

**Swansea Bay University Health Board Annual Report
2022-23**

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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 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 accounts.

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

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

By order of the board, signed:

Chair

Date:

Chief Executive

Date:

Director of Finance

Date:

About the Health Board

Swansea Bay University Health Board plans, commissions and delivers healthcare services for the people of Neath Port Talbot and Swansea, and works to improve their health and wellbeing. We serve a population of approximately 390,000, have a budget of around £1.3billion and employ almost 13,500 staff.

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



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

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

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

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

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

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

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

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

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

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



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

Introduction: Chief Executive's Overview



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

For the first time in a number of years, we have an approved integrated medium term plan (IMTP – three-year plan), which we have delivered almost in its entirety and the majority of our performance trajectories have been delivered. Also, we delivered a balanced financial plan, which was an incredible achievement and I am grateful for all the work that was undertaken to do this. Next year is going to be a difficult one in terms of finance, and we are already forecasting a deficit position.

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

This year saw the start of major service transformation as we started to implement our '[Changing for the Future](#)' programme, which aims to create centres of excellence. 'Changing for the Future' set out proposals to recreate our three main hospitals as centres of excellence, and each one having a concentrated focus to play to the strengths of our staff and address the improvements that are essential. Morriston Hospital for urgent, specialist and regional care, Singleton Hospital for planned care, cancer care, maternity and diagnostics and Neath Port Talbot Hospital for orthopaedic and spinal care, diagnostics, rehabilitation and rheumatology.

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

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

However, we still have a high number of medically fit (clinically optimised) patients in our beds who we cannot discharge appropriately, leading to flow issues across our sites, stopping those who are very unwell and in need of admission being cared for either in the emergency department or waiting on ambulances. A lot of the medically fit patients have now been cohorted at Singleton Hospital in 120 additional beds made vacant by the transfer of services as part of the AMSR programme, but over the course of early 2023-24 our primary, secondary and community services will be working with local authority partners to provide care packages or care home placements for these patients so that we can close these beds.

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

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

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

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

and district nursing teams also play a key role in this with our district nursing team supporting over 1,500 palliative care patients (in an eight month period) to die at their place of choice – their own home. We have also established virtual wards, which are now established across all eight primary care clusters.

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

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

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

The [population health strategy](#) sets out the guiding principles by which the health board and its partners will seek to improve the overall health and wellbeing of the local population whilst reducing the gap between our least and most deprived communities. It focuses on prevention and tackling the 'causes of the causes' of ill-health. It must be owned by and delivered through the entire health board.

The objectives of the strategy are to:

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

Workforce is a critical priority for us as we want staff to enjoy coming to work and be able to do the job they were trained to do, which is immensely difficult at the moment given the operational pressures. *Our Big Conversation* staff engagement programme

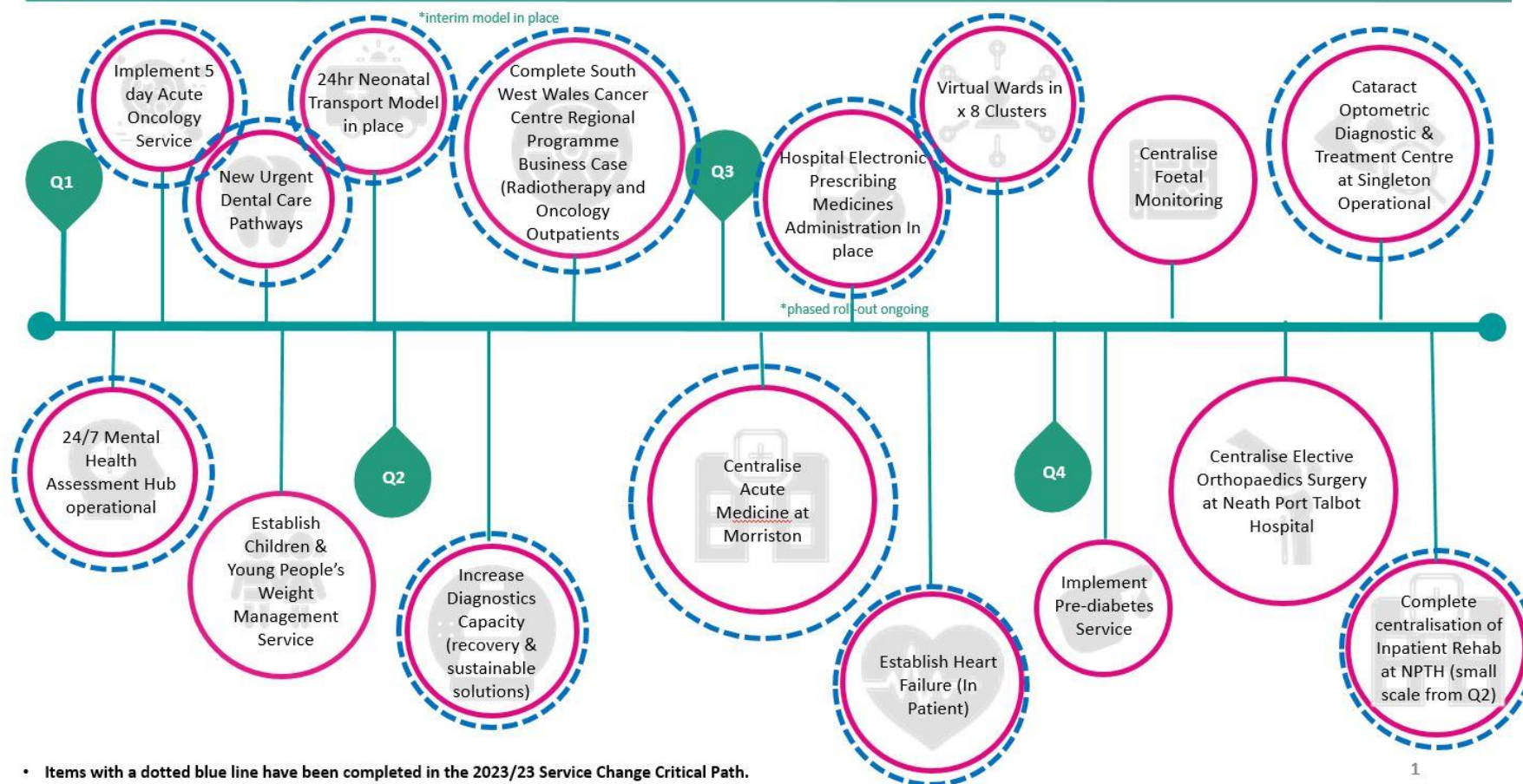
has been developed to inform and shape the 'One Bay Way' culture – a values driven, quality focused organisation. This is central to the Board commitment to improve quality. Phases one and two launched on 31st October 2022 and was rolled out the length and breadth of the health board. It involved all staff groups, students, bank staff and volunteers, and included people working in a wide and diverse range of roles.

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

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

Key Service Changes Delivered in 2022-23

Key Service Changes Delivered in 2022-23



- Items with a dotted blue line have been completed in the 2023/23 Service Change Critical Path.

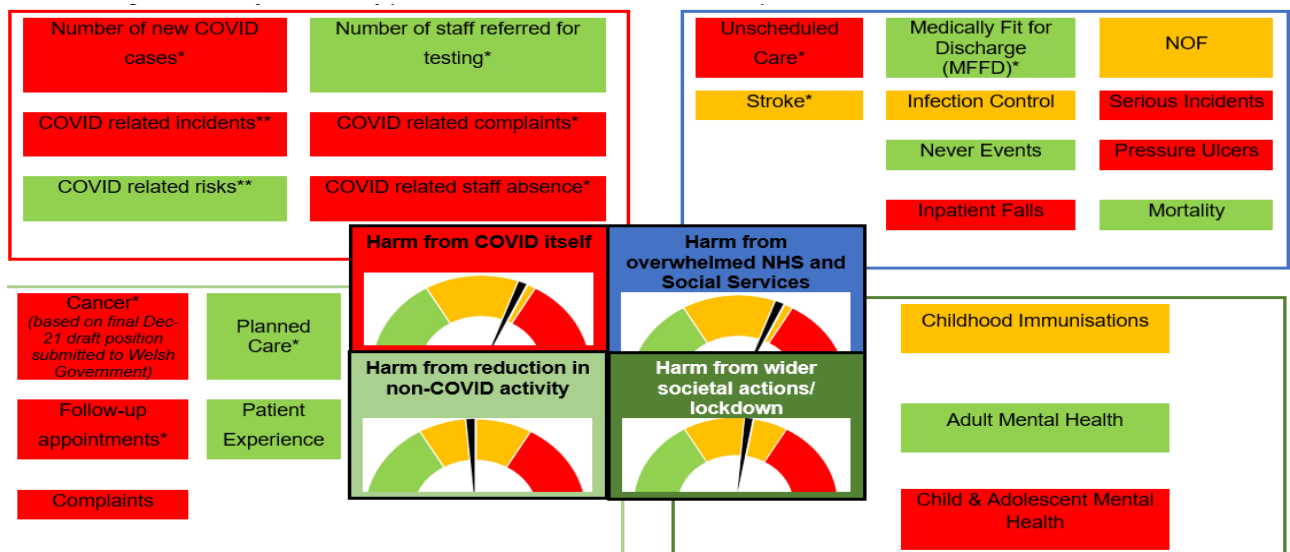
Performance Report 2022-23

Our Performance Summary – last year's charts to act as a guide

The financial year 2022-23 was another highly pressurised year, during which we implemented a number of significant changes via AMSR (acute medical services redesign) that will provide us with more solid foundations for the future. Performance during 2022-23 comprised both some successes and areas to improve. This summary provides a snapshot of some of things which went well, and others which need to improve in 2023-24.

Successes	Concerns
830,389 Total vaccinations undertaken (11.4.22)	13,587 (4% ↑) Patients waiting over 104 weeks for treatment
269 (10% ↓) Clinically Optimised patients	7 Serious Incidents reported
24,728 (3% ↓) Stage 1 > 26 weeks	4,749 (11.4% ↓) Covid Cases has increased
0 Never Events reported	11,084 (20% ↑) A&E attendances
5,863 (4% ↓) Waiting > 8 weeks for reportable diagnostics	4,198 (6.9% ↑) Endoscopy patients waiting >8 weeks
820 (11% ↓) Patients waiting over 14 weeks for reportable therapies	14,870 (17% ↑) Total GP referrals
435 (17.1% ↓) USC backlog over 63 days	62 (11.3% ↑) Critical Care admissions
72% (1% ↑) Improved theatre utilisation	71.39% (0.9% ↓) 4hr ED performance
44,650 (19.6% ↑) Outpatient Activity figures	Covid Staff sickness (1.3% ↑) Percentage has increased

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



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

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

The Ministerial Priorities

The Ministerial priorities were a key area of focus for our performance in 2022-23. Below is a summary of our end-of-year position to demonstrate progress against final figures for 2021-22. Green shows where we have improved over the 12 months and red denotes a deterioration.

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

Our Performance Report

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

Urgent and Emergency Care	
<p>Urgent and emergency care has been one of our most challenging performance areas throughout 2022-23 and was escalated as part the internal performance management framework to enhanced monitoring by the Chief Operating Officer and Director of Finance and Performance.</p> <p>Our vision for the services supports the national ‘Six Goals of Urgent and Emergency Care’ to create ‘one urgent and emergency care system’ which supports patients and communities in knowing where and when they can get the care they need in an emergency. Progress against the six goals is regularly reported in the integrated performance report as linked above.</p> <p>The Minor Injuries Unit (MIU) at Neath Port Talbot Hospital remains one of the busiest units in the UK with attendances increasing year on year (trajectory of 51,000 for 2022/23 with 98% of patients being seen within 4 hours). The MIU attendances account for approximately 38% of the total hospital unscheduled activity which is a significant contribution to ensuring patients receive the right care, in the right place in a timely way.</p> <p>The emergency department at Morriston Hospital continued to be overwhelmed by the number of patients attending, many of whom were extremely ill or injured and needed an admission for treatment and main performance standards remained off-track, although there were improvements at various points in the year. High sickness and staff turnover significantly affected the available staff to support the service and infection control issues combined with a lack of community/social care capacity to support timely discharge, impacted on the flow of patients across the system.</p> <p>The main area of work in this area has been the AMSR programme as highlighted earlier. There are a number of other initiatives to tackle patients’ length of stay and improve admission avoidance for those who do not need a hospital visit including:</p>	
<ul style="list-style-type: none"> - GPs reviewing the ambulance call list 12 hours a day to identify those waiting who do not need to come to hospital and can be treated in the community; - Consultant Connect software for paramedics and GPs to access primary care, care of the elderly and other specialist advice; - The older person’s assessment service at Morriston Hospital has been extended to run from 7am to 7pm five days a week aimed at avoiding admissions for the frail elderly; 	<p>Data to be included:</p> <ul style="list-style-type: none"> - 4-hour; - 12-hour; - Handovers; - Red ambulance release

<ul style="list-style-type: none"> - Primary care services provided in the emergency department and same day emergency care centre; - Direct admissions to alternative services to the emergency department for ambulance services; - Internal ambulance handover escalation and immediate release framework in place; - Dedicated acute medical team in the emergency department to support patients with a prolonged wait for an inpatient bed as well as act as senior decision makers for those who are well enough to be discharged from the department; - The SAFER bundle has been refocused with an internal team appointed to reduce bed occupancy and improve flow; - Weekend discharge team in place; - Opened additional capacity across the hospitals, provided additional capacity to the discharge to risk assess service and expanded the virtual wards to provide step-up/step-down support for more patients to be managed at home. - Weekend working implemented for physiotherapy and occupational therapy at Morriston Hospital for medical and trauma and orthopaedics. 	
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Planned Care	
<p>We have seen a significant improvement in waiting times for planned care, exceeding the trajectories submitted to Welsh Government for those waiting the longest for treatment, such as those waiting more than 52 and 104 weeks. The target is to remove all patients waiting more than 52 weeks for a first outpatient appointment by the end of June 2023 with an ambition to clear those waiting more than 104 weeks at all stages of their treatment by the end of March 2024.</p> <p>2023-24 will be an important year for planned care with the opening of the elective hub for orthopaedics and urology at Neath Port Talbot Hospital in June 2023 and the development of the business case for three additional theatres in Singleton Hospital. The development of these two centres of excellence will provide the capacity to make significant progress in tackle our waiting lists and in time, those of neighbouring health boards as part of any regional initiatives.</p> <p>There were a number of actions taken in 2022-23 to address the demand and they will continue to be an area of focus for 2023-24.</p>	
<ul style="list-style-type: none"> - Strengthened GP-led services to prevent unnecessary referrals to secondary care by diagnosing and treating at source; these will be enhanced with the development of at least 50 health pathways during 2023-24. 	<p>Data to be included:</p> <ul style="list-style-type: none"> - Total waiting list; - 104 weeks; - 52 weeks; - 36 weeks;

<ul style="list-style-type: none"> - Developed demand management solutions across our systems of care; - Review of the referral management criteria to apply to existing lists and new referrals; - Increased core capacity by modernising the follow-up system, implementing partial booking, examining individual consultant productivity and enforcing strict 'did not attend' protocols; - Increasing core capacity for treatment through insourcing and outsourcing with the independent sector; - Therapy-led education and lifestyle programme implemented for patients awaiting arthroplasty surgery; - Successfully removed some patients from waiting list as their symptoms improved; - Optimised patient's physical condition for surgery leading to improved outcomes. 	<ul style="list-style-type: none"> - 26 weeks.
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Cancer	
<p>While there has been some improvement in cancer performance, there is still a large backlog of cases to be seen and a high number of patients waiting too long for treatment. The Chief Executive meets regularly with the clinical leads and management teams for the tumour sites with below-par performance. Each tumour site was required to develop a recovery plan after which focus was switched to treatment plans. Given the concerns around cancer, the board received a detailed report on improvement plans and agreed the improvement trajectories for 2023-24 at its March 2023 board. Colorectal cancer is the biggest contributor to backlog but there are also challenges within breast, gynaecology and urology.</p> <p>Referral rates are higher than in previous years, linked to the delays caused by the pandemic, but are starting to stabilise. Diagnostics for cancer patients are improving and we have plans to take this further. For example, the rapid diagnostic clinic at Neath Port Talbot Hospital is to be extended for suspected bowel cancer and those referred will be seen, diagnosed and if necessary, given a treatment plan within 48 hours. We also have plans in place with Hywel Dda University Health Board for a regional approach reducing waiting times in the endoscopy service. The strategic programme case for 2023-24 to 2032-33 for non-surgical cancer care will help us make improvements over the next 10 years. Actions we have taken this year to improve include:</p>	
<ul style="list-style-type: none"> - Providing FIT (fecal immunochemical tests) testing to GPs for any suspected colorectal cancers, this has reduced the demand for urgent suspected cancers; - Additional investment in imaging and endoscopy to increase capacity reduce waiting times for patients on a cancer pathway; 	<p>Data to include:</p> <ul style="list-style-type: none"> - Overall backlog figure - Percentage compliance

<ul style="list-style-type: none"> - Outsourced the preparation and reporting of biopsies to create additional capacity to prioritise those patients awaiting their biopsy results; - Increased operating sessions for cancer cases. 	
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Primary and Community Care

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

Some of our developments last year include:

<ul style="list-style-type: none"> - Expansion of common ailments scheme which had 22,000 consultations; - New dental appointments with 30,000 new appointments made available; - Implementation of primary care audiology, delivering the first contact hearing and tinnitus assessment advice and wax management, 9599 patients seen; - Commissioned additional care home beds in the region to support the discharge of patients from hospital. 323 patients were admitted into these beds; - Secured funding through Welsh Government's Early Years Integration Fund to provide universal and targeted support, training, advice and consultation for early years providers; - Implementation of a paediatric physiotherapy outreach respiratory service offering preventative care and rapid response to respiratory exacerbations in the most vulnerable children and young people, preventing admissions to hospital and expediting discharge by maintaining 	? Data to include
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<p>child/young person in their own home and improving carer and self-management confidence;</p> <ul style="list-style-type: none"> - School nursing services established drop-in sessions for all secondary schools to provide support for students and families with their emotional health and wellbeing. 	
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Mental Health and Learning Disabilities	
<p>2022-23 saw the launch of the 111/Press 2 service with Swansea Bay Health Board being the first health board in Wales to go live 24/7 and 365 days a year. The service provides direct access to advice and support for anyone going through a mental health crisis, whether they have previously accessed mental health services or are accessing mental health support for the first time. In addition the single point of access (SPOA) for Health professionals was launched to improve access to advice and consultation in mental health services.</p> <p>In 2023-24 the service group will continue to work on modernisation plans for mental health and learning disabilities services. This will include moving to outline business case stage for the adult mental health inpatient unit on the Cefn Coed Hospital site and agreeing a development and investment plan with our partner health boards for our learning disabilities inpatient units and community services. From the 1st April 2023, child and adolescent mental health services for Swansea Bay residents will come under the direct management of the health board and our focus will be on improving timeliness of access for this patient group.</p>	
Key Performance metrics for our services	
<p>111 'Press Two' Service</p> <p>Reductions in the levels of distress after a call to the 111 service have been measured after each individual call. This has been measured by using a distress measure scale (using a score of 1-10). Better outcomes have been consistently seen from those after making a call. The scale is a patient self-reported & recorded outcome measure. Range between 800-1,000 calls per month since launch and average wait time is 8 minutes, with calls lasting an average of 15 minutes. Patient pre-triage using SUD (subjective unit of distress) the average score recorded is seven post triage and the brief intervention SUD of average score five.</p>	<ul style="list-style-type: none"> • Mental Health Measure <p>Part 1: Local Primary Mental Health Support Services (All-Wales Target 80%)</p> <p>Assessments/Interventions – Target: 80% of assessments are undertaken within 28 days of referral. This was met throughout 2022-23.</p> <p>Part 2: Mental Health Measure (Care and Treatment Plans) (All Wales Target 90%)</p> <p>The health board met the target towards the end of 2022 between October and December 2022, but there was a slight drop in January and February 2023 to 89%. Monthly meetings have been arranged in order to further improve performance.</p> <p>Outpatient Waiting Times</p> <p>As at end of March 2023, 89.5% of patients waiting for an outpatient appointment had waited less than the target of 10 weeks. An outpatient</p>

	<p>operational management group has been set up to manage the outpatient capacity available to minimise breaches of the 10 week access target. In addition, the service group has introduced an outpatient clinical redesign group focussed on standardising outpatient waiting list practice in line with the national referral to treatment time guidance.</p> <p>Psychological Therapy Waiting Times (all-Wales Target 80%)</p> <p>As at end of March 2023, 85% of patients waiting to start therapy had waited less than 26 weeks. Meetings are ongoing to look at current capacity and the increasing demand for psychological therapies. A key focus for the service group is addressing the suitable achievable balance between group and 1:1 therapy for patients.</p> <p>Crisis Team Access (95% of service users admitted to hospital between 0900-2100 will have a gate keeping assessment by the CRHTs (crisis resolution and home treatment) team prior to admission and 100% of service users admitted without receiving a gate keeping assessment will receive a follow up assessment by CRHTS within 24 hours of admission)</p> <p>The target was met for the twelve months throughout 2022-23.</p>
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Quality	
<p>Quality is at the heart of all that we do – our services must be safe for our patients and provide good patient experience and outcomes. We have recognised that this is an area which needs great focus and improvement, so work commenced on establishing a quality management system, part of which included developing a quality strategy, as mentioned earlier. A big part of this are our quality priorities, which for 2022-23 were falls, end-of-life care, sepsis, suicide prevention and pressure ulcers. While progress has been made in these areas, there is still a long way to go, and these will remain our priorities for 2023-24, along with nutrition and hydration, pressure damage and a dementia audit. Some of the actions of which we are proud include:</p>	

<p>Falls Prevention</p> <ul style="list-style-type: none"> - Delivering an intergenerational project with Morriston Primary School to increase knowledge of how to avoid falls at home; - Reducing the number of patients who fall whilst in our hospitals from 208 per month to 178 per month. <p>Improving End of Life Care</p> <ul style="list-style-type: none"> - Through our End-of-Life Care Parasol Team we have trained 2,133 staff, which equates to around 15.5%; - We have also trained people from our partner organisations including care homes, paramedics and students <p>Suicide Prevention</p> <ul style="list-style-type: none"> - Since April 2022, 1,897 members of staff have been trained in the recognition of the risk of suicide; - Through the Arts Council funded Sharing Hope project we have been able to provide a creative intervention to improve staff wellbeing, with more than 360 staff attending. <p>Improving the Recognition and Management of Sepsis</p> <ul style="list-style-type: none"> - We have revised our sepsis screening tool to reflect new national guidance and will be launching this across the health board. <p>Arts in Health</p> <ul style="list-style-type: none"> - Our Arts in Health team have supported a range of quality projects, improving the experience of patients, staff and communities. This includes 250 people per week who have improved their wellbeing and reduced their risk of falling by attending the dance to health programme. <p>Quality Assurance Audits</p> <ul style="list-style-type: none"> - To support checks and audits at ward and service level, we have also undertaken 10 corporately arranged unannounced quality audits on our wards and services; - We also welcome the reintroduction of unannounced visits from the community health council. <p>Quality Congress Events</p> <ul style="list-style-type: none"> - To support us in sharing learning from events we have established a programme of quality congress events and held two of these in 2022-23, attended by more than 130 people. 	<ul style="list-style-type: none"> - Quality priorities data
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<p>We have quarterly events planned for the coming year.</p> <p>Quality Improvement</p> <ul style="list-style-type: none"> - To help encourage and maintain a culture of improving quality, we have established a community of practice where staff can come together on a monthly basis to learn about successful quality improvement projects in order to share good practice across our services. 	
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Patient Experience	
<p>A core value for the health board is 'always improving'. While every effort was made to do what is right for our patients, there have been times when we have got it wrong, and it is essential that we listen to people's feedback in order to learn.</p> <p>To capture patients' experiences, social media and text messaging is used to send patients a survey following their discharge. The feedback is shared across the services as appropriate. We have also developed bespoke surveys to help heads of services and clinical teams improve their services.</p> <p>We received 49,845 'Friends and Family' responses in 2022-23 with a satisfaction score of 90% and 1,641 formal complaints. Common complaint themes included access to clinical treatment, communication and appointments. The health board reported 100 nationally reportable incidents to the NHS Wales Delivery Unit last year and four never events. We had 19 Ombudsman investigations over the last 12 months.</p> <p>Some changes we made as a result of patient feedback:</p>	
<ul style="list-style-type: none"> - Patients who are with us for a long period of time said they would like bingo, jigsaws, reading, more activities to do at the bedside. The volunteer manager has used this feedback to shape the activities when visiting long stay patients; - Children complained about the lack of snacks and variety of the food. The feedback was shared with Bay Youth and the health board nutrition group who are working to improve the provision of snacks and food; - Emergency department feedback from patients was that the chairs were uncomfortable while waiting long times to be seen. Chairs with charging points have been installed. 	<p>Complaint Top Themes;</p> <ul style="list-style-type: none"> • Access to clinical treatment – 340 • Communication – 233 • Appointments – 224 <p>National Reportable Incidents;</p> <p>Out of the 100 reported, the top incidents types were;</p> <ul style="list-style-type: none"> • Accident/injury/fall – 47 • Pressure ulcers - 17 • Unexpected death – 11 <p>Never Events;</p> <p>2 x Retained material/swab 1 x Medication error 1 x Wrong sided block</p>

Workforce and Staff Experience
<p>Without our staff, we would not be able to do what we need to do for our patients, families and communities. The pressures on staff this year have been</p>

unprecedented, with high operational pressures as well as Covid and other respiratory infections affecting sickness levels. We are immensely grateful for all that our staff do and the hard work and commitment they continue to show. Improving their experience and developing our services to enable them to feel happy to come to work, knowing they have the capacity to provide the care that they want to provide and are trained to do, is a key priority for us. As mentioned in the overview, 'Our Big Conversation' is taking place to hear from our staff around what we need to do to improve the quality of our services, not just for patients but for them as well. This is not the only initiative which has taken place in 2022-23 to support staff, others include:

<ul style="list-style-type: none"> • Rapid access to mental health, trauma and bereavement services for staff with Covid-19 related health impacts; • Continuing to roll out TRiM (Trauma Risk Management); • Supporting the organisation to reduce vacancies and staff burnout with a central resourcing team and implementing a robust recruitment strategy; • Supporting the development of our staff by extending opportunities to undertake apprenticeships; • Reviewing our staff reward and recognition programme. 	<p>Sickness absence: Rolling 12 month absence rate as at 31st January 2023 – 7.81%</p> <p>PADR: Reviews completed 1st March 2022 – 28th February 2023 – 69.39%</p> <p>Mandatory training: Compliance rate as at 28th February 2023 – 82.01%</p>
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Conclusion and Forward Look

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

Accountability Report 2022-23

Annual Governance Statement

❖ Scope of Responsibility

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

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

In March 2023, we received confirmation that our escalation status would remain at 'enhanced monitoring' for quality issues relating to poor performance and long waiting times, but would be reduced to 'routine arrangements' for planning and finance. Overall our escalation status remains at 'enhanced monitoring' but the tripartite meeting, which comprises Welsh Government, Audit Wales and Healthcare Inspectorate Wales (HIW), recognised the 'considerable progress' and that the executive had 'a clear understanding of the challenges it faced and is actively developing solutions to these challenges.'

Our Governance Framework

❖ Overview

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

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

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

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

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

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

During 2023-23, the following improvements were made:

- Revised approach to risk appetite based on themes and individual risks rather than a blanket approach;
- Quality governance arrangements reviewed and developed to be more standardised and robust;

❖ **Director's Report**

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

- Paul Mapson (performance and finance – until January 2022);
- Martyn Waygood (charity);
- Anne-Louise Ferguson (legal).

In May 2022, our local authority independent member, Mark Child, stood-down. He was replaced on January 2023 by Nicola Matthews. Our legal independent member decided not to be reappointed for a second term and stood-down in December 2021. This has been a gap for the board as recruitment campaigns were unsuccessful and a board advisor appointed in the interim as set out above. In March 2023, Anne-Louise Ferguson was announced as the board's new legal independent member.

❖ Chair and Independent Members



Emma Woollett, Chair

Appointment:

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

Board and Committee Membership

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



Stephen Spill, Vice-Chair

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

Board and Committee Membership

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



Reena Owen, Independent Member

Appointment:

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

Area of Expertise:

Community.

Board and Committee Membership

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



Tom Crick, Independent Member

Appointment:

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

Area of Expertise:

Information and Communications Technology.

Board and Committee Membership

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



Maggie Berry, Independent Member

Appointment:

Maggie was appointed as an independent member in May 2015 (reappointed May 2019).

Board and Committee Membership

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



Keith Lloyd, Independent Member

Appointment:

Keith was appointed as an independent member in May 2020.

Area of Expertise:

University

Board and Committee Membership

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



Nuria Zolle, Independent Member

Appointment:

Nuria was appointed as an independent member in October 2019.

Area of Expertise:

Third sector

Board and Committee Membership

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



Jackie Davies, Independent Member

Appointment:

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

Area of Expertise:

Trade union

Board and Committee Membership

Jackie is a member of the board, Mental Health Legislation Committee, Audit Committee, Workforce and Organisational Development, Health and Safety Committee and Charitable Funds Committee.



Patricia Price, Independent Member

Appointment:

Patricia was appointed as an independent member in October 2021.

Area of Expertise:

Finance

Board and Committee Membership

Patricia is a member of the board, Audit Committee, Performance and Finance Committee, Quality and Safety Committee and Remuneration and Terms of Service Committee.



Nicola Matthews, Independent Member

Appointment:

Nicola was appointed as an independent member in February 2023.

Area of Expertise:

Local Authority

Board and Committee Membership

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



Anne-Louise Ferguson, Independent Member

Appointment:

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

Area of Expertise:

Legal

Board and Committee Membership

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

❖ Chief Executive and Executive Directors



Mark Hackett, Chief Executive

Appointment:

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

Board and Committee Membership

Mark is a member of the board and attends the Remuneration and Terms of Service Committee.



Richard Evans, Medical Director/Deputy Chief Executive

Appointment:

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

Board and Committee Membership

Richard is a member of the board and attends Quality and Safety Committee and Workforce and OD Committee.



Gareth Howells, Director of Nursing and Patient Experience

Appointment:

Gareth was appointed as Director of Nursing and Patient Experience in September 2021.

Board and Committee Membership

Gareth is a member of the board and Health and Safety Committee. He attends Audit Committee Quality and Safety Committee, Mental Health Legislation Committee and Workforce and OD Committee.



Debbie Eyitayo, Director of Workforce and Organisational Development (OD)

Appointment:

Debbie was appointed as Interim Director of Workforce and OD in August 2021 and substantively in September 2021.

Board and Committee Membership

Debbie is a member of the board and Health and Safety Committee. She attends Workforce and OD Committee and Remuneration and Terms of Service Committee.



Darren Griffiths, Director of Finance

Appointment:

Darren was appointed as Interim Director of Finance in February 2020 and substantively in July 2021.

Board and Committee Membership

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



Siân Harrop-Griffiths, Director of Strategy

Appointment:

Sian was appointed as Director of Strategy in November 2014.

Board and Committee Membership

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



Keith Reid, Director of Public Health

Appointment:

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

Board and Committee Membership

Keith is a member of the board and Health and Safety Committee. He attends Quality and Safety Committee.



Christine Morrell, Director of Therapies and Health Science

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

Board and Committee Membership

Chris is a member of the board. She attends Quality and Safety Committee and Workforce and OD Committee.

❖ Associate Board Members (non-voting)



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

Appointment:

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



Judith Vincent, Clinical Director for Pharmacy and Medicines Management

Appointment:

Judith became an associate board member in March 2022 as a co-chair of the Health Professionals' Forum with the Minister confirming the appointment for January 2023 for 12 months.



Andrew Griffiths, Head of Cluster Development and Planning

Appointment:

Andrew became an associate board member in March 2022 as a co-chair of the Health Professionals' Forum with the Minister confirming the appointment for January 2023 for 12 months.

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



Deb Lewis, Chief Operating Officer

Deb was appointed as interim Chief Operating Officer at the start of March 2023 and then as the substantive in April 2023.

Board and Committee Membership

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



Matt John, Director of Digital

Appointment:

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



Hazel Lloyd, Director of Corporate Governance

Appointment:

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

Board and Committee Membership

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

Richard Thomas, Director of Insight, Communications and Engagement

Appointment:

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

Board and Committee Membership

Richard attends the board in a non-voting capacity

❖ Board Advisors



Martyn Waygood, Board Advisor (Charity)

Appointment:

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

❖ Board Member Departures for 2022-23



Mark Child, Independent Member

Appointment:

Mark was appointed as an independent member in October 2017 (reappointed October 2021) and stood down in May 2022.

Area of Expertise:

Local authority

Board and Committee Membership

Mark was a member of the board, Remuneration and Terms of Service Committee and Performance and Finance Committee.



Nick Samuels

Appointment:

Nick was appointed Interim Director of Communications in June 2021 and left the organisation in February 2023.

Board and Committee Membership

Nick attended the board in a non-voting capacity



Paul Mapson, Board Advisor (Performance and Finance)

Appointment:

Paul took on a role as a board advisor in January 2022 to support the development of the Performance and Finance Committee, which he attended along with the Audit Committee. His advisory term finished in January 2023.



Inese Robotham, Chief Operating Officer

Appointment:

Inese was appointed as Chief Operating Officer in October 2021 and left the organisation in March 2023.

Board and Committee Membership

Inese attended the board in a non-voting capacity and Performance and Finance Committee.

In terms of executive directors, interim arrangements were put in place to cover vacancies and these are set out above.

Each board member has stated in writing that he/she has taken steps to make the auditors aware of any relevant audit information. Board members and senior managers have advised of any interests which may have a conflict with their board responsibilities and no material interests have been declared in 2021-22. A full register of interests is available upon request from the Director of Corporate Governance and details are also included in the remuneration report.

❖ Role of the Board

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

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

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

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

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

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

Due to the number of committees and frequency of these, it is too resource intensive to livestream committee meetings but the health board will look at ways in which committees could be held in public where possible.

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

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

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

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

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

❖ Committees of the Board

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

In March 2023, [the board received a review of its committee structure](#) and approved proposals to stand-down the Health and Safety Committee. The health board established its Health and Safety Committee in 2018 following a number of referrals to and inspections by the Health and Safety Executive (HSE), culminating in 10 enforcement notices to address. Progress was monitored by the committee until

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

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

These arrangements will be in place from April 2023 and will form part of the 2023-24 annual report.

Assurance committees the health board is required to have comprise:

Audit Committee

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

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

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

Quality and Safety Committee

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

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

Remuneration and Terms of Service Committee

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

Mental Health Legislation Committee

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

Information Governance

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

Charitable Funds Committee

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

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

❖ *Health and Safety Committee*

The purpose of the Health and Safety Committee is to:

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

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

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

❖ *Performance and Finance Committee*

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

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

❖ *Workforce and OD Committee*

The Workforce and OD Committee seeks assurance on:

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

❖ *Advisory Groups and Joint Committees*

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

Advisory Boards

- *Stakeholder Reference Group*

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

- *Health Professionals' Forum*

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

- *Health Board Partnership Forum*

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

Joint and all-Wales Committees

There are three all-Wales committees as detailed below:

- *Welsh Health Specialised Services Committee (WHSSC)*

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

- *Emergency Ambulance Services Committee (EASC)*

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

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

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

- ❖ **Partnership Working**

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

- ❖ **Organisational Structure**

The organisation is comprised four service groups:

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

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

- ❖ **System of Control**

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

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31st March 2022 and up to the date of approval of the annual report and accounts.

- ❖ **Capacity to Handle Risk**

Building on work undertaken in previous years, risk management processes have continued to develop and improve. Alongside the existing training provided to new staff joining the organisation, the health board programme of enhanced risk management training sessions for existing managers within service groups that was commenced during 2021-22 has continued during 2022-23. Delivery has completed in three of the four service groups, but while some coverage has been provided within the fourth, service pressures have delayed completion - delivery is being adapted to increase coverage during the final quarter of the year.

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

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

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

❖ Risk Control and Framework

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

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

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

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

Effective internal and external communication is important to ensure that those responsible for implementing risk management, and those with a vested interest, understand the basis on which decisions are made and why particular actions are

required. External stakeholders will vary depending on the type of risk and the risk lead for the service group will need to consider which external stakeholders will need to be notified and included on or briefed following the establishment of task and finish groups/executive gold command groups set up to oversee actions to minimise the risk. All significant risks will be reported to Welsh Government through the weekly brief from organisations and quarterly performance review meetings.

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

❖ Risk Appetite

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

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

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

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

❖ Risk Profile 2022-23

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

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

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

Risk	Controls and Actions
<p>#1: Access to Unscheduled Care</p> <p><i>If we fail to provide timely access to unscheduled care then this will have an impact on quality and safety of patient care as well as patient and family experience and achievement of targets. There are challenges with capacity/staffing across the health and social care sectors.</i></p>	<ul style="list-style-type: none"> • Programme management office in place to improve unscheduled care; • Daily health board-wide conference calls/ escalation process in place; • Regular reporting to executive team and health board/Quality and Safety Committee and Performance and Finance Committee; • Increased reporting as a result of escalation to targeted intervention status; • Development of a 'Phone First' for emergency department model in conjunction with 111 to reduce demand; • 24/7 ambulance triage nurse in place; • Joint ambulance stack review by GP and advanced paramedic practitioner; • Older people's assessment service has undertaken training with nursing homes (on management of patient falls) and set up direct contact details with nursing homes; • Frailty short-stay unit re-established; • Additionally, actions to improve the discharge of clinically optimised patients (a separate risk register entry) expected to assist with patient flow, are anticipated to free capacity to assist to address this risk also; • Following implementation of our acute medical services review programme further

Risk	Controls and Actions
	<p>work is ongoing to increase out of hospital capacity;</p> <ul style="list-style-type: none"> • A bed decommissioning group has been set up chaired by the Chief Executive; • An increase in the hours of same day emergency care is planned.
<p>#50: Access to Cancer Services</p> <p><i>A backlog of patients now presenting with suspected cancer has accumulated during the pandemic, creating an increase in referrals into the health board which is greater than the current capacity for prompt diagnosis and treatment. Because of this there is a risk of delay in diagnosing patients with cancer, and consequent delay in commencement of treatment, which could lead to poor patient outcomes and failure to achieve targets.</i></p>	<ul style="list-style-type: none"> • Tight management processes to manage each individual case on the urgent suspected cancer pathway. Enhanced monitoring and weekly monitoring of action plans for top six tumour sites; • Initiatives to protect surgical capacity to support urgent suspected cancer pathways have been put in place; • Prioritised pathway in place to fast track urgent suspected cancer patients; • Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. This is part of the remit of the cancer performance group; • Weekly cancer performance meetings are held for both Neath Port Talbot and Singleton and Morriston Service Groups by specialty; • The top six tumour sites of concern have developed cancer improvement plans; • Additional work being undertaken as part of diagnostic recovery and theatre recovery workstreams; • Endoscopy contract has been extended for insourcing; • A phased and sustainable solution for the required uplift in endoscopy capacity that will be key to supporting both the urgent suspected cancer backlog and future cancer diagnostic demand on endoscopy services; • Oral and maxillofacial and colorectal operating capacity to be expanded; • A detailed recovery plan is being prepared for the board. • Regular reporting to Performance and Finance Committee
<p>#81: Critical Staffing Levels: Midwifery</p> <p><i>Vacancies and unplanned absences resulting from Covid-19 related sickness, alongside other long term absences</i></p>	<ul style="list-style-type: none"> • All midwives are working at the hours they require up to full time. • Specialist midwives and management redeployed to support clinical care as required.

Risk	Controls and Actions
<p><i>including maternity leave, have resulted in critical staffing levels, which undermine the ability to maintain the full range of expected services safely, increasing the potential for harm, poor patient outcomes and/or choice of birthplace. Poor service quality or reduction in services could impact on organisational reputation.</i></p>	<ul style="list-style-type: none"> • Birth rate plus Intrapartum acuity tool completed four-hourly to guide safe service provision and escalation; • Escalation meeting continues three times a week to review rotas and reallocate staff as required – this is director led. • Morning safety huddle for community midwifery teams. • Additional shifts offered via bank, additional hours and overtime. • Utilisation of off-contract midwifery agency authorised by Director of Nursing and Patient Experience. • Open advert for recruitment on TRAC. • On-call manager rota in place. • Medical team support used when required. • International recruitment campaign initiated with MEDACS. • Offer of additional support worker shifts particularly in the postnatal area for additional support for women. • Vacancies advertised for maternity care assistant (MCA) role to increase support for midwives in providing care in women and their families. • Appointment of a transformational midwife to support senior management team in workforce paper. • Appointment of a band five service support manager to support ward managers with roster management. • Regular communication with stakeholders includes: early warnings to Welsh Government; verbal and formal communication with community health council; internal communications on home births, Royal College of Midwives updates; weekly staff briefings and bulletins. • Homebirth and free-standing maternity unit services remain suspended. • Workforce paper to be developed with input from finance and workforce teams to establish vacancy position and develop vacancy tracker.

❖ Emergency Preparedness

The organisation has a major incident and business continuity plan in place, as required by the Civil Contingencies Act 2004 but the scale and impact of the

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

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

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

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

❖ The Control Framework

Quality Governance Arrangements

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

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

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

An action plan has been drafted which includes the actions identified during the workshops and also the response to the recommendations from the three pieces of

work on quality governance and progress against this is reported regularly to the Management Board and Quality and Safety Committee.

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

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

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

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

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

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

- Quality, safety and improvement hub webpages are now live;
- Dates set for patient safety congress events with the next one 2nd February;
- Learning resources now available along with a community of practice;
- Quality improvement academy and a training review underway with engagement events with staff to identify what staff need and want;
- Quality Dashboard phase one go live at the end of January;
- 12 vlogs filmed with staff talking about what quality and the quality management system means to them. These are in the final editing stage;
- Newsletter focus on quality in December edition.

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

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

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

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

Corporate Governance Code

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

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

Health and Care Standards

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

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

Through listening and learning from previous years, we added increased support and scrutiny to service groups in completing their annual health and care standards self-

assessments in 2022-23. Scrutiny panels were held during the year, where service groups discussed their progress against the standards and their planned improvements; additionally subject experts met with service groups to discuss individual standards.

The end of year self-assessment reflects a year of increased operational demands and disruption. Service groups reflected on the challenges they faced, in particular in relation to the provision of timely care and their self-assessments reflect this. The self-assessment includes examples of innovation, including pro-active work to promote health and wellbeing for our staff, patients and communities.

We look forward to receiving and adopting the Welsh Government's revised approach to health and care standards in order drive forward our commitment to quality across the organisation.

❖ Planning Arrangements

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

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

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

For 2022-23, the health board met both its financial duties. It achieved financial balance for the year for both revenue (as set out below) and for capital, reporting an underspend of £xxxm against a £xxxm budget. In terms of the second requirement, this was met for the first time in a number of years as the health board had an approved [three year recovery and sustainability plan](#) for 2022-25 and work has now commenced on the plan for 2023-26.

	2020-21	2021-22	2022-23	Total
	£'000	£'000	£'000	£'000
Net operating costs for the year	1,096,986	1,113,261	xxx	3,142,024
Less general ophthalmic services expenditure and other non-cash limited expenditure	739	1,156	xxx	2,888
Less revenue consequences of bringing PFI schemes onto SoFP	(2,164)	(2,406)	xxx	(6,495)
Total operating expenses	1,095,561	1,112,011	xxx	3,138,417
Revenue Resource Allocation	1,071,257	1,087,612	xxx	3,073,430
Under /(over) spend against Allocation	(24,304)	(24,399)	xxx	(64,987)

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

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

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

❖ Disclosure Statements

Equality, Diversity, Inclusion and Human Rights

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

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

Data Security

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

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

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

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

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

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

Breach Category	Summary of Breach	Summary of Actions
Disclosure - Paper	An immunisation record was shared to an unauthorised party	<ul style="list-style-type: none"> • Apology provided to data subject • Investigation into root cause and mitigating actions taken to prevent reoccurrence • Information governance audit process undertaken and recommendations given
Disclosure – Electronic	Information, relating to a complaint was sent to an unauthorised third party in error	<ul style="list-style-type: none"> • Apology provided to data subject • Investigation into root cause and mitigating actions taken to prevent reoccurrence • Information Governance audit process undertaken with recommendations given
Security Failing	Video footage uploaded to social media by trespassers,	<ul style="list-style-type: none"> • Measures taken to further secure data and building

	including boxed archive patient records	<ul style="list-style-type: none"> Investigation into root cause and mitigating actions taken to prevent reoccurrence
Disclosure - Paper	Fertility data shared with unintended recipient	<ul style="list-style-type: none"> Apology provided to data subject Information Governance audit process underway Investigation into root cause and mitigating actions taken to prevent reoccurrence
Disclosure - Paper	Waiting list letter incorrectly contained patient's previous postcode, and was opened by an unintended recipient	<ul style="list-style-type: none"> Apology provided to data subject Investigation into root cause and mitigating actions taken to prevent reoccurrence
Lost/Stolen Hardware	Loss of unencrypted storage device containing patient data	<ul style="list-style-type: none"> Information Governance audit process underway Investigation into root cause and mitigating actions taken to prevent reoccurrence
Disclosure – Electronic	Email intended for member of staff unintentionally shared with a member of the public	<ul style="list-style-type: none"> Apology provided to data subject Information Governance audit process recently undertaken Risk assessment undertaken and mitigating actions introduced

Ministerial Directions

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

Wellbeing of Future Generations Act

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

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

Following a Wellbeing of Future Generations Act self-assessment in August 2019, the Future Generations Commissioner feedback to the health board suggested a

need for greater alignment between its wellbeing objectives and the seven national wellbeing goals, in particular those for the environment, culture (including Welsh language) and global impact. On that basis, it was agreed by the senior leadership team that the existing wellbeing objectives be reviewed and a set of refreshed wellbeing objectives published in the 2021-22 annual plan.

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

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

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

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

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

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

Welsh Language

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

Sustainability and Carbon Reduction

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

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

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

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

- **Integrated Medium Term Plan:** in 2022-23 the plan was retrospectively reviewed against the health board's wellbeing goals. To embed proactive inclusion of sustainability in the 2023-24 and future plans, the team produced a sustainability 'how to' guide, shared at a workshop with planners from across the health board;
- **Estates:** sustainability and decarbonisation are one of four pillars in the new estates plan which was approved by the board in winter 2022;
- **Business cases:** a review of the current process has identified opportunities to incorporate sustainability into the business case process. Guidance and up-dating of documentation is underway;
- **Service review:** jointly with Cardiff and Vale University Health Board, we have embedded sustainability into service review decision making processes for tertiary care. Learning from this will inform further work;
- **Realisation register:** the capital planning team has developed a decarbonisation realisation register which will now be included in all capital business cases to Welsh Government.

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

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

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

In 2022-23, the health board allocated £166,900 to support completion of work on;

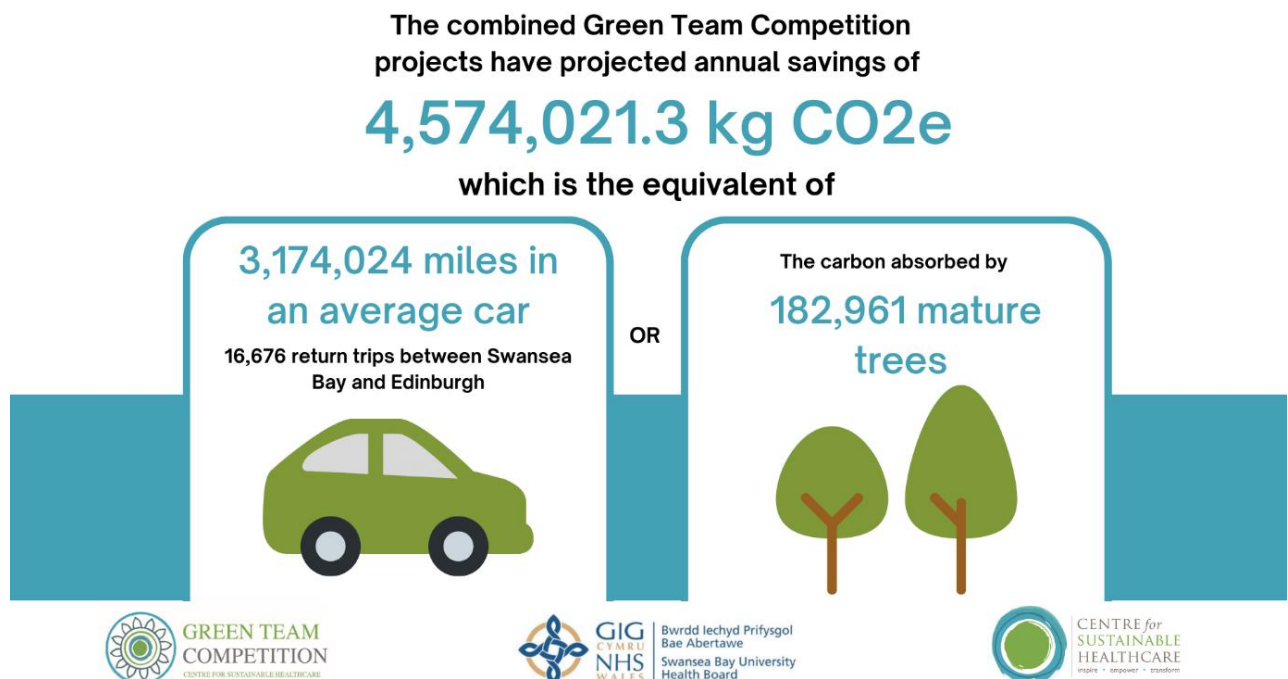
- Decarbonisation audits;
- A sustainable travel strategy;
- The next stage business case for Re:FIT;
- Additional capacity for estates.

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

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

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

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



NHS Pensions

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

Quality of Data

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

❖ Review of Effectiveness

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

Internal Audit

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

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

As a result of the continued impact of Covid-19, the audit programme has been subject to change during the year. The head of internal audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the head of internal audit annual opinion.

❖ Head of Internal Audit Opinion

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

awaited

❖ External Audit

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

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

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

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

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

The Health Board has adequate arrangements in place to support and oversee staff well-being but does not systematically seek staff views. The Health Board is

prioritising digital transformation but lacks the resources to fully implement its ambitions. The Health Board has good operational arrangements for the management of estates and physical assets, but these matters are currently not visible within the committee structure.”

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

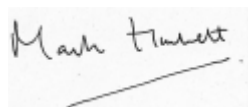
❖ Conclusion

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

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

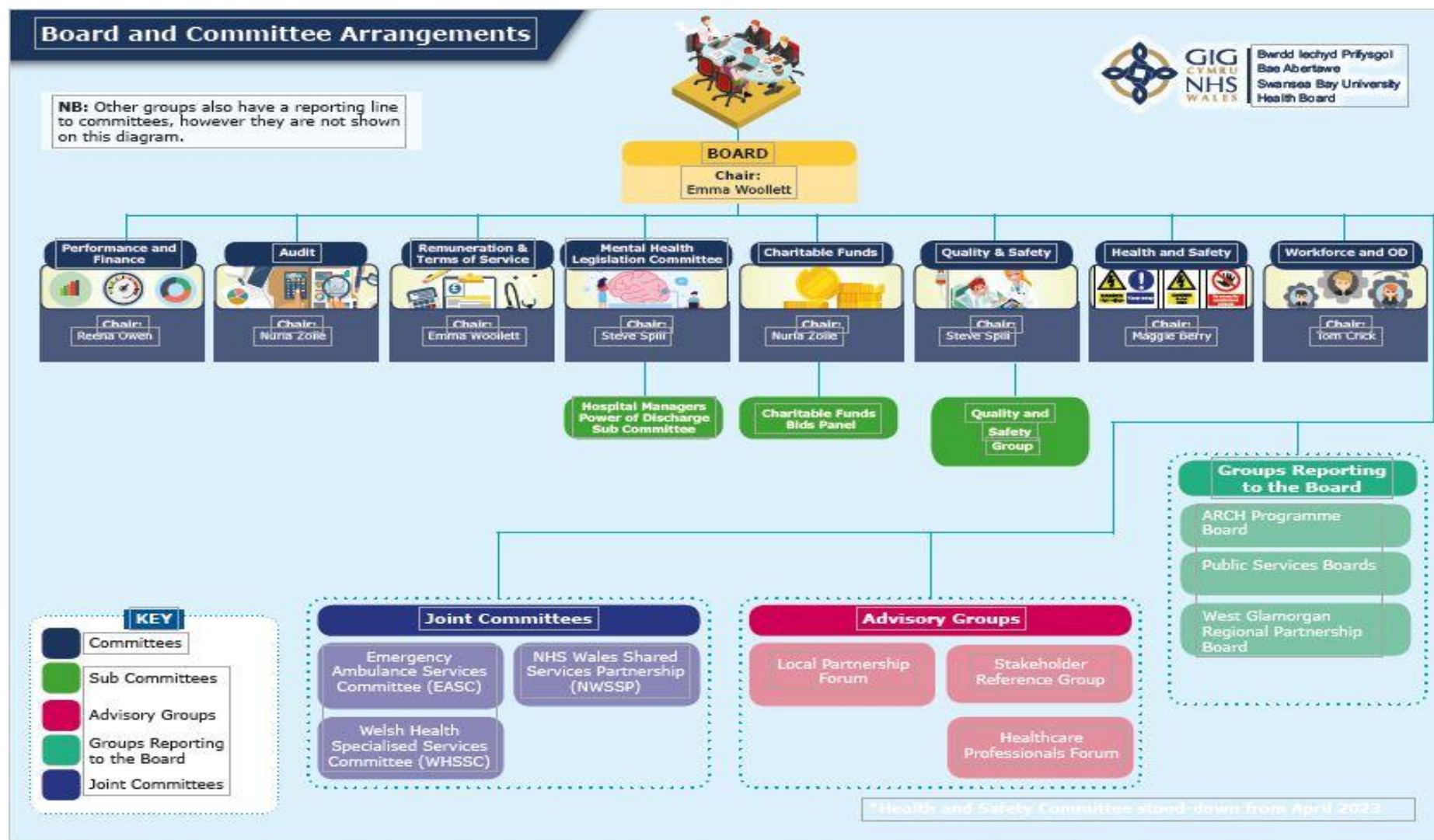
While the last year has been difficult and challenging, some stability and progress was being made despite the operational pressures illustrated by the health board's de-escalation from some areas of enhanced monitoring. My review has concluded that the health board has a generally sound system of internal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

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



Mark Hackett
Chief Executive
Swansea Bay University Health Board

Appendix One – Board and Committee Structure



Appendix Two – Board and Committee Dates 2022-23

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

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

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

Appendix Three – Board and Committee Membership

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

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Champion Roles
Emma Woollett	Chair	N/A	<ul style="list-style-type: none"> Health Board (Chair) RATS Committee (Chair) 	<ul style="list-style-type: none"> Whistleblowing Champion
Steve Spill	Vice-Chair (from December 2020)	Mental Health Primary Care	<ul style="list-style-type: none"> Health Board (Member) Mental Health Legislative Committee (Chair) RATS Committee (Member) Performance and Finance Committee (Member) Quality and Safety Committee (Chair) 	<ul style="list-style-type: none"> Primary Care Mental Health and Learning Disabilities Veterans
Anne-Louise Ferguson (From March 2023)	Independent Member	Legal	<ul style="list-style-type: none"> Health Board (Member) RATS Committee (Member) Quality and Safety Committee (Member) Audit Committee (Member) 	
Tom Crick	Independent Member	ICT	<ul style="list-style-type: none"> Health Board (Member) Health and Safety (Member) Audit Committee (Member) Workforce and OD Committee (Chair) 	
Keith Lloyd	Independent Member (from May 2020)	University	<ul style="list-style-type: none"> Health Board (Member) Charitable Funds Committee (Member) Audit Committee (Member) 	Research and development

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Champion Roles
Jackie Davies	Independent Member	Staff Side	<ul style="list-style-type: none"> • Health Board (Member) • RATS Committee (Member) • Mental Health Legislative Committee (Member) • Charitable Funds Committee (Member) • Workforce and OD Committee (Member) • Health and Safety Committee (Member) 	
Maggie Berry	Independent Member	N/A	<ul style="list-style-type: none"> • Health Board (Member) • Mental Health Legislative Committee (Member) • RATS Committee (Member) • Quality and Safety Committee (Member) • Health and Safety Committee (Chair) 	
Mark Child (until May 2023)	Independent Member	Local Authority	<ul style="list-style-type: none"> • Health Board (Member) • RATS Committee (Member) • Performance and Finance Committee (Member) 	

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Champion Roles
Nicola Matthews (from January 2023)	Independent Member	Local Authority	<ul style="list-style-type: none"> • Health Board (Member) • RATS Committee (Member) • Quality and Safety Committee (Member) 	
Reena Owen	Independent Member	Community	<ul style="list-style-type: none"> • Health Board (Member) • RATS Committee (Member) • Performance and Finance Committee (Chair) • Quality and Safety Committee (Member) 	
Nuria Zolle	Independent Member	Voluntary Sector	<ul style="list-style-type: none"> • Health Board (Member) • Workforce and OD Committee (Member) • RATS Committee (Member) • Audit Committee (Chair) • Charitable Funds (Chair) 	
Andrew Jarrett	Associate Board Member	Social Services	<ul style="list-style-type: none"> • Health Board (Member) 	
Andrew Griffiths	Independent Member	Health Professionals' Forum	<ul style="list-style-type: none"> • Health Board (Member) 	
Judith Vincent	Associate Board Member	Health Professionals' Forum	<ul style="list-style-type: none"> • Health Board (Member) 	

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

Name	Position	Area of Expertise Representation Role	• Board Committee Membership	Committee Roles
Debbie Eyitayo	Director of Workforce and OD	N/A	<ul style="list-style-type: none"> • Health Board (Member) • RATS (Lead Director/In attendance) • Workforce and OD (Lead Director/In attendance) • Health and Safety Committee (Member) 	<ul style="list-style-type: none"> • NHS Wales Shared Services Partnership Committee (NWSSP) Member
Siân Harrop-Griffiths	Director of Strategy	N/A	<ul style="list-style-type: none"> • Health Board (Member) • Charitable Funds Committee (Member) • Performance and Finance Committee (Member) • Quality and Safety Committee (In Attendance) 	<ul style="list-style-type: none"> • Western Bay Partnership Board • ARCH Programme Board Member
Richard Evans	Medical Director/ Deputy Chief Executive	N/A	<ul style="list-style-type: none"> • Health Board (Member) • Quality and Safety Committee (In attendance) • Workforce and OD Committee (In Attendance) 	<ul style="list-style-type: none"> • ARCH Programme Board • Advisory Committee on Clinical Excellence Awards
Christine Morrell	Director of Therapies and Health Science		<ul style="list-style-type: none"> • Health Board (Member) • Quality and Safety Committee (In Attendance) • Workforce and OD Committee (In Attendance) • Health and Safety Committee (In attendance) 	

Appendix Four – Members' Attendance at Meetings

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

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

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

Appendix Five

Topics Considered by Board and Committees

Health Board
<p>28th April 2022</p> <ul style="list-style-type: none"> • Adult acute mental health services engagement <p>26th May 2022</p> <ul style="list-style-type: none"> • Patient story • Covid nosocomial review plan • Key issues reports from board committees • Bi-annual nurse staffing levels • Performance management arrangements for 2022-23 • Extension to the transitional care home beds scheme • Clinical services plan strategic portfolio case • Decommissioning of the field hospital • Strategic case for Singleton Hospital theatres • Corporate governance issues and annual report for board committees • Performance report • Financial report including 2022-23 savings plan update • Quarter four progress report for annual plan 2021-22 • Summary of work with NHS partnerships • Summary reports from the health board's advisory groups <p>8th June 2022 (Special)</p> <ul style="list-style-type: none"> • Financial annual accounts 2021-22 • ISA 260 audit of financial statements • Letter of representation and response to audit enquiries • Executive summary of the Head of Internal Audit's opinion • Annual report 2021-22 <p>28th July 2022</p> <ul style="list-style-type: none"> • Patient Story • Progress update on Covid nosocomial review plan • Health board's approach to developing a quality management system • Health board risk register • Board assurance framework • Key issues reports from board committees • Progress to establish neonatal transport operational delivery network and approve memorandum of understanding • 'Sub Station 6' business case • Progress of acute medical services redesign • Health Board's integrated medium term plan • Corporate governance issues and terms of reference approval for the board committees • Summary reports from health board's advisory groups • Performance report • Finance report <p>29th September 2022</p>

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

24th November 2022

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

26th January 2023

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

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

30th March 2023

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

Audit Committee

19th May 2022

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

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

14th July 2022

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

15th September 2022

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

17th November 2022

- Board assurance framework

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

19th January 2023

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

9th March 2023

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

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

Quality and Safety Committee

26th April 2022

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

24th May 2022

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

28th June 2022

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

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

26th July 2022

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

23rd August 2022

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

27th September 2022

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

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

25th October 2022

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

22nd November 2022

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

20th December 2022

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

24th January 2023

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

23rd February 2023

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

28th March 2023

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

Workforce and OD Committee**12th April 2022**

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

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

14th June 2022

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

9th August 2022

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

13th October 2022

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

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

13th December 2022

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

14th February 2023

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

- Big conversation phase one

Health and Safety Committee

5th April 2022

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

5th July 2022

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

4th October 2022

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

17th January 2023

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

Performance and Finance Committee**26th April 2022**

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

24th May 2022

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

28th June 2022

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

26th July 2022

- Month three financial position

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

23rd August 2022

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

27th September 2022

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

25th October 2022

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

22nd November 2022

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

20th December 2022

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

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

24th January 2023

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

23rd February 2023

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

28th March 2023

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

Mental Health Legislation Committee

5th May 2022

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

4th August 2022

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

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

3rd November 2022

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

2nd February 2023

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



Ministerial Directions

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

WHC Number and Title	Date Received	Month Reported to Board
WHC/2022/027 Urgent polio catch-up programme for children under 5 years old	24/10/2022	November 2022
WHC/2022/028 More than just words Welsh language awareness course	10/11/2022	January 2023
WHC/2022/028 Urgent polio catch-up programme for children under 5 years old	23/11/2022	January 2023
WHC/2022/029 Urgent polio catch-up programme for children under 5 years old	23/11/2022	January 2023
WHC (2022) 031 Reimbursable vaccines and eligible cohorts for the 2023/24 NHS Seasonal Influenza (flu) Vaccination Programme	12/12/2022	January 2022
WHC/2022/035 Influenza (flu) Vaccination Programme deployment 'mop up' 2022- 2023	22/12/2022	January 2022
WHC/2023/001 Eliminating hepatitis (B and C) as a public threat in Wales - Actions for 2022-23 and 2023 – 2024	12/01/23	March 23
WHC (2023) 02 New Lower Gastrointestinal "FIT" National Optimal Pathway	13/02/23	March 23
Letter ref: MA/EM/3653/22 - 2023-24 Allocation for Health Boards	15/02/23	March 23
WHC/2023/04 COVID-19 spring booster vaccination programme 2023	08/03/23	March 23
WHC 2022 032 Further extending the use of Blueteq in secondary care	21/03/23	March 23
WHC/2023/07 Patient Testing Framework – Updated guidance	31/03/23	May 23
WHC/2023/06 Commencement of the Health and Social Care (Quality and Engagement) (Wales) Act 2020	05/04/23	May 23
WHC/2023/03 Guideline for the Investigation of Moderate or Severe early developmental impairment or intellectual disability (EDI/ID)	05/04/23	May 23
WHC/2023/09 COVID-19 vaccination of children aged 6 months to 4 years in a clinical risk group	06/04/23	May 23

Parliamentary Accountability and Audit Report 2022-23

Parliamentary Accountability

Swansea Bay University Health Board makes the following parliamentary disclosures for 2021-22:

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

Staff and Remuneration Report 2022-23

Staff Report

❖ Pre-Employment

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

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

❖ Managing Attendance

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

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

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

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

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

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

❖ **Redeployment Policy**

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

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

❖ **Off Payroll Policy**

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

❖ Staff Composition

The health board has 13,478 employees. During the year, the average full time equivalent number of staff permanently employed was 11,874. 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. (*FTE – fulltime equivalent*)

Gender	Headcount	FTE	% of headcount
Female			
Male			
Grand Total			

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
Executive Directors				
Executive Directors				
Independent Members				
Independent Members				

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

	2022-23	2021-22
Days lost (long term)		226,863
Days lost (short term)		105,674
Total days lost		332,537

Remuneration Report

Long Term Expenditure Trends

Long Term Expenditure Trends

Financial Statements and Notes 2021-2022