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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

ACCOUNTABILITY REPORT

2019-20

Signed : Tracy Myhill (Chief Executive)

Date:



SCOPE OF THE ACCOUNTABILITY REPORT

In line with Welsh Government and HM Treasury Guidance, Swansea Bay University Health Board has produced an accountability report for the financial reporting period 2019-20.

The purpose of the report, which sits within the suite of annual report documents, is to report to the National Assembly for Wales in respect of the key accountability requirements.

The accountability report will be signed and dated by the Chief Executive as the accountable officer and is made up of the following sections:

- Corporate Governance Report;
- Financial Accountability and Remuneration and Staff Report;
- National Assembly for Wales Accountability and Audit Report.

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Corporate Governance Report

Director's Report

This directors' report brings together information about the health board including the independent members and executive directors, the composition of the board and other elements of its governance and risk management structure.

It also includes the disclosures and reporting required of Swansea Bay University Health Board relating to the day to day execution of the business.

The board is made up of executive directors, who are employees of the health board, and independent members, who were appointed by the Minister via an open and competitive public appointment process.

❖ Chair and Independent Members



Emma Woollett, Interim Chair

Appointment:

Emma was appointed as vice-chair in October 2017 but became interim chair in May 2019. Her position became permanent in April 2020.

Board and Committee Membership

Emma chairs the board, Remuneration and Terms of Service Committee and the Chair's Advisory Group. She is supported by a number of independent members.



Martyn Waygood , Interim Vice Chair

Appointment:

Martyn was appointed as independent member in June 2017 but became interim vice-chair in 2019

Area of Expertise:

Legal

Board and Committee Membership

Martyn chairs the Quality and Safety Committee, Charitable Funds Committee and Mental Health Legislation Committee. He is a member of the board, Remuneration and Terms of Service Committee, Health and Safety Committee, and the Chair's Advisory Group.



Maggie Berry, Independent Member

Appointment:

Maggie was appointed as independent member in May 2015.

Board and Committee Membership

Maggie chairs the Health and Safety Committee. She is a member of the board, Remuneration and Terms of Service Committee, Chair's Advisory Group, Quality and Safety Committee and the Mental Health Legislation Committee.



Martin Sollis, Independent Member

Appointment:

Martin was appointed as independent member in June 2017.

Area of Expertise:

Finance

Board and Committee Membership

Martin chairs the Audit Committee. He is a member of the board, Remuneration and Terms of Service Committee, Chair's Advisory Group, Charitable Funds Committee and Performance and the Finance Committee.



Jackie Davies, Independent Member

Appointment:

Jackie was appointed as independent member in August 2017.

Area of Expertise:

Trade union

Board and Committee Membership

Jackie is a member of the board, Mental Health Legislation Committee, Quality and Safety Committee, Chair's Advisory Group, Workforce and Organisational Development, Health and Safety Committee and Charitable Funds Committee.



Tom Crick, Independent Member

Appointment:

Tom was appointed as independent member in October 2017.

Area of Expertise:

Information and Communications Technology.

Board and Committee Membership

Tom chairs the Workforce and OD Committee. He is a member of the board, Health and Safety Committee, Remuneration and Terms

of Service Committee, Chair's Advisory Group and Audit Committee.



Mark Child, Independent Member

Appointment:

Mark was appointed as independent member in October 2017.

Area of Expertise:

Local authority

Board and Committee Membership

Mark is a member of the board, Remuneration and Terms of Service Committee, Chair's Advisory Group, and Performance and Finance Committee.



Reena Owen, Independent Member

Appointment:

Reena was appointed as independent member in August 2018.

Area of Expertise:

Community.

Board and Committee Membership

Reena chairs the Performance and Finance Committee. She is a member of the board, Remuneration and Terms of Service Committee, Health and Safety Committee, Chair's Advisory Group and the Quality and Safety Committee.



Nuria Zolle, Independent Member

Appointment:

Nuria was appointed as independent member in October 2019.

Area of Expertise:

Third sector

Board and Committee Membership

Nuria is a member of the board, Audit Committee, Workforce and OD Committee, Remuneration and Terms of Service Committee and the Chair's Advisory Group.

❖ Chief Executive and Executive Directors



Tracy Myhill, Chief Executive

Appointment:

Tracy was appointed as Chief Executive in February 2018.

Board and Committee Membership

Tracy attends the board, Remuneration and Terms of Service Committee and the Chair's Advisory Group.

Tracy is supported by seven executive directors as well as other associate members of the executive board.



Chris White, Chief Operating Officer/ Director of Therapies and Health Sciences/ Deputy Chief Executive

Appointment:

Chris was appointed as Chief Operating Officer in December 2018.

Board and Committee Membership

Chris attends the board, Quality and Safety Committee, Health and Safety Committee, Mental Health Legislation Committee, Performance and Finance Committee and Workforce and OD Committee.



Gareth Howells, Director of Nursing and Patient Experience

Appointment:

Gareth was appointed as Director of Nursing and Patient Experience in July 2018.

Board and Committee Membership

Gareth attends the board, Audit Committee Quality and Safety Committee, Health and Safety Committee, Mental Health Legislation Committee and the Workforce and OD Committee.



Richard Evans, Medical Director

Appointment:

Richard was appointed as Medical Director in November 2018.

Board and Committee Membership

Richard attends the board and Quality and Safety Committee and Workforce and OD Committee.

**Hazel Robinson, Director of Workforce and Organisational Development (OD)****Appointment:**

Hazel was appointed as Director of Workforce and OD in April 2018.

Board and Committee Membership

Hazel attends the board and Workforce and OD Committee, Health and Safety Committee and Remuneration and Terms of Service Committee.

**Darren Griffiths, Interim Director of Finance****Appointment:**

Darren was appointed as Interim Director of Finance in February 2020.

Board and Committee Membership

Darren attends the board, Performance and Finance Committee, Charitable Funds Committee, Audit Committee and Quality and Safety Committee.

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

Sian was appointed as Director of Strategy in November 2014.

Board and Committee Membership

Siân attends the board, Quality and Safety Committee, Performance and Finance Committee and Charitable Funds Committee.

**Keith Reid, Director of Public Health****Appointment:**

Keith was appointed as Director of Public Health in December 2019.

Board and Committee Membership

Keith attends the board, Quality and Safety Committee and Health and Safety Committee.

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



Pamela Wenger, Director of Corporate Governance

Appointment:

Pam was appointed as Director of Corporate Governance in January 2018.

Board and Committee Membership

Pam is the main governance advisor to the board. She attends the board, Quality and Safety Committee, Health and Safety Committee, Charitable Funds Committee, Audit Committee, Mental Health Legislation Committee, Performance and Finance Committee, Remuneration and Terms of Service Committee and the Workforce and Organisational Development Committee.



Hannah Evans, Director of Transformation

Appointment:

Hannah was appointed as Director of Transformation in August 2018.

Board and Committee Membership

Hannah attends the board and Performance and Finance Committee.



Matt John, Associate Director of Digital Services

Appointment:

Matt was appointed as Associate Director of Digital Services in August 2014.

Board and Committee Membership

Matt attends the board.



Irfon Rees, Chief of Staff

Appointment:

Irfon was appointed as Chief of Staff in August 2014.

Board and Committee Membership

Irfon attends the board.

Public Interest Declaration

Each board member has stated in writing that they have taken all the steps that they ought to have taken in order to make the auditors aware of any relevant audit information.

Board members and senior managers have declared any interests in companies which may result in a conflict with their managerial responsibilities. No material interests have been declared in 2019-20 and a full register of interests for is available upon request from the Director of Corporate Governance.

Disclosure Statements

Swansea Bay University Health Board would make the following disclosure statements for 2019-20.

- It has had seven cases where weaknesses in the security of data required reporting to the Information Commissioner's Office as detailed on page xxxx:
- Whilst there is no requirement to comply with all elements of the corporate governance code for central government departments, Swansea Bay University Health Board has undertaken an assessment against the main principles as they relate to an NHS public sector organisation in Wales. This assessment has been informed by the assessment of governance and also evidenced by internal and external audits. The health board is complying with the main principles of the code where applicable, and follows the spirit of the code to good effect and is conducting its business openly and in line with the code. It recognises that not all reporting elements of the code are outlined in this governance statement but are reported more fully in the wider annual report. There have not been any reported/identified departures from the Corporate Governance Code during the year.
- Welsh Government has an ambition for the public sector to be carbon neutral by 2030. This ambition sits alongside the Environment (Wales) Act 2016 and Wellbeing of Future Generations (Wales) Act 2015 as legislative drivers for decarbonisation of the Public Sector in Wales. The health board's carbon strategy was agreed in 2016 and sets out the long-term vision and response to climate change, promoting healthy low-carbon lifestyles and creating shared vision on future developments that will affect the health of local communities.
- 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.

Statement of the Chief Executive's Responsibilities as Accountable Officer

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

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

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

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

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

Date:..... Chief Executive

Statement of directors' responsibilities in respect of the accounts

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

In preparing those accounts, the directors are required to:

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

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

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

By order of the board, signed:

Chair Date:

Chief Executive Date:

Director of Finance Date:

Governance Statement

Introduction

During 2019-20, the health board had a budget of £913,670,000 and employed xxxx.

The pre-audited end-of-year financial position was reported as a deficit of £16.3m however this was not in-line with the forecast throughout the year, which had originally been breakeven. The health board meeting on 28th November 2019 considered the actions required to deliver a breakeven position and whilst agreeing a number of improvement actions, did not agree actions which would have adversely affected patient care. Therefore following period eight, the health board adjusted its year-end forecast to an overspend of £12.3m. A further discussion took place in February 2020 during which the deficit of total of £16.3m was agreed.

The health board provides primary care services (GPs, opticians, pharmacy and dental services) and secondary care services, which are based in three acute hospitals; Morriston, Singleton and Neath Port Talbot. In addition, tertiary services are also provided, which are more specialised services for example, plastic surgery, and only available in a smaller number of hospitals across Wales. As well as these, forensic mental health services are provided for the whole of south Wales in addition to learning disability services from Swansea to Cardiff and into Rhondda Cynon Taf and Merthyr Tydfil areas. Finally, some services are also provided in patients' homes, in community hospitals, health centres and clinics as well as general medical and dental services to Hillside children's secure unit and HM Prison Swansea.

Scope of Responsibility

The board is accountable for good governance, risk management and the internal control processes of the organisation. As Chief Executive, I have responsibility for maintaining appropriate governance structures and procedures, as well as ensuring that an effective system of internal control is in place that supports the achievement of the organisation's policies, aims and objectives, while safeguarding the public funds and the health board's assets for which I am personally responsible. These are carried out in accordance with the responsibilities assigned by the accountable officer of NHS Wales. In discharging this responsibility I, together with the board, am responsible for putting into place arrangements for the effective governance of the health board, facilitating the effective implementation of the functions of the board and the management of risk.

❖ Our Purpose, Vision and Values

The board has a clear purpose, ambition, strategic aims, and enabling objectives which 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.

Our intention is for the health board to move to being a population health focused organisation, commissioning services to meet patient and community needs. The two strategic aims, *Supporting Better Health* and *Delivering Better Care*, and associated enabling objectives, are clear as is our ambition to change, and we will become increasingly focused on working with partners to improve the wellbeing of our population.

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, relatives and carers.



❖ Quality Priorities

Twenty two quality priorities were highlighted as part of the quality strategy. These quality priorities were selected to address some of the areas for which we are within targeted intervention status, and in response to business intelligence which indicated areas for quality improvement. More details will be available in the annual quality statement (AQS) which is due to be published in September 2020.

❖ Targeted Intervention

The health board remained in 'targeted intervention' as part of the NHS Wales escalation and intervention arrangements throughout the year. A firm focus for improvement was set for specific service areas which include unscheduled care, cancer, planned care, infection control, stroke and financial management.

Extensive improvement actions were put in place to address unscheduled care performance, including the implementation of the 'Hospital 2 Home' programme, which started to take effect towards the end of the year, with the four hour performance reaching 75%, category A response rates above the all-Wales target of 65% as well as reduction in lost hours and month-on-month improvements in the delayed transfer of care position.

Planned care performance was significantly affected by the unscheduled care pressures as well as the changes to the pension taxation rules which reduced the flexibility of the anaesthetic workforce. As a result, the numbers of patients waiting more than 36 weeks for treatment increased to above 5,000 and as such, an end-of-year target could not be agreed with Welsh Government, as the range continued to vary. A number of actions were put into place to address the numbers waiting and the position stabilised in the last quarter of the year.

In terms of cancer performance, steady improvement was evidenced in the second half of the year in relation to urgent cases, with a reduction in the number of breaches in January 2020, as well as reaching 90% performance for the first time in a year.

Healthcare acquired infections has seen the number of *e-coli* cases better than trajectory for every month throughout the year and there has also been some improvement in relation to *clostridium difficile*, *klebsiella*, *pseudomonas aeruginosa* and *staph.aureus*, with minor spikes in the trajectories reported in the year. Since November 2019, a multi-resistant bacteria has been present on ward G at Morriston Hospital which resulted in its closure until remedial actions could be taken to remove it.

Financial management has been strengthened significantly, with the delivery of the savings plan over the course of the year. However the operational pressures, continuing healthcare costs and diseconomies of scale relating to the Bridgend boundary change meant the health board was unable to deliver breakeven as it forecast at the start of the year. In November 2019, the decision was made to change its forecast to £12.3m and again in February 2020 to £16.3m, which it achieved. During the year, Welsh Government commissioned KPMG to provide a financial review, which gave the health board a number of recommendations and areas to consider to improve its financial management.

System of Governance and Assurance

❖ 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. There are also four associate member posts, two of which are currently vacant; chair of the health professionals' forum and a clinical governance representative, which is an additional member agreed with Welsh Government.

All of these ensure that the board is made up of people with a range of backgrounds, disciplines and expertise, and this is enhanced further by non-member executive posts comprising director of transformation, associate director of digital services and the chief of staff. There was also an associate director of performance and finance until the post-holder took on the role of interim director of finance in February 2020.

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 approved standing orders and standing financial instructions which localises 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 a suite of corporate policies and procedures.

During 2019-20, the following improvements have been made:

- Development of the Workforce and OD Committee to have more of an assurance and scrutiny focus;
- Development of the board assurance framework;
- Development of an independent member local induction programme;
- Walkaround guidance and programme for service visits;
- Work programme for the Remuneration and Terms of Service Committee;

During the year, there have been some external reviews which have been critical to corporate governance, clinical governance and the assurance of the board, including:

- **KMPG (Financial Planning and Delivery Support)**

Welsh Government commissioned KPMG to provide support to the health board with a focus on improving the organisation's financial position, testing the underlying plans and the organisation's delivery framework.

The overall report presents some challenges to the organisation and while it is clear that the health board has made improvements to governance and delivery over the last few years, a step change in pace of transformation and a strengthened focus on compliance against controls is required. The health board has been actively engaged in addressing the recommendations of the reports, for example, in ensuring that the priorities from within the clinical services plan are aligned with the need to deliver savings in key areas (including outpatients, patient flow and theatres). However there is a need for greater

urgency and direction given the assessment of the scale of the financial challenge for next year. An action plan was developed and shared with the board in March 2020 along with the full report, with progress to be carefully monitored by the Audit Committee throughout 2020-21.

- **Health and Safety Executive (HSE) Improvement Notices**

As part of the HSE inspection programme of violence and aggression and musculoskeletal disorders in healthcare 2018-2019, the health board received inspection visits between 27th and 29th November 2018, resulting in nine improvement notices in February 2019, followed by a 10th in July 2019. A robust action plan was put in place with a deadline for actions to be completed and a response to be submitted to the HSE by 10th September 2019, with a re-inspection of all the areas highlighted in the improvement notices on 16th and 17th September 2019. Following this confirmation was received that the majority of the notices were to be closed, with an extension agreed for the remaining, and the last one was closed in February 2020.

The Health and Safety Committee has played a critical assurance role in overseeing the implementation of the actions as highlighted in the improvement notices.

- **A review of quality governance arrangements at Cwm Taf Morgannwg University Health Board**

The overarching objective of the [joint review arrangements](#) at Cwm Taf Morgannwg University Health Board was to examine whether its governance arrangements supported the delivery of high quality, safe and effective services. To gain assurance on the robustness of quality governance arrangements across NHS Wales, Welsh Government asked that all health boards undertook a self-assessment against the recommendations by January 2020, and provide a current level of assurance and outline any action required. The health board's review was considered by the executive board and scrutiny and challenge was undertaken by the Chair's Advisory Group in its December 2019 submission, with the board ratifying the final version at its meeting in January 2020. A quality governance work programme has been established to address outstanding actions and progress is monitored through the Quality and Safety Committee.

- **Review of Maternity Services at Cwm Taf Morgannwg University Health Board**

The Royal College of Obstetricians and Gynaecologist and Royal College of Midwives [review into maternity services at Cwm Taf Morgannwg University Health Board](#) was published in April 2019, with 77 recommendations. Every health board in Wales was required to submit a report to Welsh Government to benchmark their maternity services against the recommendations. Swansea Bay University Health Board reported no red actions, 25 amber and 43 green, with nine recommendations not applicable. As at February 2020, two recommendations remained amber and the executive board regularly scrutinised progress.

- **Human Tissue Authority Site Visit: Morriston Hospital**

In June 2019, [the Human Tissue Authority inspected Morriston Hospital](#). Although the inspection found that the health board had met the majority of the standards, shortfalls were found against the consent, governance and quality systems, traceability and

premises, facilities and equipment standards. This was reported to the Quality and Safety Committee which then monitored the progress against the actions until all were reported as closed.

❖ **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 sound governance arrangements in place as well as an open culture and high standards in the way in which its work is conducted. Board members share corporate responsibility for all decisions and play a key role in monitoring the organisation's performance.

As a standard, the board meets in public six times a year, but there will be occasions during this period when special board meetings will be arranged, for example in May to agree the annual accounts. Each regular meeting begins with a patient story, setting out the personal experience of someone who has used one of the health board's services. This is an opportune way to learn lessons and help improve and plan services for the future. Due to the Covid-19 pandemic, changes were made to the way in which the public board meetings were run from March 2020 in order to comply with social distancing guidance and to ensure public and staff safety, these sessions were closed to the public but a summary of the discussion publicised on the health board's website within a few days of the meeting.

In addition to formal board meetings, development sessions take place six times a year which is a chance for the board to undertake training or hear about good practice internal and external to the organisation. Members are also involved in a range of other activities on behalf of the board, such as service visits and meetings with local partners.

To support the board's annual programme of work, it undertook a skills assessment to identify areas of work for the coming year. Alongside this, all members complete an annual appraisal of their individual contribution and performance as board members, and in the case of the executive directors, this differs from their operational and leadership role.

❖ **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 which do not take place in public either because of the confidential nature of the business or the items are in a developmental stage.

The two statutory assurance committees the health board is required to have are the Audit Committee and Quality and Safety Committee:

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;
- Had a continued 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;
- Called and 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.

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. In addition to these there are a range of boards and groups with external partners with which the organisation engages and also report to the board.

Advisory Boards

- *Stakeholder Reference Group*

The Stakeholder Reference Group 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, LGBT (lesbian, gay, bisexual and transgender), 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 chair is an associate member of the board and provides a report to each meeting summarising the discussions of the group.

- *Health Professionals' Forum*

The role of the Health Professionals' Forum provides balanced, multidisciplinary professional advice to the board on local strategy and delivery. During 2019-20 the Health Professionals' Forum was re-instated with refreshed membership. The chair is an associate member of the board and provides a report to each meeting summarising the discussions of the group.

- *Local Partnership Forum*

The local 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. The chair of the forum alternates between the health board and staffside representatives. A report is submitted to each board meeting summarising the discussions of the group.

Joint Committees

There are three all-Wales committees which report to every health board within Wales.

- *Welsh Health Specialised Services Committee (WHSSC)*

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

- *Emergency Ambulance Services Committee (EASC)*

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

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

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

❖ **Partnership Working**

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

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

Organisational Structure

During 2019-20, the organisation comprised five units:

- Morriston Hospital;
- Singleton Hospital;
- Neath Port Talbot Hospital;
- Primary Care and Community Services;
- Mental Health and Learning Disabilities.

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

The responsibility for commissioning and planning services for the population of Bridgend moving to Cwm Taf Morgannwg University Health Board on 1st April 2019 resulted in the population size we serve, our budget and workforce becoming smaller by a third. The health board agreed to review the structures of the new Swansea Bay University Health Board to ensure that the new organisation is appropriately structured, focused and reflects the ambition of the organisation as outlined in the organisation's strategy, *Better Health, Better Care, Better Lives*.

Changes to the organisational structure were agreed in 2019-20 and will be implemented in 2020-21. These changes will mean that the health board will move from five units to four service groups:

- Group 1 - Primary, Community, and Therapies
- Group 2 - Mental Health and Learning Disabilities
- Group 3 - Singleton and Neath Port Talbot
- Group 4 – Morriston

Throughout the year, there have been some changes to the executive team, namely the departures of Sandra Husbands, Director of Public Health and Lynne Hamilton, Director of Finance, who were replaced on an interim basis by Keith Reid and Darren Griffiths respectively. Following a successful recruitment process, Keith Reid was appointed as the substantive Director of Public Health while the Director of Finance role will be advertised in 2020-21. The only other change to note within the executive team was the addition of the Director of Therapy and Health Science portfolio to Chris White's role as Chief Operating Officer.

In order to ensure effective delivery of high quality and safe services fit for the future, a transformation portfolio is in place to centralise all such work, moving away from varying

approaches across the organisation. Through this programme, the board has a clear mechanism to oversee the delivery of the organisational strategy, clinical services plan and other key priorities.

System of Internal Control

Systems of control are designed to understand and manage risk to a reasonable level rather than to eliminate all risks. It can therefore only provide reasonable and not absolute assurances of effectiveness. The health board's system of internal control is based on an ongoing process designed to identify and prioritise the risks to it achieving its policies' aims and objectives, evaluate the likelihood of those risks being realised and the potential efficient, effective and economic impact of having to manage them. This has been in place for the 2019-20 year and includes the approval of the annual report and accounts.

❖ Capacity to Handle Risk

The work to develop and embed the risk management process throughout the organisation has progressed during the year. Understanding of risks informs the board's priorities, actions and overall approach to how it manages them, and ensures high quality and safe care to the local communities as well as a safe and effective work environment for staff.

Overall responsibility for the management of risk sits with the Chief Executive, but the lead is taken by the Director of Corporate Governance, which until March 1st 2020, was in partnership with the Director of Nursing and Patient Experience. Arrangements are in place to effectively assess and manage risks across the organisation, which included the ongoing review and updating of the health board risk register. The Chief Executive also delegates elements of risk management to other senior managers, and this is set out on the risk management framework.

❖ Risk Control and Framework

The risk management framework sets out the way in which risks are identified, evaluated and controlled, with delivery of the framework overseen by the Audit Committee, with individual executives and senior managers having specific delegated responsibilities.

There is a commitment across the health board to ensure staff are trained and confident to assess, manage, escalate and report risks and the work is informed by best practice examples through internal audit, Wales Audit Office and the NHS Wales Delivery Unit.

Due to the variability of healthcare services, the health board's risk profile continually changes, with the key risks scored and documents within the risk register based on the ability to affect the delivery of the objectives. The risk register is updated on a quarterly basis and reported to Audit Committee and the board, feeding into the annual plan.

The risk register was most recently reviewed by the Audit Committee and the board at the March 2020 meetings. As part of the risk management framework, the board gave

consideration to its main objectives, both strategic and operational, and identified the risks most likely to prevent the achievement of these. As such it is aware of potential risks and would therefore not just be reactive should a risk come to fruition. When determining the board's risk appetite, it acknowledges that the delivery of healthcare cannot be achieved unless risks are taken, as well as the subsequent consequences and mitigating actions. It also ensures that risks are not considered in isolation as they are taken from all the risks flowing through the organisation. **Appendix six** sets out the health board's key risks by their ratings.

Each executive director is responsible for managing risk within their area of responsibility ensuring that there:

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

Within the units, the service directors manage risk and ensure there are effective arrangements to carry this out. Any risks outside the units' control are escalated to the Chief Operating Officer as the professional lead for the units as well as the executive director responsible for the area in which the risk has been identified.

❖ **Top Health Board Risks**

As of March 2020, there were 35 risks on the health board risk register, with the scores ranging from 12 to 25, with the highest noted as:

- Access to unscheduled care;
- Target breaches to radical radiotherapy treatment;
- SACT (systemic anti-cancer treatment);
- Infection control;
- TAVI (*transcatheter aortic valve implantation*) service;
- Ophthalmology clinic capacity;
- Access to planned care services;
- Access to cancer services;
- Screening for fetal growth assessment in-line with gap-grow;
- CTG (cardiotocography) monitoring in labour wards;
- Coronavirus pandemic;
- Adolescents being admitted to adult mental health wards;
- Data centre outages.

❖ **Managing Risks**

While the Audit Committee has the overarching responsibility for overseeing risk management, it has delegated relevant risks to each of the other board sub-committees

to ensure their work programmes are aligned to these to ensure they review and receive reports on the progress made to mitigate key risks as far as possible.

In 2019-20, the health board managed a number of risks, including:

- *TAVI*

In 2017, the health board became aware of prolonged waiting times for TAVI procedures. A review of cases was commissioned by the Royal College of Physicians, followed by a site visit and a second cohort review, to determine if the length of wait contributed to the death of some of the patients on the waiting list. The findings were received in the last quarter of the year and a comprehensive action plan and communications plan developed as the reports were made public during the board's March 2020 meetings. Prior to this, regular updates were provided to the Quality and Safety Committee and the board on the improvements made.

- *Ophthalmology*

In September 2019, the health board reported that it had a large number of patients (in excess of 10,000) who were beyond their target date waiting for follow-up appointments in ophthalmology, which was a common issue across Wales. This required an urgent and robust response, with executive level leadership, to reduce risk of harm to patients, reduce financial and reputational damage. An ophthalmology gold command was set up to coordinate and expedite mitigating action plans and monitoring of risk reduction. Regular reports regarding this are made to the Quality and Safety Committee.

- *Coronavirus*

The biggest risk currently faced by the health board is the Covid-19 pandemic, which started to impact on the organisation's ability to function as 'business as usual'. A gold command structure was quickly established to manage the health board's response and all non-urgent services, such as outpatients and elective surgery, were stopped. The pandemic had a significant impact on the health board's ability to function 'normally' and this is reflected in the performance data for the last quarter of the year. As the new financial year commences, the risk is still ongoing and the organisation will be significantly changed in the annual reports for 2020-21.

- ❖ **Integrated Medium Term Plan**

The organisation was unable to submit an IMTP in 2019-20 however it did submit a draft annual plan to the board in January 2019, which was approved, before it was received by Welsh Government, but without a financial plan due to the uncertainty around the Bridgend boundary change. While this had been resolved by autumn 2019, the planned and unscheduled care trajectories had been revised due to various pressures experienced during the year. As such, the board committed to revised unscheduled and planned care trajectories in October 2019 and accepted the need to change its financial forecast to a £12.3m deficit in November 2019 and then to £16.3m in February 2020. A quarterly report setting out progress against the annual plan is discussed at the Performance and Finance Committee prior to its submission to Welsh Government.

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

Under the act, there are two requirements for the health board:

- to secure that expenditure does not exceed the aggregate of the funding allotted to it over a period of three financial years;
- to prepare a plan which sets out the strategy for securing compliance with the duty while improving healthcare, and for that plan to be submitted to and approved by Welsh Government.

For 2019-20, while the health board met its financial duty to breakeven against capital resource limit, it failed to meet first requirement as it did not achieve financial balance, as set out below. In addition, as it did not have a three year plan approved by Welsh Government, it also failed to meet the second requirement.

| | 2017-18 | 2018-19 | 2019-20 | Total |
|---|-----------------|----------------|-----------------|------------------|
| | £'000 | £'000 | £'000 | £'000 |
| Net operating costs for the year | 1,129,492 | 1,143,379 | 930,886 | 3,203,757 |
| Less general ophthalmic services expenditure and other non-cash limited expenditure | 726 | 1,484 | 993 | 3,203 |
| Less revenue consequences of bringing PFI schemes onto SoFP | (1,551) | (1,684) | (1,925) | (5,160) |
| Total operating expenses | 1,128,667 | 1,143,179 | 929,954 | 3,201,800 |
| Revenue Resource Allocation | 1,096,250 | 1,133,300 | 913,670 | 3,143,220 |
| Under /(over) spend against Allocation | (32,417) | (9,879) | (16,284) | (58,580) |

❖ Development of the Annual Plan 2020-21

The intention for 2019-20 had been to develop an approvable IMTP for 2020-23, and the work throughout the year was reported to the board, as it was seen as an enabler to support the health board in improving its escalation status. At a meeting with Welsh Government in January 2020, while the feedback on the work to date had been positive, an expectation had been raised that there needed to be a detailed one-year plan within a three-year plan, to be submitted by the end of March 2020. The capital, performance and financial plans were scrutinised by the Performance and Finance Committee in February, at which it was felt that a significant amount of work was still needed, particularly in terms of the financial plan, and as such a special board meeting was arranged for early March 2020 to consider the revisions prior to members being asked to agree the plan at its scheduled meeting in March 2020. However, due to the emerging Covid-19 situation, the decision was made to submit the plan to Welsh Government at the same time it was shared with the board as a point in time document.

❖ 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 April 2020 and reported to the Audit Committee which found no departures from the code, although it did note that the review of board effectiveness, taking account of unit based self-assessments against the health and care standards has been deferred due to the Covid-19 pandemic.



Breaches in standing orders are reported to the Audit Committee, with one discussed in July 2019 relating to the refurbishment to ward 12 at Singleton Hospital following a fire. A building contractor was engaged to undertake the remedial work and a retrospective single tender action form was completed for the works a month after they had commenced. While there were clear reasons for the need for the work to start as soon possible to ensure service continuity, the course of action did not meet the requirements of public contract regulations or the health board’s standing financial instructions, as time constraints are not a justifiable reason for a single tender action. While no remedial action could be taken, it was agreed that procurement would be engaged earlier in the process in future to determine a viable and compliant strategy.

In addition, the failure to meet the two financial duties as discussed earlier in the report is also a breach in standing orders and standing financial instructions.

❖ 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.

Swansea Bay University 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 directors, unit medical and unit 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.

In October 2019, a health and care standards group was introduced to manage and oversee the self-assessment process. In addition, mini scrutiny panels were established to oversee submissions received from service delivery units, in readiness for the annual year-end self-assessment report, which is submitted to the board, and Quality and Safety Committee for approval. The scrutiny panel membership comprises representatives from workforce, health and safety, public health, infection control and performance.

❖ **Equality, Diversity 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. To support this, equality objectives were set as part the strategic equality plan 2017-20, which identifies the actions that will drive forward progress of achieving these. An annual update on progress is provided to the Workforce and OD Committee, who, in February 2020, agreed the strategic equality plan for 2020-24. Examples of key equality highlights for 2019-20 include:

- Three nurses were nominated for the inaugural Learning Disability and Autism Awards for the learning disability nurse award, and one of whom, Denise Bromfield, was the winner;
- The Wales Fertility Institute worked with the Pride Cymru staff to raise awareness of IVF (invitro fertilisation) services to the LGBT+ (lesbian, gay, bisexual, trans) community;
- A speech and language therapist, Rhian Grounds, teamed up with a mum to write a book based on their experiences communicating with children with autism;
- Staff from mental health and learning disabilities worked together to promote World Suicide Prevention Day;
- The wellbeing champions' network has been developed and expanded with more than 340 staff members trained;
- 'Mindful Menopause' workshops were rolled out;
- Work continues to embed the 'Living our Values' programme;
- An increase in four rankings in the Stonewall workplace equality index to 150.

❖ **Emergency Preparedness, Civil Contingencies and Disaster Recovery**

The health board must be capable of responding to incidents of any scale, in a way that delivers optimum care and assistance to those affected, minimises the disruption and has a timely return to 'business as usual'. As part of the Civil Contingencies Act (2004), the organisation is required to show that it can deal with such incidents while maintaining critical services, and is a category one responder as defined in the Act, making it accountable for six civil protection duties, including risk assessment and emergency planning.

There is a specific emergency preparedness, resilience and response (EPRR) risk register, which is aligned with that of the one nationally and regionally, and is reviewed

quarterly. It includes the necessary scorings and mitigations to either manage or tolerate the risks identified and there is an EPRR strategy, training and exercising strategy and programme. All related work is overseen by the EPRR strategy group which includes representation from each unit, health board-wide services and corporate departments. The six civil duties are the foundation for the EPRR work programme and emergency planning arrangements, together with a health board lessons identified register and as such, there are a range of response plans in place for the high risks, incorporating appropriate lessons identified to ensure maximum resilience. There is full engagement with the Local Resilience Forum where there are category one and two responders. In addition, there is full engagement with Welsh Government health emergency planning, where there are three distinct groups; mass casualties, pre-hospital and training and exercising; overseen by the Emergency Planning Advisory Group. In addition the health board works in collaboration with other appropriate local and national groups and in particular, there is excellent collaboration with other health boards, Welsh Ambulance Service Trust (WAST), Welsh Blood Service and Public Health Wales.

The health board is also represented at the Wales Counter Terrorism Prepare Delivery Group in order that there is preparedness in terms of potential threats as well as providing a facility to identify hazards. Annual updates are provided to the board while the executive team is kept up to date on a quarterly basis, sometimes sooner if there is a need to do so.

Over recent months the health board has been fully engaged in the preparedness for Brexit and currently the preparedness arrangements for the rising tide emergency associated with Wuhan Novel Coronavirus as it has been declared a global emergency of world interest. Consequently, full command, control and coordination structures are in place in accordance with the health board pandemic plan; this is in conjunction with close collaboration with other partners in order that the health board is as prepared as possible to respond to the consequences arising from this high consequence disease.

During December 2019, the health board declared a major incident as a result of a bus collision with a railway bridge and the major incident procedure was successfully invoked in order to respond to the incident. In addition, there have been a few declared business continuity incidents during 2019 and January 2020, where the health board business continuity procedure was invoked to respond safely and effectively to the incidents. As standard practice following all incidents, a debrief has been held and a report is currently being compiled. The lessons identified will be captured on the lessons identified register and will help to inform health board emergency response procedures and consequently improve resilience.

❖ **Data Security**

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

- An 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 unit and corporate department whose role it is to champion within their areas.

The health board actioned a dedicated work plan to enable organisational compliance with the new data protection legislation that came into force in May 2018. The health board continues to improve its data protection compliance via a number of measures, and assurances that the organisation has compliant information governance practices are evidenced by:

- Quarterly reports to the information governance group, including key performance indicators;
- A detailed operational strategic work plan, taken to the information governance group quarterly, detailing progress made against actions required to ensure compliance with data protection legislation;
- A raft of information governance and information security policies, procedures and guidance documents;
- An Information Commissioner's Office (ICO) commended intranet site;
- A comprehensive biannual mandatory training programme for all staff, including proactive targeting of any staff who are non-compliant;
- A proactive audit programme across the health board;
- A robust management of all reported breaches, including proactive reporting to the ICO;
- An information asset register used to manage information across the health board;
- Registers of data sharing agreements and of data protection impact assessments taken to information governance group quarterly;
- Report taken to information governance group quarterly of identified and managed health board-wide risks;
- Audit reports from Welsh Audit Office and internal audit;
- Annual SIRO report;
- Information governance group chair's assurance report taken to both Audit Committee and the executive team following all meetings.

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

Of the seven reportable incidents, six have been closed by the ICO, with no further action considered necessary, but recommendations were made which have been actioned by the health board.

| Breach Summary | Actions Taken | Information Commissioner Status |
|---|---|---------------------------------|
| Patient health screening questionnaire containing medical information was sent to the wrong address | <ul style="list-style-type: none"> • Apology provided • Review of administrative processes to avoid duplicate breach • Information governance training requirements considered • Information governance audit undertaken | Closed |
| Disclosure of information about patient in attendance to clinic | <ul style="list-style-type: none"> • Apology provided • Disciplinary process followed, but member of staff left health board so was not completed • Information governance audit undertaken | Closed |
| Letter sent to wrong address due to incorrect typing of house number. Letter contained sensitive information relating to a child's attendance at the children's centre | <ul style="list-style-type: none"> • Apology provided • Requested return of letter for destruction • Review of administrative processes to avoid duplicate breach • Information governance training requirements considered • Jointly reported with Cwm Taf Morgannwg University Health Board; ICO closed both reports | Closed |
| Secure address accidentally disclosed to father by letter. Actual address later determined to be incorrect, however due to the postcode being within the same vicinity, | <ul style="list-style-type: none"> • Apology provided • Review of administrative processes to avoid duplicate breach • Information governance training | Closed |

| | | |
|--|---|--|
| there was still a potential risk of impact. | <ul style="list-style-type: none"> requirements considered Information governance audit undertaken | |
| Alleged inappropriate access of records and subsequent disclosure. Disciplinary process commenced. | <ul style="list-style-type: none"> Disciplinary process followed Information governance training requirements considered Information governance audit undertaken | Sent further info to ICO, remains open |
| Doctor's bag believed to have been stolen from registrar office. Bag contained patient lists and referral letters. Bag was later found within an office on site with the content intact – ICO notification subsequently withdrawn. | <ul style="list-style-type: none"> Non-event as bag was later found in tact Information governance training requirements considered Information governance audit undertaken | Closed (notification withdrawn) |
| Legal defence documents relating to a clinical claim stolen from car of barrister working on behalf of health board. | <ul style="list-style-type: none"> The theft was reported to the police – the bag had been kept in a locked boot out of sight and parked in a recognised council parking area Review of contracts | Closed |

❖ Ministerial Directions

Welsh Government has issued non-statutory instruments and Welsh health circulars since 2014-15, and a list of ministerial directions circulated for 2019-20 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.

❖ Welsh Language

The health board is committed to ensuring Welsh and English languages are treated equally in the services provided to the public and other organisations, both internal and external to NHS Wales, which is in line with the Welsh language scheme as well statutory legislation including the Welsh Language Standards (No7) Regulations which were approved in March 2018 and replaced existing schemes. It is recognised that care and language go hand-in-hand, with many people only able to communicate and participate in their care through Welsh.

A Welsh language delivery group was re-introduced on the 14th May 2019 with the purpose of supporting the board in discharging its responsibilities for organisation-wide compliance with the statutory Welsh language standards, for leading and monitoring

delivery against bilingual service delivery and the supporting improvement plan with the aim of improving service user experience. This will be achieved by informing its agenda, determining its priorities and carrying out tasks and duties in accordance with the agreed cycle of business.

Progress against delivering and embedding Welsh language into the organisation includes:

- Fully bilingual internet site;
- Welsh language publication protocol implemented to support staff in the requirements for the publication of bi-lingual documentation;
- Social media accounts are bi-lingual with guidance provided to the owners on the requirements of the standards;
- A bi-lingual clinical appointment reminder texting service has been launched in phases across all of the main specialities. The default first text received is bi-lingual, and from that point forward the patient may specify whether they wish to receive further texts in Welsh or English;
- All patient letters are available bilingually. These include referral acknowledgment, day case and inpatient and outpatient appointment confirmations;
- Proactive communication and marketing campaign to promote the Welsh language across the organisation and distributing Welsh language marketing materials to staff, e.g. posters, mouse mats at various events.

The health board is recording the lowest level of recording of Welsh language competency of staff across Wales which is an area of concern highlighted by the Welsh Language Commissioner. The units are working to identify the Welsh Language competency of staff, staff who are willing to be recognised as Welsh speakers for the purpose of engaging with patients and staff who have an interest in learning Welsh or strengthening their existing Welsh language skillset, for example building confidence in staff who can speak Welsh but are reluctant to converse in Welsh in the workplace.

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 provides me, as accountable officer, and the board through the Audit Committee, with a flow of assurance on the systems of internal control. I have commissioned a programme of audit work which has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership (NWSSP). The scope of this work is agreed with the Audit Committee and is focused on significant risk areas and local improvement priorities.


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

As a result of the Covid-19 pandemic and the response to it by the health board, the audit programme was not completed in full. However, the head of internal audit has concluded that sufficient audit work has been undertaken during the year to be able to give an overall opinion in line with the requirements of the public sector internal audit standards.

- **Head of Internal Audit Opinion**

The scope of the opinion is confined to those areas examined in the risk based audit plan, which has been agreed with senior management and approved by the Audit Committee. The head of internal audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement.

The head of internal audit opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

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

Basis for Forming the Opinion

In reaching the opinion, the head of internal audit has applied both professional judgement and the audit and assurance “*Supporting criteria for the overall opinion*” guidance produced by the director of audit and assurance, which is shared with key stakeholders.

Further information on the limitations to the audit opinion and the period it covers are set out in the Head of Internal Audit Opinion and Annual Report 2019-20.

The head of internal audit has concluded that *limited assurance* can be reported for the following domains:

- Corporate governance, risk and regulatory compliance.

Reasonable assurance can be reported for:

- Clinical governance, quality and safety;
- Strategic planning, performance management and reporting;
- Financial governance and management;
- Information governance and security;
- Operational services and functional management;
- Workforce management
- Capital and estates.

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

- Risk management and board assurance framework;
- Declarations of interest, gifts and hospitality;
- Health and safety;
- Annual plan: quality impact assessment;
- Procurement (no purchase order/no pay);
- World Health Organisation (WHO) checklist;
- Unit governance: primary care and community services;
- HTA (Human Tissue Act) mortuary (part two);
- Capital systems - financial safeguarding;
- Estates assurance: management of contractors;

Action plans have been agreed to improve performance in these areas. Progress will be monitored through the Audit Committee, with follow up internal audit reviews where necessary. Reports issued in draft (nine), or not concluded within the 2019-20 reporting period (one), will be subject to the same management consideration, action and monitoring arrangements as those already finalised.

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

- Fire safety;
- Clinical governance;
- Mortality reviews;
- IT digital strategy: clinical information reporting;
- Consultant contract job planning;
- Locum on Duty;
- ARCH (A Regional Collaboration for Health).

Further detail on all audit work is included within Audit Committee papers and the Head of Internal Audit Opinion & Annual Report 2019-20.

❖ **External Audit**

The Auditor General for Wales issued a qualified opinion on the 2018-19 financial statements, and in doing so, brought the following to the attention of the Audit Committee and the board:

“I have concluded that the health board’s accounts were properly prepared and materially accurate, and my work did not identify any material weaknesses in the health board’s internal controls relevant to my audit of the accounts. I have therefore issued an unqualified opinion on their preparation.

“The health board did not achieve financial balance for the three-year period ending 31 March 2019 and so I have issued a qualified opinion on the regularity of the financial transactions within its 2018-19 accounts.

“Alongside my audit opinion, I placed a substantive report on the health board’s financial statements to highlight its failure to achieve financial balance and also its failure to have an approved three-year plan in place.”

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 Wales Audit Office and it was concluded that:

“The health board is organising itself to deliver an ambitious transformation programme. There is a systematic approach to strengthening governance arrangements, including important aspects of quality governance. Progress is being made to address workforce issues. However, action to improve finances and performance have not yet secured the improvements needed. It is unlikely that the health board will achieve financial balance in 2019-20;

“The health board has made progress in applying the sustainable development principle but recognises there is more work to do;

“My performance audit work has identified positive progress in addressing issues identified by previous audits but there is scope to secure further improvements.”

To inform the board as to compliance with governance standards and wider frameworks, the structured assessment for 2019 identified governance arrangements and improvements throughout the year. These included starting the implementation of the clinical services plan, an ambitious transformation programme, a focus on delivering greater value and efficiency, displaying visible leadership and strengthening overall governance but is aware that there is more to do in some aspects of quality governance and a more strategic approach to workforce management and, while acting to address workforce risks, recognises further opportunities and challenges.

The full structured assessment report is available from [Wales Audit Office’s website](#) and the management actions have been incorporated into the governance work programme monitored through the Audit Committee.

Conclusion

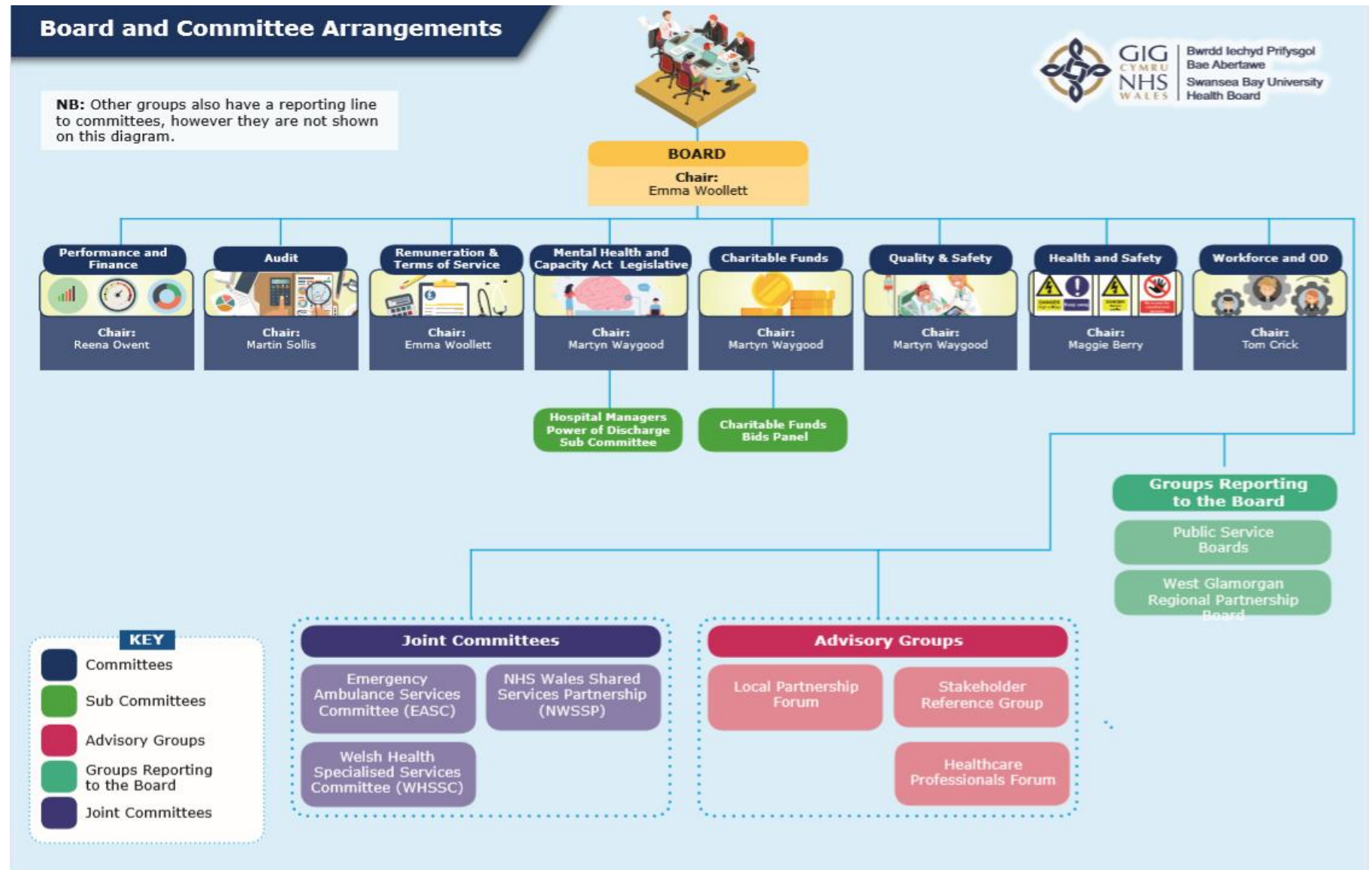
As accountable officer, and based on the process outlined above, I have reviewed the relevant evidence and assurance relating to internal control. While the challenges faced remain similar to those outlined in 2018-19, with the support of the board there is confidence these can be addressed and improvement in governance has been demonstrated. Work is continuing to develop an IMTP deemed approvable as well as a focus on improving quality, reducing waiting times and improving access.

This governance statement highlights positive improvements in strengthening governance arrangements while at the same time addressing the challenges of being in targeted intervention, 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 beginning to be made prior to the outbreak of Covid-19. 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.

Tracy Myhill
Chief Executive
Swansea Bay University Health Board

Appendix 1 – Board and Committee Structure



Appendix Two – Board and Committee Meeting Dates

The following table outlines dates of Board and Committee meetings held during 2019-20, highlighting and meetings that were not quorate:

| Board/Committee | Dates in 2019-20 | | | | | | | | | | | |
|--|----------------------------------|---------------------------------------|---|--------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|--|--|--|--|
| Health Board | 30 th May 2019 | 25 th July 2019 | 26 th September 2019 | 28 th November 2019 | 30 th January 2020 | 27 th February 2020 | 16 th March 2020 | 26 th March 2020 | | | | |
| Quorate/Not Quorate | | | | | | | | | | | | |
| Audit Committee | 16 th May 2019 | 18 th July 2019 | 19 th September 2019 | 21 st November 2019 | 16 th January 2020 | 12 th March 2020 | | | | | | |
| Quorate/Not Quorate | | | | | Not Quorate | | | | | | | |
| Mental Health Legislation Committee | 9 th May 2019 | 8 th August 2019 | 7 th November 2019 | 6 th February 2020 | | | | | | | | |
| Quorate/Not Quorate | | | | | | | | | | | | |
| Remunerations and Terms of Service Committee | 27 th June 2019 | 28 th November 2019 | 30 th January 2020 | 27 th February 2020 | | | | | | | | |
| Quorate/Not Quorate | | | | | | | | | | | | |
| Charitable Funds Committee | 24 th June 2019 | 30 th September 2019 | 17 th October 2019 (Accounts) | 9 th December 2019 | 23 rd March 2020 | | | | | | | |
| Quorate/Not Quorate | | | | | Cancelled | | | | | | | |

| | | | | | | | | | | | | |
|-----------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
| Quorate/Not Quorate | | | | | | | | | | | | |
| Performance and Finance Committee | 16 th April 2019 | 21 st May 2019 | 18 th June 2019 | 16 th July 2019 | 20 th August 2019 | 17 th September 2019 | 22 nd October 2019 | 19 th November 2019 | 17 th December 2019 | 28 th January 2020 | 25 th February 2020 | 24 th March 2020 |
| Quorate/Not Quorate | | | | | | | | | | | | |
| Quality and Safety Committee | 18 th April 2019 | 20 th June 2019 | 22 nd August 2019 | 24 th October 2019 | 12 th December 2019 | 28 th January 2020 | 25 th February 2020 | 24 th March 2020 | 28 th January 2020 | 25 th February 2020 | 24 th March 2020 | |
| Quorate/Not Quorate | | | | | | | | | | | | |
| Workforce and OD Committee | 23 rd April 2019 | 28 th May 2019 | 28 th June 2019 | 23 rd July 2019 | 27 th August 2019 | 25 th September 2019 | 30 th October 2019 | 21 st November 2019 | 17 th December 2019 | 20 th February 2020 | | |
| Quorate/Not Quorate | | | | | | | | | | | | |
| Health and Safety Committee | 3 rd June 2019 | 2 nd September 2019 | 2 nd December 2019 | 3 rd March 2020 | | | | | | | | |
| Quorate/Not Quorate | | | | | | | | | | | | |
| Pharmaceutical Applications | | | | | | | | | | | | |
| Quorate/Not 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.

| Name | Position | Area of Expertise Representation Role | Board Committee Membership | Champion Roles |
|---------------|-------------------------|--|--|--|
| Andrew Davies | Chair (until June 2019) | N/A | <ul style="list-style-type: none"> Health Board (Member) | |
| Emma Woollett | Interim Chair | N/A | <ul style="list-style-type: none"> Health Board (Member) | Whistleblowing Champion |
| Jackie Davies | Independent Member | Staff Side | <ul style="list-style-type: none"> Health Board (Member) Mental Health Legislative Committee (Member) Charitable Funds Committee (Member) Quality and Safety Committee (Member) Workforce and OD Committee (Member) Health and Safety Committee (Member) | <ul style="list-style-type: none"> Staff Side Champion Veterans Champion |
| Maggie Berry | Independent Member | N/A | <ul style="list-style-type: none"> Health Board (Member) Mental Health Legislative Committee (Member) RATS (Member) Quality and Safety Committee (Former Chair) Health and Safety Committee (Chair) | <ul style="list-style-type: none"> Catering and Nutrition Champion Older Person Champion |

| Name | Position | Area of Expertise Representation Role | Board Committee Membership | Champion Roles |
|----------------|--------------------|--|--|--|
| Mark Child | Independent Member | Local Authority | <ul style="list-style-type: none"> • Health board (Member) • RATS (Member) • Performance and Finance Committee (Member) | <ul style="list-style-type: none"> • Young Person's Champion |
| Martin Sollis | Independent Member | Finance | <ul style="list-style-type: none"> • Health Board (Member) • Audit Committee (Chair) • RATS (Member) • Charitable Funds Committee (Member) • Performance and Finance Committee (Member) | |
| Martyn Waygood | Interim Vice Chair | Legal | <ul style="list-style-type: none"> • Health Board (Member) • Mental Health Legislative Committee (Member) • RATS (Member) • Charitable Funds Committee (Chair) • Health and Safety (Former Chair) • Quality and Safety Committee (Chair) | <ul style="list-style-type: none"> • Complaints Champion • Health and Safety Champion |
| Tom Crick | Independent Member | ICT | <ul style="list-style-type: none"> • Health and Safety Committee (Member) • Audit committee (Member) • Workforce and OD Committee (Chair) | <ul style="list-style-type: none"> • Information Governance Champion • Welsh Language Champion |

| Name | Position | Area of Expertise Representation Role | Board Committee Membership | Champion Roles |
|----------------|--|--|---|---|
| Reena Owen | Independent Member (From August 2019) | Community | <ul style="list-style-type: none"> • Health Board (Member) • Quality and Safety Committee (Member) • Health and Safety Committee • RATS (Member) • Performance and Finance Committee (Chair) | <ul style="list-style-type: none"> • Public Health and Carers Champion |
| Nuria Zolle | Independent Member | Third Sector | <ul style="list-style-type: none"> • Workforce and OD Committee (Member) • Health and Safety Committee (Member) • RATS (Member) • Audit Committee (Member) | |
| Julian Hopkin | Independent Member (April 2019 to November 2019) | | <ul style="list-style-type: none"> • Health Board (Member) | |
| Alison Stokes | Associated Board Member (until Jan 2020) | | <ul style="list-style-type: none"> • Health Board (Member) | |
| Malcolm Lewis | Associated Board Member (until November 2019) | | <ul style="list-style-type: none"> • Health Board (Member) | |
| Andrew Jarrett | Independent Member | Social Services | <ul style="list-style-type: none"> • Health Board (Member) | |

| Executive Directors | | | | |
|---------------------|--|--|--|---|
| Name | Position | Area of Expertise Representation Role | Board Committee Membership | Champion Roles |
| Tracy Myhill | Chief Executive | N/A | <ul style="list-style-type: none"> Health Board (Member) | <ul style="list-style-type: none"> Emergency Ambulance Services Committee (Member) |
| Lynne Hamilton | Executive Director of Finance (until March 2020) | N/A | <ul style="list-style-type: none"> Health Board (Member) Audit Committee (In attendance) Charitable Funds (Lead Director/Member) Performance and Finance (Lead Director/Member) | |
| Gareth Howells | Director of Nursing and Patient Experience | N/A | <ul style="list-style-type: none"> Health Board (Member) Audit Committee (In attendance) Mental Health Legislative Committee (Lead Director/In attendance) Quality and Safety Committee (Lead Director/In attendance) Health and Safety Committee (Lead Director/In attendance) Workforce and OD Committee (In attendance) | |

| Name | Position | Area of Expertise Representation Role | Board Committee Membership | Champion Roles |
|-----------------------|--|--|---|--|
| Sandra Husbands | Director of Public Health (until Oct 2019) | N/A | <ul style="list-style-type: none"> Health Board (Member) Quality and Safety Committee (In attendance) Health and Safety Committee | |
| Hazel Robinson | Director of Workforce and OD | N/A | <ul style="list-style-type: none"> Health Board (Member) RATS (Lead Director/In attendance) Workforce and OD (Lead Director/In attendance) Health and Safety Committee (in attendance) | <ul style="list-style-type: none"> NHS Wales Shared Services Partnership Committee (NWSSP) Member |
| Sian Harrop-Griffiths | Director of Strategy | N/A | <ul style="list-style-type: none"> Health Board (Member) Charitable Funds Committee (Member) Performance and Finance Committee (Member) | <ul style="list-style-type: none"> West Galmorgan Partnership Board ARCH Programme Board Member Design Champion |
| Richard Evans | Medical Director | N/A | <ul style="list-style-type: none"> Health Board (Member) Quality and Safety Committee (In attendance) Workforce and OD Committee (In Attendance) | <ul style="list-style-type: none"> ARCH Programme Board Advisory Committee on Clinical Excellence Awards |
| Chris White | Chief Operating Officer Director of therapy and Health Science (From November 2018) | N/A | <ul style="list-style-type: none"> Health Board (Member) Mental Health Legislative Committee Performance and Finance (Member) Quality and Safety Committee (In Attendance) Workforce and OD Committee (In Attendance) Health and Safety Committee | |

| Name | Position | Area of Expertise Representation Role | Board Committee Membership | Champion Roles |
|------------------|--|--|---|----------------|
| Keith Reid | Director of Public Health (interim from October 2019, substantive from March 2020) | N/A | <ul style="list-style-type: none"> • Health Board (Member) • Quality and Safety Committee (In attendance) | |
| Darren Griffiths | Interim Director of Finance (from February 2020) | N/A | <ul style="list-style-type: none"> • Performance and Finance (Lead) • Audit Committee (in attendance) • Health Board (Member) • Charitable Funds (Member) | |

Appendix Four – Members' Attendance at Meetings



| | Health Board | Audit Committee | Mental Health and Capacity Act Legislation Committee | Remuneration & Terms of service Committee | Charitable Funds Committee | Finance and Performance Committee | Quality and Safety Committee | Workforce and OD Committee | Health and Safety Committee |
|--|--------------|-----------------|--|---|----------------------------|-----------------------------------|------------------------------|----------------------------|-----------------------------|
| Number of meetings | 12 | 6 | 4 | 5 | 4 | 11 | 7 | 7 | 5 |
| Andrew Davies Chair (until June 2019) | 3 | | | 2 | | | | | |
| Emma Woollett Vice Chair (until June 2019) | 9 | | 1 | 5 | | 5 | 1 | | |
| Jackie Davies Independent Member | 7 | | 4 | 1 | 2 | 3 | 4 | 6 | 5 |
| Maggie Berry Independent Member | 12 | | 3 | 2 | | 7 | 5 | | 5 |
| Mark Child Independent Member | 7 | 2 | | | | 5 | | | |
| Martin Sollis Independent Member | 12 | 6 | | 4 | 4 | 11 | | | |
| Martyn Waygood Interim Vice Chair | 11 | 3 | 4 | 3 | 4 | | 7 | | 4 |

| | Health Board | Audit Committee | Mental Health and Capacity Act Legislation Committee | Remuneration & Terms of service Committee | Charitable Funds Committee | Finance and Performance Committee | Quality and Safety Committee | Workforce and OD Committee | Health and Safety Committee |
|---|--------------|-----------------|--|---|----------------------------|-----------------------------------|------------------------------|----------------------------|-----------------------------|
| Number of meetings | 12 | 6 | 4 | 5 | 4 | 11 | 7 | 7 | 5 |
| Tom Crick Independent Member | 9 | 5 | | 1 | | | | 7 | |
| Reena Owen Independent Member | 11 | | | 1 | | 6 | 7 | 4 | 4 |
| Nuria Zolle Independent Member (From October 2019) | 4 | 2 | 1 | 1 | | 1 | 1 | 1 | |
| Julian Hopkin Independent member (April – November 2019) | 2 | | | | | | | | |
| Tracy Myhill Chief Executive | 10 | | | 5 | | | | | |
| Lynne Hamilton Director of Finance | 9 | 4 | | | 4 | 9 | | | |
| Gareth Howells Director of Nursing and Patient Experience | 11 | 4 | 3 | | | 1 | 6 | 4 | 4 |

| | Health Board | Audit Committee | Mental Health and Capacity Act Legislation Committee | Remuneration & Terms of service Committee | Charitable Funds Committee | Finance and Performance Committee | Quality and Safety Committee | Workforce and OD Committee | Health and Safety Committee |
|--|--------------|-----------------|--|---|----------------------------|-----------------------------------|------------------------------|----------------------------|-----------------------------|
| Number of meetings | 12 | 6 | 4 | 5 | 4 | 11 | 7 | 7 | 5 |
| Sandra Husbands Director of Public health (Until October 2019) | 4 | | | | | | 1 | | 1 |
| Hazel Robinson Director of Workforce and OD | 11 | | | 5 | | | | 6 | 3 |
| Sian Harrop-Griffiths, Director of Strategy | 12 | | | | 2 | 7 | 2 | | 1 |
| Richard Evans Medical Director | 12 | | | | | | 5 | 6 | |
| Chris White Chief Operating Officer and Director of Therapies and Health Sciences | 10 | | 3 | | | 9 | 1 | | 2 |
| Keith Reid Director of Public Health (from Oct 2019) | 6 | | | | | | 3 | | |
| Darren Griffiths Interim Director of Finance (from February 2020) | 2 | 1 | | | | 2 | 1 | | 1 |

| | Health Board | Audit Committee | Mental Health and Capacity Act Legislation Committee | Remuneration & Terms of service Committee | Charitable Funds Committee | Finance and Performance Committee | Quality and Safety Committee | Workforce and OD Committee | Health and Safety Committee |
|---|--------------|-----------------|--|---|----------------------------|-----------------------------------|------------------------------|----------------------------|-----------------------------|
| Number of meetings | 12 | 6 | 4 | 5 | 4 | 11 | 7 | 7 | 5 |
| Alison Stokes Associated Board Member (until Jan 2020) | 2 | | | | | | | | |
| Malcolm Lewis Associated Board Member (until November 2019) | 2 | | | | | | | | |
| Andrew Jarrett, Independent Member | 6 | | | | | | | | |

*Due to the turnover of Independent Members, the membership of committees have been reviewed and updated throughout the year. These are outlined below. Also, as part of their induction, new independent members attended at least one meeting of each committee. Finally from October 2019, all independent members were invited to attend the Remuneration & Terms of Service Committee.

Emma Woollett: Chair Member of Performance & finance Committee until October 2019
Chair Member of Mental Health Legislative Committee until June 2019

Mark Child: Member of Audit Committee until October 2019
Member of Performance & Finance from October 2019

Maggie Berry: Member of Performance & Finance Committee until January 2020

Martyn Waygood: Member of Audit Committee until September 2019

Reena Owen: Chair of Performance & Finance Committee from October 2019

Appendix Five – Summary of Topics Considered by the Board and Key Committees

❖ Health Board Meetings

| Health Board Meeting – 30 th May 2019 | |
|---|---|
| Reports Received | Attached/Verbal |
| Strategic Items <ul style="list-style-type: none"> To receive and note a report on the development of an integrated medium term plan (IMTP) and clinical To receive a report on the Bridgend Boundary Change To receive a report on the implementation of the adult thoracic programme To receive an update on digital inclusion | <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> |
| Quality, Safety & Performance <ul style="list-style-type: none"> To receive a report on maternity services To receive a report on the implementations of the Nurse Staffing Act To receive the Health Board Performance Report To receive a report on Financial Position to 30th April 2019 | <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> |
| Items for Approval <ul style="list-style-type: none"> To receive a report on key issues discussed at the following board committee: <ul style="list-style-type: none"> (i) Health and Safety Committee (ii) Audit Committee (iii) Workforce and Organisational Development Committee (iv) Mental Health Legislation Committee (v) Charitable Funds Committee To receive the minutes of the following joint committees: <ul style="list-style-type: none"> (i) ARCH Programme Board (ii) Joint Regional Planning & Delivery Committee (iii) Local Partnership Forum (iv) Stakeholder Reference Group | <p>Attached</p> <p>Attached</p> |
| Health Board Meeting – 25 th July 2019 | |
| Reports Received | Attached/Verbal |
| Quality, Safety & Performance <ul style="list-style-type: none"> To Receive the Health Board Performance Report To receive and note key issues reports form: <ul style="list-style-type: none"> (i) Performance and Finance Committee (ii) Quality and safety Committee (iii) Workforce and OF Committee (iv) Health and Safety Committee To receive a report on the Financial Position to 30th June 2019 | <p>Attached</p> <p>Attached</p> <p>Attached</p> |

| | |
|---|--|
| <p>Strategic Items</p> <ul style="list-style-type: none"> • To receive and note a report on the development of an integrated medium term plan (IMTP) and clinical services plan • To receive a report in Singleton MIU • To receive a report on partnerships • To receive a report on the key issues discussed at: <ul style="list-style-type: none"> (i) ARCH Programme Board (ii) Joint Regional Planning Delivery Committee • To receive carers' annual report • To receive the research and development annual report <p>Governance</p> <ul style="list-style-type: none"> • To receive and approve a report on non-emergency patient transport • To agree a report on the disposal of Glyneath and Resolven Clinics • To receive a report on key issues discussed at the following board committees: <ul style="list-style-type: none"> (i) Audit Committee (ii) Charitable Funds Committee • To receive the minutes of the minutes if the following joint committees: <ul style="list-style-type: none"> (i) Welsh Health Specialised Services Committee (ii) NHS Wales Shared Services Partnership (iii) Joint Transition Board • To receive a report on the key issues discussed at: <ul style="list-style-type: none"> (i) Local Partnership Forum • To receive and note a report on matters reported in-committee at the previous meeting • To receive and note reports on Corporate Governance Issues | <p>Attached</p> <p>Attached Attached Attached</p> <p>Attached Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> |
| Health Board Meeting – 26th September 2019 | |
| Reports Received | Attached/Verbal |
| <p>Quality, Safety & Performance</p> <ul style="list-style-type: none"> • To receive a report on the Public Services Ombudsman Annual Letter 2018-2019 • To receive a report on Singleton Minor Injury Unit (MIU) • To receive and note key issues reports from: <ul style="list-style-type: none"> (i) Performance and Finance Committee (ii) Quality and Safety Committee (iii) Workforce and OD Committee (iv) Health and Safety Committee • To receive the Health Board Performance Report as at 31st August 2019 <p>Strategic Items</p> <ul style="list-style-type: none"> • To receive and approve the annual and financial plan 2019-20 | <p>Attached</p> <p>Attached Attached</p> <p>Attached</p> <p>Attached</p> |

| | |
|--|------------------------|
| <ul style="list-style-type: none"> • To receive and note the report on the development of the Three Year Plan and Clinical Services plan • To receive an update on progress against that wellbeing of Future Generations Act • To receive a report and approve on Sexual Assault Referral Clinic (SARC) • To receive and approve a report on Adult Thoracic Surgery Service for South Wales • To receive and note a report on recent meetings with NHS Wales Partnerships • To receive and not a report on recent meetings on key external partnerships • To receive the reports on recent meetings with advisory groups of the board: <ul style="list-style-type: none"> (i) Partnership Forum (ii) Stakeholder Reference Group | Attached |
| | Attached |
| | Attached |
| | Attached |
| | Attached |
| | Attached |
| | Attached |
| Governance | |
| <ul style="list-style-type: none"> • To receive and approve the primary Care Strategic Reflections Report for period 2018-19 | Attached |
| <ul style="list-style-type: none"> • To receive a report on key issues discussed at the following board committees: <ul style="list-style-type: none"> (i) Audit Committee (ii) Mental Health Legislation Committee | Attached |
| <ul style="list-style-type: none"> • To receive and note a report on matters reported in-committee at the previous meeting | Attached |
| <ul style="list-style-type: none"> • To receive and note a report on Corporate Governance | Attached |
| Health Board Meeting – 28th November 2019 | |
| Reports Received | Attached/Verbal |
| Quality, Safety and Performance | |
| <ul style="list-style-type: none"> • To receive and note key issues reports from: <ul style="list-style-type: none"> (i) Performance and Finance Committee (ii) Quality and Safety Committee (iii) Workforce and OD Committee | Attached |
| <ul style="list-style-type: none"> • To receive the Health Board Performance Report as at 31st October 2019 | Attached |
| <ul style="list-style-type: none"> • To receive a report on the health board risk register | Attached |
| <ul style="list-style-type: none"> • To receive and consider the recommendations to optimise the delivery of the Annual Plan 2019-20 | Attached |
| Strategic Items | |
| <ul style="list-style-type: none"> • To receive a report on the clinical services plan and integrated medium term plan (IMTP) 2020-21 to 22/23 | Attached |
| <ul style="list-style-type: none"> • To receive and approve the winter plan 2019-20 | Attached |
| <ul style="list-style-type: none"> • To receive and approve the major trauma business case | Attached |

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| <ul style="list-style-type: none"> • To receive and discuss an update on compliance with the Nurse Staffing Levels (Wales) Act 2020 • To receive an update the implementation of the Guardian Service • To receive a report on recent meetings with NHS Wales Partnership • To receive a report on recent meeting on key external partnerships • To receive the reports on recent meetings with advisory groups of the board: <ul style="list-style-type: none"> (i) Partnership Forum (ii) Stakeholder Reference Group (SRG) • To receive an update on 'A Healthier Wales' | <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> |
| <p>Governance</p> <ul style="list-style-type: none"> • To receive and approve the senior information risk owner (SIRO) annual report • To receive and approve the formal transfer of assets and liabilities to Cwm Taf Morgannwg University Health Board • To receive and approve revised standing orders • To receive and approve the funding nursing care uplifts • To receive a report on key issues discussed at the following board committees: <ul style="list-style-type: none"> (i) Audit Committee (ii) Charitable Funds Committee • To receive a report on Corporate Governance Issues | <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> |
| Health Board Meeting – 30th January 2020 | |
| Reports Received | Attached/Verbal |
| <p>Quality, Safety and Performance</p> <ul style="list-style-type: none"> • To receive and note key issues reports from: <ul style="list-style-type: none"> (i) Performance and Finance Committee (ii) Quality and Safety Committee (iii) Workforce and OD Committee • To receive the Health Board Performance Report as at 31st December 2019 • To receive an update on the implementation of the winter plan • To receive a report in response to the office of National Statistics release on drug-related deaths | <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> |
| <p>Strategic Items</p> <ul style="list-style-type: none"> • To receive a report on the integrated medium term plan (IMTP) 2020/21 to 22/23 • To receive an update on the digital transformation programme • To receive an update on voluntary sector funding and framework • To receive a report on recent meetings on key external partnerships • To receive an update on the transformation programme | <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> |

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| Governance <ul style="list-style-type: none"> • To receive a report on the major trauma governance, including operational delivery network framework • To receive the health board's self-assessment and action plan against the Cwm Taf Morgannwg University Health Board quality governance review • To receive a report on Wales Audit Office annual reports and structured assessment • To receive an update on the board assurance framework • To receive an update on Welsh Language • To receive a report on key issues discussed at the following board committees: <ul style="list-style-type: none"> (i) Audit Committee (ii) Health and Safety Committee (iii) Mental Health Legislation Committee • To receive a report in Corporate Governance Issues. | Attached Attached Attached Attached Attached Attached Attached |
| Health Board Meeting – 27th February 2020 | |
| Reports Received | Attached/Verbal |
| Quality, Safety and Performance <ul style="list-style-type: none"> • To receive a deep dive on unscheduled care relating to ambulance waits and hospital to home Strategic Items <ul style="list-style-type: none"> • To receive the engagement document for the closure of Tonna Hospital | Attached Attached |
| Health Board Meeting – 26th March 2020 | |
| Reports Received | Attached/Verbal |
| Quality, Safety and Performance <ul style="list-style-type: none"> • To receive a report on Transcatheter Aortic Valve Insertion (TAVI) • To review a presentation from the Emergency Ambulance Services Committee • To receive and note key issues reports from: <ul style="list-style-type: none"> (iv) Performance and Finance Committee (v) Quality and Safety Committee (vi) Workforce and OD Committee • To receive a report on unscheduled care performance • To receive the Health Board Performance Report as at 29th February 2020 • To receive a report on the Financial Position to 29th February 2020 Strategic Items <ul style="list-style-type: none"> • To approve the Annual Plan 2020/21 in Three Year Contract • To receive the budget and financial allocations | Attached Attached Attached Attached Attached Attached Attached Attached |

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| <ul style="list-style-type: none"> • To receive a report on recent meetings with NHS Wales Partnerships • To receive the reports of the advisory groups: <ul style="list-style-type: none"> a . Local Partnership Forum b . Health Professional Forum • To receive and approve the strategic equality objectives | <p>Attached Attached</p> <p>Attached</p> |
| <p>Governance</p> <ul style="list-style-type: none"> • Long Term Agreement and service level agreements for 2020/21 • To receive a report on the operational delivery network framework for the major trauma network • To receive a report on key issues discussed at the following board committees: <ul style="list-style-type: none"> (iv) Audit Committee (v) Health and Safety Committee (vi) Mental Health Legislation Committee • To receive a report in Corporate Governance Issues. | <p>Attached Attached</p> <p>Attached</p> <p>Attached</p> |

❖ Audit Committee

| Audit Committee - 16 th May 2019 | |
|--|---|
| Reports Received | Attached/Verbal |
| <p>Governance, Risk and Internal Controls</p> <ul style="list-style-type: none"> • Annual Governance Statement (Draft) • Organisational Annual Report (Draft) • Standing Orders • Risk Register • Annual Quality Statement | <p>Attached Attached Attached Attached Attached</p> |
| <p>Internal Audit</p> <ul style="list-style-type: none"> • Progress and Audit Assignment Summary • Internal Audit Opinion and Annual Report (Draft) | <p>Attached Attached</p> |
| <p>External Audit</p> <ul style="list-style-type: none"> • Progress and Performance Report • Clinical Coding Report • 2018 Structured Assessment • Audit enquiries to those charged with governance and management | <p>Attached Attached Attached Attached</p> |
| <p>Financial Focus</p> <ul style="list-style-type: none"> • Finance Update • Review annual accounts (Draft) • Remuneration and staff report (Draft) • Losses and Special Payments | <p>Verbal Attached Attached Attached</p> |

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| Counter Fraud <ul style="list-style-type: none"> Counter Fraud Annual Plan Counter Fraud Annual Report and Self-Assessment against NHS Protect standards. Assurance Reports for Information <ul style="list-style-type: none"> Audit Committee Annual Report (Darft) | Attached Attached Attached |
| Audit Committee (Accounts) - 29th May 2019 | |
| Reports Received | Attached/Verbal |
| Governance, Risk and Internal Controls <ul style="list-style-type: none"> Accountability Report 2018-19 Financial Focus <ul style="list-style-type: none"> Annual Accounts 2018-19 Internal Audit <ul style="list-style-type: none"> Head of Internal Audit Opinion and Annual Report External Audit <ul style="list-style-type: none"> ISA 260 Audit of Financial Statements (including the letter of representation and response to Audit Enquiries) | Attached Attached Attached Attached |
| Audit Committee - 15th July 2019 | |
| Reports Received | Attached/Verbal |
| Governance, Risk and Internal Controls <ul style="list-style-type: none"> Raising Concerns Report Health Board Risk Register Board Assurance Framework Review of Governance work programme Hosted Agencies Governance Arrangements Internal Audit <ul style="list-style-type: none"> Progress and Audit Assignment Summary PPV Report External Audit <ul style="list-style-type: none"> Progress Report Structured Assessment Financial Focus <ul style="list-style-type: none"> Finance Update Review audit registers and status of recommendations NWSSP Procurement: single tender actions and quotations Counter Fraud <ul style="list-style-type: none"> Review progress report | Attached Attached Attached Attached Attached Attached Attached Attached Attached Verbal Attached Attached |

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| Assurance Reports for Information <ul style="list-style-type: none"> • Register of Declarations of Interest • Hospitality Register • Information Governance Group Update • Organisational Annual Report | Attached Attached Attached Attached Attached |
| Audit committee - 19th September 2019 | |
| Reports Received | Attached/Verbal |
| Governance, Risk and Internal Controls <ul style="list-style-type: none"> • Health Board Risk Register (Top 5 risks) | Attached |
| Internal Audit <ul style="list-style-type: none"> • Progress and Audit Assignment Summary | Attached |
| External Audit <ul style="list-style-type: none"> • Progress Report | Attached |
| Financial Focus <ul style="list-style-type: none"> • Finance Update • Losses and Special Payment Report • Bridgend Boundary Changes Balance Sheet Disaggregation Process • Review Audit register and status of recommendations • NWSSP Procurement: Single tender Actions and quotations | Verbal Attached Attached Attached Attached |
| Assurance Reports for Information or Approval <ul style="list-style-type: none"> • Receive SIRO Annual Report • Receive Effectiveness of Audit Committee | Attached Attached |
| Audit Committee - 21st November 2019 | |
| Reports Received | Attached/Verbal |
| Governance, Risk and Internal Controls <ul style="list-style-type: none"> • Long Waiters Update • Health Board Risk Register • Governance Work Programme • Agreement of Model Standing Orders | Attached Attached Attached Attached |
| Clinical Audit <ul style="list-style-type: none"> • Clinical Audit Effectiveness Report | Attached |
| Internal Audit <ul style="list-style-type: none"> • Progress and Audit Assignment Summary | Attached |
| External Audit <ul style="list-style-type: none"> • Progress Report | Attached |

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| <ul style="list-style-type: none"> Information Governance Group Chair's Assurance Report | |
| Audit Committee - 12th March 2020 | |
| Reports Received | Attached/Verbal |
| Governance, Risk and Internal Controls <ul style="list-style-type: none"> Status of Overdue reconnections: Chief Operating Officer WAO Audit Report into Public Services Boards and Integrated Care Fund Water Safety Management Update To receive an update on the Capital Systems: Financial Safeguarding Audit <ul style="list-style-type: none"> Estates update Prenatal Mental Health Health Board Risk Register (Audit Committee Risk Inc. Digital Risks) Major Trauma Network Governance Framework Review Audit Register and Status of recommendation Governance Work-Programme Standards of Business Conduct (including Hospitality Register) Audit Committee Self-assessment and Terms of Reference | Attached Attached Attached Attached Attached Attached Attached Attached Attached Attached |
| Internal Audit <ul style="list-style-type: none"> Progress and Audit Assignment Summary Review annual plan (to include charter) | Attached Attached |
| External Audit <ul style="list-style-type: none"> Progress and Audit Assignment Summary <ul style="list-style-type: none"> Consultant Contract Follow Up Wellbeing of Future Generations Audit plan 2020 Audit enquiries to those charged with governance and management | Attached Attached Attached |
| Financial Focus <ul style="list-style-type: none"> Finance Update Annual Accounts Update Review annual accounts (Draft) Losses and Special Payments NWSSP procurement: single tender actions and quotations | Attached Attached Attached Attached |
| Counter Fraud <ul style="list-style-type: none"> Counter Fraud Policy and Response Plan | Attached Attached |
| Assurance Reports for Information or Approval <ul style="list-style-type: none"> To receive an update on General Dental Service – Multiple FP17 Report | Attached |

❖ **Quality and Safety Committee**

| Quality and Safety Committee – 18th April 2019 | |
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| Reports Received | Attached/Verbal |
| Patient Story <ul style="list-style-type: none"> Morrison Patient Story | Verbal |
| Benchmarking, Learning and Quality Improvement <ul style="list-style-type: none"> Infection Control Report | Attached |
| Clinical and Service Quality Compliance and Performance <ul style="list-style-type: none"> Patients Experience Report Annual Quality Statement Performance Report | Attached Attached Attached |
| Governance and Risk Management <ul style="list-style-type: none"> NHS Wales Delivery Unit 90 day-review HIW KW Action Plan Quality Governance Review Internal Audit Update Quality and Safety Forum Update External Inspections Clinical Senate Council Report | Attached Attached Attached Attached Attached Attached Attached |
| Items for information <ul style="list-style-type: none"> GP Indemnity | Attached |
| Quality and Safety Committee – 20th June 2019 | |
| Reports Received | Attached/Verbal |
| Patient Story <ul style="list-style-type: none"> Singleton Hospital | Verbal |
| Benchmarking, Learning and Quality Improvement <ul style="list-style-type: none"> Infection Control Report Safeguarding Report Quality Impact Assessment | Attached Attached Attached |
| Clinical and Service Quality Compliance and Performance <ul style="list-style-type: none"> Performance Report Admission of CAMHS Patients to Adult Mental Health Ward | Attached Attached |
| Governance and Risk Management <ul style="list-style-type: none"> DU 90 Day review action plan Internal Audit: Interim HTA report | Attached Attached |

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| <ul style="list-style-type: none"> • External Inspections • Clinical Senate Council Report • Committee Annual Report • 5.6 Committee Terms of Reference <p>Items for information</p> <ul style="list-style-type: none"> • NHS Wales National Clinical Audit and Outcome Review Plan | <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> |
| Quality and Safety Committee – 22th August 2019 | |
| Reports Received | Attached/Verbal |
| <p>Patient Story</p> <p>Neath Port Talbot Hospital</p> <p>Benchmarking, Learning and Quality Improvement</p> <ul style="list-style-type: none"> • Infection Control Report • Safeguarding Report • Maternity Services Update <p>Clinical and Service Quality Compliance and Performance</p> <ul style="list-style-type: none"> • Performance Report • Patient Experience Report • Primary Care Dashboard • Ward to Board Dashboard • 4.5 Health and Care Standards self-assessment 2019-2020 report <p>Governance and Risk Management</p> <ul style="list-style-type: none"> • DU 90 Day review action plan • Internal Audit: Interim HTA report • External Inspections • Clinical Senate Council Report • Committee Annual Report • 5.6 Committee Terms of Reference <p>Items for information</p> <ul style="list-style-type: none"> • NHS Wales National Clinical Audit and Outcome Review Plan | <p>Verbal</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> |
| Quality and Safety Committee – 24th October 2019 | |
| Reports Received | Attached/Verbal |
| <p>Benchmarking, Learning and Quality Improvement</p> <ul style="list-style-type: none"> • Paediatric Acute and emergency • Infection Control Report • Safeguarding • Suicide Prevention Report | <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> |

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| <ul style="list-style-type: none"> Substance Misuse | Attached |
| Clinical and Service Quality Compliance and Performance <ul style="list-style-type: none"> Feedback following Quality and Safety Summit Quality and Safety Performance Report Screening for Fetal Growth in line with Gap Grow Older People's Strategy Provision for Children who require Specialist Mental Health Inpatient Care letter | Attached Attached Attached Attached Attached |
| Governance and Risk Management <ul style="list-style-type: none"> EMRTS Clinical Governance Primary Care Peer Review Quality and Safety Risk Register National Maternity and Perinatal Audit Report | Attached Attached Attached Attached |
| Inspections <ul style="list-style-type: none"> Internal Audit Update External Inspections Report | Attached Attached |
| Items for information <ul style="list-style-type: none"> Key Issues: Quality and Safety Forum HIW Action Plan and Annual Report 2018-2019 Items for Information | Attached Attached Attached |
| Quality and Safety Committee – 12th December 2019 | |
| Reports Received | Attached/Verbal |
| Benchmarking, Learning and Quality Improvement <ul style="list-style-type: none"> Patient Story: Nicola's Story Notification to Handover Time Lost Report Paediatric Acute and Emergency Report Suicide Prevention Report Substance Misuse Report Infection Control Report | Attached Attached Attached Attached Attached Attached |
| Clinical and Service Quality Compliance and Performance <ul style="list-style-type: none"> CAMHS Action Plan and Report to include TY Llidiard Strategy Report Quality and Safety Performance Report Patient Experience Report | Attached Attached Attached |
| Inspections <ul style="list-style-type: none"> Internal Audit Community Health Council Report External Inspections Report | Attached Attached Attached |

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| Items for information <ul style="list-style-type: none"> • Key Issues: Quality and Safety Assurance Group • Update on Quality and Safety Governance Group Terms of Reference and Quality and Safety Framework Development | Attached Attached |
| Quality and Safety Committee – 28th January 2020 | |
| Reports Received | Attached/Verbal |
| Benchmarking, Learning and Quality Improvement <ul style="list-style-type: none"> • Patients Story: Hannah's Story • Infection Prevention Control measures outside of hospital care, to include what the trajectory is and what advice is being provided to GPs • Safeguarding | Attached Attached |
| Clinical and Service Quality Compliance and Performance <ul style="list-style-type: none"> • Unscheduled Care to include ambulance handovers and implications of unscheduled care for Quality and Safety • Quality and Safety Performance Report to include a focus on planned care waiting lists and Primary Care Quality Data • Mortality Review | Attached Attached Attached |
| Inspections <ul style="list-style-type: none"> • Internal Audit • Community Health Council Monitoring Returns to include Returns to include Primary Care Governance reports | Attached Attached Attached |
| Items for information <ul style="list-style-type: none"> • Key Issues: Quality and Safety Governance Group • Health Care Standards Update • Items for information | Attached Attached Attached |
| Quality and Safety Committee – 25th February 2020 | |
| Reports Received | Attached/Verbal |
| Benchmarking, Learning and Quality Improvement <ul style="list-style-type: none"> • Patient Story: Jamie's Story • Infection Control to include a formal assessment and action plan regarding the health board's infection control risks, hotspots, themes and action being taken • Update on cleaning and recruitment issues following Senior Leadership Team to include the action plan | Attached Attached Attached |
| Clinical and Service Quality Compliance and Performance | Attached |

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| <ul style="list-style-type: none"> • Quality and Safety Performance Report • Quality and Safety Governance Action Plan and Cwm Taf Morgannwg University Health Board Governance Review • Health Board Plan for Suicide Prevention • Key Issues: Quality and Safety Governance Group <p>Inspections</p> <ul style="list-style-type: none"> • World Health Organisation Surgical Safety Checklists | <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> |
| Quality and Safety Committee – 24th March 2020 | |
| Reports Received | Attached/Verbal |
| <p>Benchmarking, Learning and Quality Improvement</p> <ul style="list-style-type: none"> • Infection Prevention Control to include a breakdown of cleanliness levels and audits <p>Clinical and Service Quality Compliance and Performance</p> <ul style="list-style-type: none"> • Unscheduled Care update • Quality and Safety Performance Report • Patient Experience Report • Quality and Safety Governance Action Plan and Cwm Taf Morgannwg University Health Board Governance review • Major Trauma Network Clinical Guidelines <p>Inspections</p> <ul style="list-style-type: none"> • External Inspections to include Human Tissue Authority update | <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> <p>Attached</p> |

Appendix Six – Dashboard of Risks

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| Impact/Consequences | 5 | | | | 4: Infection Control 49: TAVI Service 58: Ophthalmology Clinic Capacity 16: Access to Planned Care Services 50: Access to Cancer Services 63: Screening for Fetal Growth Assessment in line with Gap-Grow (G&G) 65: CTG Monitoring in Labour Wards 68: Coronavirus Pandemic 69: Adolescents being admitted to Adult MH wards 70: Data Centre outages | 1: Access to Unscheduled Care Service 67: Target breeches to Radical Radiotherapy Treatment 66: SACT Treatment |
| | 4 | | | | 03: Workforce Recruitment of Medical and Dental Staff 11: Healthcare Model for Aging Population 43: DOLS Authorisation and Compliance with Legislation 45: Discharge information 48: Child & Adolescence Mental Health Services 37: Operational and strategic decisions are not data informed 57: Non-compliance with Home Office Controlled Drug Licensing requirements 61: Paediatric Dental GA Service - Parkway | 64: H&S Infrastructure 39: IMTP Statutory Responsibility 42: Financial Plan 62: Sustainable Corporate Services 60: Cyber Security |
| | 3 | | | | 13: Environment of Health Board Premises 36: Electronic Patient Record 27: Sustainable Clinical Services for Digital Transformation 41: Fire Safety Regulation Compliance 52: Engagement & Impact Assessment Requirements 51: Compliance with Nurse Staffing Levels (Wales) Act 2016 | 15: Population Health Improvement 54: No Deal <u>Brexit</u> 53: Compliance with Welsh Language Standards |
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| | Likelihood | | | | | |

NATIONAL ASSEMBLY FOR WALES ACCOUNTABILITY AND AUDIT REPORT

Where the Swansea Bay University Health Board undertakes activities that are not funded directly by the Welsh Government the Trust receives income to cover its costs. Further detail of income received is published in the Trust's annual accounts; within note 4 headed 'other operating revenue'.

The Swansea Bay University Health Board confirms it has complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

The Swansea Bay University Health Board ensures public funds are used appropriately and to deliver the intended objectives. Expenditure is compliant with the relevant legislation. Charges for services provided by public sector organisations pass on the full cost of providing those services.

THE CERTIFICATE AND INDEPENDENT AUDITOR'S
REPORT OF THE AUDITOR GENERAL FOR WALES TO
THE NATIONAL ASSEMBLY FOR WALES

THE WORDING FOR THIS SECTION WILL BE PROVIDED BY WALES AUDIT
OFFICE COLLEAGUES.



Financial Report

2019-20





Annual Quality Statement

2019-20



THE ANNUAL QUALITY STATEMENT IS A STANDALONE DOCUMENT THAT DOES NOT FORM THE UNIFIED ANNUAL REPORT.

THE CONTENTS OF THE ANNUAL REPORT IS PRESCRIBED VIA A WELSH HEALTH CIRCULAR ISSUED ANNUALLY BY WELSH GOVERNMENT

THIS SECTION SHOULD THEREFORE JUST INCLUDE A SIGNPOST TO THE ANNUAL QUALITY STATEMENT WHICH SHOULD BE PUBLISHED ALONGSIDE THE ANNUAL REPORT.