Audit Structured Assessment for 2018 assists in the determining the governance arrangements and improvements achieved during the year.

The Wales Audit Office (WAO) 2017 structured assessment acknowledged the fragility that existed at board level because of the major turnover of both executives and independent members. It also highlighted the on-going challenges that the Health Board faced in respect of its finances and performance. It also recognised that the appointment of new senior leaders and independent members gave the much-needed stability to achieve the turnaround required.

The conclusion on the Wales Audit Office 2018 structured assessment found that with strengthened leadership, the health board is improving governance and strategic planning, whilst recognising that it needs to do more to strengthen quality governance and design a

more coherent operating model for the organisation. The health board needs to continue its focus on managing workforce risks and improving performance and efficiency, but there are positive signs of resources being managed more strategically and of an evolving values-based approach.

The full conclusions from the *Structured Assessment* are available via the WAO website http://www.wao.gov.uk. Management actions arising from the *Structured Assessment* are being incorporated into our Governance Work Programme.

10. CONCLUSION

As Accountable Officer and based on the review process outlined above I have reviewed the relevant evidence and assurances in respect of internal control. The Board and its Executive Directors are alert to their accountabilities in respect of internal control. The Board has assessed itself against the *Health and Care Standards,* the board effectiveness self-assessment and the 'governance maturity matrix' to assist with the identification and management of risk.

During 2018-2019, the Health Board has made good progress, with a fully established Executive Team and a number of significant independent member appointments made during this period. The Board has also benefited from an extensive year-long Board Development Programme delivered by The Kings Fund.

The Wales Audit Office (WAO) 2017 structured assessment report acknowledged the fragility that existed at board level because of the major turnover of both executives and independent members. It also highlighted the on-going challenges that the Health Board faced in respect of its finances and performance. The Wales Audit Office (WAO) 2018 structured assessment report has recognised the strengthened leadership, the health board is improving governance and strategic planning, whilst recognising that it needs to do more to strengthen quality governance and design a more coherent operating model for the organisation.

Whilst the challenges we face remain largely the same as those described in the Annual Governance Statement for 2018-19, the Health Board has demonstrated improvement in governance during 2018-19 which is evidenced through the structured assessment and the Head of Internal Audit opinion. With the support of the Board, as Accountable Officer, I am determined we will address these. Now that the Health Board has an approved organistional strategy, we are working on developing an IMTP, setting out our clinical services plan alongside our continuing focus on improving quality, reducing waiting times and improving access.

Despite the challenges highlighted in 2018-2019, the Health Board in partnership with CTUHB has delivered a very significant change programme during the year.

This Governance Statement highlights the positive improvements in strengthening our governance arrangements whilst at the same time addressing the challenges of being in targeted intervention. I am confident that we have good plans in place to address the weaknesses highlighted in this statement. The Health Board is disappointed with the number of areas across the organisation that have received a 'limited' assurance rating from the Head of Internal Audit and is working hard to strengthen and improve its services.

Whilst the last year has been difficult and challenging for the organisation, the latter part of the financial year has started to bring some stability and progress is beginning to be made. We have seen some progress with regard to financial status and the Health Board continues to strive to deliver much needed improvement in particular service areas such as unscheduled care, meeting 36 week waiting times, cancer service targets and lowering rates of infection. Key to this will be the continuation of improved financial delivery and a robust workforce model. We have a series of controls in place to manage and mitigate these risks which are documented within our corporate risk register.

My review confirms that the Board has a generally sound system of internal control that supports the achievement of its policies, aims and objectives and that no significant internal control issues have been identified. Internal Audits identified areas requiring action to strengthen systems and processes as listed on pages 48-49.

Detailed action plans have been agreed to improve performance in all these areas along with a Governance Work Programme for 2019-2020. These will be monitored through the Audit Committee, with follow up internal audits undertaken where necessary.

Tracy Myhill
Chief Executive Swansea Bay University Health Board (SBUHB)

Date:

Annual Governance Statement Appendices

Appendix 1 – Member Attendance at Meetings 2018-2019

	Health Board	Audit Committee	Mental Health and Capacity Act Legislative Committee	Remuneration & Terms of Service Committee	Charitable Funds Committee	Finance and Performance Committee	Quality and Safety Committee	Strategy, Planning and Commissioning Group	Workforce and OD Committee	Health and Safety Committee
Andrew Davies Chair	10			5				2		
Emma Woollett Vice-Chair	9		4	5		12		1	6	
Ceri Phillips Independent Member (Until January 2019)	5						2		5	
Jackie Davies Independent Member	9		4		4	11			6	3
Maggie Berry Independent Member	8	1*	4	5		5	5	1		3
Mark Child Independent Member	7	3			1*			0		
Martin Sollis Independent Member	9	8		4	3	11		1		
Martyn Waygood Independent Member	9	7	3	4	5		6			3
Tom Crick Independent Member	7	4							2	
Reena Owen Independent Member (From August 2018)	2					1*	3		2	2

	Health Board	Audit Committee	Mental Health and Capacity Act Legislative Committee	Remuneration & Terms of Service Committee	Charitable Funds Committee	Finance and Performance Committee	Quality and Safety Committee	Strategy, Planning and Commissioning Group	Workforce and OD Committee	Health and Safety Committee
Julian Hopkin Independent Member (From January 2019)	**1**									
Raymond Cibrowski Independent Member (Aug- Dec 2018)	**3**	**1***								
Executive Directors										
Tracy Myhill Chief Executive	**9**			5				**1**		
Lynne Hamilton Director of Finance	**10**	**8**			**5**	**12**		**1**		
Angela Hopkins Interim Director of Nursing and Patient Experience (from December 2017- July 2018)	**3**	**2**	**1**				**1**		**0**	
Gareth Howells Director of Patient Experience (From July 2018)	7	2	3				3		**3**	**1**

	Health Board	Audit Committee	Mental Health and Capacity Act Legislative Committee	Remuneration & Terms of Service Committee	Charitable Funds Committee	Finance and Performance Committee	Quality and Safety Committee	Strategy, Planning and Commissioning Group	Workforce and OD Committee	Health and Safety Committee
Sandra Husbands Director of Public Health	9									1
Hazel Robinson Director of Workforce and OD	9			5		9			7	3
Siân Harrop-Griffiths Director of Strategy	7				2	10				2
Christine Morrell Director of Therapies and Health Sciences (Until November 2017)	4						4		1	1
Hamish Laing Medical Director (Until July 2018)	4						1	1		
Richard Evans Medical Director (From November 2018)	3						2		4	
Chris White Chief Operating Officer and Director of Therapies and Health Sciences (From Nov 2018)	9		2			11	3		2	

	Health Board	Audit Committee	Mental Health and Capacity Act Legislative Committee	Remuneration & Terms of Service Committee	Charitable Funds Committee	Finance and Performance Committee (	Quality and Safety Committee	Strategy, Planning and Commissioning Group	Workforce and OD Committee	Health and Safety Committee
Sue Cooper Associate Board Member	**3**									
Alison James Associate Board Member	**7**									
Malcolm Lewis Associate Board Member	2									

*Attendance at meeting at request of the Chair or as an Observer.

Appendix 2

Board and Committee Meetings 2018-2019

The following table outlines dates of Board and Committee meetings held during **2018-2019,** highlighting any meetings that were not quorate:

Board/ Committee	Dates in 2018-2019											
Health Board	30th May 2018	31st May 2018	25th June 2018	26th July 2018	30th August 2018	27th September 2018	25th October 2018	29th November 2018	31st January 2018	28th March 2018		
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate			
Audit Committee	19th April 2018	17th May 2018	30th May 2018	31st July 2018	20th September 2018	13th November 2018	24th January 2019	21st March 2019				
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate				
Mental Health Legislative Committee	10th May 2018	24th August 2018	8th November 2018	7th February 2019								
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate								
Remunerations and Terms of Service Committee	26th April 2018	28th June 2018	8th October 2018	13th December 2018	28th January 2019							
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	*Not quorate							
Charitable Funds Committee	26th June 2018	9th October 2018	1st November 2018	11th December 2018	25th March 2018							
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate							

Finance and Performance Committee	27th April 2018	23rd May 2018	20th June 2018	18th July 2018	22nd August 2018	26th September 2018	22nd October 2018	28th November 2018	17th December 2018	22nd January 2019	19th February 2019	19th March 2019
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate
Quality and Safety Committee	5th April 2018	7th May 2018	2nd August 2018	4th October 2018	6th December 2018	21st February 2019						
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate						
Workforce and OD Committee	3rd May 2018	5th July 2018	16th August 2018	18th October 2018	13th November 2018	18th December 2018	17th January 2019	27th February 2019	27th May 2019			
Health and Safety Committee	20th April 2018	7th August 2018	3rd December 2018	4th March 2019								
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate								
Strategy, Planning and Commissioning Group	11th April 2018	25th July 2018										
Quorate/Not Quorate	Quorate	Quorate										
Pharmaceutical Applications	14th January 2019											
Quorate/Not Quorate	Quorate											

Quorate/Not quorate

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 LHB / NHS Trust Chair.

Appendix 3

Declarations of Interests - ABMU Board Members – 2018-2019

1. Board Members

Board Member	Declaration of Interest
Andrew Davies, Chairman	• Localist Limited – Director • Swansea Public Service Board - Chairman • Ospreys in the Community – Board Member • Swansea Early Years Steering Group – Chairman
Emma Woollett, Vice-Chair	• Woollett Consulting Ltd – owner/director (provide advisory services to NHS – non-NHS organisation).
Ceri Phillips, Independent Member	• Welsh Wound Innovation – director • Health Education and Improvement Wales – board member; • Swansea University – head of college which receives research funding from commercial bodies and educational funding for course provision.
Jackie Davies	• Royal College of Nursing Wales – board member; • Labour party - member
Maggie Berry, Independent Member	• Care and Repair Cardiff and the Vale – chair of the board; • Care and Repair Cymru – board trustee
Mark Child	• Wales National Pool – board member; • City and Council for Swansea – cabinet member for health and wellbeing; • Labour Wales – member;

	• UNISON – member.
Martin Sollis, Independent Member	• Wife works for waste management company with some contact with NHS bodies.
Martyn Waygood, Independent Member(from June 2017)	• Chair of ABMU Charitable Funds Committee, which includes contact with Ospreys in the Community; • Former Judge of Immigration and Asylum chamber. • Cardiff and Vale University Health Board – son is an accountant within finance department; • West Sussex NHS Foundation Trust 0 daughter is a nurse. • Currently a Judge appointed to the Social Entitlement Chamber.
Tom Crick, Independent Member	• Professor, Swansea University • Vice President BCS; The Chartered Institute for IT • Member of the Expert Panel for the Welsh Government's Review of Digital Innovation and the Future of Work • Commissioner, National Infrastructure Commissioner for Wales • Non-Executive Director, Dwr Cymru Welsh Water
Susan Cooper, Associate Board Member	• Director of Social Services in Bridgend County Borough Council
Alison James, Associate Board Member	• Chief Executive Officer - NPT Carers Service Ltd
Reena Owen, Independent Member	• Trustee, Swansea Environment Centre, • Spouse – Trustee of Bikeability (Registered Charity)
Raymond Ciborowski, Independent Member	• Trustee - NPT CVS • Trustee - Ospreys in the Community

	• Fee Paid Welsh Government Advisor – North Wales • Management Consultant –m St John's Cymru Wales
Tracy Myhill, Chief Executive	• Omnimark Ltd – director; • Trivallis Housing Association – chair (September to December 2017); • Trivallis Housing Association – board member (January 2018 to present); • Highfield Close Management Ltd - director
Angela Hopkins, Interim Director of Nursing and Patient Experience	• Angela Hopkins Consultancy –consultancy business contracted into ABMU interim role; • Royal college of Nursing (RCN) Foundation – RCN Foundation (Wales) committee expert advisor
Christine Morrell, Director of Therapies and Health Sciences	Nothing to declare
Chris White, Chief Operating Officer	Nothing to declare
Hamish Laing, Medical Director	• Centre for Global Burn Policy Research Advisory Board, Swansea University - chair. • Swansea University – member of court and honorary professor
Hazel Robinson, Director of Workforce and Organisational Development (OD)	• Sister-in-law employed by the health board
Lynne Hamilton, Director of Finance	Nothing to declare.
Sandra Husbands, Director of Public Health	• 73 Manor Park Road Ltd – director of freehold company (non-trading)
Siân Harrop-Griffiths, Director of Strategy	Nothing to declare.

Pamela Wenger, Director of Corporate Governance	Nothing to declare
Gareth Howells, Director of Nursing and Patient Experience	• Wife employed by Clinic supplies
Richard Evans, Medical Director	• Director - PC Learning Ltd • Director - White Farm Estates Ltd

Appendix 4

KEY REPORTS RECEIVED IN 2018-2019

ABMU Board

- Patient Story;
- Action Log;
- Chair and Chief Executive Report;
- Corporate Governance Report (to include Chairs Action, WHC, Common Seal and matters reported In-Committee);
- Chairs Sub Committees Report;
- Finance Report;
- Integrated Performance Report;
- Bridgend Transition Programme;
- Population Needs Assessment;
- Western Bay Area Plan;
- Wellbeing Plans;
- Public Health Annual Screening Update;
- Public Health Director Annual Report;
- Seasonal Plan;
- Thoracic Surgery;
- Serious Incidents;
- Emergency Planning (including Annual Report);
- Welsh Language Services;
- Organ Donation Progress Report;
- CAMHS Performance Report;
- 111 Update Report;
- NHS Shared Services Partnership – Meeting Summary;
- Emergency Ambulance Services Committee;
- Welsh Health Specialised Services Committee;
- Primary Care Annual Report;
- Carers Annual Report;
- IMTP (approval of Annual Plan);
- Quarterly Report on IMTP (Annual Plan);
- Discretionary Capital Plan for approval;
- Capital Report Progress Report;
- Budget and financial allocations;
- Pathology laboratory information management system (LIMS) for Wales;
- Digital Inclusion Updates ;
- Clinical Service Plan;
- Provision of Specialised Services & Resourcing ;
- Staff Survey;
- Nurse Staffing Levels (Wales) Act Report;
- Research and Development Annual Report;

- Annual Education Report;
- Voluntary Sector Funding
- Update on Partnerships (6 monthly)
- SIRO Annual Report
- Annual Accounts
- Accountability Report
- Annual Report
- Annual Quality Statement
- Annual Audit Letter
- Structured Assessment
- Charitable Funds Accounts for Approval
- Health and Safety Annual Report
- Risk Management Strategy
- Board Assurance Framework
- Organisational Risk Register
- Review of Standing Orders and Standing Financial Instructions
- Review of Board Governance Arrangements (annually)
- Policies/Plans as appropriate as identified by each Executive Director

Audit Committee:

- Annual governance statement;
- Board assurance framework;
- Organisational annual report;
- Standing orders;
- Audit Committee terms of reference;
- Corporate risk register;
- Risk management system;
- Annual quality statement;
- Annual accounts timetable and plan;
- Annual accounts;
- Remuneration and staff report;
- Bridgend Clinic trading account;
- Summary on capital contracts and consultant appointments;
- Financial control procedure review plan;
- Finance update;
- Losses and special payments;
- Audit registers and status of recommendations;
- NWSSP Procurement: single tender actions and quotations;
- NWSSP Procurement: contract extensions;
- Review and approve Internal Audit annual plan (to include the charter);
- Internal audit opinion and annual report;
- Progress reports;
- Audit assignment summary report;

- Receive PPV reports;
- Wales Audit Office annual plan and fees;
- Wales Audit Office annual audit report;
- Structured assessment;
- Wales Audit Office Audit of financial statements;
- Wales Audit Office performance and progress reports;
- Clinical Audit - mid-year progress report;
- Clinical Audit - annual report;
- Counter Fraud annual plan;
- Counter Fraud annual report;
- Counter Fraud self-assessment against NHS protect standards;
- Counter Fraud progress reports;
- Annual report of Quality and Safety Committee;
- Effectiveness of audit;
- Audit Committee annual report;
- declarations of interest register;
- Receive hospitality register;
- Information governance board updates;
- SIRO annual report;
- Minutes of hosted agencies sub-committees.

Quality and Safety Committee:

- Annual Quality Statement;
- Ward to Board Dashboard;
- Quality Assurance Framework;
- Benchmarking, Learning and Quality Improvement;
- Serious Incident and Never Events Report;
- Nurse Staffing Act (Wales) 2016 Report;
- Staff Survey Results;
- Infection Control Report;
- Staying Healthy;
- Safeguarding Report;
- Blood Glucometry Report;
- Healthcare Quality Division Feedback Report;
- Pharmacy and Medicines Management;
- Quality and Safety Dashboard;
- Patient Recorded Outcome Measures;
- Child and Adolescent Mental Health Services;
- Patient Experience (to include complaints and concerns);
- Older Person's Dashboard;
- Terms of Reference;
- Committee Annual Report;
- Committee Self-Assessment;
- Unit Exception Report;

- Board Assurance Framework/Corporate Risk Register;
- Welsh Government Quality Division Feedback Report;
- Report from Quality and Safety Forum;
- Health and Care Standards Update;
- Internal Audit Update;
- Clinical Outcomes Group Update;
- External Audit Reports;
- Ombudsman's Annual Report;
- Welsh Risk Pool Annual Report;
- EMRTS Clinical Governance;
- External Inspections.

Board and Committee Membership 2018-2019

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 terms and conditions of appointment, Board members also fulfil a number of Champion roles where they act as ambassadors for these matters.

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP	*CHAMPION ROLES*
Professor Andrew Davies	Chair	N/A	• Health Board (Chair) • Remuneration and Terms of Service Committee (RATS) (Chair) • Strategy, Planning and Commissioning Group (Chair)	• Environmental Champion • Values Champion • Equality Champion
Emma Woollett	Vice Chair	Primary Care and Mental Health	• Health Board (Member) • Mental Health Legislation Committee (Chair) • RATs (Member) • Performance and Finance (Chair) • Strategy, Planning and Commissioning (Member) • Workforce and OD Committee (Member)	• Mental Health and Learning Disabilities Champion • Whistleblowing Champion
Martin Sollis	Independent Member	Finance	• Health Board (Member) • Audit Committee (Chair)	

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP	*CHAMPION ROLES*
			• RATS (Member) • Charitable Funds Committee (Member) • Performance and Finance Committee (Member)	
Martyn Waygood	Independent Member	Legal	• Health Board (Member) • Audit Committee (Member) • Mental Health Legislative Committee (Member) • RATs • Charitable Funds Committee (Chair) • Health and Safety (Former Chair) • Quality and Safety (Chair) • Pharmaceutical Applications (Chair)	• Complaints Champion • Health and Safety Champion
Maggie Berry	Independent Member	N/A	• Health Board (Member) • Mental Health Legislative Committee (Member) • RATS (Member) • Performance and Finance (Member) • Quality and Safety Committee (Former Chair) • Health and Safety Committee (Chair)	• Catering and Nutrition Champion • Older person Champion
Tom Crick	Independent Member	ICT	• Health Board (Member) • Audit Committee (Member) • Workforce and OD Committee (Chair from Feb 2019) • Hosted Agencies (Chair)	• Information Governance Champion • Welsh Language Champion

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP	*CHAMPION ROLES*
Mark Child	Independent Member	Local Authority	• Health Board (Member) • Audit Committee (Member) • Strategy, Planning and Commissioning Group (Member) • Pharmaceutical Applications (Member)	• Young Person's Champion
Jackie Davies	Independent Member	Staff Side	• Health Board (Member) • Mental Health Legislative Committee (Member) • Charitable Funds Committee (Member) • Performance and Finance Committee (Member) • Workforce and OD Committee (Member) • Health and Safety Committee (Member)	• Staff Side Champion • Veterans Champion
Reena Owen	Independent Member (From August 2018)	Community	• Health Board (Member) • Quality and Safety Committee (Member) • Workforce and OD Committee (Member) • Hosted Agencies (Member)	• Public Health and Carers Champion
Professor Ceri Phillips	Independent Member (Until January 2019)	University	• Health Board (Member) • Quality and Safety Committee (Member) • Strategy, Planning and Commissioning Group (Member	• Veterans Champion

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP	*CHAMPION ROLES*
			• Workforce and OD Committee (Chair until Jan 2019)	
Raymond Ciborowski	Independent Member (Aug - Dec 2018)	Voluntary Sector	• Health Board (Member) • Hosted Agencies (Member) • Pharmaceutical Applications (Member)	• Volunteer Champion
EXECUTIVE DIRECTORS				
NAME	**POSITION**	**AREA OF EXPERTISE REPRESENTATION ROLE**	**BOARD COMMITTEE MEMBERSHIP**	**CHAMPION ROLES**
Tracy Myhill	Chief Executive	N/A	• Health Board (Member)	• Emergency Ambulance Services Committee (EASC) Member
Chris White	Chief Operating Officer Director of Therapies and Health Sciences (From November 2018)	N/A	• Health Board (Member) • Mental Health Legislative Committee (In attendance) • Performance and Finance Committee (Lead Director/Member) • Quality and Safety Committee (In attendance) • Workforce and OD Committee (In attendance)	

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP	*CHAMPION ROLES*
Pamela Wenger	Director of Corporate Governance and Board Secretary	N/A	• Health Board (In attendance) • Audit Committee (Lead Director/In Attendance)	
Lynne Hamilton	Executive Director of Finance	N/A	• Health Board (Member) • Audit Committee(In attendance) • Charitable Funds (Lead Director/Member) • Performance and Finance • (Lead Director/Member) • Hosted Agencies (Member)	
Professor Hamish Laing	Medical Director (Until July 2018)	N/A	• Health Board (Member) • Quality and Safety Committee (In attendance) • Strategy, Planning and Commissioning Board (Member) • Hosted Agencies (Member)	• ARCH Programme Board Member • Advisory Committee on Clinical Excellence Awards
Richard Evans	Executive Medical Director	N/A	• Health Board (Member) • Quality and Safety Committee (In attendance) • Strategy, Planning and Commissioning Board (Member) • Hosted Agencies (Member)	• ARCH Programme Board Member • Advisory Committee on Clinical Excellence Awards
Angela Hopkins	Interim Director of Nursing and Patient Experience		• Health Board (Member) • Audit Committee (In Attendance) • Mental Health Legislative Committee (Lead Director/In Attendance)	

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP	*CHAMPION ROLES*
	(Until July 2018)		• Quality and Safety Committee (Lead Director/In Attendance) • Workforce and OD Committee (In Attendance)	
Gareth Howells	Director of Nursing and Patient Experience (From July 2018)	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) • Health and Safety (Lead Director/In Attendance) • Workforce and OD Committee (In Attendance)	
Sian Harrop-Griffiths	Director of Strategy	N/A	• Health Board (Member) • Charitable Funds Committee (Member) • Performance and Finance (Member) • Strategy, Planning and Commissioning Group (Lead Director/Member) • Health and Safety Committee (Lead Director until Dec 2018)	• Western Bay Partnership Board • ARCH Programme Board Member • Design Champion
Hazel Robinson	Director of Workforce & OD	N/A	• Health Board (Member) • RATS (Lead Director/In Attendance) • Performance and Finance Committee • Workforce and OD (Lead Director/In Attendance)	• NHS Wales Shared Services Partnership Committee (NWSSP) Member

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP	*CHAMPION ROLES*
			• Hosted Agencies • Health and Safety Committee (In attendance)	
Sandra Husbands	Director of Public Health	N/A	• Health Board (Member) • Quality and Safety Committee (In Attendance) • Strategy, Planning and Commissioning Group (Member)	
Christine Morell	Director of Therapies and Health Sciences (Until November 2018)	N/A	• Health Board (Member) • Quality and Safety Committee(In Attendance) • Workforce and OD (In Attendance) • Health and Safety Committee (In attendance)	

At a local level, Health Boards in Wales must agree Standing Orders for the regulation of proceedings and business. They are designed to translate the statutory requirements set out in the LHB (Constitution, Membership and Procedures) (Wales) Regulations 2009 into day to day operating practice, and, together with the adoption of a scheme of matters reserved to the Board; a scheme of delegations to officers and others; and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the Health Board and define - its 'ways of working'. These documents, together with the range of corporate policies set by the Board make up the Governance Framework.

Annex B

Directors' Report and Statement of Accountable Officer's Responsibilities

Statement of the Chief Executive's responsibilities as Accountable Officer of the LHB
The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to the LHB.

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.

As Accountable Officer I can confirm that as far as I am aware there is no relevant audit information of which Abertawe Bro Morgannwg University Health Board's (ABMUHB's) auditors are unaware and that I have taken all the steps that I ought to have taken to ensure that I and the auditors are aware of relevant audit information. I can confirm that the annual report and accounts as a whole are fair, balanced and understandable and I take personal responsibility for these and the judgement required for doing so.

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.

Tracy Myhill.....Chief Executive .....(date)

Statement of Directors' responsibilities 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 LHB and of the income and expenditure of the LHB 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 applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account.

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 requirements outlined in the above mentioned direction by Welsh Ministers.

By Order of the Board

Signed:

Chairman.....dated:.

Chief Executive.....dated:.

Director of Finance.....dated:..

Remuneration and Staff Report

REMUNERATION AND STAFF REPORT

This report provides information in relation to Executive Directors' and Non-officer 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 2018/19 there was a pay inflation uplift of 2% 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 and with advice from an independent consultancy with specialist knowledge of job evaluation and executive pay within the NHS. 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 objectives when considering recommendations in respect of annual pay uplifts. 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 Chairman, and the membership includes three other Non-officer Members (Chairs of Board Committees). The Committee meets as often as required to address business and formally reports in writing its recommendations to the Health Board. 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 2018/19, the only uplifts recommended were an inflationary uplift of 2%.

2. Non-officer Members' Remuneration

Remuneration for Non-officer Members is decided by the Welsh Government, who also determines tenure of appointment.

3. Single Remuneration Report

The Single Total Remuneration for each Director and Non-officer Member for 2018/19 and 2017/18 are shown in the table below. 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.
The salaries disclosed in the table below reflect new appointments and leavers during the financial years 2018/19 and 2017/18. 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. It should also be noted that the table below only includes Directors in post at 31st March 2019 since the NHS Pensions Agency is unable to provide the relevant information on pensions for staff who have left or are no longer acting as Executive Directors.
The value of pension benefits is calculated as follows: (real increase in pension[12] 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) 2019 report. Further details on the Single Total Remuneration figure from Cabinet Office can be found at the following Employer Pension Notices website in EPN 571 (2018-19) https://www.civilservicepensionscheme.org.uk/employers/employer-pension-notices/epn571-resource-accounts-2018-19-disclosure-of-salary-pension-and-compensation-information

Names	tles	2018/19					2017/18				
		Salary 5k Bands) £000	ther Remun. £5k Bands £000	Benefits in Kind (to nearest £100) £00	Pension Benefits (to nearest £1000) £000	Total £5k Bands) £000	Salary £5k Bands) £000	ther Remun. £5k Bands £000	Benefits in Kind (to nearest £100) £00	Pension Benefits (to nearest £1000) £000	Total £5k Bands) £000
A Davies	Chairman	65-70	0	0	0	**65-70**	65-70	0	0	0	**65-70**
E Woollett	Vice Chairman from 1st October 2017	55-60	0	0	0	**55-60**	25-30	0	0	0	**25-30**
C Janczewski	Vice Chairman until 30th September 2017						25-30	0	0	0	**25-30**
T Myhill	Chief Executive from 1st February 2018	200-205	0	0	99	**295-300**	30-35	0	0	117	**150-155**

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

Names	tles	2018/19					2017/18				
		Salary 5k Bands) £000	ther Remun. £5k Bands £000	Benefits in Kind (to nearest £100) £00	Pension Benefits (to nearest £1000) £000	Total £5k Bands) £000	Salary £5k Bands) £000	ther Remun. £5k Bands £000	Benefits in Kind (to nearest £100) £00	Pension Benefits (to nearest £1000) £000	Total £5k Bands) £000
A Howells	Interim Chief Executive from 1st February 2017 to 31st January 2018. Chief Operating Officer until 31st January 2017						170-175	0	0	0	**170-175**
C White	Deputy Chief Executive from 4 February 2019. Interim Chief Operating Officer from 1st December 2017	140-145	0	0	73	**215-218**	45-50	0	0	26	**70-75**
L Hamilton	Director of Finance from 29th May 2017	135-140	0	0	32	**165-170**	110-115	0	0	25	**140-145**
P Gilchrist	Interim Director of Finance from 27th October 2016 until 12th June 2017						25-30	0	0	0	**25-30**
R Evans	Medical Director from 4th November 2018.	65-70	0	0	90	**155-160**					
A Roeves	Interim Medical Director from 1st October 2018 to 1st November 2018	10-15	0	0		**10-15**					
P Mangat	Interim Medical Director from 26th July 2018 to 1st October 2018	35-40	0-5	0		**35-40**					
H Laing	Medical Director to 31st July 2018	55-60	10-15	0		**70-75**	175-180	35-40	0		**210-215**
G Howells	Director of Nursing & Patient Experience from 16th July 2018	90-95	0	0	181	**270-275**					
A Hopkins	Interim Director of Nursing & Patient	80-85	0	0		**80-85**	80-85	0	0		**80-85**

Names	tles	2018/19					2017/18				
		Salary 5k Bands) £000	ther Remun. £5k Bands £000	Benefits in Kind (to nearest £100) £00	Pension Benefits (to nearest £1000) £000	Total £5k Bands) £000	Salary £5k Bands) £000	ther Remun. £5k Bands £000	Benefits in Kind (to nearest £100) £00	Pension Benefits (to nearest £1000) £000	Total £5k Bands) £000
	Experience from 4th December 2017 to 13th July 2018										
R Farelly	Acting Deputy Chief Executive, Acting Chief Operating Officer and Director of Nursing & Patient Experience until 6th December 2017						85-90	0	7	0	**85-90**
H Robinson	Director of Workforce & OD from 9th April 2018	125-130	0	0	215	**340-345**					
K Lorenti	Acting Director of Human Resources from 1st October 2016 to 8th April 2018	0-5	0	0		**0-5**	125-130	0	0	74	**195-200**
B Edgar	Director of Human Resources until 21st July 2017						90-95	0	0	0	**90-95**
C Morrell	Director of Therapies & Health Sciences from 6th February 2017 to 1st November 2018	55-60	0	0		**55-60**	95-100	0	0		**95-100**
S Husbands	Director of Public Health from 5th June 2017	115-120	0	0	46	**165-170**	90-95	0	0	155	**245-250**
S. Harrop-Griffiths	Director of Strategy	125-130	0	50	22	**150-155**	120-125	0	26	10	**135-140**
P Wenger	Director of Corporate Governance/Board Secretary from 1st January 2018	100-105	0	0	77	**180-185**	25-30	0	0	81	**105-110**
S Combe	Board Secretary until						75-80	0	0		**75-80**

Names	tles	2018/19					2017/18				
		Salary 5k Bands) £000	ther Remun. £5k Bands £000	Benefits in Kind (to nearest £100) £00	Pension Benefits (to nearest £1000) £000	Total £5k Bands) £000	Salary £5k Bands) £000	ther Remun. £5k Bands £000	Benefits in Kind (to nearest £100) £00	Pension Benefits (to nearest £1000) £000	Total £5k Bands) £000
	31st December 2017										
M Berry	Non-officer Member	15-20	0	0	0	**15-20**	15-20	0	0	0	**15-20**
C Phillips	Non-officer Member to 31st December 2018	10-15	0	0	0	**10-15**	15-20	0	0	0	**15-20**
M Sollis	Non-officer Member from 8th June 2017	15-20	0	0	0	**15-20**	10-15	0	0	0	**10-15**
M Waygood	Non-officer Member from 1st June 2017	15-20	0	0	0	**15-20**	5-10	0	0	0	**5-10**
T Crick	Non-officer Member from 16th October 2017	15-20	0	0	0	**15-20**	5-10	0	0	0	**5-10**
M Child	Non-officer Member from 16th October 2017	15-20	0	0	0	**15-20**	5-10	0	0	0	**5-10**
R Owen	Non-officer Member from 10th August 2018	10-15	0	0	0	**10-15**					
R Ciborowski	Non-officer Member from 14th August 2018 to 31st December 2018	5-10	0	0	0	**5-10**					
J Davies	Non-officer Member	0	0	0	0	**0**	0	0	0	0	**0**
P Newman	Non-officer Member until 30th September 2017						5-10	0	0	0	**5-10**
M Nott	Non-officer Member until 4th May 2017						0-5	0	0	0	**0-5**
G Richards	Non-officer Member until 30th September 2017						5-10	0	0	0	**5-10**
D Evans Williams	Non-officer Member until 8th May 2017						0-5	0	0	0	**0-5**
C Patel	Non-officer Member						15-20	0	0	0	**15-20**

Names	tles	2018/19					2017/18				
		Salary 5k Bands) £000	ther Remun. £5k Bands £000	Benefits in Kind (to nearest £100) £00	Pension Benefits (to nearest £1000) £000	Total £5k Bands) £000	Salary £5k Bands) £000	ther Remun. £5k Bands £000	Benefits in Kind (to nearest £100) £00	Pension Benefits (to nearest £1000) £000	Total £5k Bands) £000
	until 31st March 2018										

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

- C White commenced as Interim Chief Operating Officer on 1st December 2017 on secondment from Cwm Taf Health Board. He was then appointed as Deputy Chief Executive with effect from 4th February 2019.
- H Laing, Other Remuneration related to payment of a clinical excellence award.
- A Hopkins commenced as Interim Director of Nursing & Patient Experience on 4th December 2017 and left the role on 13th July 2018. She was engaged via a Personal Services Contract (PSC), with the arrangement falling within the remit of the IR35 regulations.
- R Farrelly, Director of Nursing & Patient Experience was also Acting Deputy Chief Executive and Acting Chief Operating Officer from 20th March 2017 until 6th December 2017. No additional remuneration was accepted for these additional responsibilities.
- B Edgar, Director of Human Resources was seconded to NWSSP from 16th January 2017 until departure on 21st July 2017. In line with the settlement agreement for her departure, the salary reported within the table above represents a repayment for over taken annual leave of £2,359.50, an ex-gratia payment for termination of employment of £63,125 and a payment of £31,562.50 in respect of her contractual entitlement to payment in lieu of notice.
- M Waygood, Non Officer Member, commenced on 1st June 2017 but did not take any remuneration until 1st October 2017
- J Davies is a full time employee of the Health Board and as such, has not received the remuneration that is normally paid to a Non-officer Member.

- C Morrell stood down from the role of Director of Therapies and Health Science on 1st November 2018 at which point the role ceased to be an Executive Director role within the Health Board. The Therapies and Health Science portfolio now forms part of the role of the Chief Operating Officer.

The former Director of Human Resources left the Health Board on 21st July 2017 receiving payments in line with the Settlement Agreement. These payments (excluding the payment for accrued but untaken annual leave and over taken annual leave respectively)) are disclosed in this report, and in full within the prior year figures in the Annual Accounts within Note 3.3 (Expenditure on Hospital and Community Services) and also within Note 5.5 (Reporting of other compensation schemes – exit packages).

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. The banded remuneration of the highest-paid director in the LHB in the financial year 2018/19 was £200,000 - £205,000 (2017/18, £210,000 - £215,000). This was 7.0 times (2017/18, 7.4) the median remuneration of the workforce, which was £28,840 (2017/18, £28,667).

The highest paid director in the LHB in 2018/19 was the Chief Executive (In 2017/18, the highest paid director in the LHB was the Medical Director, who was in receipt of a Clinical Excellence Award, the value of which when added to the remuneration as Medical Director resulted in the Medical Director becoming the highest-paid director).

The banded remuneration of the Chief Executive in the LHB in the financial year 2018/19 was £200,000 - £205,000 (2017/18, £200,000 - £205,000). This was 7.0 times (2016/17, 7.1) the median remuneration of the workforce, which was £28,840 (2017/18, £28,667).

In 2018/19, 11 (2017/18, 2) employees received remuneration in excess of the highest-paid director. The remuneration for these 11 employees includes payments in respect of waiting list initiatives undertaken in addition to their normal salary. Remuneration for staff ranged from £17,460 to £245,038 (2017/18 £16,523 to £222,051).

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 car.

The employees who received remuneration in excess of the highest paid director in 2018/19 were all medical staff as in 2017/18. None of these staff are related to the Chairman, Executive Directors or Non-officer Members

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 14.38%. The employer's contribution to the NHS Pension Scheme is excluded from the salary figures shown below 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 within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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 non-officer members as they are not members of the NHS Pension Scheme and do not receive pensionable remuneration. It should be noted that the table below only includes Directors in post at 31st March 2019 since the NHS Pensions Agency is unable to provide the relevant information on pensions for staff who have left or are no longer acting as Executive Directors.

Name	Title	Real Increase/ (Decrease) in Pension @ Age 60 (bands of £2,500) £000	Real Increase/ (Decrease) in Pension Lump Sum @ Age 60 (bands of £2,500) £000	Total accrued Pension at age 60 at 31 March 2019 (bands of £5,000) £000	Lump Sum at age 60 related to accrued Pension at 31 March 2019 (bands of £5,000) £000	Cash Equiv. Transfer Value at 31/03/2019 £000	Cash Equiv. Transfer Value at 31/03/2018 £000	Real increase in Cash Equiv. Transfer Value £000	Employer's contrib. to stake-holder pension £000
T Myhill	Chief Executive	5-7.5	12.5-15	70-75	190-195	1,480	1,178	266	0
L Hamilton	Director of Finance	2.5-5		0-5		66	25	40	0
C White	Deputy Chief Executive and Interim Chief Operating Officer	2.5-5	12.5-15	55-60	175-180	1,344	1,104	207	0
S Husbands	Director of Public Health	2.5-5	7.5-10	35-40	105-110	801	651	131	0
S Harrop-Griffiths	Director of Strategy	0-2.5	(0-2.5)	45-50	115-120	951	801	125	0
R Evans	Medical Director	5-7.5	5-7.5	50-55	115-120	950	750	178	0
G Howells	Director of Nursing & Patient Experience	7.5-10	25-27.5	50-55	160-165	1,194	882	285	0
H Robinson	Director of Human Resources	10-12.5	30-32.5	35-40	110-115	867	560	290	0
P Wenger	Director of Corporate Governance/Board Secretary	2.5-5	5-7.5	35-40	85-90	655	504	136	0

- L Hamilton has no lump sum as she is not a member of the 1995 NHS Pension Scheme. She is a member of the 2015 NHS Pension Scheme where no lump sum is payable.

5. Contracts of employment

With the exception of the Interim Chief Operating Officer and Deputy Chief Executive, (C White) who is on secondment from his permanent contract at Cwm Taf Health Board, all Executive Directors are on permanent Contracts of Employment with Abertawe Bro Morgannwg University Health Board. Executive Directors are required to give the Health Board three month's notice and are eligible to receive three month's 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 2018/19 is set out in the table below, along with the comparison for 2017/18. 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.

Staff Group	Permanent Staff	Agency Staff	Staff on Inward Secondment	Total 2018/19	Total 2017/18
Administration, Clerical & Board Members	2,490	34	11	**2,535**	**2,501**
Medical & Dental	1,355	37	0	**1,392**	**1,386**
Nursing, Midwifery registered	4,480	156	0	**4,636**	**4,567**
Professional, Scientific & technical	448	0	0	**448**	**439**

Staff Group	Permanent Staff	Agency Staff	Staff on Inward Secondment	Total 2018/19	Total 2017/18
staff					
Additional Clinical Services	2,744	23	0	**2,767**	**2,798**
Allied Health Professions	909	12	0	**921**	**907**
Healthcare Scientists	323	1	0	**324**	**328**
Estates and Ancillary	1,390	20	0	**1,410**	**1,419**
Students	5	0	0	**5**	**9**
Totals	**14,144**	**283**	**11**	**14,438**	**14,354**

As at 31st March 2019, the Health Board has 16,166 employees, of which 8 are Executive Directors. Of these staff, 3,522 are male, including 3 Executive Directors, and 12,644 are female, including 5 female Executive Directors.

There are also 9 Non-officer Members, of which 5 are male and 4 are female.

7.2 Sickness Absence Data

	2018/19	2017/18
Total days lost	303,195.43	294,456.22
Short Term Sickness (27 days or less)	78,448.06	85,798.25
Long Term Sickness (28 days or more)	224,747.37	208,657.91
Total staff years	14,093.05	13,990.25
Average working days lost	13	13
Total staff employed in period (headcount)	16,088	16,081
Total staff employed in period with no absence (headcount)	6,521	6,062
Percentage staff with no sick leave	40.32%	38.08%

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 £0.530m on Consultancy Services in 2018/19. 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 to support performance improvement through independent reviews of the Health Board's Clinical Services and benchmarking of clinical and other performance data.
- Management Consultancy to support the Health Board with staffing and other operational management issues.
- External advice and support to the Health Board in implementing staff development and training programmes including coaching for performance and mentoring.

7.5 Off-payroll Engagements

Table 1: For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last for longer than six months

Number of existing engagements as of 31 March 2019	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 2018 and 31 March 2019, 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 2018 and 31 March 2019	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 2018 and 31 March 2019

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	1
Details of the exceptional circumstances that led to each of these engagements.	On resignation of the Director of Nursing & Patient Experience in December 2017, temporary cover was provided off payroll via a PSC. A permanent Director of Nursing & Patient Experience commenced on 16th July 2018 and is not the person who provided the temporary cover.
Details of the length of time each of these exceptional engagements lasted	Commenced on 4th December 2017 and ended on 13th July 2018
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.	1

There were 2 off payroll engagements in place at the start of the 2018/19 financial year but both these arrangements ceased in 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.

	2018-19				2017-18
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	1
£25,000 to £50,000	0	1	1	0	0
£50,000 to £100,000	0	0	0	0	1
£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	**0**	**1**	**1**	**0**	**2**
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	24,421
£25,000 to £50,000	0	45,805	45,805	0	0
£50,000 to £100,000	0	0	0	0	92,328
£100,000 to £150,000	0	0	0	0	0

	2018-19				2017-18
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	**0**	**45,805**	**45,805**	**0**	**116,749**

The exit package disclosed above for 2018/19 comprises departure costs paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS).

Of the packages disclosed above for 2017/18, 1 package comprises departure costs paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS), and 1 package relates to the former Director of Human Resources under a Settlement Agreement whereby the terms were approved by the Remuneration Committee and in accordance with Welsh Government guidance.

Exit costs are accounted for in full in the year of departure. Where the Health Board has agreed early retirements, the additional costs are met by the Health Board and not by the NHS pension's scheme. Ill health retirement costs are met by the NHS pension's scheme and are not included in the table.

Annex D

National Assembly for Wales Accountability and Audit Report

To be added