

**Swansea Bay University Health Board Annual Report  
2023-24**

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## Statement of Directors' Responsibilities in Respect of the Accounts

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

In preparing those accounts, the directors are required to:

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

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

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

By order of the board, signed:

Chair

Date:

Interim Chief  
Executive

Date:

Director of Finance

Date:

## About the Health Board

Swansea Bay University Health Board plans, commissions and delivers healthcare services for the people of Neath Port Talbot and Swansea, and works to improve their health and wellbeing. We serve a population of approximately 390,000, have a budget of around £1.264 billion and employ almost 13,500 staff.

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



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

Primary care independent contractors play an essential role in the care of our population, and the health board commissions services from 45 GP practices, 32 optometry practices, 65 dental practices (including orthodontic & specialist providers) and 91 community pharmacies across our region.

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

There are [six](#) all-Wales services hosted by the health board:

- Emergency Medical Retrieval and Transfer Service (EMRTS) – provides advanced decision-making and critical care for life or limb-threatening emergencies requiring transfer for time-critical treatment at an appropriate facility.
- Major Trauma Network Operational Delivery Network – provides the management function overseeing the major trauma network, coordinating patient

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

- Lymphoedema Network – manages the Lymphoedema Network Wales National Team.
- NHS Wales Delivery Unit – provides professional support to Welsh Government to monitor and manage performance delivery across NHS Wales (this was to transfer to the NHS Executive in April 2023);
- Neonatal Transport Service - the Neonatal Transport Service is the service which safely moves babies (neonates) between hospitals across Wales and further when this is required;
- Spinal Operational Delivery Network – the management function for the network, co-ordination of patient flow across the spinal pathway, lead the development, and coordinate implementation and delivery of standards and pathways.

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



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

## Introduction: Interim Chief Executive's Overview



I would like to open this year's annual report by giving thanks to our staff for their continued hard-work and commitment during what has been a tough and very pressurised year. The extreme pressures we have faced has shown that we can with our collective ability as an organisation be resilient and cope in line with our One Bay Way.

The Health Board remains focused on delivering its 10 year vision of becoming a high-quality organisation: improving our services for the people we serve; putting patients at the centre of all we do; and driving up quality and efficiency throughout the organisation.

During the year, we implemented a single-site model for acute medicine in Swansea Bay. This concentrated our acute medical services at Morriston Hospital and has allowed us to focus that expertise in an new Acute medical Unit, meaning that we are better able to ensure that we only admit patients to hospital when necessary and are able to support patients to be discharged back home at the earliest opportunity when they do not need an inpatient stay. However we recognise patients are still waiting unacceptable long times for assessment and treatment. We also recognise that many patients staying in hospital beds longer than is required when their care would be better provided for in the community. While the health and social care system in Swansea remains under pressure, we are continuing to forge collaborative relationships with partners to overcome these constraints.

As part of our vision, the new theatre complex at Neath Port Talbot Hospital opened in June 2023, representing a total investment of £18 million. This was a step towards the Health Board's plans to develop each of its main hospitals as a Centre of Excellence in their own right. The new theatre complex is already providing the facilities to enable Neath Port Talbot Hospital to progress with becoming a centre of excellence for Orthopaedics, Spinal Care and Urology, tackling the high waiting times in these specialties, and providing a great potential for a regional solution for South and West Wales over time.

Also, another capital investment of £70 million will benefit patients needing dialysis across the region – from Bridgend to Aberystwyth - over the next 10 years. The investments includes improvements to the five existing dialysis units, new dialysis machines and the creation of two new units in Neath Port Talbot and Bridgend. This will provide a much improved experience for people who will be able to receive their treatment closer to home.

In the community, Swansea Bay's team of district nurses has expanded, making it even easier for patients to be cared for at home. An investment of £500,000 by the health board has resulted in an increase to the Swansea and Neath Port Talbot district nursing workforce. – This has enabled them to provide a healthcare service to people who are unable to visit their GP or community clinic, and who need nursing care, advice, or support due to being permanently or temporarily housebound.

Also, more patients than ever across Swansea Bay are benefiting from a service which provides care in their own homes rather than in hospital. Our 'Virtual Wards' provide wraparound support in the community for people with complex health and social needs. Rather than a ward being made up of hospital beds, the patients' own beds become part of a virtual ward, meaning they still receive face-to-face care but in the comfort of their homes instead of a hospital. We are now able to accommodate up to [number ?over 200 —check with Anjula] in these Virtual Wards rather than in hospital beds.

In the summer of 2023, the Health Board launched the new Nursing & Midwifery Academy, paving the way for significant improvements in staff development and retention. The Academy comes hot on the heels of the launch of the purpose-built Nurse Education Training Suite at the health board's Baglan Headquarters and is another tangible show of the health board's commitment to nursing.

Workforce is a critical priority for us as we want staff to enjoy coming to work and be able to do the job they were trained to do. Our new People Strategy 2024-29 has been launched with our focus on national workforce strategies and our 10 year vision. It has 7 strategic aims, which we will continue to review and update on an annual basis.

The aims of the strategy are:

- **Engaged, Motivated & Healthy:** we want our people to feel valued, fairly rewarded and supported.
- **Attract & Recruit:** We want to be recognised as an employer of choice
- **Well Planned:** We will aim to have the right number of skilled people working on the right things;
- **Digitally Ready:** we want to ensure our people feel ready for our digital future
- **Excellent Learning & Education:** We will support our people to develop the skills and capabilities that they need
- **Leaders that Live our Values:** we want all our people to role model collective and compassionate leadership
- **Equality, Diversity & Belonging:** We will strive to be diverse and inclusive, ensuring all voices are heard.

The review of delivery against the annual plan is ongoing and development is underway on the annual plan for 2024-25 with actions prioritised in the form of Goals, Methods and Outcomes (GMOs). Robust and transparent prioritisation has been vital, particularly to support difficult decisions in the current challenging financial climate.

We know that we have a significant financial challenge to address to enable us to regain financial sustainability. We have plans to reduce run rate (the amount of expenditure the Health Board incurs every month) and we need to make these reductions last for the long term. Our focus on quality, sustainable staffing levels and moving all appropriate care out of our main hospitals will be key to this. In addition, we have operational pressures which are driving spend above funded levels, meaning that our focus on improving quality, safety, experience and performance is aligned to addressing the financial pressures too. We have a

preliminary financial plan for 2024/45 and we are working hard to reduce the deficit in this plan further. This is likely to involve some challenging decisions around the services we provide and will need to ensure strong controls are in place alongside ensuring the additional funding is used to delivery sustainable services so that we remain within the funding allocated.

We recognise that our performance in urgent and emergency, planned and cancer care is not as we would like it to be and that this has resulted in the Health Board's escalation to 'Targeted Intervention' in these areas by Welsh Government. We share these concerns and are determined to address the underlying issues so that we are able to provide timely and effective care. Whilst there are some areas in which we are doing well and have made great strides in improving timeliness of treatment, we recognise the need to redouble our efforts and find sustainable solutions to these areas of greatest concerns.

Industrial action in January and February impacted on both planned operations and outpatient capacity. We are grateful to the collective efforts of our teams who were involved in the planning and preparations ahead of the strikes to ensure patient safety was not compromised. Once again, the commitment and flexibility of staff, clinical and non-clinical, which was key to us being able to maintain our critical services.

Our staff, as always, throughout the Health Board continue to go over and above to help us cope with the demands and operational pressures faced and I would like to say a huge thank you to everyone. It is because of this commitment and dedication that I have every confidence that we will be able to deliver our Vision to become a high quality organisation.

**Richard Evans**  
**Interim Chief Executive**

# **Performance Report**

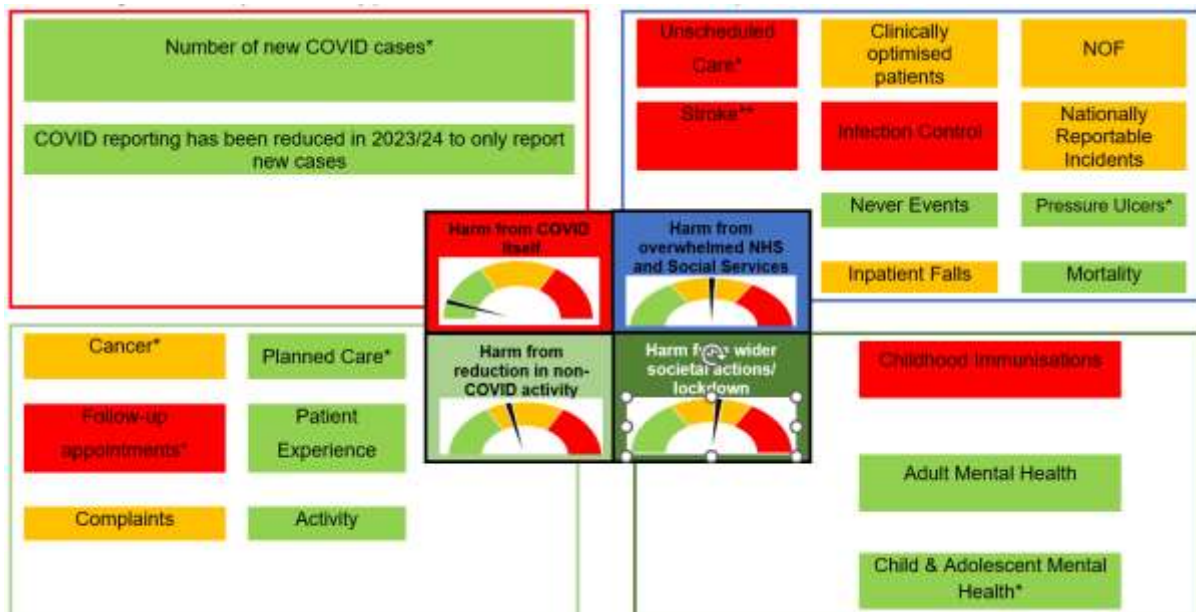
## **2023-24**

## Our Performance Summary

The financial year 2023-24 was another highly pressurised year. During the year the Health Board was reassessed for its escalation status and was placed into Targeted Intervention for Urgent Emergency Care, Cancer, Planned Care and some elements of infection control. Significant progress has been made in planned care and good progress has been seen in cancer delivery, although the Health Board recognises further improvement is required in both these areas to achieve national targets.

In urgent emergency care, whilst we have implemented a number of significant changes in 2023/24 that will provide us with more solid foundations for the future, performance on both ambulance hand over delays and long waits within the emergency department still require substantial improvement.

The illustration below gives a year-end summary of the final position for key performance indicators (red is deterioration, amber is on-track and green improved performance) with further detail provided in the sections which follow.



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

### The Ministerial Priorities

The Ministerial priorities were a key area of focus for our performance in 2023-24. Below is a summary of our end-of-year position to demonstrate progress against final figures for 2022-23. Green shows where we have improved over the 12 months, although it is recognised that some of these have not met the ministerial priority and red denotes a deterioration.

Measure	Target	March 2023	March 2024
<b>Number of patients waiting more than 36 weeks for treatment</b>	Improvement trajectory towards a national target of zero by 2026	28,353	24,777
<b>Percentage of patients waiting less than 26 weeks for treatment</b>	Improvement trajectory towards a national target of 95% by 2026	58.4%	60.06%
<b>Number of patients waiting over 52 weeks for a new outpatient appointment</b>	Improvement trajectory towards eliminating over 52 week waits by June 2023	3,895	0
<b>Number of patients waiting more than 104 weeks for treatment</b>	Improvement trajectory towards a national target of zero by 2024	6,015	1,831
<b>Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%</b>	A reduction of 30% by March 2023 against a baseline of March 2021	41,710	48,969
<b>Number of patients waiting over 8 weeks for a diagnostic endoscopy</b>	Improvement trajectory towards a national target of zero by March 2026	4,546	3,186
<b>Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</b>	Improvement trajectory towards a national target of 75%	44.1% (Feb-23)	56% (Mar-24 draft)
<b>Agency spend as a percentage of the total pay bill</b>	12 month reduction trend	5.2%	4.5%
<b>Percentage of sickness absence rate of staff</b>	12 month reduction trend	7.78% (Feb-23)	6.99% (Feb-24)

## Our Performance Report

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

### Urgent and Emergency Care

Urgent and emergency care (UEC) has been one of our most challenging performance areas throughout 2023-24 and in December 2023, was escalated by WG's external performance management framework to Targeted Intervention.

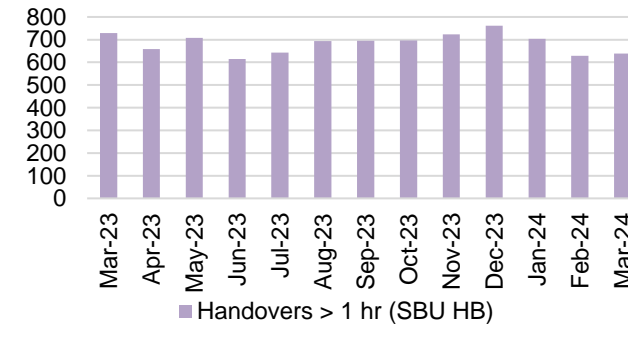
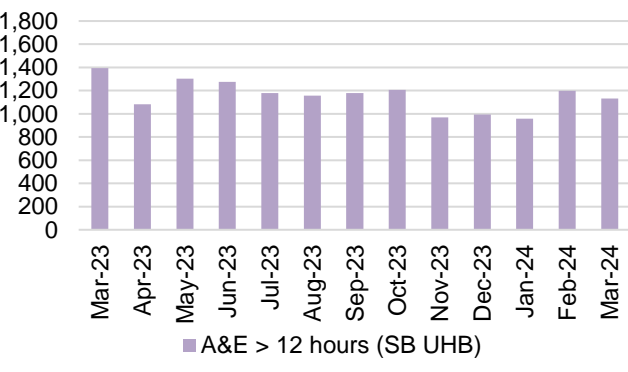
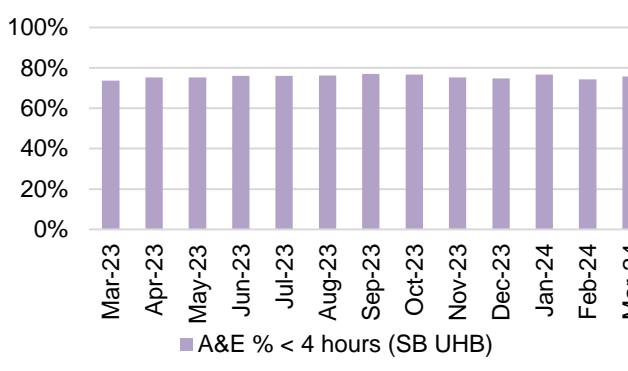
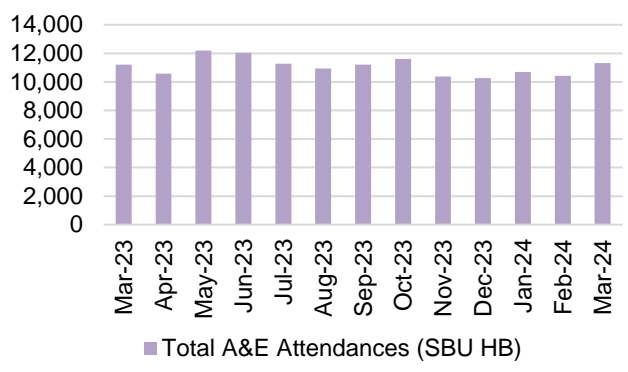
Our vision for UEC services supports the national 'Six Goals of Urgent and Emergency Care' to create 'one urgent and emergency care system' which supports patients and communities in knowing where and when they can get the care they need in an emergency. Progress against the six goals is regularly reported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

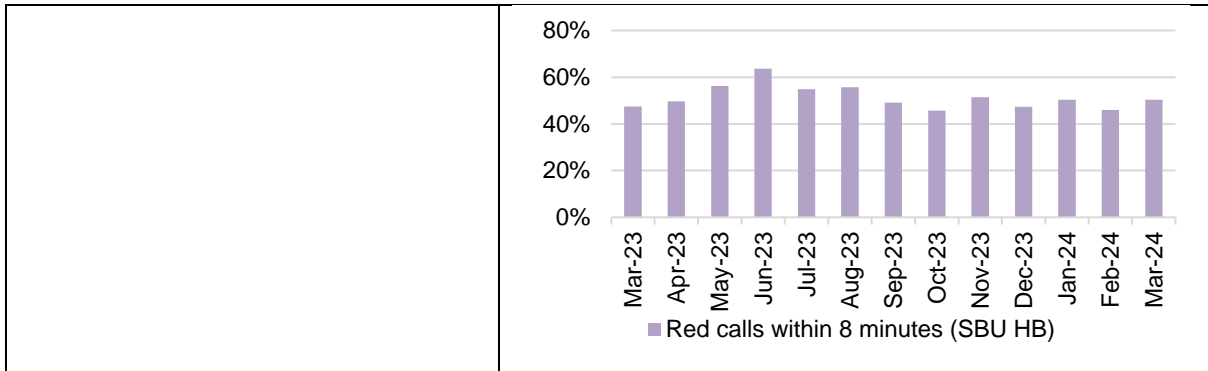
The Minor Injuries Unit (MIU) at Neath Port Talbot Hospital remains one of the busiest units in the UK with attendances increasing year on year (trajectory of 53,769 for 2023-24 with 98% of patients being seen within 4 hours). The MIU attendances account for approximately 38% of the total hospital unscheduled activity which is a significant contribution to ensuring patients receive the right care, in the right place in a timely way.

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

To further support the implementation of the Acute Medical Services redesign (AMSR) programme in 22/23, the Health Board has recently developed and is in the process of implementing a Frailty Strategy. This is to support our frail, elderly population to stay well at home for as long as possible and ensuring that any hospital admission is as short as it needs to be. This is being developed in conjunction with Local Authority colleagues via the Regional Partnership Board and specifically the Communities and Older Persons Board.

- Robust implementation and monitoring of a same day emergency care (SDEC) service;
- Review of the availability of senior decision makers at the front door hospital services.
- Review of day-to-day operational managerial support for flow into and out-of hospital.
- Direct admissions to alternative services to the emergency department for ambulance services;
- Internal ambulance handover escalation and immediate release framework in place;
- Dedicated acute medical team in the emergency department to support patients with a prolonged wait for an inpatient bed as well as act as senior decision makers for those who are well enough to be discharged from the department;
- The SAFER bundle has been refocused with an internal team appointed to reduce bed occupancy and improve flow;
- Weekend discharge team remains in place;
- Opened additional capacity across the hospitals, provided additional capacity to the discharge to risk assess service and expanded the virtual wards to provide step-up/step-down support for more patients to be managed at home.





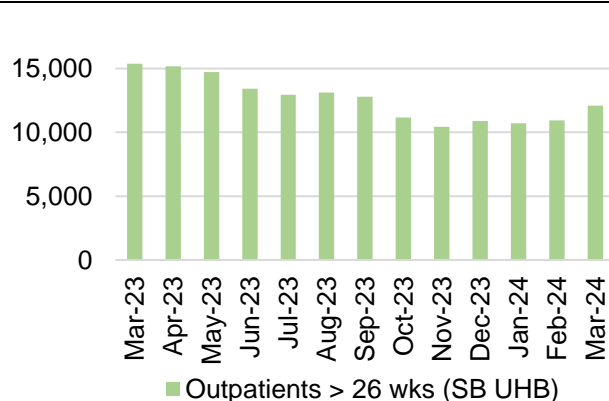
**Planned Care**

We have seen a significant improvement in waiting times for planned care with the Health Board achieving and maintaining the Ministerial Target of eliminating all patients waiting in excess of 52 weeks for an outpatient appointment in October 2023; the best in Wales. We are also on target to have treated all patients waiting over 4 years by the end of March 2024 with a residual of less than 300 patients waiting over 3 years.

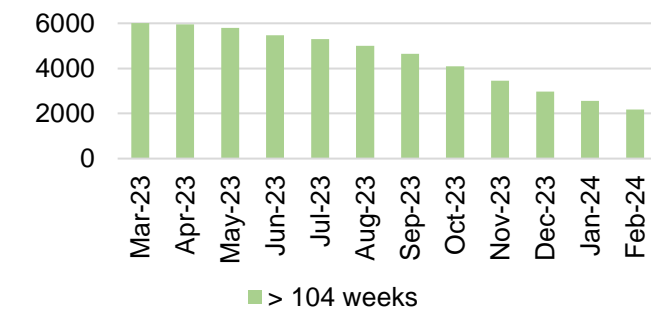
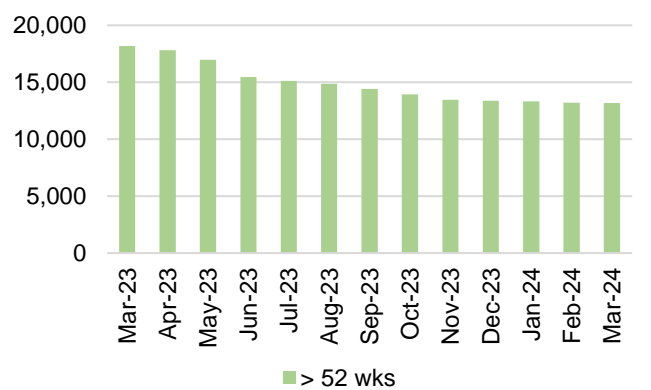
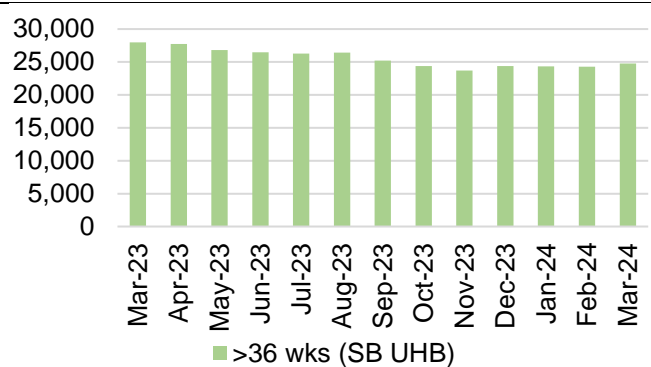
The commissioning of the new elective hub for orthopaedics and urology at Neath Port Talbot Hospital in June 2023 has been a key development in reducing waiting times for orthopaedics and it is anticipated that no patients will be waiting over 3 years for their orthopaedic surgery by the end of March 2024. In addition, the Health Board has worked with colleagues in Hywel Dda to utilise capacity in Prince Phillip Hospital to accommodate some of those more medically compromised patients who were not suitable for treatment in Neath Port Talbot Hospital; this forms part of a strategic development for a regional approach to delivering orthopaedics.

In addition to the Neath Port Talbot Hospital development for orthopaedics and urology there have been a number of other key factors which have enabled the Health Board to reduce waiting times:

- Further strengthened GP-led services to prevent unnecessary referrals to secondary care by diagnosing and treating at source; these will be enhanced with the development of at least 50 health pathways during 2024;
- Developed demand management



- solutions across our systems of care;
- Increased core capacity in ophthalmology with an additional day surgery theatre for cataract surgery at Singleton Hospital
  - Increasing core capacity for treatment through insourcing and outsourcing with the independent sector;
  - Therapy-led education and lifestyle programme implemented for patients awaiting arthroplasty surgery;
  - Successfully removed some patients from waiting list as their symptoms improved;
  - Optimised patient's physical condition for surgery leading to improved outcomes.



### Cancer

The delivery of the Single Cancer Pathways (62 days) in common with all other health boards in Wales continues to be one of the most significant challenges for the organisation. Whilst there has been a steady and sustainable reduction in the backlog of cases waiting this has not translated into an improvement in performance which has remained around 50-55% (against a target of 84%) for the whole year. Recovery plans are in place for all of the tumour sites with colorectal, urology, breast and gynaecology remaining the greatest areas of concern together with delays in the timely delivery of some diagnostic investigations, most notably histopathology.

Referral rates for urgent suspected continue to rise and are higher than in previous years. The rapid diagnostic clinic at Neath Port Talbot Hospital has been extended to include those patients suspected of bowel cancer and those referred are seen, diagnosed and if necessary, given a treatment plan within 48 hours. We continue to work with colleagues in Hywel Dda University Health Board for a regional plan

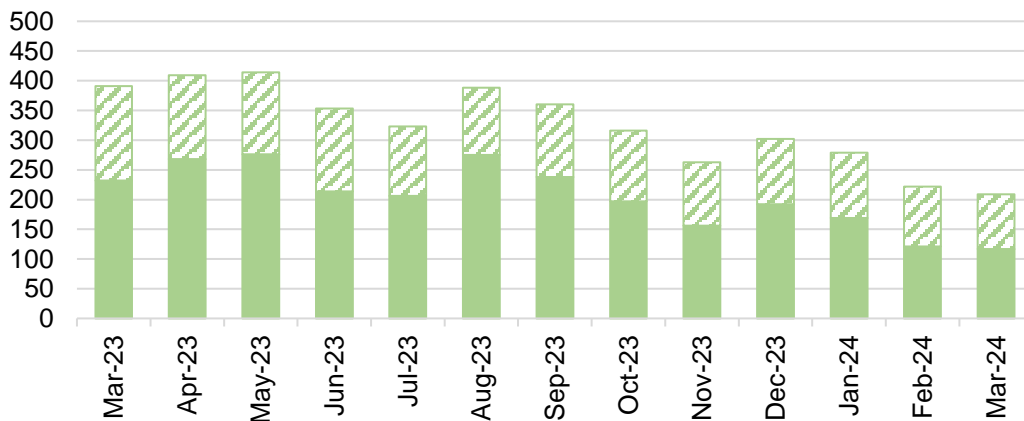
to reducing waiting times in the endoscopy service and in particular those patients referred through Bowel Screening Wales.

With a continued reduction on the backlog patients on the Single Cancer Pathways is of paramount importance the Health Board is also focused on:

- Ensuring patient are seen within two weeks of referral for an urgent suspected cancer
- A decision to treat for each patient is available by day 31 of the 62 day pathway
- Diagnostic capacity is available to ensure timely decision making for each patient
- There is increased operating capacity for cancer patients, in particular for those with breast and genealogical cancers.



■ % of patients started treatment within 62 days (unadjusted)



■ 63-103 days

■ ≥ 104 days

**Primary and Community Care**

Primary and Community Care services remain focused on delivering more care closer to home, working closely with our partners in social care and third sector to do so.

Supporting discharge on the Home First Pathways, alongside Admission Avoidance remain a key focus. This year we have increased the number of patients discharged via the Home First service, which covers all of Welsh Governments D2RA Targets and as part of this work we are developing the Trusted Assessor Model. We have also increased our intermediate care offer through the Step-Down scheme, which has saved in excess of 1292 bed days since its inception in December 2023. The Acute Clinical Team has continued to provide a hospital admission service and also provided enhanced capacity to support discharges, with increased caseloads and approx. 2000 avoided admissions in 2023.

As the first point of contact for the majority of NHS patients, the group plays a key role in supporting the prevention of ill health, conditions management and access to a range of primary and community services. Primary Care and Clusters play a pivotal role in doing so, including the provision of medical, ophthalmic, dental and pharmaceutical services. We now have 17 independent prescribers within community pharmacies, that have undertaken over 10,000 consultations and this is set to increase and the Health Board has started to roll out the national independent prescribing service in optometry.

This year alone over 33,000 patients have attended pharmacies to get help with common ailments; over 31,000 new dental appointments have been provided and over 18,000 emergency eye health examinations have been delivered by our hard-working primary care colleagues. In addition, local GPs have provided over 890,000 face to face contacts, with continued increases in patient demand noted. They have also provided essential immunisation campaigns to prevent the spread of flu and Covid across our communities. Our out-of-hours GP service has delivered over 23,000 contacts.

Our eight Clusters have been transformed as we have implemented the nationally driven Accelerated Cluster Development Programme (ACDP). This has included the development and maturing of the Pan Cluster Planning Group (PCPG) It's work has included the development of Professional Collaboratives (including Dental, Optometry, Community Pharmacy and GP) to provide clinically led, service planning and delivery to Clusters. The PCPG has led the successful expansion of the Community Audiology Service, the roll out to all Clusters of the All-Wales Pre-Diabetes Prevention Programme (over 1500 people seen), phase one of the Cluster Based Community Psychology service and the increased knowledge and use of 3<sup>rd</sup> sector services by a wider range of primary care practitioners.

At Cluster level we have seen a range of local projects with Wellbeing Events for our public, improving access to Persistent Pain Services, multi-disciplinary teams in Primary Care as well as successful Mental Health projects including the 'Complex Needs Programme' (Cwmtawe Cluster) receiving an **NHS Award for exceptional person-centred care**, demonstrating its integrated care model and by markedly

improved mental health and domestic violence outcomes for its population. We have also established the first ever primary and community academy to help make sure we have the workforce for the future.

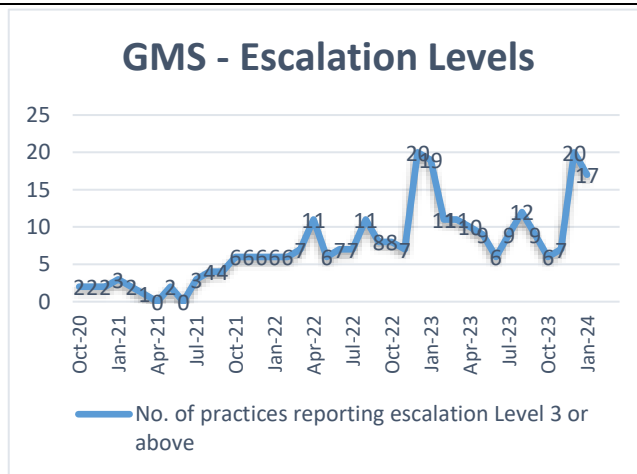
We are also leading a District Nurse Modernisation programme focussing on retention and recruitment that is following the principles of prudent healthcare and developing new innovative roles. Some examples of these include, including a new Quality Improvement Lead role, currently focusing on the Specialist Palliative Care, Sexual Health and Health Visiting services to make improvements to pathways and develop new ways of working to improve the quality of care to patients. Introducing a Professional Nurse Advocate role to provide coaching and support to staff with a focus on wellbeing, developing personal and professional resilience and professional development thus improving staff satisfaction and retention.

Across the Group we retain a focus on both quality and service improvement, to increase productivity, improve patient outcomes and maximise opportunities for integration. Services undergoing transformation work in 2023 includes Specialist Palliative Care, Community Resource Teams, Home First and Integrated Discharge.

A new 10 year digital strategy has also been developed, designed to deliver sustainable and cost-effective digital solutions including at the core of the strategy will be the Health Board’s approach to achieving an Electronic Patient Records in order that clinicians are able to access all relevant information in one place.

Some of our developments last year include:

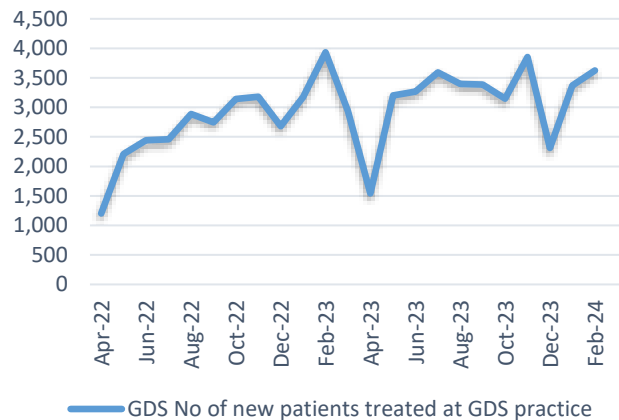
- Expansion of common ailments scheme which had 33,000 consultations;
- New dental appointments with 31,000 new appointments made available;
- Implementation of primary care audiology, delivering the first contact hearing and tinnitus assessment advice and wax management, 9599 patients seen;
- Commissioned additional care home beds in the region to support the discharge of patients from hospital. 323 patients



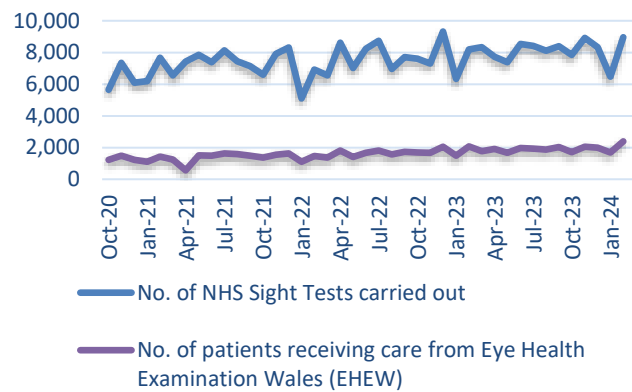
were admitted into these beds;

- Secured funding through Welsh Government's Early Years Integration Fund to provide universal and targeted support, training, advice and consultation for early years providers;
- Implementation of a paediatric physiotherapy outreach respiratory service offering preventative care and rapid response to respiratory exacerbations in the most vulnerable children and young people, preventing admissions to hospital and expediting discharge by maintaining child/young person in their own home and improving carer and self-management confidence;
- School nursing services established drop-in sessions for all secondary schools to provide support for students and families with their emotional health and wellbeing.
- Introduction of SharePoint for referrals, which has made it much easier to obtain appointments and resulted in a significant increase in referrals. 1850 patient seen for coil fittings. Dyfed Road Sexual Health clinic reopened

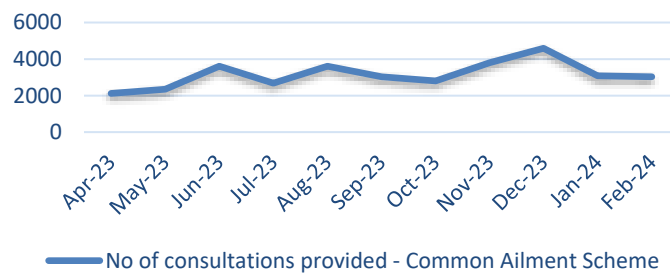
### Dental GDS - New Patients



### Optometry Activity



### CP Common Ailment Scheme



and Pontardawe Clinic opening end of March / April	
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**Mental Health and Learning Disabilities**

In 2022-23 we launched the 111/Press 2 service with Swansea Bay Health Board which remains a key initiative of Welsh Government to continue to further expand. The service provides direct access to advice and support for anyone going through a mental health crisis, whether they have previously accessed mental health services or are accessing mental health support for the first time. We have continued to review and work on our performance indicators in relation to this service and link with Welsh Government and other Health Boards to review comparative data across Wales.

We have seen significant increases in demand for this as other part of our Mental Health Service post pandemic, which is a result of deterioration in the population’s mental wellbeing potentially linked to the impact of COVID and austerity across the country. This ongoing significant increase is impacting on our waiting times for access to psychological therapy as one example, which is a similar picture across Wales in relation to this service. We are continuing to work with Welsh Government on ways of working to try and improve access waiting times.

We have continued in 2023-24 within the service group to work on modernisation plans for mental health and learning disabilities services. Welsh Government have very recently made changes to the prioritisation process for all capital planning business cases, so we are continuing to working towards getting the outline business case stage for the adult mental health inpatient unit on the Cefn Coed Hospital site submitted to Welsh Government in 2024.

In April 2023, child and adolescent mental health services for Swansea Bay residents came back under the direct management of the health board. We took time initially to evaluate the service provision, governance processes, waiting lists etc. and made progress through 2023 on stabilising the service provision, managing waiting times, improving the governance structure and providing stability in overall management within the MH and LD Service Group. Due to the reviews that took place the waiting times in part of the service improved with a positive trajectory also predicted into 2024. We have seen the establishment of an adolescent sanctuary service commencing in early 2024 and the expansion of the CAMHs crisis team to become 24hrs. While it is positive that these changes have taken place and other are continuing, it is still recognised there is ongoing work required within the CAMHs provision to continue to improve the offer and cope with the increasing demand on this service post pandemic.

**Key Performance metrics for our services**

Awaiting information	<ul style="list-style-type: none"> <li><b>Mental Health Measure</b></li> </ul> Awaiting information
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## Quality

Quality is at the heart of all that we do – our services must be safe for our patients and provide good patient experience and outcomes. We recognised that this is an area which needs great focus and improvement, so work commenced on establishing a quality management system, part of which included developing a quality strategy of which an implementation action plan is in place which is being worked on by Health Board Leads. We engaged the Health Board to submit topics for our priorities for 2024/2025 of which Frailty has been chosen as an overarching priority. A dynamic work programme underneath is being developed which will support and align with the Frailty Strategy and the Six Goals for Urgent and Emergency Care. Some of the actions of which we are proud to include:

### Falls Prevention

- Through working across our systems, including work with partners such as WAST and care homes, we have reduced the impact and number of harmful falls. Initial data shows reduction of WAST callouts from 100% to 25% - however further analysis required. This SCC project mirrored with Care homes in partnership with Swansea LA
- In Feb 24 we saw a small rise in patient fall rates per 1000 bed days to 5.2, on average the HB has run under 5.
- Focus now on community prevention models and Deconditioning project group established.
- Engagement with front door services at NPTH and MGH to launch falls screening tool

### Improving End of Life Care

- Through our End-of-Life Care Parasol Team we have trained 3,986 staff, which equates to around 31.5%;
- We have also trained people from our partner organisations including care homes, GPs, third sector, paramedics and students
- Treatment escalation plans to be tested within wards Morriston and NPT
- Internet development for EOLC information for the public is currently taking place

### Suicide Prevention

- To reduce the risk of suicide amongst our staff we have delivered the Sharing Hope arts based intervention project which won a Nursing Times Workforce Awards for Best Staff Wellbeing Initiative. Sharing Hope has supported over 1094 staff to date and a total of 134 engagement events have taken place since 2022.
- Reviewing options to ensure sustainability of Sharing Hope going forward
- Options being worked through to ensure sustainability of Suicide Prevention training within the HB

### Improving the Recognition and Management of Sepsis

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

- Around 3000 staff have received Sepsis training in 2023
- District Nurse NEWS and Sepsis Policy has been developed.
- Development of a more robust sepsis alert on Signal
- Front door services have increased Sepsis Documentation usage

#### **Nutrition and Hydration**

- We have undertaken an internal communication campaign to promote the importance of weighing patients.
- There will also be a drive on catering departments across the three main sites including a QI project and education/information for staff and patients
- “Don’t weight to weigh” campaign taking place within the Health Board

#### **Pressure Damage**

- We are improving our training to increase awareness of the risk of pressure damage across all skin tones, maternity services also involved with Service Improvement
- We have also translated our patient information on pressure damage Bengali and Cantonese in order to improve how we communicate with our patients.
- Currently identifying areas of focus across SGs – project groups to be assembled once focus identified

#### **Arts in Health**

- Our Arts in Health team have supported a range of quality projects, improving the experience of patients, staff and communities. This includes 250 people attending weekly dance for falls prevention and over 1000 staff members receiving wellbeing support through Sharing Hope.
- Wellbeing and engagement through music for refugees and asylum seekers
- Secured funding for Music in Hospitals

#### **Safe Care Collaborative**

- Four workstreams being undertaken within the Health Board, Leadership for Patient Improvement, Safe and Effective Community Care -Falls and EOLC Projects and Safe and Effective Acute Care – Sepsis project

#### **Quality Assurance Audits**

- To support checks and audits at ward and service level, Quality Assurance Audits ongoing.
- We also welcome the reintroduction of unannounced visits from the community health council and now Y Llais .

#### **Quality Congress Events**

- To support us in sharing learning from events we have established a programme of quality congress events. The last event was held on 7<sup>th</sup> March which was a joint event with Swansea University ‘Welsh In Health’.

#### **Quality Improvement**

- To help encourage and maintain a culture of improving quality, we have established a Community of Practice where staff can come together on a

regular basis to learn about successful quality improvement projects in order to share good practice across our services.

- QI Team Training planned and to be trialed

### Patient Experience

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

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

We received 62,858 'Friends and Family' responses in 2023-24 with a satisfaction score of 92%. With 18 bespoke surveys across the organisation. We have also received 1,942 formal complaints. Common themes included delays or lack of treatment and insufficient/incorrect information. The health board reported 82 nationally reportable incidents to the NHS Wales Delivery Unit last year which included 9 never events. We had 11 Ombudsman investigations over the last 12 months.

Some changes we made as a result of patient feedback:

You said' I have got a Urology appointment at :- Outpatient Department 2 (NPT) Baglan Way, Port Talbot. Looked on the website and I could not find a map showing the layout of the Hospital. It would be useful to have a map on your website showing the layout of the Hospital.

'We Did' - Thank you for your email in relation to a map of the layout of the hospital. I understand that there is work currently being done with regards to parking and maps. In the meantime, please see below directions and map to Outpatients 2.

Story called Pushed from Pillar to post, this story is about undiagnosed cancer primary, patient and family were being referred to different consultants? This story led to a new multi-disciplinary team being developed to review all unknown origins of cancers. This service would not have been developed if it wasn't for the story.

Patient suffered from PTSD, going in to hospital or having an appointment made things worse. QI lead worked with the story teller and as a result a new alert system is helping clinicians be better prepared to treat patients with Post-Traumatic Stress Symptoms.

#### **Complaint Top Themes;**

- Communication – insufficient/incorrect information – 544
- Clinical Treatment – delay/lack of treatment – 504
- Appointments – delay in appointment – 249

#### **National Reportable Incidents;**

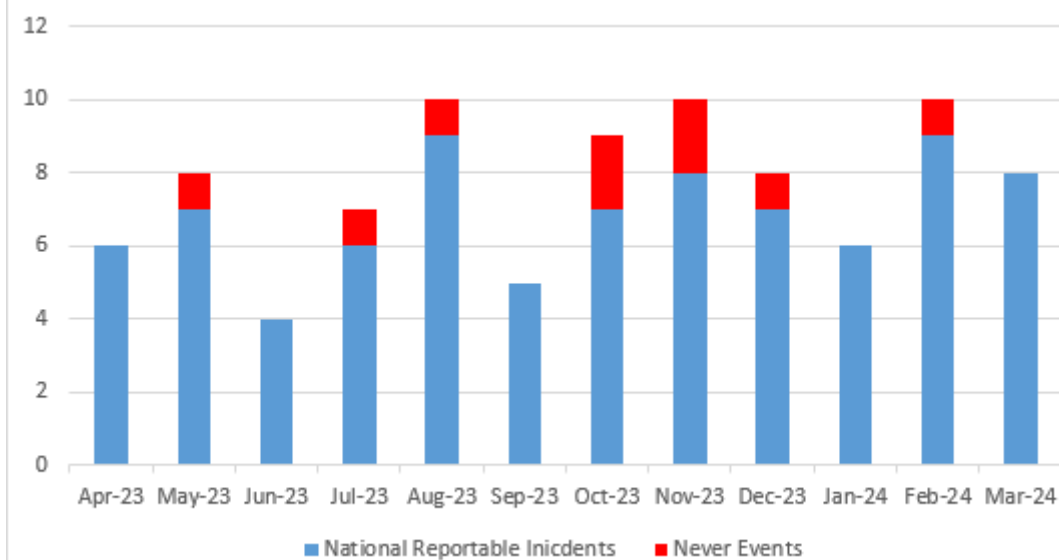
Out of the 82 reported, the top incidents types were;

- Accident/injury/fall – 14
- Pressure ulcers - 14
- Unexpected death – 6

#### **Never Events;**

3 x wrong site surgery  
 5 x Retained needle/swab/ instrument/string /pack  
 1 x Patient/service user not consented for the examination or treatment

The new system has been introduced to the Welsh Clinical Portal (WCP) - a secure NHS Wales digital site used by clinical staff - to flag the patient's circumstances and any triggers they may have.



### Workforce and Staff Experience

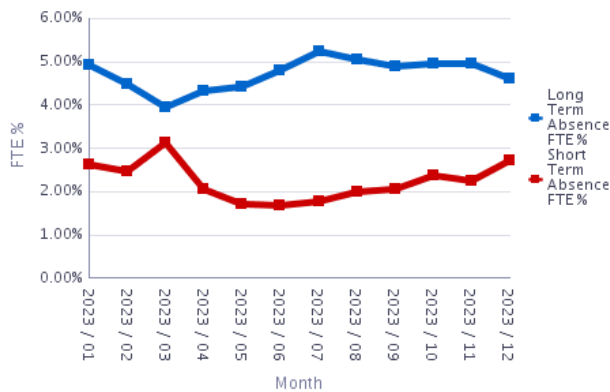
Our people are pivotal to delivering our ambitious vision to becoming a high quality healthcare organisation for our patients, families and communities. In 2023/2024, we collaboratively developed and launched our new 5 year People Strategy to enable us to collectively focus on what is important to our people, creating an environment where they feel empowered and able to flourish. The People Strategy 2024-2029 outlines 7 overarching strategic aims for our people: Engaged, motivated and healthy; Attract and recruit; Well planned; Digitally ready; Excellent learning and education; Leaders that live our values; and Equality, diversity and belonging.

In addition to developing our People Strategy, we introduced a number of new initiatives in 2023/24 to support our people, these included:

- Setting up a flexible working steering group to identify and share best practice
- Completing the last phase of our Big Conversation staff engagement programme
- Launching a new Thinking of Leaving initiative
- Exceeding our annual targets in the number of staff trained in health surveillance, how to have psychologically informed conversations and how to identify work related stress and mental health issues in the workplace to encourage early intervention and sickness absence prevention
- Recruiting a specialist Occupational Therapist on a permanent basis to provide support for long term health conditions, including long-term Covid
- Launching a new Occupational Health system to improve timeliness
- Providing managers with new SharePoint sites with additional workforce advice and guidance

- Undertaking a Best Practice Review of our HR processes
- Expanding our Central Resourcing Team, launching a new recruitment brand and significant success in international recruitment for nursing to help us fill our workforce gaps and in turn, improve staff wellbeing
- Adopting a pastoral approach for international medical recruitment with great success
- Developing new career pathways
- Launching the Nursing & Midwifery Academy, Matron Development Forum and Ward Manager/Clinical Leader Programme

### Key Workforce Metrics - Sickness absence



At the end of December 2023, the rate of long-term sickness absence was 4.6% and the rate of short-term absence was 2.9%. The total absence rate for SBUHB was 7.5% in December 2023 against a target of 5%. In 2024 we will develop our action plan to reduce sickness absence which will include the deployment of Managing Attendance at Work training and the continued utilisation of support available via Occupational Health.

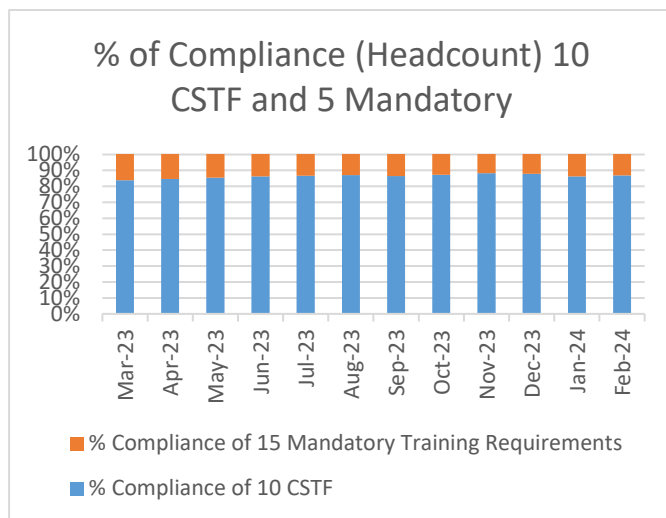
### Personal Appraisal Development Reviews (PADRs)



The percentage of PADR reviews completed as at 29<sup>th</sup> February 2024 was 69% (target 85%).

PADR review training is provided by the Education & Learning team to Managers as a standalone training module and is also included as part of the Manager's Pathway programme.

## Mandatory & Statutory Training



The overall compliance rate as at 29<sup>th</sup> February 2024 was 86.79% (target 85%).

Drop in sessions to support staff with access queries or competence recording issues have been provided across the Health Board sites throughout the year. Bespoke one to one sessions have also been provided for any complex or multiple queries.

## Conclusion and Forward Look

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

# **Accountability Report 2022-23**

## Annual Governance Statement

### ❖ Scope of Responsibility

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

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

In January 2024, we received confirmation that our escalation status had been revised. We had previously been in Enhanced Monitoring for planned care, cancer, finance, planning, and maternity and neonatal services. As a result of the latest tripartite meeting (comprising of Welsh Government, Audit Wales and Health Inspectorate Wales) the escalation status has been increased to Targeted Intervention (TI) for performance and outcomes (planned care, urgent care and cancer); while planning, finance, maternity and neonatal services remain in Enhanced Monitoring. While there are some areas in which we are doing well and have made great strides in improving timeliness of treatment, we recognise the need to redouble our efforts and find sustainable solutions to these areas of greatest concern.

## Our Governance Framework

### ❖ Overview

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

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

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

- Ensure delivery of aims and objectives through effective challenge and

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

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

During 2023-24, the following improvements were made:

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

#### ❖ Director’s Report

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

In April 2023, our independent member, Maggie Berry, stood-down. She was replaced in May 2023 by Jean Church.

#### ❖ Chair and Independent Members



##### **Emma Woollett, Chair**

##### **Appointment:**

Emma was appointed as Chair in April 2020. Prior to this she held the office of vice-chair but also undertook the interim Chair role from July 2019.

##### **Board and Committee Membership**

Emma chairs the board, Partnerships, Planning & Population Health Committee and Remuneration and Terms of Service Committee.



**Stephen Spill, Vice-Chair**

Stephen was appointed as Vice-Chair in January 2021. Prior to this he was a special advisor to the board on performance and finance from May 2020.

**Board and Committee Membership**

Stephen chairs the Quality and Safety Committee and Mental Health Legislation Committee. He is a member of the board, Remuneration and Terms of Service Committee, Partnerships & Planning & Population Health Committee and Performance and Finance Committee.



**Reena Owen, Independent Member**

**Appointment:**

Reena was appointed as an independent member in August 2018 (reappointed in August 2022).

**Area of Expertise:**

Community.

**Board and Committee Membership**

Reena chairs the Performance and Finance Committee. She is a member of the board, Partnerships & Planning & Population Health Committee, Remuneration and Terms of Service Committee and the Quality and Safety Committee.



**Tom Crick, Independent Member**

**Appointment:**

Tom was appointed as an independent member in October 2017 (reappointed October 2020).

**Area of Expertise:**

Information and Communications Technology.

**Board and Committee Membership**

Tom chairs the Workforce, Organisational Development (OD) & Digital Committee. He is a member of the board, Remuneration and Terms of Service Committee and Audit Committee.



**Jean Church, Independent Member**

**Appointment:**

Jean was appointed as an independent member in May 2023.

**Area of Expertise:**

Organisational Design & Development

**Board and Committee Membership**

Jean is a member of the board, Remuneration and Terms of Service Committee, Workforce, Organisational Development and Digital Committee, Performance & Finance Committee and Mental Health Legislation Committee



**Keith Lloyd, Independent Member**

**Appointment:**

Keith was appointed as an independent member in May 2020.

**Area of Expertise:**

University

**Board and Committee Membership**

Keith is a member of the board, Audit Committee, Charitable Funds Committee and Remuneration and Terms of Service Committee.



**Nuria Zolle, Independent Member**

**Appointment:**

Nuria was appointed as an independent member in October 2019.

**Area of Expertise:**

Third sector

**Board and Committee Membership**

Nuria chairs the Audit Committee and Charitable Funds Committee. She is a member of the board, Audit Committee, Workforce, Organisational Development (OD) & Digital Committee, Remuneration and Terms of Service Committee and Stakeholder Reference Group.



**Jackie Davies, Independent Member**

**Appointment:**

Jackie was appointed as an independent member in August 2017 (reappointed August 2021).

**Area of Expertise:**

Trade union

**Board and Committee Membership**

Jackie is a member of the board, Mental Health Legislation Committee, Audit Committee, Workforce, Organisational Development (OD) & Digital and Charitable Funds Committee.



**Patricia Price, Independent Member**

**Appointment:**

Patricia was appointed as an independent member in October 2021.

**Area of Expertise:**

Finance

**Board and Committee Membership**

Patricia is a member of the board, Audit Committee, Performance and Finance Committee, Partnerships & Planning & Population Health Committee Quality and Safety Committee and Remuneration and Terms of Service Committee.



**Nicola Matthews, Independent Member**

**Appointment:**

Nicola was appointed as an independent member in February 2023.

**Area of Expertise:**

Local Authority

**Board and Committee Membership**

Nicola is a member of the board, Partnerships & Planning & Population Health Committee, Quality and Safety Committee and Remuneration and Terms of Service Committee.



**Anne-Louise Ferguson, Independent Member**

**Appointment:**

Anne-Louise joined the board in an advisory role for legal in August 2022 while the recruitment for the independent member vacancy for this speciality was undertaken. From March 2023, she was a full board member as the legal independent member of the board.

**Area of Expertise:**

Legal

**Board and Committee Membership**

Anne-Louise is a member of the board, Audit Committee, Quality and Safety Committee and Remuneration and Terms of Service Committee.

❖ **Chief Executive and Executive Directors**



**Richard Evans, Interim Chief Executive**

**Appointment:**

Richard was appointed as Medical Director in November 2018 and Deputy Chief Executive from March 2021. He was appointed as Interim Chief Executive in August 2023.

**Board and Committee Membership**

Richard is a member of the board and attends the Remuneration and terms of Service Committee.



**Raj Krishnan, Acting Medical Director**

**Appointment:**

Raj was appointed as Acting Medical Director in September 2023. Prior to this Raj was Deputy Medical Director.

**Board and Committee Membership**

Raj is a member of the board and attends the Quality & Safety Committee and Audit Committee (the latter as required)



**Anjula Mehta, Acting Medical Director**

**Appointment:**

Anjula was appointed as Acting Medical Director in September 2023. Prior to this Anjula was Deputy Medical Director.

**Board and Committee Membership**

Anjula is a member of the board and attends the Workforce, OD & Digital Committee.



**Gareth Howells, Director of Nursing and Patient Experience**

**Appointment:**

Gareth was appointed as Director of Nursing and Patient Experience in September 2021 on secondment from Welsh Government

**Board and Committee Membership**

Gareth is a member of the board. He attends Audit Committee Quality and Safety Committee, Mental Health Legislation Committee, and Workforce, Organisational Development (OD) & Digital Committee.



**Sarah Jenkins, Interim Director of Workforce and Organisational Development (OD)**

**Appointment:**

Sarah was appointed as Interim Director of Workforce and OD in March 2024.

**Board and Committee Membership**

Sarah is a member of the board. She attends Workforce, Organisational Development (OD) & Digital Committee and Remuneration and Terms of Service Committee.



**Darren Griffiths, Director of Finance/Interim Deputy Chief Executive**

**Appointment:**

Darren was appointed as Interim Director of Finance in February 2020 and substantively in July 2021. He was appointed Interim Deputy Chief Executive in September 2023

**Board and Committee Membership**

Darren is a member of the board. He attends Audit Committee, Performance and Finance Committee, Partnerships, Planning & Population Committee and Charitable Funds Committee..



**Nerissa Vaughan, Interim Director of Strategy**

**Appointment:**

Nerissa was appointed as Interim Director of Strategy in April 2022.

**Board and Committee Membership**

Nerissa is a member of the board. She attends Partnerships, Planning & Population Committee and Performance and Finance Committee.



**Keith Reid, Director of Public Health**

**Appointment:**

Keith was appointed as Director of Public Health in December 2019

**Board and Committee Membership**

Keith is a member of the board. He attends Quality and Safety Committee and Partnerships, Planning & Population Committee.



**Christine Morrell, Director of Therapies and Health Science**

Chris was appointed as Interim Director of Therapies and Health Science in March 2021 and substantively in August 2021.

**Board and Committee Membership**

Chris is a member of the board. She attends Quality and Safety Committee and Workforce, Organisational Development (OD) & Digital Committee.

❖ **Associate Board Members (non-voting)**



**Andrew Jarrett, Director of Social Services, Neath Port Talbot Council**

**Appointment:**

Andrew was appointed as an associate board member in April 2019 and attends board meetings.



**Judith Vincent, Clinical Director for Pharmacy and Medicines Management**

**Appointment:**

Judith became an associate board member in March 2022 as a co-chair of the Health Professionals' Forum.



**Andrew Griffiths, Head of Cluster Development and Planning**

**Appointment:**

Andrew became an associate board member in March 2022 as a co-chair of the Health Professionals' Forum.

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



### **Deb Lewis, Chief Operating Officer & Director of Primary Care & Mental Health**

Deb was appointed as interim Chief Operating Officer at the start of March 2023 and then substantively in April 2023. Deb was also appointed as Director of Primary Care & Mental Health.

#### **Board and Committee Membership**

Deb attends the board in a non-voting capacity as well as the Performance and Finance Committee.



### **Matt John, Director of Digital**

#### **Appointment:**

Matt was appointed as Director of Digital in August 2020.

#### **Board and Committee Membership**

Matt attends the board in a non-voting capacity



### **Hazel Lloyd, Director of Corporate Governance**

#### **Appointment:**

Hazel was appointed as Acting Director of Corporate Governance in December 2021 and substantively in October 2022.

#### **Board and Committee Membership**

Hazel is the main governance advisor to the board. She attends the board in a non-voting capacity, Quality and Safety Committee, Partnerships, Planning & Population Committee, Charitable Funds Committee, Audit Committee, Mental Health Legislation Committee, Performance and Finance Committee, Remuneration and Terms of Service Committee and the Workforce, Organisational Development (OD) & Digital Committee.



### **Richard Thomas, Director of Insight, Communications and Engagement**

#### **Appointment:**

Richard took up post as the Director of Insight, Communications and Engagement in March 2023.

#### **Board and Committee Membership**

Richard attends the board in a non-voting capacity

## ❖ Board Advisors



### **Martyn Waygood, Board Advisor (Charity)**

#### **Appointment:**

Martyn stood-down as an independent member in January 2022 but took on a role as a board advisor to support the development of the health board charity. Martyn stood down as board advisor in January 2024.

## ❖ Board Member Departures for 2023-24



**Maggie Berry, Independent Member**

**Appointment:**

Maggie was appointed as an independent member in May 2015 (reappointed May 2019). Stood down at the end of April 2023.

**Board and Committee Membership**

Maggie chaired the Health and Safety Committee. She was a member of the board, Remuneration and Terms of Service Committee, Quality and Safety Committee and the Mental Health Legislation Committee.



**Mark Hackett, Chief Executive**

**Appointment:**

Mark joined the health board as Chief Executive in January 2021 and left the organisation in August 2023.

**Board and Committee Membership**

Mark was a member of the board and attended the Remuneration and Terms of Service Committee.



**Debbie Eytayo, Director of Workforce and Organisational Development (OD)**

**Appointment:**

Debbie was appointed as Interim Director of Workforce and OD in August 2021 and substantively in September 2021 and left the organisation on 12<sup>th</sup> March 2024.

**Board and Committee Membership**

Debbie was a member of the board and Health and Safety Committee. She also attended Workforce, Organisational Development (OD) & Digital Committee and Remuneration and Terms of Service Committee.



**Siân Harrop-Griffiths, Director of Strategy**

**Appointment:**

Sian was appointed as Director of Strategy in November 2014 and retired in April 2023.

**Board and Committee Membership**

Siân was a member of the board. She attended Quality and Safety Committee, Performance and Finance Committee and Charitable Funds Committee

Each board member has stated in writing that he/she has taken steps to make the auditors aware of any relevant audit information. Board members and senior managers have advised of any interests which may have a conflict with their board responsibilities and no material interests have been declared in 2023-24. A full register of interests is available upon request from the Director of Corporate Governance and details are also included in the remuneration report.

❖ **Role of the Board**

The board has the overall responsibility for the strategic direction of the organisation and provides leadership and direction. It also has a key role in ensuring that there

are robust governance arrangements in place as well as an open culture and high standards as to how its work is carried out. Board members share corporate responsibility for all decisions and play a key role in monitoring the performance.

As a standard, the board meets in public six times a year, but there were occasions when special board meetings took place, for example in summer 2023 to agree the annual accounts and quarter one for an update on the revised recovery and sustainability plan. Each regular meeting begins with a patient or staff story, setting out personal experience of the health board's services. This is an opportune way to learn lessons and help improve and plan services for the future. The stories received in 2023-24 included:

- Staff story – Palliative Paramedics
- Staff story – recognising Hazel Powell as one of the UK's top 75 nurses
- Staff/patient story – Palliative care nurse and recognising the importance of a patients language of choice
- Patient story – 'Nansi's Story' end of life care in the community
- Patient story – 'my get up and go went' a positive story of patient experience within the Drug Alcohol Rehab Unit
- Patient story – PTSD my story with the NHS

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

Due to the Covid-19 pandemic, changes were made to the way in which board meetings were run in order to comply with social distancing guidance as well as the Public Bodies (Admissions to Meetings) Act 1960 which requires the organisation to meet in public. From March 2023, all board members met in person, however the livestreaming introduced during the pandemic to enable members of the public to observe these meetings has remained.

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

Board Briefing
Our Big Conversation (April 2023)
Achieving a clinically-led organisation (April 2023)
Presentation on Dental & Pharmacy (June 2023)
Potential Land Swap at Morriston Hospital (June 2023)
Out-of-Hospital Commissioning (July 2023)
Sustainability (July 2023)
Joint Escalation & Intervention Arrangements (Feb 2024)

Presentation on Unscheduled Care, Planned Care & Cancer (Feb 2024)
Financial Outlook and Route to Balance (Feb & March 2024)
EMRTS Service Review (March 2024)
Update on Annual Plan (March 2024)

Board Development
Compassionate & Collective Leadership In Health & Social Care (April 2023)
Proposed Vision for Swansea Bay (July 2023)
Deloitte Feedback: Board Effectiveness (July 2023)
Cyber Security & Awareness (Aug & Dec 2023)
Next Steps in the Big Conversation and the High Quality Organisation Vision (August 2023)
Board Effectiveness (Sept 2023)
Strategic Objectives (Sept 2023)
Quality & Safety Systems (Sept 2023)
Update on Swansea Bay City Deal Project (Oct 2023)
Update on Primary Care Clusters (Oct 2023)
Annual Plan, including strategic objectives 2024-25 (Oct & Dec 2023)
Integrated Performance (Oct 2023)
Outline Business Care for Pathology (Oct & Dec 2023)
Presentation on role of Charitable Funds Trustees (Oct 2023)
Mid Year Review of IMTP (Dec 2023)

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

The Board is required to undertake an annual self-assessment of its effectiveness in terms of governance and internal controls. In September 2023, at a board development session, the findings and draft report from a review of board effectiveness was reviewed. Three themes were highlighted: board leadership, board governance and board connectivity. A new action plan for 2023/24 has been developed and will be monitored by the Audit Committee.

#### ❖ **Committees of the Board**

The health board has established a number of committees as set out in the diagram at **appendix one**. Each one is chaired by an independent member and has a key role in relation to the system of governance and assurance, decision making, scrutiny, assessment of current risks and performance monitoring. Following each meeting, a summary of the discussion is shared with the board at its next formal meeting and all the papers for the public sessions of board and committee meetings are on the health board's [website](#). There are some meetings for which papers are not made public either because of the confidential nature of the business or because

the items are in a developmental stage. The board recognises that it has a commitment to holding its committee meetings in public however, due to the number of committees and frequency of these, it is too resource intensive to livestream committee meetings but the health board will look at ways in which committees could be held in public where possible.

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

Assurance committees the health board is required to have comprise:

#### ***Audit Committee***

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

- overseen the system of internal controls;
- continued to focus on the improvements of the financial systems and control procedures;
- overseen the development and implementation of the board assurance framework;
- monitored local counter fraud arrangements;
- sought assurance in relation to the risk management process;
- considered and recommended for approval revisions to standing orders and standing financial instructions;
- reviewed findings of internal and external audits and progress against corresponding action plans;
- held executive directors to account where appropriate;
- discussed and recommended for approval by the board the audited annual accounts, accountability report, annual report and head of internal audit opinion;
- continued to monitor the implementation of the recommendations as set out in the governance work programme.

#### ***Quality and Safety Committee***

The Quality and Safety Committee is the main assurance mechanism for reporting evidence-based and timely advice to the board in relation to the quality and safety of

healthcare as well as the arrangements for safeguarding and improving patient care in line with the standards and requirements set out for NHS Wales. Each meeting begins with a patient story and also includes updates from internal and external regulatory bodies, and where reports have raised concerns, action plans are monitored by the committee.

### **Remuneration and Terms of Service Committee**

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

### **Mental Health Legislation Committee**

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

### **Information Governance**

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

### **Charitable Funds Committee**

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

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

### **Partnerships, Planning & Population Health Committee**

The purpose of the Partnerships, Planning & Population Health Committee is to:

- **Partnership Working** - consider development of strategies and plans developed in partnership with key strategic partners, monitor work undertaken with partner organisations, oversee and consider funding proposals and seek assurance that partnership governance and partnership working is effective and successful.
- **Population Health** – consider population health and well-being assessments, seek assurance on plans, systems and processes to deliver health improvement and increase health equity and seek assurance on the work of the Health Board to reduce avoidable health inequalities.

### **Performance and Finance Committee**

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

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

### **Workforce, OD & Digital Committee**

The Workforce, OD & Digital Committee seeks assurance on:

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

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

### **❖ Advisory Groups and Joint Committees**

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

#### **Advisory Boards**

- *Stakeholder Reference Group*

The Stakeholder Reference Group (SRG) is formed from a range of partner organisations from across the health board's local communities and engages with the strategic direction, provides feedback on service improvement proposals and advises on the impact on local communities of the current ways of working. Its membership includes representatives from wide ranging community groups, including children and young people, LGBTQ+, older people and ethnic minorities, as well as statutory bodies such as police and fire, rescue services and environment agency. As a result, the group has excellent links to the wider general public and each member can highlight issues raised by their particular communities. The forum is currently experiencing some challenges in appointing a chair/vice-chair and is reviewing how it functions to maximise its potential. Meetings had been chaired by

an independent member, but are currently chaired by the Assistant Director of DICE and is currently under review. There is no associate board member for the SRG.

- *Health Professionals' Forum*

The role of the Health Professionals' Forum provides balanced, multidisciplinary professional advice to the board on local strategy and delivery. This now meets on a regular basis but still has some more work to do to ensure a robust membership and attendance as well as work programme. Its co-chairs attend the board as associate board members.

- *Health Board Partnership Forum*

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

### **Joint and all-Wales Committees**

There are three all-Wales committees as detailed below:

- *Welsh Health Specialised Services Committee (WHSSC)*

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

- *Emergency Ambulance Services Committee (EASC)*

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

**During 2023-24, Welsh Government issued updated Model Standing Orders, with the main changes relating to the establishment of the Joint Commissioning Committee. Therefore, this resulted in the ceasing of EASC and WHSSC noted above. The amendments were adopted by the Board at the end of March 2024.**

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

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

### **❖ Partnership Working**

The health board works in partnership with a number of organisations, including local authorities, Swansea University, other NHS organisations including the NHS Wales

Collaborative and the third sector. In addition, it has joint executive groups with Cardiff and Vale, Cwm Taf Morgannwg and Hywel Dda university health boards.

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

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

#### ❖ **Organisational Structure**

The organisation is comprised four service groups:

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

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

#### ❖ **System of Control**

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

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31<sup>st</sup> March 2024 and up to the date of approval of the annual report and accounts.

#### ❖ **Capacity to Handle Risk**

The board is responsible for the effective management of the organisation's risks in pursuance of its aims and objectives. The board collectively has responsibility and accountability for setting the organisation's objectives, defining strategies to achieve those objectives, and establishing governance structures and processes to best manage the risks in accomplishing those objectives.

The Chief Executive, as Accountable Officer, has overall responsibility for ensuring that the health board has an effective risk management framework and system of internal control, however the Director of Corporate Governance has specific responsibilities for risk management and supports the Chief Executive by providing competent advice and support in the development of effective systems and arrangements to help facilitate the management of risk. Alongside, the Executive Director of Nursing is the Executive Director with lead responsibility for ensuring the effective operation of risk management processes. In this role, he/she is supported by the Executive Medical Director, and together they provide clinical expertise and leadership to the oversight of clinical risk management.

Executive Directors have responsibility for the ownership and management of risks within their portfolios, and Service Group Directors (Service Director, Director of Nursing and the Medical Director/Dental Director) have devolved responsibilities for risk management within their services.

During 2023/24, training has continued to be provided for new staff joining the organisation, and risk management has been incorporated as a mandatory module within the health board's Manager's Pathway training programme. Training and advice are provided by the Risk & Assurance team to meet needs identified within teams and at an individual level.

#### ❖ Risk Control and Framework

The [risk management policy](#) sets out a framework for consistent management of risk in the health board, directing the way in which risks are identified, evaluated and controlled. The operation of the risk management framework is overseen by the Audit Committee, with individual executives and senior managers having specific delegated responsibilities.

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

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

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

to manage the risk and for communication with external stakeholders this will be the appointed executive director lead for the risk.

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

The Board last received a Risk Report at its meeting in March 2024. This followed a meeting of the Audit Committee earlier the same month at which it reviewed the health board risk register. As part of the risk management framework, the board has considered its main objectives and identified the risks most likely to prevent the achievement of these – these are captured within the board assurance framework (BAF). The BAF has continued to develop with the support of the Audit Committee to ensure it aligns with the health board’s objectives, and is informed by the organisation’s significant risks captured within the health board risk register – cross-references linking the risk register and BAF have been made clearer during the year. By taking a more proactive, rather than reactive, approach to management of its key risks, the health board aims to increase the likelihood of achieving its objectives.

### ❖ Risk Appetite

In November 2022, the board approved a revised risk appetite statement that described the level of risk it was prepared to tolerate according to the type of risk presented. The appetite was incorporated within the board risk management policy approved in March 2023 and continues to be in place. At a high level, this has been summarised in the below table (the full statement expresses further nuance within individual risk types):

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

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

In determining these thresholds the board recognised that the high demand on services, pressures on staffing availability and financial constraints created a high risk environment. This has continued to be the context within which the organisation

has operated during 2023/24. The health board’s aspiration remains to reduce its tolerance to risk further as soon as practicable.

❖ **Risk Profile 2023-24**

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

While the Audit Committee has the overarching responsibility for overseeing risk management, it has delegated relevant risks to each of the other board committees. Committees receive corresponding extracts of the health board risk register to enable alignment of their work programmes to ensure they review and receive reports on the progress made to mitigate key risks as far as possible. Regular reports are submitted to each of the committees of the board to accompany the specific health board risk register extracts assigned to the committees. The most significant risks the health board is managing relate to access to services – principally unscheduled care and cancer services. During 2023/24 the provision of maternity services also presented a significant risk, but action taken during the year has been successful in reducing the risk there (though it continues to be high and overseen by the Board via the risk register).

Key controls and actions taken to manage risks are captured in the health board risk register, which is reported to the executive team, Audit Committee and board. Actions and controls to address the two most significant current risks (with assessed scores of 25 within the risk register), included:

Risk	Controls and Actions
<p><b>#1: Access to Unscheduled Care</b>  <i>If we fail to provide timely access to Unscheduled Care then this will have an impact on quality &amp; safety of patient care as well as patient and family experience and achievement of targets. There are challenges with capacity/staffing across the Health and Social care sectors. (This risk includes ED, AMU and impact in community from ability to release ambulances at both front doors.)</i></p>	<ul style="list-style-type: none"> <li>• Increased reporting as a result of escalation to targeted intervention status.</li> <li>• Phone First for ED (Emergency Department) model in place in conjunction with “111” to reduce demand.</li> <li>• OPAS (Older People’s Assessment Service) have undertaken training with nursing homes on the management of patient falls, and set up direct contact arrangements with nursing homes.</li> <li>• Frailty Short-stay Unit re-established.</li> <li>• Medical patient flow within Morriston has been refined between ED, AMU (Acute Medical Unit) and wards.</li> <li>• Roll out of SAFER (Seen, Aim, Flow, Early Discharge and Recovery).</li> <li>• WAST (Welsh Ambulance Services University NHS Trust) have direct access to SDEC (Same Day Emergency Care) service.</li> <li>• Hours available within SDEC have been increased and Surgical SDEC is now open too.</li> </ul>

Risk	Controls and Actions
	<ul style="list-style-type: none"> <li>• Expected medical patients conveyed by WAST go direct to AMU rather than ED; medical patients in ambulances outside ED are diverted to AMU after initial assessment.</li> <li>• Stroke rehabilitation pathway has been embedded between Morrision and Neath Port Talbot hospitals.</li> <li>• Morning “golden” patients are identified for early moves to discharge lounge freeing up beds earlier in the day.</li> <li>• The Continuous Flow Model has been implemented and its impact is being monitored.</li> <li>• A zero tolerance approach is being taken to ambulance waits.</li> <li>• Criteria-led discharge has been rolled out within Medicine specialties and is continuing to embed (further work to be undertaken to embed across other specialties during the coming year).</li> <li>• Internal &amp; external funding options are being explored to extend OPAS to non-surgical fractures.</li> </ul>
<p><b>#50: Access to Cancer Services</b>  <i>A backlog of patients now presenting with suspected cancer has accumulated during the pandemic, creating an increase in referrals into the health board which is greater than the current capacity for prompt diagnosis and treatment. Because of this there is a risk of delay in diagnosing patients with cancer, and consequent delay in commencement of treatment, which could lead to poor patient outcomes and failure to achieve targets.</i></p>	<ul style="list-style-type: none"> <li>• Tight management processes are in place to manage each individual case on the Urgent Suspected Cancer Pathway. Enhanced monitoring &amp; weekly monitoring of action plans for top six tumour sites are in place.</li> <li>• Initiatives to protect surgical capacity to support USC (Urgent Suspected Cancer) pathways have been put in place</li> <li>• Prioritised pathway in place to fast track USC patients.</li> <li>• There are ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies.</li> <li>• Weekly cancer performance meetings are held for both Neath Port Talbot &amp; Singleton and Morrision Service Groups, by specialty.</li> <li>• The top six tumour sites of concern have cancer improvement plans – weekly monitoring arrangements have been put in place.</li> <li>• Additional improvements are being made as part of diagnostic recovery and theatre recovery work.</li> <li>• Endoscopy contract has been extended for insourcing.</li> </ul>

Risk	Controls and Actions
	<ul style="list-style-type: none"> <li>• Cancer Performance Group to monitor improvement trajectories for both cancer backlog and SCP (Suspected Cancer Pathway) performance on a monthly basis</li> <li>• Full review to be undertaken of Gynaecology / Gynae-oncology pathway given service constraints. Additional theatre capacity for Gynaecological cancer to be agreed to reduce current backlog.</li> </ul>

In addition to the two highest risks, at its March 2024 meeting, the Board was apprised of a further 21 risks assessed as reaching or exceeding its tolerance threshold. As noted earlier, information on action to address these is presented to the board committees to risks are assigned for detailed scrutiny and oversight.

#### ❖ **Emergency Preparedness**

The Civil Contingencies Act, (CCA), 2004 places a proportionate set of legislative duties on the Health Board to comply with the responsibilities as a ‘Category One’ responder, to deal with emergencies; this is referred to as EPRR. The Health Board must, therefore, be capable of responding to incidents of any scale, in a way that delivers optimum care and assistance to those affected, minimises the disruption and has a timely return to ‘business as usual’. An integrated emergency management approach of assessment, planning, response and recovery is maintained.

There is a specific *emergency preparedness, resilience and response (EPRR)* risk register, which is aligned with that of the national and regional risk registers and continues to be reviewed quarterly. It includes the necessary scorings and mitigations to either manage or tolerate the risks identified. To support the work programme there is an overarching EPRR strategy, training and exercising strategy and schedule and lessons identified register. There is a Major Incident Procedure, Business Continuity Management arrangements and a suite of other emergency response procedures also in place. Assurance and monitoring are overseen by the Health Board EPRR Strategy Group, supported by a digital performance dashboard.

In addition, the health board works in collaboration with other appropriate local and national groups and in particular, there is excellent collaboration with other health boards, Welsh Ambulance Service Trust (WAST), Welsh Blood Service, Public Health Wales and Digital Health Care Wales.

#### ❖ **The Control Framework**

##### **Quality Governance Arrangements**

Our quality strategy was published in 2023, final version was agreed by the board in January 2023, with an official launch on 2<sup>nd</sup> March 2023. An implementation plan has been developed, detailing how the strategy is going to be delivered. The plan sets out a number of improvement goals that we will achieve during the lifespan of the strategy. In order for the quality strategy to be a success and to create a quality-focused, learning organisation with distributed collective leadership in which staff voices and listening are at its heart, engaging and empowering staff at all levels staff needed to be engaged and on board with taking forward the work. As such particular focus was given to the 'Big Conversation' to seek staff views on what they feel the current culture is within the organisation and what work they feel is needed. This resulted One Bay Way is how we will deliver our 10 year vision of becoming a High Quality Organisation - a vision we developed as a result of input via Our Big Conversation.

The revised corporate governance meetings are now well established with a relaunched Quality and Safety Group with a streamlined membership and focus with dedicated subgroups to look at key areas of quality, including patient safety, experience, clinical effectiveness, outcomes, access, mortality reviews, clinical audit, safeguarding, patient safety alerts and quality impact assessments.

Clear leads have been identified in each service group triumvirate for patient experience, clinical outcomes and effectiveness, compliance and safety and service groups to have a standardised lists of quality areas to discuss in their quality governance structures throughout a 12-month cycle in a clear work programme.

Mortality reduction plans across primary and secondary care. A management system to implement and monitor compliance with NICE (National Institute for Clinical Excellence) guidance.

We have continued to take an active role in the Safe Care Collaborative. Four workstreams being undertaken within the Health Board, Leadership for Patient Improvement, Safe and Effective Community Care -Falls and EOLC Projects and Safe and Effective Acute Care – Sepsis project through a number of supporting learning events arranged by the Health Board along with SCC Improvement Cymru.

To support checks and audits at ward and service level, we have also undertaken 8 corporately arranged unannounced quality audits on our wards and services. Audit toolkits updated to align with the Duty of Quality Standards same to be trialled and presented to NMB before being converted onto AMaT by November 2024. Governance work being undertaken to develop a work programme to gain assurance from the visits and actions plan updates from Service Groups10 corporately arranged unannounced quality audits on our wards and services. Governance work being undertaken to develop a work programme to gain assurance from the visits and actions plan updates from Service Groups. We also welcome the reintroduction of unannounced visits from the community health council and now Y Llais. Implementation of AMaT System for Ward and Areas, which will generate live data and actions plans to improve services and give assurance regarding the quality of care given.

To support us in sharing learning from events we have established a programme of quality congress events and held four of these in 2023 attended by more than 130 people. We have quarterly events planned for the coming year.

To help encourage and maintain a culture of improving quality, we have established a Community of Practice where staff can come together on a monthly basis to learn about successful quality improvement projects in order to share good practice across our services we hold quarterly Community Practice events. We continue to develop higher level of Quality Improvement understanding in our workforce through Scottish Improvement Leadership qualification, supported by mentors within our organization to develop our QI culture.

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

- Quality, safety and improvement hub webpages enable teams to keep in touch with developments;
- Dates set for patient safety congress events across 2024;
- Learning resources now available along with a community of practice;
- Quality Dashboard phase one go live;
- 12 vlogs filmed with staff talking about what quality and the quality management system means to them;

### ***Duty of Candour***

It should be noted that the Duty of Candour became legislation in Wales in April 2023, and forms part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The new reporting requirements will therefore be captured in the reporting period 2023-24.

We are linked into the national work stream (Candour Safety and Learning Network Meeting) that continues to support the implementation and procedures required under the Act.

The 4 parts of the Act are intended to have a cumulative positive benefit for Welsh residents supporting a culture, and the conditions, that focus on driving improvements in health and social care. The aim is to improve and protect the health and wellbeing of the current and future population of Wales, building on existing health and social care systems, ensuring a stronger citizen voice and improving accountability of services to deliver better experiences and quality of care. This should result in a healthier and more prosperous country

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

### **Corporate Governance Code**

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

An assessment of compliance with the code was undertaken in March 2024 and found no departures from the code. This will be reported to the Audit Committee in May 2024.

### **Health and Care Standards**

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

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

Through listening and learning from previous years, we added increased support and scrutiny to service groups in completing their annual health and care standards self-assessments in 2023-24. Scrutiny panels were held during the year, where service groups discussed their progress against the standards and their planned improvements; additionally subject experts met with service groups to discuss individual standards.

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

### **❖ Planning Arrangements**

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

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

1. to secure that expenditure does not exceed the aggregate of the funding

allotted to it over a period of three financial years;

For 2023/24 the health board has not met its financial duty of remaining within the financial funding provided for revenue (as set out below) and capital. Whilst the health board did meet its financial duties in 2022/23, this was the only year between 2021/2 – 2023/24 this requirement was achieved. Therefore the health board did not meet its financial duty to break-even over the three year period of 2021-22 to 2023-24.

#### Awaiting figures

The table above summarised the health boards performance against its revenue resource limit and the full financial performance is set out later in this report as part of the financial accounts.

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

As the LHB was unable to submit a balanced integrated medium-term plan in accordance with NHS Wales Planning Framework for 2023/24-2025/26, the Board submitted an Annual Plan for 2023-24 on 31st March 2023. This plan did not include a break even position. A collective review of the 31st March 2023 submission between LHB and Welsh Governance was convened on 2nd May, following which a revised Annual Plan submission on 31st May 2023.

The revised submission on 31st May 2023 did not include a break even position and throughout 2023-24 the LHB worked with WG to identify options to reduce the deficit annual plan. In October 2023 the Health Board received additional funding and a deficit 'control total' was set by WG for the LHB to achieve at 31st March 2024.

The LHB has therefore been unable to meet its compliance duty to have an balance and approved financial plan for 2023/24.

#### ❖ Disclosure Statements

##### *Equality, Diversity, Inclusion and Human Rights*

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

The health board ensures that the potential impacts on any changes to its services are considered on the above protected characteristic groups under the Equality Act

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

### **Data Security**

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

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

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

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

During the financial year 2023-24, six data breaches were notified to the Information Commissioner’s Office (ICO). Further details of these breaches are outlined in the table below.

Where the ICO has provided recommendations, they have been considered for implementation by the Health Board.

<b>Breach Category</b>	<b>Summary of Breach</b>	<b>Summary of Actions</b>
Disclosure – Paper	Misfiled fertility information was erroneously disclosed as part of subject access request	<ul style="list-style-type: none"> <li>• Apology provided to data subjects</li> <li>• Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence</li> </ul>

		<ul style="list-style-type: none"> <li>Information governance audit process undertaken and recommendations for improvement provided</li> </ul>
Disclosure – Electronic	Information relating to a disciplinary investigation was accidentally shared with other data subjects involved in the case	<ul style="list-style-type: none"> <li>Apology provided to data subjects</li> <li>Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence</li> <li>Revised processes disseminated to relevant team members with further improvements considered</li> </ul>
Disclosure – Paper	Misfiled information pertaining to two unrelated data subjects was erroneously disclosed as part of subject access request	<ul style="list-style-type: none"> <li>Apology provided to data subjects</li> <li>Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence</li> <li>Information governance audit process undertaken and recommendations for improvement provided</li> </ul>
Disclosure – Paper	Excessive information erroneously disclosed on the envelope of an appointment letter	<ul style="list-style-type: none"> <li>Apology provided to data subject</li> <li>Information Governance audit process underway</li> <li>Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence</li> </ul>
Disclosure – Paper	Appointment letter posted in error resulting in disclosure to family member	<ul style="list-style-type: none"> <li>Apology provided to data subject</li> <li>Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence</li> <li>Information Governance follow-up audit arrangements in place</li> </ul>
Other	Potential inappropriate access to paper medical records	<ul style="list-style-type: none"> <li>Investigation into root cause underway</li> <li>Relevant authorities informed</li> <li>Information Governance audit process underway</li> </ul>

### **Ministerial Directions**

Welsh Government has issued non-statutory instruments and Welsh health circulars (WHC) since 2014-15, and a list of ministerial directions circulated for 2023-24 can be found on the [Welsh Government website](#). All relevant directions have been fully considered and implemented appropriately, with Welsh health circulars logged corporately and an executive lead assigned, as well as reported to the board. These are set out at **appendix seven**.

### **Wellbeing of Future Generations Act**

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

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

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

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

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

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

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

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

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

## **Welsh Language**

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

### ***Sustainability and Carbon Reduction***

2023/24 has seen the sustainability narrative at Swansea Bay University Health Board (HB) evolve. This has been achieved through the collaborative governance structure, embedding in business as usual, engaging with staff and highlighting great work through the Communication Team, and enabling our staff to work with us through the Green Group. Also, during 2023/24 we appointed three Clinical Leads to a newly created two year role to drive sustainability, plus we refreshed the Health Board's Decarbonisation Action Plan.

The governance structure, adopted in 2021/22, has been established to enact the Well-Being of Future Generations Act (2015), decarbonisation, and emerging work on climate adaptation. This has fostered extensive collaboration with the Service Groups within the Health Board through the Sustainable Swansea Bay Steering Group (SSBSG), chaired by Kerry Broadhead (Assistant Director of Strategy-Commissioning & Sustainability).

Sustainability at the HB links three approaches:

- **Embedding** sustainability into our activities and services
- **Engaging** our people in this journey
- **Enabling** our people to be agents of sustainable healthcare

There have been multiple developments this year that demonstrate further evolution in the HB's approach.

### **EMBED**

The HB is starting to embed sustainability into different processes, including:

- The way our Estate is managed with the expansion of the solar farm and installation of batteries for energy storage. This builds on the success of the solar farm which has reduced the health board's carbon footprint since October 2021, by 1,933 tonnes CO<sub>2</sub>e – **the equivalent in miles of 521 flights from Cardiff Airport to Sydney**
- The way we build with low carbon technologies integrated into the new theatre development at Neath Port Talbot Hospital
- The way we deliver services with innovative delivery approaches including the Irritable Bowel Syndrome Service whereby a digital approach has been taken through utilising on-line tools such as Microsoft Teams and phone calls to enable patients to receive treatment and support remotely. Using this

preventative service has led to reductions in GP appointments, endoscopic investigations, pharmaceutical prescriptions, and access to Gastroenterologists.

This has highlighted the synergies with work across the HB, especially the Population Health Strategy, Value Based Healthcare and Quality Improvement.

## **ENGAGE**

There has been extensive engagement across the HB with the development of intranet pages for sustainability and environment, and over 50 news bulletins and press releases highlighting the great projects. However, we do recognise there is further work required to ensure we can bring the whole workforce on this journey.

In June, the Green Group ran a roadshow at the four three acute hospital sites within SBUHB and in Headquarters. This led to conversations with staff, patients and visitors around healthcare provision and environmental impacts, as well as actions we can take to build a better world. Green Group produced materials they shared with staff and patients with ideas of what they can do. This work was supported by the Technical Services' Environmental Management Team.

Dr Manju Nair and Dr Anangsha Kumar received funding from the Obstetrics and Gynaecology Society of Wales to develop the Sustainable Healthcare Measures in Obstetrics Conference. With over 40 people attending and 7 speakers, the day looked at what sustainable healthcare means in Obstetrics and Gynaecology. It has also led to Dr Anangsha receiving funding to develop an e-learning module for Sustainable Quality Improvement projects in Obstetrics and Gynaecology, funded by HEIW.

The first 'Sustainable Healthcare' award for the 'Living Our Values' was presented in 2023. The awards category received 10 nominees, with three shortlisted including the Charity & Wellbeing's cycle racks, green theatres group, and decarbonising pharmacy (winner).

## **ENABLE**

Initiatives across the HB have been undertaken to enable a move to sustainable healthcare. This has included travel infrastructure, approaches to care, and work with Primary Care.

The way in which we travel has an impact on our health and the world around us. In 2023 the HB's Sustainable Travel Strategy was approved by Management Board and Board, promoting the use of a sustainable travel hierarchy (Figure 1).

These outcomes are being actioned by a highly collaborative, cross-cutting Sustainable Travel group. The initiatives range from installing bike maintenance stations, developing sustainable site maps, and reporting on the Swansea Bay Healthy Travel Charter to Sustrans providing free e-bike loans to staff, and achieving cycle friendly accreditation at 4 sites. There has also been engagement with public transport providers to improve services including establishing an earlier bus to enable people to get to work on time

It has been recognised that in building sustainable healthcare principles, there is a need to give staff 'Permission to Act', in-line with the Health Board's 10-year Vision. This is exemplified through Cae Felin Community Supported Agriculture project, appointment of Sustainability Clinical Leads, and use of the Greener Primary Care programme.

Cae Felin, the Community Supported Agriculture project, based at Morriston has developed significantly, with special mention to the health board volunteers, who work across dietetics, physiotherapy, neuro-rehab, domestic services and endoscopy, building beds, planting trees and supplying material to construct vegetable beds. Volunteers have benefited by developing new skills and enjoying the therapeutic benefits associated with gardening activities. They have helped plant more than 1,500 hedgerow trees, a green house, over 150 fruit and trees along with a rainwater system and compost bays. The small first crop has now been shared with them as a thank you for their efforts, ahead of growing future crops for the hospital and local community.

In November 2023, three Sustainability Clinical Leads were appointed; Sue West-Jones (Consultant in Emergency Department), Elana Owen (Consultant Anaesthetist), and Alex Strong (NAU Manager). Their roles seek to drive sustainability in clinical areas with initial successes in nitrous oxide cylinder scheme, funding for reusable textile trial, and funding for implementing the GreenED framework.

Health Board participation in Greener Primary Care scheme, including:

- 5 Dental Practices
- 6 General Practices



Figure 1 Sustainable Travel Hierarchy

- 1 Optometrist
- 2 Community Pharmacists

This has been supported by a Public Health Wales funded position where Oliver Newman was working with the Clusters to support sign-up and implementation.

Linking with other areas across the Health Board that are also furthering the Well-Being of Future Generations Act is going to be key in 2024/25 to show our staff and wider population why this work is important.

### **Climate Related Financial Disclosures Statement**

Swansea Bay University Health Board (HB) is committed to action on climate change through reducing the emissions associated with service delivery. This is being achieved through implementing the Decarbonisation Action Plan 2022-24 (DAP); and the collaborative work emerging on climate adaptation.

In 2023/24 public sector organisations in Wales are required to provide a TCFD Compliance Statement and the recommended disclosures for: - Governance - Metrics and Targets (b), only where available from existing reporting processes.

### **Governance Arrangements**

The Health Board’s Senior Responsible Officer for Sustainability, which includes climate related work, is Nerissa Vaughan (Interim Director of Strategy).

The governance structure is shown in Figure 2 whereby, Sustainable Swansea Bay Steering Group reports directly to the HB’s Management Board and information is shared through the Population Health and Partnerships Programme Board. The DAP is led through the Implementation Group, with representation from all action owners across all areas within the HB.



Figure 2 Organogram of Sustainability

In 2023/24, seven climate related reports were approved by Management Board including:

- Annual emissions assessment using the Welsh Government Public Sector Emissions Tool
- Quarterly progress against NHS Wales Decarbonisation Strategic Delivery Plan

- Annual report against additional actions in the DAP
- Refreshed DAP, renamed the Climate Action Plan 2024-2026 (CAP) expanding the scope to include climate adaptation work with the Public Service Boards in Swansea and Neath Port Talbot

These regular reports keep senior leaders informed of the current position. In addition, a board development session was held in July 2023 on sustainability, led by the Assistant Director of Strategy- Commissioning & Sustainability. Areas covered included the current situation, emissions, progress against the DAP, issues and challenges, priorities for the financial year, and next steps. The session was well received.

2023/24 saw the inclusion of sustainability and climate related work into the HB Annual Plan. This is being further strengthened in the 2024/25 plan with Goals, Methods and Outcomes from the CAP included and alignment with the HB's new Strategic Objectives. In the 2024/27 NHS Wales Planning Guidance, Sustainability and Climate Change were key considerations from the Minister for Health & Social Care in formulating our Annual Plan, and for framing of future Integrated Medium Term Plans (IMTPs). In addition, during 2024/25 we will be looking to maximise the key opportunities identified by the Value & Sustainability Board to strengthen the HB's commitment to Climate Change and Sustainability.

Climate change is a key area of focus within the Population Health Strategy which was approved by the Health Board in 2023. The Strategy sets out the guiding principles by which the HB and its partners will seek to improve the overall health and well-being of the local population, while reducing the gap between our least and most deprived communities with a focus on prevention and tackling the 'causes of the causes' of ill-health. Using an approach first set out by Sir Michael Marmot in his 2010 report 'Fair Society, Healthy Lives', this approach identifies six key areas for action to improve health and tackle inequities.

Swansea and Neath Port Talbot's Public Service Boards are working on climate adaptation, with Swansea developing a strategy and Neath Port Talbot utilising the Natural Resources Wales Framework. Both pieces of work seek to understand climate related impacts on communities and existing inequalities, whilst understanding what actions need to be undertaken by the regions to build a just transition.

### **Metrics and Targets**

The 2022/23 emissions assessment for the HB provided the most comprehensive data set for the three scopes. Emissions totalled 142,396.38 tCO<sub>2</sub>e, a summary of the sources are shown in Figure 3. 2023/24 data will be published in September 2024.

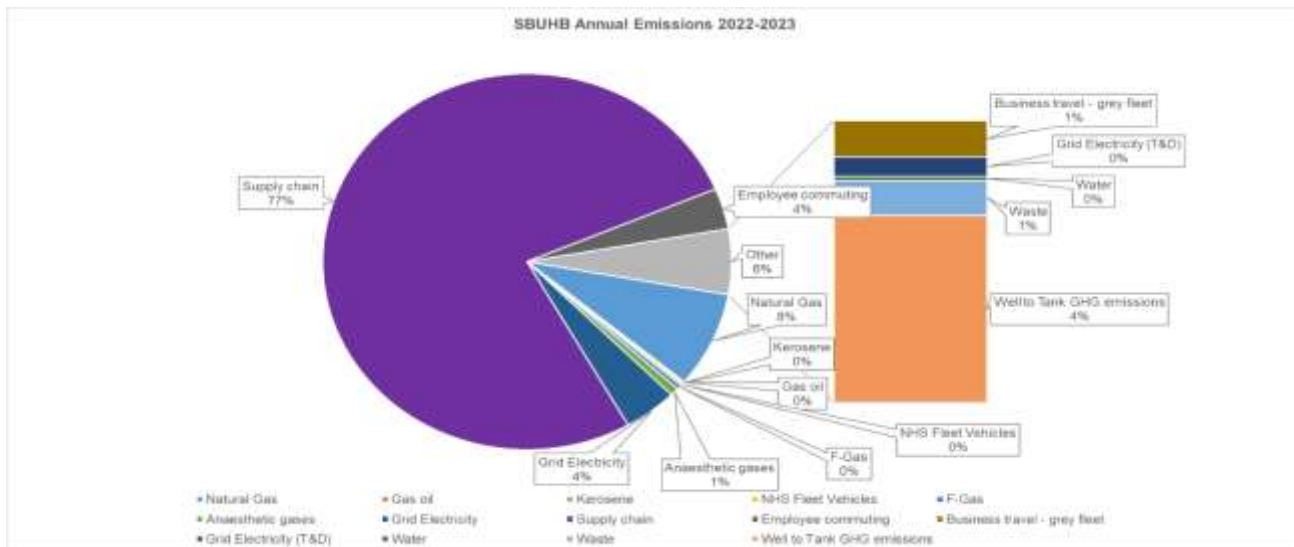


Figure 3 2022/23 Emissions calculation for SBUHB

SBUHB was created in 2019/20 following the Bridgend Boundary Change in April 2019. Since 2019/20 there have been reductions in emissions including:

- Scope 1 - direct emissions: reduced by 4%
  - Natural gas = -9%
  - Gas oil = -86%
  - Fleet vehicles = -11%
- Scope 2 - emissions from energy purchases: reduced by 24%
  - Electricity = -24%

The Scope 1 reductions were achieved despite additional categories being added in 2021/22 (kerosene) and 2022/23 (anaesthetic and fluorinated gases).

Scope 3 emissions have been more challenging, with several issues since 2019/20. This has resulted in 2022/23's report being the most comprehensive data set. Issues have included data accuracy, dependence on Welsh Government's estimates in the absence of data, and inability to estimate homeworking data.

Supply chain data is the largest category of emissions at the Health Board at 77%. Whilst this is a substantial increase since 2019/20 (+141.22%), this is largely due to improvements in data accuracy. An exciting development in the data in 2022/23 has been the NHS Wales Shared Services Partnership (NWSSP) led work to move from Tier 1 (cost x emissions factor) to Tier 2 (cost x supplier specific emissions factor) data, enabling the great work of suppliers to be captured. This report had 93 supplier specific emissions categories and reflected a 18,091 tCO<sub>2</sub>e reduction when compared with equivalent Tier 1 spend.

Utilising Welsh Government's recommended equation, the Health Board is aware that the current commuting emissions are not accurate. The increase year-on-year reflects the increase in FTE employees at the HB, as well as miscalculation for the initial submissions of 2019/20 and 2020/21 data. This has resulted in a 500% increase which is inaccurate. The other data category that has not been addressed is homeworking as there is insufficient data available to estimate this.

2024/25 will see the implementation of the Climate Action Plan, further bringing climate adaptation into the HB's approach.

### ***NHS Pensions***

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

### ***Quality of Data***

The Management Board, Performance and Finance Committee and Board receives a report on regular basis setting out key performance data. In addition, the health board has a comprehensive information team. Through all these mechanisms, assurance can be taken around the quality of the data of the organisation. Also, in January 2022, the Management Board approved a business intelligence strategy [2022-25](#) which will create an even more robust data process once fully implemented.

### ***Nurse Staffing Levels (Wales) Act 2016***

The board reviews compliance with the Nurse Staffing Levels (Wales) Act 2016, with reports received twice a year – May and November. The most recent report was in [November 2023](#)

#### **❖ *Review of Effectiveness***

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

### ***Internal Audit***

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

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

### ❖ **Head of Internal Audit Opinion**

The purpose of the annual head of internal audit opinion is to contribute to the assurances available to the Chief Executive as Accountable Officer and the Board which underpin the board's own assessment of the effectiveness of the system of internal control. The approved Internal Audit plan is focused on risk and therefore the board will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the annual governance Statement. The overall opinion for 2023-24 is that:

To be confirmed pending completion of remaining audits

### ❖ **Delivery of the Audit Plan**

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

*The internal audit plan for the 2023-24 year was initially presented to the committee in March 2023. Changes to the plan have been made during the course of the year and these changes have been reported to the Audit Committee as part of our regular progress reporting.*

*There are, as in previous years, audits undertaken at NWSSP, DHCW, WHSSC and EASC that support the overall opinion for NHS Wales health bodies.*

*Our latest External Quality Assessment (EQA), conducted by the Chartered Institute of Public Finance and Accountancy (CIPFA) (in 2023), and our own annual Quality Assurance and Improvement Programme (QAIP) have both confirmed that our internal audit work 'fully conforms' to the requirements of the Public Sector Internal Audit Standards (PSIAS) for 2023/24. We are able to state that our service 'fully conforms to the IIA's professional standards and to PSIAS.'*

### ❖ **Summary of Audit Assignments**

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

*The audit coverage in the plan agreed with management has been deliberately focused on key strategic and operational risk areas; the outcome of these audit*

reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.

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

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

A summary of the audits undertaken in the year and the results are summarised in the table below.

Substantial Assurance	Reasonable Assurance
<ul style="list-style-type: none"> <li>• Singleton Hospital replacement cladding – final account.</li> </ul>	<ul style="list-style-type: none"> <li>• Quality management system (draft)</li> <li>• Commissioning – LTA contracts</li> <li>• Health and social care Regional Integration Fund</li> <li>• Agency staff management (draft)</li> <li>• Savings programme</li> <li>• Primary care antimicrobial prescribing</li> <li>• Access to primary care – GMS</li> <li>• Stroke action plan</li> <li>• Signal system (draft)</li> <li>• Software / system development</li> <li>• Technical resilience</li> <li>• Digital support: effectiveness and efficiency</li> <li>• Long term sickness absence management</li> <li>• Estates assurance follow up</li> <li>• Environmental infrastructure modernisation programme: Sub-station 6 (draft)</li> </ul>
Limited Assurance	Advisory/Non-Opinion
<ul style="list-style-type: none"> <li>• Decarbonisation</li> <li>• Additional learning needs</li> <li>• Waiting list management (draft)</li> <li>• Consultant job planning</li> <li>• Estate condition</li> </ul>	

<b>Unsatisfactory Assurance</b>	
<ul style="list-style-type: none"> <li>• N/A</li> </ul>	

*From the opinions issued during the year, one report was allocated Substantial Assurance, 15 were allocated Reasonable Assurance and five were allocated Limited Assurance. No reports were allocated a 'unsatisfactory assurance' opinion and no advisory or non-opinion reports were undertaken.*

*At the time of producing the draft Annual Report, four audits are still work in progress with the assurance rating yet to be confirmed. It is anticipated that the majority of the work will be sufficiently progressed so that the ratings can be established before production of the final Annual Report.*

*In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited assurance was reported. Further, the Head of Internal Audit has considered the impact where audit assignments planned this year did not proceed to full audits following preliminary planning work and these were either: removed from the plan; removed from the plan and replaced with another audit; or deferred until a future audit year. The reasons for changes to the audit plan were presented to the Audit Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit has considered the impact of changes made to the plan when forming their overall opinion.*

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

#### ❖ External Audit

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

“Overall, we found that the Health Board has generally effective arrangements to ensure good governance. However, opportunities exist to improve these arrangements further with a particular focus needed on strengthening quality monitoring, articulating a long-term vision and strategy, increasing the focus on primary care, stabilising the Executive Team, and enhancing the monitoring of delivery of savings.

We found that the Board and its committees generally operate well, with a continued commitment to public transparency and continuous improvement. However, opportunities remain to further enhance certain arrangements, such as the process for Board walkarounds and the quality of papers reported. The Board remains cohesive, and recent departures from key senior leadership roles have been managed well, although the Health Board will need to stabilise its Executive Team at the earliest opportunity.

We found that the Health Board has continued to develop its Board Assurance Framework, and risk and performance management arrangements are generally good. However, more focus is needed on the quality and safety of services and primary care performance. There is also scope to make better use of corporate risks to drive Board and committee business.

We found that while the Health Board's corporate planning arrangements are generally good, it still lacks a long-term strategy and has been unable to produce an approvable IMTP. Monitoring the delivery of strategies and plans also needs to improve.

We found that despite a clear process for financial planning, and good arrangements for managing and monitoring the financial position, the Health Board's financial position is extremely challenging for 2023-24".

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

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

## AWAITING INFORMATION

### ❖ Conclusion

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

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

While the last year has been difficult and challenging, some stability and progress was being made despite the operational pressures illustrated by the health board's

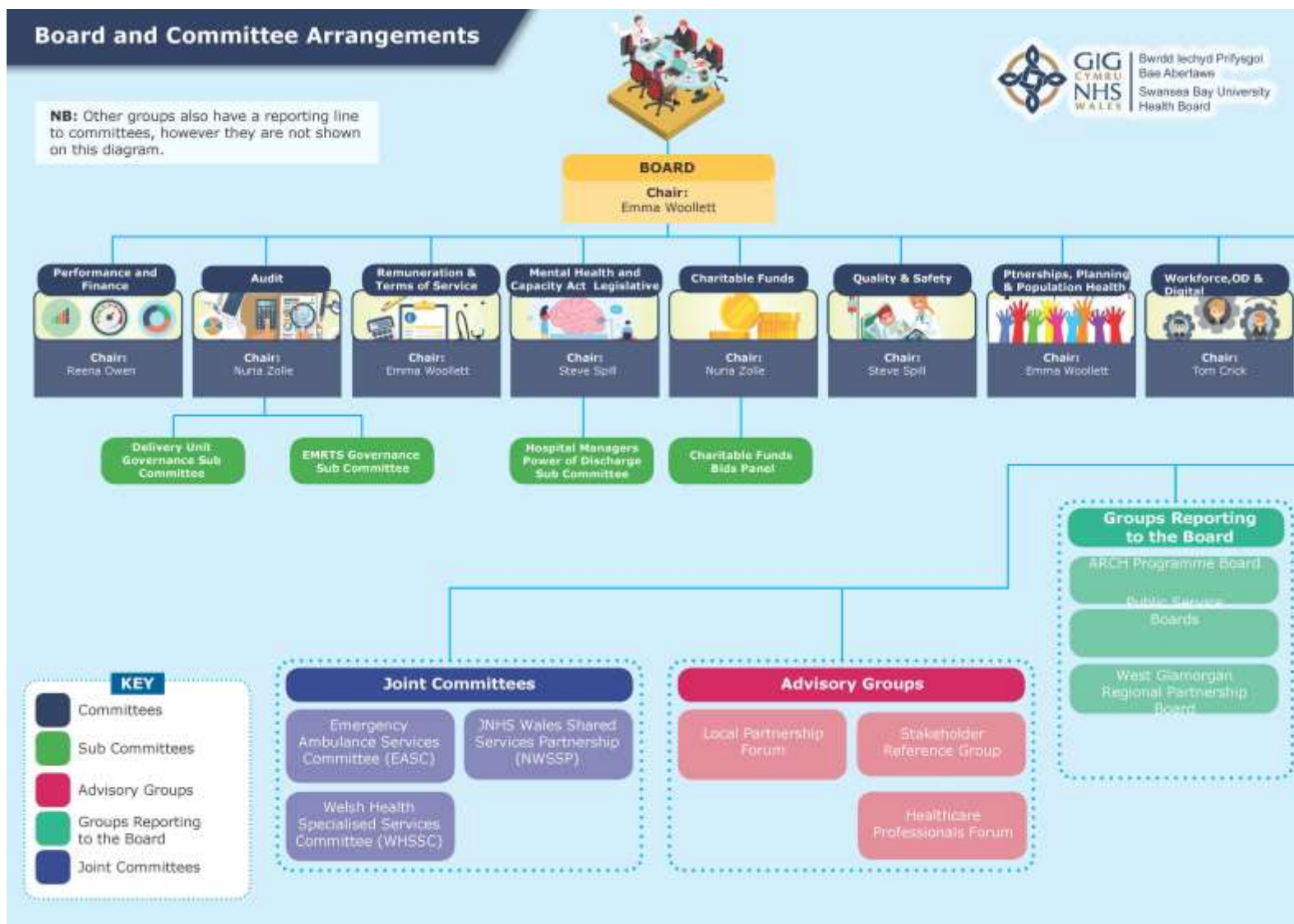
de-escalation from some areas of enhanced monitoring. My review has concluded that the health board has a generally sound system of internal control that supports the achievement of policies, aims and objectives, and no significant issues have been identified. Detailed action plans have been agreed to improve performance in all areas and these will be monitored through the governance structure.

The need to respond and recover from the Covid-19 pandemic will be with the organisation and wider society for the foreseeable future and beyond. I will however ensure our governance framework considers and responds to this need.

A handwritten signature in black ink, appearing to read 'Richard Evans', with a horizontal line underneath the name.

Richard Evans  
**Interim Chief Executive**  
**Swansea Bay University Health Board**

## Appendix One – Board and Committee Structure



### Appendix Two – Board and Committee Dates 2023-24

The table outlines dates of board and committee meetings held during 2023-24. Where meetings were not quorate, escalation arrangements were in place to ensure that any matters of significant concern that could not be brought to the attention of the committee could be raised with the health board chair.

Board/Committee													
Health Board	25 <sup>th</sup> May 2023	27 <sup>th</sup> July 2023	28 <sup>th</sup> September 2023	24 <sup>th</sup> November 2023	31 <sup>st</sup> January 2024	28 <sup>th</sup> March 2024							
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate						
Audit Committee	18 <sup>th</sup> May 2023	13 <sup>th</sup> July 2023	14 <sup>th</sup> September 2023	9 <sup>th</sup> November 2023	18 <sup>th</sup> January 2024	21 <sup>st</sup> March 2024							
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate							
Mental Health Legislation Committee	2 <sup>nd</sup> February 2023	4 <sup>th</sup> May 2023	3 <sup>rd</sup> August 2023	2 <sup>nd</sup> November 2023	1 <sup>st</sup> February 2024								
Quorate/Not Quorate	Quorate	Not Quorate	Quorate	Quorate									
Remunerations and Terms of Service Committee	11 <sup>th</sup> July 2023	3 <sup>rd</sup> October 2023	7 <sup>th</sup> December 2023	27 <sup>th</sup> March 2024									
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate								

Board/Committee												
Performance and Finance Committee	25 <sup>th</sup> April 2023	23 <sup>rd</sup> May 2023	27 <sup>th</sup> June 2023	25 <sup>th</sup> July 2023	29 <sup>th</sup> August 2023	26 <sup>th</sup> September 2023	24 <sup>th</sup> October 2023	28 <sup>th</sup> November 2023	19 <sup>th</sup> December 2023	23 <sup>rd</sup> January 2024	27 <sup>th</sup> February 2024	26 <sup>th</sup> March 2024
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate
Charitable Funds Committee	11 <sup>th</sup> July 2023	12 <sup>th</sup> October 2023	5 <sup>th</sup> December 2023 (Trustees)	11 <sup>th</sup> March 2024								
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate								
Quality and Safety Committee	25 <sup>th</sup> April 2023	23 <sup>rd</sup> May 2023	27 <sup>th</sup> June 2023	25 <sup>th</sup> July 2023	29 <sup>th</sup> August 2023	26 <sup>th</sup> September 2023	24 <sup>th</sup> October 2023	28 <sup>th</sup> November 2023	19 <sup>th</sup> December 2023	23 <sup>rd</sup> January 2024	27 <sup>th</sup> February 2024	26 <sup>th</sup> March 2024
Quorate/Not Quorate	cancelled	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate
Workforce and OD Committee	11 <sup>th</sup> April 2023	14 <sup>th</sup> June 2023	8 <sup>th</sup> August 2023	10 <sup>th</sup> October 2023	12 <sup>th</sup> December 2023	15 <sup>th</sup> February 2024						
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate						
Partnerships, Population Health & Planning Committee	19 <sup>th</sup> June 2023	12 <sup>th</sup> October 2023	7 <sup>th</sup> December 2023	14 <sup>th</sup> March 2024								
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate								

### Appendix Three – Board and Committee Membership

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

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Champion Roles
Emma Woollett	Chair	N/A	<ul style="list-style-type: none"> <li>Health Board (Chair)</li> <li>RATS Committee (Chair)</li> <li>Partnerships, Planning &amp; Population Health Committee (Chair)</li> </ul>	<ul style="list-style-type: none"> <li>Whistleblowing Champion</li> </ul>
Steve Spill	Vice-Chair (from December 2020)	Mental Health Primary Care	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Mental Health Legislative Committee (Chair)</li> <li>RATS Committee (Member)</li> <li>Performance and Finance Committee (Member)</li> <li>Quality and Safety Committee (Chair)</li> <li>Partnerships, Planning &amp; Population Health Committee (Member)</li> </ul>	<ul style="list-style-type: none"> <li>Primary Care</li> <li>Mental Health and Learning Disabilities</li> <li>Veterans</li> </ul>
Anne-Louise Ferguson	Independent Member	Legal	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>RATS Committee (Member)</li> <li>Quality and Safety Committee (Member)</li> <li>Audit Committee (Member)</li> </ul>	
Tom Crick	Independent Member	ICT	<ul style="list-style-type: none"> <li>Health Board (Member)</li> </ul>	

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Champion Roles
			<ul style="list-style-type: none"> <li>• Audit Committee (Member)</li> <li>• Workforce and OD Committee (Chair)</li> </ul>	
Keith Lloyd	Independent Member (from May 2020)	University	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Charitable Funds Committee (Member)</li> <li>• Audit Committee (member)</li> <li>• RATS Committee (Member)</li> </ul>	Research and development
Jackie Davies	Independent Member	Staff Side	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• RATS Committee (Member)</li> <li>• Audit Committee (Member)</li> <li>• Mental Health Legislative Committee (Member)</li> <li>• Charitable Funds Committee (Member)</li> <li>• Workforce and OD Committee (Member)</li> </ul>	
Jean Church	Independent Member	Organisational Design & Development	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Mental Health Legislative Committee (Member)</li> <li>• RATS Committee (Member)</li> <li>• Workforce and OD Committee (Member)</li> <li>• Performance and Finance Committee (Member)</li> </ul>	

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Champion Roles
Nicola Matthews	Independent Member	Local Authority	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> </ul>	

			<ul style="list-style-type: none"> <li>• RATS Committee (Member)</li> <li>• Partnerships, Planning &amp; Population Health Committee (Member)</li> <li>• Quality and Safety Committee (Member)</li> </ul>	
Reena Owen	Independent Member	Community	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• RATS Committee (Member)</li> <li>• Performance and Finance Committee (Chair)</li> <li>• Partnerships, Planning &amp; Population Health Committee (Member)</li> <li>• Quality and Safety Committee (Member)</li> </ul>	
Nuria Zolle	Independent Member	Third Sector	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Workforce and OD Committee (Member)</li> <li>• RATS Committee (Member)</li> <li>• Audit Committee (Chair)</li> <li>• Charitable Funds (Chair)</li> </ul>	
Patricia Price	Independent Member	Finance	<ul style="list-style-type: none"> <li>• Health Board (member)</li> <li>• RATS Committee (Member)</li> <li>• Partnerships, Planning &amp; Population Health Committee (Member)</li> <li>• Performance and Finance Committee (Member)</li> <li>• Audit Committee (Member)</li> </ul>	

Andrew Jarrett	Associate Board Member	Social Services	<ul style="list-style-type: none"> <li>Health Board (Member)</li> </ul>	
Andrew Griffiths	Independent Member	Health Professionals' Forum	<ul style="list-style-type: none"> <li>Health Board (Member)</li> </ul>	
Judith Vincent	Associate Board Member	Health Professionals' Forum	<ul style="list-style-type: none"> <li>Health Board (Member)</li> </ul>	

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Committee Roles
Richard Evans	Interim Chief Executive	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Remuneration and Terms of Service Committee (in attendance)</li> </ul>	<ul style="list-style-type: none"> <li>Emergency Ambulance Services Committee (Member)</li> <li>WHSSC (Member)</li> </ul>
Darren Griffiths	Director of Finance/Interim Deputy Chief Executive	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Audit Committee (In attendance)</li> <li>Charitable Funds (Lead Director/Member)</li> <li>Performance and Finance (Lead Director/Member)</li> </ul>	
Gareth Howells	Interim Director of Nursing and Patient Experience	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Audit Committee (In attendance)</li> <li>Mental Health Legislative Committee (Lead Director/In attendance)</li> <li>Quality and Safety Committee (Lead Director/In attendance)</li> <li>Workforce and OD Committee (In attendance)</li> </ul>	

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Committee Roles
Keith Reid	Director of Public Health	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Quality and Safety Committee (In attendance)</li> <li>Partnership, Planning &amp; Population Health Committee (in attendance)</li> </ul>	
Sarah Jenkins	Interim Director of Workforce and OD	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>RATS (Lead Director/In attendance)</li> <li>Workforce and OD (Lead Director/In attendance)</li> </ul>	<ul style="list-style-type: none"> <li>NHS Wales Shared Services Partnership Committee (NWSSP) Member</li> </ul>
Nerissa Vaughan	Interim Director of Strategy	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Partnership, Planning &amp; Population Health Committee (in attendance)</li> <li>Performance and Finance Committee ( Member)</li> </ul>	<ul style="list-style-type: none"> <li>Western Bay Partnership Board</li> <li>ARCH Programme Board Member</li> </ul>
Raj Krishnan	Acting Medical Director	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Quality and Safety Committee (In attendance)</li> <li>Audit Committee (In Attendance)</li> </ul>	
Anjula Mehta	Acting Medical Director	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Workforce &amp; OD Committee (In attendance)</li> </ul>	
Christine Morrell	Director of Therapies and Health Science		<ul style="list-style-type: none"> <li>Health Board (Member)</li> </ul>	

			<ul style="list-style-type: none"><li>• Quality and Safety Committee (In Attendance)</li><li>• Workforce and OD Committee (In Attendance)</li></ul>	
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## Appendix Four – Members’ Attendance at Meetings

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

	Health Board	Audit Committee	Charitable Funds Committee	Partnerships, Planning & Pop Health	Mental Health Legislation Committee	Performance and Finance Committee	Quality and Safety Committee	Remuneration and Terms of Service Committee	Workforce and OD Committee
	6	6	4	4	4	12	11	4	6
Emma Woollett, Chair	6	2	-	4	-	-	-	4	-
Steve Spill, Vice-Chair	6	-	1	4	4	11	11	4	1
Jackie Davies, Independent Member	5	-	1	-	4	-	-	4	4
Keith Lloyd, Independent Member	5	-	-	1	-	-	-	0	-
Anne-Louise Ferguson, Independent Member	5	5	-	-	3	-	11	1	-
Nuria Zolle, Independent Member	6	6	4	-	-	-	-	3	5
Reena Owen, Independent Member	6	-	-	2	-	11	10	3	-
Tom Crick, Independent Member	5	6	-	-	-	-	-	0	5
Jean Church Independent Member	6	-	-	-	4	11	-	4	4
Patricia Price, Independent Member	4	6	1	4	-	11	-	3	2
Nicola Matthews, Independent Member	5	-	1	3	-	-	10	1	-
Andrew Griffiths, Associate Board Member	1	-	-	-	-	-	-	-	-
Judith Vincent, Associate Board Member	2	-	-	-	-	-	-	-	-
Andrew Jarrett, Associate Board Member	3	-	-	-	-	-	-	-	-

	Health Board	Audit Committee	Charitable Funds Committee	Partnerships, Planning & Pop Health	Mental Health Legislation Committee	Performance - and Finance - Committee	Quality and Safety Committee	Remuneration and Terms of Service Committee	Workforce and OD (June - Digital) Committee
	5	6	4	4	4	12	12	4	6
Mark Hackett, Chief Executive (until August 2023)	1	2	-	1	-	-	-	1	1
Richard Evans, Interim Chief Executive (from August 2023)	3	-	-	-	-	-	-	3	-
Christine Morrell, Director of Therapies and Health Science	6	-	-	-	-	-	7	-	-
Gareth Howells, Director of Nursing and Patient Experience	5	1	-	-	4	-	8	-	5
Darren Griffiths, Director of Finance	6	6	3	2	-	11	3	-	-
Debbie Eytayo, Director of Workforce and OD (until March 2024)	5	1	-	-	-	-	-	3	6
Sarah Jenkins, Interim Director of Workforce and OD (from March 2024)	1	-	-	-	-	-	-	1	-
Keith Reid, Director of Public Health	5	-	-	3	-	-	-	-	-
Richard Evans Medical Director (until August 2023)	2	-	-	-	-	-	2	-	2
Anjula Mehta, Acting Medical Director (from Sept 2023)	4	-	-	-	-	-	-	-	-

Raj Krishnan, Acting Medical Director (from Sept 2023)	4	2	-	-	-	-	7	-	1
Nerissa Vaughan, Interim Director of Strategy	5	-	-	2	-	5	-	-	-

## Appendix Five Topics Considered by Board and Committees

### Health Board

#### **25<sup>th</sup> May 2023**

- Patient story
- Progress report on Cardiac Services Improvement
- Key issues reports from board committees
- RISP business case
- Presentation on Research and Development Strategy
- Priorities for the Estates Strategy
- Bi-annual Nurse Staffing Levels Act 2016
- Corporate governance issues
- Performance report
- Finance report
- Quarter four progress report for annual plan 2022-23
- Summary reports from the health board's advisory groups

#### **30<sup>th</sup> May 2023 (Special)**

- Revised recovery and sustainability plan

#### **29<sup>th</sup> June 2023 (Special)**

- Consultation documents for Orthopaedics

#### **28<sup>th</sup> July 2022**

- Patient Story
- Health board risk register
- Board assurance framework
- Key issues reports from board committees
- Corporate governance issues
- Summary reports from health board's advisory groups
- Performance report
- Finance report
- proposals for a specialised services provider collaborative board
- approach for the cochlear engagement
- Report on external partnerships meetings
- Summary reports on health board's advisory groups

#### **13<sup>th</sup> July 2023**

- The financial annual accounts 2022-23
- The ISA 260 Audit of Financial Statements
- Letter of representation and Response to Audit Enquiries
- Head of Internal Audit's Opinion
- The annual report 2022-23

### **29<sup>th</sup> September 2022**

- Patient story
- Public Service Ombudsman Letter 2022/23
- quarter one progress report for the annual plan
- Key issues reports from board committees
- COVID Enquiry Digital Issues
- Welsh language standards annual report
- Corporate governance
- Performance report
- Finance report
- Summary reports from the health board's advisory groups

### **30<sup>th</sup> November 2023**

- Patient story
- Board Assurance Framework
- Risk Register
- Key issues reports from board committees
- Quarter two progress report for the annual plan
- Quarter two ministerial priorities performance report
- Winter plan
- estates strategy priorities and equality impact assessment
- business case for Singleton theatres
- the development of the annual plan for 2024-25 and to agree the strategic objectives
- on voluntary commissioning arrangements
- Summary reports from health board's advisory groups
- the Nurse Staffing Levels (Wales) Act 2016 bi-annual report
- People Strategy
- update on the establishment of an equality, diversity and inclusion group and integrated Anti-Racist Wales service provision/public action plan
- board effectiveness action plan
- Corporate governance issues and the WHSSC and EASC standing orders
- Finance report

### **14<sup>th</sup> December 2023**

- The replacement of the Cardiac Catheterisation Laboratory A at Morriston Hospital, and subsequent submission to Welsh Government.

### **26<sup>th</sup> January 2024**

- Patient story
- Health Inspectorate Wales (Maternity) report
- Update on Maternity & Neonatal Independent Review
- report on delivering Our 10-Year Vision through Engagement, Insight & Equality, Diversity & Belonging
- Report on NHS Wales Partnerships and to approval of the Individual Patient Funding Request Policy (IPFR)
- Report on external partnerships

- Structured Assessment Report, Audit Letter and Annual Report
- Key issues reports from board committees
- Summary reports from the health board's advisory groups
- Corporate governance issues
- Performance report
- Finance report

### **30<sup>th</sup> March 2023**

- Patient story
- Key issues reports from board committees
- Risk Register
- Board Assurance Framework
- External Review of Maternity Services
- Annual Plan for 2024/25 including an update on the quarter 3 performance for 2023/24
- Annual Workforce Equality Report 2022/2023
- Staff Resilience and Wellbeing
- Summary reports from the health board's advisory groups
- Report on the establishment of the NHS Wales Joint Committee
- Corporate governance issues
- Ministerial Performance report
- Finance report

## **Quality and Safety Committee**

### **25<sup>th</sup> April 2023**

**\*The committee due to take place on 25<sup>th</sup> April was postponed.**

### **15<sup>th</sup> May 2023 – Special due to the postponement of the April Committee.**

- Patient Story: Carols story
- Service Group Highlight Report: Neath Port Talbot Hospital/ Singleton Hospital
- Patient experience report
- Implementation of the Duty of Candour and Quality

### **23<sup>rd</sup> May 2023**

- Patient Story: Gathering Patient Experience
- Service Group Highlight Report: Primary, Community and Therapies Services
- Infection, Prevention and Control Report including the overarching improvement plan
- Progress of falls prevention in hospitals and in the Community
- Quality and Safety Performance Report
- Executive summary of the Quality and Safety of Patient Services Group
- External Inspections
- Evaluation the committee effectiveness self-assessment
- Quality and safety committee work programme

### **27<sup>th</sup> June 2023**

- Patient Story: Total Pelvic Exoneration – A Patient’s Journey
- Service Group Highlight Report: Morriston Service Group
- Infection, Prevention and Control Report including the overarching improvement plan
- Health and Safety Report
- Waiting list management and validation
- Quality and Safety performance report
- Quality and Safety of Patient Services Group Executive Summary
- Clinically optimised patients
- Clinical Outcomes and Effectiveness
- Covid Nosocomial Review Plan
- Health board risk register
- WHSSC Quality and Patient Safety (QPSC) Chairs report

### **25<sup>th</sup> July 2023**

- Patient Story: Andrea’s story
- Service Group Highlight Report: Mental Health and Learning Disabilities
- Ombudsman annual letter data
- HIW Prison Action Plan
- Quality and Safety Performance Report
- Quality and Safety of Patient Services Group Executive Summary
- Pressure ulcers
- Controlled Drugs Governance and Assurance Progress Report

### **29<sup>th</sup> August 2023**

- Patient Story: Pressure Ulcer Prevention & Intervention Service
- Service Group Highlight Report: Neath Port Talbot and Singleton
- Service groups’ infection control plans
- Reinstatement plan for Community Intrapartum Services
- Deep dive on suicide prevention
- Ombudsman 2022-23 annual letter
- Quality and Safety Performance Report
- Patient experience report
- External Inspections
- Quality and Safety of Patient Services Group Executive Summary
- Health board risk register

### **26<sup>th</sup> September 2023**

- Patient Story: Jean’s story
- Service Group Highlight Report: Primary, Community and Therapies
- NHS Dentistry
- Access to General Medical Services
- Quality and Safety Performance Report

- Children's community nursing report
- Clinically optimised patient report
- Quality and Safety of Patient Services Group Executive Summary
- Update on the service groups' infection control
- Health and Safety Report

#### **24<sup>th</sup> October 2023**

- Patient Story: Renal Patient Story
- Service Group Highlight Report: Morriston Service Group
- End of Life Care
- Quality and Safety Performance Report
- Quality and Safety of Patient Services Group Executive Summary
- Quality and Safety Systems
- Learning From Deaths Panel
- Clinical audit annual report 2022-23
- Clinical Outcomes and Effectiveness

#### **28<sup>th</sup> November 2023**

- Patient Story: Ryan's Story of how he has used the Welsh language to enhance the care of a Service User
- Service Group Highlight Report: Mental Health and Learning Disabilities
- Quality and Safety Performance Report
- Quality and Safety of Patient Services Group Executive Summary
- Quality Priority of Falls Prevention
- Continuous flow Standard Operating Procedure
- Level of risk around hospital readmissions following early supported discharge
- Response to the recommendations made by the Ombudsman to include complaint handling
- Review of cases of COVID-19 contracted in a healthcare setting
- Committee self-assessment
- Committee terms of reference

#### **19<sup>th</sup> December 2023**

- Patient Story: Jorjas Story
- Service Group Highlight Report: Neath Port Talbot Hospital/Singleton Hospital
- Quality and Safety of Patient Services Group Executive Summary
- Patient experience
- Clinically optimised patients
- Maternity services
- Population Health - Suicide Prevention Progress
- Health and Safety report
- Health board risk register

**23<sup>rd</sup> January 2024**

- Patient Story: Denture Daisy
- Service Group Highlight Report: Primary, Community and Therapies Services
- Quality and Safety Performance
- Controlled Drugs Governance and Assurance Progress
- Quality and Safety of Patient Services Group Executive Summary

**27<sup>th</sup> February 2024**

- Patient Story: Patient Experience at Morriston Emergency Department
- Service Group Highlight Report: Morriston Service Group
- Quality and Safety Performance
- Quality and Safety Group executive summary
- Suicide prevention
- HIW maternity improvement plan
- Quarter three infection, prevention and control
- External inspections
- Radiotherapy breaches
- Ombudsman Public Interest Reports in relation to orthopedic waiting times
- Board effectiveness action plan
- Health board risk register

**26<sup>th</sup> March 2024**

- Patient Story: Surviving schizophrenia
- Service Group Highlight Report: Mental Health and Learning Disabilities
- End of life care quality priority
- Pressure ulcers quality priority
- Patient experience report
- Quality and Safety Group executive summary
- Wales Fertility Institute external review action plan
- Children's community nursing
- Clinical Outcomes and Effectiveness
- Clinically optimised patients
- Quality and Safety Performance Report
- Health and Safety Report

**Workforce and OD Committee****11<sup>th</sup> April 2023**

- Big Conversation phase two update
- Staffing levels post AMSR
- Workforce and OD Risk Register
- Recruitment and retention update
- Workforce metrics
- Workforce priorities and GMOs for 2023/24
- Deep dive of Supporting Career Pathways through our Career Development Team – The Swansea Bay Way

- Strategic Workforce Equality Plan and Annual Equality Report
- Workforce Delivery Group update
- Medical Workforce Board update
- Therapies and Health Science Group report
- Welsh Language Delivery Group report
- Nursing and Midwifery Board report

#### **14<sup>th</sup> June 2023**

- Big Conversation Phase Three update
- Nurse Staffing Levels (Wales) Act 2016
- Guardian Service Annual Report
- Radiology Information Systems Procurement (RISP) Business Case
- Workforce Metrics
- Workforce Recruitment and Retention update
- Digital Annual Plan progress report
- Deep dive report into supporting staff trauma and suicide disclosures
- Medical revalidation deep dive report
- Workforce Delivery Group update report
- Medical Workforce Board update report
- Therapies and Health Science Group report
- Substantial assurance internal audit report on rostering
- Committee self-assessment

**\*As of the 8<sup>th</sup> August 2023 the Workforce and OD Committee includes Digital and has been renamed, Workforce, OD and Digital Committee.**

#### **8<sup>th</sup> August 2023**

- Workforce and Digital risk register
- Workforce Metrics
- Recruitment and retention
- Audit Wales report on Digital Inclusion
- Digital Leadership Group chairs report
- Deep dive into medical revalidation
- Deep dive into mandatory and statutory compliance
- Workforce Delivery group update report
- Nursing and Midwifery board report
- Medical workforce board report
- Therapies and Health science group report
- Welsh Language Delivery Group report
- Internal audit report in relation to Clinical systems implementation

#### **10<sup>th</sup> October 2023**

- Workforce metrics
- Update on the draft People Strategy, staff promise and trade union compact
- Recruitment and retention
- Digital Systems and Business Continuity performance report

- Information Governance performance report which included a request for approval for the Subject Access Request Policy
- Workforce Equality, Diversity and Inclusion update
- Deep dive presentation on E-Rostering
- Quality and safety systems letter from Welsh Government
- NHS Wales Staff Survey
- Therapies and Health Science Group report
- Welsh Language Delivery Group report

#### **12<sup>th</sup> December 2023**

- Workforce metrics
- Recruitment and retention
- Information Governance and Cyber Assurance Group Update
- Digital Leadership Group Chair's report
- Deep dive report on Retention and Turnover
- Workforce and Digital Risk Register
- Committee effectiveness report
- Approval the Digital Procurement policy
- Internal Audit Reports in relation to Workforce and Digital
- Welsh Language Delivery Group report
- Workforce Delivery Group highlight report
- Nursing and Midwifery Board highlight report
- Therapies and Health Science Group report
- Medical Workforce Group report
- Committee terms of reference

#### **15<sup>th</sup> February 2024**

- Workforce metrics and key performance indicators
- Quarterly medical workforce efficiencies report
- Information Governance and Cyber Assurance Group Update
- Digital Strategy update which included The Digital Maturity
- Response to the All Wales Flexible Working Policy
- Approval of the All Wales Flexible Working Policy
- Medical revalidation deep dive and approval of the medical appraisal policy
- Strategic Workforce Equality Plan and Annual Equality Report
- Committee self-assessment
- Workforce Delivery Group report
- Peoples strategy 2024-29
- Health Education and Improvement Wales Education Commissioning return
- Therapies and Health Science Group report

### **Health and Safety Committee**

#### **4<sup>th</sup> April 2023**

- Health and Safety Risk Register
- An update on the delivery of Executive and Independent Member training

- Action plan for site responsibility
- Agreement of the standing down of the Health and Safety Committee

### Population Health and Partnership Committee

#### 19<sup>th</sup> June 2023

- Terms of Reference
- Regional Partnership Board area plan
- Public Sector Board well-being plans
- Next steps for the population health strategy

#### 10<sup>th</sup> August 2023 – Postponed

#### 12<sup>th</sup> October 2023

- Regional Partnership Board
- Public Service Board
- The role of the Public Service Boards in population health gain
- Internal capability & capacity to progress our population health aspirations/priorities
- Terms of Reference

#### 7<sup>th</sup> December 2023

- Committee risk register
- Regional Partnership Board Regional Investment Fund – Home First: A Case Study
- Health board as an anchor institution
- Internal capability & capacity to progress our population health
- Tackling poverty across Swansea Bay for population health gain

#### 14<sup>th</sup> March 2024

- Risks associated with population health and partnerships
- Third Sector Recommissioning Programme
- Anchor institution, the pursued option and the progress to date
- Organisational capability & capacity development in support of population health strategy implementation
- Population health implications of proposed changes at the Port Talbot Tata steel plant

### Performance and Finance Committee

#### 25<sup>th</sup> April 2023

- Month twelve finance position
- Month twelve performance report
- The financial plan
- Delivery of Recovery & Sustainability Plan for the IMTP
- Cancer care
- Operational estates

- Estates strategy
- Final Financial Plan

### **23<sup>rd</sup> May 2023**

- Month one financial position to include the run rate position at Morriston
- Quarter 4 Progress of the IMTP 2022/23
- Month one performance
- Quarter three continuing healthcare performance
- Improvement action plans for Planned Care
- Progress of the performance of ophthalmology
- Deep dive on the performance of stroke performance
- Radiology Informatics System Procurement Full Business Case
- Committee effectiveness self-assessment
- Performance and finance committee work programme
- Month one and twelve financial monitoring return

### **27<sup>th</sup> June 2023**

- Month two financial position
- Month two performance
- Orthopaedics performance report, and the progress on the management response to the audit Wales report
- Speech and language therapy performance and waiting times
- Board effectiveness
- Month two financial monitoring return

### **25<sup>th</sup> July 2023**

- Month three financial position
- Capital resource plan
- Month three performance
- Performance Framework
- Neurodevelopment performance report, including further information from Welsh Government on the business case
- Cancer performance
- CAMHS performance, including oversight of the limited assurance audit report
- Deep dive report on Continuing Health Care
- Month three financial monitoring return

### **29<sup>th</sup> August 2023**

- Month four financial position
- Month four performance report
- Quarter one Recovery and Sustainability Plan
- Quarter one Continuing NHS Healthcare performance
- Estates report
- Endoscopy performance
- Planned Care performance and the revised trajectories
- Theatre performance

- Month four financial monitoring return

### **26<sup>th</sup> September 2023**

- Month five financial position
- Approval of the WAST building transfer
- Approval of Garngoch disposal
- Approval for the Disposal of Phillips Parade
- Month five performance
- Urgent and Emergency Care performance
- Access to Cancer Services reasonable assurance internal audit report
- Month five financial monitoring return

### **24<sup>th</sup> October 2023**

- Month six financial position, including the financial position of Morriston service group
- Capital resource plan
- Private Finance Initiative Contract Variation
- Month six performance
- Neck of femur interventions
- Cancer services performance, including the reasonable assurance internal audit report
- Performance of orthopedics
- Performance of pathology
- Health board risk register
- Month six financial monitoring return

### **28<sup>th</sup> November 2023**

- Month seven financial position, including financial position of Morriston service group
- City Deal secondary funding agreement
- Month seven performance, including key updates of the qualitative measures
- Quarter one and two continuing healthcare performance, including management response and action plan to the internal audit limited assurance report
- Quarter two updates on the delivery of the Recovery & Sustainability plan
- Health board winter plan
- Planned care performance
- Speech and Language Therapy performance
- Response to the correspondence from the Minister for Health and Social Services - Getting it Right First Time (GiRFT)
- Committee terms of reference
- Committee self-assessment
- Month seven financial monitoring return

### **19<sup>th</sup> December 2023**

- Month eight financial position
- Disposal of Philips parade
- Month eight performance
- Urgent and Emergency Care performance
- Endoscopy performance
- Estates report
- Swansea Wellness Centre limited assurance report including a detailed action plan and management response
- Month eight financial monitoring return

### **23<sup>rd</sup> January 2024**

- Month nine financial position, including progress on control total landing plan
- Revenue resource allocation letter for 2024/25
- Prescribing costs, including the savings being made through alternative medicines
- Quarter three capital resource plan
- Month nine performance
- Position of Neck of Femur performance
- Cancer performance
- Population health briefing report, including comparison of immunisation rates
- Month nine financial monitoring return

### **27<sup>th</sup> February 2024**

- Month ten financial position, including progress on control total landing plan
- Month ten performance
- Quarter three continuing healthcare performance
- Quarter three performance and delivery against the Annual Plan and Minimum Data Set
- Additional Learning Needs Act
- Cancer performance
- Board effectiveness action plan
- Health board risk register
- Month ten financial monitoring return
- Savings programme internal audit report
- Stroke internal audit report

### **26<sup>th</sup> March 2024**

- Month eleven financial position, including progress on the control total landing plan
- Performance report for month eleven
- Urgent and Emergency Care performance
- Speech and Language Therapy performance
- Neurodevelopment performance

- Planned Care performance
- Estates report, including Reinforced Autoclaved Aerated Concrete (RAAC)
- Limited assurance estates condition audit report
- Financial monitoring return for month eleven

### **Mental Health Legislation Committee**

#### **11<sup>th</sup> May 2023**

- Mental health act monitoring report, including Care and Treatment Plans, Audit and Action Plans
- Mental Capacity Act monitoring report
- Health board's implications following the delay of the Liberty Protection Safeguards
- Court of Protection Cases Update Report
- Mental health measure monitoring report
- Recruitment of Associate Hospital Managers (Mental Health Act)

#### **3<sup>rd</sup> August 2023**

- Mental Health Act monitoring report
- Mental Capacity Act monitoring report
- Health board's implications and response following the delay of the Liberty Protection Safeguards
- Mental health measure monitoring report
- Transition from Child and Adolescent to Adult Mental Health Service report, including the management response
- Committee 2023-24 work programme
- Committee effectiveness self-assessment

#### **2<sup>nd</sup> November 2023**

- Mental Health Act monitoring report
- Mental Capacity Act monitoring report, including details around methodology for application, timeline and communication in relation to Court of Protection cases
- Mental health measure monitoring report
- Transition from Child and Adolescent to Adult Mental Health Service update, including the management response

#### **1<sup>st</sup> February 2024**

- Mental Health Act monitoring report
- Powers of Discharge Committee terms of reference
- Powers of Discharge Committee annual report 2022-23
- Mental Capacity Act monitoring report
- Mental health measure monitoring report
- Transition from Child and Adolescent to Adult Mental Health Service internal audit report update
- Committee effectiveness self-assessment

- Committee terms of reference

### **Audit Committee**

#### **18<sup>th</sup> May 2023**

- Draft annual accounts
- Remuneration, staff report and organisational annual report
- Finance update
- NWSSP Procurement single tender actions and quotations
- Invoices which are on hold
- Losses and special payments report
- WHSSC Standing Orders
- Board effectiveness action plan
- Progress report and internal audit reports
- Management response to the limited assurance report, including transition from Child and Adolescent to Adult Mental Health Services
- Audit Wales performance and progress reports
- Structured assessment report, including management response
- Detailed audit plan
- Audit Enquiries Letter
- Counter fraud report

#### **13<sup>th</sup> July 2023**

- Final annual accounts
- ISA 260 audit of financial statements
- Letter of representation
- Final annual report, including remuneration report
- Finance update
- NWSSP Procurement single tender actions and quotations
- Board assurance framework
- Audit registers and status of recommendations
- Health board risk register
- Board Effectiveness Assurance programme
- Guardian service annual report
- Internal audit opinion and annual report
- Progress report and internal audit reports
- Audit Wales' performance progress report and work programme
- National and local orthopedics review to include the health boards management response
- Counter fraud report

#### **14<sup>th</sup> September 2023**

- Implementation of the quality management system
- Changes to the Standing Orders and Standing Financial Instructions
- Declaration of interest and gifts and hospitality register
- Progress and internal audit reports

- Post Payment Verification Mid-Year Report 2023/24 (PPV)
- Audit Wales performance, progress reports and work programme
- Finance update
- NWSSP Procurement single tender actions and quotations
- Losses and special payments
- Counter fraud report
- Covid Inquiry Digital Issues
- Hosted agency – Lymphoedema annual report

### **9<sup>th</sup> November 2023**

- Audit registers and status of recommendations
- Health board risk register
- Audit committee terms of reference
- Board effectiveness assurance programme
- Board assurance framework
- Clinical audit annual report 2022-23
- Management response to the limited assurance clinical audit
- Progress and internal audit reports
- Audit Wales performance progress reports and work programme
- Structured assessment
- Progress of the recommendations against the safer discharge policy
- Finance update
- Financial control procedure review plan
- Counter fraud report, including progress against the Counter Fraud Plan
- Hosted agency EMRTS - annual report
- Amendments to the standing orders

### **18<sup>th</sup> January 2024**

- Audit registers and status of recommendations
- Implementation of the quality management system
- Board effectiveness assurance programme
- Committee self-assessment
- Progress and internal audit reports
- Audit Wales performance and progress reports
- Audit Wales annual audit
- Structured assessment and management response
- Finance update
- NWSSP Procurement single tender actions and quotations
- Losses and special payments
- Annual accounts timetable and plan
- Financial control procedure review plan
- Counter fraud report, including progress against the Counter Fraud Plan and risk register

### **21<sup>st</sup> March 2024**

- Board assurance framework

- Board effectiveness action plan
- Audit register and status of recommendations
- Health board risk register
- Regulatory bodies compliance report
- Progress and internal audit reports
- 2024/25 internal audit plan
- Swansea Wellness Centre
- Audit Wales performance and progress reports
- Audit Wales fee letter
- Audit Wales Primary Care follow up review
- 23/24 financial position
- Annual accounts update
- Medical Study Leave and Annual Leave accounting treatment
- Counter fraud report
- Hosted agency - major trauma network annual report

### Charitable Funds Committee

#### 18<sup>th</sup> July 2023

- Charitable funds finance update
- New charitable fund - 20th Anniversary Cancer Support Fund
- Fundraising update report
- Investment manager update
- Helping hands bids panel update
- Small grants scheme evaluation report for 2022/23
- Request for small grants scheme funding for 2023/24
- Staff employed from charitable funds
- Funding for a Teenage Cancer Trust Outreach Clinical Nurse Specialist

#### 12<sup>th</sup> October 2023

- Investment manager update
- Helping hands bids panel update
- Charitable funds finance update
- Open a new charitable fund, including 20th Anniversary Cancer Support, NICU Accommodation, Stepdown Cefn Coed & Care of the Elderly Ward
- Staffing update paper
- Charity team update report
- Business case for the health board lottery
- Charitable funds health board risk register
- Christmas monies charitable funds update
- Strengthened application for funding for the MRI Scanner at Swansea University

#### 5<sup>th</sup> December 2023

- MRI scanner in Swansea University bid

- Advancing Radiotherapy Cymru Academy (ARC) Academy bid
- Charity governance review
- Committee effectiveness
- Investment manager update
- Helping hands bids panel update, including how the helping hands fund will operate in light of the new strategy
- Unrealised Gains
- Charitable Funds Finance update, including an update on the financial position of the charitable team staffing costs
- Expenditure Strategy and Reserves Policy
- Utilising funding allocations
- Request to open a new charitable fund
- Charitable Funds Accounts Audit plan
- Charity team update report

#### **7<sup>th</sup> March 2024**

- Investment manager update
- Charitable funds finance update
- Administration Charge to Charitable Funds
- Charity Financial Plan
- Helping Hands Bids Panel Update
- Request for a new charitable for Neath Port Talbot Children's Centre
- Charity team update report
- Charity 2022-23 annual report
- Risk register



## Ministerial Directions

WHC Number and Title	Date Received	Month Reported to Board
WHC/2023/001 Eliminating hepatitis (B and C) as a public threat in Wales - Actions for 2022-23 and 2023 – 2024	12/02/2023	March 2023
WHC/2023/002 New Lower Gastrointestinal “FIT” National Optimal Pathway	13/02/2023	March 2023
Letter ref: MA/EM/3653/22 2023-24 Allocation for Health Boards	15/02/2023	March 2023
WHC/2023/004 COVID-19 spring booster vaccination programme 2023	08/03/2023	March 2023
WHC 2022 032 Further extending the use of Blueteq in secondary car	21/03/2023	May 2023
WHC/2023/007 Patient Testing Framework – Updated guidance	31/03/2023	May 2023
WHC/2023/006 Commencement of the Health and Social Care (Quality and Engagement) (Wales) Act 2020	05/04/2023	May 2023
WHC/2023/003 Guideline for the Investigation of Moderate or Severe early developmental impairment or intellectual disability (EDI/ID)	05/04/2023	May 2023
WHC/2023/009 COVID-19 vaccination of children aged 6 months to 4 years in a clinical risk group	06/04/2023	May 2023
WHC/2023/10 Certification of Vision Impairment Wales 2022 (CV~IW 2022) Form and Explanatory Notes	28/06/2023	July 2023
WHC/2023/012 Monthly Financial Monitoring Return Guidance	26/04/2023	May 2023
WHC/2023/11 NICE Guidance on Self-harm – assessment, management and preventing recurrence	21/04/2023	May 2023
WHC/2023/013 Health and Care Quality Standards 2023 (replacing Health and Care Standards 2015 - WHC 2015/015)	02/05/2023	May 2023
WHC/2023/015 COVID-19 Vaccination Observation Periods/ Vaccination following recovery from COVID-19	09/05/2023	May 2023
WHC/2023/017 NHS Wales Executive National Policy on Patient Safety Incident Reporting and Management	10/05/2023	May 2023
WHC/2023/019 In support of prevention of suicide and self-harm: GMC and NICE Guidance on information disclosure for the protection of patients and others.	20/06/2023	July 2023

<b>WHC Number and Title</b>	<b>Date Received</b>	<b>Month Reported to Board</b>
WHC/2023/022 Armed Forces Covenant – Healthcare Priority/Special Consideration for Veterans/Ex-Armed Forces Personnel	09/06/2023	July 2023
WHC/2023/023 The National Influenza Immunisation Programme 2023-24	22/06/2023	July 2023
WHC/2023/024 Change of Vaccine and Cohort Expansion for Shingles Vaccination Programme (from September 2023)	28/06/2023	July 2023
WHC/2023/025 Guidelines for Managing Patients on the Suspected Cancer Pathway	20/07/2023	July 2023
WHC/2023/026 NHS Framework for Research and Development – Research Matters – What excellence looks like in NHS Wales	31/07/2023	September 2023
WHC/2023/028 Withdrawal of: WHC/2019/042 re Annual Quality Statements	16/08/2023	September 2023
Welsh Health Circular - WHC (2023) 030 - National Safety Standards for Invasive procedures (NatSSIPS2)	16/08/2023	September 2023
WHC/2023/029 Winter Respiratory Vaccination Programme: Autumn and Winter 2023 to 2024	17/08/2023	September 2023
WHC/2022/009 "Prioritisation of COVID-19 patient episodes by NHS Wales Clinical Coding Departments"	22/08/2023	September 2023
WHC 2023/031 - AMR & HCAI IMPROVEMENT GOALS FOR 2023-24	22/08/2023	September 2023
WHC/2023/033 -Vaccine Products to be used in the Autumn 2023 COVID-19 Vaccination programme	01/09/2023	September 2023
WHC/2023/036 - Speaking up Safely Framework	20/09/2023	November 2023
WHC/2023/034 - NHS Welsh Sustainability Awards	25/09/2023	November 2023
WHC 2023/037 - Patient Testing Framework Autumn-Winter September 2023	26/09/2023	November 2023
WHC/2023/032 - Amendments to Model Standing Orders and Model Standing Financial Instructions	09/10/2023	November 2023
WHC/2023/35 - Update of guidance on clearance and management of healthcare workers living with a bloodborne virus (BBV) and a reminder of health clearance for tuberculosis	31/10/2023	November 2023
WHC/2023/040 - NIPEC	09/11/2023	January 2024
WHC/2023/039 -Independent Authorisation of Blood Component Transfusion (IABT)	23/11/2023	January 2024
WHC/2023/038 - Healthy Start eLearning Course	05/12/2023	January 2024

<b>WHC Number and Title</b>	<b>Date Received</b>	<b>Month Reported to Board</b>
WHC/2023/044 - Influenza (flu) Vaccination programme mop up 2023-2024	09/12/2023	January 2024
WHC/2023/043 - Vaccination of Healthcare Staff to Protect Against Measles	12/12/2023	January 2024
WHC/2023/046 - All-Wales Control Framework for Flexible Workforce Capacity	13/12/2023	January 2024
WHC/2023/47 - 2024/25 / Influenza Vaccines and Eligible Cohorts for the 2024/25 Season	19/12/2023	January 2024
WHC/2023/48 - 2024-25 Health Board Allocations	21/12/2023	January 2024
WHC/2024/001 - Changes to the way individuals who are at highest risk from Covid-19 access lateral flow tests	11/01/2024	January 2024
WHC/2024/005 - Private Obesity Surgery and the Welsh NHS	01/02/2024	March 2024
WHC/2024/012 Preceptorship & Clinical Supervision	19/03/2024	March 2024
Vaccination of Staff to Protect Against Measles - follow up to WHC(2023)043	18/03/2024	March 2024
(2024) 006 National Clinical Guideline for Stroke	21/03/2024	March 2024
Changes to dietary advice on feeding young children – (2024 011)	22/03/2024	March 2024
WHC/2024/012 – Nursing Preceptorship & Restorative Clinical Supervision – A National Position Statement	19/03/2024	March 2024

# **Parliamentary Accountability and Audit Report 2023-24**

## Senedd Cymru/Welsh Parliamentary Accountability Report

Swansea Bay University Health Board makes the following parliamentary disclosures for 2023-24:

- **Regularity of expenditure** - public resources were used to deliver the intended objectives and expenditure was compliant with relevant legislation including EU legislation, delegated authorities and followed the guidance in Managing Welsh Public Money.
- **Fees and charges** - charges for services provided by public sector organisations normally pass on the full cost of providing those services. Public sector organisations may also supply commercial services on commercial terms designed to work in fair competition with private sector providers. The Welsh Government expects proper controls over how, when and at what level charges may be levied. This is not applicable to the health board – all items are charged at full cost recovery.
- The health board is compliant with the cost allocation and charging requirements set out in HM Treasury guidance.
- All remote contingent liabilities are disclosed under IAS37.

# **Staff and Remuneration Report 2023-24**

## Staff Report

### ❖ Pre-Employment

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

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

### ❖ Managing Attendance

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

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

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

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

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

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

#### ❖ **Redeployment Policy**

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

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

#### ❖ **Off Payroll Policy**

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

PROVIDED SEPARATELY

## Remuneration Report

# **Long Term Expenditure Trends 2023-24**

## Long Term Expenditure Trends

Awaiting information

# **Financial Statements and Notes 2023-24**