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Swansea Bay University  
Health Board

# Swansea Bay University Health Board Annual Report 2020-21



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## Statement of the Chief Executive's Responsibilities as Accountable Officer

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

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

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

The accountable officer is required to confirm that 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:

Interim Director of  
Finance

Date:

## About the Health Board

Swansea Bay University Health Board cares for the health needs and healthcare for the people of Neath Port Talbot and Swansea. We are responsible for the provision of health services, population health and commissioning of services for a population of around 390,000 and have a budget of around £1.1 billion, employing around 12,500 staff.

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

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

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

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

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

- Emergency Medical Retrieval and Transfer Service (EMRTS) – provides advanced decision-making and critical care for life or limb-threatening emergencies requiring transfer for time-critical treatment at an appropriate facility.
- NHS Wales Delivery Unit – provides professional support to Welsh Government to monitor and manage performance delivery across NHS Wales.
- Major Trauma Network Operational Delivery Network – provides the management function overseeing the major trauma network, coordinating patient transfers between the major trauma centre, trauma units and local hospitals and enhancing major trauma learning to improve patient outcomes, patient



experience and quality standards from the point of wounding to recovery.

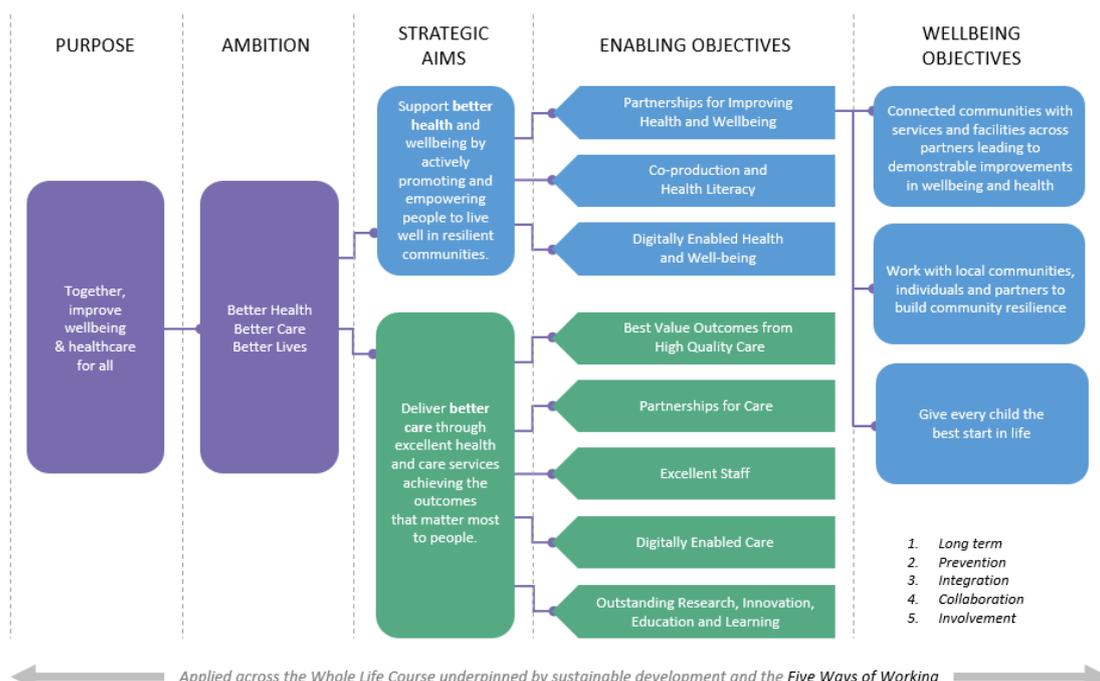
- Lymphoedema Network – manages the Lymphoedema Network Wales National Team.

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

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

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

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 to 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 locally 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. These values are at the heart of all that we do.

CARING for each other | Working TOGETHER | always IMPROVING

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



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

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



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

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

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

## Introduction: Chief Executive's Overview



2020-21 was a demanding year for the health board as its primary focus had to be the response to the Covid-19 pandemic. As such, we had to change the way we worked in order to provide care for those testing positive for the virus as well as those with other health needs. This has had a notable impact on our performance, finance and governance arrangements and is reflected throughout our annual report.

We are sincerely grateful to all our staff for the continued, tireless efforts during these challenging times. They have shown commitment and resilience they have shown throughout the pandemic to date, often at personal sacrifice. Many choose not to see their families during the first and second waves to reduce the risk of passing on the virus to those they loved. Others worked long hours, days and weeks to provide the very best care

and many took on new roles to support the needs of the services under the most pressure.

We established a preparedness and response framework to the Covid-19 pandemic on 31<sup>st</sup> January 2020, with a decision made to implement a major incident response and associated command, control and communication arrangements. Since then, a significant amount of work has been undertaken and is continuing across the organisation. The command, control and coordination, together with the respective response arrangements remain in place, flexing in accordance to the situation.

A positive achievement for us was the change in Welsh Government escalation status, downgrading from 'targeted intervention' to 'enhanced monitoring', which was a reflection of the progress the health board has made in lead up to and during the pandemic on its financial and operational performance.

Workforce has been a significant challenge throughout the year. Staff absences at various points were high, not only due to staff having to self-isolate should they be symptomatic, test positive or come into contact with someone who has, but also those who were classed as clinically vulnerable and were advised to shield. In order to keep services running, staff worked flexibly and were redeployed to meet the needs of the business. Areas in which provision had stopped, for example school nursing and fertility services gave opportunities for these staff to undergo training and support the Covid-19 response either on wards caring for patients or working within the testing/vaccination centres administering either the tests or vaccines.

Compliance against delivery frameworks for us was challenging as every effort had to be made to provide the best possible services for all our citizens regardless of

their health needs, and unfortunately came at a cost in terms of both performance and finance. For 2020-21, the health board had budget £1071.257m with the end-of-year financial position reported as a deficit of £24.304m. This was in line with the forecast made the start of the year however it was a breach of our financial duties, as was the failure to achieve an approved integrated medium term plan (IMTP – three year plan).

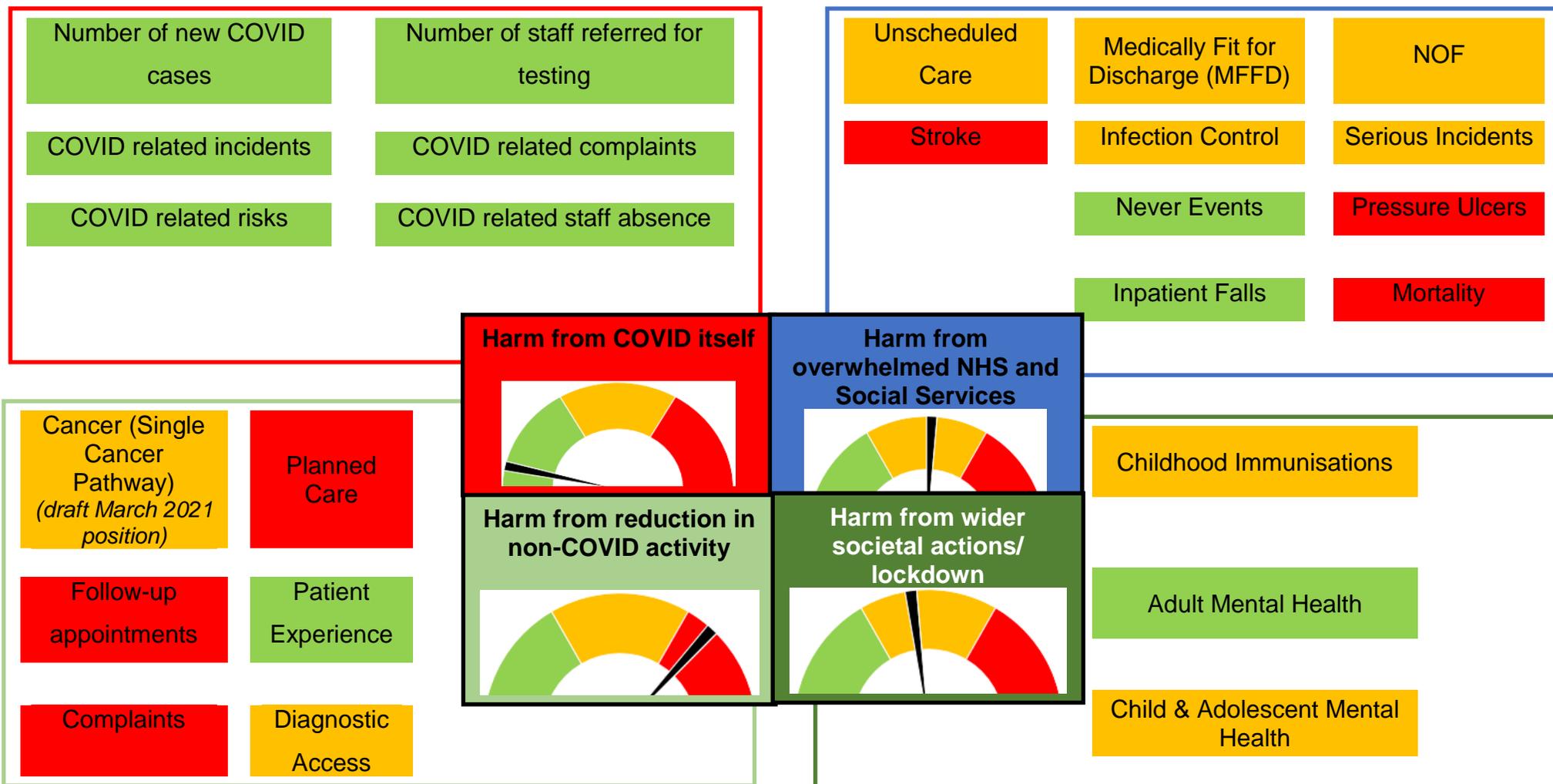
For the first half of the year, a considerably higher year-end forecast was reported to the board. This was due to the continual large in-month expenditure to respond to the pandemic and enable such interventions as the establishment of field hospitals and a testing programme. These were offset by £83.733m additional funding provided by Welsh Government, enabling the financial position to be recovered. The board has been kept apprised of the situation throughout, including the inability to deliver the £23m savings plan agreed at the start of the year, again as an impact of Covid-19, with only £6.714m savings achieved by year-end. This will have an impact on 2021-22 as some of the savings proposed were anticipated to have been recurrent.

A number of initiatives were implemented during the winter of 2019 to address the challenges within unscheduled care and some progress was being seen prior to the start of 2020-21. However the pandemic has meant that we have had to change way we work, with the emergency department being redesigned to accommodate Covid-19 and non-Covid-19 patients as safely as possible. A decrease in attendances at the department was evident at the start of the first wave and performance did improve and while attendances have increased at points in the year, overall, there have been fewer people presenting than in 2019-20.

Planned care reduced dramatically as at the start of the pandemic, all non-urgent care was stopped as directed by Welsh Government. While essential non-Covid-19 services are now being provided, this is still on a reduced level and the length of time patients are waiting for elective treatment has increased. The main focus in the year has been to limit the harm caused to those requiring elective procedures, therefore as services have restarted, patients have been seen based on clinical priority.

While performance is something which needs to be monitored and achieved, more important is the quality and safety of services. These are the areas in which we are held to account, not just by Welsh Government, stakeholders and partners, but more importantly, by the people that we serve and care for on a daily basis. The four quadrants of harm identified by Welsh Government early in the pandemic have been a key factor in our plans and performance. The diagram on the next page shows how we have delivered against them.

<b>Harm from Covid itself</b>	<b>Harm from overwhelmed NHS and social care system</b>
<b>Harm from reduction in non-Covid activity</b>	<b>Harm from wider societal actions/lockdown</b>



NB- RAG status is determined based on performance across the 12 month period of 2020/2021

**\*need to add context paragraph for charts above\***

The work we have done throughout the year which has led to the performance set out above is detailed across the rest of this report.

While it has been an unforgiving and challenging year for the health board the communities that we serve, we are ending it better than we started it, with hope that the transition from responding to the pandemic can now move into recovery. Where possible, we have taken the opportunities to change our services for the more longer-term, rather than just a short-term measure, to developed a more improved and sustainable organisation for our staff, patients and citizens.

Mark Hackett  
Chief Executive

# **Performance Report 2020-21**

## Our Performance Report

### Responding to Covid-19

Responding to Covid-19 has been our main priority for 2020-21 and this starts with managing the virus itself.

#### ❖ Testing and Vaccines

Within our local communities, as at 31<sup>st</sup> March 2021, we had:

**349,572** Covid-19 tests

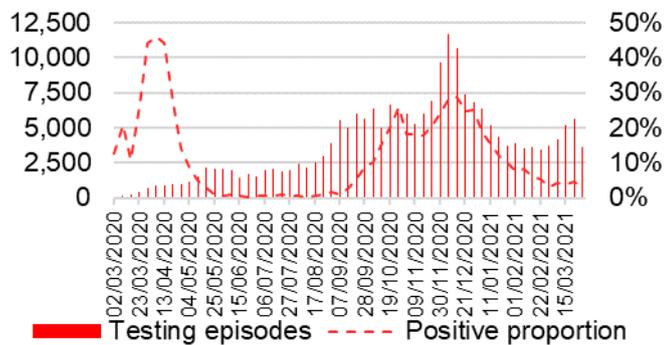
**29,213** positive results

This is **8.36%** of the tests

**2,107** positive staff results

**7** members of staff sadly died

**Number of COVID19 tests completed and positivity rate**



The approach to testing has evolved as the pandemic has continued, and to date we have a daily testing capacity of 3,000 thanks to:

- Two drive-through testing centres (Margam and Liberty Stadium);
- Two walk-in centres;
- Two mobile testing units.

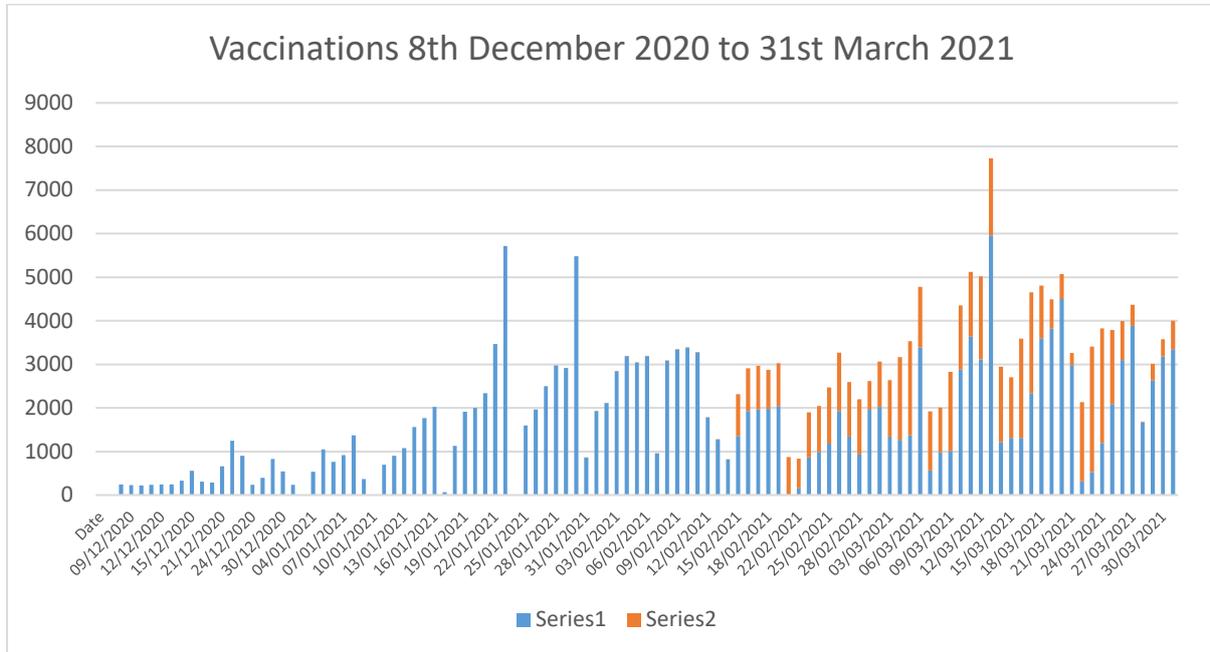
Linked to testing is the Test, Trace and Protect programme. In partnership, with the local authorities, call centres were set up to trace contacts for each confirmed case. To begin, with health board staff took on the role but as the pandemic continued, a recruitment drive was undertaken to ensure there was enough capacity to cope with additional demands.

Since 8<sup>th</sup> December 2020, the health board has had a comprehensive vaccination programme in place, which started with frontline healthcare staff in Morriston Hospital before quickly extending to other hospital sites. Once the programme was fully up and running, a number of facilities started to administer either Pfizer BioNtech and Oxford Astra Zeneca, or both:

- Mass vaccination centres - Bay Field Hospital, Margam Orangery and Canolfan Gorseinion;
- A mobile service targeting hard to reach groups and geographically isolated communities via an 'Immbulance';
- Primary care centres;

- A small number of community pharmacies as a pathfinder to explore the delivery of vaccine through these settings.

By 31<sup>st</sup> March 2021 **179,772** first doses and **55,516** second doses have been administered.



While Covid-19 remains the key challenge to public health, the national flu campaign began in the autumn of 2020 as planned, with 8,243 vaccines given by 31<sup>st</sup> March 2021 - this equates to 63% of frontline staff. There have been low levels of the flu virus reported in this financial year but it was important to reduce the risk of health services being overwhelmed by both Covid-19 and flu.

#### ❖ Clinical Sites

Although the majority of people were able to recover from the virus at home, a number of people were admitted to our hospitals, some of whom were so unwell, they needed beds in our intensive care wards. To make sure we had enough critical care beds for everyone who needed them, not just those with Covid-19, steps were taken to increase the amount.

Two field hospitals were created in quick succession; one at Llandarcy Academy of Sport and the other at Bay Studios Business Park, both of which were ready by May 2020. The Llandarcy Field Hospital was de-commissioned once the first wave had passed. However, Bay Field Hospital is currently running as a community phlebotomy facility as well as providing a venue for mass vaccination. The bed capacity is still in place should we need it.

In addition, two additional critical care facilities were created by repurposing areas in Morriston Hospital, one of which was used for periods of high demand during both the first and second wave of the pandemic and remains in place currently.

## Redesigning our Services

Even though great focus was given to Covid-19, we could not just stop providing care for others who needed it, but to do so, we had to respond rapidly in order to minimise the spread of infection and allow services to cope during a surge of cases. This resulted in transformation and service change where necessary.

### ❖ Primary and Community Care

Primary care is the first port of call for many patients when accessing our services. Throughout the year, our GP practices, dentists and other contractor services such as pharmacies and optometrists have remained open, but working behind closed doors, and in the case of dental services, only seeing those who were clinically urgent. The rapid and widespread roll-out of digital systems such as 'AskMyGP' helped services to be maintained:

More than **130,000** patients

nearly **40,000** active users

**650,000** requests

Average of **16,000** per week

A primary care assessment hub was set up to provide robust assessment, review and management of patients who were self-isolating and required medical attention that could not be managed over the telephone by their own GP practice. Also, a cluster approach to phlebotomy, vaccination and immunisations and sexual health/family planning services was established and a cluster virtual ward model developed to protect hospital capacity by admission avoidance and early discharge.

Not only was there a focus on trying to help patients stay out of hospital, systems were put in place to help people return to the community once they were well enough to do so. A rapid discharge process was put in place on 1<sup>st</sup> July 2020 to fast-track pathways including streamlined assessments, trusted triage model and joint discharge team for those requiring care, including continuing healthcare and local authority funded patients. There was also considerable support by district nursing, acute clinical teams and long-term care nurses to support residents in care homes where outbreaks had occurred.

The care home sector has remained at significant risk with a number raising workforce and sustainability concerns. The health board has worked with its local authority partners, the voluntary sector and care home providers to provide support and guidance when required, in particular direct staffing input, infection control advice and support with testing, tracing and outbreak management when needed.

### ❖ Acute Services

For those patients who did need hospital care, whether it was planned or unscheduled, Covid-19 or non-Covid, services were redesigned to make it as safe as possible for them and our staff.

The emergency department at Morriston Hospital was divided into two zones; one for confirmed or suspected Covid-19 patients and the other for those without the virus. Other initiatives put in place included:

- A paediatric emergency department;

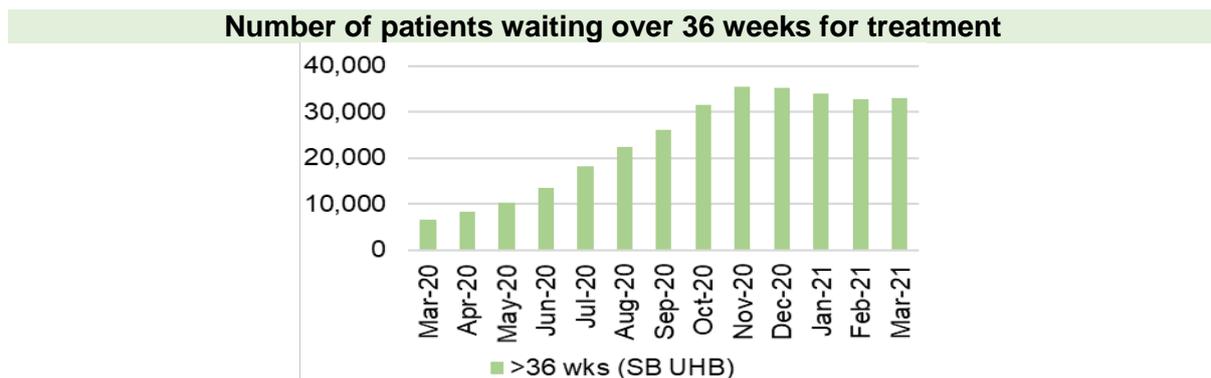
- A respiratory assessment unit;
- A temporary building to accommodate the older people's assessment service; this created additional capacity next to the emergency department to help ambulances offload patients so they could be sanitised and released;
- An additional discharge vehicle to support afternoon and evening discharges;
- 'Contact first' service which encourages people to call before attending the emergency department;
- An urgent primary care centre to reduce the number attending the hospital unnecessarily as they could be seen in primary care settings instead.

While the urgent and emergency care service has always been running, our response to restarting essential, non-Covid services agenda began in May 2020 and included:

- Appointing an associate medical director for non-Covid and recovery;
- Using a quality impact assessment process, overseen by clinical executive directors and supported by a panel, to ensure services were being reinstated in a structured and risk-based way;
- Developing theatre standard operating procedures (SOPs), pre-operative processes, consent process and patient information leaflets;
- Quarterly updated assessments against Welsh Government framework.

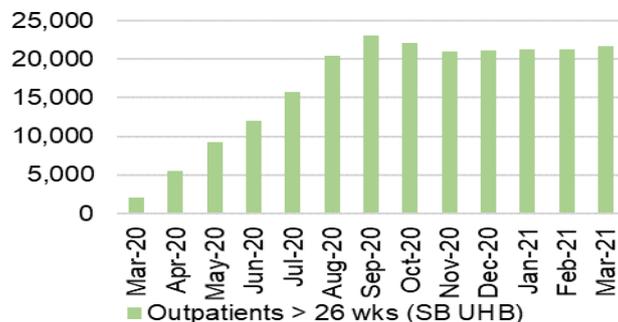
We used the national categorisation to determine which cases should be seen when and clinical emergency and trauma theatre capacity was increased to ensure that all priority levels 1a and 1b plus urgent and emergency cases could be treated in a timely way. For the other categories, a process was developed which set out the requirements for clinical teams to prioritise cases on speciality waiting lists. Available theatre capacity was then targeted at the specialities and patients in greatest need.

At the end of 2020-21, we had **78,902** patients waiting for elective care.



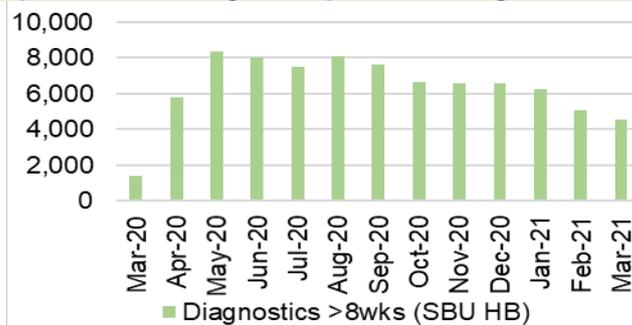
The elective care process usually starts with an outpatient appointment. During the first wave of the pandemic, all but the most urgent outpatient activity in the health board stopped, but this was gradually reintroduced as it became safe to do so. At the same time, there was a significant increase in the use of virtual consultation with patients; this has continued, particularly with those requiring a follow-up appointment. Currently approximately 40% of all consultations are taking place virtually and outpatient activity is now around 70% of the level it was pre-Covid.

### Number of patients waiting over 26 weeks for an outpatient appointment



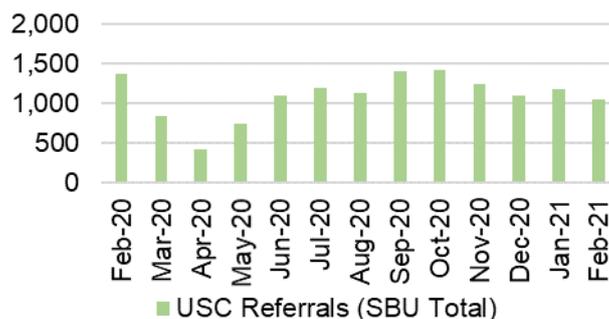
The next step is diagnostics and timely access to these services is critical. During the first few months of Covid-19, the majority were stood down to enable staff to be retrained, limit footfall on sites and to create capacity for pandemic demand. The impact of this led to a rapid rise in volumes of patients waiting and the length of time waited increased significantly. Detailed recovery plans were developed and implemented and this has resulted in some being on track to return to an eight week maximum wait by the end of March 2021.

### Number of patients waiting for reportable diagnostics over 8 weeks



One of the specialities we have continued to provide throughout the pandemic is cancer but services has been severely disrupted. We have seen the number of urgent suspected cancer referrals continue to increase since June 2020, with levels now close to where they were pre-Covid-19, however we have not experienced the growth in demand as anticipated.

### Cancer referrals

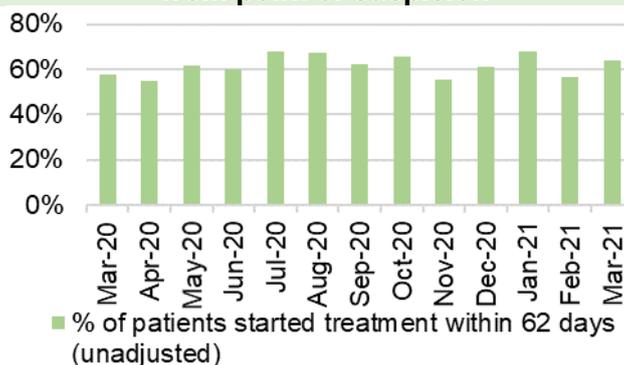


From December 2020, a major change to the management of suspected cancer patients was introduced. The single cancer pathway, following a period of dual reporting from June 2019, replaces the previous two standards – the urgent suspected cancer and the non-urgent suspected cancer. Reporting recommenced in January 2020 and is against the single cancer pathway only.

**Single Cancer Pathway backlog- patients waiting over 63 days**

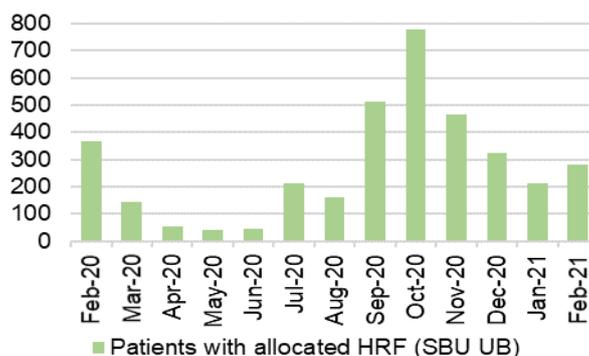


**Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion**



Eye care is also a priority for the health board, particularly those at greatest risk of sight loss. We have concentrated on emergencies and ensuring that those patients with age related macular degeneration were seen in a timely manner with treatment initiated. In addition, those already on treatment regime continued to receive this.

**Ophthalmology patients without an allocated health risk factor**



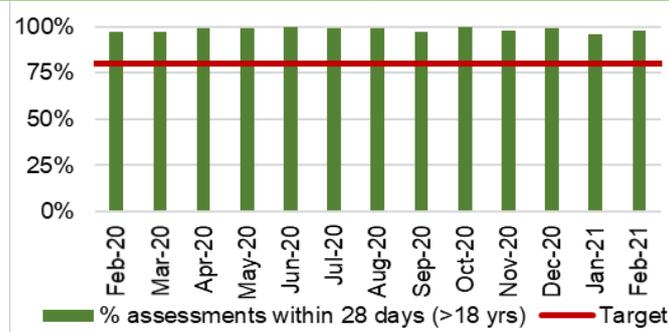
It is important that patients waiting for treatment are also supported through pre-rehabilitation and examples of our approach include:

- An exercise and lifestyle programme pilot to work with patients waiting for arthroplasty surgery where they engage with lifestyle, exercise and therapy work with the intention to increase fitness to improve surgical outcomes and potentially remove any patients that no longer require surgery;
- Advanced practice physiotherapists working with spinal surgeons and patients waiting for appointments, providing advice and therapeutic support;
- A cancer services pilot with the Upper Valleys cluster, the rapid diagnostic clinic and initially two cancer multi-disciplinary teams (upper gastro-intestinal and colorectal) which will work with patients on these cancer pathways on pre-assessment, lifestyle and psychological support in order to optimise their treatment and outcomes.

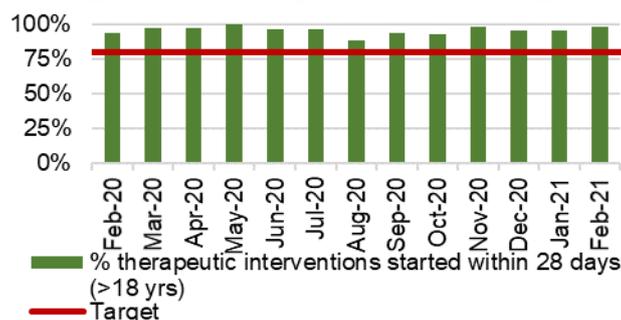
It is not just physical health that we needed to focus on; mental health was just as critical, especially at a time of such anxiety. Local arrangements were established for moving staff between areas to maintain essential mental health services, particularly urgent and inpatient care. Additional equipment was provided across community and inpatient services and arrangements made for the increased demand for oxygen as none of our inpatient environments have, nor require in normal circumstances, piped oxygen. Existing caseloads were risk assessed and RAG (red, amber, green) rated to identify vulnerability and prioritise allocation of resources to manage risk. This included capturing information on age, physical health issues, mental health issues and whether living alone/with elderly carers.

Performance has been maintained despite the additional pressures:

**% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral**

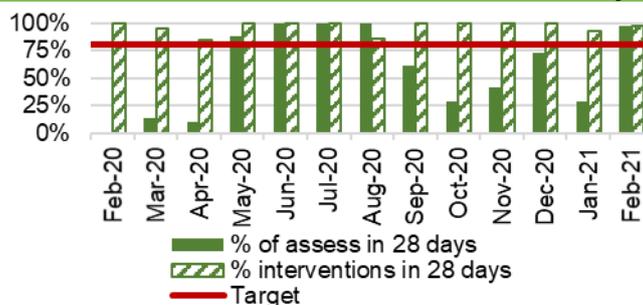


**% of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Specialist Services**

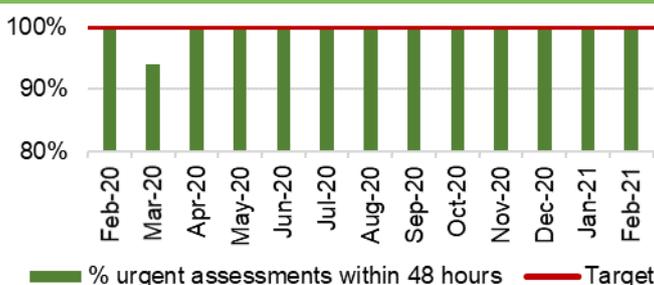


Four of our younger patients, child and adolescent mental health services (CAMHS) are provided for the Swansea Bay area by Cwm Taf Morgannwg University Health Board, who continued to work in partnership with us during 2020-21 to ensure that services could continue to be provided, albeit in a different way, throughout the pandemic. The services have continued to implement the multi-agency delivery plan to improve the emotional health and wellbeing of children and young people.

### Assessment and intervention within 28 days



### Urgent assessments undertaken within 24 hours from receipt of referral



### Keeping our Staff and Patients Safe

Keeping our staff and patients safe throughout the pandemic has been paramount, especially given the contagious nature of Covid-19. PPE (personal protective equipment) was a critical factor and a dedicated silver logistics cell was set up to oversee arrangements, with a modelling tool developed to monitor usage, taking into account the detailed requirements and implications to revised national guidance. The infection prevention and control team provided and led on training for the correct ‘donning and doffing’ of PPE, including fluid repellent face masks, face shields/visors, gowns, aprons and gloves.

The physical environment was also a key consideration. Where appropriate, beds were removed to ensure adequate spacing and ClearScreen curtains were installed throughout inpatient facilities, where relevant, to provide additional barriers.

As another way of reducing the transmission of the virus, we stopped hospital visiting, with the exception of children and those at the end of their lives. This meant having to work differently to help patients maintain some contact with their loved ones as well as receive essential items including creating a laundry drop off and collection for patients. Working with the wider clinical teams, we set up the ‘messages to loves ones’ email address and a central coordinating point to distribute the messages to patients on the ward as well as send replies. Additional iPads were purchased for patients to use to ‘keep in touch’ with those at home.

### Dignified Care

Ensuring dignified care for all our patients is key, regardless of prognosis, as they often access our services when they are most vulnerable. There is a particular urgency to the delivery of this care when they are approaching end of life as it reduces complex bereavement of those close to the dying person. Improving end-of-life care is one of our quality priorities for 2021-22 but we have already developed a service to support care after death, including access to bereavement support. Additionally there has been engagement and collaborative working with funeral directors to ensure that processes were as efficient as practicable.

For those who did pass away, a work cell was established to focus on excess deaths, leading to the creation of additional temporary capacity within the mortuaries at Morriston and Neath Port Talbot hospitals, and a temporary body storage facility at the Llandarcy Field Hospital.

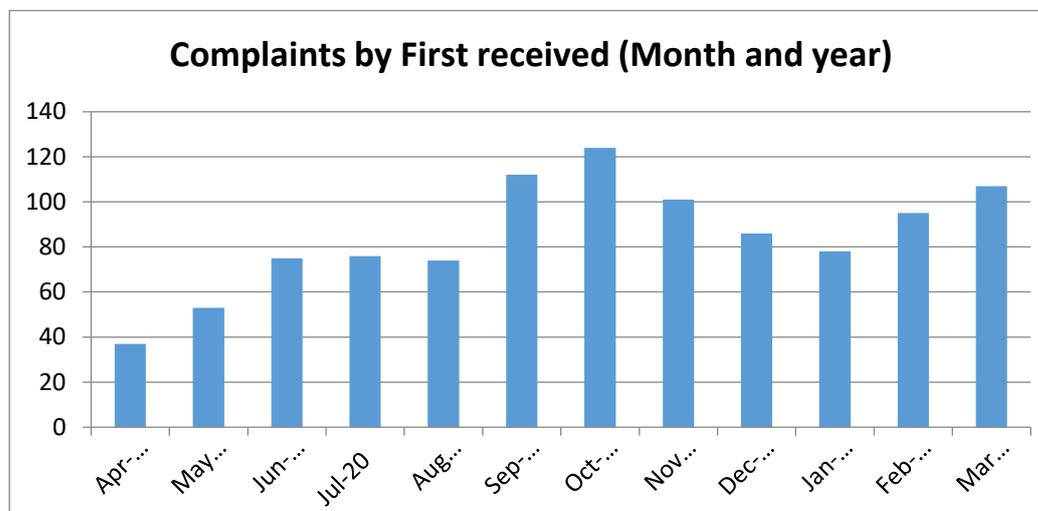
### When We Did Not Get It Right

While every effort has been made to do what is right for our patients, there have been times when we have got it wrong, and it was important that we listened to people's feedback in order to learn.

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

As well as hearing from patients, we also received 1,667 completed surveys from our staff survey; the results of which will help shape home working and wellbeing services for our staff.

During 2020-21, we received 1,018 formal complaints during 2020-21 and the graph below breaks this down per month:



Communication is a common theme for complaints throughout the health board and

as a result, we have developed bespoke communication training for all staff. Clinical treatment is also one of the top themes, as were appointments, and the concerns are set out below.

Clinical Treatment Concerns	
Lack of treatment	279
Delay in receiving treatment	269
Reaction to procedure/ treatment	134
Incorrect treatment given	109
Incorrect diagnosis	99
Delay in diagnosis	89
Unintended retention of a foreign object after surgery/procedure	1

For serious incidents, the team produces a learning brief and supports the sharing of thematic learning from investigations for example, falls; pressure ulcer; mental health cases and infection control. The top five themes in 2020-21 were:

- Injury of unknown origin;
- Pressure ulcers;
- Patient accidents/falls;
- Behaviours;
- Medication/biologics/fluids.

The learning from closed cases has been presented to the Quality and Safety Governance Group and Quality and Safety Committee and a newsletter setting out the learning and actions taken was issued.

During 2020-21, 18 investigations were undertaken by the Public Services Ombudsman for Wales and The health board has received three public interest reports within the past 12 months. Issues identified within these reports included, nutritional needs, documentation and communication. Actions being taken as a result of these include:

- **Communication** – a task and finish group to look at incidents and complaints relating to communication has been set up;
- **Poor Documentation** – is being raised in professional forums such as the Nursing and Midwifery Board and health board is also part of an all-Wales programme to implement a digital record;
- **Poor concerns handling** – complaints standards training was delivered by the Ombudsman Training Officer early in 2021. Work continues to be undertaken by the corporate team to reduce referrals;
- **Human Rights Training** – is being rolled out across service groups, commencing in the Mental Health and Learning Disabilities Service Group.

### Working in Partnership

We could not have managed the pandemic by ourselves and partnership working has been vital. There is full engagement with the Local Resilience Forum where the

health board participated as a category one responder, not only for Covid-19, but also on preparations for the exit from the European Union (Brexit).

We continue to work with our respective partner agencies to manage and respond to safeguarding and domestic abuse concerns. In addition, we are engaging with emotional wellbeing review group meetings led by Neath Port Talbot and Swansea local authorities of vulnerable adults, vulnerable children and young people.

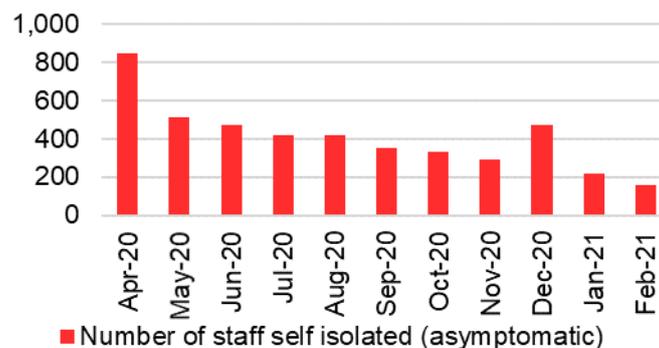
Our Stakeholder Reference Group is a key part of our mechanisms for engaging with the public over the health board's plans and actions. It has continued to meet, albeit virtually, during most of 2020-21 and while Covid-19 has understandably been a focus for these meetings, consideration of health board plans and actions has also been included so that any concerns or issues raised by members are taken into account by the Board prior to making any relevant decisions.

Part of good relations with staff includes good partnership working with the trade unions, something we have maintained throughout the year. In addition to close working with union representatives, the health board partnership forum met on a monthly basis. These meetings were in addition to local partnership forums.

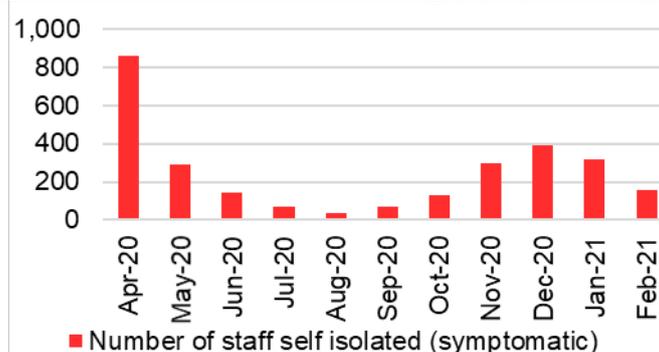
### Workforce Management and Wellbeing

Our people are integral to the working of the health board and we continue to be grateful for all that they do. At our peak, there were 1,700 staff not in work due to Covid-19 related absences while there was a peak of around 750 estimated non-Covid-19 absences. This was in addition to those shielding had a massive impact on the running of services.

**Number of staff self isolating (asymptomatic)**



**Number of staff self isolating (symptomatic)**



In terms of the Nurse Staffing Levels (Wales) Act 2016, we continue to comply with the act, assessing relevant wards on a daily basis. Where there are staffing issues, colleagues are redeployed from areas under less pressure or bank/agency called upon to fill the gaps. Nursing staff are not the only ones who have been redeployed with many doctors moving into different rota patterns in addition to extra resources being recruited. This is the same for allied health professionals.

Since April 2020, more than 1,400 additional bank staff have been added to the bank to support a number of roles include surge capacity, safer staffing, field hospitals and administration. In addition, there continues to be a 'rolling' advert for bank healthcare support workers. While we were lucky to have benefitted from the support of 580 students in the first wave, these have since returned to their studies.

Risk assessments have been undertaken throughout the pandemic to ensure staff are working as safely as possible. All staff were encouraged to complete the Welsh Government tool, in particular those of black, Asian and minority ethnic descent as more cases were being seen in their demographic groups. For those staff for whom it was not safe to work closely patients, alternatives were initially considered and where possible they were redeployed to support other non-clinical areas of business. Otherwise they were asked to work from home if possible.

Staff wellbeing and resilience is of utmost importance. There has been a 78% increase in management referrals to occupational health relating to Covid-19 and workforce risk assessments, contact tracing for staff and staff testing. As a result, a nurse-based team was established with allied health professional and medical support. The pathway has also been extended to include trauma and bereavement services. Nearly 400 wellbeing champions are now in place to support teams as well as learning and development coaches based within each of the service groups.

### Learning

Whilst the Covid-19 pandemic has had devastating impacts on communities, families and economies, it did create a sense of urgency that generated innovation and transformation in the way health services are configured, delivered and enabled at scale and at pace.

During summer 2020, the health board undertook a listening and learning exercise, engaging with staff, patients and partners in order to capture the experiences of change and ensure that the positive changes were identified so that improvements could be embedded. These included:

- **Consultant Connect** for primary care practitioners to seek an opinion from consultants and where possible avoid a new outpatient referral. 35% of the consultations have avoid referral. The health board was the first in Wales to launch this and the focus in 2021-22 will be on rolling it out more widely;
- **Virtual consultations** are now in use in all specialties with around 40% of all consultations taking place virtually. The next phase is to pilot virtual group consultations and we are being supported by Welsh Government in a pilot in rheumatology and dermatology;
- A **"Quick Question" self-validation tool** has been adopted which gives patients the opportunity to self-assess their conditions and whether they feel

they need to remain on a follow up list. This approach has seen a reduction in over 10% from follow-up lists in rheumatology and gynaecology with a plan in place to roll out to more specialties over the coming months;

- **Patient Reported Outcomes Measures (PROMS)** is being used in a number of specialties to support the prioritisation of patients according to need. For example in lymphoedema services, the introduction of PROMS has seen the average wait to first appointment for urgent referrals drop to nine days (versus 33 days in 2019), while for routine appointments it has dropped to 18 days (versus 71 days in 2019).

### Decision Making and Governance

Throughout the year it has been essential to maintain good governance and ensure the decisions being made are being done so in the right way but without delaying progress. The board continued to meet but quickly moved to virtual meetings at the start of the year which have since started to be livestreamed to enable members of the public to observe. Meeting frequency was increased to monthly until the summer to keep members apprised of the current situation and response and a review of committee arrangements was undertaken in April 2020. The initial outcome was to step-down all committees except for Quality and Safety Committee given how integral this is to the situation and the Audit Committee due to the end-of year reporting arrangements. The arrangements were kept under review and gradually stepped back up from June 2020 but with executive directors, other than the lead for the committee, being able to step-down from meetings unless required for a specific item. The board recognises that it has a commitment to holding its committee meetings in public however, given the ongoing pandemic, this has not been possible. Due to the number of committees and frequency of these, it is too resource intensive to livestream committee meetings but the health board will look at ways in which committees could be held in public where possible.

To respond to the pandemic, the health board's major incident command and control structure was initiated, managed through the gold command centre. This took responsibility for the high-level decision making and oversaw the operational silver group, which managed the day-to-day decisions as well as the site and service-based bronze groups. Regular updates from this structure were provided to the board, including a specific Covid-19 risk log which was updated on an ongoing basis.

Prior to, and throughout, the first and second waves of Covid-19, the communications team has provided information to support the right choices on the health board's external internet site and on its various social media sites. This has included information relating to access of services, suspension of visiting, information relating to outbreaks, and advice on appropriate precautions to help keep people safe.

### Conclusion and Forward Look

This has been an incredibly challenging year for the health board. Much has been achieved but there have also been areas in which more work is needed, and these provide blocks on which to build for 2021-22. As the year comes to end, the annual plan for the next one is being finalised and sets out what we hope to achieve over the next 12 months. Just some of our goals include improving patient experience through better safety and quality and less harm, focusing on healthcare acquired

infections, sepsis, end-of-life care, falls, suicide prevention and improving outcomes and clinical standards.

We are also aiming to rejuvenate our hospitals as well as our primary care, community and therapy services to link improvements in a number of areas, including cancer and emergency medicine. There are also plans to transform mental health and learning disability services and improve the financial position, as well as provide better staff experience at work. Providing services in the right facilities is key and we will be working to centralise the acute medical services at Morriston Hospital as a centre for urgent care, releasing capacity at Singleton and Neath port Talbot hospitals to undertake more planned work, for example in a dedicated orthopaedic centre at Neath Port Talbot Hospital.

A critical priority is to create a sustainable urgent and emergency care system but we also recognise that we need to improve the rate at which we provide planned care, as people are now waiting longer. This will be a longer-term plan but we need to start thinking about how we address the backlog now.

All this is not forgetting the continuing need to respond to Covid-19, as cases still remain high in the communities we serve, with some needing admission to our hospital. While we are hopeful that we will be able to start our recovery from the pandemic in the second half of 2021-22, our response to the pandemic will remain a focus for us.

# **Accountability Report 2020-21**

## Annual Governance Statement

### ❖ 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.

At the time of preparing this annual governance statement, the health board and the NHS Wales are facing unprecedented and increasing pressure in planning and providing services to meet the needs of those who are affected by Covid-19, while also continuing essential non-Covid-19 services.

The required response has meant the whole organisation has had to work very differently both internally and with our staff, partners and stakeholders, and it has been necessary to revise the way the governance and operational framework are discharged.

To demonstrate this, the organisation is recording how the effects of Covid-19 have impacted on any changes to normal decision making processes. Where relevant these, and other actions taken, have been explained within this annual governance statement.

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

### ❖ 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. In December 2020, a public appointments process was undertaken to recruit a substantive vice-chair, with Stephen Spill taking up post in January 2021. For the majority part of the year, the post was undertaken on an

interim basis by Martyn Waygood, who is also an independent member (legal). There are also three associate member posts, one of which is currently vacant - chair of the Health Professionals' Forum, which is in the process of being agreed, as the forum had restarted after a period of absence in 2019-20, however it was stood down again due to the pandemic after its meeting in February 2020.

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 director posts comprising Director of Transformation, Director of Digital Services and the Director of Communications.

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

During 2020-21, the following improvements have been made:

- Board briefings held throughout the year to provide updates on legislation/policy changes, business cases and services changes to enable members to make more informed decisions during formal meetings;
- A standard operating procedure produced to have a more consistent format of corporate meeting planning as well board report training developed;
- Virtual meetings fully operational including a livestream option, with a meeting etiquette in place to ensure sessions look professional and run efficiently;

While the number of audit and external reviews was reduced due to the pandemic, which was particularly critical to governance and the assurance of the board, a review was undertaken by the Welsh Government Integrated Assurance Hub of field hospitals. In terms of its findings relating to the health board, it gave an amber/red rating for its delivery confidence assessment which was defined as "successful

delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.” Seven recommendations were made and progress against the action plan monitored by the Audit Committee, with a number already completed.

- **Director’s Report**

The directors’ report provides details about the health board including the independent members and executive directors, the structure of the board and components of its governance and risk management structure. It also includes the disclosures and reporting required of Swansea Bay University Health Board as part of its day-to day business.

The board is made-up of executive directors, who are employees of the health board, and independent members appointed by the Minister through the public appointment process. Current board members and other members of the senior team are below, but there have been some changes during the year, most notably:

- The retirement of Tracy Myhill as Chief Executive, Hazel Robinson as Director of Workforce and OD and Gareth Howells as Director of Nursing and Patient Experience;
- The interim appointments of Darren Griffiths, Director of Finance (interim), Kathryn Jones, Director of Workforce and OD (interim) and Christine Williams, Director of Nursing and Patient Experience (interim);
- The appointments of Mark Hackett as Chief Executive, Stephen Spill as Vice-Chair, Keith Lloyd as the independent member representing the university sector, Rab Mcewan as interim Chief Operating Officer and Christine Morrell, Interim Director of Therapies and Health Science.

## Chair and Independent Members



### **Emma Woollett, Chair**

#### **Appointment:**

Emma was appointed as Chair in April 2020. Prior to this she held the office of vice-chair

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

Emma chairs the board and Remuneration and Terms of Service Committee.



### **Stephen Spill, Vice-Chair**

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

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

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



### **Martyn Waygood, Independent Member**

#### **Appointment:**

Martyn was appointed as an independent member in June 2017 but became interim vice-chair in July 2019 until January 2021. He returned to his substantive post as an independent member in January 2021.

#### **Area of Expertise:**

Legal

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

Martyn chairs the Quality and Safety Committee and Charitable Funds Committee. He is a member of the board, Remuneration and Terms of Service Committee and Health and Safety Committee.



### **Maggie Berry, Independent Member**

#### **Appointment:**

Maggie was appointed as an 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, Quality and Safety Committee and the Mental Health Legislation Committee.



### **Martin Sollis, Independent Member**

#### **Appointment:**

Martin was appointed as an 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, Charitable Funds Committee and Performance and the Finance Committee.



### **Jackie Davies, Independent Member**

#### **Appointment:**

Jackie was appointed as an 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, Workforce and Organisational Development, Health and Safety Committee and Charitable Funds Committee.



**Tom Crick, Independent Member**

**Appointment:**

Tom was appointed as an 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 and Audit Committee.



**Mark Child, Independent Member**

**Appointment:**

Mark was appointed as an 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 and Performance and Finance Committee.



**Reena Owen, Independent Member**

**Appointment:**

Reena was appointed as an 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 and the Quality and Safety Committee.



**Nuria Zolle, Independent Member**

**Appointment:**

Nuria was appointed as an independent member in October 2019.

**Area of Expertise:**

Third sector

**Board and Committee Membership**

Nuria is a member of the board, Quality and Safety Committee, Audit Committee, Workforce and OD Committee, Remuneration and Terms of Service Committee and Stakeholder Reference Group.



**Keith Lloyd, Independent Member**

**Appointment:**

Keith was appointed as an independent member in May 2020.

**Area of Expertise:**

University

**Board and Committee Membership**

Keith is a member of the board, Quality and Safety Committee and Remuneration and Terms of Service Committee.

**Associate Board Members**



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

**Appointment:**

Andrew was appointed as an associate board member in April 2020.

**Board and Committee Membership**

Andrew attends the board.



**Alison Stokes, Chair of the Stakeholder Reference Group**

**Appointment:**

Alison was appointed as an associate board member in November 2020.

**Board and Committee Membership**

Alison attends the board.

**Chief Executive and Executive Directors**



**Mark Hackett, Chief Executive**

**Appointment:**

Mark joined the health board as Chief Executive in January 2021.

**Board and Committee Membership**

Mark attends the board and Remuneration and Terms of Service Committee.



**Richard Evans, Medical Director/Deputy Chief Executive (from March 2021)**

**Appointment:**

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

**Board and Committee Membership**

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



**Chris White, Chief Operating Officer/Director of Primary Care and Mental Health/Director of Therapies and Health Sciences/Deputy Chief Executive (until March 2021)**

**Appointment:**

Chris was appointed as Chief Operating Officer in December 2017.

**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.



**Christine Williams, Interim Director of Nursing and Patient Experience**

**Appointment:**

Christine was appointed as Interim Director of Nursing and Patient Experience in July 2020.

**Board and Committee Membership**

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



**Kathryn Jones, Interim Director of Workforce and Organisational Development (OD)**

**Appointment:**

Kathryn was appointed as Interim Director of Workforce and OD in August 2020.

**Board and Committee Membership**

Kathryn 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.



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

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

**Board and Committee Membership**

Chris attends the board, Quality and Safety Committee and Workforce and OD Committee.

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



**Rab Mcewan, Interim Chief Operating Officer**

**Appointment:**

Rab was appointed as Interim Chief Operating Officer in March 2021

**Board and Committee Membership**

Rab attends the board in a non-voting capacity, Health and Safety Committee, Mental Health Legislation Committee and Performance and Finance Committee.



**Irfon Rees, Director of Communications/Chief of Staff**

**Appointment:**

Irfon was appointed as Chief of Staff in August 2018.

**Board and Committee Membership**

Irfon attends the board in a non-voting capacity.



**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 in a non-voting capacity, Quality and Safety Committee, Health and Safety Committee, Charitable Funds Committee, Audit Committee, Mental Health Legislation Committee, Performance and Finance Committee, Remuneration and Terms of Service Committee and the Workforce and Organisational Development Committee.



**Hannah Evans, Director of Transformation**

**Appointment:**

Hannah was appointed as Director of Transformation in August 2018.

**Board and Committee Membership**

Hannah attends the board in a non-voting capacity and Performance and Finance Committee.



**Matt John, Director of Digital**

**Appointment:**

While Matt has worked at the health board for a number of years, he was appointed as Associate Director of Digital Services in August 2018 and then Director of Digital in August 2020.

**Board and Committee Membership**

Matt attends the board in a non-voting capacity

Each board member has stated in writing that he/she has taken steps to make the auditors aware of any relevant audit information. Board members and senior managers have advised of any interests in which may have a conflict with their board responsibilities and no material interests have been declared in 2020-21. A full register of interests is available upon request from the Director of Corporate Governance.

- **Role of the Board**

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

As a standard, the board meets in public six times a year, but there will be occasions when special board meetings will take place, 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 board meetings were run in order to comply with social distancing guidance as well as the Public Bodies (Admissions to Meetings) Act 1960 which requires the organisation to meet in public. To ensure public and staff safety, meetings took place virtually via Zoom, with only the Chair, Chief Executive and Director of Corporate Governance in the same room, along with the secretariat. The public session was then livestreamed from July 2021 to enable members of the public to observe safely, and this option will be maintained if/when the board is able to meet physically once more. In the few months before the meeting was livestreamed, in order to ensure business was conducted as openly as possible, summaries of the meetings were published on the website within seven days of them occurring.

Normally 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. However due to operational pressures as a result of the pandemic, these were stood down for 2020-21, with the exception of February 2021, which had a focus on medicines management and 'Just Culture'. Members are also involved in a range of other activities on behalf of the board, such as service visits and meetings with local partners.

As the board development sessions were stood down, the board was unable to undertake its annual skills assessment to identify areas of work for the coming year but this will be undertaken at the meeting in May 2021.

- **Committees of the Board**

The health board has established a number of committees as set out in the diagram at **appendix one**. Each one is chaired by an independent member and has a key role in relation to the system of governance and assurance, decision making, scrutiny, assessment of current risks and performance monitoring. Following each meeting, a summary of the discussion is shared with the board at its next formal meeting and all the papers for the public sessions of board and committee meetings are on the health board's [website](#). There are some meetings for which papers are not made public either because of the confidential nature of the business or the items are in a developmental stage. Similarly to the board, due to the ongoing pandemic, committees have not been able to meeting public as a result of the limitations on public gatherings. As a result of the number and frequency of committees, it is too resource intensive to livestream committee meetings, but the health board will look at ways in which committees could be held in public where possible. Papers are available for each meeting in advance via the website for members of the public to access.

Throughout the year the committee arrangements have been streamlined as necessary in response to the ongoing pandemic to ensure robust governance is maintained but at the same time, provide the headspace for operational pressures to be managed. These were revised and agreed on a quarterly basis by the board following an initial chair's action on 1<sup>st</sup> April 2020 to reflect the current situation.

Two 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;
- 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;
- 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 group provides a report to each meeting summarising its discussions.

- *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 but is not currently meeting due to the pandemic.

- *Health Board Partnership Forum*

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

There are three all-Wales committees as detailed below:

- *Welsh Health Specialised Services Committee (WHSSC)*

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

- *Emergency Ambulance Services Committee (EASC)*

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

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

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

- **Partnership Working**

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

- **Organisational Structure**

At the start of 2020-21, the organisation comprised five service units:

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

Changes were agreed and implemented in September 2020 to reduce the structure to four service groups:

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

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

The changes were as a result of a review of the organisational structure once responsibility for commissioning and planning services for the population of Bridgend moved to Cwm Taf Morgannwg University Health Board on 1<sup>st</sup> April 2019. This resulted in the population size, budget and workforce becoming smaller by a third. This was an opportunity to ensure that the current 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*.

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 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 2020-21 and up to the date of approval of the accountability report and annual accounts.

- **Risk Management**

Swansea Bay University Health Board is committed to providing safe and effective, high quality healthcare. We mandate a culture and environment, which minimises and actively seeks to reduce risk and promotes the health, safety and well-being of patients, staff, visitors and the general public.

The health board recognises that all health service activity carries risks including harm to patients which need to be managed through a systematic framework. This will ensure that risks to patient and staff safety and the organisations objectives are identified, assessed, eliminated or minimised so far as is reasonably practicable. The aim being to minimise the chance of the risk being realised, although where this has not been possible then we will review, learn and share the learning to minimise the likelihood of reoccurrences in an open and fair culture.

All staff have a responsibility for promoting risk management, adhering to SBUHB policies and have a personal responsibility for patients' safety as well as their own and colleague's health and safety. The health board encourages staff to take ownership of their responsibilities through a two-way communication process, with appropriate training and support, to identify and manage risk. To support the development of good risk management practice the organisation aims to ensure:

- the risk management process is robust, integral to the day to day operation of the organisation, consistent and supports the achievements of the health board's objectives;
- we have a safe environment for patients, staff and visitors through the identification of hazards and the management of risks;
- there is an open and fair culture and staff can highlight and discuss risks openly;
- risk management is linked to clinical audit to prioritise risk based audits and risks identified following audit are risk assessed and managed;
- the level of risk appetite is clear and tolerance is defined to support innovation at an agreed level of risk;
- a safe, high quality service is provided promoting continuous improvement;
- awareness of risk management is raised through education/training and guidance to ensure awareness and effective management of potential hazards/risks and how they can be minimised;
- there is a culture of learning from everything we do to improve safety in, compliance with legislation and continuous improvement by using the Health and Care Standards in Wales as a framework;
- roles, responsibility and accountability for risk management is clear and well documented within policies, procedures and job descriptions;

- **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.

While overall responsibility for the management of risk sits with the Chief Executive, the Director of Corporate Governance is responsible for the system of reporting of risk management. All executive directors are accountable for the management of their own risks in accordance with the health board risk management policy. Arrangements are in place to effectively assess and manage risks across the organisation, which included the ongoing review and updating of the health board risk register. The Chief Executive also delegates elements of risk management to other senior managers, and this is set out in the risk management framework.

- **Risk Control and Framework**

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 2020-21 and up to the date of approval of the accountability report and annual accounts.

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, Audit Wales and the NHS Wales Delivery Unit.

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 services groups, the service group directors manage risk and ensure there are effective arrangements to carry this out. Any risks outside of a group's control are escalated to the Chief Operating Officer as the professional lead as well

as the executive director responsible for the area in which the risk has been identified.

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

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

The health board risk register was most recently reviewed by the Audit Committee and the board at the March 2021 meeting. 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.

#### ❖ Risk Appetite

The board reviewed its risk appetite and tolerance levels and set new levels for the staff to follow during the Covid-19 pandemic. Previously, the board's risk appetite was that risks of 16 and above were considered high risks and risks which the board considered actions should be taken as a priority to mitigate the risk. There was, and this remains, a low threshold to taking risk where it will have a high impact on the quality and safety of care being delivered to patients. The health board uses risk appetite and tolerance acts, as a guidance as to the risk boundaries that are acceptable and how risk and reward are to be balanced, as well as providing clarification on the level of risk the board is prepared to accept.

Members of the board, in the April 2020 meeting, agreed that the risk appetite, whilst dealing with Covid-19, would increase to **20** and considered risks at this level and above high risks. These arrangements were reviewed in the Board meetings in July 2020 and March 2021 and agreed no change. In addition, they have also been reviewed by the Executive Team and Audit Committee.

The risk management policy sets out levels of risks and within these levels there is a management structure which supports decision making in terms of risk appetite and tolerance. Risks rated up to and including a risk score of 16 are managed, including determining the risk appetite and tolerance, within the service groups. Special arrangements have been in place, as a result of the pandemic, with the development of a Covid-19 risk register oversee by gold command meeting and reported together with the health board risk register to the board, Audit Committee and Executive Team.

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

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

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

During 2020-21, two risks became issues requiring separate risk registers to be developed and managed:

- Covid-19

The Health board is managing a number of risks associated with the pandemic which has impacted on the organisation's ability to function as 'business as usual'. A gold command structure was swiftly established to manage the health board's response and all non-urgent services, such as outpatients and elective surgery, were stopped initially. Essential non-Covid-19 services have recommenced but at a reduced level so fewer patients are being seen. The pandemic has a significant impact on the health board's ability to function 'normally' and this is reflected in the performance data. As the new financial year commences, the risk is still ongoing. It is also impacting risks which were already at a higher score, including access to unscheduled and planned care, workforce, finance and infection control.

- Brexit

There is an obligation to maintain critical services and business as usual in an emergency and this includes Brexit. Consequently there is the potential for disruption in commercial and public services, supplies, transport, fuel, border issues, EU national issues, immigration, critical infrastructure, energy and command resilience are all potential risks. The health board's emergency preparedness resilience and response group has been managing these risks on behalf of the board.

- **Risk Management during Covid-19**

As a consequence of responding to the Covid 19 pandemic, the health board is in unprecedented times, but it remains accountable in terms of board governance, transaction execution and statutory compliance commitments. Therefore, it is important it is seen to be doing the right thing and that the rationale behind key business decisions is transparent.

On 13th March 2020, the Minister of Health and Social Services announced a framework of actions within which local health and social care providers could make decisions to ensure that preparations could be made in a planned and measured way for managing Covid-19. This included but was not limited to:

- Suspending non-urgent outpatient appointments and ensuring urgent appointments are prioritised;
- Suspending non-urgent surgical admissions and procedures (whilst ensuring access for emergency and urgent surgery);
- Prioritising the use of non-emergency patient transport service to focus on hospital discharge and ambulance emergency response;
- Expediting discharge of vulnerable patients from acute and community hospitals;
- Fast tracking placements to care homes by suspending the current protocol which give to right to a choice of home;
- Suspending NHS emergency service and health volunteer support to mass gatherings and events.

While some of these essential services have been re-established, there is recognition of the significant pressure on services and the capacity of the health board to deliver is severely compromised.

Covid-19 business decisions are made against the backdrop of quickly-changing circumstances on the ground, and the Covid-19 risk register offers an essential framework for informing those choices. Covid-19 gold command meetings reviewed the risks on a weekly basis. The risk register accomplishes this by keeping the spotlight on operational changes and offering a structured method to identify and mitigate the derivative risks. The Covid-19 risk register has been reported to the board, Audit Committee and Executive Team together with the health board risk register so that the board and Executive team are able to see the totality of the risks, mitigating actions being taken and controls in place.

As such, there needs to be a proportionate response to risk balanced with the current capacity pressures and challenges presented by the pandemic and managing the 'business as usual' issues and risks.

- **Top Health Board Risks**

As of March 2021, there were 34 risks on the health board risk register, with the scores ranging from 12 to 25, with the highest noted as:

- **16:** Access to Planned Care
- **50:** Access to Cancer Services (two further risks linked to this risk ref: 66 and 67)

In terms of the Covid-19 Risk Register the high risks are:

- **R\_COV\_008:** Capacity
- **R\_COV\_009a:** Workforce Shortages
- **R\_COV\_012:** Partnership Working
- **R\_COV\_20:** Workforce Resilience

As the health board resumes normal services then the Covid-19 risks will be incorporated into the health board risk register. Actions being taken to manage these risks are included on the health board risk register.

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.

Quarterly reports are submitted to each of the sub-committees of the board to accompany the specific health board risk register entries assigned to the Committees.

### **Risk Profile 2020-21**

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. Each of the board's supporting committees also has a version of the risk register specifically outlining the risks allocated to them with members requesting deep dives on significant risks with the highest risk score assessments.

In 2021-21, the health board managed a number of risks, including:

- Access to Unscheduled Care

While Covid-19 saw a reduction in those attending the emergency department, performance is still below the national targets, although it has significantly improved from 2019-20. A number of mitigating actions are in place to address the challenges, including developing a 'phone first' model to discourage people from just arriving at the department and a mobile unit at the department entrance in which to cohort patients to release ambulances.

- Access to Planned Care

In response to the pandemic, there was no requirement to report planned care performance but rather giving focus to reducing harm by prioritising those who are clinically most urgent. At the start of the outbreak, all non-Covid-19 services which were not emergencies were stood down. While essential services are now being provided, due to staffing and safety restrictions it is at a reduced level, which means that the waiting time continues to increase. This may be further compounded by an influx of GP referrals once the pandemic starts to subside as fewer than normal have been received during the height of the pressures.

- Access to Cancer Services

Due to capacity and demand issues relating to the pandemic, the department is experiencing target breaches in the provision of radical radiotherapy treatment to patients and unacceptable delays in access to SACT (systemic anti-cancer therapy) treatment in the chemotherapy day unit. Consequently, there is a high risk of failure to sustain services as currently configured to meet cancer targets which could impact on patient and family experience of care.

- TAVI (transcatheter aortic valve replacement)

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 of the initial case note review were reported publicly to the board in March 2020. Following this, draft report of the site visit was received and discussed in November 2020 and the findings of the second case note review are still awaited. Comprehensive action plans are in place, as well as a quality dashboard, and regular updates are provided to the Quality and Safety Committee and the board on the improvements made.

- Screening for Foetal Growth Assessment in-line with Gap-Grow

Gap and grow standards were put in place across Wales to reduce the number of still births however there are challenges to meeting these due to scanning capacity. In response, all staff have received training on the detection of small gestational babies and obstetric scanning capacity is being reviewed with general ultrasound services providing support when possible.

## ❖ The Control Framework

### • Corporate Governance Code

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

An assessment of compliance with the code was undertaken in March 2021 and reported to the Audit Committee that month which found no departures from the code, although it did note that the review of board effectiveness had been deferred due to the Covid-19 pandemic. It was hoped that the review would take place at the board development session in May 2021.

Breaches in standing orders are reported to the Audit Committee. Four were reported to the Audit Committee in March 2021 - the failure to meet the two financial duties as discussed earlier in the report, the non-livestreaming of board committees and late distribution of the March 2021 board papers.

The health board has continued to ensure that all procurement activity has been conducted in line with the standing financial instructions and procurement legislative framework. Due to the effects of the Covid-19 pandemic, the health board found itself in an emergency position and so there were instances whereby our own standing orders would normally have been breached. The procurement, finance and the corporate governance teams worked collaboratively to ensure that where no other options were available, regulation 32, which is a legislative instrument that makes for provision for a streamlined procurement process, was used.

A key aspect of the use of this regulation was to ensure that all criterion relating to the application of the regulation were met. All expenditure in response to the Covid-19 pandemic has been reported to the health board’s Audit Committee and the health board has been included in the Audit Wales April 2021 report [“Procuring and Supplying PPE for the COVID-19 Pandemic”](#).

The health board will review its financial control procedures in the first quarter of 2021-22 to ensure that enhanced provision is included within the standing orders and standing financial instructions so that any future emergency requirements continue to be able to be met in line with all relevant governance and policy arrangements.

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

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

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

For 2020-21, while the health board met its financial duty to breakeven against capital resource limit, reporting a £28k underspend from a £48m budget underspend, it failed to meet its 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.

	2018-19	2019-20	2020-21	Total
	£'000	£'000	£'000	£'000
<b>Net operating costs for the year</b>	1,143,379	930,886	1,096,986	3,172,142
Less general ophthalmic services expenditure and other non-cash limited expenditure	1,484	993	739	3,216
Less revenue consequences of bringing PFI schemes onto SoFP	(1,684)	(1,925)	(2,164)	(5,773)
Total operating expenses	1,143,179	929,954	1,095,561	3,169,585
Revenue Resource Allocation	1,133,300	913,670	1,071,257	3,119,118
<b>Under /(over) spend against Allocation</b>	<b>(9,879)</b>	<b>(16,284)</b>	<b>(24,304)</b>	<b>(50,467)</b>

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

- **Integrated Medium Term Plan**

The organisation was unable to submit an IMTP in 2020-21 however it did submit an annual plan following board approval in March 2020. This was noted to be a 'point in time' plan as the Covid-19 pandemic was starting to accelerate and the health board's response commenced. On 18<sup>th</sup> March 2020, the health board received a letter from Welsh Government confirming that the IMTP/annual plan process was on pause to enable NHS Wales organisations to focus on the immediate actions needed in response to the Covid-19 pandemic. As such, the health board was required to submit specific plans for each of the first two quarters of the year and one which covered the latter six months which set out how the health board would manage its response to the pandemic, as well as continuing to maintain non-Covid-19 essential services and consider its recovery. Progress against the actions in these plans is considered by the Performance and Finance and Quality and Safety committees as well as the board. These included performance, finance and workforce elements.

- **Development of the Annual Plan 2021-22**

As part of the recovery from the Covid-19 pandemic, all NHS Wales organisations were asked to produce an annual plan for 2021-22, regardless of whether they were previously in the position of having an approved IMTP. The plans are to be set in the context of recovering and transition from an operation response to the pandemic to more long-term strategic planning. The health board has taken the same approach to the annual plan as it did for the quarter three/four operational delivery plan for 2020-21, maintaining a strong alignment between service, workforce and finance to

determine realistic service deliverables. Board approval was given to the plan in March 2021 ready for Welsh Government submission.

- **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 group directors, medical group directors and group nurse directors collectively responsible for embedding and monitoring the standards within their areas. Furthermore, reporting on the standards through governance groups and committees ensures registered risks are incorporated and acted upon.

In January 2021, a meeting was held with the service group directors and quality and safety leads to provide a progress update on the self-assessment process for 2020-21. In addition, further meetings have been set to oversee the final submissions received from service groups, in readiness for the annual year-end self-assessment report, which is submitted to the Quality and Safety Committee for approval prior to final submission to the board in May 2021. Following this, a further meeting will take place with the service groups to disseminate the report to all levels of the organisation.

Given the pressures of the pandemic, the process of self-assessment has not been as robust as the health board would strive for, however given the exceptional year, it is recognised that this process was sufficient but will require strengthening in 2021-22.

- **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. It continues to widen access to opportunities to employment and training to attract, develop and nurture people from different backgrounds. This is documented in the strategic equality plan 2020-2024, which includes an objective to increase diversity in workforce to reflect the communities supported through its services. Steps being taken include supporting under-represented groups to access apprenticeship places and vocational training, as well as the roll out of Project SEARCH to enable people with learning disabilities to have work experience.

It also remains vital that we protect those members of our workforce who are extremely vulnerable from the Covid-19 virus. The health board encourages staff to check if they are at higher risk of developing more serious symptoms if they come into contact with the Covid-19. Regular communication has raised awareness of the

need for all staff to complete the all-Wales Covid-19 workforce risk assessment tool and a subsequent discussion with their line manager will enable appropriate measures to be put in place to ensure staff are protected in their role.

- **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 service. It is also a category one responder as defined in the Act, making it accountable for six civil protection duties, including risk assessment and emergency planning. An integrated emergency management approach of assessment, planning, response and recovery is maintained.

The board established its preparedness and response framework to the Covid-19, pandemic on 31<sup>st</sup> January 2020 with a decision to implement a major incident response and associated command, control and communication arrangements. Since then, a significant amount of work has been undertaken and is continuing across the board. The command, control and communication arrangements, together with the respective response arrangements remain in place, flexing in accordance to the situation. The response has been in conjunction and with close collaboration with other key multi-agency partners.

The first wave of the pandemic occurred during March and April 2020 and consequently included a regulatory lockdown, following this there was a period of comparative stability, but the health board remained in response. Since November 2020, the organisation has been focusing its response to the second wave of the pandemic. After the initial benefits from the October 2020 "Firebreak" dissipated, there was a considerable increase in the incidence of Covid-19 within Swansea Bay, impacting on the delivery of primary, community and hospital services. At the peak of the second wave during mid-December 2020, positive Covid-19 cases had risen to over 1,000 per 100,000 population.

During January 2021, the incidence rates per 100,000 population in Swansea and Neath Port Talbot have reduced, but remain at a high rate. It should be noted that there has been a reduction in numbers presenting for testing; it is unclear why this may have occurred, although there is a wealth of testing capacity. In line with the Welsh Government's coronavirus control plan, a regional incident management team was established on 25<sup>th</sup> September 2020 and the group has convened thrice weekly since, reporting weekly to Welsh Government. The scope of the reporting has widened to include an increased focus on workplaces, schools, universities and households as well the situation in care homes.

During November 2020 and to date, new variances of concern have been identified including the emergence of mink variant SARS- CoV2 in humans, UK New Variant of Concern and more recently, the South African and Brazilian variants. These variants are associated with increased transmissibility and the possibility of immune escape; a reduced effect of established immunity to prevent re-infection. Guidance has been updated with regard to the management of patients admitted to hospital following travel to these countries.

The Covid-19 coordination centre was established in March 2020 and has continued to operate and the governance structure is regularly reviewed to ensure fitness for purpose. Frequency of gold and silver meetings are reviewed to ensure they reflect system pressures and requirements. There have been a number of silver and associated bronze cells established throughout the pandemic in order to allow further planning of the response. Some of the original cells have been stood down but some have remained and others established, such as 'test, trace protect operational silver' as well as 'nosocomial and mass immunisation silver group'.

All cells have reviewed their arrangements and improvements have been made in respect of strengthening financial decision making and highlight reporting. The South Wales Local Resilience Forum remains in major incident stand-by since September 2020 following re-establishment of the Strategic Coordination Group and stand down of the Recovery Coordination Group. Currently it is convened once a week with SITREP (situation reporting) to include Brexit through to Welsh Government. The Tactical Coordination Group also meets once weekly. In addition there is a Health and Social Services Group meeting convened once weekly and includes a number of national working groups.

A Covid-19 archivist has been appointed supporting the cataloguing, indexing and records management process in preparation for future inquiries. Other organisations in Wales are now following suit and the NWSSP legal and risk service has recently commended the health board's approach, citing that it is evidence of good practice which they will be recommended for adoption by all Welsh NHS organisations.

It has been recognised that the risk of concurrency during the pandemic has been high and close monitoring of a number of key risks has continued. During 2020 and to date, there have been a number of concurrent emergencies that the health board has had to respond to largely related to adverse weather and IT network issues.

During recent weeks, issues associated with adverse weather in particular continue to be a high risk and contingency arrangements are in place. In addition, emergency preparedness, resilience and response (EPRR) has worked closely with operational silver, community testing, field hospital and mass vaccination groups to ensure that appropriate business continuity, security and counter terrorism arrangements. An escalation and decision making tool has been developed and this was tested during September 2020, the learning included further refinement and consequently is referenced as a standard part of the options and contingencies for the Covid-19 gold group to allow ongoing horizon scanning. The business continuity plan for the Bay Field Hospital was tested on the 26<sup>th</sup> November 2020 and learning from this exercise has been included to update the plans.

There has been a watching brief because the Mayor of London declared a major incident on the 8<sup>th</sup> January 2021 due the NHS being overwhelmed and the potential for a secondary impact on Wales as a result. The South West UK Burns Network and consequently the burns centre at Morriston Hospital has been supporting mutual aid for other burns networks as a result of the UK intensive care pressures, where only Morriston and Chelmsford hospitals have dedicated burns, intensive care beds.

There was significant disruption of Roche blood science and cellular pathology supplies leading to a health board declaration of a level three business continuity incident on the 8<sup>th</sup> October 2020. A health board debrief has been undertaken on the 27<sup>th</sup> January 2021; a report noting recommendations and actions will be forwarded. Currently the Roche lessons identified register, requested by Welsh Government, has not been received.

On the 21<sup>st</sup> January 2021 a major incident was declared by Mid and West Wales Fire and Rescue Service and South Wales Police due to flooding in the Skewen, Neath area. Consequently, strategic and tactical command and control arrangements were established via the South Wales Local Resilience Forum and the health board has been represented as part of the response. There was not a requirement for the health board to be in declared major incident stand by or activation; there were no casualties from this incident. Residents from a 100 houses and a care home were evacuated and some residents remain displaced. A rest centre was established and subsequently a help line and support centre, managed by Neath Port Talbot Local Authority. Transition to the Recovery Coordination Group has occurred and there is continued health board support as required. In addition, all evacuated residents are being monitored via the 'Test, Trace and Protect' programme to ensure there are no Covid-19 related issues as a consequence; however, the consideration of this for an emergency evacuation was included in the plans.

The Covid-19 risk profile changed significantly during December 2020, reflecting an increase in risk associated with the rapidly increasing numbers of cases and the risk of the acute care system being overwhelmed. Several risks were unable to be fully mitigated and carried a post-mitigation high score. The identification of these risks was associated with an escalation to Welsh Government requesting population level interventions against Covid-19 as the only available effective mitigation.

The health board has also continued its contingency planning for the end of transition (European Union exit –D-20) on the 31<sup>st</sup> December 2020 with an extensive risk assessment and preparedness programme, following on from the initial work undertaken in 2018. The ratification of a limited trade deal on the 30<sup>th</sup> December 2020, has led to a further review of the risks identified with a subsequent revised risk log and risk register is in place. This work is overseen in the EPRR strategy group. D-20 arrangements are overseen at a regional level by the South Wales Local Resilience Group where the national, regional and local risks are monitored. In addition, there continues to be health board representation at national D-20 groups.

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.

There is a specific EPRR risk register, which is aligned with that of the national and regional risk registers, and continues to be reviewed quarterly. It includes the necessary scorings and mitigations to either manage or tolerate the risks identified and there is an EPRR strategy, training and exercising strategy and programme in

place, however, due to the continued pandemic response, training and exercising has been greatly reduced and currently is only linked to the Covid-19 response.

All related work is overseen by the EPRR strategy group which includes representation from each service group, health board-wide services and corporate departments and will continue to focus on the key EPRR priority deliveries.

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; these groups are currently meeting very infrequently.

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.

- **Data Security**

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

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

The health board follows a dedicated strategic work plan to maintain, review and improve organisational compliance with data protection legislation. It continues to further develop its data protection compliance via a number of measures, and assurances that the organisation has compliant information governance practices are evidenced 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 the Information Governance Group quarterly;
- Report taken to the Information Governance Group quarterly of identified and managed health board-wide risks;
- Audit reports from Audit Wales and internal audit;
- Annual SIRO report;
- Information Governance Group chair's assurance report taken to both Audit Committee and also the management board following all meetings.

Data protection legislation requires that where personal data breaches meet a certain set criteria that they be notified to the ICO as the statutory body for data protection in the UK. Information governance incidents are assessed against the threshold for notification by the information governance department. Quarterly breach reports are submitted to the Information Governance Group for scrutiny. For the financial year 2020-21, five personal data breaches were notified to the ICO - these are summarised in the table below. Each of these breaches has been reviewed and closed by the ICO. Where recommendations were made by the ICO, these have been considered for implementation by the health board.

Breach Category	Summary of Breach	Summary of Actions
Unauthorised access	Notification of a cyber-attack received from data processor, precautionary notification submitted to the ICO until further investigation confirmed there was no likely risk to personal data associated with the health board.	<ul style="list-style-type: none"> <li>• Investigations undertaken by data processor to establish root cause of attack;</li> <li>• Assurances received of actions implemented by data processor to minimise any further risks to personal data.</li> </ul>
Disclosure - paper	Letter address details incorrectly typed and addressed to neighbour who subsequently opened the letter causing distress.	<ul style="list-style-type: none"> <li>• Apology provided;</li> <li>• Investigation commenced into how error occurred and remedial actions taken by department.</li> </ul>

Breach Category	Summary of Breach	Summary of Actions
Disclosure – paper	A batch of outpatient appointment /cancellation letters printed incorrectly, subsequently disclosing the data of another patient on the reverse side of the intended recipient’s letter.	<ul style="list-style-type: none"> <li>• Formal apology letter issued to all patients who were potentially affected by the error;</li> <li>• Efforts made to arrange the secure destruction of all letters received in error;</li> <li>• All letters on the affected print run were correctly re-printed and re-issued to patients;</li> <li>• Investigations undertaken and actions implemented to minimise the risk of a further print error occurring in future.</li> </ul>
Data availability	Flooding within a storage area caused water damage to approximately 5-10,000 podiatry discharge records	<ul style="list-style-type: none"> <li>• Records relocated to avoid further damage;</li> <li>• Records stabilised using a records restoration company</li> <li>• Consideration of actions required to avoid a further flooding incident in future.</li> </ul>
Disclosure – electronic	Third party data disclosed in error as part of the response to a subject access request.	<ul style="list-style-type: none"> <li>• Formal apology issued to recipient;</li> <li>• Serious incident investigation undertaken;</li> <li>• Disciplinary processes commenced;</li> <li>• Development and issue of additional redaction guidance;</li> <li>• Organisational wide task and finish group established to undertake a comprehensive review of subject access procedures, processes and documentation across the organisation.</li> </ul>

- **Ministerial Directions**

Welsh Government has issued non-statutory instruments and Welsh health circulars (WHC) since 2014-15, and a list of ministerial directions circulated for 2020-21 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. The ones which had particular reference to the governance of the organisation were:

<b>Ministerial Direction/ Date of Compliance</b>	<b>Year of Adoption</b>	<b>Action to demonstrate implementation/response</b>
Ministerial Direction referred to in letter from Dr Andrew Goodall on 19 <sup>th</sup> December 2019 Action on 2019-20 Pension Tax Impacts	2019	Following the letter the Director General on the 19 <sup>th</sup> December 2019, all health board medical staff were made aware of the all-Wales position regarding pensions and the ongoing tax implications and details circulated to all staff affected. The Medical Director issued communication to all medical staff backed up with detailed discussions through the local negotiating committee and local British Medical Association representatives
WHC 2020 (11) Temporary Amendments to Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee, Emergency Ambulances Services Committee and Health Education and Improvement Wales	2020	Temporary changes were made to standing orders in March 2020 to reflect the fact that the annual general meetings were to be held by November 2020 rather than July 2020 and the tenure of independent members and associate board members were flexed for those nearing the end of their term while the public appointments process was suspended to ensure organisations were not left with vacancies. The changes were in place until 31 <sup>st</sup> March 2021 and standing orders have now been revised back to the original arrangements.

- **Wellbeing of Future Generations Act**

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

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

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

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

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

The refreshed wellbeing objectives for inclusion in the annual plan 2021-22 have been agreed as:

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

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

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

- **Welsh Language**

As a health board, the vital part that the Welsh language and culture has to play in the provision of health and social care services to our resident population is

recognised. Many people choose to receive services in Welsh because that is what they prefer. For others, however, it is more than a matter of choice - it is a matter of need.

It is especially important for many vulnerable people and their families who need to access services in their first language, such as older people with dementia or stroke who may lose their second language and children who speak only Welsh. In addition, when discussing mental health, being able to communicate in your first language to express feelings, thoughts and emotions is important.

The integration of bilingualism and strengthening of our capacity to provide services via the medium of Welsh is a priority for the health board, as is ensuring compliance with the Welsh Language (Wales) Measure 2011, and the standards imposed by the Welsh Language Commissioner. Work undertaken to date includes:

- The development of bilingual patient correspondence;
- Ensuring that an inpatient's preferred language is established on admission;
- The production of guidance documents for staff covering areas such as translation, signage and the production of marketing materials to promote bilingualism and ensure compliance with the Welsh Language Standards;
- Supplying lanyards and badges to appropriate staff in order to visibly identify them to patients as being Welsh speakers;
- The production of a protocol for those who answer the telephone on behalf of the organisation, to ensure that people know they can use both Welsh and English when dealing with the health board.

The health board has also commissioned an external report to assess our position in implementing the standards, and to help evaluate our upcoming priorities. The feedback and recommendations received will be used to plan and inform our work going forward not only in terms of compliance with the Standards, but also the implementation of *More Than Just Words* and the 'Active Offer' principle.

The recruitment of an additional Welsh language translator has allowed the health board to increase the volume of information we are able to provide bilingually, in particular patient-facing information such as posters, leaflets, and the content of our internet site.

The health board has also undertaken a piece of work with a local Welsh language primary school to develop a series of short, simple Welsh conversational skills videos offering support to staff who may wish to develop their everyday 'meet and greet' Welsh language skills. The development of these videos demonstrates the health board's commitment to working with stakeholders and our local community in promoting use of the Welsh language amongst our staff and bilingualism in the provision of our services, and to playing our part in the national effort to increase the number of Welsh speakers in Wales to a million by 2050.

- **Carbon Reduction**

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. In accordance with emergency preparedness and civil

contingency requirements (as based on UKCIP 2009 weather projections to ensure that the organisation's obligation under the climate change act and the adaptation reporting requirements are complied with), the health board has contingency plans for extreme weather conditions.

The health board has achieved and maintained ISO:14001, the accreditation for our environmental management system, since 2012. It has a comprehensive risk assessment matrix for the identification and monitoring of all environmental impacts and aspects, subject to independent audit. The environment management committee approved the carbon reduction strategy (Care without Carbon: Vision 2025) in 2016, which set out clear carbon reduction objectives, and targets have been set. Progress against these objectives and targets is documented in the annual environment management system report. In 2019, the committee was replaced by the Wellbeing and Future Generations Committee – in order to address the requirements of The Well-being of Future Generations (Wales) Act 2015.

The health board's carbon reduction strategy comprises six key visions covering scopes one, two and three of the Green House Gas Protocol, as set by World Resources Institute (WRI) and World Business Council on Sustainable Development (WBCSD) and has a number of objectives:

- Decarbonise its facilities in line with national targets;
- Decarbonise our travel and transport operations and minimise the environmental and health impacts associated with the movement of staff and materials;
- Contribute to staff and well-being by supporting a shift away from car dependency to more sustainable travel options that deliver additional environmental and health benefits
- Reduce waste CO<sup>2</sup> emissions;
- The health board will reduce waste through our operational activities in-line with Welsh Government targets to recycle or recover 70% of waste by 2025 (baseline year 2007);
- Eliminate waste from our supply chain through the implementation of our procurement policies and tendering processes and through proactive collaboration with our major supply chain partners;
- Develop its training programme to ensure all staff receive carbon reduction and climate change training as appropriate to their role;
- Inform, empower and motivate our workforce to take action to deliver high quality care today that does not compromise our ability to deliver care in the future and ensure this becomes part of the values;
- Commitment to a future without carbon.

The health board recognises the vital role our staff can play in helping us deliver this strategy as well as the power of partnership to accelerate progress and achieve success.

#### **- Sustainable Development**

The health board is fully committed to reducing its carbon footprint and in previous years achieved and retained ISO14001:2015 accreditation for its environmental management systems at all its hospitals. This demonstrates our ongoing

commitment to achieving legal and regulatory compliance to regulators and government.

A carbon reduction strategy was approved in 2016 by the health board's Environment Committee which continues to co-ordinate the health boards corporate responsibilities and ten-year vision regarding carbon reduction. The vision identified six areas for action within the health board from which associated targets and key performance indicators have been developed and are monitored by the Environment Committee:

- Buildings without carbon;
- Journeys without carbon;
- Waste without carbon;
- Procurement without carbon;
- Culture without carbon;
- Future without carbon.

Building management systems are used to control a range of energy consuming equipment at Singleton hospital which provides better control of temperatures during the summer and a reduction gas consumption and associated carbon dioxide production. New burners were purchased for the boilers at Singleton Hospital and installed during the summer of 2018. Due to their greater efficiency, there has been a reduction in our gas consumption leading to a reduction in production of by carbon dioxide of 2,250 tonnes of gas.

The Health Board continues to purchase 100% renewable electricity, for which it pays the renewable source energy levies.

Swansea Bay University Health Board is in the process of installing a range of energy saving measures across seven sites, including major investments at Morriston and Singleton hospitals. This activity is due to complete in December 2021 which will result in ongoing carbon emission savings of almost 2,500 tonnes carbon dioxide per year. To achieve these savings, the health board is investing £7.7m in improving its estate, funded from a Welsh Government Wales Funding Programme Invest to Save Grant. This grant funding will be repaid over a period of eight years to Welsh Government from savings made on its energy bills of around £1m pa. The work is being carried out through the National Re:fit Energy Performance Contract Framework and the health board has been supported by Welsh Government's Re:fit Cymru Programme Implementation Unit in the development of this project. Under the Re:fit Framework, the savings generated from a project are guaranteed by the contractor designing and installing the measures, this provides the health board with assurance of its ability to repay the grant.

While focussing on energy reduction and efficiency improvements, through Re:fit, it is possible to invest in renewable energy generation also. The current scheme includes a roof mounted solar scheme at Singleton Hospital but a much larger more ambitious scheme is currently in development for Morriston Hospital, with negotiations ongoing to secure farmland close to the hospital for a large (4MW) solar farm. This will have the capacity at times during the summer to supply the entire electrical demand of the hospital and to reduce throughout the year, the amount of grid electricity required. There will be a 3km cable connecting the farm to the hospital

and any extra electricity produced which is not required by the hospital has the potential to either be sleeved to another of the health board's hospitals or potentially be exported back to the national grid providing low carbon energy that others can use. Whilst this project is not yet funded and still under development, it is hoped that further borrowing from the Wales Funding Programme will be made available to facilitate this. This solar farm is expected to save a further 1,000 tonnes of carbon dioxide a year as well as a further £580k on electricity.

- **NHS Pensions**

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

- **Controlled Drugs**

The health board's controlled drug accountable officer (CDAO) is the Clinical Director for Pharmacy and Medicines Management. The main focus for the CDAO currently is working with service groups to strengthen controlled drug governance across the health board. During the first quarter of 2021, each service group nominated a controlled drug lead to strengthen accountability at a local level, and lead the commitment to ensuring safe and appropriate controlled drug management. As part of a phased model of improvement service groups will sign up to a controlled drug governance and assurance charter and develop a controlled drug management and assurance plan. These actions will support the CDAO to provide assurance of compliance with statutory responsibilities.

## ❖ 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. The findings of each review that was completed and the actions agreed, and where possible, already taken, are summarised in the head of internal audit's annual report.

### • Head of Internal Audit Opinion

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### • External Audit

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

*"We found that the Health Board maintained good governance during the pandemic. Rapid development of data modelling informed agile decision making and planning for the restart of services. The organisation sustained focus on its performance and financial position with continuing improvements made for greater grip and control. These Improvements have not yet secured the necessary performance improvement and the full impact of Covid-19 is not yet known. The Health Board has not lost sight of its clinical services plan or ambitions for transformation. A reset and recovery*

programme is taking the learning from innovations during the pandemic to inform the organisation's future operating model.

*“Overall good governance has been maintained while working with revised frameworks to discharge Board responsibilities during the Covid-19 response. Through adapted arrangements, the Board maintained transparency, ensuring effective scrutiny and using data effectively to support decision-making. A resilient Board led the organisation and essential systems of assurance continued during the pandemic with a strong focus on risk management. Oversight of governance arrangements was maintained with committees temporarily stood down reinstated.*

*“The Health Board faces significant financial challenge but has strengthened important aspects of financial management and maintained good financial controls, reporting and scrutiny, including tracking of Covid-19 expenditure. With a £16.3 million deficit, it did not meet financial duties in 2019-20 and is forecasting a £24 million deficit in 2020-21. Uncertainty over ongoing Covid-19 costs will likely lead to a bigger deficit without extra funding. Budgets were rebased for 2020-21 and the Health Board pursued financial management improvements to strengthen grip and control. The challenge is now to quickly embed these improvements to help the organisation's financial recovery. However, the plan to breakeven in three years will need recasting in light of Covid-19 and the smaller cost base from which to make savings following the Bridgend boundary change.*

*“Operational planning is informed by data modelling with arrangements to monitor progress and performance and a clear commitment to stakeholder engagement and regional working. Operational plans support the restart of services and recognise clinical service plan priorities. The Health Board reshaped performance reporting and is developing a new performance management framework based on the four quadrants of harm. The Health Board is supporting staff wellbeing and rose to workforce challenges, although in the event of another Covid-19 peak, workforce capacity is a risk. Learning is a key part of the organisation's reset and recovery programme. New ways of working generated by the pandemic are informing the future operating model, but alignment with the previous transformation programme will be needed*

*“We have not made any new recommendations based on our 2020 work but have noted improvement opportunities throughout this report. We will review progress against these and outstanding 2019 recommendations as part of our 2021 work.”*

The full structured assessment report is available from [Audit Wales'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 2020-21, with the support of the board there is confidence these can be addressed and improvement in governance has been demonstrated.

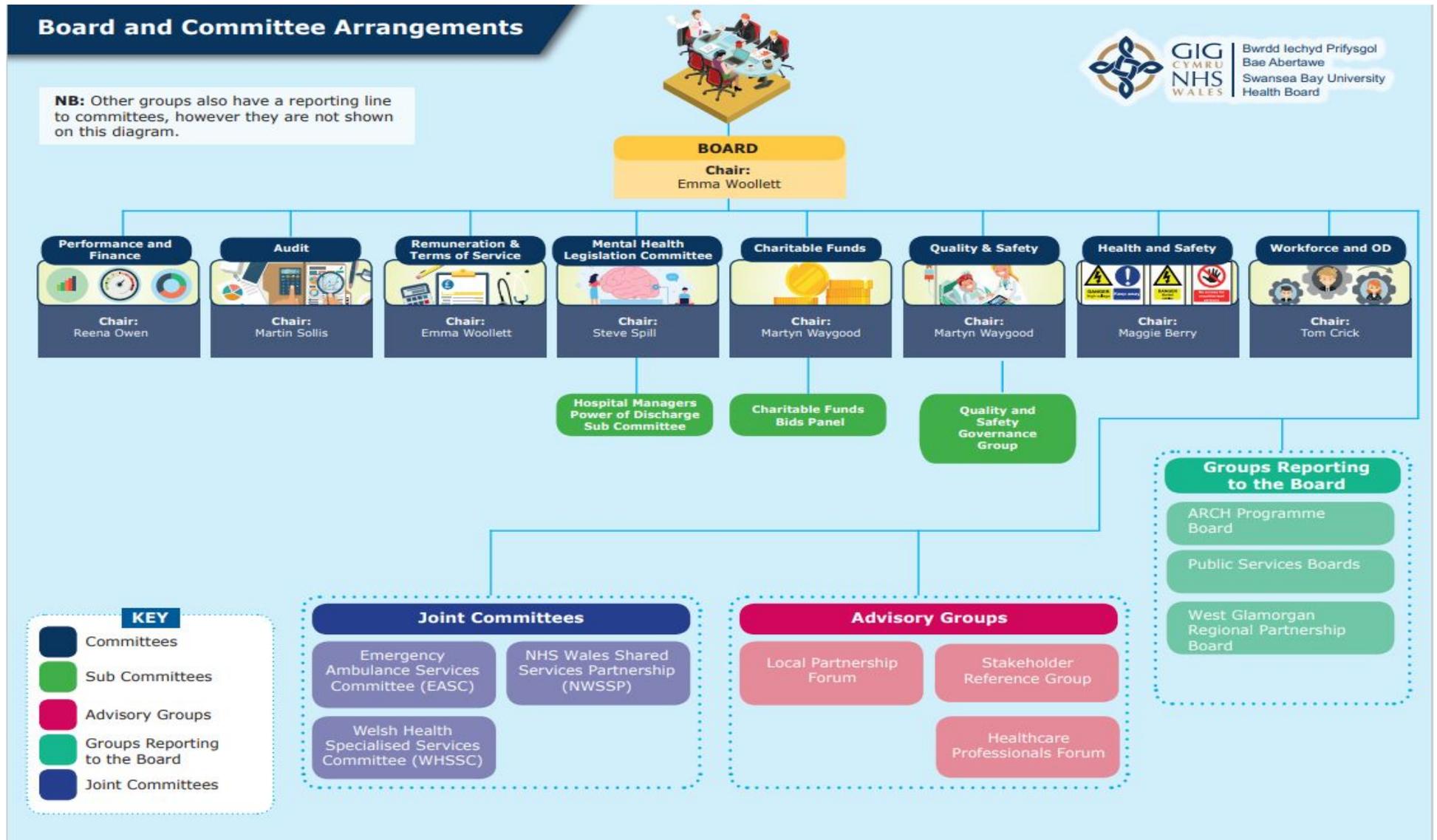
This governance statement highlights positive improvements in strengthening governance arrangements while at the same time addressing the challenges of Covid-19, and I am confident that we have plans in place to address the weaknesses highlighted within the statement. As an organisation, there is disappointment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

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

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

Mark Hackett  
**Chief Executive**  
**Swansea Bay University Health Board**

## Appendix One – Board and Committee Structure



### Appendix Two – Board and Committee Dates 2020-21

The table outlines dates of board and committee meetings held during 2020-21. Where meetings were not quorate, escalation arrangements were in place to ensure that any matters of significant concern that could not be brought to the attention of the committee could be raised with the health board chair.

Board/Committee	Dates in 2020-21										
Health Board	30 <sup>th</sup> April 2020	28 <sup>th</sup> May 2020	25 <sup>th</sup> June 2020	30 <sup>th</sup> July 2020	24 <sup>th</sup> September 2020	7 <sup>th</sup> October 2020	26 <sup>th</sup> November 2020	28 <sup>th</sup> January 2021	25 <sup>th</sup> February 2021	25 <sup>th</sup> March 2021	30 <sup>th</sup> March 2021
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	
Audit Committee	15 <sup>th</sup> May 2020	27 <sup>th</sup> May 2020	25 <sup>th</sup> June 2020	9 <sup>th</sup> July 2020	10 <sup>th</sup> September 2020	12 <sup>th</sup> November 2020	12 <sup>th</sup> January 2021	9 <sup>th</sup> March 2021			
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate			
Mental Health Legislation Committee	6 <sup>th</sup> August 2020	5 <sup>th</sup> November 2020	4 <sup>th</sup> February 2021								
Quorate/Not Quorate	Quorate	Quorate	Quorate								
Remunerations and Terms of Service Committee	27 <sup>th</sup> May 2020	9 <sup>th</sup> June 2020	5 <sup>th</sup> August 2020	21 <sup>st</sup> October 2020	22 <sup>nd</sup> October 2020	17 <sup>th</sup> December 2020	11 <sup>th</sup> January 2021	25 <sup>th</sup> February 2021			
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate			

<b>Board/Committee</b>	<b>Dates in 2020-21</b>										
Performance and Finance Committee	23 <sup>rd</sup> June 2020	28 <sup>th</sup> July 2020	22 <sup>nd</sup> September 2020	27 <sup>th</sup> October 2020	24 <sup>th</sup> November 2020	15 <sup>th</sup> December 2020	26 <sup>th</sup> January 2021	23 <sup>rd</sup> February 2021	23 <sup>rd</sup> March 2021		
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate		
Charitable Funds Committee	21 <sup>st</sup> July 2020	14 <sup>th</sup> October 2020	6 <sup>th</sup> November 2020	14 <sup>th</sup> December 2020	18 <sup>th</sup> February 2021	11 <sup>th</sup> March 2021					
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate					
Quality and Safety Committee	26 <sup>th</sup> May 2020	23 <sup>rd</sup> June 2020	28 <sup>th</sup> July 2020	25 <sup>th</sup> August 2020	22 <sup>nd</sup> September 2020	27 <sup>th</sup> October 2020	24 <sup>th</sup> November 2020	15 <sup>th</sup> December 2020	26 <sup>th</sup> January 2021	23 <sup>rd</sup> February 2021	23 <sup>rd</sup> March 2021
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate
Workforce and OD Committee	10 <sup>th</sup> July 2020	10 <sup>th</sup> December 2020	9 <sup>th</sup> February 2021								
Quorate/Not Quorate	Quorate	Quorate	Quorate								
Health and Safety Committee	2 <sup>nd</sup> June 2020	13 <sup>th</sup> July 2020	1 <sup>st</sup> September 2020	1 <sup>st</sup> December 2020	2 <sup>nd</sup> March 2020						
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate						

### Appendix Three – Board and Committee Membership

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

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Champion Roles
Emma Woollett	Chair	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• RATS Committee (Chair)</li> </ul>	<ul style="list-style-type: none"> <li>• Whistleblowing Champion</li> </ul>
Martyn Waygood	Interim Vice Chair (until January 2020)	Mental Health Primary Care	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Mental Health Legislative Committee (Chair )</li> <li>• RATS Committee (Member)</li> <li>• Charitable Funds Committee (Chair)</li> <li>• Quality and Safety Committee (Chair)</li> <li>• Pharmaceutical Applications (Member)</li> <li>• Audit Committee (Member)</li> </ul>	
Steve Spill	Vice-Chair (from December 2020)	Mental Health Primary Care	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Mental Health Legislative Committee (Chair)</li> <li>• RATS Committee (Member)</li> <li>• Performance and Finance Committee (Member)</li> </ul>	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Mental Health and Learning Disabilities</li> <li>• Veterans</li> </ul>
Keith Lloyd	Independent Member (from May 2020)	University	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Quality and Safety Committee (Member)</li> </ul>	

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Champion Roles
Jackie Davies	Independent Member	Staff Side	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• RATS Committee (Member)</li> <li>• Mental Health Legislative Committee (Member)</li> <li>• Charitable Funds Committee (Member)</li> <li>• Workforce and OD Committee (Member)</li> <li>• Health and Safety Committee (Member)</li> </ul>	
Maggie Berry	Independent Member	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Mental Health Legislative Committee (Member)</li> <li>• RATS Committee (Member)</li> <li>• Quality and Safety Committee (Member)</li> <li>• Health and Safety Committee (Chair)</li> </ul>	
Mark Child	Independent Member	Local Authority	<ul style="list-style-type: none"> <li>• Health board (Member)</li> <li>• Pharmaceutical Applications (Member)</li> <li>• RATS Committee (Member)</li> <li>• Performance and Finance Committee (Member)</li> </ul>	

<b>Name</b>	<b>Position</b>	<b>Area of Expertise Representation Role</b>	<b>Board Committee Membership</b>	<b>Champion Roles</b>
Martin Sollis	Independent Member	Finance	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Audit Committee (Chair)</li> <li>• RATS Committee (Member)</li> <li>• Charitable Funds Committee (Member)</li> <li>• Performance and Finance Committee (Member)</li> </ul>	
Tom Crick	Independent Member	ICT	<ul style="list-style-type: none"> <li>• Health and Safety (Member)</li> <li>• Audit Committee (Member)</li> <li>• Workforce and OD Committee (Chair)</li> </ul>	
Reena Owen	Independent Member	Community	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• RATS Committee (Member)</li> <li>• Performance and Finance Committee (Chair)</li> </ul>	
Nuria Zolle	Independent Member	Voluntary Sector	<ul style="list-style-type: none"> <li>• Workforce and OD Committee (Member)</li> <li>• RATS Committee (Member)</li> <li>• Audit Committee (Member)</li> <li>• Quality and Safety Committee (Member)</li> </ul>	
Alison Stokes	Associate Board Member (from November 2020)	Stakeholder Reference Group	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> </ul>	
Andrew Jarrett	Associate Board Member	Social Services	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> </ul>	

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Committee Roles
Tracy Myhill	Chief Executive (until December 2020)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Ambulance Services Committee (Member)</li> </ul>
Mark Hackett	Chief Executive (from January 2021)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Ambulance Services Committee (Member)</li> </ul>
Chris White	Chief Operating Officer/Director of Primary Care and Mental Health/ Director of Therapies and Health Science/Deputy Chief Executive (until March 2021)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Mental Health Legislative Committee</li> <li>• Performance and Finance (Member)</li> <li>• Quality and Safety Committee (In Attendance)</li> <li>• Workforce and OD Committee (In Attendance)</li> </ul>	
Darren Griffiths	Director of Finance (interim)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Audit Committee (In attendance)</li> <li>• Charitable Funds (Lead Director/Member)</li> <li>• Performance and Finance (Lead Director/Member)</li> </ul>	

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Committee Roles
Gareth Howells	Director of Nursing and Patient Experience (until July 2020)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Audit Committee (In attendance)</li> <li>• Mental Health Legislative Committee (Lead Director/In attendance)</li> <li>• Quality and Safety Committee (Lead Director/In attendance)</li> <li>• Health and Safety (Lead Director/Member)</li> <li>• Workforce and OD Committee (In attendance)</li> </ul>	
Christine Williams	Director of Nursing and Patient Experience (interim) (from July 2020)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Audit Committee (In attendance)</li> <li>• Mental Health Legislative Committee (Lead Director/In attendance)</li> <li>• Quality and Safety Committee (Lead Director/In attendance)</li> <li>• Health and Safety (Lead Director/Member attendance)</li> <li>• Workforce and OD Committee (In attendance)</li> </ul>	

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Committee Roles
Keith Reid	Director of Public Health	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Quality and Safety Committee (In attendance)</li> <li>Health and Safety Committee (In attendance)</li> </ul>	
Hazel Robinson	Director of Workforce and OD (until August 2020)	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>RATS (Lead Director/In attendance)</li> <li>Workforce and OD (Lead Director/In attendance)</li> <li>Health and Safety Committee (Member)</li> </ul>	<ul style="list-style-type: none"> <li>NHS Wales Shared Services Partnership Committee (NWSSP) Member</li> </ul>
Kathryn Jones	Director of Workforce and OD (interim) (from August 2020)	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>RATS (Lead Director/In attendance)</li> <li>Workforce and OD (Lead Director/In attendance)</li> <li>Health and Safety Committee (Member)</li> </ul>	<ul style="list-style-type: none"> <li>NHS Wales Shared Services Partnership Committee (NWSSP) Member</li> </ul>
Siân Harrop-Griffiths	Director of Strategy	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Charitable Funds Committee (Member)</li> <li>Performance and Finance Committee (Member)</li> <li>Quality and Safety Committee (In Attendance)</li> </ul>	<ul style="list-style-type: none"> <li>Western Bay Partnership Board</li> <li>ARCH Programme Board Member</li> </ul>
Richard Evans	Medical Director/ Deputy Chief Executive (from March 2021)	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Quality and Safety Committee (In attendance)</li> <li>Workforce and OD Committee (In Attendance)</li> </ul>	<ul style="list-style-type: none"> <li>ARCH Programme Board</li> <li>Advisory Committee on Clinical Excellence Awards</li> </ul>

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Committee Roles
Rab McEwan	Interim Chief Operating Officer (from March 2021)		<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Mental Health Legislative Committee</li> <li>• Performance and Finance (Member)</li> <li>• Health and Safety Committee</li> </ul>	
Christine Morrell	Interim Director of Therapies and Health Science		<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Quality and Safety Committee (In Attendance)</li> <li>• Workforce and OD Committee (In Attendance)</li> </ul>	

### Appendix Four – Members’ Attendance at Meetings

\*Due to the turnover of board members and some taking the opportunity to observe committees before their portfolios were confirmed, the attendance at committees has varied, especially as the need for executive directors to attend was reduced due to the pandemic and independent members provided cover in times of absence for each other\*

	Health Board *figures include public and in- committee sessions	Audit Committee	Charitable Funds Committee	Health and Safety Committee	Mental Health Legislation Committee	Performance and Finance Committee	Quality and Safety Committee	Remuneration and Terms of Service Committee	Workforce and OD Committee
	(20)	(8)	(6)	(5)	(3)	(9)	(11)	(7)	(3)
Emma Woollett, Chair	20	1	-	-	-	-	-	8	-
Martyn Waygood, Interim Vice-Chair (until January 2021)/Independent Member	18	3	5	-	3	-	10	7	-
Steve Spill, Special Advisor (from May 2020)/Vice-Chair (from December 2020)	18	-	1	1	1	8	2	2	-
Jackie Davies, Independent Member	17	-	5	3	3	-	10	6	3
Maggie Berry, Independent Member	17	-	1	5	2	-	11	7	-
Mark Child, Independent Member	20	-	-	-	-	8	-	4	-
Martin Sollis, Independent Member	18	8	4	-	-	7	-	7	-
Tom Crick, Independent Member	13	7		5	-	-	-	7	3
Reena Owen, Independent Member	18	-	-	2	-	7	10	8	-
Nuria Zolle, Independent Member	20	7	-	-	-	-	10	7	3
Keith Lloyd, Independent Member (from May 2020)	12	-	-	-	-	-	4	3	-
Alison Stokes, Associate Board Member (from November 2020)	0	-	-	-	-	-	-	-	-
Andrew Jarrett, Associate Board Member	16	-	-	-	-	-	-	-	-

	Health Board <i>*figures include public and in-committee sessions</i>	Audit Committee	Charitable Funds Committee	Health and Safety Committee	Mental Health Legislation Committee	Performance and Finance Committee	Quality and Safety Committee	Remuneration and Terms of Service Committee	Workforce and OD Committee
	(20)	(8)	(6)	(5)	(3)	(9)	(11)	(7)	(3)
Tracy Myhill, Chief Executive (until December 2020)	12	1	-	-	-	-	-	4	-
Mark Hackett, Chief Executive (from January 2021)	6	-	-	-	-	-	-	2	-
Chris White, Chief Operating Officer/Director of Therapies and Health Science/Director of Primary Care and Mental Health	17	-	-	2	2	3	8	-	-
Darren Griffiths, Interim Director of Finance	20	6	5	-	-	7	-	-	-
Gareth Howells, Director of Nursing and Patient Experience (until July 2020)	6	1	-	1	-	-	2	-	-
Christine Williams, Interim Director of Nursing and Patient Experience (from July 2020)	14	2	-	2	3	-	9	-	-
Keith Reid, Director of Public Health	20	-	-	-	-	-	5	-	-
Hazel Robinson, Director of Workforce and OD (until August 2020)	9	-	-	1	-	-	-	3	1
Kathryn Jones, Interim Director of Workforce and OD (from August 2020)	11	-	-	1	-	-	-	5	2
Siân Harrop-Griffiths, Director of Strategy	20	-	-	1	-	2	7	-	-

	Health Board <i>*figures include public and in-committee sessions</i>	Audit Committee	Charitable Funds Committee	Health and Safety Committee	Mental Health Legislation	Performance and Finance Committee	Quality and Safety Committee	Remuneration and Terms of Service Committee	Workforce and OD Committee
Richard Evans, Medical Director	20	-	3	-	-	-	11	-	2
Rab Mcewan, Interim Chief Operating Officer (from March 2021)	3	-	-	1	-	-	-	-	-
Christine Morrell, Interim Director of Therapies and Health Science (from March 2021)	3	-	-	-	-	-	1	-	-

## Appendix Five – Summary of Topics Considered by the Board, Audit Committee and Quality and Safety Committee

### Board Topics

- Patient/staff stories;
- Covid-19 updates, including 'Test, Trace and Protect' and the vaccination programme;
- Approval of the quarterly operational delivery plans and the progress against these;
- Committee key issue reports;
- Financial position;
- Performance report;
- Nurse Staffing Levels (Wales) Act 2016;
- Annual Quality Statement;
- Staff survey;
- TAVI;
- Annual accounts;
- Transformation programme;
- Digital services;
- Discretionary capital plan;
- Budget and financial allocations;
- NHS Wales partnerships;
- External partnerships;
- Local Partnership Forum report;
- Stakeholder Reference Group report;
- Update from WHSSC;
- Solar farm;
- Clinical services plan portfolio business case;
- Annual plan;
- Voluntary sector;
- Risk register;
- Corporate governance issues;
- Welsh language services;
- Review of standing orders;
- Organisational annual report;
- Accountability report;
- Audit Wales structured assessment and audit letter;
- SIRO annual report;
- Research and development annual report.

## Audit Committee Topics

- Annual governance statement;
- Board assurance framework;
- Organisational annual report;
- Standing orders;
- Audit Committee terms of reference;
- Health board risk register;
- Audit committee risks;
- Risk management strategy;
- Annual Quality Statement;
- Governance work programme;
- Update on Guardian Service and the annual report;
- Annual accounts timetable and plan;
- Review of annual accounts;
- Remuneration and staff report;
- Financial control procedure review plan;
- Finance update;
- Losses and special payments;
- Audit registers and status of recommendations;
- NWSSP procurement: single tender actions and quotations;
- Internal audit annual plan (to include the charter);
- Internal audit opinion and annual report;
- Internal audit progress and audit assignment summary reports;
- Post-payment verification reports;
- Audit Wales annual plan and fees;
- Audit Wales annual audit report;
- Audit Wales structured assessment;
- Audit Wales Audit of financial statements;
- Audit Wales performance and progress reports;
- Clinical audit mid-year progress report;
- Clinical audit annual report;
- Clinical audit and outcome review plan;
- Counter fraud annual plan;
- Counter fraud annual report (to include the self-assessment against NHS protect standards);
- Counter fraud progress reports;
- Effectiveness of audit;
- Audit Committee annual report;
- Declarations of interest register;
- Hospitality register;
- Information governance board updates;
- SIRO annual report;
- Hosted agencies annual report – NHS Wales Delivery Unit;
- Hosted agencies annual report – EMRTS.

## Quality and Safety Committee Topics

- Annual Quality Statement;
- Infection control report;
- Safeguarding report;
- Substance misuse;
- Suicide update;
- Quality and Safety performance report to include Covid-19 metrics;
- Patient experience;
- Healthcare Inspectorate Wales inspections;
- Healthcare Inspectorate Wales annual report;
- Overview of unscheduled care;
- Mortality review;
- Clinical Ethics Committee;
- Clinical audit and effectiveness update;
- Planned care;
- Cancer Care;
- Operational plan tracker;
- Committee annual report;
- Board Assurance framework/risk register;
- Quality and Safety Governance Group;
- Ombudsman's annual report;
- Welsh Risk Pool annual report;
- EMRTS clinical governance;
- External inspections;
- Ward to board dashboard;
- Primary care metrics.

## Appendix Six – Dashboard of Risks

<b>Impact/Consequences</b>	<b>5</b>			<b>53:</b> Compliance with Welsh Language Standards <b>54:</b> No Deal Brexit	<b>39:</b> IMTP Statutory Responsibility <b>60:</b> Cyber Security <b>62:</b> Sustainable Corporate Services <b>64:</b> H&S Infrastructure COVID-19 across Wales remains fluid and uncertain. <b>68:</b> Pandemic Framework <b>70:</b> Data Centre outages	<b>16:</b> Access to Planned Care <b>50:</b> Access to Cancer Services <b>66:</b> Access to Cancer Services - SACT <b>67:</b> Access to Cancer Services - Radiotherapy
	<b>4</b>			<b>13:</b> Environment of Health Board Premises <b>36:</b> Electronic Patient Record <b>41:</b> Fire Safety Regulation Compliance <b>52:</b> Engagement & Impact Assessment Requirements	<b>01:</b> Access to Unscheduled Care Service <b>27:</b> Sustainable Clinical Services for Digital Transformation <b>37:</b> Operational and strategic decisions are not data informed <b>43:</b> DOLS Authorisation and Compliance with Legislation <b>48:</b> Child & Adolescence Mental Health Services <b>49:</b> TAVI Service <b>57:</b> Non-compliance with Home Office Controlled Drug Licensing requirements <b>61:</b> Paediatric Dental GA Service – Parkway <b>69:</b> Adolescents being admitted to Adult MH wards	<b>03:</b> Workforce Recruitment of Medical and Dental Staff <b>04:</b> Infection Control <b>15:</b> Population Health Improvement <b>51:</b> Compliance with Nurse Staffing Levels (Wales) Act 2016 <b>58:</b> Ophthalmology Clinic Capacity <b>63:</b> Screening for Fetal Growth Assessment in line with Gap-Grow (G&G) <b>65:</b> CTG Monitoring in Labour Wards <b>73:</b> There is potential for a residual cost base increase post COVID-19 as a result of changes to service delivery models and ways of working.
	<b>3</b>			<b>72:</b> Impact of COVID-19 pandemic on the Health Board Capital Resource Limit and Capital Plan for 2020-21.		
	<b>2</b>					
	<b>1</b>					
<b>C X L</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
	Likelihood					

# **Parliamentary Accountability and Audit Report 2020-21**

## Parliamentary Accountability

Swansea Bay University Health Board makes the following parliamentary disclosures for 2020-21:

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

## Audit Certificate and AGW Report

# **Staff and Remuneration Report 2020-21**

## Staff Report

### ❖ Pre-Employment

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

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

### ❖ Managing Attendance

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

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

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

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

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

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

#### ❖ **Redeployment Policy**

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

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

#### ❖ **Off Payroll Policy**

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

### ❖ Staff Composition

The health board has **xxxx** employees, the composition of whom comprises: During the year, the average full time equivalent number of staff permanently employed was **xxxx**. The average number of employees is calculated as the full time equivalent number of employees in each week of the financial year divided by the number of weeks in the financial year. The tables below provides a breakdown of the workforce by gender and then staff grouping, which as well as permanently employed staff, also shows staff on inward secondment, agency staff, and other staff.

Gender	Headcount	FTE	% of headcount
Female			
Male			
Grand Total			

(FTE – fulltime equivalent)

A breakdown of the board members and senior managers by gender is set out in the table below.

Job Title	Gender	Headcount	FTE	% of headcount

A full breakdown of staffing groups is as follows:

	Permanently Employed	Staff on Inward Secondment	Agency Staff	Other Staff	2019-20 Total	2018-19 Total

Sickness absence for the year and in comparison with the previous was as follows:

	2020-21	2019-20
	Number	Number
Days lost (long term)	0	0
Days lost (short term)	0	0
<b>Total days lost</b>	<b>0</b>	<b>0</b>

## Remuneration Report

# **Financial Statements and Notes 2020-21**