

# Changing for the Future



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

## Swansea Bay University Health Board Annual Report 2021-22



## Contents

Item	Page
Statement of the Chief Executive's Responsibilities as Accountable Officer	3
Statement of Directors' Responsibilities in Respect of the Accounts	4
About the Health Board	5
Introduction: Chief Executive's Introduction	7
Performance Report	11
Accountability Report:	30
• Annual Governance Statement	31
• Parliamentary Accountability and Audit Report	79
• Staff Report	81
• Remuneration Report	85
Long Term Expenditure Trends	104
Financial Statements and Notes	114

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

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

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

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

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

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

Date:

Chief Executive:

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

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

In preparing those accounts, the directors are required to:

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

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

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

By order of the board, signed:

Chair

Date:

Chief Executive

Date:

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 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 national basis. This reflects our clinical excellence and our diverse range of local and tertiary services for the people of Wales and beyond.

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

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

There are 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. The service is staffed by specialist medical and nursing staff to provide ongoing neonatal care before and during the journey. If required, the service will also undertake transfers of neonates back to the local unit, at the end of their treatment.


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

CARING for each other | Working TOGETHER | always IMPROVING




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

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



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

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



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

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



## Introduction: Chief Executive's Overview



2021-22 was an extraordinary year Swansea Bay University Health Board. While our staff continued to face and respond to Covid-19, we also took the chance to develop our services to make the health board more sustainable in the longer-term. The challenge we face is potentially one of the toughest the NHS has seen in decades, recovering from Covid-19 and meeting the current demand for care which has accelerated during the pandemic.

The engagement programme, '[Changing for the Future](#)', took place over the summer of 2021 and consulted on a number of service change proposals to address longstanding challenges, such as significant local health inequalities, a growing and ageing population, prevalence of long-term illness and recruitment and financial challenges. These were part of our [annual plan priorities for 2021-22](#).

The proposals built on our previous consultation, 'Changing for the Better'; temporary changes made in response to the pandemic which have been effective and we want to make permanent; and areas highlighted by staff and the public as needing to improve our quality of care and the way services are organised at Morriston, Singleton and Neath Port Talbot hospitals. These included consistent feedback of poor patient experience in some services, continuing challenges to achieve acceptable waiting times for urgent and emergency care, hospital stays which are too long and poorer outcomes for older patients as well as increased cancellations of planned treatments and longer waiting times. They will be built on a foundation of thriving primary, community and mental health schemes to support local care to the public which asks for service 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. We are now in the process of moving these forward.

In addition, the pandemic encouraged us to think differently across all our activity and especially as to how we manage services in local communities, closer to people's homes, to reduce the need for them to travel to hospital sites. These are also opportunities we are taking through 'Changing for the Future'. One example is the creation of a phlebotomy (blood test) service at the Bay Field Hospital (in addition to the three main hospital sites), managed by phone and online booking systems - this was something that has been welcomed by patients and we aim to keep. Another example is the considerable investments we have made in supporting our most frail patients with our virtual wards and palliative care teams.

We established a preparedness and response framework to the Covid-19 pandemic on 31<sup>st</sup> January 2020, and implemented a major incident response with associated command, control and communication arrangements. These arrangements remained in place for 2021-22, but we also started recovering and resetting our non-Covid services. Although we did start to see an increase in Covid cases in October/November 2021 resulting from the Delta variant, and again in January 2022 due to Omicron, our services were able to continue for the most part, due to the hard work and commitment of our staff. All essential services were maintained, with cancellations of outpatient and elective services kept to as low as possible. This was also testament to our comprehensive vaccine programme leading to fewer admissions.

Urgent and emergency care remained a significant challenge for us throughout the year, with the numbers of patients presenting at the emergency department returning to pre-pandemic levels. Our unscheduled care services continue to be run in-line with Covid-19 guidelines, with different pathways for those with, or suspected to have, the virus, and those who do not. Initiatives have been put in place to bolster and centralise urgent and emergency care services in one place (Morrison Hospital) so patients can be directed to the most appropriate care and where possible, discharged home either the same day or after a very short stay. There are still patients who will need an admission to a ward, and this is proving challenging due to the numbers of clinically optimised patients on our wards who are still waiting for a package of care or care home placement before they can be discharged. As part of our work to address this, we commissioned a number of care homes beds. These are used by patients for a maximum of six weeks by patients awaiting a permanent bed elsewhere or a care package to return home.

Our staff have been under huge pressure throughout the year and their dedication and expertise were crucial to services adapting quickly to Covid so that patients continued to access the care they needed. The need for them to protect their patients and themselves has led to very significant workforce pressures, with high numbers of staff needing to self-isolate for Covid-19 related reasons. The same pressures were experienced in the care home and domiciliary care sector, and we worked very closely with our local authority colleagues in managing risks, but there was an impact on our patient flow with less capacity to discharge clinically optimised patients.

Quality of care has been a critical focus for us this year as while we recognise the need to provide timely care, it is vital that care is of a quality that is safe for patients and services users, and provides good patient experience. Unfortunately a few areas in which care had not been of the optimum standard came to light during the year (review of the [children's community nursing team](#) and the ['Getting Things Right First Time' review of cardiac surgery](#)). These, coupled with internal and external audits of quality governance, found that there was urgent need to develop a quality management system. During February and March 2022 workshops were held with the senior leadership team, facilitated by an external colleague, to discuss what world-class systems looked like and to design a quality management system. Work is now underway to implement this and will start with a board away session in April on quality and culture.



Five quality priorities were included within the annual plan for 2021-22 – sepsis, falls, end-of-life care, suicide and infection control. Good progress is being made across all of these and will carry on into the next financial year. Particular focus is being given to infection control as our rates are stubbornly high. A ‘state of the nation’ position statement was shared with the Management Board in November 2021 and a process agreed whereby every case is reviewed by the relevant service group as a ‘never event’ and then a monthly scrutiny panel of all cases by the Medical Director and Director of Nursing and Patient Experience. A comprehensive action plan was agreed in March 2022 and the actions underway.

Planned care has been particularly difficult, because all non-urgent care was stopped at the start of the pandemic, as directed by Welsh Government. We have a significant backlog of patients to see, as well as new patients now being referred. While we were able to provide non-urgent, non-Covid services during 2021-22, our capacity was reduced for a number of reasons, the most significant being workforce, with high numbers of staff needing to self-isolate for Covid-19 related reasons. Distancing requirements and the changing of PPE (personal protective equipment) also meant we could not work as quickly or as efficiently as we would have liked.

Some of the changes we have made to the way we work, such as the rapid expansion of digital infrastructure to support virtual consultations, will remain critical components of the services we offer in the future. We are still working to address the backlog of patients caused by Covid-19 as well as see new patients referred this year. For example, one of the investments agreed by the board was for modular theatres to be established at Neath Port Talbot Hospital to create a centre for orthopaedic surgery, a service which has been challenging to provide since before Covid-19 due to the capacity issues at Morriston Hospital.

The financial position was also challenged during 2021-22. We not only had to continue our Covid-19 expenditure for vaccination, testing and other measures, but it was important to continue to make investments in order to provide elective and cancer services, and these included innovative new ways of working.

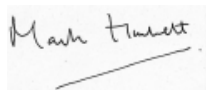
We met our forecast year-end position of a £24.4m deficit and also achieved balance for our capital resource limit, which was boosted towards the end of the year through national slippage, enabling us to bring forward some schemes, such as new CT scanners, from next year. Included in this achievement was the delivery of our £27.4m savings plan (achieving £28.2m), for which staff and their managers should be recognised.

We did not have an approved integrated medium term plan (IMTP – three-year plan) this year, but we did have an [annual plan](#) which we delivered the majority of throughout the year. It is our ambition to have an IMTP for 2022 – 2025 and our [recovery and sustainability plan](#) was agreed by the board in March 2022 for submission to Welsh Government for approval. While it has been another challenging year for the health board and for the communities that we serve, we are continuing our transition from responding to the pandemic to recovery, and this will progress further in 2022-23.

The last year has been immensely challenging for the Board and our staff, patients and the communities we serve. But we should draw strength and pride from how much we achieved to keep our communities and ourselves safe as Covid raged. We are not done with Covid, but we now know much more about how to work with and around it, while we focus on restoring and building the NHS services people depend on.

This year is about creating and delivering services that offer the best patient experience and outcomes possible. We have strong values that we draw on and feel in our work. These values epitomise the difference we come to work to make as a team. This is not about working harder or being more committed, the last two years exemplified hard work and commitment. It is about organising ourselves so that our skills and dedication make the most impact by recognising and removing barriers that get in the way.

Improving the patient experience is at the heart of our values and at the heart of how and why we are improving services and care for the people we serve.

A handwritten signature in dark ink, reading "Mark Hackett", with a horizontal line drawn underneath it.

Mark Hackett  
Chief Executive

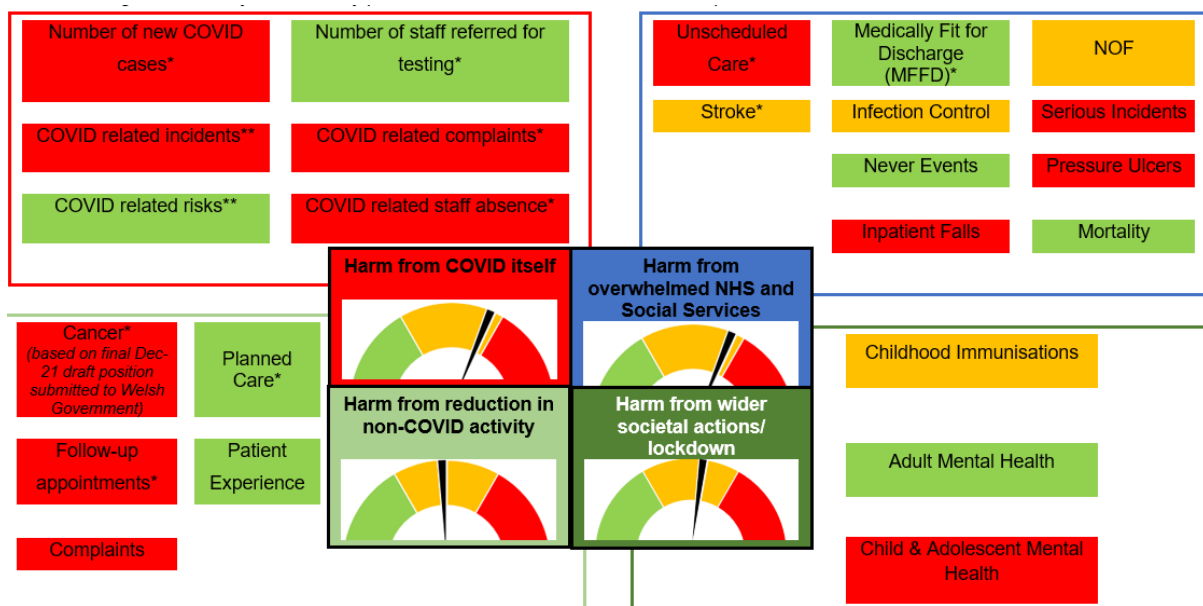
# **Performance Report 2021-22**

## Our Performance Summary

Performance during 2021-22 comprised both some successes and areas to improve. A monthly performance report was shared with the Performance and Finance and Quality and Safety committees based on the NHS Wales Delivery Framework as well reported bi-monthly to the board. This summary provides a snapshot of some of things which went well, and others which need to improve in 2022-23.

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

## Our Performance Report

### Covid-19

The approach to testing has evolved as the pandemic has continued and throughout the year we had access to:

- Two testing centres (Fabian Way and the regional testing centre in Baglan);
- Community mobile testing units.

Anyone who tested positive for Covid-19 was contacted by one of our test, trace and protect team to provide advice on next steps and identifying potential contacts.

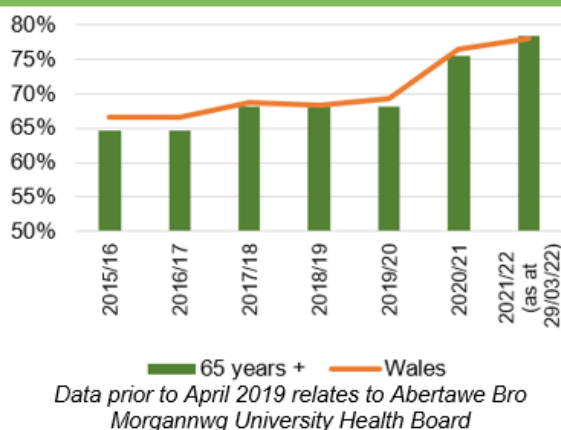
Our comprehensive vaccination programme has continued throughout 2021-22. By 31st March 2022, **306,221** first doses, **288,360** second doses and more than **225,000** boosters were administered to adults aged over 18. We also administered **31,301** vaccines to young people aged 12 and 18 as part of the programme. We have used a variety of facilities to deliver the vaccine during the year, including:

- Mass vaccination centres - Bay Field Hospital, Margam Orangery, Canolfan Gorseinion and The Princess Royal Theatre, Port Talbot;
- A mobile service targeting hard to reach groups and geographically isolated communities via an 'Immbulance';
- Local vaccination centres in containers across the two local authority areas;
- Primary care centres;
- Community pharmacies.

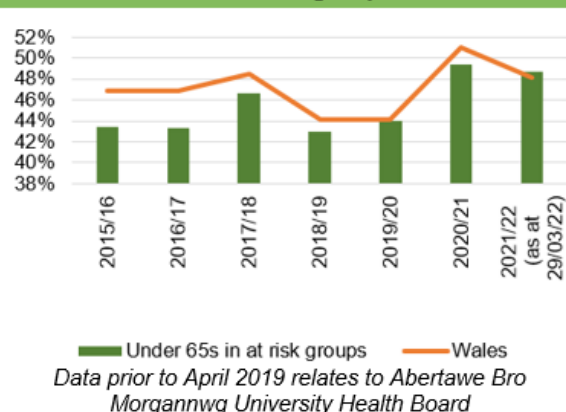
In January 2022, the vaccination programme opened to children aged between five and 11. To date, **25,994** vaccines have been delivered to these in an environment more suited to that age group.

The national flu campaign began in the autumn of 2021 as planned. Fortunately there were relatively low levels of the flu virus reported but it was more important than ever to reduce the potential impact of seasonal influenza on both individuals and healthcare services.

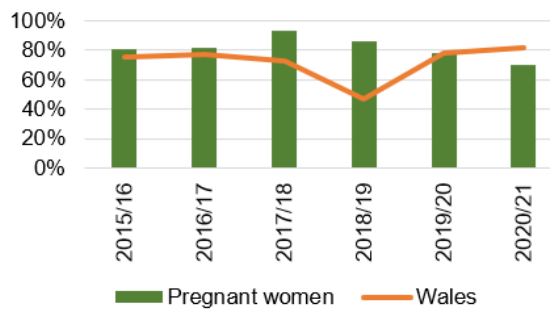
**Chart 9: Influenza uptake for amongst 65 year olds and over**



**Chart 10: Influenza uptake for amongst under 65s in risk groups**

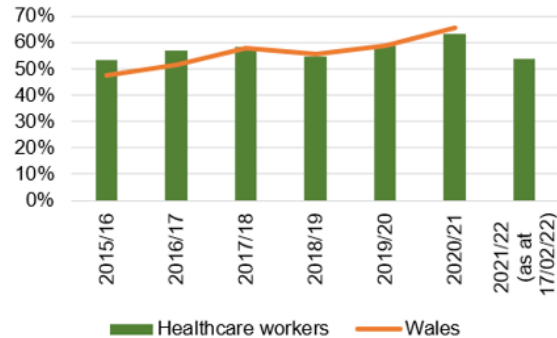


**Chart 11: Influenza uptake for amongst pregnant women**



Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board.  
2020/21 data not available

**Chart 12: Influenza uptake for amongst healthcare workers**



Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board.  
2020/21 all-Wales data not yet available

Thanks to the success of the Covid vaccination programme, as we started 2021-22, we no longer needed additional critical care capacity from the previous year as we managed through our core intensive care unit. The area in Morriston Hospital set-up in 2020-21 was originally our outpatient department. While a small portion of this has returned to its original use, the remainder has been transformed to support urgent and emergency care.

Our field hospital remains open but we have yet to need it for Covid-19 patients. Instead it has provided us with an opportunity to redesign how we provide blood-tests for those in the community as well as being our main mass vaccination centre. While some tests are available on our hospital sites, the majority of patients now attend the Bay Field Hospital for bloods, reducing the need for unnecessary trips to a hospital site, especially at a time when we need to be reducing footfall.

A significant amount of work was required to plan and manage for excess deaths associated with the pandemic. Utmost consideration was given to maintain respect and dignity of the deceased in this difficult situation. A verification of death team was introduced to support community death in care homes and deaths at home. There was a requirement to develop additional mortuary space at three sites. This involved working in partnership across the Swansea Bay area with local authorities, registrars, fire and rescue services and police as well as with local funeral directors. Detailed transport plans were developed and tested for both local movement of the deceased and this local response was linked to a plan within the local resilience forum with additional mortuary facilities available in Cardiff if required.

We have continued to provide appropriate PPE/respiratory personal equipment (RPE) distributing:

- **2,728,800** surgical masks;
- **231,139** filtering face piece (FFP)3 masks;
- **188,778** gowns.

### Non-Covid-19

We have continued to provide all non-Covid services throughout 2021-22, although we did stand-down adhoc clinics and services as operational pressures increased during the Delta and Omicron variant peaks.



Our communications team has been extensively promoting messages around choosing the right services for the public's needs, from self-care via pharmacy, visiting a GP or attending a minor injury unit rather than the emergency department. 111 is a key service that is publicised so people can get sound advice as to which service they should be accessing.

#### ❖ *Urgent and Emergency Care*

Urgent and emergency care continues to be one of our biggest challenges. To focus our efforts, we have co-located the GP out-of-hours and acute GP unit on the Morriston Hospital site with the emergency department, and we have established an urgent primary care centre (with a second one in Neath Port Talbot Hospital) and older people's assessment unit. These were enhanced further in March 2022 with the opening of a short stay unit and same day emergency care centre to avoid patients having to be admitted unnecessarily and instead, enable them to recover in their homes. In addition, partnership working with the Welsh Ambulance Services NHS Trust continues to reduce the number of handover delays at the emergency department. Initiatives include reviewing the stack within the acute hub, creating alternative pathways for chest pain, respiratory illnesses and frailty to reduce ambulance conveyances and three static vehicles on the Morriston Hospital site in which patients can safely wait to release the emergency ambulances for other calls.

Recognising the pressures on its urgent emergency care system, our financial plan for 2021-22 identified investment to develop service models which provide care for patients outside of the acute hospital settings. These services would provide care to prevent patients being admitted supporting them to live independently, or with care and support rather than need to be admitted to hospital care. Our financial plan identified more than £5m which we have internally generated through savings delivery to recurrently fund our virtual ward, specialist palliative care and intermediate care models in this regard.

In addition to our own internally generated funding, the health board has received more than £3m from Welsh Government to develop post anaesthetic care units and develop same day emergency care models.

Finally, through a combination of Welsh Government funding and internally prioritised discretionary capital funding, we are investing £3.9m to develop new facilities within Morriston Hospital to modernise and increase our emergency care capacity, which will allow us to stream patients from the emergency department for specialist care which will either result in no requirement for admission or for far shorter lengths of stay in our hospitals. These developments are the foundations upon which we will reconfigure our emergency care models in 2022-23.

Our main aim for the coming year is to centralise the acute medical services at Morriston Hospital. This will help to address the current issues by concentrating resources onto one site as well as support a new service model to be developed for managing acute medical patients based on providing rapid assessment supported by early diagnostic investigations (as appropriate). This allows earlier treatment to be provided and for people to be discharged without a hospital admission. As well as admission avoidance, the programme will reduce the pressure on the emergency

department by referring patients who could be treated at an alternative same day emergency care service on the site and be sent home, or via the acute medical unit where patients can be assessed by senior clinicians during a short stay. This will leave specialist wards to be available for those who really need them.

Despite these improvements, there are considerable challenges in this area and we are working continually to improve services to our patients.

### ❖ *Planned Care*

During 2021-22, the health board received £21.899m of additional revenue funding from Welsh Government to improve access to care which had been impacted by the Covid-19 pandemic. This funding was used for a wide range of purposes, but included solutions which increased capacity for diagnostic imaging, diagnostic pathology, outpatients and surgical procedures. Towards the end of 2021-22, the impact of this additional capacity was visible with our waiting list numbers starting to stabilise and access for imaging diagnostics and pathology improving. We were also allocated capital funding to allow us to develop our medium to long terms plans to increase operating capacity for ophthalmology and orthopaedics. These are exciting opportunities to increase capacity and to allow for the reconfiguration of other surgical services as we move into 2022-23 and begin the recovery of access times.

For 2022-23, the health board has been allocated £21.6m for COVID recovery and this will be deployed to meet priorities in planned care, diagnostics, critical care and cancer.

As at 31<sup>st</sup> March 2022, we had more than **70,000** patients waiting for elective care – this is everybody waiting for some aspect of planned care, whether it be a new outpatient appointment, diagnostic service or treatment. The elective care process usually starts with an outpatient appointment. Currently total outpatient capacity is 80% of pre-Covid levels (and 35% of this is now virtual). A range of schemes with primary care were successfully introduced during the pandemic to provide care outside hospital and these were expanded during 2021-22. They include GPs providing a service to remove basal cell (skin) cancers and spirometry (respiratory) and community optometrists assessing and monitoring patients referred from the diabetic eye care screening service.

Patients are being encouraged and supported to self-care where possible and clinicians have increased the number of patients on “see on symptoms” or “patient initiated follow up” pathways to reduce unnecessary follow up appointments. Work is ongoing with primary care to identify suitable alternative pathways for patients who would otherwise be referred in for an outpatient appointment.

During 2021-22, the focus was again predominantly on providing treatment with the highest clinical need, based on the criteria prescribed by the Royal College of Surgeons at the start of the pandemic, such as cancer patients and those requiring urgent treatment. However as the year has progressed and restrictions have eased, we have been able to increase the number of theatre sessions per week from a baseline of **98** in October 2021 to **158** in March 2022. This has resulted in significantly more patients being treated during this period. The work has been backed-up by the use of the independent sector for specialities such as:

- Ophthalmology;
- Gastroenterology;
- Hand surgery;
- Gynecology surgery;
- Oral maxilla-facial;
- Orthopaedics;
- Spinal;
- Plastic surgery;
- General surgery.

Validation work was also undertaken during the year to remove patients from the waiting list who no longer needed to be there, with around 20% of those waiting more than 52 weeks coming off. In addition, a waiting list review between cardiology consultants and GPs meant 23% could be removed from the list and 27% redirected to more appropriate pathways.

Through all these measures, the number of patients waiting for elective care has plateaued and there are signs of a slight reduction from February 2022. There were occasions during the year where the health board returned to pre-Covid levels for inpatient elective work and sometimes held the best position in Wales.

To maintain diagnostic waiting times at a reasonable level, the health board has employed a number of independent organisations to provide additional capacity in endoscopy and provide mobile solutions for radiology. Waiting times for therapies have been maintained around their target thanks to a significant use of virtual consultation across all of the specialties.

#### ❖ *Mental Health and Learning Disability Services*

A significant achievement in mental health was the opening of the perinatal mother and baby unit at Tonna Hospital, which gives new mums struggling with severe mental health conditions a place to receive inpatient care and have their baby with them. Until now, no facility has been available in Wales with women having to travel to England for such a service, leaving them at a distance from their families.

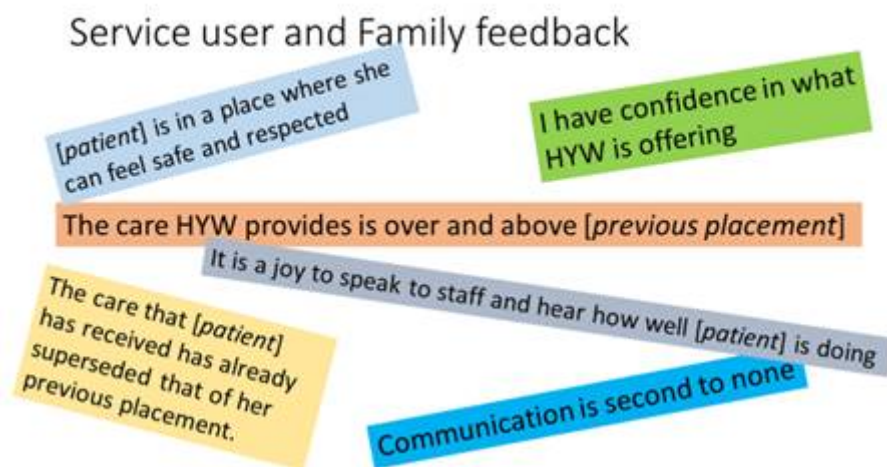
We also went out to engagement around our plans for older person's mental health service and [acute adult mental health services](#). While there was some criticism of the plans in the first round of engagement, [the revised proposals](#) were supported by the community health council and our board in October 2021. This was followed by an engagement to centralise acute adult mental health services on the Cefn Coed Hospital site to create a single service. The engagement closed in March 2022 with the outcome to be presented to the community health council and board in April 2022 for approval.

A single point of access was launched for all mental health enquiries made by health care professionals. This allows all referrers to speak directly to a mental health professional and agree an outcome and early indications is that it is evaluating well. The service forms part of an assessment and response team based in Neath Port Talbot Hospital but offering a service for the whole of Swansea Bay. The next stage

of this development would be to make the referral platform open access via 111 and it is envisaged that this will go live in July 2022, one of the first two in Wales.

We continue to meet the 26 week target for access to psychological therapy from the date of referral despite demand for this therapy increasing. In order to sustain performance as demand is predicted to increase further during 2022-23, a bid has been submitted to Welsh Government to use a part of this year's mental health service improvement fund monies to further enhance the service by recruiting an additional two cognitive behaviour therapists.

This year we have scoped out and implemented plans to enable one of our inpatient learning disability units, Hafod Y Wennol, to adapt its assessment function for people with complex health needs and challenging behaviour that had previously led them to be placed in the independent hospital sector. This has involved capital improvements to address anti ligature requirements, development of a purpose built seclusion suite and investment in our workforce. This investment now provides a higher ratio of staff per patient reflecting the increased complexity of people being supported and increased therapies provision to improve the interventions available to prepare individuals to move on to community placements. So far we have been able to bring five people back to this specialist NHS care from independent hospitals one of which has already stepped down to a lower level of care and the feedback from families has been positive:



We are looking forward to working together with local authority partners over the coming year to further develop community accommodation and support that will mean even fewer people are cared for in hospital settings.

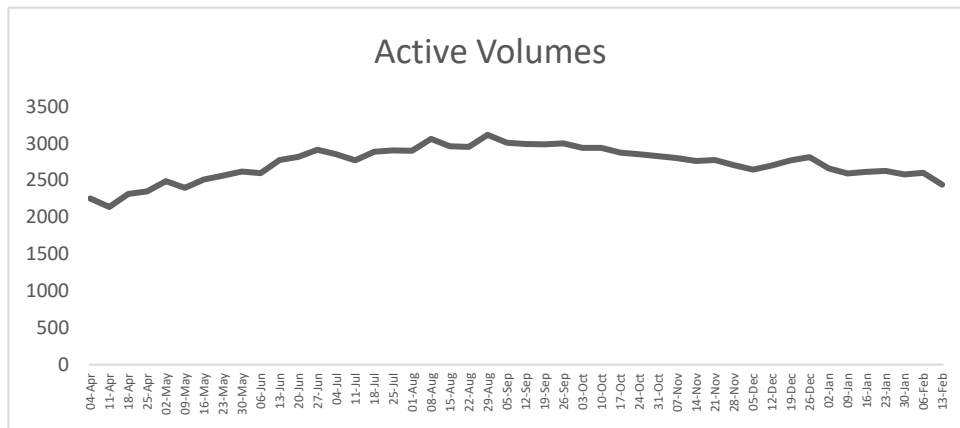
#### ❖ **Cancer**

Standardised prioritisation guidelines published for surgery, SACT (systemic anti-cancer therapy) and radiotherapy were adopted throughout the pandemic and adapted collaboratively as it progressed.

We have continued, wherever possible, to reduce non-urgent, face-to-face patient contact within health board and outreach settings. This meant modifying face-to-face appointments and maximising use of remote monitoring, continuously reviewing the intervals between visits,

surveillance and monitoring. Other initiatives included reviewing mode and choice of treatments, strengthening home care and reducing fractions of radiotherapy where appropriate. There are also revised pathways for surgical, palliative and end-of-life care patients.

The volume of new suspected cancer patients on pathway has been reducing gradually since August 2021.



Tackling the backlog has been particularly challenging for a number of reasons including increased demand on diagnostic services. Reduced staff availability due to sickness, self-isolation, leave and vacancies also continues to impact on all aspects of the pathway as well as on unscheduled care. We have worked tirelessly to address these and continue to do so in our commitment to improve services for local people by improving access to care.

Services are progressing with their recovery plans that will further reduce the waiting list and backlog. Recent developments, innovation and current plans include:

- FIT (faecal immunochemical testing) is now available to primary care in all clusters;
- Appointment of consultant posts in radiology, pathology and surgery, with further posts currently advertised;
- Waiting list initiatives to address diagnostic backlog in breast and gynaecology;
- Extended weekday working in radiology to improve timely access to CT and MRI;
- Expansion of the rapid diagnostic clinic service (RDC) from February 2022 to include colorectal and neck lump and streamline diagnostic assessment; This is thanks to funding from Moondance Cancer Initiative, a not-for-profit organisation;
- A one-stop ovarian rapid access clinic is being piloted, following a successful bid to the Bevan Commission, in place since 17th January 2022, this provides rapid assessment, diagnosis and management of patients presenting with suspected ovarian cancer. Referral to the multi-disciplinary team for discussion and an agreed treatment plan will be facilitated earlier and patients are supported by a clinical nurse specialist earlier in their journey;

- Gynaecology surgery prehab and enhanced recovery after surgery pilot which has enabled day case laparoscopic surgery to be undertaken.

We have committed more than £1.5m in new developments in 2021-22 and have set aside at least £1m per year going forward in internal cancer developments.

Nuclear medicine at the South West Wales Cancer Centre had the oldest scanner in the UK. Following Welsh Government investment in excess of £4.1million, the department has procured two new SPECT/CT scanners, and these were installed into a renovated department. One of the scanners is GE 3D CZT StarGuide scanner (with 16-slice CT) and is the first in the UK. It will increase resolution and sensitivity of SPECT/CT scans, and also make other clinical options possible (calculation of coronary flow reserve, whole body SPECT/CT scanning, etc). It also allows the establishment academic and clinical links with European leaders in nuclear medicine at Oxford (UK), Orléans (France) and Lund (Sweden). This technology further allows nuclear medicine to become a UK reference site.

Radiotherapy at the South West Wales Cancer Centre (SWWCC) has received significant investment over the last year. Around £9m has been spent in conjunction with Welsh Government to replace two existing linear accelerators. This means that as of July 2023, all the radiotherapy treatment machines will be under four years old and providing a state of the art service. Also, these machines have come with surface guided radiotherapy equipment allowing us to offer modern 4D treatments which reduce side effects. In addition, they have integrated 3D image guided radiotherapy tools, allowing us to adopt shorter fractionations, so patient visits for some tumour sites have reduced from 20 to seven (prostate) and 15 to five (breast), making patient experience better, and improving the environment. These shorter treatments have also resulted in the centre being able to treat 20% more patients each year, meaning we are well positioned to treat more patients safely, in a more timely manner. We are also at the planning stage to add a second CT scanner and increase our infrastructure from four to five linear accelerators.

The centre also now offers very specialist treatments, like stereotactic lung radiotherapy meaning patients no longer have to travel to Cardiff for these modern high dose treatments

### ❖ *Primary Care*

New digital services, such as 'askmyGP', remain in place in many GP practices for people to access advice and healthcare from their GP, reducing the number of avoidable face-to-face appointments. Consultant Connect is being rolled out to appropriate primary care services to provide specialist advice direct to surgeries, improving access and reducing the pressure on referrals to hospital based services.

Primary care has continued to respond rapidly in order to minimise the spread of infection and allow safe and successful reactivation of services. Our teams have identified ways to provide additional workforce capacity to reduce the planned care backlog including dermatology, spirometry, and through participation in weekend opening hours to support pressures across the whole system. Community optometry has developed new schemes for glaucoma and diabetic retinopathy referrals and there has been an increase in provision of community pharmacy independent



prescribing services and access to palliative care medicines. Access to GP services is of key importance for our patients and the health board will be working closely with GP practices during 2022-2023 to help support their sustainability and to implement new Welsh Government access standards that will come into force in April 2022.

Dental colleagues have worked relentlessly within strict infection prevention and control measures to ensure urgent need and high risk patients can continue to access timely oral health care. New pathways have been introduced or are being piloted to continue to improve access for urgent and long term dental. Therapist led oral health screening and dental care in care homes is now established with good outcomes reported. The 'Designed to Smile' programme has been re-established and take-up by schools has been positive with new methods of delivery developed. Access to dental services is a key priority for the health board and we will be working with dental practices to bring in a national change to the contract which will enable more new patients to be seen in dental practices.

Primary care clusters have continued to work throughout the year to extend and improve local services. Each cluster has produced a plan for next year focusing on preventing ill health, strengthening primary care services and working more closely with hospital colleagues. Multi-disciplinary professions have continued to expand significantly, enhanced by additional specialist community chronic conditions nursing, therapy and pharmacist teams, complex needs workers, and mental health and wellbeing/triage workers, delivering care closer to home and often avoiding the need for secondary care or repeat primary care services. Of particular note has been the cluster focus on delivery against clinical pathway work such as pre-diabetes and obesity, including addressing backlogs arising from Covid-19 such as the cluster led spirometry clinics. The nutrition and dietetic service has delivered a successful pilot of a primary care irritable bowel service, which will be rolled out across the health board in 2022.

The development of first contact point practitioners within primary care has improved access and provided specialist assessment and intervention for our population closer to their home and reduced demand on GPs. This has included physiotherapy within five clusters, targeting those with musculo-skeletal presentations and primary care audiology service enabling the population to receive specialist first contact assessment and advice regarding their hearing and tinnitus. The services are endeavouring to roll these first contact practitioner services out across the health board. In addition, the audiology service is receiving multiple compliments regarding its new model of delivery for hearing aid repairs and maintenance.

There a focus on both trying to help patients stay out of hospital, and systems were put in place, in conjunction with local authority colleagues, to help people return to the community once they were well enough to do so. A rapid discharge process creates fast-track pathways including streamlined assessments, a trusted triage model and a multi-disciplinary community based team in-reaching into the hospital sites to support in the identification of those requiring care.

There has been significant investment in the development of "virtual wards" across four clusters in phase one in 2021-22. This multi-disciplinary primary care service impacts positively on patient care with the provision of a timely, holistic assessment

in the patients' own homes supporting them with self-management, health promotion and admission avoidance. As a result of the value of this service further investment for phase two has been released supporting the development of the service across the remaining four clusters in the region.

Supporting children with complex respiratory needs the physiotherapy service has developed a paediatric community respiratory service focused on preventing admission, and also facilitating early discharge of children with complex needs from hospital.

There has also been considerable support by district nursing, acute clinical teams and long-term care nurses to support residents in care homes where outbreaks occurred to ensure that residents were able to be cared for at home wherever possible. This has included supporting people in their last days of life.

The care home sector has experienced significant fragility as a result of workforce constraints. The health board worked with its local authority partners, the voluntary sector and care home providers to provide support and guidance when required: in particular, direct staffing input, infection control advice and support with testing, tracing and outbreak management when needed.

Therapy services have also increased support to acute hospitals and since September 2021 have developed a seven-day occupational therapy and physiotherapy targeted service on some wards including trauma within Morriston Hospital initially on a temporary basis. The results have been positive, with improvements in the quality of patient care including preventing admissions, early assessment and support to mobilise and increasing weekend discharges. Due to the impact the services are now embedding seven-day working across these medical and trauma wards on a permanent basis.

Therapy services and audiology are continuing to activate face to face services and manage the backlog of patients associated with the pandemic. Virtual consultations and resources have been developed and continue to be utilised to support services. Physiotherapy and Podiatry continue to offer direct self-referral access and this year commenced the development of a community exercise and lifestyle programme which has proved to increase self-management and decrease pain for those people with knee osteoarthritis.

Long-Covid programmes have also been designed and delivered by physiotherapy, occupational therapy and dietetics as part of the pulmonary rehabilitation service supporting people to manage these debilitating symptoms, increase their independence and return to work where appropriate.

The therapy services have also focused on developing their workforce skills with increasing numbers of clinicians being able to prescribe thus supporting holistic management especially for those with chronic conditions, for example, within the haemophilia regional team.

### ❖ *Patient Experience*

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

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

We received **35,415** 'Friends and Family' responses in 2021-22 and the report below shows the number of responses received via each mode of collection and the total responses per site:

#### Data Collection Method

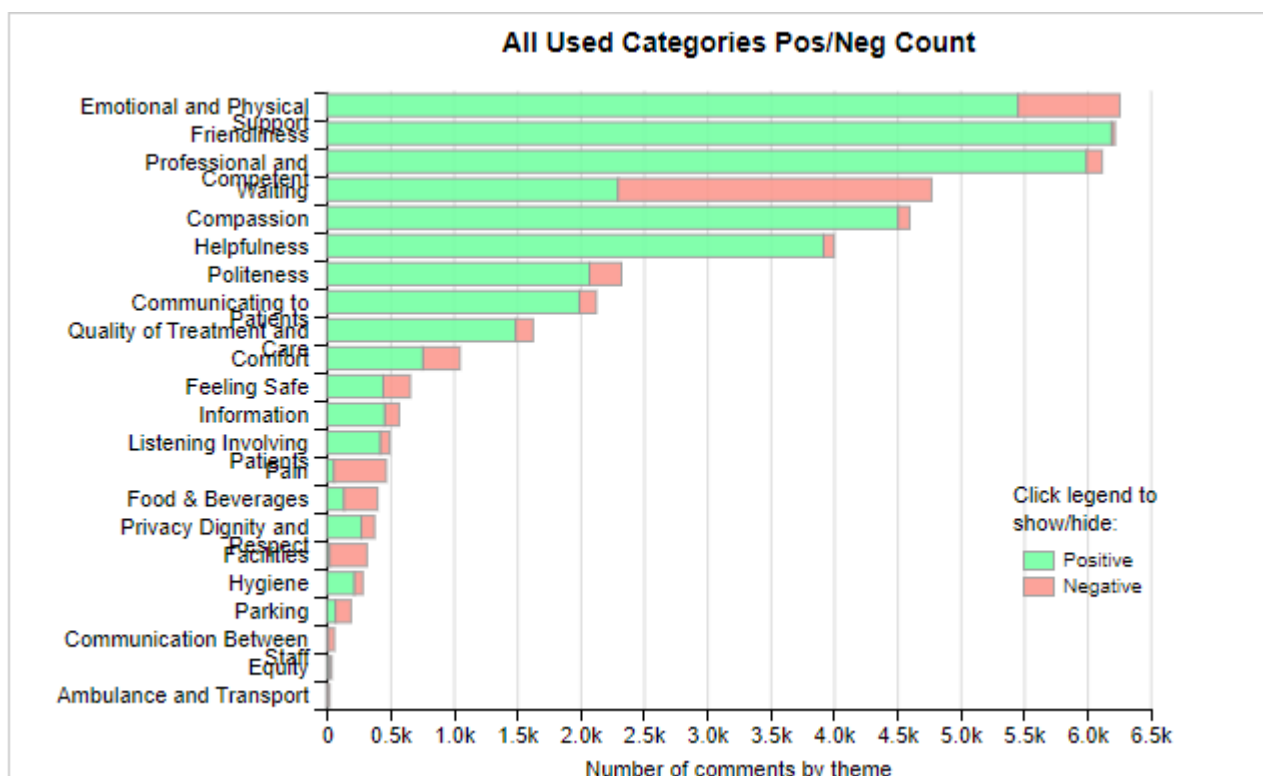
Number of responses received via each mode of collection							
SMS/ Text/ Smartphone app	Electronic tablet/ Kiosk	Paper/ Postcard in care/at discharge	Paper survey sent to home	Telephone survey	Online survey	Other	
30441	125	2668	0	127	3054	0	36415

#### Results by Site

Site	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	92.2%	4.3%	36415	28915	4657	1141	686	865	151
Community	95.0%	2.4%	3379	2900	310	72	37	43	17
Gorseinon Hospital	86.5%	5.4%	37	26	6	1	1	1	2
Learning Disabilities	100.0%	0.0%	13	10	3	0	0	0	0
Mental Health	79.3%	12.6%	87	53	16	3	5	6	4
Morriston Hospital	90.4%	5.4%	12505	9503	1807	469	279	396	51
N/A	91.0%	3.7%	402	314	52	17	7	8	4
Neath Port Talbot Hospital	93.4%	3.4%	6681	5498	745	178	99	129	32
Singleton Hospital	92.6%	4.1%	13311	10611	1718	401	258	282	41

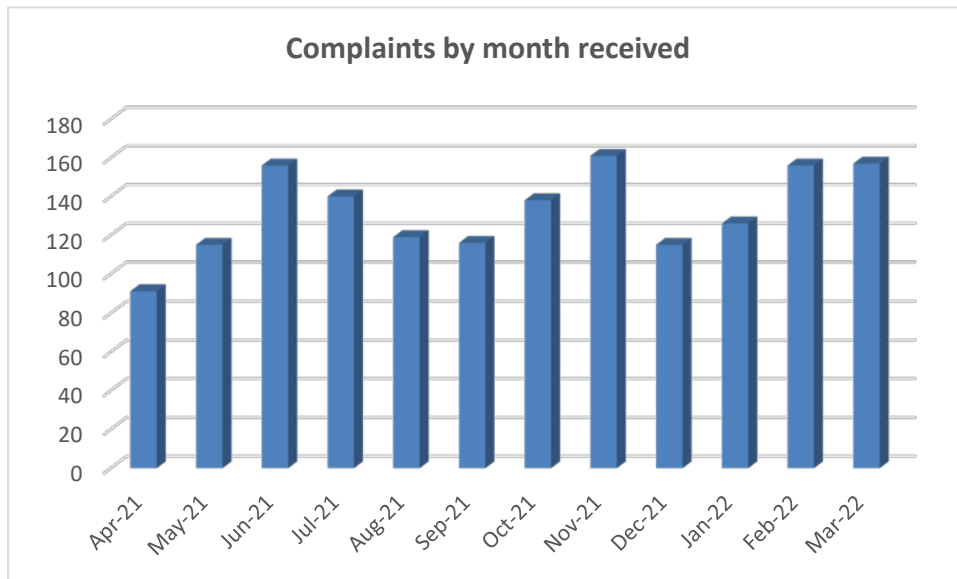
We have broken down the responses by percentage:

	Very Good	Good	Neither Good Nor Poor	Poor	Very Poor	Don't Know
Community	86%	9%	2%	1%	1%	1%
Gorseinon Hospital	70%	16%	3%	3%	3%	5%
Learning Disabilities	77%	23%	-	-	-	-
Mental Health	61%	18%	3%	6%	7%	5%
Morrison Hospital	76%	14%	4%	2%	3%	-
N/A	78%	13%	4%	2%	2%	1%
Neath Port Talbot Hospital	82%	11%	3%	1%	2%	-
Singleton Hospital	80%	13%	3%	2%	2%	-



In addition to the 'Friends and Family' survey, we also worked with clinics and departments to develop bespoke surveys unique to their service. We currently have **28** bespoke surveys live on the system and we have four closed surveys within the period of 2021-22. These have been collected via online, paper and also SMS.

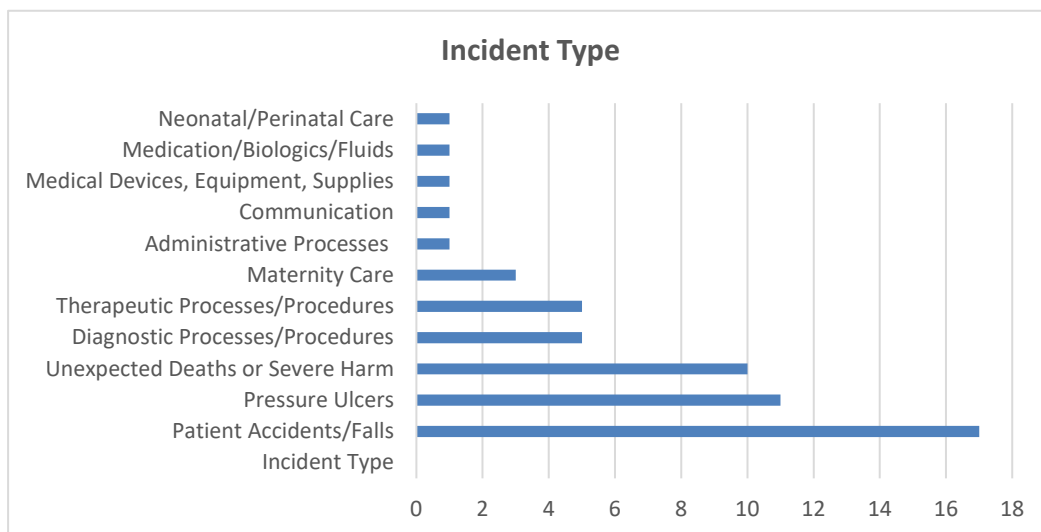
We received **1,590** formal complaints during 2021-22 and the graph below breaks this down per month:



Waiting time is, understandably, the biggest concern for our citizens and the work we are doing to address this is outlined in the planned care section.

Communication is also a common theme for complaints throughout the health board and as a result, communication training has been arranged and delivered by the Ombudsman's Office.

The health board reported 56 nationally reportable incidents to the Delivery Unit since 1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022. The type of these incidents is shown below:

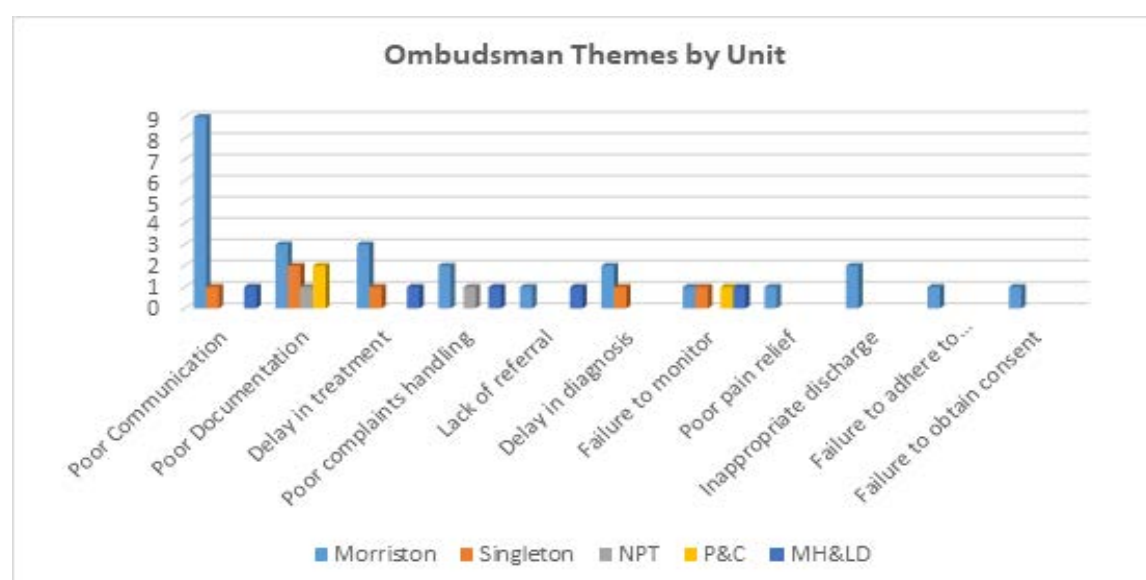


During the same time period, four never events were reported:

- 1 x retained foreign object post-procedure;
- 1 x wrong implant/prosthesis;
- 2 x wrong site surgery.

The number of serious incidents and never events reported is not acceptable, and we take these very seriously. Every incident is reviewed thoroughly with the multi-disciplinary team to determine what happened and how/why. An improvement plan is developed to address any issues. In addition, the learning is presented to the Quality and Safety Governance Group to ensure similar incidents do not occur elsewhere in the health board.

Since 1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022, 17 investigations were undertaken by the Public Services Ombudsman for Wales. During this time period, the Health board has not received any public interest reports. However, the main themes identified from these investigations can be seen below:



As poor communication is again the highest theme, dates have been secured with the Ombudsman until October 2022 in order for communication training to be rolled out across the health board. Further training in relation to human rights and delivering bad news has been arranged with external organisations. In addition, work is ongoing within the organisation to create a directorate of insight, communication and engagement to take forward a comprehensive communications strategy to ensure patients, families, staff and local communities are continually engaged and aware of what is happening within the organisation. [The board approved the first phase of this work in March 2022.](#)

### Working in Partnership

Good partnership working has been a core feature of our pandemic response as well as a broader partnership agenda and the health board participated with the local resilience forum as a category one responder.

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



Our Stakeholder Reference Group is a key part of our mechanisms for engaging with the public over the health board's plans and actions. It has continued to meet, albeit virtually, during 2021-22 and while Covid-19 has understandably been a focus for these meetings, consideration of health board plans and actions has also been included so that any concerns or issues raised by members are taken into account by the board prior to making any relevant decisions.

We worked very closely with trade union partners, a partnership all the more important given the demands and challenges being placed on staff throughout the year. In addition to close working with union representatives, the health board partnership forum met on a regular basis, in addition to local partnership forums.

### ❖ **Workforce**

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

Although Covid related absence did not reach the peak seen in early 2020, it did significantly impact services delivered by the health board throughout 2021-22 and reached a peak of more than 800 in December 2021, after which numbers have continued to reduce, although not yet to the very low level seen in summer 2020. One area which was particularly affected by staff absences was maternity. For this reason, the difficult decision was made to temporarily close the midwife-led unit at Neath Port Talbot Hospital and stop home births so resources could be centralised at Singleton Hospital in order to provide one robust and comprehensive service. As the position is now improving, a decision will be made in the new financial year as to when to reopen these services.

The health board continued to focus on the effective deployment of staff to Covid impacted environments. This was managed daily, based on risk assessment and staff availability, with rotas being adjusted as required and reliance on the exceptional flexibility demonstrated by our staff.

The health board has enhanced its recruitment efforts to secure additional staff. It also renewed efforts to secure substantive employees where vacancies arose and used additional bank staff to address gaps, which saw levels of additional staff used at more than twice the levels seen pre-pandemic. Supporting and extending the Covid immunisation programme saw significant recruitment into clinical/administrative roles and development of the volunteer programme to support the mass vaccination centres

The health board continued to make use of the risk assessment tools available and targeted wellbeing services/advice to ensure staff were able to work as safely as possible. With shielding ending in March 2021, staff now categorised as clinically vulnerable were reviewed individually, and only returned to their substantive roles where it was safe to do so or where adjustments were able to be made. Staff were

also used in alternative roles working from home wherever appropriate. Over the last year and with only a handful of exceptions, all employees had returned to an appropriate role.

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

In response to changes resulting from the pandemic and to support staff moving into new roles, in particular new managers, learning and development adapted scheduled leadership and management programmes to be run virtually, ensuring maximum opportunity for staff to attend. Content has also been reviewed and updated to ensure it is current and relevant to new ways of working. To enhance the current programme, new modules have been developed on 'managing virtual teams' and 'courageous conversations'. Further modules are now in development on the topics of dealing with and managing change.

The career development team works with employees and people from our local communities to support them with their career aspirations. The team specialises in apprenticeships, vocational training, careers, widening access, and graduate and talent development.

New to the organisation this year is the mutual mentoring programme, a leadership development programme designed to create transformational change and enable a culture of diversity, equality and inclusion, where the power of difference is valued.

On the back of the NHS Wales staff survey results, 'Thinking Allowed' sessions took place between 15<sup>th</sup> – 26<sup>th</sup> February 2021 to further understand the results, provide a further opportunity for staff to speak up and inform a health board-wide and local action plans for improvement. A total of 229 staff were part of the conversation. Progress against the improvement plans are being reviewed through local partnership groups as well as the Workforce and OD Committee.

The health board has developed a post-Covid staff wellbeing strategy to outline the support available for staff during 2021-22. This includes enhanced support for mental health and trauma. Additional resource has been made available during the pandemic for both occupational health and the staff wellbeing service to meet increased demand.

### **Conclusion and Forward Look**

This has been another incredibly challenging year for the health board, but also one of hope and opportunity, as we started our recovery journey in earnest. 'Changing for the Future' is providing us with the starting blocks to make the service changes we need to have a robust and sustainable organisation for the long-term.

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, our recovery and sustainability plan was approved by the board in March 2022. This sets out what we will achieve over the next few years, and how. It plans to rejuvenate our hospitals as well as our primary care, community and therapy services to link improvements in a number of areas, including cancer and emergency medicine. For example, we plan to:

- Deliver a single point of access for mental health emergency care;
- Expand the local primary mental health service;
- Deliver a wellness centre model across the Swansea Bay region;
- Roll-out virtual wards in all eight clusters to include palliative care and care of the elderly;
- Centralise medical take at Morriston Hospital including seven-day same day emergency care centre and amalgamated urgent primary care centre/ ambulatory emergency care/acute GP unit;
- Implement Infection prevention and control reduction targets for primary and secondary care;
- Improve the recognition and compliance of end of life care;
- Reduce mortality and incidence of falls;
- Recognition and treatment of all patients with sepsis within the hospital setting;
- Implement early recognition of anxiety and depression, reducing risk of suicide;
- Deliver our estates strategy including establishing decant wards;
- Deliver a staff health and wellbeing strategy;
- Deliver organisational culture programme;
- Invest in cancer services;
- Invest in population health schemes;
- Deliver cost improvement plans;
- Create a centre of excellence for orthopaedics at Neath Port Talbot Hospital comprising three modular theatres to clear the backlog and provide a sustainable solution;
- Establish additional theatres at Singleton Hospital to create a centre of excellence for elective care and support the transfer of planned care from Morriston Hospital as well as additional funding for a day case theatre for ophthalmology as part of sustainable solution;
- Modernise learning disabilities services.

# **Accountability Report 2021-22**

## 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 2022, we received confirmation that our escalation status would remain at 'enhanced monitoring' due to the need to enhance quality governance arrangements, temporary closure of the burns service and the need to address the underlying financial deficit.

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

During 2021-22, the following improvements were made:

- Full implementation of the board assurance framework and alignment made to the health board risk register and board committees;
- A performance management framework established to monitor and support improvement in areas of insufficient performance;

### ❖ 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. In addition, to provide support to key areas of the board, Paul Mapson was appointed as a board advisor for performance and finance and Martyn Waygood now supports the health board charity as an advisor.

### ❖ 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.

**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 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.

**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.

**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.

**Mark Child, Independent Member****Appointment:**

Mark was appointed as an independent member in October 2017 (reappointed October 2021).

**Area of Expertise:**

Local authority

**Board and Committee Membership**

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

**Keith Lloyd, Independent Member****Appointment:**

Keith was appointed as an independent member in May 2020.

**Area of Expertise:**

University

**Board and Committee Membership**

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

**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 and Remuneration and Terms of Service Committee.

## ❖ Associate Board Members



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

**Appointment:**

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

## ❖ 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, Interim Director of Nursing and Patient Experience**

**Appointment:**

Gareth was appointed as Interim 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.

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

**Inese Robotham, Chief Operating Officer****Appointment:**

Inese was appointed as Chief Operating Officer in October 2021.

**Board and Committee Membership**

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

**Matt John, Director of Digital****Appointment:**

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

**Board and Committee Membership**

Matt attends the board in a non-voting capacity

**Hazel Lloyd****Appointment:**

Hazel was appointed as Acting Director of Corporate Governance in December 2021.

**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.

**Nick Samuels****Appointment:**

Nick was appointed Interim Director of Communications in June 2021.

**Board and Committee Membership**

Nick 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.

**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 attends.

**❖ Board Member Departures for 2021-22****Martyn Waygood, Independent Member****Appointment:**

Martyn was appointed as an independent member in June 2017 but was interim vice-chair in July 2019 until January 2021. He returned to his post as an independent member in January 2021 and stood-down at the end of his first term in December 2021.

**Area of Expertise:**

Legal

**Board and Committee Membership**

Martyn chaired the Quality and Safety Committee and Charitable Funds Committee. He was a member of the board, Remuneration and Terms of Service Committee and Mental Health Legislation Committee, which he chaired as interim Vice-Chair.



**Martin Sollis, Independent Member****Appointment:**

Martin was appointed as an independent member in June 2017 and stood-down at the end of his first term in June 2021.

**Area of Expertise:**

Finance

**Board and Committee Membership**

Martin chaired the Audit Committee. He was a member of the board, Remuneration and Terms of Service Committee, Charitable Funds Committee and Performance and the Finance Committee.

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

Christine was appointed as Interim Director of Nursing and Patient Experience in July 2020 until September 2021.

**Board and Committee Membership**

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

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

Kathryn was appointed as Interim Director of Workforce and OD in August 2020 until July 2021.

**Board and Committee Membership**

Kathryn attended the board and Workforce and OD Committee, Health and Safety Committee and Remuneration and Terms of Service Committee.

**Rab McEwan, Interim Chief Operating Officer****Appointment:**

Rab was appointed as Interim Chief Operating Officer in March 2021 until August 2021.

**Board and Committee Membership**

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

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

Irfon was appointed as Chief of Staff in August 2018 until June 2021.

**Board and Committee Membership**

Irfon attended the board in a non-voting capacity.

**Pamela Wenger, Director of Corporate Governance****Appointment:**

Pam was appointed as Director of Corporate Governance in January 2018 until November 2021.

**Board and Committee Membership**

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

**Hannah Evans, Director of Transformation****Appointment:**

Hannah was appointed as Director of Transformation in August 2018 until August 2021.

**Board and Committee Membership**

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

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

Alison was appointed as an associate board member in November 2020 and stood-down in November 2021.

**Board and Committee Membership**

Alison attended the board.

Where there have been vacancies amongst the independent members, those still in post have been available to take on additional duties or attend committees on adhoc basis to ensure quoracy. 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 in 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 will be occasions when special board meetings will take place, for example in June to agree the



annual accounts. Each regular meeting begins with a patient or staff story, setting out the personal experience of someone who has used one of the health board's services. This is an opportune way to learn lessons and help improve and plan services for the future. The stories received in 2021-22 discussed:

- a patient who had been admitted to the intensive care unit (ITU) with Covid-19 and had been part of a trial testing the impact of having occupational therapy while in ITU;
- Annabel and her family as she had treatment for terminal stomach cancer;
- the experience of the family of an elderly gentleman who was admitted to Morriston Hospital during lockdown;
- a patient's experience of one of the health board's virtual wards, implemented to help avoid unnecessary hospital admissions;
- the impact of waiting for breast reconstruction for women who have been treated for cancer.

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, with only the Chair, Chief Executive and Director of Corporate Governance in the same room, along with the secretariat. The public session is then livestreamed to enable members of the public to observe safely and the recording remains on [YouTube](#) for people to watch after the meeting. This option will be maintained if/when the board is able to meet physically once more. 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:

<b>Board Briefing</b>
Population Health (July 2021)
Annual Plan 2021-22 (July 2021)
Annual Plan execution of planned care and Urgent and Emergency Care (July 2021)
Campus Business Case (August 2021)
Conducting Public Engagement/Consultation for Service Change (externally led) (October 2021)
Annual Plan Assumptions 2021-22 (December 2021)
Recovery and Sustainability Plan Progress Update (December 2021)

Recovery and Sustainability Plan Progress Update (January 2022)
Estates and Capital Priorities (January 2022)
Digital Priorities (January 2022)
Regional Pathology (January 2022)

Board Development
Clinical Ethics (May 2021)
Board Effectiveness (May 2021)
Effective Challenge (externally provided) (June 2021)
Cyber Security (October 2021)
Risk Appetite (February 2022)

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 May 2021 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 July 2021. The Audit Committee is now monitoring progress against the action plan, with all actions due to be completed by September 2022. The review for 2021-22 is to be undertaken in June 2022, 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. The board recognises that it has a commitment to holding its committee meetings in public however, given the ongoing pandemic, this has not been possible. While no meetings were stood-down during 2021-22 due to Covid-19, during peak pressures, agendas were streamlined to focus on key areas of risk and meetings reduced to 90 minutes, with executives offered the opportunity to attend just for their agenda items, rather than the full meeting.

Assurance committees the health board is required 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 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.

#### **❖ 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 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.

- *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.

- *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 and strategy/planning also play a central role in supporting the service groups as well as the organisation as a whole. All of these elements of the structure are subject to regular performance reviews.

#### ❖ System of Control

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

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31<sup>st</sup> March 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, in the summer of 2021, the health board commenced a programme of enhanced risk management training sessions for existing managers within service groups which is continuing into 2022-23 to cover all services.

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 of executive directors and service group directors, receives and ratifies changes made to the health board risk register.

Special arrangements were put in place at the outset of the pandemic, with the development of a Covid-19 risk register overseen by a gold command meeting, reported together with the health board risk register to the board, Audit Committee and executive team. In 2021, as part of the review undertaken at Gold Command longer term risks and those associated with Covid recovery were considered and consolidated alongside existing risks within the health board risk register providing one overall view of board level risk. A risk log continued to be maintained at gold command and any new risks that needed to be escalated would be reported as part of the agreed risk management process. Among those transferred were *Whole Service Closure* (considering emergency preparedness and business continuity), *Partnership Working*, *Workforce Resilience* and *Nosocomial Transmission*.

Communicating and consulting with internal and external stakeholders and partners, as appropriate, at each stage of the risk management process and concerning the



process as a whole is important. The frequency of the communication will vary depending upon the severity of the risk and is discussed and agreed with the stakeholders and partners. This process is led by the person nominated as the lead to manage the risk and for communication with external stakeholders this will be the appointed executive director lead for the risk.

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

The health board risk register was most recently reviewed by the Audit Committee and the [board at the March 2022 meetings](#). 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. 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 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. The appetite has been subject to ongoing review by the executive team and board throughout 2021-22 and has remained the extant position, indicating that risks assessed at a score of 20 or above should be addressed as a priority. The board has continued to express a low tolerance to risks with a high impact on the quality and safety of staff and patient care. Now that the health board is transitioning into recovery, the board will be reviewing its risk appetite in the new financial year with a view to having a nuanced approach rather than a blanket one.

#### ❖ Risk Profile 2021-22

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. Some of the main risks the health board is currently managing include:

- Access to services (for example planned care, urgent and emergency care and cancer) and patient flow;
- Midwifery services;
- Cyber and digital outages;
- Financial risks;
- Health and safety

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 4 risks included:

Risk	Controls and Actions
<p><b>#1: Access to Unscheduled Care</b></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"> <li>• Programme management office in place to improve unscheduled care;</li> <li>• Daily health board-wide conference calls/escalation process in place;</li> <li>• Regular reporting to Executive Team and health board/Quality and Safety Committee;</li> <li>• Increased reporting as a result of escalation to targeted intervention status;</li> <li>• Targeted unscheduled care investment of £8.5m in the annual plan, including a new acute medical model focused on increasing ambulatory care;</li> <li>• Development of a 'Phone First' for emergency department model in conjunction with 111 to reduce demand;</li> <li>• 24/7 ambulance triage nurse in place.</li> </ul>
<p><b>#50: Access to Cancer Services</b></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</i></p>	<ul style="list-style-type: none"> <li>• Robust 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;</li> <li>• Initiatives to protect surgical capacity to support urgent suspected cancer pathways have been put in place;</li> <li>• Additional investment in multi-disciplinary coordinators, with cancer trackers appointed in April 2021;</li> <li>• Prioritised pathway in place to fast track urgent suspected cancer patients;</li> <li>• Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. This will form part of the remit of the Cancer Performance Group;</li> </ul>

Risk	Controls and Actions
<p><i>poor patient outcomes and failure to achieve targets.</i></p>	<ul style="list-style-type: none"> <li>• Weekly cancer performance meetings are held for both Neath Port Talbot and Singleton and Morriston Service Groups by specialty;</li> <li>• The top six tumour sites of concern have developed cancer improvement plans;</li> <li>• Additional work being undertaken as part of diagnostic recovery and theatre recovery workstreams;</li> <li>• Endoscopy contract has been extended for insourcing.</li> </ul>
<p><b>#51: Nurse Staffing Levels Act Compliance</b>  <i>There is a risk of non-compliance with the Nurse Staffing Levels Act (2016)</i></p>	<ul style="list-style-type: none"> <li>• Approved registered staff who have retired from the Nursing Midwifery Council register in the last three years have been contacted with a view to return to practice and into the health board workforce;</li> <li>• Service groups appropriately deployed ward nurses to key areas. Also administration staff utilised to release nurses into providing care;</li> <li>• Student nurses returned to clinical practice which has been supported corporately;</li> <li>• A health board steering group continues to meet on a monthly basis, ensuring risks are presented at each meeting, chaired by the Interim Deputy Director of Nursing and Patient Experience and reports to Nursing and Midwifery Board and Workforce and OD Committee;</li> <li>• Health board representation at the all-wales nurse staffing group and its sub groups;</li> <li>• Bi-annual calculations undertaken across all acute service groups for calculating and reporting nurse staffing requirements</li> <li>• Health board continues with workforce planning and redesign, training and development;</li> <li>• Scrutiny panels are held for each service group following the submission of acuity templates;</li> <li>• Impact assessment work to prepare for further roll out of the Act and extension to paediatrics;</li> <li>• Reporting to board.</li> </ul>
<p><b>#64: Health and Safety Infrastructure</b>  <i>Insufficient resource and capacity of the health, safety and fire function within SBUHB to maintain legislative and</i></p>	<ul style="list-style-type: none"> <li>• Assistant Director of Health and Safety post supported the strengthening and development of the health and safety function to support the organisation;</li> <li>• Business case submitted for additional resources – some appointments made;</li> </ul>

Risk	Controls and Actions
<i>regulatory compliance for the workforce and for the sites across SBUHB.</i>	<ul style="list-style-type: none"> <li>• Health and Safety Operational Group and the Health and Safety Committee monitor compliance;</li> <li>• Refreshed the Fire Safety Group with additional controls in place;</li> <li>• Fire risk assessments are being prioritised with temporary additional resources put in place in March 2021 to reduce the number of fire risk assessments overdue;</li> <li>• Fire training in place and fire wardens in place</li> </ul>

### ❖ Emergency Preparedness

As previously highlighted the need to plan and respond to the Covid-19 pandemic presented a number of challenges to the organisation. A number of new and emerging risks were identified. Whilst the organisation did have a major incident and business continuity plan in place, as required by the Civil Contingencies Act 2004, 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.

The organisation continues to work closely with a wide range of partners, including the Welsh Government as it continues with its response, and planning into the recovery phase. It will be necessary to ensure this is underpinned by robust risk management arrangements and the ability to identify, assess and mitigate risks which may impact on the ability of the organisation to achieve their strategic objectives.

The health board must be capable of responding to incidents of any scale, in a way that delivers optimum care and assistance to those affected, minimises the disruption and has a timely return to 'business as usual'. As part of the Civil Contingencies Act (2004), the organisation is required to show that it can deal with such incidents while maintaining critical service. It is also a category one responder as defined in the Act, making it accountable for six civil protection duties, including risk assessment and emergency planning. An integrated emergency management approach of assessment, planning, response and recovery is maintained and this assurance has been reflected in a recent Welsh Government health emergency planning audit.

The Covid-19 coordination centre was established in March 2020 and has continued to operate and the governance structure is regularly reviewed to ensure fitness for purpose. Frequency of gold and silver meetings are reviewed to ensure they reflect system pressures and requirements. A retreat process from this current response format will be reviewed during March/April 2022 to reflect national policy and also the end of the Coronavirus Act at the end of March 2022.

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. The EPRR Strategy Group has continued to meet throughout the pandemic to ensure that Health Board preparedness and consequence resilience is maintained. The [major incident plans](#) have recently been reviewed and re-launched in January 2022 and there is an active programme in place to progress all emergency response plans.

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. Throughout the pandemic, the health board has been actively engaged in the various Local Resilience Forum Groups and has been a consistent member of the Welsh Government Health and Social Care Group.

## ❖ The Control Framework

### *Quality Governance Arrangements*

Quality governance is currently under review within the health board. While there is Quality and Safety Committee in place to take assurance on a board level, there is also quality and safety governance group which oversees a number of areas of quality governance on an operational level, including clinical audit, patient safety, outcomes and experience. In 2021-22, Audit Wales undertook a review of the quality governance which identified a number of areas for improvement. This was supported by our own review of quality arrangements. As such, a review of the Quality and Safety Governance group was commissioned. The main change to the group's arrangements is its name to the **Quality and Safety of Patient Services Group (QSPSG)** with a view to focussing on putting patients at the heart of quality and safety. In addition, the chair of the group has been changed to have the three clinical executives as co-chairs. This will enable all three to have the opportunity to lead the scrutiny of key areas as well as be held to account as appropriate.

The membership has been streamlined to ensure it has the right people in order to have the right discussion and this includes the clinical and operational executives as well as the service group nurse and medical directors. Other key people have also been included as 'attendees' rather than members as they are there predominantly to provide assurance. These include the head of quality and safety, head of hotel services, chief pharmacist and assistant director of health and safety.

The terms of reference were previously quite long and detailed, featuring areas of duplication as well as themes outside of the remit. As such, its role has been streamlined to:

- ensure correct leadership and attitudes to quality and safety across the organisation;
- focus on delivery of the health board's quality priorities;

- assurance that appropriate systems are in place to manage clinical effectiveness, patient outcomes, patient experience and patient safety (detail to be managed through sub-groups);
- compliance with key quality standards (internal/external/regulatory);

By having a more focused remit, the group can really focus on critical areas, particularly any which may be of concern. Also, it will have a sub-structure through which responsibility for more routine reporting can be discharged, with the QSPSG as the escalation route. The sub-structure now comprises fewer sub-groups, one each to focus on patient outcomes and clinical effectiveness, patient safety and compliance, and patient and stakeholder experience. This will reduce the workload of the QSPSG. Also included in its sub-structure is the Quality Priorities Programme Board and reporting by the clinical hosted services, such as the Major Trauma Network or the Emergency Medical Retrieval and Transfer Service. There is also provision to create short-term task and finish groups to focus on areas of escalation, such as infection control.

Quality and safety are going to be of paramount importance in the recovery process from Covid-19 and it is essential there is a quality and safety focus at every level. In support of a reset, the health board undertook a piece of work considering the quality governance arrangements in the service groups and this coincided with Audit Wales and internal audit reviews of quality governance and the quality governance framework respectively.

Two externally facilitated quality and safety workshops were held on 23<sup>rd</sup> February and 23<sup>rd</sup> March 2022 in support of the reset. 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. This work will also enable the health board to comply with the new duties of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 which places both an enhanced duty of quality and an organisational duty of candour on organisations and will strengthen the approach to high quality, safe care.

The first workshop collated thoughts on what a world class system looks like, discussing international evidence of best practice and personal experience. This was followed by an executive time-out on 9<sup>th</sup> March 2022 with the facilitator to discuss the outcomes of that session, focussing on what the Swansea Bay way will look like, how to develop a more robust culture of quality and safety in everything the health board does and what the quality governance system should look like. The second workshop took place on 23<sup>rd</sup> March and focussed on designing the quality management system as well as having a really clear plan moving forward.

Culture and quality are intrinsically linked. The next stage is to start to create a quality management system by putting the right structures in place, and this will be supported by a board away day in April 2022 to feedback the outcomes of the sessions and discuss the overall approach to culture moving forward.

It should be noted that it is intended the duty of candour will come 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. It is anticipated there will be a non-statutory implementation lead up period during the autumn/winter 2022 to allow for NHS bodies, including primary care providers to prepare for the new reporting requirements under the duty of candour and also undertake and roll out training and awareness sessions.

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 2022 and found no departures from the code. This was reported to the Audit Committee in May 2022.

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

- Where requirements of extreme urgency must be procured, the use of Regulation 32 may be considered. This can only be used under the specific circumstances set out within the regulation, allowing a contracting authority to simplify the procurement process to award a public contract without prior notification in order to reduce the time and administrative requirements in conducting an award;
- Any use of Regulation 32 must be approved in advance by the Head of Procurement and Chief Executive;



- In considering the use of regulation 32, the following criteria must be met:
  1. The procurement must be strictly necessary
  2. The procurement must be for reasons of extreme urgency
  3. The event that brought about the requirement for extreme urgency must have been unforeseeable

### **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 2021-2022. Two scrutiny panels were held during the year, where service groups have discussed their progress against the standards and their planned improvements; additionally subject experts have met with service groups to discuss individual standards.

The end of year self-assessment reflects a year of increased operational demands and disruption due to the on-going effects of the pandemic. Service groups have reflected on the challenges they have 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 2021-22, while the health board met its financial duty to breakeven against capital resource limit, reporting an underspend of £67.385m against a £67.417m budget, it failed to meet its first requirement as it did not achieve financial balance, as set out below. In addition, as it did not have a three-year plan approved by Welsh Government, it also failed to meet the second requirement.

	2019-20	2020-21	2021-22	Total
	£'000	£'000	£'000	£'000
<b>Net operating costs for the year</b>	931,777	1,096,986	1,113,261	3,142,024
Less general ophthalmic services expenditure and other non-cash limited expenditure	993	739	1,156	2,888
Less revenue consequences of bringing PFI schemes onto SoFP	(1,925)	(2,164)	(2,406)	(6,495)
Total operating expenses	930,845	1,095,561	1,112,011	3,138,417
Revenue Resource Allocation	914,561	1,071,257	1,087,612	3,073,430
<b>Under /(over) spend against Allocation</b>	<b>(16,284)</b>	<b>(24,304)</b>	<b>(24,399)</b>	<b>(64,987)</b>

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

- **Integrated Medium Term Plan**

The organisation did not submit an IMTP in 2021-22 due the changes in the Welsh Government requirements in response to Covid-19. However it did submit an [annual plan](#) following board approval in June 2021. Progress against the actions in the plans was considered by the Performance and Finance and Quality and Safety committees as well as the board. These included performance, finance and workforce elements. In December 2021, a review was undertaken of the assumptions of the plan to determine which had been delivered or were on track, and those which needed to be revised. For the latter, [the board agreed the revised assumptions in January 2022](#).

In autumn 2021, work commenced on a three to five year recovery and sustainability plan. As a result, the board agreed a [recovery and sustainability plan](#) for 2022-2025 in March 2022 which has been submitted to Welsh Government for approval.

## ❖ 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 the 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 2021-22, 6 data breaches were notified to the ICO (one of which was subsequently shown not to be a breach) - these are summarised in the table below. Each of these breaches, apart from the most recent, has been reviewed and closed by the ICO.

Where recommendations were made by the ICO, these have been considered for implementation by the health board.

Breach Category	Summary of Breach	Summary of Actions
Disclosure - Paper	A misfiled third party result letter was disclosed in error within a patient's requested casenote copies	<ul style="list-style-type: none"> <li>• Apology given to recipient and affected patient;</li> <li>• Investigation into how the error occurred and actions to prevent re-occurrence;</li> <li>• Departmental procedure review and update;</li> <li>• Information governance audit process undertaken and recommendations given.</li> </ul>
Unauthorised Access	Inappropriate access to an electronic record by a staff member	<ul style="list-style-type: none"> <li>• Disciplinary process undertaken</li> <li>• Information governance audit process undertaken and recommendations given</li> </ul>
Disclosure - Paper	Inappropriate levels of patient information disclosed to an unauthorised party	<ul style="list-style-type: none"> <li>• Formal apology offered to affected party;</li> <li>• Information governance audit process undertaken and recommendations given;</li> <li>• Investigation undertaken into what occurred and lessons learned.</li> </ul>
Disclosure - Paper	A document was misfiled into the incorrect patient handheld record leading to a disclosure of information.	<ul style="list-style-type: none"> <li>• Written apology sent to data subject;</li> <li>• Apology issued to receiver of incorrect information;</li> <li>• Investigation undertaken into what occurred and lessons learned.</li> </ul>
Lost/Stolen Paperwork	Paper copies of P45s/payslips were temporarily misplaced by a courier service used by a data processor	<ul style="list-style-type: none"> <li>• The payslips were found and so no further action required.</li> </ul>
Unauthorised Access	Inappropriate access to an electronic record by a staff member	<ul style="list-style-type: none"> <li>• Formal apology offered to affected party</li> <li>• Disciplinary process undertaken and ongoing access monitored;</li> <li>• Information governance audit process to be undertaken and recommendations given;</li> <li>• This breach remains open having only been reported in full to the ICO in March 2022 – ICO conclusion awaited</li> </ul>

### **Ministerial Directions**

Welsh Government has issued non-statutory instruments and Welsh health circulars (WHC) since 2014-15, and a list of ministerial directions circulated for 2020-21 can be found on the [Welsh Government website](#). All relevant directions have been fully considered and implemented appropriately, with Welsh health circulars logged corporately and an executive lead assigned, as well as reported to the board. The ones which had particular reference to the governance of the organisation were:

<b>Ministerial Direction/ Date of Compliance</b>	<b>Year of Adoption</b>	<b>Action to demonstrate implementation/response</b>
Senedd Election 2021	2021	Principles for pre-election behaviour shared with staff
Amendments to Model Standing Orders, Reservation and Delegation of Powers and Model Standing Financial Instructions	2021	Local documents updated in-line with the changes

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

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

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

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

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

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

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

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

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

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

### **Welsh Language**

As a health board, the vital part that the Welsh language and culture has to play in the provision of health and social care services to our resident population is recognised. Many people choose to receive services in Welsh because that is what they prefer. For others, however, it is more than a matter of choice - it is a matter of need. It is especially important for many vulnerable people and their families who need to access services in their first language, such as older people with dementia or stroke who may lose their second language and children who speak only Welsh. In addition, when discussing mental health, being able to communicate in your first language to express feelings, thoughts and emotions is important. The annual report for our Welsh language service will be received by the board and available on our website in September 2022.

### **Carbon Reduction**

Welsh Government has an ambition for the public sector to be carbon neutral by 2030. This ambition sits alongside the Environment (Wales) Act 2016 and Wellbeing of Future Generations (Wales) Act 2015 as legislative drivers for decarbonisation of the Public Sector in Wales. In accordance with emergency preparedness and civil contingency requirements (as based on UKCIP 2009 weather projections to ensure that the organisation's obligation under the climate change act and the adaptation reporting requirements are complied with), the health board has contingency plans for extreme weather conditions.

The health board has achieved and maintained ISO:14001, the accreditation for our environmental management system, since 2012. It has a comprehensive risk assessment matrix for the identification and monitoring of all environmental impacts and aspects, subject to independent audit.

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

- decarbonise its facilities in line with national targets;



- decarbonise our travel and transport operations and minimise the environmental and health impacts associated with the movement of staff and materials;
- contribute to staff and well-being by supporting a shift away from car dependency to more sustainable travel options that deliver additional environmental and health benefits;
- reduce waste CO2 emissions;
- the health board will reduce waste through our operational activities in-line with Welsh Government targets to recycle or recover 70% of waste by 2025 (baseline year 2007);
- eliminate waste from our supply chain through the implementation of our procurement policies and tendering processes and through proactive collaboration with our major supply chain partners;
- develop its training programme to ensure all staff receive carbon reduction and climate change training as appropriate to their role;
- inform, empower and motivate our workforce to take action to deliver high quality care today that does not compromise our ability to deliver care in the future and ensure this becomes part of the values;
- commitment to a future without carbon.

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

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

While focussing on energy reduction and efficiency improvements, through Re:fit, it is possible to invest in renewable energy generation also. The current scheme includes a roof mounted solar scheme at Singleton Hospital with a much larger solar farm at Morriston Hospital, which opened during the year. It is expected to save a further 1,000 tonnes of carbon dioxide a year as well as a further £580k on electricity.

### ***NHS Pensions***

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

### ***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 2021-22 is that:

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

#### ❖ **Delivery of the Audit Plan**

*Due to the considerable impact of Covid-19 on the health board, the internal audit plan has needed to be agile and responsive to ensure that key developing risks are covered. As a result of this approach, and with the support of officers and independent members across the health board, the plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit Committee. In addition, regular audit progress reports have been submitted to the committee. Although changes have been made to the plan during the year, we can confirm that we have undertaken sufficient audit work during the year to be able to give an overall opinion in line with the requirements of the Public Sector Internal Audit Standards.*

*The internal audit plan for 2021-22 year was initially presented to the committee in March 2021. Changes to the plan have been made during the course of the year and these changes have been reported to the Audit Committee as part of our regular progress reporting.*

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

*Our latest external quality assessment (EQA), conducted by the Chartered Institute of Internal Auditors (in 2018), and our own annual quality assurance and improvement programme (QAIP) have both confirmed that our internal audit work continues to 'generally conform' to the requirements of the Public Sector Internal Audit Standards (PSIAS) for 2021-22. For this year, as in 2020/21, our QAIP has considered specifically the impact that Covid-19 has had on our audit approach and programmes. We are able to state that our service 'conforms to the IIA's professional standards and to PSIAS.'*

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

*The audit coverage in the plan agreed with management has been deliberately focused on key strategic and operational risk areas; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.*

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

*Where we have given limited assurance, management are aware of the specific issues identified and have agreed action plans to improve control in these areas.*

*These planned control improvements should be referenced in the annual governance statement where it is appropriate to do so.*

*In addition, and in part reflecting the impact of Covid-19, we also undertook a number of advisory and non-opinion reviews to support our overall opinion. A summary of the audits undertaken in the year and the results is shown in the table below:*

<b>Substantial Assurance</b>	<b>Reasonable Assurance</b>
<ul style="list-style-type: none"> <li>• Digital project management</li> <li>• General dental services</li> </ul>	<ul style="list-style-type: none"> <li>• Risk management and Board Assurance Framework</li> <li>• Financial reporting and monitoring</li> <li>• Network and Information Systems (NIS) Directive</li> <li>• Welsh Language Standards compliance</li> <li>• Standards of Business Conduct: Declarations (draft)</li> <li>• Mental Health legislative compliance</li> <li>• Annual planning approach</li> <li>• Planned care recovery arrangements</li> <li>• E-prescribing</li> <li>• I.T. service management</li> <li>• Staff wellbeing &amp; occupational health</li> <li>• Follow up review (draft)</li> <li>• Waste management</li> <li>• Elective Orthopaedic Unit development</li> <li>• Singleton Hospital replacement cladding</li> <li>• Environmental / modernisation infrastructure programme</li> <li>• Capital follow up (draft)</li> <li>• Estates assurance follow up (draft)</li> </ul>
<b>Limited Assurance</b>	<b>Advisory/Non-Opinion</b>
<ul style="list-style-type: none"> <li>• Quality and Safety Governance Framework</li> <li>• Procurement and tendering</li> <li>• External Standards assurance: NICE Guidance</li> <li>• CAMHS (Child and Adolescent Mental Health Services) commissioning</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery Framework</li> <li>• Controlled Drugs Governance Framework</li> <li>• COVID-19 governance arrangements follow up</li> </ul>

<ul style="list-style-type: none"> <li>• Safety notices and alerts (draft)</li> </ul>	
No Assurance	
<ul style="list-style-type: none"> <li>• N/A</li> </ul>	

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

In response to the limited assurance report for [quality governance, an integrated action plan](#) has been developed with progress monitored by the Audit Committee.

In relation to the CAMHS report, an action plan is being finalised which will take into consideration the internal governance structure and quality measures. The CAMHS risk register is now a standing item for the commissioning process and any significant concerns escalated through the Management Board and appropriate board committees.

#### ❖ External Audit

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

*"Overall, we found that the health board has generally effective board and committee arrangements, is committed to high quality services and staff wellbeing, and has well-developed plans which are routinely monitored. While, the health board continues to face significant financial challenges, it has maintained effective financial controls and reporting, and is working hard to achieve financial recovery. However, changes to the executive team need to embed, operational arrangements for risk and quality governance need to be strengthened and there are opportunities to improve information for scrutiny and assurance.*

*"The board continues to conduct business in an open and transparent way, but the health board's website needs to improve to enable easier access to content. The health board has maintained good governance arrangements, varying the frequency of board and committee meetings as appropriate, whilst being sighted of pressure on senior staff. The health board is committed to reviewing board effectiveness and has largely maintained continuity in independent members, although there is a need to reinstate the Health Professional Forum. There is also scope to improve the quality of information provided to board and committees, reducing the volume whilst increasing the focus on actions. The health board has maintained opportunities to ensure rapid decision making and increased the extent to which its service groups are engaged. There have been a significant number of changes to the executive team over the last year, but recent appointments will help stability.*

*“The health board has well developed plans for continuing its response to Covid-19 and to plan and reset services, whilst looking to provide longer-term sustainability. There has been positive engagement on service changes and partnerships are working well. Progress reports to board on delivery of plans are good. The health board has now made good progress in implementing a board assurance framework, and corporate risk management arrangements continue to work well. However, service level risk management needs improving. The health board continues to make a commitment to staff wellbeing. The quality and safety of services is a priority and responsive action to improve is taken when needed. However, our quality governance review has found that significant work is needed to strengthen operational quality governance arrangements. While arrangements for tracking audit recommendations are in place, a lack of routine information in relation to individual recommendations limits scrutiny, and a number of recommendations are now overdue.*

*“While the health board continues to face significant financial challenges, it has maintained effective financial controls and reporting, and is working hard to strengthen its financial recovery. The Health Board was unable to meet its financial duties for 2020-21, ending the year with a deficit of £24.3 million and while the health board is on track with its financial plan for 2021-22, it will continue to fail its financial duties due to a planned year-end financial deficit of £24.4 million. The health board continues to maintain appropriate financial controls and is continuing to strengthen its financial management to support financial recovery. Timely oversight and scrutiny of the health board’s financial position continues to be in place, supported by comprehensive reporting.”*

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 last year, with the support of the board there is confidence these can be addressed and improvement in governance has been demonstrated.

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

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

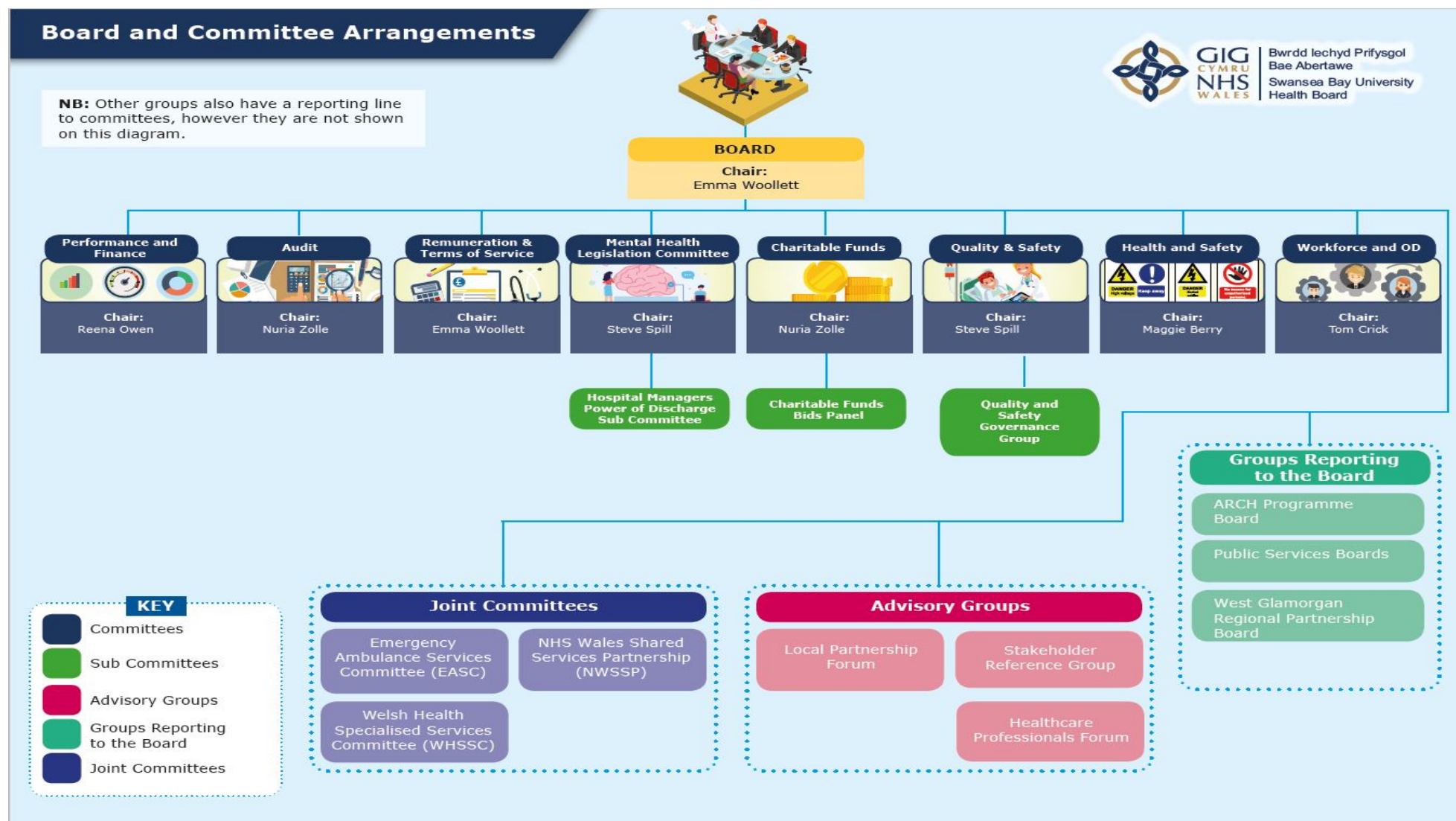
performance in all areas and these will be monitored through the governance structure.

As indicated throughout this statement, the need to plan and respond to the Covid-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to the risks. The need to respond and recover from the pandemic will be with the organisation and wider society throughout the 2021-22 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 2021-22

The table outlines dates of board and committee meetings held during 2021-22. Where meetings were not quorate, escalation arrangements were in place to ensure that any matters of significant concern that could not be brought to the attention of the committee could be raised with the health board chair.

Board/Committee	Dates in 2020-21												
Health Board	27 <sup>th</sup> May	7 <sup>th</sup> June (Special Final Accounts)	23 <sup>rd</sup> June (special)	22 <sup>nd</sup> July (Special)	29 <sup>th</sup> July	19 <sup>th</sup> August	7 <sup>th</sup> October	28 <sup>th</sup> October	25 <sup>th</sup> November	16 <sup>th</sup> December	27 <sup>th</sup> January 2022	24 <sup>th</sup> February 2022 (special)	31 <sup>st</sup> March
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate
Audit Committee	18 <sup>th</sup> May (Draft Accounts)	7 <sup>th</sup> June (Special Final Accounts)	13 <sup>th</sup> July	14 <sup>th</sup> September	9 <sup>th</sup> November	19 <sup>th</sup> January 2022	10 <sup>th</sup> March	-	-	-	-		-
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	-	-	-	-		-
Mental Health Legislation Committee	6 <sup>th</sup> May	5 <sup>th</sup> August	4 <sup>th</sup> November	3 <sup>rd</sup> February 2022	-	-	-	-	-	-	-		-
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	-	-	-	-	-	-	-		-
Remunerations and Terms of Service Committee	24 <sup>th</sup> June	26 <sup>th</sup> August	26 <sup>th</sup> October	16 <sup>th</sup> December	24 <sup>th</sup> March		-	-	-	-	-		-
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate		-	-	-	-	-		-

Board/Committee	Dates in 2021-22											
Performance and Finance Committee	27 <sup>th</sup> April	25 <sup>th</sup> May	22 <sup>nd</sup> June	27 <sup>th</sup> July	24 <sup>th</sup> August	28 <sup>th</sup> September	26 <sup>th</sup> October	23 <sup>rd</sup> November	21 <sup>st</sup> December	25 <sup>th</sup> January 2022	22 <sup>nd</sup> February	29 <sup>th</sup> March
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate
Charitable Funds Committee	6 <sup>th</sup> July	14 <sup>th</sup> October	11 <sup>th</sup> November (Trustees)	10 <sup>th</sup> February 2022	-	-	-	-	-	-	-	-
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	-	-	-	-	-	-	-	-
Quality and Safety Committee	27 <sup>th</sup> April	25 <sup>th</sup> May	22 <sup>nd</sup> June	27 <sup>th</sup> July	24 <sup>th</sup> August	28 <sup>th</sup> September	26 <sup>th</sup> October	23 <sup>rd</sup> November	21 <sup>st</sup> December	25 <sup>th</sup> January 2022	22 <sup>nd</sup> February	29 <sup>th</sup> March
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate
Workforce and OD Committee	13 <sup>th</sup> April	15 <sup>th</sup> June	10 <sup>th</sup> August	12 <sup>th</sup> October	13 <sup>th</sup> December	8 <sup>th</sup> February 2022	-	-	-	-	-	-
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	-	-	-	-	-	-
Health and Safety Committee	1 <sup>st</sup> April	1 <sup>st</sup> July	15 <sup>th</sup> July (Special)	5 <sup>th</sup> October	20 <sup>th</sup> January	-	-	-	-	-	-	-
Quorate/Not Quorate	Quorate	Quorate	Quorate	Quorate	Quorate	-	-	-	-	-	-	-

### Appendix Three – Board and Committee Membership

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

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

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

Name	Position	Area of Expertise Representation Role	Board Committee Membership	Champion Roles
Reena Owen	Independent Member	Community	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• RATS Committee (Member)</li> <li>• Performance and Finance Committee (Chair)</li> </ul>	
Nuria Zolle	Independent Member	Voluntary Sector	<ul style="list-style-type: none"> <li>• Workforce and OD Committee (Member)</li> <li>• RATS Committee (Member)</li> <li>• Audit Committee (Chair)</li> <li>• Charitable Funds (Chair)</li> </ul>	
Martyn Waygood	Independent Member	Legal	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Mental Health Legislative Committee (Member)</li> <li>• RATS Committee (Member)</li> <li>• Charitable Funds Committee (Chair)</li> <li>• Quality and Safety Committee (Member)</li> <li>• Audit Committee (Member)</li> </ul>	
Andrew Jarrett	Associate Board Member	Social Services	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> </ul>	



Name	Position	Area of Expertise Representation Role	Board Committee Membership	Committee Roles
Mark Hackett	Chief Executive (from January 2021)	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> </ul>	<ul style="list-style-type: none"> <li>Emergency Ambulance Services Committee (Member)</li> </ul>
Darren Griffiths	Director of Finance	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Audit Committee (In attendance)</li> <li>Charitable Funds (Lead Director/Member)</li> <li>Performance and Finance (Lead Director/Member)</li> <li>Health and Safety (Lead Director/Member)</li> </ul>	
Gareth Howells	Interim Director of Nursing and Patient Experience (from September 2021)	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Audit Committee (In attendance)</li> <li>Mental Health Legislative Committee (Lead Director/In attendance)</li> <li>Quality and Safety Committee (Lead Director/In attendance)</li> <li>Workforce and OD Committee (In attendance)</li> </ul>	
Keith Reid	Director of Public Health	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Quality and Safety Committee (In attendance)</li> <li>Health and Safety Committee (In attendance)</li> </ul>	

Name	Position	Area of Expertise Representation Role	• Board Committee Membership	Committee Roles
Christine Williams	Director of Nursing and Patient Experience (interim) (until September 2021)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• Audit Committee (In attendance)</li> <li>• Mental Health Legislative Committee (Lead Director/In attendance)</li> <li>• Quality and Safety Committee (Lead Director/In attendance)</li> <li>• Health and Safety (Lead Director/Member attendance)</li> <li>• Workforce and OD Committee (In attendance)</li> </ul>	
Debbie Eyitayo	Director of Workforce and OD (from August 2021)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• RATS (Lead Director/In attendance)</li> <li>• Workforce and OD (Lead Director/In attendance)</li> <li>• Health and Safety Committee (Member)</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Wales Shared Services Partnership Committee (NWSSP) Member</li> </ul>
Kathryn Jones	Director of Workforce and OD (interim) (until July 2021)	N/A	<ul style="list-style-type: none"> <li>• Health Board (Member)</li> <li>• RATS (Lead Director/In attendance)</li> <li>• Workforce and OD (Lead Director/In attendance)</li> <li>• Health and Safety Committee (Member)</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Wales Shared Services Partnership Committee (NWSSP) Member</li> </ul>

<b>Name</b>	<b>Position</b>	<b>Area of Expertise Representation Role</b>	<ul style="list-style-type: none"> <li><b>Board Committee Membership</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Committee Roles</b></li> </ul>
Siân Harrop-Griffiths	Director of Strategy	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Charitable Funds Committee (Member)</li> <li>Performance and Finance Committee ( Member)</li> <li>Quality and Safety Committee (In Attendance)</li> </ul>	<ul style="list-style-type: none"> <li>Western Bay Partnership Board</li> <li>ARCH Programme Board Member</li> </ul>
Richard Evans	Medical Director/ Deputy Chief Executive (from March 2021)	N/A	<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Quality and Safety Committee (In attendance)</li> <li>Workforce and OD Committee (In Attendance)</li> </ul>	<ul style="list-style-type: none"> <li>ARCH Programme Board</li> <li>Advisory Committee on Clinical Excellence Awards</li> </ul>
Christine Morrell	Director of Therapies and Health Science		<ul style="list-style-type: none"> <li>Health Board (Member)</li> <li>Quality and Safety Committee (In Attendance)</li> <li>Workforce and OD Committee (In Attendance)</li> </ul>	

#### Appendix Four – Members' Attendance at Meetings

\*Due to the turnover of board members and some taking the opportunity to observe committees before their portfolios were confirmed, the attendance at committees has varied, especially as the need for executive directors to attend was reduced due to the pandemic and independent members provided cover in times of absence for each other. 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
	(13)	(7)	(4)	(5)	(4)	(12)	(12)	(5)	(6)
Emma Woollett, Chair	13	1	-	-			-	5	
Steve Spill, Vice-Chair	13	2	-	-	4	10	12	4	
Jackie Davies, Independent Member	12	3	4	5	2		1	2	6
Keith Lloyd, Independent Member	11	2	1	-			0	2	
Maggie Berry, Independent Member	11	-	-	5	2		9	3	
Mark Child, Independent Member	11	-	-	-		11	-	4	
Martin Sollis, Independent Member (until June 2021)	2	2	-	-		2	-	0	
Martyn Waygood, Independent Member (until December 2021)	9	4	3	-	3		9	3	
Nuria Zolle, Independent Member	12	7	3	-			4	5	6
Reena Owen, Independent Member	10	-	-	-		12	11	4	
Tom Crick, Independent Member	12	6	-	4			-	2	5
Alison Stokes, Associate Board Member	0	-	-	-	-	-	-	-	-
Patricia Price (from October 2021)	4	2	-	-		5	-	-	
Andrew Jarrett, Associate Board Member	9	-	-	-			-	-	

	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
	(13)	(7)	(4)	(5)	(4)	(12)	(12)	(5)	(6)
Mark Hackett, Chief Executive	13	1	-	-			-	4	
Christine Morrell, Director of Therapies and Health Science	13	-	-	-			5	-	2
Christine Williams, Interim Director of Nursing and Patient Experience (until September 2021)	6	4	-	3	3		5	-	3
Darren Griffiths, Director of Finance	12	6	3	1		12	12	-	
Debbie Eytayo, Interim Director of Workforce and OD (from August 2021)	11	-	-	1			-	2	4
Gareth Howells, Director of Nursing and Patient Experience (from September 2021)	7	1	-	1	1		7	-	1
Kathryn Jones, Interim Director of Workforce and OD (until July 2021)	2	-	-	1			-	-	2
Keith Reid, Director of Public Health	11	-	-	-			4	-	
Richard Evans, Medical Director	13	-	-	-			12	-	6
Siân Harrop-Griffiths, Director of Strategy	11	-	2	-		7	7	-	

## **Appendix Five – Links to Reports Considered by the Board and Sub-Committees**

- ❖ Health Board
- ❖ Audit Committee
- ❖ Mental Health Legislation Committee
  - ❖ Health and Safety Committee
- ❖ Performance and Finance Committee
  - ❖ Quality and Safety Committee
  - ❖ Workforce and OD Committee



# **Parliamentary Accountability and Audit Report 2021-22**

## 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 2021-22**

## 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	10,421	8,974	77.32
Male	3,057	2,894	22.68
Grand Total	<b>13,478</b>	<b>11,868</b>	<b>100.00</b>

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	Male	5	5	62.5
Executive Directors	Female	3	3	37.5
Independent Members	Male	4	4	44.4
Independent Members	Female	5	5	55.6

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

	2021-22	2020-21
Days lost (long term)	226,863	227,265
Days lost (short term)	105,674	89,362
<b>Total days lost</b>	<b>332,537</b>	<b>316,627</b>



## Remuneration Report

This report provides information in relation to executive directors' and independent members' remuneration, and outlines the arrangements which operate within the health board to determine this. It also includes information on staff numbers, composition, sickness absence data, staff policies applied during the year, expenditure on consultancy, off-payroll engagements and exit packages.

### **1. The Remuneration and Terms of Services Committee**

This committee considers the remuneration and performance of executive directors in accordance with the policy detailed below. The norm is for executive directors and very senior managers' salaries (those outside of Agenda for Change) to be uplifted in accordance with the Welsh Government identified normal pay inflation percentage. For 2021/22 there was a pay inflation uplift of 3% for executive Directors and very senior managers in line with the pay award agreed nationally for NHS staff.

If there were to be an up-lift over and above this level, this would always be agreed as a result of changes in roles and responsibilities and with advice from an independent consultancy with specialist knowledge of job evaluation and executive pay within the NHS. The Remuneration and Terms of Services Committee would receive a detailed report in respect of issues to be considered in relation to any uplift to executive directors salaries (including advice from the Welsh Government) and having considered all the advice and issues put before them, would report their recommendations to the health board for ratification. The committee also reviews objectives set for executive directors and assesses performance against those objectives when considering recommendations in respect of annual pay uplifts. It should be noted that executive directors are not on any form of performance related pay.

The Remuneration and Terms of Services Committee is chaired by the health board's Chair, and the membership includes all independent members. The committee meets as often as required to address business and formally reports in writing its recommendations to the health board. Meetings are minuted and decisions fully recorded. The committee also recommends to the board annual pay uplifts in respect of executive directors and very senior managers in the health board who are not within the remit of Agenda for Change. For 2021-22, the only uplifts recommended were an inflationary uplift of 3%.

### **2. Independent Members' Remuneration**

Remuneration for independent members is decided by the Welsh Government, who also determine tenure of appointment.

### **3. Single Remuneration Report**

The single total remuneration for each director and independent member for 2021/22 and 2020/21 are shown in the table below. Total remuneration includes salary (excluding the NHS Covid bonus of £735 gross paid in May 2021), non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

The salaries disclosed in the table below reflect new appointments and leavers during the financial years 2021/22 and 2020/21. Whilst the salaries disclosed relate to the period in post during the year, the NHS Pensions Agency is unable to attribute part year pension benefits to post holders and therefore, the full financial year pension benefits are shown.

The value of pension benefits is calculated as follows: (real increase in pension<sup>1</sup> multiplied by 20) plus real increase in lump sum, less contributions made by the individual.

The pension calculation is based on information received from NHS BSA Pensions Agency included in the Disclosure of Senior Managers' Remuneration (Greenbury) 2022 report. Further details on the single total remuneration and salary allowances figure from Cabinet Office can be found at the Employer Pension Notices website: disclosure of salary pension and compensation information.

---

<sup>1</sup> excluding increases due to inflation or any increase or decrease due to a transfer of pension rights

Names	Titles	2021/22					2020/21				
		Salary (£5k Bands)	Other Remun. £5k Bands	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)	Salary (£5k Bands)	Other Remun. £5k Bands	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)
		£000	£000	£00	£000	£000	£000	£000	£00	£000	£000
E Woollett	Chair	70-75	0	0	0	<b>70-75</b>	70-75	0	0	0	<b>70-75</b>
S Spill	Vice Chair from 15 <sup>th</sup> December 2020.	55-60	0	0	0	<b>55-60</b>	15-20	0	0	0	<b>15-20</b>
M Waygood	Interim Vice Chair to 18 <sup>th</sup> January 2021. Independent Member from 19 <sup>th</sup> January 2021 until 31 <sup>st</sup> December 2021	10-15	0	0	0	<b>10-15</b>	45-50	0	0	0	<b>45-50</b>
M Hackett	Chief Executive from 1 <sup>st</sup> January 2021	220-225	0	0		<b>220-225</b>	50-55	0	0		<b>50-55</b>
T Myhill	Chief Executive until 31 <sup>st</sup> December 2020						160-165	0	0	0	<b>160-165</b>
R Evans	Medical Director and Deputy Chief Executive from 8 <sup>th</sup> February 2021	190-195	0	0	85	<b>275-280</b>	175-180	0	0	125	<b>300-305</b>
C White	Deputy Chief Executive, Chief Operating Officer, Director of Therapies and Health Science, Director of Primary, Community and Mental Health Services until 31 <sup>st</sup> March 2021.						160-165	0	0	4	<b>160-165</b>

Names	Titles	2021/22					2020/21				
		Salary (£5k Bands)	Other Remun. £5k Bands	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)	Salary (£5k Bands)	Other Remun. £5k Bands	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)
		£000	£000	£00	£000	£000	£000	£000	£00	£000	£000
D Griffiths	Director of Finance and Performance from 9 <sup>th</sup> August 2021. Interim Director of Finance from 2 <sup>nd</sup> March 2020 to 8 <sup>th</sup> August 2021	145-150	0	0	86	<b>235-240</b>	140-145	0	0	230!	<b>375-380!</b>
G Howells	Interim Director of Nursing & Patient Experience from 20 <sup>th</sup> September 2021 and from 1 <sup>st</sup> April until 8 <sup>th</sup> July 2020	70-75	0	0		<b>70-75</b>	40-45	0	0		<b>40-45</b>
C Williams	Interim Director of Nursing & Patient Experience from 9 <sup>th</sup> July 2020 to 30 <sup>th</sup> September 2021.	65-70	0	0		<b>65-70</b>	95-100	0	0		<b>95-100</b>
C Morrell	Director of Therapies and Health Science from 1 <sup>st</sup> April 2021	85-90	0	0		<b>85-90</b>					
D Eytayo	Director of Workforce & OD from 9 <sup>th</sup> August 2021	90-95	0	0	*0	<b>90-95</b>					
K Jones	Interim Director of Workforce & OD from	40-45	0	0	*0	<b>40-45</b>	75-80	0	0	138	<b>215-220</b>

Names	Titles	2021/22					2020/21				
		Salary (£5k Bands)	Other Remun. £5k Bands	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)	Salary (£5k Bands)	Other Remun. £5k Bands	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)
		£000	£000	£00	£000	£000	£000	£000	£00	£000	£000
	25 <sup>th</sup> August 2020 to 31 <sup>st</sup> July 2021.										
H Robinson	Director of Workforce & OD until 24 <sup>th</sup> August 2020						55-60	0	0		55-60
K Reid	Director of Public Health	125-130	0	0	30	155-160	120-125	0	0	63	185-190
S. Harrop-Griffiths	Director of Strategy	135-140	0	36	58	195-200	125-130	0	56	75	205-210
P Wenger	Director of Corporate Governance/Board Secretary until 28 <sup>th</sup> November 2021	80-85	0	0	*0	80-85	105-110	0	0	75	180-185
H Lloyd	Interim Director of Corporate Governance/Board Secretary from 15 <sup>th</sup> November 2021	35-40	0	0	29	60-65					
M Berry	Independent Member	15-20	0	0	0	15-20	15-20	0	0	0	15-20
M Sollis	Independent Member until 7 <sup>th</sup> June 2021	0-5	0	0	0	0-5	15-20	0	0	0	15-20
P Price	Independent Member from 16 <sup>th</sup> October 2021	5-10	0	0	0	5-10					

Names	Titles	2021/22					2020/21				
		Salary (£5k Bands)	Other Remun. £5k Bands	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)	Salary (£5k Bands)	Other Remun. £5k Bands	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (£5k Bands)
		£000	£000	£00	£000	£000	£000	£000	£00	£000	£000
T Crick	Independent Member	15-20	0	0	0	15-20	15-20	0	0	0	15-20
M Child	Independent Member	15-20	0	0	0	15-20	15-20	0	0	0	15-20
R Owen	Independent Member	15-20	0	0	0	15-20	15-20	0	0	0	15-20
N Zolle	Independent Member	15-20	0	0	0	15-20	15-20	0	0	0	15-20
K Lloyd	Independent Member	0	0	0	0	0	0	0	0	0	0
J Davies	Independent Member	0	0	0	0	0	0	0	0	0	0
A Jarrett	Associate Board Member	0	0	0	0	0	0	0	0	0	0
A Stokes	Associate Board Member to 30 <sup>th</sup> November 2021	0	0	0	0	0	0	0	0	0	0

The NHS and social care financial recognition scheme bonus of £735 payment to reward eligible NHS staff has not been included in the NHS Remuneration Report calculations in the table above. This bonus payment is not a contractual payment, but a one off payment to reward eligible staff for their commitment and tireless efforts in the most challenging circumstances. The bonus payment was made in error to 2 independent board members who were not entitled to receive the payment, these payments are in the process of being recovered by the health board.

\* This indicates that the pension benefits have been set to zero as the pension benefit calculation results in a negative figure. Where the calculation produces a negative figure the Greenbury Disclosure of Senior Managers Remuneration states that zero value should be disclosed. The reasons for the negative pension calculations are as follows:



- D Eytayo – opted out of and then rejoined the NHS Pension Scheme during the year. As a result of the break in contributions the pension entitlements as at age 60 are lower than those reported in 2020/21 which are based on continuous contributions to aged 60.
- K Jones – no longer contributes to the NHS Pension Scheme following her departure in July 2021. As a result the pension entitlements as at age 60 are lower than those reported in 2020/21 which are based on continuous contributions to aged 60.
- P Wenger – took the pension benefits available under the 1995 element of the NHS pension Scheme on departure from the health board in November 2021.

! The prior year figures for D Griffiths have been restated as the figures provided as at 31<sup>st</sup> March 2021 by the NHS Pensions Agency were incorrectly calculated. The NHS Pensions Agency provided figures on the basis that D Griffiths had been a member of the NHS Pension Scheme for the whole of the 2020/21 financial year, which was incorrect. The NHS Pensions Agency have now provided updated figures based on D Griffiths part year membership of the scheme in 2020-21.

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

- G Howells was the Director of Nursing from July 2018 until retirement in June 2020. G Howells has returned in an interim capacity in September 2021 on secondment from Welsh Government. The remuneration figures disclosed for G Howells cover the period from September 2021 to March 2022. The annualised salary for the post is in the salary range £130-£135k
- C Morrell was appointed as Director of Therapies and Health Science from 1<sup>st</sup> April 2021. This post has been classed as a full voting post on the Board following the splitting of the role of Chief Operating Officer and Director of Therapies, Health Science and Director of Mental Health and Community Services previously held by C White who retired on 31<sup>st</sup> March 2021.
- The job description for the post of Director of Corporate Governance/Board Secretary held by P Wenger was reviewed during 2021/22 and a salary increase awarded for the role with the salary increase backdated. Within the salary figure disclosed for P Wenger is salary arrears of £10-£15k relating to the salary increase awarded following the review of the job description.
- The remuneration disclosed for D Eytayo covers the period from 9<sup>th</sup> August 2021 to 31<sup>st</sup> March 2022. The annualised salary for the post is in the range £140-£145k.

- The remuneration disclosed for H Lloyd covers the period from 15th November 2021 to 31<sup>st</sup> March 2022. The annualised salary for the post is in the range £90-95k.
- K Lloyd has declined remuneration for his post as an Independent Member
- J Davies is a full time employee of the Health Board and as such, has not received the remuneration that is normally paid to an Independent Member.
- A Jarrett and A Stokes as Associate Board Members receive no remuneration

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce. The 2021-22 financial year is the first year disclosures in respect of the 25th percentile pay ratio and 75th percentile pay ratio are required.

The highest paid director in the LHB in 2021/22 as in 2020/21 was the Chief Executive and the tables below provide details on the relationship between the remuneration of the Chief Executive and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce

	2021/22			2020/21		
	Chief Executive Salary (£5k bands)	Employee Salary £000	Ratio	Chief Executive Salary (£5k bands)	Employee Salary £000	Ratio
25th percentile pay ratio	220-225	21	10.62:1	215-220	21	10.14:1
Median pay	220-225	28	7.96:1	215-220	28	7.68:1
75th percentile pay ratio	220-225	39	5.72:1	215-220	40	5.32:1

In 2021-22, 1 (2020-21, 0) employee received remuneration in excess of the highest-paid director. The remuneration for that employee in 2021-22 included payments in respect of waiting list initiatives undertaken in addition to their normal salary. Remuneration for staff ranged from £18,546 to £240,823 (2020-21 £18,005 to £214,938).

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. Benefits in kind relate to benefits derived from the provision of a leased car.

The employee who received remuneration in excess of the highest paid director in 2021-22 was a member of the medical staff. This individual is not related to the Chair, Executive Directors or Independent Members.

The 2021-22 financial year is also the first year that the percentage change in the remuneration of the highest paid director and the percentage change in the remuneration of the employees of the entity taken as a whole are required to be disclosed the table below discloses this information

	2020/21 - 2021/22 (%)	2019-20- 2020/21 (%)
<b>Percentage Change from previous year in respect of the Chief Executive</b>		
Salary and Allowances	2.73	4.87
Performance Pay and Bonuses	0.00	0.00
<b>Average % Change from previous financial year in respect of employees taken as a whole</b>		
Salary and Allowances	(12.13)	(2.70)
Performance Pay and Bonuses	0.00	0.00

The reduction in the average salary and allowances of employees taken as a whole is linked to staff turnover within the health board with an increase in the number of newly appointed staff replacing staff who have been in post for many years and will have earned higher salaries than the new entrants to the NHS.

#### 4. Directors Pension Benefits

The NHS scheme requires that employees pay from 5% up to 14.5%, on a tiered scale, of their earnings, into the NHS Pension Scheme, with the employer contributing 20.68%. The employer's contribution to the NHS Pension Scheme is excluded from the salary figures shown below for Executive Directors.

### Cash Equivalent Transfer Value

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

### Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period

The disclosures in the table below do not apply to independent members as they are not members of the NHS Pension Scheme and do not receive pensionable remuneration.

Name	Title	Real Increase/ (Decrease) in Pension @ Age 60  (bands of £2,500)  £000	Real Increase/ (Decrease) in Pension Lump Sum @ Age 60  (bands of £2,500)  £000	Total accrued Pension at age 60 at 31 March 2022  (bands of £5,000)  £000	Lump Sum at age 60 related to accrued Pension at 31 March 2022  (bands of £5,000)  £000	Cash Equiv. Transfer Value at 31/03/2022  £000	Cash Equiv. Transfer Value at 31/03/2021  £000	Real increase in Cash Equiv. Transfer Value  £000	Employer's contrib. to stake-holder pension  £000
D Griffiths	Director of Finance and	2.5-5	12.5-15	50-55	130-135	969	854!	111	0

Name	Title	Real Increase/ (Decrease) in Pension @ Age 60  (bands of £2,500)  £000	Real Increase/ (Decrease) in Pension Lump Sum @ Age 60  (bands of £2,500)  £000	Total accrued Pension at age 60 at 31 March 2022  (bands of £5,000)  £000	Lump Sum at age 60 related to accrued Pension at 31 March 2022  (bands of £5,000)  £000	Cash Equiv. Transfer Value at 31/03/2022  £000	Cash Equiv. Transfer Value at 31/03/2021  £000	Real increase in Cash Equiv. Transfer Value  £000	Employer's contrib. to stake-holder pension  £000
	Performance from 9th August 2021. Interim Director of Finance from 2nd March 2020 to 8th August 2021								
K Reid	Director of Public Health	0-2.5	(0-2.5)	20-25	45-50	466	420	44	0
S Harrop- Griffiths	Director of Strategy	2.5-5	2.5-5	55-60	120-125	1,179	1,088	85	0
R Evans	Medical Director and Deputy Chief Executive from 8th February 2021	5-7.5	2.5-5	65-70	140-145	1,330	1,211	113	0
D Eyitayo	Director of Workforce & OD from 9th August 2021	(7.5-10)	(27.5-30)	30-35	65-70	641	849	*0	0
K Jones	Interim Director of Workforce & OD from 25th August 2020 to 31st July 2021.	(7.5-10)	(22.5-25)	20-25	35-40	407	579	*0	0

Name	Title	Real Increase/ (Decrease) in Pension @ Age 60  (bands of £2,500)  £000	Real Increase/ (Decrease) in Pension Lump Sum @ Age 60  (bands of £2,500)  £000	Total accrued Pension at age 60 at 31 March 2022  (bands of £5,000)  £000	Lump Sum at age 60 related to accrued Pension at 31 March 2022  (bands of £5,000)  £000	Cash Equiv. Transfer Value at 31/03/2022  £000	Cash Equiv. Transfer Value at 31/03/2021  £000	Real increase in Cash Equiv. Transfer Value  £000	Employer's contrib. to stake-holder pension  £000
P Wenger	Director of Corporate Governance/Board Secretary until 28th November 2021	(27.5-30)	(90-92.5)	10-15	0	184	766	*0	0
H Lloyd	Interim Director of Corporate Governance/Board Secretary from 15th November 2021	0-2.5	0-2.5	25-30	50-55	463	424	37	0

- P Wenger opted to take the benefits available under the 1995 NHS Pension Scheme when leaving the health board in November 2021. There is no lump sum available under the 2015 NHS Pension Scheme
- M Hackett, Chief Executive, G Howells, Director of Nursing and Patient Experience, C Williams, Interim Director of Nursing and Patient Experience and C Morrell, Director of Therapies and Health Science chose not to be covered by the NHS Pension Arrangements during 2021-22.
- D Eytayo, Director of Workforce and OD recommenced contributions to the NHS Pension Scheme during 2021/22 but was not a member of the scheme for the whole period.

## 5. Contracts of employment

With the exception of the Director of Nursing and Patient Experience, (G Howells) who rejoined the health board on secondment from his permanent contract at Welsh Government, all executive directors are on permanent contracts of employment with Swansea Bay University Local Health Board. Executive directors are required to give the health board three months notice and are eligible to receive three months notice from the health board. The policy on duration of contracts, notice period and termination periods is that set by the Welsh Government.

The only provisions for early termination are as allowed by the NHS Pension Scheme (compensation for premature retirement) regulations. In all other cases of early termination this will be as detailed in individuals' contract of employment.

## 6. Other information

There are no local pay bargaining initiatives within the health board. No payments have been made for professional indemnity insurance for any officer or director.

## 7. Staff Report Section

This section of the report includes information on staff numbers, composition, sickness absence data, staff policies applied during the year, expenditure on consultancy, off-payroll engagements and exit packages.

### 7.1 Staff Numbers and Composition

The average number of employees by staff group for 2021-22 is set out in the table below, along with the comparison for 2020/21. The average is calculated as the whole time equivalent number of employees under contract of service at the end of each calendar month in the financial year, divided by the number of months in the financial year.

Staff Group	Permanent Staff	Agency Staff	Staff on Inward Secondment	Specialist Trainees (SLE)	Collaborative Bank	Other	Total 2021/22	Total 2020/21
Administration, Clerical & Board Members	2,334	40	8	0	0	0	2,382	2,196



Staff Group	Permanent Staff	Agency Staff	Staff on Inward Secondment	Specialist Trainees (SLE)	Collaborative Bank	Other	Total 2021/22	Total 2020/21
Medical & Dental	905	37	0	266	0	29	1,237	1,185
Nursing, Midwifery registered	3,573	278	0	0	6	0	3,857	3,724
Professional, Scientific & technical staff	350	0	3	0	0	0	353	384
Additional Clinical Services	2,405	5	0	0	0	0	2,410	2,377
Allied Health Professions	863	7	0	0	0	0	870	793
Healthcare Scientists	317	0	0	0	0	8	325	310
Estates and Ancillary	1,016	25	0	0	0	0	1,041	1,103
Students	0	0	0	0	0	0	0	110
<b>Totals</b>	<b>11,763</b>	<b>392</b>	<b>11</b>	<b>266</b>	<b>6</b>	<b>37</b>	<b>12,475</b>	<b>12,182</b>

Staff included as specialist trainees (SLE) in the table above are medical, dental and GP trainees employed under the single lead employer Arrangement by Velindre NHS Trust but who are placed for their training within the Health Board. Prior to August 2020 these trainees were directly employed by the health Board and as such would have been classified as permanent staff.

Staff included as collaborative bank staff in the table above are also directly employed by Velindre NHS Trust and provide bank nurse cover across Wales. Currently only Swansea Bay University Health Board and Cwm Taf Morgannwg Health Board are members of the collaborative bank scheme.

Staff listed under the other column in the table above are temporary staff sourced through the MEDACS managed service contract. These staff are paid through the NHS payroll.

As at 31<sup>st</sup> March 2022, the health board has 13,478 employees, of which 8 are Executive Directors. Of these staff, 3,057 are male, including 5 Executive Directors, and 10,421 are female, including 3 female Executive Directors.

There are also 9 Independent Members, of which 4 are male and 5 are female.

## 7.2 Sickness Absence Data

	2021/22	2020/21
Total days lost	332,536.75	316,626.93
Short Term Sickness (27 days or less)	105,673.65	89,361.93
Long Term Sickness (28 days or more)	226,863.10	227,265
Total staff years	11,740.65	11,728.76
Average working days lost	18	17
Total staff employed in period (headcount)	13,347	13,346
Total staff employed in period with no absence (headcount)	4,296	5,517
Percentage staff with no sick leave	31.55%	40.40%

## 7.3 Staff Policies applied during the year:

The staff policy on equality was applied during the year to address the following:

- For giving full and fair consideration to applications for employment by the Health Board made by disabled persons, having regard to their particular aptitudes and abilities.
- For continuing the employment of, and for arranging appropriate training for, employees of the Health board who have become disabled persons during the period when they were employed by the Health Board.
- Otherwise for the training, career development and promotion of disabled persons employed by the Health Board.

## 7.4 Expenditure on Consultancy

As disclosed in Note 3.3 of the health board's accounts, the health board incurred expenditure of £0.594m on consultancy services in 2021/22, (£0.368m in 2020-21). Expenditure on consultancy services is incurred when outside expertise is required by the Health Board to support the Health Board in managing its services and functions on a day to day basis. Such examples include:

- Management consultancy to support performance improvement schemes such as the major trauma network, to support the review of upper gastrointestinal services and to support capacity and demand modelling.
- Management consultancy to support the health board with staffing and other operational management issues such as the development of a decarbonisation plan.
- External advice and support to the health board in implementing staff development and training programmes including coaching for business partnering.

## 7.5 Off-payroll Engagements

**Table 1: For all off-payroll engagements as of 31 March 2022, for more than £245 per day and that last for longer than six months**

Number of existing engagements as of 31 March 2022	0
Of which...	
Number that have existed for less than one year at time of reporting.	0
Number that have existed for between one and two years at time of reporting.	0
Number that have existed for between two and three years at time of reporting.	0
Number that have existed for between three and four years at time of reporting.	0
Number that have existed for four or more years at time of reporting.	0

**Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2021 and 31 March 2022, for more than £245 per day and that last for longer than six months**

Number of new engagements, or those that reached six months in duration, between 1 April 2021 and 31 March 2022	0
Number of these engagements which were assessed as caught by IR35	0
Number of these engagements which were assessed as not caught by IR35	0
Number of these engagements that were engaged directly (via PSC contracted to department) and are on the departmental payroll;	0
Number of these engagements that were reassessed for consistency/assurance purposes during the year whom assurance has been requested but not received;	0
Number that saw a change to IR35 status following the consistency review.	0

**Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2021 and 31 March 2022**

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Details of the exceptional circumstances that led to each of these engagements.	Not Applicable
Details of the length of time each of these exceptional engagements lasted	Not Applicable

Total number of individuals both on and off-payroll that have been deemed “board members and/or senior officials with significant financial responsibility”, during the financial year. This figure includes engagements which are ON PAYROLL as well as those off-payroll.	0
---	---

There were 0 off payroll engagements in place at the start of the 2021-22 financial year. There have been no new off payroll engagements during the year.

## 7.6 Exit packages

The figures disclosed relate to exit packages agreed in the year. The actual date of departure might be in a subsequent period, and the expense in relation to the departure costs may have been accrued in a previous period. The data here is therefore presented on a different basis to other staff costs and expenditure noted in the health board’s annual accounts.

	2021-22				2020-21
<b>Staff Numbers</b>					
<b>Exit packages cost band (including any special payment element)</b>	<b>Number of compulsory redundancies</b>	<b>Number of other departures</b>	<b>Total number of exit packages</b>	<b>Number of departures where special payments have been made</b>	<b>Total number of exit packages</b>
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0

	2021-22				2020-21
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b><u>Exit Packages Costs</u></b>					
<b>Exit packages cost band (including any special payment element)</b>	<b>Cost of compulsory redundancies</b>	<b>Cost of other departures</b>	<b>Total cost of exit packages</b>	<b>Cost of special element included in exit packages</b>	<b>Total cost of exit packages</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£'</b>
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Where the LHB has agreed early retirements, the additional costs are met by the LHB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

£0 exit costs were paid in 2021-22, the year of departure (2020-21, £73,922). The exit package paid in 2020/21 was paid in April 2020 and related to a payment made to the former Director of Finance who left the Health Board on 29th February 2020 and was therefore recorded as agreed in the 2019/20 financial year. The package comprised payments in lieu of notice, for untaken annual leave and an ex-gratia payment on termination.

# **Long Term Expenditure Trends**



## Long Term Expenditure Trends

The Swansea Bay University Local Health Board was established on 1st April 2019 under statutory instrument 2019 No.349 (W.83), the Local Health Boards (Area Change) (Wales) (Miscellaneous Amendment) Order 2019.

This statutory instrument transferred the principal local government area of Bridgend from Abertawe Bro Morgannwg University Local Health Board to Cwm Taf University Local Health Board in addition confirmed that Abertawe Bro Morgannwg University Local Health Board would be renamed as Swansea Bay University Local Health Board.

Swansea Bay University Local Health Board is responsible for the provision of healthcare services for the populations falling under the local government areas of Swansea and Neath Port Talbot.

The health board's predecessor organisation Abertawe Bro Morgannwg University Health Board was established on 1st October 2009 following the merger of the former Abertawe Bro Morgannwg University NHS Trust, Swansea Local Health Board, Neath Port Talbot Local Health Board and Bridgend Local Health Board, providing services to the local government areas of Swansea, Neath Port Talbot and Bridgend.

The expenditure reported in this report for the 2019-20, 2020-21 and 2021-22 financial years relates to Swansea Bay University Health Board whilst expenditure in previous years relates to the former Abertawe Bro Morgannwg University Health Board and this must be borne in mind when making comparisons of expenditure between years. To help understand the reduction in expenditure between years it is important to note that the baseline resource allocation to the Swansea Bay University Health Board is 28% lower than the baseline allocation for the former Abertawe Bro Morgannwg University Local Health Board.

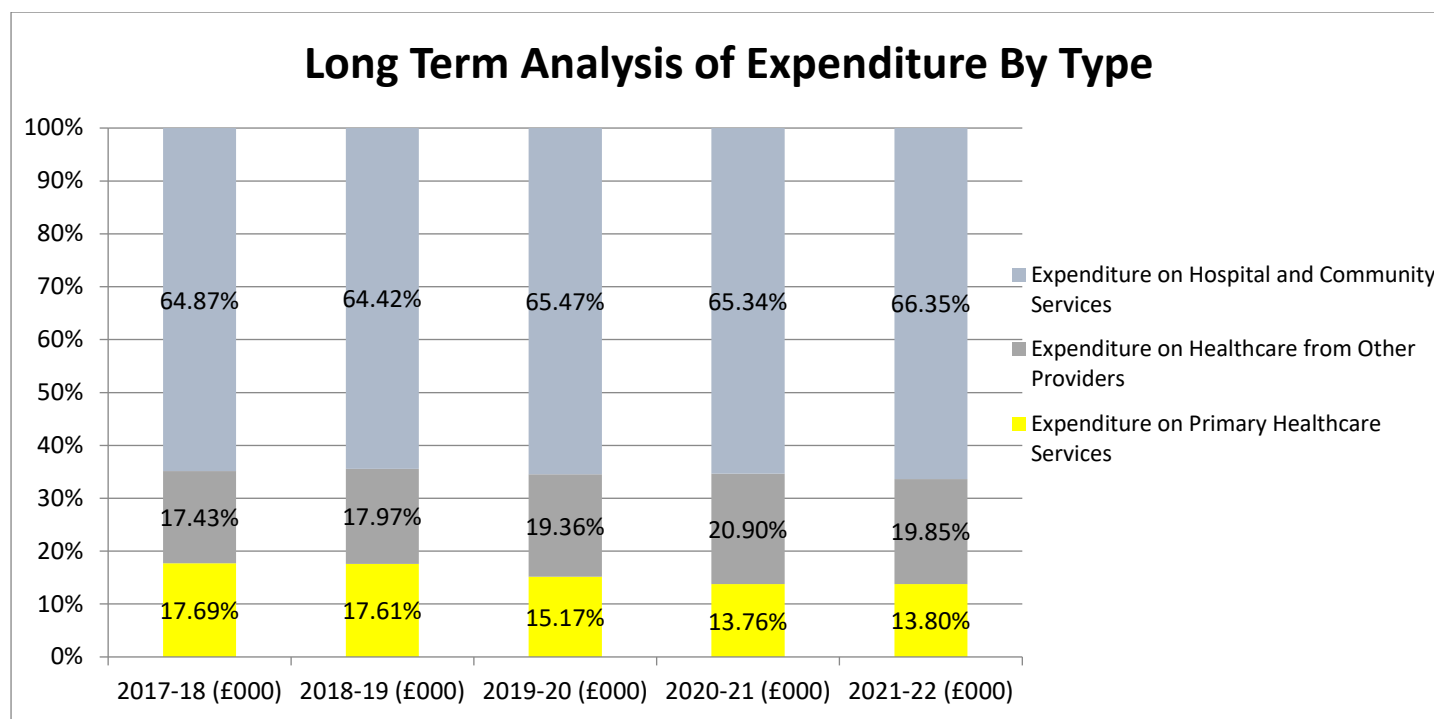
The 2021-22 financial year continued to provide challenges for the health board due to the ongoing Covid-19 pandemic and the recovery from the pandemic with the gradual re-introduction of services suspended during 2020-21. In recognition of the challenges faced and the increased costs associated with the pandemic, the health board received specific additional Covid-19 revenue funding of £130.407m, having received Covid funding £148.887m 2020/21. The health board also received additional capital funding of £7.038m as compared to £8.549m in 2020-21. The increased costs associated with the pandemic manifest themselves in the long term expenditure trends in both 2020-21 and 2021-22 as outlined later in this section

The movements in expenditure for the financial years 2017-18 to 2021-22 are documented below by the main expenditure headings of:

- Expenditure on Primary Healthcare Services
- Expenditure on Healthcare from Other Providers
- Expenditure on Hospital and Community Services

As demonstrated in the table below whilst there have been movements in each of these headings over the last 5 years, an analysis of the expenditure shows that the mix of expenditure has been broadly consistent year until the change of health board on 1<sup>st</sup> April 2019 when there was a reduction of 2.44% in the expenditure share of Primary Healthcare Services as a percentage of the health board's total expenditure, with increases of 1.39% for Healthcare from Other Providers and 1.05% for Hospital and Community Health Services. During 2021/22 there have been only small movements in the distribution of expenditure with an increase of 1% in hospital and community services being offset by a reduction in expenditure on healthcare from other providers.

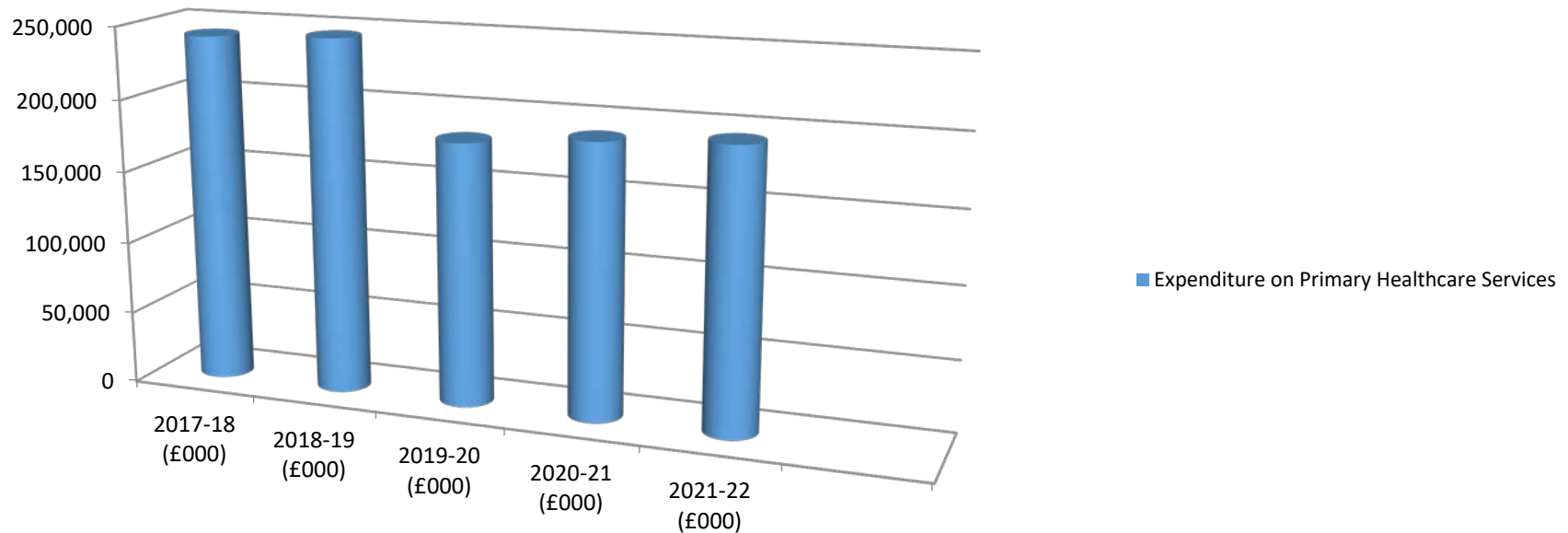
	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22
Primary Healthcare Services	242,052	245,546	181,823	189,358	194,075
Healthcare from Other Providers	238,469	250,518	232,061	287,515	279,082
Hospital and Community Services	887,423	898,238	784,902	898,889	933,099



#### ❖ Expenditure on Primary Healthcare Services

Expenditure on primary healthcare services comprises expenditure on the primary care contracts for general medical services, pharmaceutical services, general dental services, general ophthalmic services, prescribed drugs and appliances and other primary health care expenditure.

## Expenditure on Primary Healthcare Services



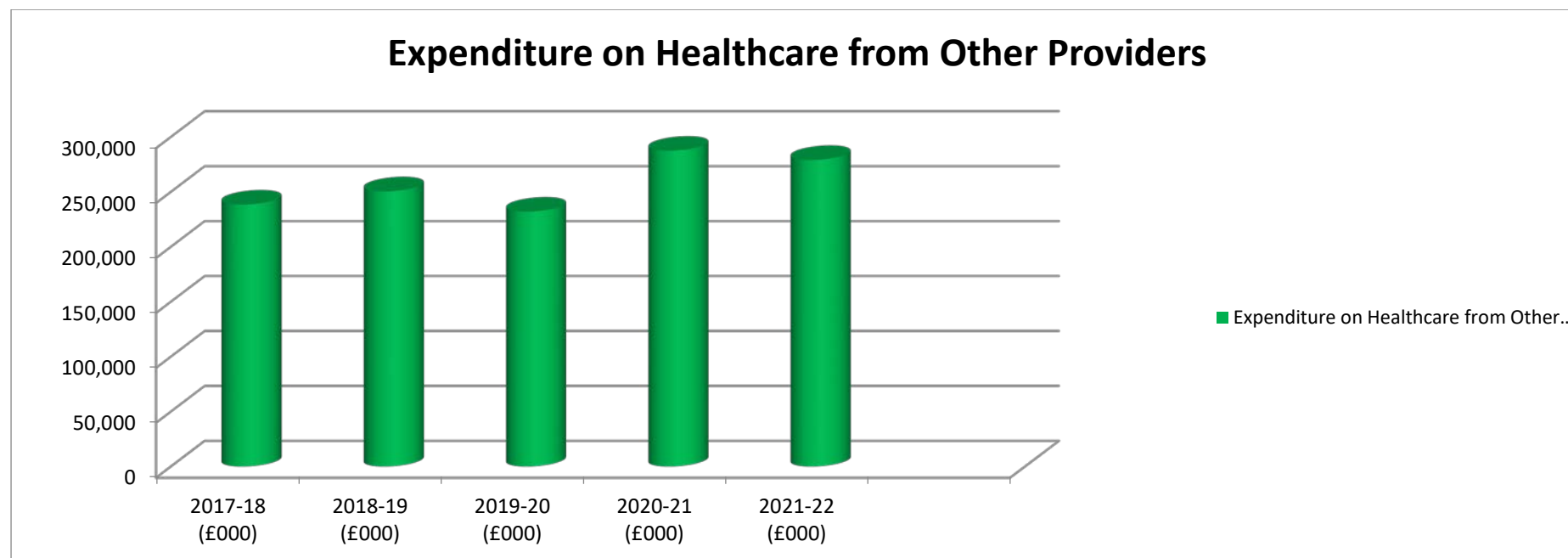
During 2018-19 expenditure on primary health care services increased from £242m to £246m. The increase was due to general medical services of £8.4m relating primarily to the uplift in the general medical services contract, increased costs of enhanced services and the fact that expenditure was not reduced by ratings appeals as in 2017-18. There was also an increase of £1.6m in dental services expenditure linked to an increase in the general dental services contract. These increases were offset by a reduction of £4.5m in the costs of prescribed drugs and appliances.

For 2019-20, expenditure reduced to £181.823m, a reduction of 26% which is broadly in line with the reduction in the allocation of the new Swansea Bay University Health Board as compared to the former Abertawe Bro Morgannwg University Health Board. The reduction was consistent across all areas of primary care expenditure.

In 2020-21 expenditure increased to £189m, with increases in the global sum uplift for general medical services of 3%, in professional fee payments to pharmacists and a £5m increase in primary care prescribing costs. These increases were partly offset by a reduction in general dental services due to reduced dental contract payments during the Covid pandemic.

In 2021-22 expenditure again increased rising to £294m, comprising a £2m increase in general medical services as a result of the 3% uplift to the global sum payment, with an increase of £4m in general dental services due to an increase in the general dental services contract with a 3% pay award to dentists and reintroduction of services following Covid.

#### ❖ Expenditure on Healthcare from Other Providers



Expenditure on healthcare from other providers comprises expenditure with other NHS organisations, local authorities, voluntary organisations, private providers and for NHS funded nursing and continuing healthcare. In 2019-20 expenditure in this area reduced following to £232m following the creation of the new Swansea Bay University Health Board. The impact of Covid and the

increased payments to local authorities in respect of the setup of the field hospitals, test trace and protect facilities and the mass vaccination centres saw this expenditure increase significantly to £287m in 2020/21, reducing back down to £279m in 2021-22.

The 2017-18 financial year saw an increase in funded nursing care as a result of the Supreme Court ruling on what constitutes nursing care in the care home environment with the increase in cost of £3.444m covering backdated payments to 2014 being funded by Welsh Government. Offsetting the increased expenditure in this area was a reduction in expenditure with private providers due to reduced outsourcing of activity.

In 2018-19 the health board continued to see increases in continuing healthcare costs as well as further increases in expenditure with local authorities via the intermediate care fund (ICF) as part of the Western Bay programme funded by Welsh Government. In order to reduce the number of long waiting patients and to meet its referral to treatment (RTT) targets, the health board increased its use of private providers by outsourcing patient treatment activity. This increased expenditure in this area in year by £4m. There was also an increase in expenditure with WHSSC linked to service developments and activity growth in the specialised treatment services commissioned by WHSSC.

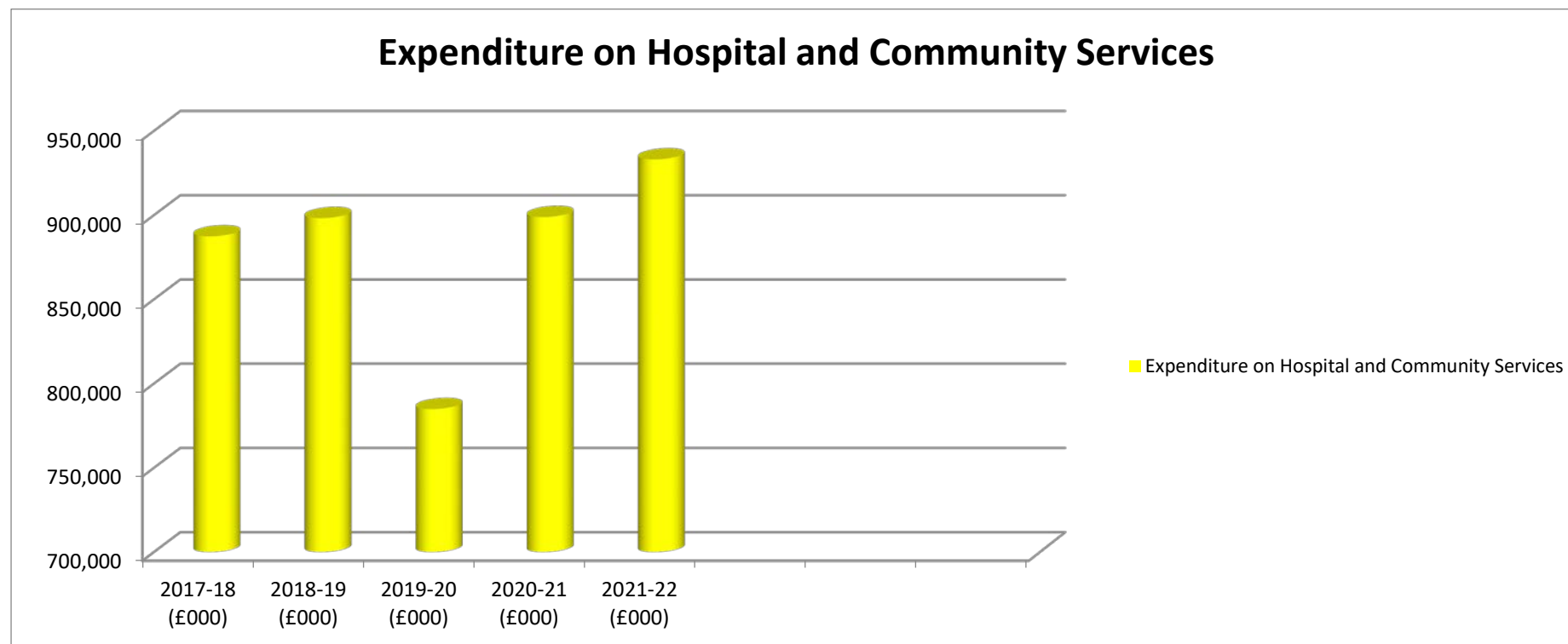
In 2019-20 expenditure incurred reduced by 7.4% as a result of the health board change. A significant factor in the 2019/20 expenditure was the almost doubling of expenditure with other NHS Wales bodies from £21.9m in 2018-19 to £42m in 2019/20. This was due to the clinical service level agreements put in place for services at Neath Port Talbot Hospital with Cwm Taf Morgannwg University Health Board as a significant number of services at the hospital are provided by clinical staff based in Bridgend who transferred to Cwm Taf Morgannwg Health Board as part of the Bridgend boundary change on 1<sup>st</sup> April 2019. Expenditure with the majority of external healthcare providers reduced in year as a result of the health board change with the exception of local authorities and voluntary organisations due to the intermediate care fund (ICF).

In 2020-21 expenditure increased by 23.9% to £287m and was largely related to Covid, most significantly with Local Authorities. Expenditure with the City and County of Swansea and Neath Port Talbot County Council relating to the Bay Field Hospital (£29.1m), Llandarcy Field Hospital (£3.9m) and Community Testing (£3.9m) was incurred. Continuing healthcare expenditure saw additional expenditure with care homes as a result of the Covid-19 pandemic over and above that normally paid to cover voids (beds that could not be filled due to Covid restrictions.) with funding provided from Welsh Government to support these payments. These increases were offset by a reduction in expenditure with private providers due to the inability to outsource activity to private providers during the Covid pandemic.

The one off costs associated with the establishment of the field hospitals in 2021-21 inevitably resulted in expenditure reducing in 2021-22 with a reduction of £30m in expenditure with local authorities. However, this reduction was offset by increases of £8.5m with the Welsh Health Specialised Services Commission (WHSSC) through growth and inflation funding. An increase of £5m in continuing healthcare costs with increased costs in mental health and learning disabilities and the introduction of the Home First Nursing team designed to allow patients fit for discharge to be discharged to care homes until car packages could be put in place to free up hospital beds and an increase of £5m in expenditure with private providers to assist with clearing the backlog of patients waiting for treatment as a result of the Covid pandemic.

#### ❖ Expenditure on Hospital and Community Health Services

This area represent the majority of the health board's expenditure and as such sees the biggest fluctuations over time.





2017-18 saw increases in expenditure on hospital and community services related to three main areas. The largest increase of £8.343m was in asset impairments as a result of the five yearly revaluation of the NHS estate by the district valuer. There was also an increase of £5.1m in staff costs as a result of the pay award, living wage allowance and introduction of the apprenticeship levy, although the health board was successful in delivering £7.5m of staff cost savings through service redesign and reductions in variable pay such as agency staff costs. The third increase in costs related to clinical supplies and services of £3.248m with increases in the costs of medical and surgical consumables.

The increase in expenditure in 2018-19 was primarily driven by increases in staff costs of £29.9m. The major component of this increase was the pay award for NHS staff which increased staff costs by £20m. Agency staff costs increased by £5m during the year primarily in the areas of nursing and medical staff whilst the health board also invested in additional staff as a result of the introduction of the Nurse Staffing Act, to support the delivery of services through the winter period and in critical care areas. The increase in staff costs was offset by a reduction of £13.7m in asset impairments, with the 2017-18 figure being impacted upon by the 5 yearly revaluation of the NHS estate by the district valuer. During 2018-19 the health board maintained strong financial control of its non-staff expenditure with no significant increases in costs as a result of the ongoing work being undertaken under the recovery and sustainability programme.

In 2019-20 expenditure reduced to £784.902m representing a reduction of 12.6% (£113.3m) reflecting the change from Abertawe Bro Morgannwg University Health Board to Swansea Bay University Health Board. Staff expenditure reduced by £90.2m (13.7%) with non-staff costs reducing by £23.1m (9.6%). Included within staff costs are increases of £23.584m in respect of the 6.3% increase in employer pension contributions and £8.8m in respect of the 2019/20 pay award. Non staff costs reduced in all areas apart from an increase of £3.262m in asset impairments, £2.468m in losses, special payments and irrecoverable debts and £1.181m in amortisation charges in respect of intangible fixed assets.

In 2020-21 expenditure increased by 14.5% to £899m. Most significantly, staff costs increased by £80m. Of this it is estimated that £67m was related to the COVID pandemic with expenditure increases in additional hours and bank staff costs (£27m), agency staff costs (£4.3m), additional temporary staff (£2.7m) and costs for medical and dental and nursing students (£4.8m). The increase also included £13.28m relating to untaken annual leave and an estimated £14.4m in respect of the £500 bonus payment (£735 gross) per staff member announced by the Welsh Health Minister and funded by Welsh Government. Non staff costs increased in areas such as personal protective equipment (PPE), clinical consumables, mass vaccination centre running costs including security and maintenance costs and cleaning materials due to the enhanced cleaning regimes required throughout the pandemic.

In 2021-22 expenditure increased by £34m, an increase of 3.78%. Staff costs increased by £19m as a result of the 3% pay award to all staff, £9.8m for additional staff to support Covid recovery, £5.8m for mass vaccination centre staff and £1.1m for testing and tracing staff costs, with the increase reduced by the inclusion in 2020-21 of the one off Covid bonus. Non staff costs increased by £15m, with £9m being in increased drug, vaccine and blood products costs with the remaining increase being in respect of research and development costs and in losses and special payments.

# **Financial Statements and Notes 2021-20**