



Un Bae Ar y Cyd

One Bay Way



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe

Swansea Bay University
Health Board

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



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Statement of the Chief Executive's Responsibilities as Accountable Officer

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

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

I can confirm that:

To the best of my knowledge and belief, there is no relevant audit information of which the health board's auditors are unaware, and I have taken all steps that ought to have taken to make myself aware of any relevant audit information and to establish that the auditors are aware of that information.

The annual report and accounts as a whole is fair, balanced, and understandable and I 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. The accountable officer is responsible for authorising the issue of the financial statements on the date they were certified by the Auditor General for Wales.

Date: 11th July 2024

Interim Chief
Executive:

Richard Evans

Statement of Directors' Responsibilities in Respect of the Accounts

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

In preparing those accounts, the directors are required to:

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

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

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

By order of the board, signed:

Chair	Jan Williams	Date: 11 th July 2024
Interim Chief Executive	Richard Evans	Date: 11 th July 2024
Director of Finance	Darren Griffiths	Date: 11 th July 2024

About the Health Board

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

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



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

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

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

There are 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;
- Neonatal Transport Service - the Neonatal Transport Service is the service which safely moves babies (neonates) between hospitals across Wales and further when this is required;
- Spinal Operational Delivery Network – the management function for the network, co-ordination of patient flow across the spinal pathway, lead the development, and coordinate implementation and delivery of standards and pathways.

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



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

Introduction: Interim Chief Executive's Overview



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

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

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

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

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

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

Also, more patients than ever across Swansea Bay are benefiting from a service which provides care in their own homes rather than in hospital. Our 'Virtual Wards' provide wraparound support in the community for people with complex health and social needs. Rather than a ward being made up of hospital beds, the patients' own beds become part of a virtual ward, meaning they still receive face-to-face care but in the comfort of their homes instead of a hospital. We are now able to accommodate up to 240 beds in these Virtual Wards rather than in hospital beds.

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

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

The aims of the strategy are:

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

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

We know that we have a significant financial challenge to address, to enable us to regain financial sustainability. We have plans to reduce run rate (the amount of expenditure the Health Board incurs every month) and we need to make these reductions last for the long term. Our focus on quality, sustainable staffing levels and moving all appropriate care out of our main hospitals will be key to this. In addition, we have operational pressures which are driving spend above funded levels, meaning that our focus on improving quality, safety, experience and performance is aligned to addressing the financial pressures too. We have a preliminary financial plan for 2024/25 and we are working hard to reduce the deficit

in this plan further. Reducing this deficit is likely to involve some challenging decisions around the services we provide.

In December, we announced that we had commissioned an independent review of our maternity and neonatal services in order to maintain public confidence in the care being delivered. We are aware that scrutiny and comments on the services in the public domain have affected confidence levels and that is a big concern for us and is something that has added to the pressures our teams have faced. This is why we have invited this experienced, independent review team to access all areas and without fear nor favour, establish the facts. The review will be expected to take 10 months to complete.

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

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

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

Richard Evans

Richard Evans
Interim Chief Executive

Performance Report

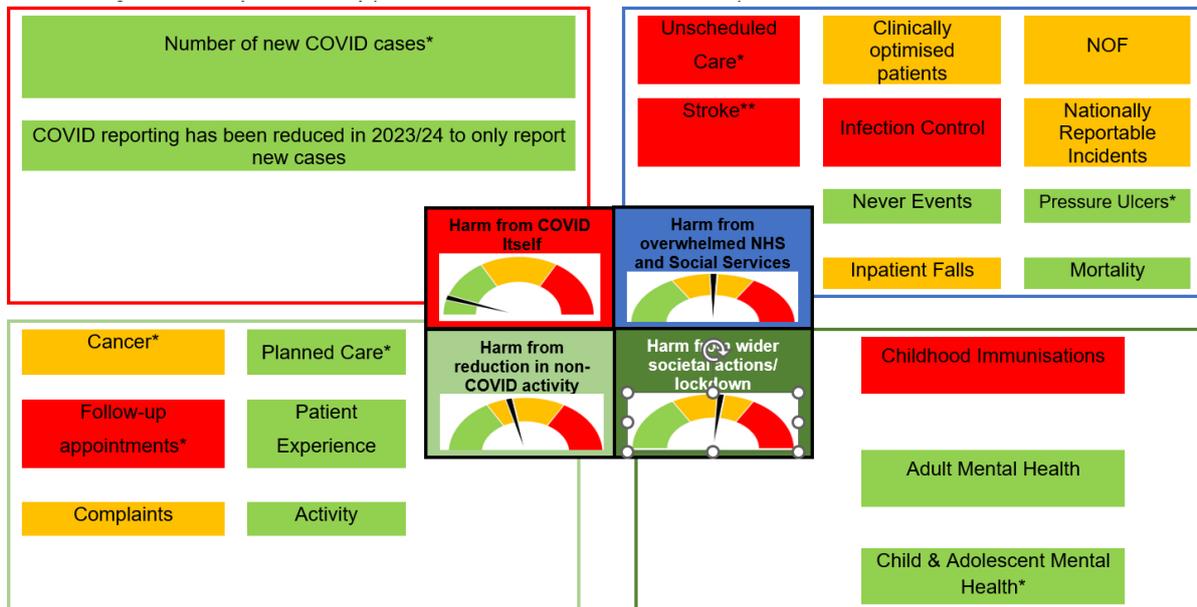
2023-24

Our Performance Summary

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

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

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



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

The Ministerial Priorities

The Ministerial priorities were a key area of focus for our performance in 2023-24. Below is a summary of our end-of-year position to demonstrate progress against final figures for 2022-23.

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

Our Performance Report

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

Urgent and Emergency Care

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

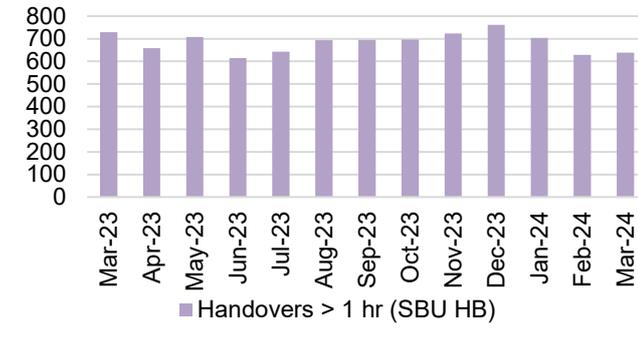
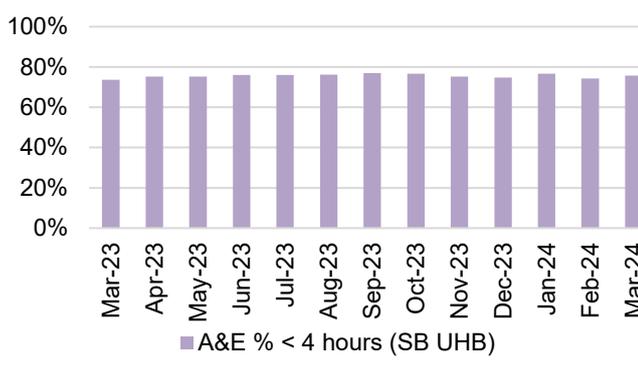
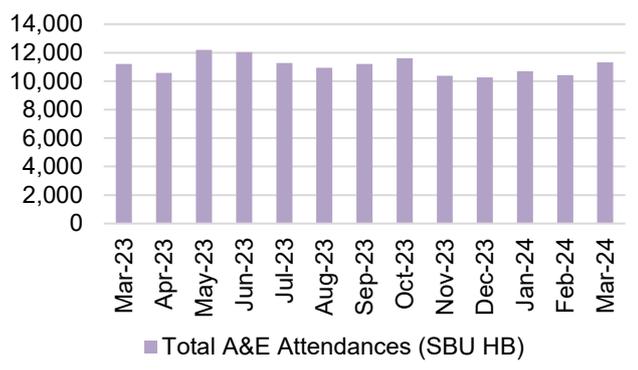
Our vision for UEC services supports the national 'Six Goals of Urgent and Emergency Care' to create 'one urgent and emergency care system' which supports patients and communities in knowing where and when they can get the care they need in an emergency. Progress against the six goals is regularly reported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

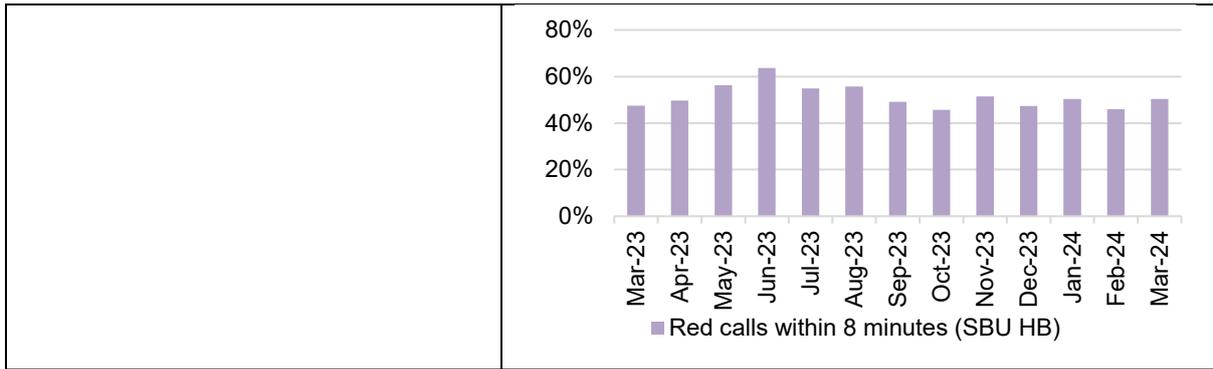
The Minor Injuries Unit (MIU) at Neath Port Talbot Hospital remains one of the busiest units in the UK with attendances increasing year on year (trajectory of 53,769 for 2023-24 with 98% of patients being seen within 4 hours). The MIU attendances account for approximately 38% of the total hospital unscheduled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

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

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

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





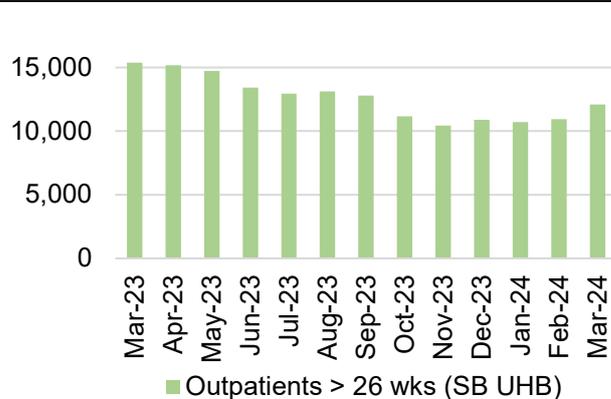
Planned Care

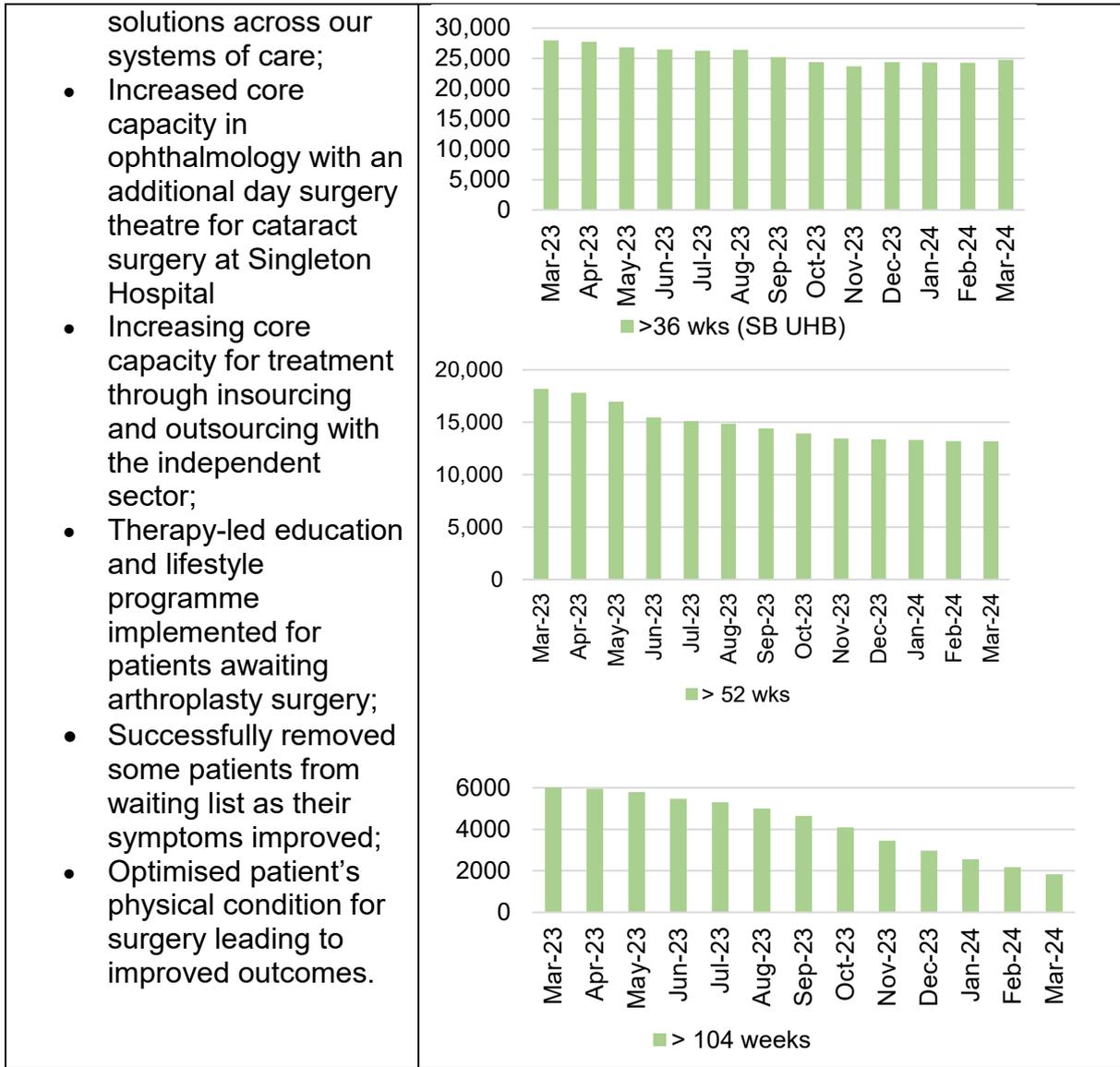
We have seen a significant improvement in waiting times for planned care with the Health Board achieving and maintaining the Ministerial Target of eliminating all patients waiting in excess of 52 weeks for an outpatient appointment in October 2023; the best in Wales. We are also on target to have treated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

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

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

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





Cancer

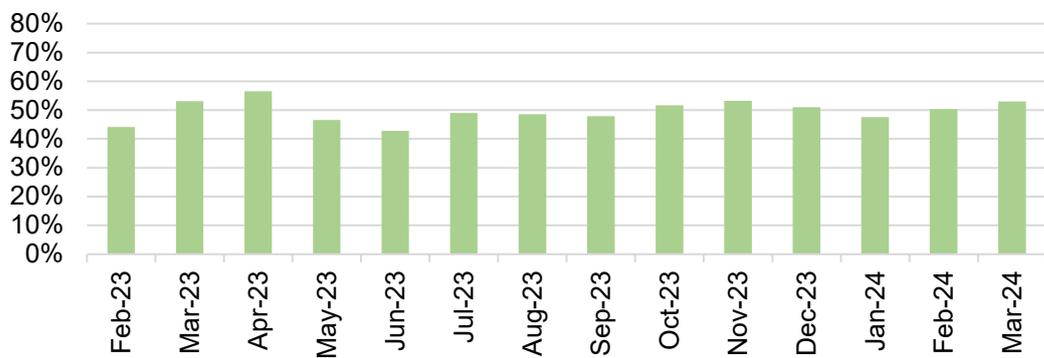
The delivery of the Single Cancer Pathways (62 days) in common with all other health boards in Wales continues to be one of the most significant challenges for the organisation. Whilst there has been a steady and sustainable reduction in the backlog of cases waiting this has not translated into an improvement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

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

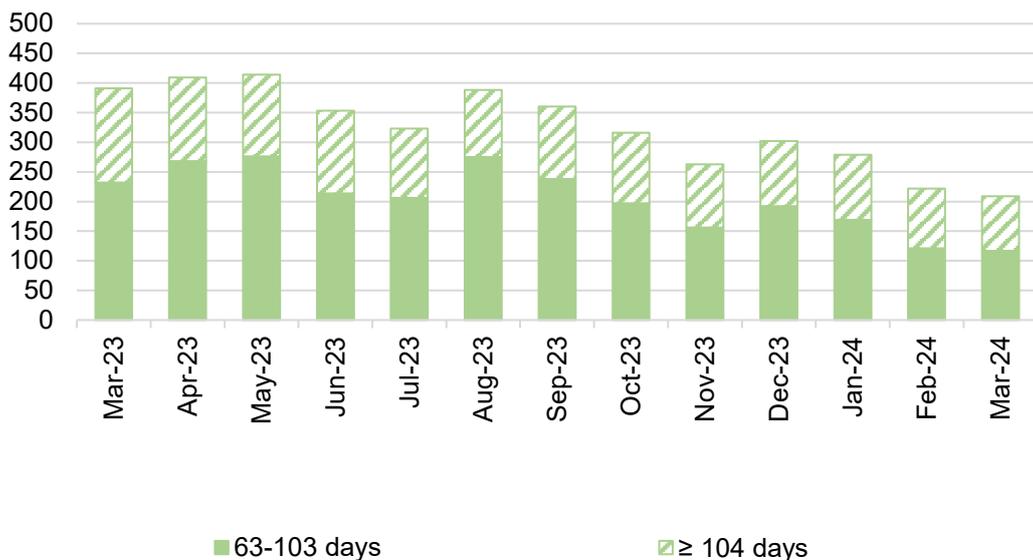
regional plan to reducing waiting times in the endoscopy service and in particular those patients referred through Bowel Screening Wales.

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

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



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



■ 63-103 days

■ ≥ 104 days

Primary and Community Care

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

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

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

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

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

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

person-centred care, demonstrating its integrated care model and by markedly improved mental health and domestic violence outcomes for its population. We have also established the first ever primary and community academy to help make sure we have the workforce for the future.

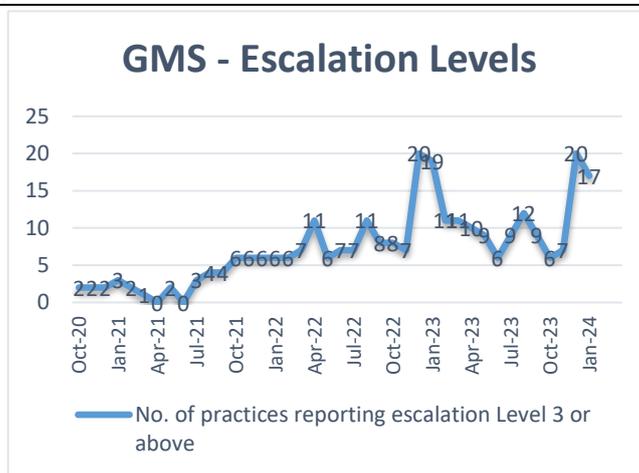
We are also leading a District Nurse Modernisation programme focussing on retention and recruitment that is following the principles of prudent healthcare and developing new innovative roles. Some examples of these include, including a new Quality Improvement Lead role, currently focusing on the Specialist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

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

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

Some of our developments last year include:

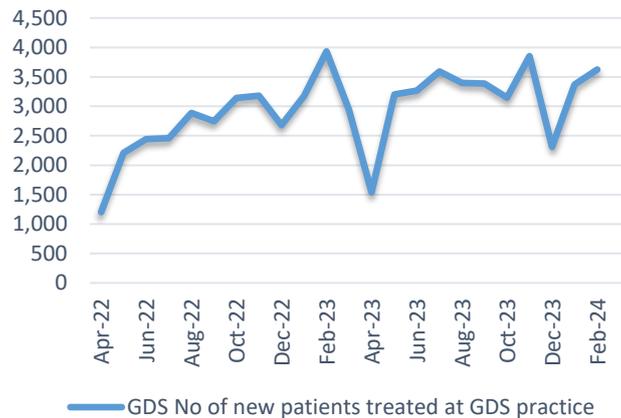
- Expansion of common ailments scheme which had 33,000 consultations;
- New dental appointments with 31,000 new appointments made available;
- Implementation of primary care audiology, delivering the first contact hearing and tinnitus assessment advice and wax management, 9599 patients seen;
- Commissioned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



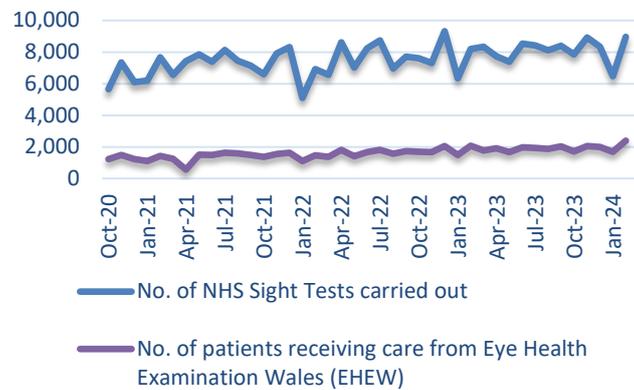
hospital. 323 patients were admitted into these beds;

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

Dental GDS - New Patients



Optometry Activity



CP Common Ailment Scheme



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

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

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

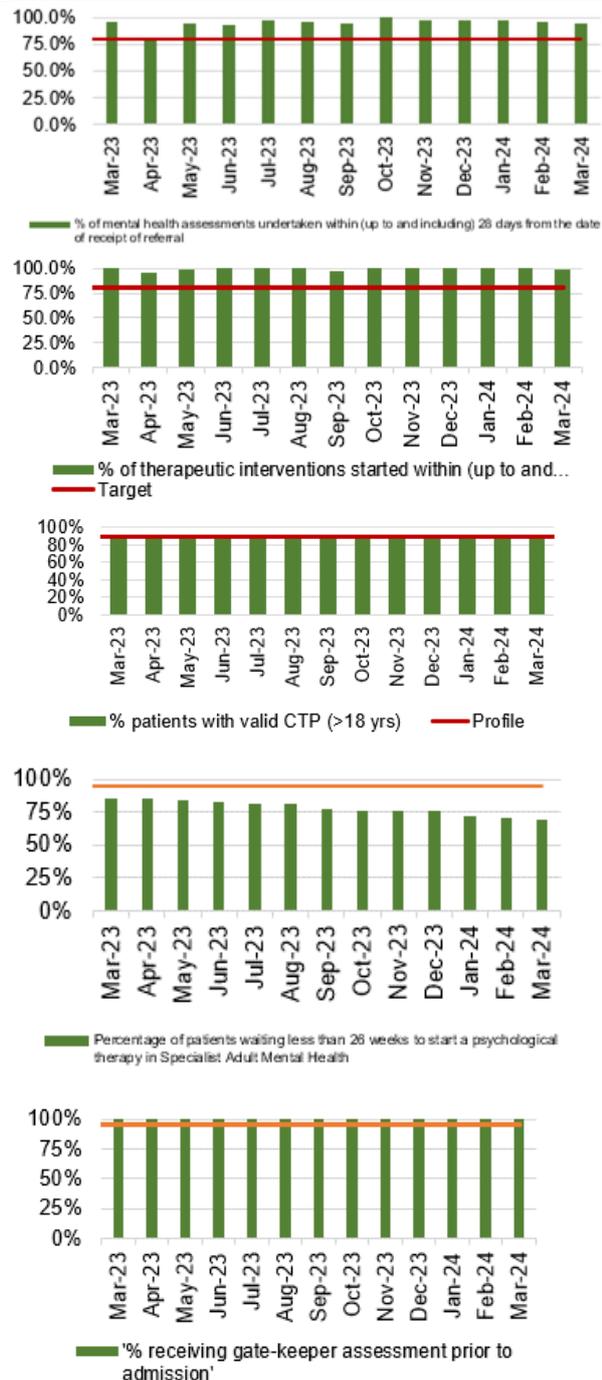
In April 2023, child and adolescent mental health services (CAMHS) for Swansea Bay residents came back under the direct management of the health board. We took time initially to evaluate the service provision, governance processes, waiting lists etc. and made progress through 2023 on stabilising the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

Key Performance metrics for our services

Performance against Part 1a and 1b of the Mental Health Measure in adult services has been sustained and is exceeding the targets for both assessment and interventions.	<ul style="list-style-type: none"> • Mental Health Measure
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Focussed work to achieve CTP compliance remains ongoing with Care Co-ordinators in both Health and Local Authority.

There has been a deterioration in the psychological therapies target, which is consistent with the national picture. Unprecedented demand for psychological therapies is driving the decrease in performance.



Quality

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

support and align with the Frailty Strategy and the Six Goals for Urgent and Emergency Care. Some of the actions of which we are proud to include:

Falls Prevention

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

Improving End of Life Care

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

Suicide Prevention

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

Improving the Recognition and Management of Sepsis

- We have revised our sepsis screening tool to reflect new national guidance and will be launching this across the health board.
- Around 3000 staff have received Sepsis training in 2023
- District Nurse NEWS and Sepsis Policy has been developed.
- Development of a more robust sepsis alert on Signal.
- Front door services have increased Sepsis Documentation usage.

Nutrition and Hydration

- We have undertaken an internal communication campaign to promote the importance of weighing patients.

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

Pressure Damage

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

Arts in Health

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

Safe Care Collaborative

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

Quality Assurance Audits

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

Quality Congress Events

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

Quality Improvement

- To help encourage and maintain a culture of improving quality, we have established a Community of Practice where staff can come together on a regular basis to learn about successful quality improvement projects in order to share good practice across our services.
- QI Team Training planned and to be trialled.

Patient Experience

A core value for the health board is 'always improving'. Feedback is invaluable in terms of informing the health board of positive experiences which we can share across the health board and also experience which we can use to learn and improve the services we provide in order to learn.

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

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

Some changes we made as a result of patient feedback:

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

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

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

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

The new system has been introduced to the Welsh Clinical Portal (WCP) - a secure NHS Wales digital

Complaint Top Themes;

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

National Reportable Incidents;

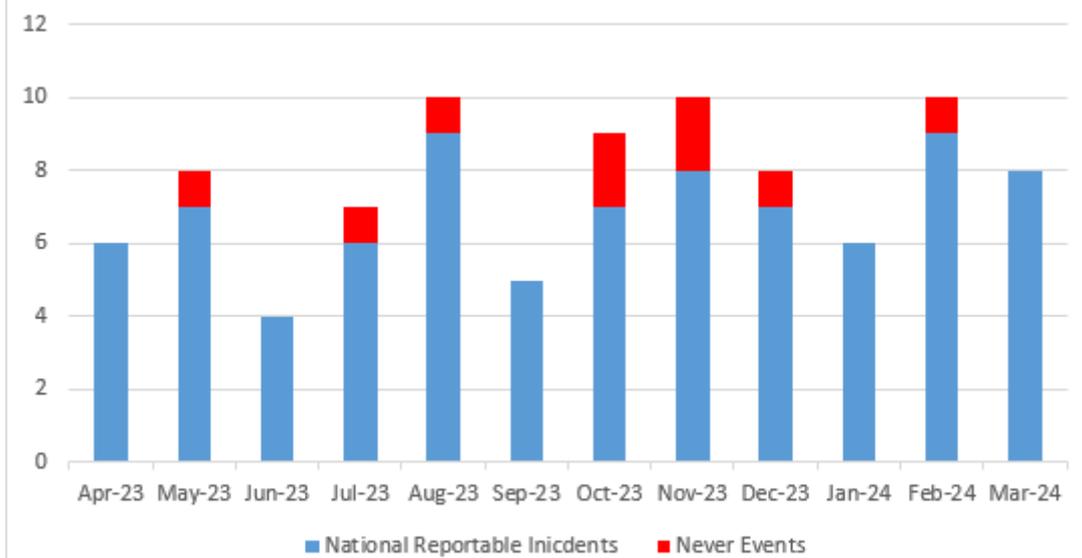
Out of the 82 reported, the top incidents types were;

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

Never Events;

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

site used by clinical staff - to flag the patient's circumstances and any triggers they may have.



Workforce and Staff Experience

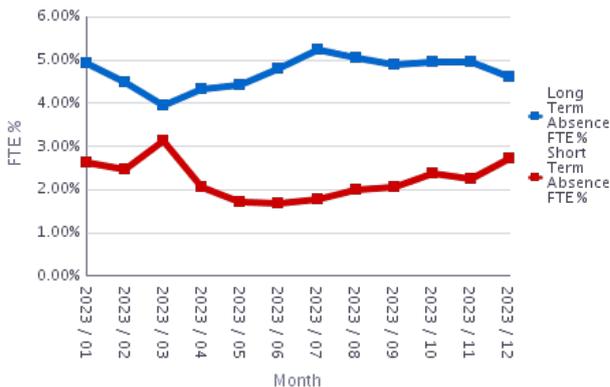
Our people are pivotal to delivering our ambitious vision to becoming a high quality healthcare organisation for our patients, families and communities. In 2023/2024, we collaboratively developed and launched our new 5 year People Strategy to enable us to collectively focus on what is important to our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

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

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

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

Key Workforce Metrics - Sickness absence



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

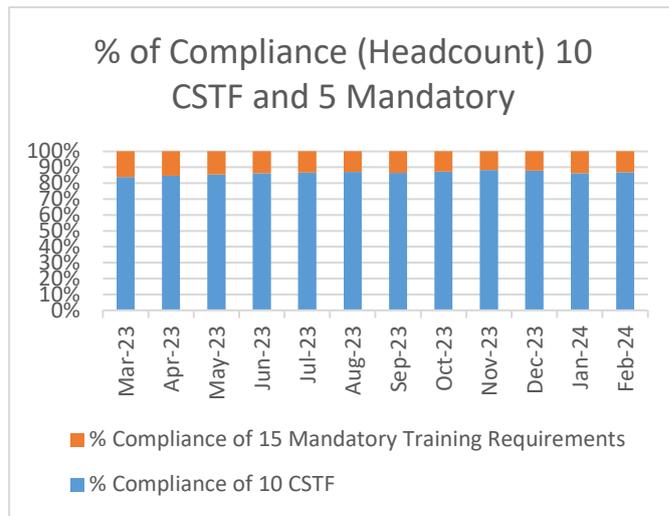
Personal Appraisal Development Reviews (PADRs)



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

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

Mandatory & Statutory Training



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

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

Conclusion and Forward Look

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

Accountability Report 2023-24

Annual Governance Statement

❖ Scope of Responsibility

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

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

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

Our Governance Framework

❖ Overview

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

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

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

- Ensure delivery of aims and objectives through effective challenge and

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

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

During 2023-24, the following improvements were made:

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

❖ **Director's Report**

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

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

❖ **Chair and Independent Members**



Emma Woollett, Chair

Appointment:

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

Board and Committee Membership

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



Stephen Spill, Vice-Chair

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

Board and Committee Membership

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



Reena Owen, Independent Member

Appointment:

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

Area of Expertise:

Community.

Board and Committee Membership

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



Tom Crick, Independent Member

Appointment:

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

Area of Expertise:

Information and Communications Technology.

Board and Committee Membership

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



Jean Church, Independent Member

Appointment:

Jean was appointed as an independent member in May 2023.

Board and Committee Membership

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



Keith Lloyd, Independent Member

Appointment:

Keith was appointed as an independent member in May 2020.

Area of Expertise:

University

Board and Committee Membership

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



Nuria Zolle, Independent Member

Appointment:

Nuria was appointed as an independent member in October 2019.

Area of Expertise:

Third sector

Board and Committee Membership

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



Jackie Davies, Independent Member

Appointment:

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

Area of Expertise:

Trade union

Board and Committee Membership

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



Patricia Price, Independent Member

Appointment:

Patricia was appointed as an independent member in October 2021.

Area of Expertise:

Finance

Board and Committee Membership

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



Nicola Matthews, Independent Member

Appointment:

Nicola was appointed as an independent member in February 2023.

Area of Expertise:

Local Authority

Board and Committee Membership

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



Anne-Louise Ferguson, Independent Member

Appointment:

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

Area of Expertise:

Legal

Board and Committee Membership

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

❖ **Chief Executive and Executive Directors**



Richard Evans, Interim Chief Executive

Appointment:

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

Board and Committee Membership

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



Raj Krishnan, Acting Medical Director

Appointment:

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

Board and Committee Membership

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



Anjula Mehta, Acting Medical Director

Appointment:

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

Board and Committee Membership

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



Gareth Howells, Director of Nursing and Patient Experience

Appointment:

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

Board and Committee Membership

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



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

Appointment:

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

Board and Committee Membership

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



Darren Griffiths, Director of Finance/Interim Deputy Chief Executive

Appointment:

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

Board and Committee Membership

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



Nerissa Vaughan, Interim Director of Strategy

Appointment:

Nerissa was appointed as Interim Director of Strategy in April 2023.

Board and Committee Membership

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



Keith Reid, Director of Public Health

Appointment:

Keith was appointed as Director of Public Health in December 2019

Board and Committee Membership

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



Christine Morrell, Director of Therapies and Health Science

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

Board and Committee Membership

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

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



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

Appointment:

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



Judith Vincent, Clinical Director for Pharmacy and Medicines Management

Appointment:

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



Andrew Griffiths, Head of Cluster Development and Planning

Appointment:

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

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



Deb Lewis, Chief Operating Officer

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

Board and Committee Membership

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



Matt John, Director of Digital

Appointment:

Matt was appointed as Director of Digital in August 2020.

Board and Committee Membership

Matt attends the board in a non-voting capacity as well as the Workforce & Organisational Development (OD) & Digital Committee



Hazel Lloyd, Director of Corporate Governance

Appointment:

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

Board and Committee Membership

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



Richard Thomas, Director of Insight, Communications and Engagement

Appointment:

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

Board and Committee Membership

Richard attends the board in a non-voting capacity

❖ Board Advisors



Martyn Waygood, Board Advisor (Charity)

Appointment:

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

❖ Board Member Departures for 2023-24



Maggie Berry, Independent Member

Appointment:

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

Board and Committee Membership

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



Mark Hackett, Chief Executive

Appointment:

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

Board and Committee Membership

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



Debbie 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 and left the organisation on 12th March 2024.

Board and Committee Membership

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



Siân Harrop-Griffiths, Director of Strategy

Appointment:

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

Board and Committee Membership

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

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

❖ Role of the Board

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

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

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

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

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

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

Board Briefing
Our Big Conversation (April 2023)
Achieving a clinically-led organisation (April 2023)

Presentation on Dental & Pharmacy (June 2023)
Potential Land Swap at Morriston Hospital (June 2023)
Out-of-Hospital Commissioning (July 2023)
Sustainability (July 2023)
Joint Escalation & Intervention Arrangements (Feb 2024)
Presentation on Unscheduled Care, Planned Care & Cancer (Feb 2024)
Financial Outlook and Route to Balance (Feb & March 2024)
EMRTS Service Review (March 2024)
Update on Annual Plan (March 2024)

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

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

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

❖ **Committees of the Board**

The health board has established a number of committees as set out in the diagram at **appendix one**. Each one is chaired by an independent member and has a key

role in relation to the system of governance and assurance, decision making, scrutiny, assessment of current risks and performance monitoring. Following each meeting, a summary of the discussion is shared with the board at its next formal meeting and all the papers for the public sessions of board and committee meetings are on the health board's [website](#), including the [Terms of Reference](#) for each committee. There are some meetings for which papers are not made public either because of the confidential nature of the business or because the items are in a developmental stage. The board recognises that it has a commitment to holding its committee meetings in public however, due to the number of committees and frequency of these, it is too resource intensive to livestream committee meetings but the health board will look at ways in which committees could be held in public where possible.

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

Assurance committees the health board is required to have comprise:

Audit Committee

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

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

- continued to monitor the implementation of the recommendations as set out in the governance work programme.
- Conducted deep dives throughout the year, some examples are; National & orthopaedics review, review of implementation of quality management system, Covid Inquiry digital issues and discharge planning.

Quality and Safety Committee

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

Remuneration and Terms of Service Committee

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

Mental Health Legislation Committee

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

Information Governance

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

Charitable Funds Committee

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

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

Population Health & Partnerships Committee

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

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

Performance and Finance Committee

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

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

Workforce, OD & Digital Committee

The Workforce, OD & Digital Committee seeks assurance on:

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

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

❖ Advisory Groups and Joint Committees

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

Advisory Boards

- *Stakeholder Reference Group*

The Stakeholder Reference Group (SRG) is formed from a range of partner

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

- *Health Professionals' Forum*

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

- *Health Board Partnership Forum*

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

Joint and all-Wales Committees

There are three all-Wales committees as detailed below:

- *Welsh Health Specialised Services Committee (WHSSC)*

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

- *Emergency Ambulance Services Committee (EASC)*

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

During 2023-24, Welsh Government issued updated Model Standing Orders, with the main changes relating to the establishment of the Joint Commissioning Committee (JCC). Therefore, this resulted in the ceasing of EASC and WHSSC noted above. The amendments were adopted by the Board at the end of March 2024. The JCC was established on 1st April 2024.

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

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

- ❖ **Partnership Working**

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

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

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

- ❖ **Organisational Structure**

The organisation is comprised four service groups:

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

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

- ❖ **System of Control**

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

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to

evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31st March 2024 and up to the date of approval of the annual report and accounts.

❖ **Capacity to Handle Risk**

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

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

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

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

❖ **Risk Control and Framework**

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

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

Risks are escalated via a risk scrutiny panel. A process is in place to seek and collate risks for regular consideration by the panel. The panel scrutinises each risk presented, and considers the sufficiency of information provided against the

assessment recorded, directing each for decision to the executive director responsible for the area. Feedback is provided to service groups. The Management Board, chaired by the Chief Executive and comprised executive directors and service group directors, receives and ratifies changes made to the health board risk register prior to its receipt at the full board.

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

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

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

❖ Risk Appetite

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

Type of Risk	Risk Appetite	Risk Tolerance Levels*
Quality	Seeking	20
Workforce	Seeking	20
Financial	Seeking	20

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

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

In determining these thresholds the board recognised that the high demand on services, pressures on staffing availability and financial constraints created a high risk environment. This has continued to be the context within which the organisation has operated during 2023/24. The health board's aspiration remains to reduce its tolerance to risk further as soon as practicable.

❖ Risk Profile 2023-24

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

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

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

Risk	Controls and Actions
<p>#1: Access to Unscheduled Care <i>If we fail to provide timely access to Unscheduled Care then this will have an impact on quality & safety of patient care as well as patient and family experience and achievement of targets. There are challenges with capacity/staffing across the Health and Social care sectors. (This risk</i></p>	<ul style="list-style-type: none"> • Increased reporting as a result of escalation to targeted intervention status. • Phone First for ED (Emergency Department) model in place in conjunction with “111” to reduce demand. • OPAS (Older People’s Assessment Service) have undertaken training with nursing homes on the management of patient falls, and set up

Risk	Controls and Actions
<p><i>includes ED, AMU and impact in community from ability to release ambulances at both front doors.)</i></p>	<p>direct contact arrangements with nursing homes.</p> <ul style="list-style-type: none"> • Frailty Short-stay Unit re-established. • Medical patient flow within Morriston has been refined between ED, AMU (Acute Medical Unit) and wards. • Roll out of SAFER (Seen, Aim, Flow, Early Discharge and Recovery). • WAST (Welsh Ambulance Services University NHS Trust) have direct access to SDEC (Same Day Emergency Care) service. • Hours available within SDEC have been increased and Surgical SDEC is now open too. • Expected medical patients conveyed by WAST go direct to AMU rather than ED; medical patients in ambulances outside ED are diverted to AMU after initial assessment. • Stroke rehabilitation pathway has been embedded between Morriston and Neath Port Talbot hospitals. • Morning “golden” patients are identified for early moves to discharge lounge freeing up beds earlier in the day. • The Continuous Flow Model has been implemented and its impact is being monitored. • A zero tolerance approach is being taken to ambulance waits. • Criteria-led discharge has been rolled out within Medicine specialties and is continuing to embed (further work to be undertaken to embed across other specialties during the coming year). • Internal & external funding options are being explored to extend OPAS to non-surgical fractures.
<p>#50: Access to Cancer Services <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</i></p>	<ul style="list-style-type: none"> • Tight management processes are in place to manage each individual case on the Urgent Suspected Cancer Pathway. Enhanced monitoring & weekly monitoring of action plans for top six tumour sites are in place. • Initiatives to protect surgical capacity to support USC (Urgent Suspected Cancer) pathways have been put in place • Prioritised pathway in place to fast track USC patients.

Risk	Controls and Actions
<p><i>of treatment, which could lead to poor patient outcomes and failure to achieve targets.</i></p>	<ul style="list-style-type: none"> • There are ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. • Weekly cancer performance meetings are held for both Neath Port Talbot & Singleton and Morriston Service Groups, by specialty. • The top six tumour sites of concern have cancer improvement plans – weekly monitoring arrangements have been put in place. • Additional improvements are being made as part of diagnostic recovery and theatre recovery work. • Endoscopy contract has been extended for insourcing. • Cancer Performance Group to monitor improvement trajectories for both cancer backlog and SCP (Suspected Cancer Pathway) performance on a monthly basis • Full review to be undertaken of Gynaecology / Gynae-oncology pathway given service constraints. Additional theatre capacity for Gynaecological cancer to be agreed to reduce current backlog.

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

❖ **Emergency Preparedness**

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

There is a specific *emergency preparedness, resilience and response (EPRR)* risk register, which is aligned with that of the national and regional risk registers and continues to be reviewed quarterly. It includes the necessary scorings and mitigations to either manage or tolerate the risks identified. To support the work programme there is an overarching EPRR strategy, training and exercising strategy and schedule and lessons identified register. There is a Major Incident Procedure,

Business Continuity Management arrangements and a suite of other emergency response procedures also in place. Assurance and monitoring are overseen by the Health Board EPRR Strategy Group, supported by a digital performance dashboard.

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

❖ The Control Framework

Quality Governance Arrangements

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

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

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

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

To support the checks and audits at ward and service level, we have also undertaken 8 corporately arranged unannounced quality audits on our wards and services. Audit toolkits have been updated to align with the Duty of Quality which became legislation in Wales in April 2023, and forms part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

Governance work being undertaken to develop a work programme to gain assurance from the visits and actions plan updates from Service Groups corporately arranged unannounced quality audits on our wards and services. Governance work being undertaken to develop a work programme to gain assurance from the visits and actions plan updates from Service Groups. We also welcome the reintroduction of unannounced visits from the community health council and now Y Llais.

Implementation of AMaT System for Ward and Areas, which will generate live data and actions plans to improve services and give assurance regarding the quality of care given.

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

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

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

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

The Duty of Quality annual report will be published on our website in the [Quality & Safety Committee](#) in June 2024.

Duty of Candour

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

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

The 4 parts of the Act are intended to have a cumulative positive benefit for Welsh residents supporting a culture, and the conditions, that focus on driving improvements in health and social care. The aim is to improve and protect the health and wellbeing

of the current and future population of Wales, building on existing health and social care systems, ensuring a stronger citizen voice and improving accountability of services to deliver better experiences and quality of care. This should result in a healthier and more prosperous country

In addition the work we are undertaking as a health board to refresh and refocus our quality strategy, priorities and governance arrangements will support a system-wide way of working to provide safe, effective, person-centred, timely, efficient and equitable health care in the context of a culture of openness, transparency, candour and a learning culture. The Duty of Candour annual report will be published on our website in the [Quality & Safety Committee](#) in June 2024.

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 HM Treasury’s Corporate Governance code was undertaken in March 2024 and found no departures from the code. This will be reported to the Audit Committee in May 2024.

Health and Care Standards

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

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

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

The end of year self-assessment reflects a year of increased operational demands and disruption. Service groups reflected on the challenges they faced, in particular in relation to the provision of timely care and their self-assessments reflect this. The

self-assessment includes examples of innovation, including pro-active work to promote health and wellbeing for our staff, patients and communities. We look forward to receiving and adopting the Welsh Government's revised approach to health and care standards in order drive forward our commitment to quality across the organisation.

❖ Planning Arrangements

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

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

1. to secure that expenditure does not exceed the aggregate of the funding allotted to it over a period of three financial years;

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

	2021-22	2022-23	2023-24	Total
	£000	£000	£000	£000
Net operating costs for the year	1,113,261	1,165,677	1,282,338	3,561,276
Less general ophthalmic services expenditure and other non-cash limited expenditure	1,156	1,206	1,562	3,924
Less unfunded revenue consequences of bringing PFI schemes onto SoFP	(2,406)	(2,024)	(2,711)	(7,141)
Less any non funded revenue consequences of IFRS 16	0	0	0	0
Total operating expenses	1,112,011	1,164,859	1,281,189	3,558,059
Revenue Resource Allocation	1,087,612	1,166,697	1,264,375	3,518,684
Under /(over) spend against Allocation	(24,399)	1,838	(16,814)	(39,375)

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

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

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

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

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

❖ Disclosure Statements

Equality, Diversity, Inclusion and Human Rights

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

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

Data Security

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

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

The health board follows a dedicated strategic work plan to maintain, review and improve organisational compliance with data protection legislation. It continues to

further develop its data protection compliance via a number of measures, and assurances that the organisation has compliant information governance practices are evidenced in a number of ways including quarterly reports to the Information Governance Group, including key performance indicators and a raft of information governance and information security policies and procedures.

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

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

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

Breach Category	Summary of Breach	Summary of Actions
Disclosure – Paper	Misfiled fertility information was erroneously disclosed as part of subject access request	<ul style="list-style-type: none"> • Apology provided to data subjects • Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence • Information governance audit process undertaken and recommendations for improvement provided
Disclosure – Electronic	Information relating to a disciplinary investigation was accidentally shared with other data subjects involved in the case	<ul style="list-style-type: none"> • Apology provided to data subjects • Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence • Revised processes disseminated to relevant team members with further improvements considered
Disclosure – Paper	Misfiled information pertaining to two unrelated data subjects was erroneously disclosed as part of subject access request	<ul style="list-style-type: none"> • Apology provided to data subjects • Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence • Information governance audit process undertaken and recommendations for improvement provided
Disclosure – Paper	Excessive information erroneously disclosed on the envelope of an appointment letter	<ul style="list-style-type: none"> • Apology provided to data subject • Information Governance audit process underway • Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence

Disclosure – Paper	Appointment letter posted in error resulting in disclosure to family member	<ul style="list-style-type: none"> • Apology provided to data subject • Investigation into root cause and mitigating actions taken to reduce risk of reoccurrence • Information Governance follow-up audit arrangements in place
Other	Potential inappropriate access to paper medical records	<ul style="list-style-type: none"> • Investigation into root cause underway • Relevant authorities informed • Information Governance audit process underway

Ministerial Directions

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

Wellbeing of Future Generations Act

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

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

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

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

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

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

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

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

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

Welsh Language

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

Sustainability and Carbon Reduction

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

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

Sustainability at the HB links three approaches:

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

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

EMBED

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

- The way our Estate is managed with the expansion of the solar farm and installation of batteries for energy storage. This builds on the success of the solar farm which has reduced the health board's carbon footprint since October 2021, by 1,933 tonnes CO₂e – **the equivalent in miles of 521 flights from Cardiff Airport to Sydney**
- The way we build with low carbon technologies integrated into the new theatre development at Neath Port Talbot Hospital
- The way we deliver services with innovative delivery approaches including the Irritable Bowel Syndrome Service whereby a digital approach has been taken through utilising on-line tools such as Microsoft Teams and phone calls to enable patients to receive treatment and support remotely. Using this preventative service has led to reductions in GP appointments, endoscopic investigations, pharmaceutical prescriptions, and access to Gastroenterologists.

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

ENGAGE

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

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

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

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

ENABLE

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

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

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

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

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



Figure 1 Sustainable Travel Hierarchy

with them as a thank you for their efforts, ahead of growing future crops for the hospital and local community.

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

Health Board participation in Greener Primary Care scheme, including:

- 5 Dental Practices
- 6 General Practices
- 1 Optometrist
- 2 Community Pharmacists

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

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

Climate Related Financial Disclosures Statement

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

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

Governance Arrangements

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

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

2010 report 'Fair Society, Healthy Lives', this approach identifies six key areas for action to improve health and tackle inequities.

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

Metrics and Targets

The 2022/23 emissions assessment for the HB provided the most comprehensive data set for the three scopes. Emissions totalled 142,396.38 tCO₂e, a summary of the sources are shown in Figure 1. 2023/24 data will be published in September 2024.

Local Counter Fraud Services

The Local Counter Fraud Specialist (LCFS) is an accredited counter fraud professional who delivers both proactive work (e.g., raising fraud awareness, preventing, and deterring fraud) and reactive work to hold those who commit fraud to account (e.g., fraud investigations). The LCFS provides reports to Audit Committee and the Executive Leadership Team in relation to the quality and effectiveness of all counter fraud bribery and corruption work undertaken.

Counter fraud, bribery and corruption objectives are discussed and reviewed at a strategic level within the organisation. The Audit Committee is accountable for gaining assurance that sufficient control and management mechanisms in relation to counter fraud, bribery and corruption are present.

This is achieved through quarterly updates to the Committee from the LCFS, supported by an annual report on counter fraud, bribery and corruption work which complies with the NHS Counter Fraud Authority's guidance in relation to content regarding all applicable standards for fraud, bribery, and corruption; and provides a clear update on progress against work plan objectives. Additionally, the Counter Fraud Policy has been reviewed in year and approved by Audit Committee.

The Committee must satisfy itself that the Health Board has adequate arrangements in place for countering internal fraud and reviews the outcomes of that work, and acknowledges work completed against presented risks and an agreed work plan. The Committee reviews and approves the internal counter fraud arrangements on an annual basis.

NHS Pensions

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

Quality of Data

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

Nurse Staffing Levels (Wales) Act 2016

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

❖ Review of Effectiveness

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

Internal Audit

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

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

❖ Head of Internal Audit Opinion

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

Reasonable assurance		The board can take Reasonable Assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
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❖ **Delivery of the Audit Plan**

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

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

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

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

❖ **Summary of Audit Assignments**

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

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

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

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

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

Substantial Assurance	Reasonable Assurance
<ul style="list-style-type: none"> Singleton Hospital replacement cladding – final account. 	<ul style="list-style-type: none"> Risk management (draft) Service Group governance arrangements (draft) Commissioning – LTA contracts Health and social care Regional Integration Fund Agency staff management Savings programme Primary care antimicrobial prescribing Access to primary care – GMS Stroke action plan Signal system Software / system development Technical resilience Digital support: effectiveness and efficiency Long term sickness absence management Follow up Estates assurance follow up Environmental infrastructure modernisation programme: Sub-station 6
Limited Assurance	Advisory/Non-Opinion
<ul style="list-style-type: none"> Decarbonisation Additional learning needs Waiting list management Mental Health -111 Service Consultant job planning Estate condition 	
Unsatisfactory Assurance	

- | | |
|-------|--|
| • N/A | |
|-------|--|

From the opinions issued during the year, one report was allocated Substantial Assurance, 18 were allocated Reasonable Assurance and six were allocated Limited Assurance. No reports were allocated a 'unsatisfactory assurance' opinion and no advisory or non-opinion reports were undertaken.

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

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

❖ External Audit

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

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

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

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

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

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

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

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

" I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit) however I brought some issues to the attention of officers and the Audit Committee for improvement. However, I qualified the regularity opinion. In line with prior years, the regularity opinion was qualified because the Health Board did not meet its revenue resource allocation over the three-year period ending 2022-23. Alongside my audit opinion, I placed a substantive report on the Health Board's accounts to highlight the regularity issues".

"My programme of Performance Audit work has led me to draw the following conclusions:

- Urgent and sustainable action is needed to tackle the long waiting times for orthopaedic services. There's a clear commitment to improve waiting times, however, it could take three years or more to return the orthopaedic waiting list to pre-pandemic levels.*
- Despite an increasing NHS workforce, there remain vacancies in key areas, high sickness and staff turnover resulting in over-reliance on agency staffing. More positively, NHS Wales is becoming a more flexible and equal employer.*
- The Health Board has generally effective arrangements to ensure good governance. However, opportunities exist to improve these arrangements further with a particular focus needed on strengthening quality monitoring, articulating a long-term vision and strategy, increasing the focus on primary care, stabilising the Executive Team, and enhancing the monitoring of delivery of savings".*

❖ Conclusion

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

This governance statement highlights positive improvements in strengthening governance arrangements while at the same time addressing the challenges of Covid-19, and I am confident that we have plans in place to address the weaknesses highlighted within the statement. As an organisation, there is disappointment with the number of areas that have received a limited assurance rating from internal audit and work is continuing to strengthen and improve its services. On receiving limited assurance, action plans are developed to present to audit committee and these are also referred to the relevant board committee to monitor improvement and progress

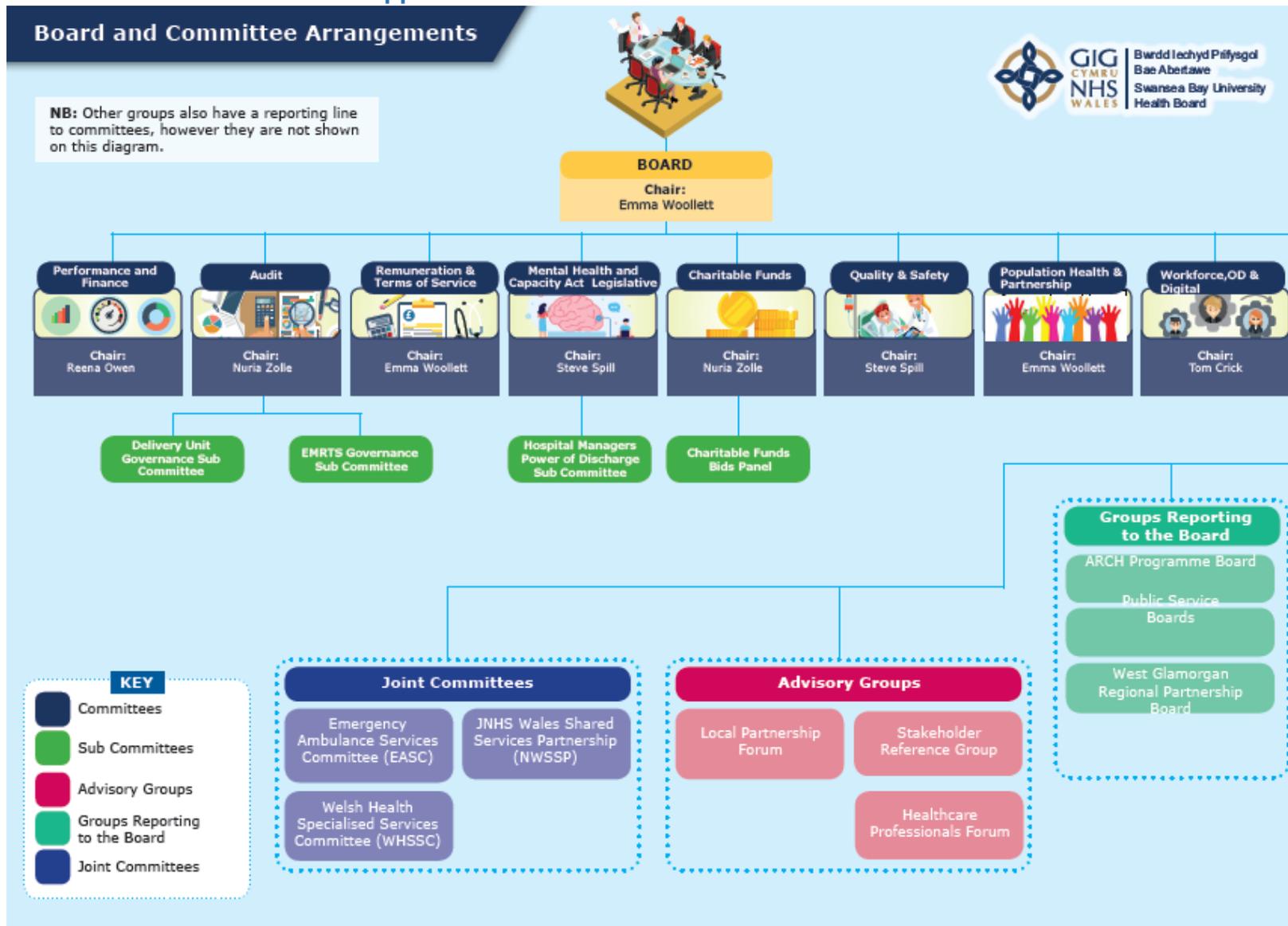
While the last year has been difficult and challenging, some stability and progress was being made despite the operational pressures illustrated by the health board's de-escalation from some areas of enhanced monitoring. My review has concluded that the health board has a generally sound system of internal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

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

Richard Evans

Richard Evans
Interim Chief Executive
Swansea Bay University Health Board

Appendix One – Board and Committee Structure



Appendix Two – Board and Committee Dates 2023-24

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

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

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

Appendix Three – Board and Committee Membership

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

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

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

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

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

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

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

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

Christine Morrell	Director of Therapies and Health Science		<ul style="list-style-type: none">• Health Board (Member)• Quality and Safety Committee (In Attendance)• Workforce, OD & Digital Committee (In Attendance)	
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Appendix Four – Members’ Attendance at Meetings

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

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

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

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

Appendix Five Topics Considered by Board and Committees

Health Board

25th May 2023

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

30th May 2023 (Special)

- Revised recovery and sustainability plan

29th June 2023 (Special)

- Consultation documents for Orthopaedics

28th July 2022

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

13th July 2023

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

29th September 2022

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

30th November 2023

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

14th December 2023

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

26th January 2024

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

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

30th March 2023

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

Quality and Safety Committee

25th April 2023

***The committee due to take place on 25th April was postponed.**

15th May 2023 – Special due to the postponement of the April Committee.

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

23rd May 2023

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

27th June 2023

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

25th July 2023

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

29th August 2023

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

26th September 2023

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

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

24th October 2023

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

28th November 2023

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

19th December 2023

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

23rd January 2024

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

27th February 2024

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

26th March 2024

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

Workforce, OD & Digital Committee**11th April 2023**

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

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

14th June 2023

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

***As of the 8th August 2023 the Workforce and OD Committee includes Digital and has been renamed, Workforce, OD and Digital Committee.**

8th August 2023

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

10th October 2023

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

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

12th December 2023

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

15th February 2024

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

Health and Safety Committee

4th April 2023

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

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

Population Health and Partnership Committee

19th June 2023

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

10th August 2023 – Postponed

12th October 2023

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

7th December 2023

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

14th March 2024

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

Performance and Finance Committee

25th April 2023

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

- Estates strategy
- Final Financial Plan

23rd May 2023

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

27th June 2023

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

25th July 2023

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

29th August 2023

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

- Month four financial monitoring return

26th September 2023

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

24th October 2023

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

28th November 2023

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

19th December 2023

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

23rd January 2024

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

27th February 2024

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

26th March 2024

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

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

Mental Health Legislation Committee

11th May 2023

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

3rd August 2023

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

2nd November 2023

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

1st February 2024

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

- Committee terms of reference

Audit Committee

18th May 2023

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

13th July 2023

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

14th September 2023

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

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

9th November 2023

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

18th January 2024

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

21st March 2024

- Board assurance framework

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

Charitable Funds Committee

18th July 2023

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

12th October 2023

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

5th December 2023

- MRI scanner in Swansea University bid

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

7th March 2024

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



Ministerial Directions

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

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

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

Parliamentary Accountability and Audit Report 2023-24

Senedd Cymru/Welsh Parliamentary Accountability Report

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

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

The Certificate and report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Swansea Bay University Local Health Board for the year ended 31 March 2024 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Swansea Bay University Local Health Board as at 31 March 2024 and of its net operating costs for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, except for the matter described in the Basis for Qualified Regularity Opinion section of my report, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for Qualified Opinion on regularity

I have qualified my opinion on the regularity of Swansea Bay University Local Health Board's financial statements because the Health Board has breached its resource limit by spending £39.375 million over the £3,519 million that it was authorised to spend in the three-year period 2021-2022 to 2023-2024. This spend constitutes irregular expenditure.

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Swansea Bay University Local Health Board is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers' directions; and;
- the information given in the Foreword, Accountability Report and Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Foreword and Accountability Report or the Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;

- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive] anticipate that the services provided by the Board will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the audited entity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Swansea Bay University Local Health Board policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: expenditure recognition, posting of unusual journals and biases in accounting estimates;
- Obtaining an understanding of Swansea Bay University Local Health Board's framework of authority as well as other legal and regulatory frameworks that the Swansea Bay University Local Health Board operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Swansea Bay University Local Health Board;
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, those charged with governance and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Swansea Bay University Local Health Board controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report

Please see my Report below.

Adrian Crompton

Auditor General for Wales

12th July 2024

1 Capital Quarter

Tyndall Street

Cardiff

CF10 4BZ

Report of the Auditor General to the Senedd

Introduction

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Swansea Bay University Local Health Board's (the LHB's) financial statements. I am reporting on these financial statements for the year ended 31 March 2024 to draw attention to key matters for my audit. These are the failure against the first financial duty and consequential qualification of my 'regularity' opinion and the failure of the second financial duty. I have not qualified my 'true and fair' opinion in respect of any of these matters.

Financial duties

Local Health Boards (LHBs) are required to meet two statutory financial duties – known as the first and second financial duties.

For 2023-24, the LHB failed to meet both the first and the second financial duty.

Failure of the first financial duty

The **first financial duty** gives additional flexibility to LHBs by allowing them to balance their income with their expenditure over a three-year rolling period. The three-year period being measured under this duty this year is 2021-2022 to 2023-2024.

As shown in Note 2.1 to the Financial Statements, the LHB did not manage its revenue expenditure within its resource allocation over this three-year period, exceeding its cumulative revenue resource limit of £3,519 million by £39.374 million.

Where an LHB does not balance its books over a rolling three-year period, any expenditure over the resource allocation (i.e. spending limit) for those three years exceeds the LHB's authority to spend and is therefore 'irregular'. In such circumstances, I am required to qualify my 'regularity opinion' irrespective of the value of the excess spend.

Failure of the second financial duty

The **second financial duty** requires LHBs to prepare and have approved by the Welsh Ministers a rolling three-year integrated medium-term plan. This duty is an essential foundation to the delivery of sustainable quality health services. An LHB will be deemed to have met this duty for 2023-24 if it submitted a 2023-24 to 2025-26 plan approved by its Board to the Welsh Ministers, who were required to review and consider approval of the plan.

As shown in Note 2.3 to the Financial Statements, the LHB did not meet its second financial duty to have an approved three-year integrated medium-term plan in place for the period 2023-24 to 2025-26.

Adrian Crompton

Auditor General for Wales

12 July 2024

Staff and Remuneration Report 2023-24

Staff Report

❖ Pre-Employment

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

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

❖ Managing Attendance

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

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

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

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

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

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

❖ **Redeployment Policy**

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

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

❖ **Off Payroll Policy**

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

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 2023/24 there was a 5% consolidated pay award for Executive Directors and very senior managers in line with the pay award agreed nationally for NHS staff. In addition to the 5% consolidated pay award, Agenda for Change staff also received a non-consolidated recovery payment in 2023/24 – this was a one off payment of between £900 and £1190.

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. 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. 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 comprises all independent members. The Committee meets quarterly to address business and formally reports in writing its recommendations to the Health Board, with special meetings called to discuss urgent matters as required. 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 2023/24, the only uplift recommended was a pay uplift of 5%.

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 2023/24 and 2022/23 are shown in the table below. 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.

The salaries disclosed in the table below reflect new appointments and leavers during the financial years 2023/24 and 2022/23. 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 pension¹ 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.

The pension information was compiled before the application of the very senior manager pay award of 5% was awarded in March 2024. This was awarded following the closure of the window in which Greenbury information was able to be requested from the pensions agency.

¹ excluding increases due to inflation or any increase or decrease due to a transfer of pension rights

Names	Titles	2023/24					2022/23				
		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	£	£000	£000	£000	£000	£	£000	£000
E Woollett	Chair	70-75	0	0	0	70-75	70-75	0	0	0	70-75
S Spill	Vice Chair	55-60	0	0	0	55-60	55-60	0	0	0	55-60
M Hackett	Chief Executive to end Aug 23	95-100	0	0		95-100	225-230	0	0		225-230
R Evans	Medical Director and Deputy Chief Executive to Aug 23, Interim Chief Executive from Sep 23	215-220	0	0	0*	215-220	195-200	0	0	55	250-255
D Griffiths	Director of Finance and Performance and Acting Deputy Chief Executive from Sep 23	155-160	0	300	0*	155-160	150-155	0	300	46	195-200
A Mehta	Interim Medical Director from Oct 23 (cost reflects full year salary including deputy medical director salary)	200-205	0	100	578	775-780					

Names	Titles	2023/24					2022/23				
		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	£	£000	£000	£000	£000	£	£000	£000
R Krishnan	Interim Medical Director from Oct 23 (cost reflects full year salary including deputy medical director salary)	180-185	0	0	1274	1450-1455					
G Howells	Director of Nursing (seconded from WG)	135-140	0	0		135-140	130-135	0	0		130-135
C Morrell	Director of Therapies and Health Science	95-100	0	0		95-100	90-95	0	0		90-95
D Eytayo	Director of Workforce & OD to 1/3/24	145-150	0	0	0*	145-150	145-150	0	0	627	770-775
S Jenkins	Interim Director of Workforce & OD from 1/3/24 (cost reflects full year salary including Assistant Director of Workforce and OD salary)	85-90	0	0	0	85-90					

Names	Titles	2023/24					2022/23				
		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	£	£000	£000	£000	£000	£	£000	£000
K Reid	Director of Public Health	135-140	0	0	32	165-170	130-135	0	0	32	160-165
S. Harrop-Griffiths	Director of Strategy – retired 30/4/23	10-15	0	0	0*	10-15	105-110	0	0	11	120-125
N Vaughan	Interim Director of Strategy from April	95-100	0	0		95-100					
H Lloyd	Director of Corporate Governance/Board Secretary	100-105	0	0	0*	100-105	95-100	0	0	120	215-220
M Berry	Independent Member to Jul 23	0-5	0	0	0	0-5	15-20	0	0	0	15-20
P Price	Independent Member	15-20	0	0	0	15-20	15-20	0	0	0	15-20
T Crick	Independent Member	15-20	0	0	0	15-20	15-20	0	0	0	15-20
M Child	Independent Member until 4th May 2022						0-5	0	0	0	0-5
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
N Matthews	Independent Member	15-20	0	0	0	15-20	0-5	0	0	0	0-5
A Ferguson	Independent Member	15-20	0	0	0	15-20	0-5	0	0	0	0-5

Names	Titles	2023/24					2022/23				
		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	£	£000	£000	£000	£000	£	£000	£000
J Church	Independent Member from May 23	10-15	0	0	0	10-15					
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
J Vincent	Associate Board Member	0	0	0	0	0	0	0	0	0	0
A Griffiths	Associate Board Member	0	0	0	0	0	0	0	0	0	0

* 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.

R Evans, D Griffiths, D Eytayo (to 1st March 2024) and H Lloyd are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1st October 2023. Negative values are not disclosed in this table but are substituted with a zero."

M Hackett, G Howells, C Morrell and N Vaughan were not covered by the NHS Pensions Arrangements in 2023/24.

The reasons for the negative pension calculations for the 2023/24 financial year are as follows:

*R Evans – the real increase in pension is negative when applying an inflationary uplift of 10.1% to the value at 31st March 2023, and then compared with the value at 31st March 2024.

*D Griffiths – the real increase in pension is negative when applying an inflationary uplift of 10.1% to the value at 31st March 2023, and then compared with the value at 31st March 2024.

*D Eytayo – the real increase in pension is negative when applying an inflationary uplift of 10.1% to the value at 31st March 2023, and then compared with the value at 31st March 2024. D Eytayo left the Health Board on 1st March 2024 resulting in only 11 months of pension values applying for 2023/24.

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

- G Howells remains on secondment from WG.
- M Hackett Chief Executive, left the Health Board at the end of August 2023.
- D Griffiths Appointed to Acting Deputy Chief Executive in addition to Director of Finance Performance following Mark Hackett's departure in September 2023.
- A Mehta and R Krishnan have replaced R Evans as Acting Medical Directors following R Evans appointment to Interim Chief Executive in October 2023. The existing Medical Director portfolio is to be shared across the 2 Acting Medical Directors. This sharing of the portfolio arrangement across the 2 Acting Medical Directors provides developmental opportunities with practical board level experience, given their relatively short tenure within the deputy roles. This arrangement has been discussed and agreed with the Chief Medical Officer for Wales.
- A Mehta Appointed to Acting Medical Director Post following Richard Evans' appointment to Interim Chief Executive in October 2023. Full year salary and pension costs are included in the report. Full year salary and pension costs are included

in this report as we are unable to split the salary and pension costs before and following appointment to the Acting Medical Director Post.

- R Krishnan Appointed to Acting Medical Director Post following Richard Evans' appointment to Acting Chief Executive in November 2023. Full year salary and pension costs are included in this report as we are unable to split the salary and pension costs before and following appointment to the Acting Medical Director Post.
- R Evans Appointed to Interim Chief Executive in September 2023 following the departure of Mark Hackett in August 2023.
- D Eytayo, Director of Workforce and OD, left the HB with effect from 1st March 2024.
- S Jenkins Appointed to Interim Director of Workforce & OD with effect from 1st March 2024. This was outside the timeline for applying for Greenbury pension information so nil on report. Full year salary and pension costs are included in this report as we are unable to split the salary and pension costs before and following appointment to the Interim Director of Workforce Post.
- S Harrop-Griffiths Director of Strategy retired and left the Health Board on 30th April 2023.
- N Vaughan Appointed as Interim Director of Strategy following the retirement of S Harrop-Griffiths.

- M Berry Independent member - left the Health Board in July 23
- AL Ferguson, New Independent member started March 23
- CJ Church, New Independent member started in May 23
- 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.
- D Lewis (Chief Operating Officer), M John (Director of Digital Services) & R Thomas (Director of Insight, Communication & Engagement) are non-voting members of the Board.
- A Jarrett, J Vincent and A Griffiths as Associate Board Members receive no remuneration.
- M Waygood is no longer an independent member but remains an advisor to the Board and received 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 highest paid director in the LHB in 2023/24 as in 2022/23 was the Chief Executive (M Hackett to August 2023, and R Evans September 23-March 24) 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

	2023/24			2022/23		
	Chief Executive Salary (£5k bands)	Employee Salary £000	Ratio	Chief Executive Salary (£5k bands)	Employee Salary £000	Ratio
25th percentile pay ratio	220-225	27	8.26:1	225-230	25	9.12:1
Median pay	220-225	34	6.56:1	225-230	31	7.35:1
75th percentile pay ratio	220-225	47	4.74:1	225-230	44	5.15:1

The reduction in the ratio of the Chief Executive salary to the 25th percentile, median and 75% percentile is not as great as in previous years due to the one off payment received by A4C staff during 2023-24. Non A4C staff, the Chief Executive and other Executive Directors did not receive this payment. The payment related to a non-consolidated recovery payment for A4C staff of between £900 and £1,190. All staff received a 5% pay uplift during 2023-24.

In 2023/24, 13 (2023/23, 9) employees received remuneration in excess of the highest-paid director. The remuneration for those employees in 2023-24 and 2022-23 included payments in respect of waiting list initiatives undertaken in addition to their normal salary. Remuneration for staff ranged from £22,720 to £314,381 (2022/23 £20,758 to £294,062).

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 or salary sacrifice car.

The employees who received remuneration in excess of the highest paid director in 2023/24 and 2022/23 were all medical staff. None of these staff members were related to the Chair, Executive Directors or Independent Members.

The following table shows 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.

	2022/23 - 2023/24 (%)	2021/22- 2022/23 (%)
Percentage Change from previous year in respect of the Chief Executive		
Salary and Allowances	(0.3)	2.14
Performance Pay and Bonuses	0.00	0.00
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and Allowances	5.47	18.52
Performance Pay and Bonuses	0.00	0.00

The increase in the average salary and allowances of employees taken as a whole is due to the structure of the 2022/23 NHS pay award which gave higher percentage increases to staff at lower pay bands. In 2023-24 this reduced down 5.47% due to a more consistent pay uplift of 5% across all pay grades, but with A4C staff also receiving the one off non-consolidated recovery payment of between £900 and £1,190.

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 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 in accordance with The Occupational Pension Schemes (Transfer Values) (Amendment) Regulations 2008 and do not take account of any actual or potential reduction to benefits resulting from Lifetime Allowance Tax which may be due when pension benefits are taken.

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 and Title	Accrued pension at pension age as at 31 March 2024 and related lump sum	Real Increase/ (Decrease) in pension and related lump sum at pension age	CETV at 31/03/2024	CETV at 31/03/2023	Real increase in CETV
	(bands of £5,00) £'000	(bands of £2,500) £'000	£'000	£'000	£'000
D Griffiths Director of Finance and Performance and Acting Deputy Chief Executive from October 2023	55-60 plus lump sum of 150-155	(5-7.5) plus lump sum of 7.5-10	1,277	1,053	117
A Mehta Medical Director	25-30 plus lump sum 60-65	25-27.5 Plus lump sum 62.5-65	578		0*
R Krishnan Medical Director	60-65 plus lump sum 50-55	60-62.5 Plus lump sum 52.5-55	1,041		0*
K Reid Director of Public Health	30-35 plus lump sum of 55-60	2.5-5 plus lump sum of 0-2.5	680	527	100
S Harrop-Griffiths				1,256	0*

Name and Title	Accrued pension at pension age as at 31 March 2024 and related lump sum	Real Increase/ (Decrease) in pension and related lump sum at pension age	CETV at 31/03/2024	CETV at 31/03/2023	Real increase in CETV
	(bands of £5,00) £'000	(bands of £2,500) £'000	£'000	£'000	£'000
Director of Strategy – retired 30 th April 2023					
R Evans Medical Director and Deputy Chief Executive to August 2023, Acting Chief Executive from September 2023	75-80 plus lump sum of 215-220	(2.5-5) plus lump sum of 52.5-55	1,905	1,460	297
D Eytayo Director of Workforce & OD left HB on 1 st March 24				1,119	0*
H Lloyd Director of Corporate Governance/Board Secretary	35-40 plus lump sum of 90-95	(0-2.5) plus lump sum of 17.5-20	789	593	132

* R Krishnan and A Mehta were not executive directors in the prior year and hence no comparative figure is given compared to 2023/24. S Harrop-Griffiths and D Eytayo left in year and therefore no comparative figure is supplied.

- M Hackett, Chief Executive, Gareth Howells, Director of Nursing & Patient Experience, C Morrell, Director of Therapies and Health Science and N Vaughan, Director of Strategy chose not to be covered by the NHS Pension Arrangements during 2023-24.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2024. HM Treasury published updated guidance on 25th January 2024; this guidance will be used in the calculation of 2024-25 CETV figures.”

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 (however, R Krishnan, A Mehta and S Jenkins are on interim Executive Director contracts with permanent contracts for substantive roles; N Vaughan is on an interim contract only). 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 2023/24 is set out in the table below, along with the comparison for 2022/23. 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	Staff on Inward Secondment	Agency Staff	Specialist Trainees (SLE)	Collaborative Bank	Other	Total 2023/24	Total 2022/23
Administration, Clerical & Board Members	2,373	8	45	0	0	0	2,426	2,449
Medical & Dental	835	5	19	485	25	62	1,431	1,334
Nursing, Midwifery registered	3,928	7	245	0	0	0	4,180	3,932
Professional, Scientific & technical staff	392	0	0	0	0	0	392	363
Additional Clinical Services	2,598	0	84	0	0	0	2,682	2,516
Allied Health Professions	930	1	3	0	0	0	934	894
Healthcare Scientists	341	0	13	0	0	0	354	341
Estates and Ancillary	964	0	11	0	0	0	975	998
Totals	12,361	21	420	485	25	62	13,374	12,827

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, Cwm Taf Morgannwg Health Board and Digital Healthcare Wales (DHCW) 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 29th February 2024, the Health Board has 14,463 employees, of which 9 are Executive Directors. Of these staff, 3,206 are male, including 5 Executive Directors, and 11,257 are female, including 4 female Executive Directors.

There are also 11 Independent Members, of which 3 are male and 8 are female.

7.2 Sickness Absence Data

	2023/24	2022/23
Total days lost	341,246	328,256
Short Term Sickness (27 days or less)	103,251	121,726
Long Term Sickness (28 days or more)	237,996	206,531
Average working days lost	24	18
Total staff employed in period (headcount)	14,005	13,467
Total staff employed in period with no absence (headcount)	5,169	3,789
Percentage staff with no sick leave	36.90%	27.51%

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 £0.656m on Consultancy Services in 2023/24, (£1.065m in 2022-23). 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 support to Morriston Service Group to support the development of a financial improvement plan and build local systems for action, reporting and cost control.
- Management Consultancy to support a redesign programme to develop, install and perpetuate new models of resource planning and management systems across Community Nursing.
- Management Consultancy to support the Health Board with the services remaining at Singleton and Neath Port Talbot hospitals following the implementation of the Acute Medical Services Redesign (AMSR) project delivering service transformation across the health board.
- Management Consultancy to optimise the procurement of medical devices.
- External advice and support for Staff Wellbeing.

7.5 Off-payroll Engagements

Table 1: For all off-payroll engagements as of 31 March 2024, for more than £245 per day and that last for longer than six months

Number of existing engagements as of 31 March 2024	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
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Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2023 and 31 March 2024, 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 2023 and 31 March 2024	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 2023 and 31 March 2024

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
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There were 0 off payroll engagements in place at the start of the 2023/24 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 as per note 9.5. 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.

	2023-24			2022-23	
Staff Numbers					
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
less than £10,000	0	14	14	0	0
£10,000 to £25,000	0	2	2	0	0
£25,000 to £50,000	0	2	2	0	0
£50,000 to £100,000	0	2	2	0	1
£100,000 to £150,000	0	0	0	0	0

	2023-24				2022-23
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	20	20	0	1

	2023-24				2022-23
Exit Packages Costs					
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£	£	£	£	£
less than £10,000	0	36,019	36,019	0	0
£10,000 to £25,000	0	34,893	34,893	0	0
£25,000 to £50,000	0	68,429	68,429	0	0
£50,000 to £100,000	0	101,614	101,614	0	58000
£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
Total	0	240,955	240,955	0	58,000

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.

£240,955 exit costs were paid in 2023-24 (2022-23, £58,000).

Long Term Expenditure Trends 2023-24

Long Term Expenditure Trends

1. 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, 2021/22, 2022/23 and 2023/24 financial years relates to Swansea Bay University Health Board whilst expenditure in 2018/19 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 2023/24 financial year continued to provide challenges for the health board due to the ongoing macro-economic situation and the recovery from the pandemic with the expansion of planned care services impacted on during 2020/21.

In recognition of the challenges faced and the costs associated with the re-introduction of the services suspended pre pandemic, the health board received specific additional revenue funding for Vaccinations, Health Protection and PPE of £11.476m and £15.248m for Planned Care Recovery, having received specific COVID funding of £58.661m in 2022/23, £130.407m in 2021/22 and £148.887m 2020/21. The health board also received additional capital funding of £2.2m as compared to £2.505m in 2022/23,

£7.038m in 2021/22 and £8.549m in 2020/21. The increased costs associated with this manifest themselves in the long term expenditure trends in 2020/21, 2021/22, 2022/23 and 2023/24 as outlined later in this section

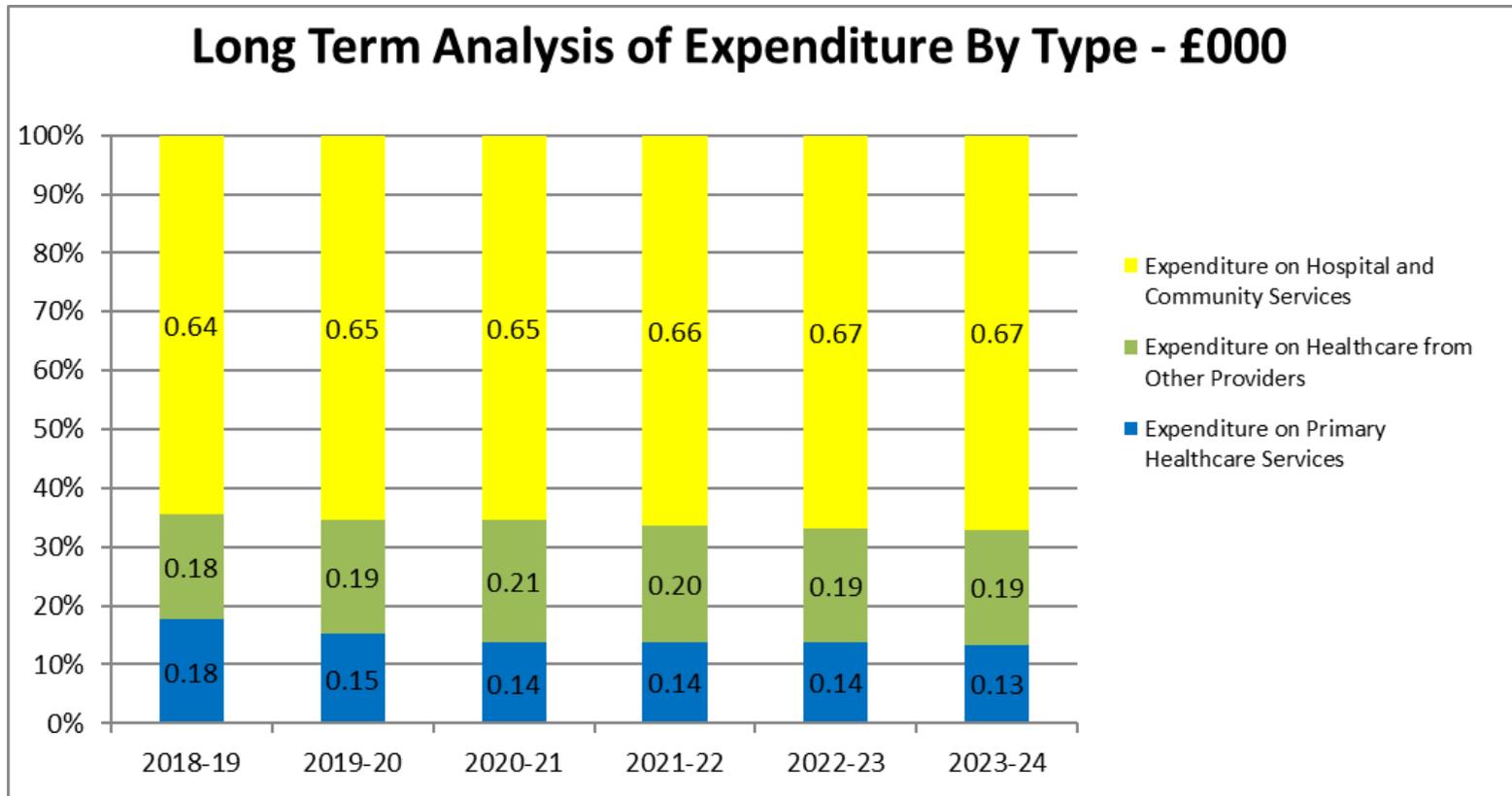
The movements in expenditure for the financial years 2018/19 to 2023/24 are documented below by the main expenditure headings of:

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

As shown in the table below, on 1st April 2019 (following the change in health board) 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 and a further decrease of 1.4% in 2020/21, with increases of 1.39% for Healthcare from Other Providers and 1.05% for Hospital and Community Health Services. During 2021/22 and 2022/23 there have been only small movements in the distribution of expenditure with small increases in hospital and community services being offset by a small reduction in expenditure on healthcare from other providers. During 2023/24 there have been larger increases in the distribution of expenditure, particularly in:

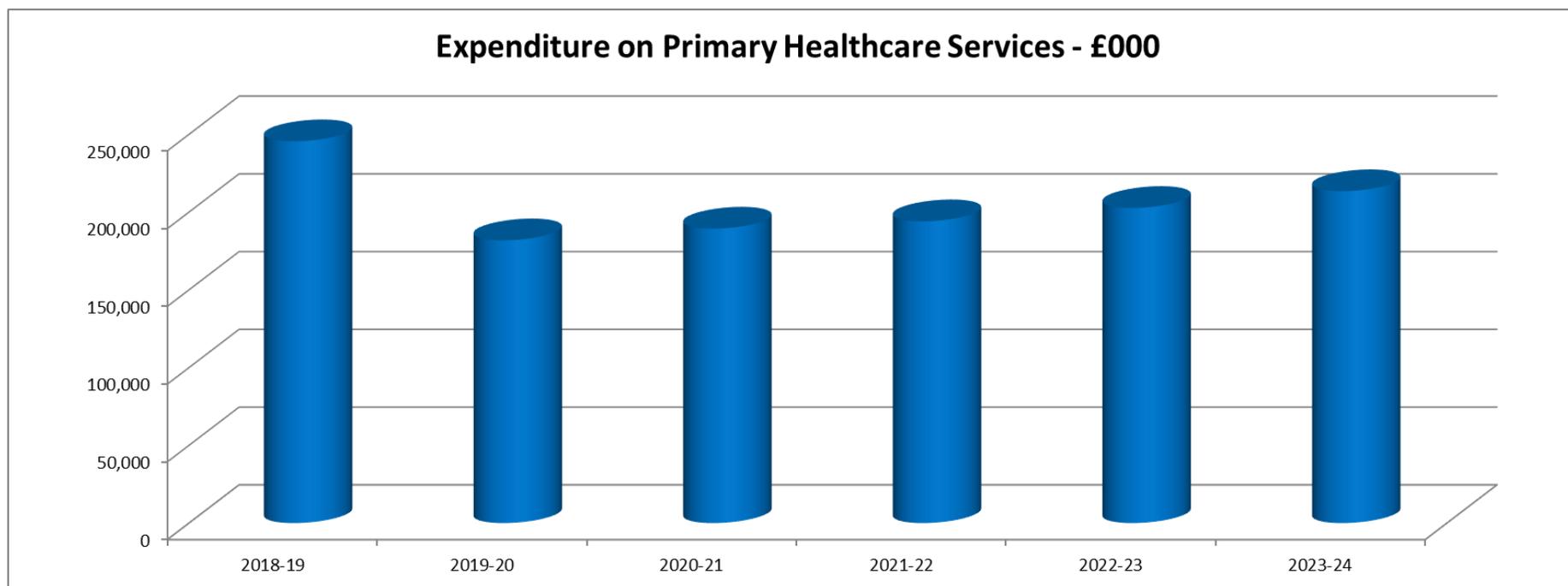
- the Healthcare from Other Providers (10%), which has been predominantly driven by Continuing Care costs and Services with WHSSC (Welsh Health Specialised Services Commission), now referred to as the JCC (Joint Commissioning Committee).
- Hospital and Community Services (9%), which relates to Operational Staff costs, Clinical Supplies and Services, and the impairment of fixed assets (which is a reduction in the recoverable value of a fixed asset).

	2018/09	2019/20	2020/21	2021/2022	2022/23	2023/24
	£000	£000	£000	£000	£000	£000
Primary Healthcare Services	245,546	181,823	189,358	194,075	202,658	213,436
Healthcare from Other Providers	250,518	232,061	287,515	279,082	282,070	309,640
Hospital and Community Services	898,238	784,902	898,889	933,099	981,563	1,073,680



3.1 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.



During 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.

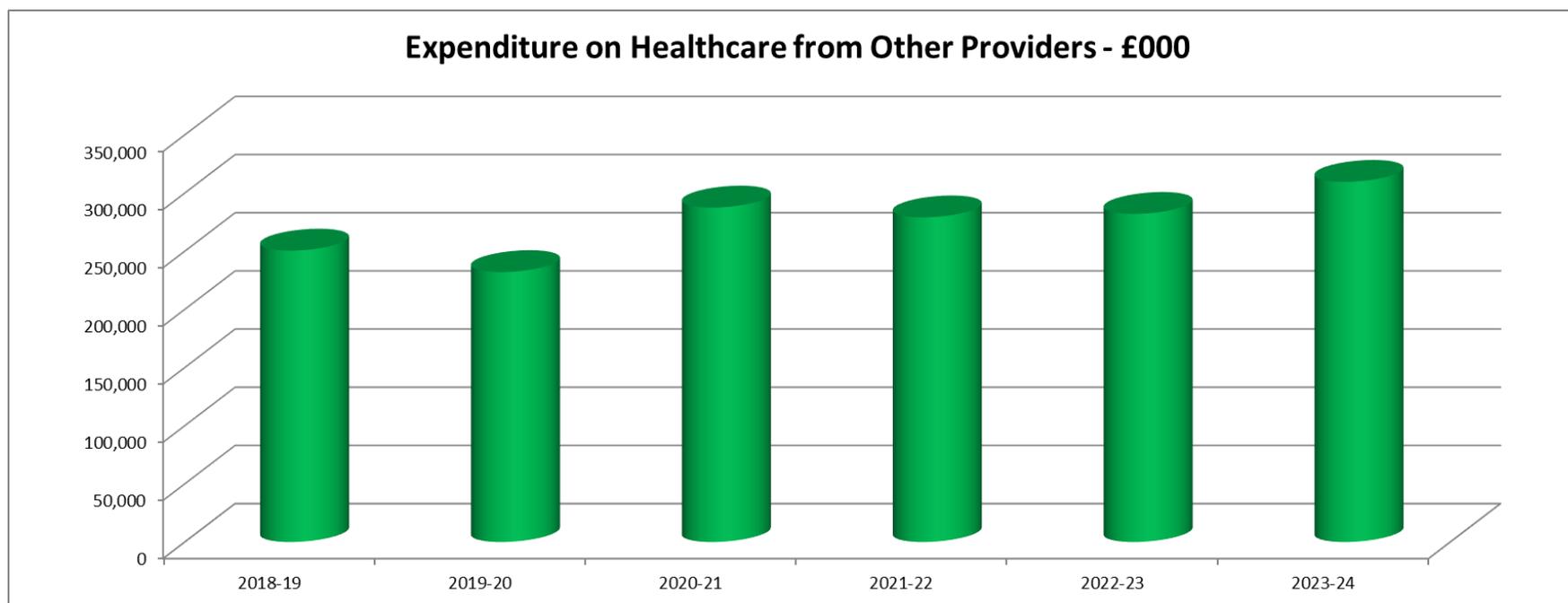
In 2021/22 expenditure increased further, rising to £194m, comprising a £2m increase in General Medical Services as a result of the 3% uplift to the global sum payment, with an increase of £4m in General Dental Services due to an increase in the GDS contract with a 3% pay award to Dentists and reintroduction of services following COVID.

In 2022/23 expenditure again increased, rising to £203m a 4.4% increase. The biggest increase was in Prescribed Drugs and Appliances of £5.916m (8.1%) with other increases in General Medical Services of £1.509m (2.2%) and General Dental Services of £1.319m (4.6%). Expenditure on General Ophthalmic Services, Pharmaceutical Services and Other Primary Care Expenditure saw minimal movement.

In 2023/24 expenditure again increased, rising to £213m, a 5.3% increase. The greatest increase was in Prescribed Drugs and Appliances of £5.152m (7%), with other increases in General Ophthalmic Services of £1.138m (24%) and General Medical Services of £2.985m (4%).

3.2 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 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, with a slight increase of 1.6% to £2824m in 2022/23.

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 1st 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 & 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 2020/21 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 care 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.

In 2022/23 expenditure increased by 1.1% to £284m – The main increases were in expenditure with Private Providers which increased from £7.542m in 2021/22 to £14.356m in 2022/23, largely due to outsourcing and insourcing costs aimed at reducing waiting lists. Expenditure on goods and services with WHSSC also increased by £13.265m (11.7%) these increases being offset by reductions in expenditure with Local Authorities of £11.043m and with voluntary organisations of £2.087m mainly due to reductions in the amounts passed over to these bodies under the Welsh Government Funded Regional Investment Fund (RIF), previously the Intermediate Care Fund (ICF). There was also a reduction of expenditure of £4.061m with Welsh Trusts, primarily with the Welsh Ambulance Services NHS Trust.

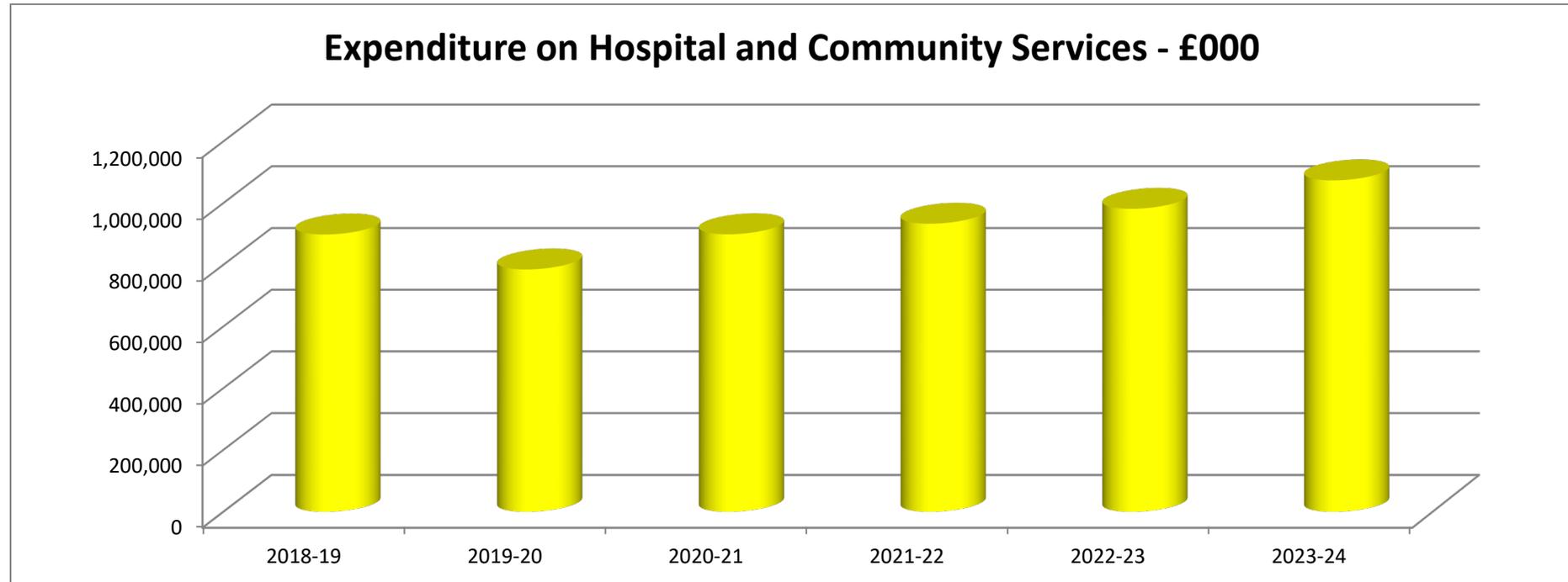
In 2023/24 expenditure increased by 9.7% to £309m. The main increases were in expenditure with Continuing Care, which increased by £18.76m (30.9%) and Funded Nursing Care, which increased by £1.567m (20.2%) from 2022/23. Continuing Care has seen a significant growth in cases with some areas seeing growth of 12% above 22/23 levels coupled with the prices of packages also rising with basic nursing packages increasing by 13.5%, impacted on by the growth in Real Living Wage.

There were also increases in 2023/24 in Private Providers, which increased by £1.39m (9.75%), due to outsourcing and insourcing costs aimed at reducing waiting lists linked to the funding received for Planned Care. There were also increases in expenditure on goods and services with WHSSC increased by £7.874m (6.23%). The WHSSC increase relates to inflation and pay award costs, Investments for Genomics/ATMP/Directly funded drugs, which were agreed growth areas linked to the Integrated Commission Plan approved by all Commissioners. There would also be adjustments for in-year performance against the delivery of the WHSSC contract.

These increases were offset by reductions in expenditure with Local Authorities of £1.66m (10.47%), and a reduction in goods and services from other NHS Wales Health Boards, specifically Cwm Taf University Health Board (CTM), with services being repatriated back to CTM.

3.3 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.



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. An 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.

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 3.8%. 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.

In 2022/23 expenditure increased by £48m (5.2%) to £982m. The biggest increase was in staff costs of £53.5m (8%) which includes staff costs in respect of junior medical staff under the Single Lead Employer (SLE) arrangement with Velindre NHS Trust. Included within the staff costs are £28.483m for the 6.3% employer pension contributions paid directly by Welsh Government. Of the increase, £7.015m relates to the 1.5% non-consolidated pay award paid in March, £8.806m in respect of the 1.5% consolidated pay award, accrued at year end and paid in May 2023, which is in addition to the £28.642m pay award costs for the initial 2022/23 pay award.

Offsetting the staff cost increase was a reduction of £10.694m in the charge to revenue from the net movement in the losses provision, with small increases in clinical supplies and services of £2.228m, establishment costs of £2.121m and depreciation costs of £4.511m, which included depreciation of £2.526m in respect of Right of Use (ROU) assets under IFRS16.

In 2023/24 expenditure increased by £92m (9.4%) to £1,073m. The largest increase was in staff costs of £49.7m (7.18%) which includes staff costs in respect of junior medical staff under the Single Lead Employer (SLE) arrangement with Velindre NHS Trust.

Of the increase, £32.09m relates to consolidated 5% pay award, £12.5m relates to the 1.5% non-consolidated recovery payment for A4C staff of between £900 and £1190 per member of staff. There have also been increases of £11.381m in clinical supplies and services, £1.2m in general supplies and services and £1.56m in Establishment costs (Lease car contracts, Professional fees). The impairment of fixed assets (which is a reduction in the recoverable value of a fixed asset) also impacted on expenditure, increasing it by £18.592m. This has been offset by a reduction in Consultancy costs of £405k (38.03%), and a reduction in Premises of £1.87m (5.35%).

Financial Statements and Notes 2023-24

SWANSEA BAY UNIVERSITY HEALTH BOARD

FOREWORD

These accounts have been prepared by the Local Health Board under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

Statutory background

The 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 to confirming that Abertawe Bro Morgannwg University Local Health Board is renamed and is to be known 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.

On 1st April 2019 all staff property, assets and liabilities relating to services provided to the local government area of Bridgend transferred from Swansea Bay University Local Health Board to Cwm Taf Morgannwg Local Health Board. This transfer was undertaken in line with the Local Health Boards (Area Change) (transfer of Staff, Property and Liabilities) (Wales) Order 2019. The transfer was accounted for under absorption accounting rules.

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.

Performance Management and Financial Results

Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2023-24. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-17.

Local Health Boards in Wales must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the Primary Statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by the LHB which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

Under the National Health Services Finance (Wales) Act 2014, the annual requirement to achieve balance against Resource Limits has been replaced with a duty to ensure, in a rolling 3 year period, that its aggregate expenditure does not exceed its aggregate approved limits.

The Act came into effect from 1 April 2014 and under the Act the first assessment of the 3 year rolling financial duty took place at the end of 2016-17.

Statement of Comprehensive Net Expenditure for the year ended 31 March 2024

	Note	2023-24 £000	2022-23 £000
Expenditure on Primary Healthcare Services	3.1	213,437	202,658
Expenditure on healthcare from other providers	3.2	309,640	282,070
Expenditure on Hospital and Community Health Services	3.3	1,073,680	981,563
		<u>1,596,757</u>	<u>1,466,291</u>
Less: Miscellaneous Income	4	(319,587)	(305,442)
LHB net operating costs before interest and other gains and losses		1,277,170	1,160,849
Investment Revenue	5	0	0
Other (Gains) / Losses	6	(8)	(116)
Finance costs	7	5,175	4,944
Net operating costs for the financial year		<u>1,282,337</u>	<u>1,165,677</u>

See note 2 on page 27 for details of performance against Revenue and Capital allocations.

The notes on pages 8 to 74 form part of these accounts.

Other Comprehensive Net Expenditure

	2023-24	2022-23
	£000	£000
Net (gain) / loss on revaluation of property, plant and equipment	(17,751)	(24,674)
Net (gain)/loss on revaluation of right of use assets	0	0
Net (gain) / loss on revaluation of intangibles	0	0
(Gain) / loss on other reserves	0	0
Net (gain)/ loss on revaluation of PPE & Intangible assets held for sale	0	0
Net (gain)/loss on revaluation of financial assets held for sale	166	0
Impairment and reversals	0	0
Transfers between reserves	0	0
Transfers to / (from) other bodies within the Resource Accounting Boundary	(6)	0
Reclassification adjustment on disposal of available for sale financial assets	0	0
Other comprehensive net expenditure for the year	(17,591)	(24,674)
Total comprehensive net expenditure for the year	1,264,746	1,141,003

The notes on pages 8 to 74 form part of these accounts.

Statement of Financial Position as at 31 March 2024

	31 March	31 March
	2024	2023
Notes	£000	£000
Non-current assets		
Property, plant and equipment	11 595,358	578,411
Right of Use Assets	11.3 31,269	16,802
Intangible assets	12 2,987	4,033
Trade and other receivables	15 142,699	124,590
Other financial assets	16 0	0
Total non-current assets	772,313	723,836
Current assets		
Inventories	14 12,264	10,714
Trade and other receivables	15 100,278	75,640
Other financial assets	16 0	0
Cash and cash equivalents	17 2,824	2,859
	115,366	89,213
Non-current assets classified as "Held for Sale"	11 170	0
Total current assets	115,536	89,213
Total assets	887,849	813,049
Current liabilities		
Trade and other payables	18 (198,904)	(219,166)
Other financial liabilities	19 0	0
Provisions	20 (53,082)	(29,851)
Total current liabilities	(251,986)	(249,017)
Net current assets/ (liabilities)	(136,450)	(159,804)
Non-current liabilities		
Trade and other payables	18 (80,726)	(41,052)
Other financial liabilities	19 0	0
Provisions	20 (147,307)	(128,622)
Total non-current liabilities	(228,033)	(169,674)
Total assets employed	407,830	394,358
Financed by :		
Taxpayers' equity		
General Fund	340,985	327,629
Revaluation reserve	66,845	66,729
Total taxpayers' equity	407,830	394,358

The financial statements on pages 2 to 7 were approved by the Board on 11/07/ 2024 and signed on its behalf by:

Chief Executive and Accountable Officer Richard Evans.....

Date:
11th July 2024

The notes on pages 8 to 74 form part of these accounts.

**Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2024**

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2023-24			
Balance as at 31 March 2023	327,629	66,729	394,358
NHS Wales Transfer	0	0	0
RoU Asset Transitioning Adjustment	0	0	0
Impact of IFRS 16 on PPP/PFI Liability	(32,126)	0	(32,126)
Balance at 1 April 2023	295,503	66,729	362,232
Net operating cost for the year	(1,282,337)		(1,282,337)
Net gain/(loss) on revaluation of property, plant and equipment	0	17,751	17,751
Net gain/(loss) on revaluation of right of use assets	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	(166)	(166)
Impairments and reversals	0	0	0
Other Reserve Movement	0	0	0
Transfers between reserves	17,469	(17,469)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	6	0	6
Total recognised income and expense for 2023-24	(1,264,862)	116	(1,264,746)
Net Welsh Government funding	1,278,416		1,278,416
Notional Welsh Government Funding	31,928		31,928
Balance at 31 March 2024	340,985	66,845	407,830

Notional Welsh Government funding line includes the 6.3% staff employer pension and Pensions Annual Allowance Charge Compensation Scheme (PAACCS) costs paid centrally by Welsh Government.

Notional Welsh Government funding split;

Notional 6.3% staff employer pension £31,901,000

Pensions Annual Allowance Charge Compensation Scheme (PAACCS) £27,000

The notes on pages 8 to 74 form part of these accounts.

Statement of Changes in Taxpayers' Equity For the year ended 31 March 2023

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2022-23			
Balance at 31 March 2022	282,899	45,848	328,747
NHS Wales Transfer	0	0	0
RoU Asset Transitioning Adjustment	(902)	0	(902)
Balance at 1 April 2022	281,997	45,848	327,845
Net operating cost for the year	(1,165,677)		(1,165,677)
Net gain/(loss) on revaluation of property, plant and equipment	0	24,674	24,674
Net gain/(loss) on revaluation of right of use assets	0	81	81
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other reserve movement	0	0	0
Transfers between reserves	3,874	(3,874)	0
Release of reserves to SoCNE	24	0	24
Transfers to/from LHBs	(1,788)	0	(1,788)
Total recognised income and expense for 2022-23	(1,163,567)	20,881	(1,142,686)
Net Welsh Government funding	1,180,716		1,180,716
Notional Welsh Government Funding	28,483		28,483
Balance at 31 March 2023	327,629	66,729	394,358

The notes on pages 8 to 74 form part of these accounts.

Statement of Cash Flows for year ended 31 March 2024

	2023-24	2022-23
	£000	£000
Cash Flows from operating activities		
Net operating cost for the financial year	(1,282,337)	(1,165,677)
Movements in Working Capital	27 (64,720)	(16,718)
Other cash flow adjustments	28 136,985	82,650
Provisions utilised	20 (12,023)	(19,500)
Net cash outflow from operating activities	(1,222,095)	(1,119,245)
Cash Flows from investing activities		
Purchase of property, plant and equipment	(48,375)	(56,849)
Proceeds from disposal of property, plant and equipment	66	131
Purchase of intangible assets	(242)	(771)
Proceeds from disposal of intangible assets	0	0
Payment for other financial assets	0	0
Proceeds from disposal of other financial assets	0	0
Payment for other assets	0	0
Proceeds from disposal of other assets	0	0
Net cash inflow/(outflow) from investing activities	(48,551)	(57,489)
Net cash inflow/(outflow) before financing	(1,270,646)	(1,176,734)
Cash Flows from financing activities		
Welsh Government funding (including capital)	1,278,416	1,180,716
Capital receipts surrendered	0	0
Capital grants received	0	0
Capital element of payments in respect of finance leases and on-SoFP PFI Schemes	(3,538)	(2,899)
Capital element of payments in respect of on-SoFP PFI	0	0
Capital element of payments in respect of Right of Use Assets	(4,267)	(2,622)
Cash transferred (to)/ from other NHS bodies	0	0
Net financing	1,270,611	1,175,195
Net increase/(decrease) in cash and cash equivalents	(35)	(1,539)
Cash and cash equivalents (and bank overdrafts) at 1 April 2023	2,859	4,398
Cash and cash equivalents (and bank overdrafts) at 31 March 2024	2,824	2,859

The notes on pages 8 to 74 form part of these accounts.

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Local Health Boards (LHB) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2023-24 Manual for Accounts. The accounting policies contained in that manual follow the 2023-24 Financial Reporting Manual (FRM) in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the LHB Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the LHB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the LHB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2. Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3. Income and funding

The main source of funding for the LHBs are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the LHB. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the LHB and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the LHB for the Welsh Government such as funding provided to agencies and non-activity costs incurred by the LHB in its provider role. Income received from LHBs transacting with other LHBs is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FRM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

1.4. Employee benefits

1.4.1. Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is not recognised in the financial statements to the extent that employees are not permitted to carry forward leave into the following period.

1.4.2. Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated from 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency).

However, NHS Wales' organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on

1.4.3 PENSION COSTS

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

1.4.4. NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5. Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6. Property, plant and equipment

1.6.1. Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.6.2. Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use

- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However, IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

1.6.3. Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated. For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

1.7. Intangible assets

1.7.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use.
- the intention to complete the intangible asset and use it.
- the ability to use the intangible asset.
- how the intangible asset will generate probable future economic benefits.
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it.
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8. Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits therefrom can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale,

within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: The entity has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application Swansea Bay University LHB has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by Swansea Bay University LHB in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

Swansea Bay University LHB will not apply IFRS 16 to any new leases of intangible assets applying the

List any other expedients employed by the entity (such as low value 5(b) or 15 on componentisation HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16

The LHB is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 Swansea Bay University LHB has assessed that in all other respects these arrangements meet the definition of a lease under the standard.

The LHB is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.11.1 The entity as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The entity employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset Swansea Bay University LHB applies a revised rate to the remaining lease liability.

Where existing leases are modified Swansea Bay University LHB must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by Swansea Bay University LHB.

1.11.2 Swansea Bay University LHB as lessor

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of the LHB's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the LHB's net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Where the LHB is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition the LHB has reassessed the classification of all of its continuing subleasing arrangements to include peppercorn leases.

1.12. Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13. Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14. Provisions

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1. Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in both 2023-24 and 2022-23. The WRP is hosted by Velindre NHS University Trust.

1.14.2. Future Liability Scheme (FLS) - General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GMP services in Wales.

In March 2019, the Minister issued a Direction to Velindre NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

GMP Service Providers are not direct members of the GMPI FLS, their qualifying liabilities are the subject of an arrangement between them and their relevant LHB, which is a member of the scheme. The qualifying reimbursements to the LHB are not subject to the £25,000 excess.

1.15. Financial Instruments

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

1.16. Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1. Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2. Financial assets at fair value through SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4. Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

1.16.5. Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Wales organisation assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.17. Financial liabilities

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.17.1. Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

1.17.2. Financial liabilities at fair value through the SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3. Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18. Value Added Tax (VAT)

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19. Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20. Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.21. Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the NHS Wales organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Wales organisation accounts for all losses and special payments gross (including assistance from the WRP).

The NHS Wales organisation accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

1.22. Pooled budget

The NHS Wales organisation has entered into pooled budgets with the City and County of Swansea and Neath Port Talbot County Borough Council Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by the City and County of Swansea. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

1.23. Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.24. Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the Welsh Risk Pool.

Significant estimations are also made for continuing care costs resulting from claims post 1 April 2003. An assessment of likely outcomes, potential liabilities and timings of these claims are made on a case by case basis. Material changes associated with these claims would be adjusted in the period in which they are revised.

Estimates are also made for contracted primary care services. These estimates are based on the latest payment levels. Changes associated with these liabilities are adjusted in the following reporting period.

1.24.1. Provisions

The NHS Wales organisation provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisation, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the

1.24.2. Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

Remote	Probability of Settlement	0 – 5%
	Accounting Treatment	Remote Contingent Liability.
Possible	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision*
	Contingent Liability for all other estimated expenditure.	
Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

** Personal injury cases - Defence fee costs are provided for at 100%.*

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of minus 0.25%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury

1.24.3 Annual Leave Accrual

In the 22-23 accounts and in line with International Accounting Standard (IAS) 19, the Health Board included in its accounts an accrual for untaken annual leave as at 31st March 2023. The impact of Covid-19 and the availability of staff across the service due to sickness absence had a significant impact on the ability of staff to take annual leave during both 2020-21 and 2021-22, however in 2022-23 given the ability to sell back leave and the reducing prevalence of Covid-19 the carry forward arrangements were set at a maximum of 5 days untaken leave requiring managers approval.

During the 2023-24 financial year, the Health Board issued a bulletin to all Staff during September 2023, that there would be no carry forward of annual leave permitted into the financial year 2024-25, and that all leave was to be utilised within the period for which it relates during the financial year, to ensure staff wellbeing and following recovery of services back to more normal pre-Covid levels.

This would remove the need to provide for unused leave as per IAS19. As a result there is no accrual within the following financial statements for unused carried forward annual leave.

1.24.4 Primary Care Expenditure

As in previous years, due to the short timescale available to prepare the year end accounts, the primary care expenditure disclosed contains a number of significant estimates where the value of the actual liabilities was not available prior to the date for accounts submission, the most material areas being:

General Medical Services Quality and Assurance Improvement Framework (QAIF)

From 1st October 2019, QAIF was introduced as part of the 2019/20 GMS contract reform, replacing the quality and outcomes framework. Under both schemes, GP Practices achieve a certain level of points and these are multiplied by a financial value per point to establish the payments due.

Clinical QAIF domains transferred into Core contract from 1 October 2022, resulting in a transfer of funding into Global Sum (GSUM). This quantum represents full achievement in all indicators for all practices moving into total GSUM and then distributed to practices via the Carr-Hill formula. The removal of Assurance indicators from the framework means that QAIF has become QIF (Quality Improvement Framework).

The points that are remaining in the Quality Improvement domains, namely Access (100 pts) and the newly drafted mandatory QI projects (170 pts), were revalued at £189 per point for 2022/23.

This compares to the 2021/22 points of Access (125 pts) and QI projects (185 pts) and QA projects (382 pts).

An amount of £1.092m (2022-23, £1.962m) has therefore been accrued on the basis of the number of points achieved by each GP Practice in 2023/24 capped at 270 points payable at £189 per point.

Prescribing Costs

For 2023/24, the Health Board has used the accrual methodology used in previous years. This has resulted in an accrual of £13.509m (2022-23: £13.206m accrual/£13.458m out-turn) in respect of prescribing costs for the months of February and March 2024.

The costs were derived using the average daily charge for the 4 month period October to January to derive an average weighted daily run rate for prescribing. This weighted daily run rate is based on 50% calendar days in the month and 50% prescribing days in the month. This average cost was then applied to the number of days in February and March to arrive at an amount for accrual.

As in previous years, this amount was then reviewed to take into account the estimated impact of the additional day for the leap year (which equates to an additional weighted half a day), the bank holiday early dispensing/pick up effect and the growth factor in items that was seen previously at the latter end of 2023/24.

Pharmacy

A total of £5.013m (2022-23: £4.431m) was accrued for February and March pharmacy contract payments.

For the past six years, the run rate for November to January was used to accrue for February and March due to several changes to the fees and allowances within the pharmacy contract from April to October. This approach was used again for 2023-24 with estimated adjustments made for the increase in contract price per item for February and March 2024.

The basis of the primary care estimates disclosed above was agreed in advance with the Health Board's Auditors and reported to the Health Board's Audit Committee in March 2024.

1.25 Discount Rates

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

1.26 Private Finance Initiative (PFI) transactions

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The NHS Wales organisation therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including finance costs; and
- c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

1.26.1. Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

1.26.2. PFI asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the NHS Wales organisation's approach for each relevant class of asset in accordance with the principles of IAS 16.

1.26.3. PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised.

Prior Year treatment

It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the SoCNE.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the SoCNE.

**1.26.4 Impact of IFRS 16 on on-balance sheet PFI/PPP Schemes
As from 1st April 2023.**

On-balance sheet PPP arrangements should be based on IFRS 16 accounting principles from 2023/24.

When measuring the liability for on-balance sheet PPP contracts containing capital payments linked to a price index IFRS 16 requires that 'a lessee shall remeasure the lease liability where there is a change in future lease payments resulting from a change in an index or a rate used to determine those payments. The lessee shall remeasure the lease liability to reflect those revised lease payments only when there is a change in the cash flows.

Initial remeasurement -the future PPP liability will need to be remeasured at 1 April 2023 to include the actual indexation-linked changes to payments for the capital/infrastructure element which have taken effect in the cash flows since the PPP agreement commenced. This should use a cumulative catch-up approach, where the cumulative effect is recognised as an adjustment to the opening balance of retained earnings.

Subsequent measurement - The PPP liability will continue to require remeasurements whenever cash payments change in response to indexation movements as set out in the individual PPP contract. The double entry for the subsequent liability remeasurement should be Debit Finance Cost, Credit PPP liability.

The liability does not include estimated future indexation linked increases.

1.26.5. Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the NHS Wales organisation's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

1.26.6. Assets contributed by the NHS Wales organisation to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the NHS Wales organisation's SoFP.

1.26.7. Other assets contributed by the NHS Wales organisation to the operator

Assets contributed (e.g. cash payments, surplus property) by the NHS Wales organisation to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the NHS Wales organisation, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the NHS Wales organisation through the asset being made available to third party users.

1.27. Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value. Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.28. Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where transfer of function is between LHBs the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

1.29. Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts

Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2023, Standard is not yet adopted by the FReM which is expected to be from April 2025: early adoption is not permitted.

1.30. Accounting standards issued that have been adopted early

During 2023-24 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.31. Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the NHS Wales organisation has established that as it is the corporate trustee of the Swansea Bay University LHB NHS Charitable Fund, it is considered for accounting standards compliance to have control of the Swansea Bay University LHB NHS Charitable Fund as a subsidiary and therefore is required to consolidate the results of the Swansea Bay University LHB NHS Charitable Fund within the statutory accounts of the NHS Wales organisation.

The determination of control is an accounting standard test of control and there has been no change to the operation of the Swansea Bay University LHB NHS Charitable Fund or its independence in its management of charitable funds.

However, the NHS Wales organisation has with the agreement of the Welsh Government adopted the IAS 27 (10) exemption to consolidate. Welsh Government as the ultimate parent of the Local Health Boards will disclose the Charitable Accounts of Local Health Boards in the Welsh Government Consolidated Accounts. Details of the transactions with the charity are included in the related parties' notes.

2. Financial Duties Performance

The National Health Service Finance (Wales) Act 2014 came into effect from 1 April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1 April 2014 section 175 of the National Health Service (Wales) Act places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The first assessment of performance against the 3 year statutory duty under section 175 (1) was at the end of 2016 -17, being the first 3 year period of assessment.

Welsh Health Circular WHC/2016/054 "Statutory and Financial Duties of Local Health Boards and NHS Trusts" clarifies the statutory financial duties of NHS Wales bodies effective from 2016-17.

2.1 Revenue Resource Performance

	Annual financial performance			
	2021-22 £000	2022-23 £000	2023-24 £000	Total £000
Net operating costs for the year	1,113,261	1,165,677	1,282,337	3,561,275
Less general ophthalmic services expenditure and other non-cash limited expenditure	1,156	1,206	1,562	3,924
Less unfunded revenue consequences of bringing PFI schemes onto SoFP	(2,406)	(2,024)	(2,711)	(7,141)
Less any non funded revenue consequences of IFRS 16	0	0	0	0
Total operating expenses	1,112,011	1,164,859	1,281,188	3,558,058
Revenue Resource Allocation	1,087,612	1,166,697	1,264,375	3,518,684
Under /(over) spend against Allocation	(24,399)	1,838	(16,813)	(39,374)

Swansea Bay University LHB has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2021-22 to 2023-24.

The Health Board did receive £17m strategic cash support in 2023-24.

2.2 Capital Resource Performance

	2021-22	2022-23	2023-24	Total
	£000	£000	£000	£000
Gross capital expenditure	69,545	38,937	64,390	172,872
Add: Losses on disposal of donated assets	0	0	0	0
Less NBV of property, plant and equipment, right of use and intangible assets	(1,354)	(16)	(399)	(1,769)
Less capital grants received	(621)	(43)	0	(664)
Less donations received	(185)	(232)	(259)	(676)
Less IFRS16 Peppercorn income	0	0	0	0
Less initial recognition of RoU Asset Dilapidations	0	0	0	0
Charge against Capital Resource Allocation	67,385	38,646	63,732	169,763
Capital Resource Allocation	67,417	38,684	63,787	169,888
(Over) / Underspend against Capital Resource Allocation	32	38	55	125

Swansea University LHB has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2021-22 to 2023-24.

2.3 Duty to prepare a 3 year integrated plan

The NHS Wales Planning Framework for the period 2023-2026 issued to LHBs placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government which sets out its strategy for securing that it complies with its 'break even' duty, whilst improving the health of the people for whom it is responsible and the provision of healthcare to such people.

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

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

The LHB has therefore been unable to meet its statutory duty to have an approved financial plan.

The Minister for Health and Social Services extant approval

Status
Date

Not Approved

The LHB has not met its statutory duty to have an approved financial plan.

2.4 Creditor payment

The LHB is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The LHB has achieved the following results:

	2023-24	2022-23
Total number of non-NHS bills paid	314,675	315,307
Total number of non-NHS bills paid within target	302,538	298,578
Percentage of non-NHS bills paid within target	96.1%	94.7%

The LHB has met the target.

3. Analysis of gross operating costs

3.1 Expenditure on Primary Healthcare Services

	Cash limited £000	Non-cash limited £000	2023-24 Total £000	2022-23 Total £000
General Medical Services	73,518		73,518	70,533
Pharmaceutical Services	23,757	(6,073)	17,684	17,316
General Dental Services	30,538		30,538	30,036
General Ophthalmic Services	1,408	4,511	5,919	4,781
Other Primary Health Care expenditure	1,428		1,428	794
Prescribed drugs and appliances	84,350		84,350	79,198
Total	214,999	(1,562)	213,437	202,658

3.2 Expenditure on healthcare from other providers

	2023-24 £000	2022-23 £000
Goods and services from other NHS Wales Health Boards	39,934	43,308
Goods and services from other NHS Wales Trusts	8,787	8,644
Goods and services from Welsh Special Health Authorities	1,701	970
Goods and services from other non Welsh NHS bodies	830	861
Goods and services from WHSSC / EASC	134,297	126,423
Local Authorities	14,257	15,924
Voluntary organisations	4,860	2,956
NHS Funded Nursing Care	9,325	7,758
Continuing Care	79,468	60,703
Private providers	15,755	14,356
Specific projects funded by the Welsh Government	0	0
Other	426	167
Total	309,640	282,070

3.3 Expenditure on Hospital and Community Health Services

	2023-24	2022-23
	£000	£000
Directors' costs	2,246	1,798
Operational Staff costs	742,212	692,569
Single lead employer Staff Trainee Cost	33,930	32,746
Collaborative Bank Staff Cost	417	335
Supplies and services - clinical	157,374	145,993
Supplies and services - general	10,610	9,500
Consultancy Services	660	1,065
Establishment	19,646	18,080
Transport	1,282	1,367
Premises	33,110	34,980
External Contractors	4,419	4,033
Depreciation	32,451	30,497
Depreciation Right of Use assets (RoU)	4,084	2,526
Amortisation	1,608	1,847
Fixed asset impairments and reversals (Property, plant & equipment)	12,902	(5,690)
Fixed asset impairments and reversals (RoU Assets)	0	0
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments & reversals of financial assets	0	0
Impairments & reversals of non-current assets held for sale	0	0
Audit fees	441	418
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	(8,421)	3,790
Research and Development	8,860	5,380
Expense related to short-term leases	0	0
Expense related to low-value asset leases (excluding short-term leases)	0	0
Other operating expenses	15,849	329
Total	1,073,680	981,563

3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

	2023-24	2022-23
	£000	£000
Increase/(decrease) in provision for future payments:		
Clinical negligence;		
Secondary care	49,577	29,579
Primary care	(68)	233
Redress Secondary Care	334	357
Redress Primary Care	0	0
Personal injury	1,689	(738)
All other losses and special payments	152	100
Defence legal fees and other administrative costs	1,917	1,807
Gross increase/(decrease) in provision for future payments	53,601	31,338
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	0	0
Less: income received/due from Welsh Risk Pool	(62,022)	(27,548)
Total	(8,421)	3,790

	2023-24	2022-23
	£	£
Permanent injury included within personal injury £:	(582,000)	(1,173,000)

4. Miscellaneous Income

	2023-24	2022-23
	£000	£000
Local Health Boards	106,274	104,208
Welsh Health Specialised Services Committee (WHSSC)/Emergency Ambulance Services Committee (EASC)	143,546	136,194
NHS Wales trusts	6,726	6,163
Welsh Special Health Authorities	18,740	16,588
Foundation Trusts	0	0
Other NHS England bodies	3,071	1,956
Other NHS Bodies	9	22
Local authorities	7,964	6,221
Welsh Government	1,048	7,350
Welsh Government Hosted bodies	0	0
Non NHS:		
Prescription charge income	0	0
Dental fee income	2,598	2,876
Private patient income	610	356
Overseas patients (non-reciprocal)	162	85
Injury Costs Recovery (ICR) Scheme	1,277	1,268
Other income from activities	2,999	3,177
Patient transport services	0	0
Education, training and research	12,949	8,991
Charitable and other contributions to expenditure	393	293
Receipt of NWSPP Covid centrally purchased assets	0	0
Receipt of Covid centrally purchased assets from other organisations	0	0
Receipt of donated assets	259	232
Receipt of Government granted assets	0	43
Right of Use Grant (Peppercorn Lease)	0	969
Non-patient care income generation schemes	464	590
NHS Wales Shared Services Partnership (NWSPP)	0	0
Deferred income released to revenue	807	594
Right of Use Asset Sub-leasing rental income	0	0
Contingent rental income from finance leases	0	0
Rental income from operating leases	44	47
Other income:		
Provision of laundry, pathology, payroll services	337	237
Accommodation and catering charges	2,981	2,760
Mortuary fees	374	415
Staff payments for use of cars	4,900	3,805
Business Unit	0	0
Scheme Pays Reimbursement Notional	(108)	(825)
Other	1,163	827
Total	319,587	305,442
Other income Includes;		
Grant income	0	0
Pharmacy and other sales income	38	74
Clinical trial income	126	181
All other income	998	182
Licence Fee Income	0	390
	0	0
Total	1,162	827

Injury Cost Recovery (ICR) Scheme income	2023-24	2022-23
	%	%
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	23.07	23.76

5. Investment Revenue

	2023-24 £000	2022-23 £000
Rental revenue :		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
Interest revenue :		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	0	0

6. Other gains and losses

	2023-24 £000	2022-23 £000
Gain/(loss) on disposal of property, plant and equipment	10	116
Gain/(loss) on disposal other than by sale of right of use assets	(2)	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	8	116

7. Finance costs

	2023-24 £000	2022-23 £000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under Right of Use Leases	696	158
Interest on obligations under PFI contracts;		
main finance cost	3,606	1,868
contingent finance cost	0	2,995
Impact of IFRS 16 on PPP/PFI contracts	800	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	5,102	5,021
Provisions unwinding of discount	73	(77)
Other finance costs	0	0
Total	5,175	4,944

8. Future charges to Statement of Comprehensive Net Expenditure (SoCNE)

LHB as lessee

As at 31st March 2024 the LHB had 454 leases agreements.

	2023-24	2023-24	2023-24	2022-23
	Low Value & Short Term	Other	Total	Total
	£000	£000	£000	£000
Payments recognised as an expense				
Minimum lease payments	898	826	1,724	2,378
Contingent rents	0	0	0	0
Sub-lease payments	0	0	0	0
Total	898	826	1,724	2,378
Total future minimum lease payments				
Payable	£000	£000	£000	£000
Not later than one year	191	637	828	311
Between one and five years	96	1,934	2,030	173
After 5 years	0	1,570	1,570	0
Total	287	4,141	4,428	484

As a result of the implementation of IFRS 16 the lease figures disclosed relate only to low value and short term leases, in addition to other leases outside the scope of IFRS16.

LHB as lessor

	2023-24	2022-23
	£000	£000
Rental revenue		
Rent	44	47
Contingent rents	0	0
Total revenue rental	44	47
Total future minimum lease payments		
Receivable	£000	£000
Not later than one year	220	286
Between one and five years	944	1,185
After 5 years	239	415
Total	1,403	1,886

9. Employee benefits and staff numbers

9.1 Employee costs	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2022-23
	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	578,509	1,189	27,883	26,923	359	3,449	638,312	600,402
Social security costs	48,966	0	0	3,211	24	606	52,807	48,681
Employer contributions to NHS Pension Scheme	93,309	0	0	3,795	34	0	97,138	86,750
Other pension costs	117	0	0	0	0	0	117	261
Other employment benefits	0	0	0	0	0	0	0	0
Termination benefits	10	0	0	0	0	0	10	3
Total	720,911	1,189	27,883	33,929	417	4,055	788,384	736,097

Charged to capital							645	732
Charged to revenue							787,740	735,365
							788,385	736,097

Net movement in accrued employee benefits (untaken staff leave) (2,112) (9,386)

The employer contributions to the NHS Pension Scheme disclosed above include £31.9m of NHS Pension contributions paid by Welsh Government for the twelve month period, 1 April 2023 to 31 March 2024. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2023 and February 2024 alongside Health Board data for March 2024. This expenditure accounted for by the health board as notional expenditure paid to NHS BSA by Welsh Government has been covered off by notional funding provided to the health board. There is therefore no impact on the health board's Revenue Resource Performance as a result of the inclusion of these notional transactions. Further information is disclosed in Note 34.1.

Included within Note 9.1 above are £241k (2022-23 £58k) of final pay control charges relating to 20 (2022-23, 1) individuals.

The £4,055k other staffing cost in Note 9.1 relates to the cost of temporary staff sourced through the MEDACS managed service contract. These staff are paid via payroll.

9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2022-23
	Number	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	2,373	8	45	0	0	0	2,426	2,449
Medical and dental	835	5	19	485	25	62	1,431	1,334
Nursing, midwifery registered	3,928	7	245	0	0	0	4,180	3,932
Professional, Scientific, and technical staff	392	0	0	0	0	0	392	363
Additional Clinical Services	2,598	0	84	0	0	0	2,682	2,516
Allied Health Professions	930	1	3	0	0	0	934	894
Healthcare Scientists	341	0	13	0	0	0	354	341
Estates and Ancillary	964	0	11	0	0	0	975	998
Students	0	0	0	0	0	0	0	0
Total	12,361	21	420	485	25	62	13,374	12,827

9.3. Retirements due to ill-health

	2023-24	2022-23
Number	28	10
Estimated additional pension costs £	2,066,662	522,551

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

9.4 Employee benefits

The LHB does not have an employee benefit scheme.

9.5 Reporting of other compensation schemes - exit packages

	2023-24	2023-24	2023-24	2023-24	2022-23
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	14	14	0	0
£10,000 to £25,000	0	2	2	0	0
£25,000 to £50,000	0	2	2	0	0
£50,000 to £100,000	0	2	2	0	1
£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
Total	0	20	20	0	1

	2023-24	2023-24	2023-24	2023-24	2022-23
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£	£	£	£	£
less than £10,000	0	36,019	36,019	0	0
£10,000 to £25,000	0	34,893	34,893	0	0
£25,000 to £50,000	0	68,429	68,429	0	0
£50,000 to £100,000	0	101,614	101,614	0	58
£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
Total	0	240,955	240,955	0	58

Exit costs paid in year of departure	Total paid in year 2023-24	Total paid in year 2022-23
	£	£
Exit costs paid in year	240,955	58,000
Total	240,955	58,000

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS).

£240,955 exit costs were paid in 2023-24 (2022-23, £58,000).

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.

9.6 Fair Pay disclosures

9.6.1 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

	2023-24 £000	2023-24 £000	2023-24 £000	2022-23 £000	2022-23 £000	2022-23 £000
	Chief			Chief		
Total pay and benefits	Executive	Employee	Ratio	Executive	Employee	Ratio
25th percentile pay ratio	223	27	8.26:1	228	25	9.12:1
Median pay	223	34	6.56:1	228	31	7.35:1
75th percentile pay ratio	223	47	4.74:1	228	44	5.18:1
Salary component of total pay and benefits						
25th percentile pay ratio	223	27		228	25	
Median pay	223	34		228	31	
75th percentile pay ratio	223	47		228	44	
	Highest Paid			Highest Paid		
Total pay and benefits	Director	Employee	Ratio	Director	Employee	Ratio
25th percentile pay ratio	223	27	8.26:1	228	25	9.12:1
Median pay	223	34	6.56:1	228	31	7.35:1
75th percentile pay ratio	223	47	4.74:1	228	44	5.18:1
Salary component of total pay and benefits						
25th percentile pay ratio	223	27		228	25	
Median pay	223	34		228	31	
75th percentile pay ratio	223	47		228	44	

In 2023-24, 13 (2022-23, 9) employee received remuneration in excess of the highest-paid director. These staff members were not related to the Chairman, Executive Directors or Independent Members.

Remuneration for all staff ranged from £22,720 to £314,381 (2022-23, £20,758 to £294,062).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees. For the ratio calculation the salary of the Chief Executive and highest paid director is the mid point of the band range £220-£225k as per the single remuneration figure

Financial year summary

The reduction in the ratio of the Chief Executive salary to the 25th percentile, median and 75% percentile is not as great as in previous years due to the one off payment received by A4C staff with the exception of the Non A4C staff and the Chief Executive/other Executive Directors. This payment related to a non consolidated recovery payment for A4C staff of between £90 0 and £1,190.

9.6.2 Percentage Changes

	2022-23 to 2023-24 %	2021-22 to 2022-23 %
% Change from previous financial year in respect of Chief Executive		
Salary and allowances	-0.30%	2.14
Performance pay and bonuses	0.00%	-
% Change from previous financial year in respect of highest paid director		
Salary and allowances	-0.30%	2.14
Performance pay and bonuses	0.00%	-
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	5.47%	18.52
Performance pay and bonuses	0.00%	-

The Health Board does not pay any performance pay or other bonuses

9.7 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2023-24 tax year (2022-23 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1st April 2017.

10. Public Sector Payment Policy - Measure of Compliance

10.1 Prompt payment code - measure of compliance

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the Health Board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

	2023-24	2023-24	2022-23	2022-23
	Number	£000	Number	£000
NHS				
Total bills paid	5,139	236,199	5,009	246,350
Total bills paid within target	4,445	225,050	4,352	239,972
Percentage of bills paid within target	86.5%	95.3%	86.9%	97.4%
Non-NHS				
Total bills paid	314,675	469,951	315,307	482,714
Total bills paid within target	302,538	436,052	298,578	440,446
Percentage of bills paid within target	96.1%	92.8%	94.7%	91.2%
Total				
Total bills paid	319,814	706,150	320,316	729,064
Total bills paid within target	306,983	661,102	302,930	680,418
Percentage of bills paid within target	96.0%	93.6%	94.6%	93.3%

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2023-24	2022-23
	£	£
Amounts included within finance costs (note 7) from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
Total	0	0

11.1 Property, plant and equipment

2023-24

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost at 31 March bf	40,795	437,749	10,214	38,505	145,297	1,303	47,917	4,566	726,346
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
Cost or valuation at 1 April 2023	40,795	437,749	10,214	38,505	145,297	1,303	47,917	4,566	726,346
Indexation	(1,041)	18,581	609	0	0	0	0	0	18,149
Additions									
- purchased	209	1,032	0	34,507	3,312	357	5,133	201	44,751
- donated	0	0	0	0	258	0	1	0	259
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	6	0	0	0	6
Reclassifications	0	33,450	0	(44,881)	8,711	0	1,399	0	(1,321)
Revaluations	128	(523)	0	0	0	0	0	0	(395)
Reversal of impairments	0	7,538	0	0	0	0	0	0	7,538
Impairments	(221)	(23,469)	0	0	0	0	(32)	0	(23,721)
Reclassified as held for sale	(170)	0	0	0	0	0	0	0	(170)
Disposals	0	0	0	0	(8,218)	0	(12,964)	(308)	(21,490)
At 31 March 2024	39,700	474,359	10,823	28,131	149,366	1,660	41,454	4,459	749,952
Depreciation at 31 March bf	0	12,591	316	0	98,176	1,154	33,464	2,234	147,935
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
Depreciation at 1 April 2023	0	12,591	316	0	98,176	1,154	33,464	2,234	147,935
Indexation	0	751	19	0	0	0	0	0	770
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	(602)	0	0	0	0	0	0	(602)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(4,525)	0	0	0	0	0	0	(4,525)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(8,204)	0	(12,923)	(308)	(21,435)
Provided during the year	0	15,770	335	0	11,017	76	4,820	433	32,451
At 31 March 2024	0	23,985	670	0	100,989	1,230	25,361	2,359	154,594
Net book value at 1 April 2023	40,795	425,158	9,898	38,505	47,121	149	14,453	2,332	578,411
Net book value at 31 March 2024	39,700	450,374	10,153	28,131	48,377	430	16,093	2,100	595,358
Net book value at 31 March 2024 comprises :									
Purchased	39,700	446,995	10,153	28,130	46,638	430	16,075	2,099	590,220
Donated	0	2,682	0	0	609	0	18	0	3,309
Government Granted	0	697	0	0	1,129	0	0	3	1,829
At 31 March 2024	39,700	450,374	10,153	28,130	48,376	430	16,093	2,102	595,358
Asset financing :									
Owned	37,820	385,607	10,153	28,005	48,376	430	16,093	2,102	528,586
On-SoFP MIMS Funded PPP contracts	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	1,880	64,767	0	125	0	0	0	0	66,772
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2024	39,700	450,374	10,153	28,130	48,376	430	16,093	2,102	595,358

The net book value of land, buildings and dwellings at 31 March 2024 comprises :

	£000
Freehold	500,227
Long Leasehold	0
Short Leasehold	0
	500,227

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account. 0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

Write Downs

£18.948m of assets have been written down to depreciated replacement cost following the initial professional valuation on completion of 9 specialised building assets. These are detailed in Note 13 on page 50 of these accounts.

11.1 Property, plant and equipment

2022-23

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost at 31 March bf	39,850	438,311	10,043	40,475	140,081	1,350	44,471	3,997	718,578
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	(283)	(768)	0	0	0	0	0	0	(1,051)
Cost or valuation at 1 April 2022	39,567	437,543	10,043	40,475	140,081	1,350	44,471	3,997	717,527
Indexation	(1,262)	19,488	463	0	0	0	0	0	18,689
Additions									
- purchased	29	460	0	28,899	4,065	12	3,877	716	38,058
- donated	0	110	0	0	121	0	1	0	232
- government granted	0	0	0	0	43	0	0	0	43
Transfer from/into other NHS bodies	0	0	0	(1,788)	0	0	0	0	(1,788)
Reclassifications	0	22,959	0	(29,081)	5,181	0	940	0	(1)
Revaluations	2,682	(46,757)	(292)	0	0	0	0	0	(44,367)
Reversal of impairments	74	15,922	0	0	0	0	0	0	15,996
Impairments	(295)	(11,976)	0	0	0	0	0	0	(12,271)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(4,194)	(59)	(1,372)	(147)	(5,772)
At 31 March 2023	40,795	437,749	10,214	38,505	145,297	1,303	47,917	4,566	726,346
Depreciation at 31 March bf	0	49,354	1,207	0	92,272	1,166	29,671	1,991	175,661
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	(151)	0	0	0	0	0	0	(151)
Depreciation at 1 April 2022	0	49,203	1,207	0	92,272	1,166	29,671	1,991	175,510
Indexation	0	54	1	0	0	0	0	0	55
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	(49,198)	(1,207)	0	0	0	0	0	(50,405)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(1,965)	0	0	0	0	0	0	(1,965)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(4,179)	(59)	(1,372)	(147)	(5,757)
Provided during the year	0	14,497	315	0	10,083	47	5,165	390	30,497
At 31 March 2023	0	12,591	316	0	98,176	1,154	33,464	2,234	147,935
Net book value at 1 April 2022	39,567	388,340	8,836	40,475	47,809	184	14,800	2,006	542,017
Net book value at 31 March 2023	40,795	425,158	9,898	38,505	47,121	149	14,453	2,332	578,411
Net book value at 31 March 2023 comprises :									
Purchased	40,795	421,825	9,898	38,505	45,161	149	14,402	2,327	573,062
Donated	0	2,654	0	0	513	0	51	0	3,218
Government Granted	0	679	0	0	1,447	0	0	5	2,131
At 31 March 2023	40,795	425,158	9,898	38,505	47,121	149	14,453	2,332	578,411
Asset financing :									
Owned	38,855	365,160	9,898	38,505	47,121	149	14,453	2,332	516,473
On-SoFP PFI contracts	1,940	59,998	0	0	0	0	0	0	61,938
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2023	40,795	425,158	9,898	38,505	47,121	149	14,453	2,332	578,411

The net book value of land, buildings and dwellings at 31 March 2023 comprises :

	£000
Freehold	475,850
Long Leasehold	0
Short Leasehold	0
	<u>475,850</u>

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account. 0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

11. Property, plant and equipment (continued)**Disclosures:****i) Donated Assets**

The majority of donated assets were purchased from SBU Charitable funds.

ii) Valuations

The LHBs land and Buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

The LHB is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

iii) Asset Lives

Depreciated as follows:

- Land is not depreciated.
- Building asset lives are as determined by the District Valuer and range from 2 to 84.
- Equipment assets are allocated lives on based on the professional judgement and past experience of clinicians, finance staff and other Health Board professionals. The appropriateness of these lives is reviewed regularly
- Medical Equipment range from 5 to 15 Years
- Non-clinical Equipment - 5 Years
- Vehicles - 7 Years
- Furniture - 10 Years
- IMT Hardware & Software - 5 years or reflects contract life for some software assets

iv) Compensation

There has not been no compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

v) Write Downs

There have been two DEL impairments for the following schemes which are not continuing:

- WCCIS - £1.244m
- Wrap Around Ward, Morriston - £0.004m

vi) The LHB does not hold any property where the value is materially different from its open market value.

vii) Assets Held for Sale or sold in the period.

There are assets held for sale or sold in the period.

The following assets were valued on completion by the District Valuer:

- Orthopaedics NPT - April 2023
- National Imaging – MRI Scanner, Morriston - April 2023
- National Imaging – CT Scanner, Singleton - April 2023
- National Imaging – CT Scanner, NPT - July 2023
- Void Above Enfys - July 2023
- Environmental Modernisation Phase 2 - HSDU - July 2023
- National Imaging – SPECT CT, Morriston Hospital - October 2023
- Singleton Cladding Main Works - January 2024
- Morriston Server Room - January 2024
- Solar Farm Extension and Battery Storage - January 2024

IFRS 13 Fair value measurement

There are no assets requiring Fair Value measurement under IFRS 13.

11. Property, plant and equipment

11.2 Non-current assets held for sale

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance brought forward 1 April 2023	0	0	0	0	0	0
Plus assets classified as held for sale in the year	170	0	0	0	0	170
Revaluation	0	0	0	0	0	0
Less assets sold in the year	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2024	170	0	0	0	0	170
Balance brought forward 1 April 2022	0	0	0	0	0	0
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the year	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2023	0	0	0	0	0	0

11.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings below. Most are individually insignificant, however, six are significant in their own right:

- Briton Ferry PCC (GP1 Premises) held under land and buildings NBV at 31 March 2024 £1,203k
- Briton Ferry PCC (GP2 Premises) held under land and buildings NBV at 31 March 2024 £1,099k
- Mayhill PCC held under land and buildings NBV at 31 March 2024 £1,209k
- Port Talbot Resource Centre held under land and buildings NBV at 31 March 2024 £1,895k
- Vale of Neath PCC (GP2 Premises) held under land and buildings NBV at 31 March 2024 £2,656k
- NPT Modular Orthopaedic Theatres held under land and buildings NBV at 31 March 2024 £13,969k

	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
2023-24									
Cost or valuation at 31 March	0	16,224	0	0	1,250	903	1,101	0	19,478
Lease prepayments in relation to RoU Assets	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
Cost or valuation at 1 April	0	16,224	0	0	1,250	903	1,101	0	19,478
Additions	0	16,158	0	0	2,816	121	0	0	19,095
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	-420	0	0	0	0	0	0	-420
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	-75	-137	0	0	-212
At 31 March	0	31,982	0	0	3,791	887	1,101	0	37,741
Depreciation at 31 March	0	1,686	0	0	398	315	277	0	2,676
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
Depreciation at 1 April	0	1,686	0	0	398	315	277	0	2,676
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	-77	0	0	0	0	0	0	-77
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	-75	-137	0	0	-212
Provided during the year	0	3,085	0	0	739	255	26	0	4,085
At 31 March	0	4,674	0	0	1,062	433	303	0	6,472
Net book value at 1 April	0	14,538	0	0	852	588	824	0	16,802
Net book value at 31 March	0	27,288	0	0	2,729	454	798	0	31,269
RoU Asset Total Value Split by Lessor									
Lessor	Land £000	buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercom Leases	0	0	0	0	0	0	0	0	0
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Peppercom Leases	0	937	0	0	0	0	0	0	937
Other Public Sector Market Value Leases	0	0	0	0	0	0	0	0	0
Private Sector Peppercom Leases	0	0	0	0	0	0	0	0	0
Private Sector Market Value Leases	0	26,351	0	0	2,729	454	798	0	30,332
Total	0	27,288	0	0	2,729	454	798	0	31,269

11.3 Right of Use Assets

2022-23	Land & Buildings							Furniture & fittings	Total
	Land	buildings	Buildings	Dwellings	Plant and machinery	Transport equipment	Information technology		
	£000	£000	£000	£000	£000	£000	£000	£000	
Cost or valuation at 31 March	0	0	0	0	0	0	0	0	
Lease prepayments in relation to RoU Assets	0	0	0	0	0	0	0	0	
Transfer of Finance Leases from PPE Note	0	1,051	0	0	0	0	0	1,051	
Operating Leases Transitioning	0	14,929	0	0	1,186	863	1,101	18,079	
Cost or valuation at 1 April	0	15,980	0	0	1,186	863	1,101	19,130	
Additions	0	163	0	0	54	40	0	257	
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	
Disposals other than by sale	0	0	0	0	0	0	0	0	
Reclassifications	0	0	0	0	0	0	0	0	
Revaluations	0	81	0	0	0	0	0	81	
Reversal of impairments	0	0	0	0	0	0	0	0	
Impairments	0	0	0	0	0	0	0	0	
De-recognition	0	0	0	0	0	0	0	0	
At 31 March	0	16,224	0	0	1,250	903	1,101	19,478	
Depreciation at 31 March	0	0	0	0	0	0	0	0	
Transfer of Finance Leases from PPE Note	0	151	0	0	0	0	0	151	
Operating Leases Transitioning	0	0	0	0	0	0	0	0	
Depreciation at 1 April	0	151	0	0	0	0	0	151	
Recognition	0	0	0	0	0	0	0	0	
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	
Disposals other than by sale	0	0	0	0	0	0	0	0	
Reclassifications	0	0	0	0	0	0	0	0	
Revaluations	0	0	0	0	0	0	0	0	
Reversal of impairments	0	0	0	0	0	0	0	0	
Impairments	0	0	0	0	0	0	0	0	
De-recognition	0	0	0	0	0	0	0	0	
Provided during the year	0	1,535	0	0	398	315	277	2,525	
At 31 March	0	1,566	0	0	398	315	277	2,576	
Net book value at 1 April	0	15,829	0	0	1,186	863	1,101	18,979	
Net book value at 31 March	0	14,538	0	0	852	588	824	16,802	
RoU Asset Total Value Split by Lessor									
	Land	Land & buildings	Buildings	Dwellings	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
NHS Wales Peppercom Leases	0	0	0	0	0	0	0	0	0
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Peppercom Leases	0	994	0	0	0	0	0	0	994
Other Public Sector Market Value Leases	0	0	0	0	0	0	0	0	0
Private Sector Peppercom Leases	0	0	0	0	0	0	0	0	0
Private Sector Market Value Leases	0	13,544	0	0	852	588	824	0	15,808
Total	0	14,538	0	0	852	588	824	0	16,802

11.4 Right of Use Assets continued

Quantitative disclosures

	2023-24	2023-24	2023-24	2023-24	2022-23
	LAND	BUILDINGS	OTHER	TOTAL	
	£000	£000	£000	£000	£000
Maturity analysis					
Contractual undiscounted cash flows relating to lease liabilities					
Less than 1 year	0	3,322	1,186	4,508	2,461
2-5 years	0	12,842	1,999	14,842	7,197
> 5 years	0	13,222	1,221	14,444	6,749
Less finance charges allocated to future periods	0	-3,038	-474	-3,512	-752
Total	0	26,349	3,933	30,281	15,655
Lease Liabilities (net of irrecoverable VAT)				2023-24	2022-23
Current				3,817	2,324
Non-Current				26,465	13,330
Total				30,282	15,654
Amounts Recognised in Statement of Comprehensive Net Expenditure				2023-24	2022-23
Depreciation				4,084	2,526
Impairment				0	0
Variable lease payments not included in lease liabilities - Interest expense				696	158
Sub-leasing income				0	0
Expense related to short-term leases				0	0
Expense related to low-value asset leases (excluding short-term leases)				0	0
Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT)					
Interest expense				-696	-158
Repayments of principal on leases				-4,267	-2,623
Total				-4,963	-2,781

12. Intangible non-current assets

2023-24

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2023	13,200	0	1,029	0	0	0	14,229
Revaluation	0	0	0	0	0	0	0
Reclassifications	1,321	0	0	0	0	0	1,321
Reversal of impairments	0	0	0	0	0	0	0
Impairments	(1,244)	0	0	0	0	0	(1,244)
Additions- purchased	252	0	233	0	0	0	485
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(51)	0	(154)	0	0	0	(205)
Gross cost at 31 March 2024	13,478	0	1,108	0	0	0	14,586
Amortisation at 1 April 2023	10,079	0	117	0	0	0	10,196
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	1,608	0	0	0	0	0	1,608
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(205)	0	0	0	0	0	(205)
Amortisation at 31 March 2024	11,482	0	117	0	0	0	11,599
Net book value at 1 April 2023	3,121	0	912	0	0	0	4,033
Net book value at 31 March 2024	1,996	0	991	0	0	0	2,987
NBV at 31 March 2024							
Purchased	1,996	0	991	0	0	0	2,987
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2024	1,996	0	991	0	0	0	2,987

**12. Intangible non-current assets
2022-23**

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2022	12,862	0	1,029	0	0	0	13,891
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	338	0	0	0	0	0	338
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Gross cost at 31 March 2023	13,200	0	1,029	0	0	0	14,229
Amortisation at 31 March bf	8,232	0	117	0	0	0	8,349
NHS Wales Transfers	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0
Amortisation at 1 April 2022	8,232	0	117	0	0	0	8,349
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	1,847	0	0	0	0	0	1,847
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2023	10,079	0	117	0	0	0	10,196
Net book value at 1 April 2022	4,630	0	912	0	0	0	5,542
Net book value at 31 March 2023	3,121	0	912	0	0	0	4,033
NBV at 31 March 2023							
Purchased	3,121	0	912	0	0	0	4,033
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2023	3,121	0	912	0	0	0	4,033

Additional Disclosures re Intangible Assets

Disclosures:

i) Donated Assets

Swansea Bay University LHB has not received any donated intangible assets during the year.

ii) Recognition

Intangible assets acquired separately are initially recognised at fair value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred to date when the criteria for recognising internally generated assets has been met (see accounting policy 1.7 for criteria).

iii) Asset Lives

The useful economic life of Intangible non-current assets are assigned on an individual asset basis. Software is generally assigned a 5 year UEL and the UEL of internally generated software is based on the professional judgement of LHB professionals and Finance staff.

iv) Additions during the period

Additions during 2023/24 relate to software and licenses.

v) Disposals during the period

Disposals during 2023/24 relate to software and licenses.

13 . Impairments

	2023-24 Property, plant & equipment £000	2023-24 Right of Use Assets £000	2023-24 Intangible assets £000	2022-23 Property, plant & equipment £000	2022-23 Right of Use Assets £000	2022-23 Intangible assets £000
Impairments arising from :						
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment in the course of construction	4	0	1,244	153	0	0
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	191	0	0	0	0	0
Others (specify)	18,948	0	0	7,799	0	0
Reversal of Impairments	(7,317)	0	0	(13,642)	0	0
Total of all impairments	11,826	0	1,244	(5,689)	0	0

Analysis of impairments charged to reserves in year :

Charged to the Statement of Comprehensive Net Expenditure	11,659	0	1,244	(5,689)	0	0
Impairments as a result of revaluation/indexation Charged to Revaluation Reserve	166	0	0	0	0	0
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
Total	11,825	0	1,244	(5,689)	0	0

The impairment losses disclosed above as "other" comprise

£18.95m for the write down to depreciated replacement cost following the initial professional valuation on completion of 9 specialised building assets as detailed below ;

- Orthopaedics NPT	£1.525m
- National Imaging – MRI Scanner, Morriston	£0.971m
- National Imaging – CT Scanner, NPT	£0.477m
- Void Above Enfys, Morriston Hospital	£2.660m
- Environmental Modernisation Phase 2 - HSDU	£0.102m
- National Imaging – SPECT CT, Morriston Hospital	£0.591m
- Singleton Cladding Main Works	£9.721m
- Morriston Server Room	£0.369m
- Solar Farm Extension and Battery Storage	£2.534m

14.1 Inventories

	31 March	31 March
	2024	2023
	£000	£000
Drugs	5,855	4,982
Consumables	6,015	5,275
Energy	394	457
Work in progress	0	0
Other	0	0
Total	12,264	10,714
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31 March	31 March
	2024	2023
	£000	£000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	0	0

Note 14.1 discloses the stock values held at 31st March 2024. Where stock is counted manually stock takes are undertaken throughout February and March in order to ensure that stock valuations are available at the balance sheet date due to the time taken to price the items of stock counted.

In line with the 2015-16 guidance Note 14.2 only relates to Health bodies that purchase assets to sell and as such does not apply to the Health Board.

15. Trade and other Receivables

Current	31 March 2024 £000	31 March 2023 £000
Welsh Government	1,376	1,534
WHSSC / EASC	5,087	5,009
Welsh Health Boards	5,824	5,770
Welsh NHS Trusts	2,436	1,632
Welsh Special Health Authorities	1,407	995
Non - Welsh Trusts	454	295
Other NHS	214	155
2019-20 Scheme Pays - Welsh Government Reimbursement	3	10
Welsh Risk Pool Claim reimbursement		
NHS Wales Secondary Health Sector	62,693	44,156
NHS Wales Primary Sector FLS Reimbursement	263	418
NHS Wales Redress	1,131	903
Other	0	0
Local Authorities	1,900	914
Capital receivables - Tangible	0	0
Capital receivables - Intangible	0	0
Other receivables	10,101	8,074
Provision for irrecoverable debts	(2,282)	(2,326)
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	9,486	7,910
Other accrued income	185	191
Sub total	100,278	75,640
Non-current		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	966	1,094
Welsh Risk Pool Claim reimbursement;		
NHS Wales Secondary Health Sector	141,720	123,494
NHS Wales Primary Sector FLS Reimbursement	13	0
NHS Wales Redress	0	2
Other	0	0
Local Authorities	0	0
Capital receivables - Tangible	0	0
Capital receivables - Intangible	0	0
Other receivables	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	0	0
Other accrued income	0	0
Sub total	142,699	124,590
Total	242,977	200,230

15. Trade and other Receivables (continued)

Receivables past their due date but not impaired

	31 March 2024 £000	31 March 2023 £000
By up to three months	15,519	13,147
By three to six months	397	387
By more than six months	460	617
	<u>16,376</u>	<u>14,151</u>

Expected Credit Losses (ECL) / Provision for impairment of receivables

Balance at 1 April	(2,326)	(2,916)
Transfer to other NHS Wales body	0	0
Amount written off during the year	119	58
Amount recovered during the year	3	4
(Increase) / decrease in receivables impaired	(78)	528
Bad debts recovered during year	0	0
Balance at 31 March	<u>(2,282)</u>	<u>(2,326)</u>

In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.

Receivables VAT

Trade receivables	4,052	2,360
Other	0	0
Total	<u>4,052</u>	<u>2,360</u>

16. Other Financial Assets

	Current		Non-current	
	31 March	31 March	31 March	31 March
	2024	2023	2024	2023
	£000	£000	£000	£000
Financial assets				
Shares and equity type investments				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Deposits	0	0	0	0
Loans	0	0	0	0
Derivatives	0	0	0	0
Other (Specify)				
Right of Use Asset Finance Sublease	0	0	0	0
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Total	0	0	0	0

RoU Sub-leasing income Recognised in Statement of Comprehensive Net Expenditure

	2023-24	2022-23
RoU Sub-leasing income	0	0

17. Cash and cash equivalents

	2023-24	2022-23
	£000	£000
Balance at 1 April	2,859	4,398
Net change in cash and cash equivalent balances	(35)	(1,539)
Balance at 31 March	2,824	2,859
Made up of:		
Cash held at GBS	2,725	2,774
Commercial banks	0	0
Cash in hand	99	85
Cash and cash equivalents as in Statement of Financial Position	2,824	2,859
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
Cash and cash equivalents as in Statement of Cash Flows	2,824	2,859

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

Lease Liabilities (ROUA) £0m
 Lease Liabilities (short-term and low value leases) £0m
 PFI liabilities: £6.044m

The movement relates to cash, no comparative information is required by IAS 7 in 2023-24.

18. Trade and other payables

Current	31 March	31 March
	2024	2023
	£000	£000
Welsh Government	59	46
WHSSC / EASC	2,473	907
Welsh Health Boards	3,042	5,052
Welsh NHS Trusts	4,386	2,966
Welsh Special Health Authorities	38	56
Other NHS	2,048	2,643
Taxation and social security payable / refunds	7,511	7,606
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	94	145
Other taxes payable to HMRC	0	2
NI contributions payable to HMRC	7,857	8,356
Non-NHS payables - Revenue	37,746	34,909
Local Authorities	1,186	353
Capital payables- Tangible	1,778	5,402
Capital payables- Intangible	281	38
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	3,817	2,324
Obligations under finance leases, HP contracts		
Imputed finance lease element of on SoFP PFI contracts	3,755	3,194
Impact of IFRS 16 on SoFP PFI contracts	1,488	0
Pensions: staff	10,019	9,325
Non NHS Accruals	110,924	134,752
Deferred Income:		
Deferred Income brought forward	876	660
Deferred Income Additions	171	810
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	(807)	(594)
Other creditors	162	214
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub Total	198,904	219,166
Non-current		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Other NHS	0	0
Taxation and social security payable / refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS payables - Revenue	0	0
Local Authorities	0	0
Capital payables- Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	26,465	13,330
Obligations under finance leases, HP contracts		
Imputed finance lease element of on SoFP PFI contracts	49,588	27,722
Impact of IFRS 16 on SoFP PFI contracts	4,673	0
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income :		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub Total	80,726	41,052
Total	279,630	260,218

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

Footnote re change in current year operating lease figures.

There were no transitioning or transferring operating leases during 2023-24 -this was only applicable in 2022-23.

All IFRS16 leases are under IFRS16 from the outset for 2023-24

18. Trade and other payables (continued).

Amounts falling due more than one year are expected to be settled as follows:	31 March	31 March
	2024	2023
	£000	£000
Between one and two years	7,597	3,471
Between two and five years	30,215	14,210
In five years or more	16,450	10,041
Sub-total	54,262	27,722

19. Other financial liabilities

Financial liabilities	Current		Non-current	
	31 March	31 March	31 March	31 March
	2024	2023	2024	2023
	£000	£000	£000	£000
Financial Guarantees:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Derivatives at fair value through SoCNE	0	0	0	0
Other:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Total	0	0	0	0

20. Provisions

	At 1 April 2023	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2024
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Clinical negligence-									
Secondary care	23,994	0	(1,272)	24,756	13,949	(6,665)	(9,941)	0	44,821
Primary care	268	0	0	0	35	(160)	(103)	0	40
Redress Secondary care	593	0	(72)	2	558	(148)	(224)	0	709
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	769	0	(70)	148	393	(622)	(34)	72	656
All other losses and special payments	0	0	0	0	152	(152)	0	0	0
Defence legal fees and other administration	1,693	0	0	388	1,501	(926)	(981)		1,675
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	36			3	39	(39)	(3)	1	37
2019-20 Scheme Pays - Reimbursement	10			0	50	(27)	0	0	33
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	2,488		(407)	0	4,885	(406)	(1,449)		5,111
Total	29,851	0	(1,821)	25,297	21,562	(9,145)	(12,735)	73	53,082

Non Current

Clinical negligence-									
Secondary care	121,369	0	(1,529)	(24,756)	56,328	(1,646)	(10,759)	0	139,007
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	2	0	0	(2)	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	3,813	0	0	(148)	1,679	(932)	(349)	0	4,063
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	2,332	0	0	(388)	1,668	(300)	(271)		3,041
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	12			(3)	1	0	0	0	10
2019-20 Scheme Pays - Reimbursement	1,094			0	0	0	(158)	0	936
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	250	0	0	0	250
Other Capital Provisions	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	128,622	0	(1,529)	(25,297)	59,926	(2,878)	(11,537)	0	147,307

TOTAL

Clinical negligence-									
Secondary care	145,363	0	(2,801)	0	70,277	(8,311)	(20,700)	0	183,828
Primary care	268	0	0	0	35	(160)	(103)	0	40
Redress Secondary care	593	0	(72)	0	558	(148)	(224)	0	709
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	4,582	0	(70)	0	2,072	(1,554)	(383)	72	4,719
All other losses and special payments	0	0	0	0	152	(152)	0	0	0
Defence legal fees and other administration	4,025	0	0	0	3,169	(1,226)	(1,252)		4,716
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	48			0	40	(39)	(3)	1	47
2019-20 Scheme Pays - Reimbursement	1,104			0	50	(27)	(158)	0	969
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	250	0	0	0	250
Other Capital Provisions	0			0	0	0	0	0	0
Other	2,488		(407)	0	4,885	(406)	(1,449)		5,111
Total	158,473	0	(3,350)	0	81,488	(12,023)	(24,272)	73	200,389

Expected timing of cash flows:

	In year to 31 March 2025	Between 1 April 2025 and 31 March 2029	Thereafter	Total
				£000
Clinical negligence-				
Secondary care	44,821	139,009	0	183,830
Primary care	40	0	0	40
Redress Secondary care	709	0	0	709
Redress Primary care	0	0	0	0
Personal injury	656	1,750	2,314	4,720
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	1,675	3,039	0	4,714
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	37	10	0	47
2019-20 Scheme Pays - Reimbursement	33	63	873	969
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	0	0	250	250
Other Capital Provisions	0	0	0	0
Other	5,111	0	0	5,111
Total	53,082	143,871	3,437	200,390

20. Provisions (continued)

	At 1 April 2022	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2023
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Clinical negligence:-									
Secondary care	19,969	(7,834)	(4,151)	11,834	27,190	(16,284)	(6,730)	0	23,994
Primary care	70	0	0	0	298	(35)	(65)	0	268
Redress Secondary care	538	0	(98)	0	633	(202)	(278)	0	593
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	652	0	0	424	817	(728)	(320)	(76)	769
All other losses and special payments	0	0	0	0	100	(100)	0	0	0
Defence legal fees and other administration	1,624	0	0	150	1,994	(1,047)	(1,028)		1,693
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	41			3	36	(39)	(4)	(1)	36
2019-20 Scheme Pays - Reimbursement	28			0	6	(24)	0	0	10
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	1,527		0	0	2,191	(140)	(1,090)		2,488
Total	24,449	(7,834)	(4,249)	12,411	33,265	(18,599)	(9,515)	(77)	29,851
Non Current									
Clinical negligence:-									
Secondary care	117,107	0	0	(11,834)	20,153	(857)	(3,200)	0	121,369
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	2	0	0	0	2
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	5,472	0	0	(424)	115	0	(1,350)	0	3,813
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	1,685	0	0	(150)	843	(44)	(2)		2,332
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	17			(3)	0	0	(2)	0	12
2019-20 Scheme Pays - Reimbursement	1,925			0	0	0	(831)	0	1,094
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	126,206	0	0	(12,411)	21,113	(901)	(5,385)	0	128,622
TOTAL									
Clinical negligence:-									
Secondary care	137,076	(7,834)	(4,151)	0	47,343	(17,141)	(9,930)	0	145,363
Primary care	70	0	0	0	298	(35)	(65)	0	268
Redress Secondary care	538	0	(98)	0	635	(202)	(278)	0	595
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	6,124	0	0	0	932	(728)	(1,670)	(76)	4,582
All other losses and special payments	0	0	0	0	100	(100)	0	0	0
Defence legal fees and other administration	3,309	0	0	0	2,837	(1,091)	(1,030)		4,025
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	58			0	36	(39)	(6)	(1)	48
2019-20 Scheme Pays - Reimbursement	1,953			0	6	(24)	(831)	0	1,104
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	1,527		0	0	2,191	(140)	(1,090)		2,488
Total	150,655	(7,834)	(4,249)	0	54,378	(19,500)	(14,900)	(77)	158,473

21. Contingencies

21.1 Contingent liabilities

	2023-24 £'000	2022-23 £'000
Provisions have not been made in these accounts for the following amounts :		
Legal claims for alleged medical or employer negligence:-		
Secondary care	148,238	173,077
Primary care	889	689
Redress Secondary care	0	0
Redress Primary care	0	0
Doubtful debts	0	0
Equal Pay costs	0	0
Defence costs	3,293	3,903
Continuing Health Care costs	189	120
Other	0	0
Total value of disputed claims	<u>152,610</u>	<u>177,789</u>
Amounts (recovered) in the event of claims being successful	<u>(149,708)</u>	<u>(174,008)</u>
Net contingent liability	<u>2,901</u>	<u>3,781</u>

21.2 Remote Contingent liabilities

	2023-24	2022-23
	£000	£000
Guarantees	0	0
Indemnities	141	106
Letters of Comfort	0	0
	<hr/>	<hr/>
Total	141	106
	<hr/>	<hr/>

21.3 Contingent assets

	2023-24	2022-23
	£000	£000
The Health Board has no contingent assets	0	0
	<hr/>	<hr/>
Total	0	0
	<hr/>	<hr/>

22. Capital commitments

Contracted capital commitments at 31 March

The disclosure of future capital commitments not already disclosed as liabilities in the accounts.

	2023-24	2022-23
	£000	£000
Property, plant and equipment	7,035	19,288
Right of Use Assets	0	0
Intangible assets	0	0
	<hr/>	<hr/>
Total	7,035	19,288
	<hr/>	<hr/>

23. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, the payments in this note are prepared on a cash basis.

Gross loss to the Exchequer

23.1 Number of cases and associated amounts paid out during the financial year

	Amounts paid out during period to 31 March 2024	
	Number	£
Clinical negligence	118	8,621,531
Personal injury	20	1,082,162
All other losses and special payments	164	151,672
Total	302	9,855,365

23.2 Analysis of number of cases and associated amounts paid out during the financial year

Case Type	In year claims in excess of £300,000		Cumulative amount
	Case Number	£	£
Cases in excess of £300,000:			
08RVCMN0008	Clinical Negligence	0	390,000
08RVCMN0021	Clinical Negligence	0	1,129,996
10RYMMN0033	Clinical Negligence	0	1,300,000
10RYMMN0205	Clinical Negligence	0	481,250
10RYMMN0212	Clinical Negligence	0	6,091,100
10RYMMN0223	Clinical Negligence	0	3,935,000
11RYMMN0156	Clinical Negligence	0	2,331,278
12RYMMN0001	Clinical Negligence	0	1,254,880
12RYMMN0130	Clinical Negligence	0	958,319
13RYMMN0010	Clinical Negligence	0	730,311
13RYMMN0037	Clinical Negligence	0	331,247
13RYMMN0094	Clinical Negligence	0	778,061
13RYMMN0115	Clinical Negligence	0	655,000
13RYMMN0218	Clinical Negligence	0	850,000
13RYMMN0225	Clinical Negligence	0	940,000
13RYMMN0234	Clinical Negligence	0	565,000
13RYMMN0235	Clinical Negligence	0	5,595,000
13RYMMN0247	Clinical Negligence	0	461,375
14RYMMN0033	Clinical Negligence	0	810,000
14RYMMN0034	Clinical Negligence	0	2,271,281
14RYMMN0047	Clinical Negligence	0	547,837
14RYMMN0083	Clinical Negligence	0	351,904
14RYMMN0103	Clinical Negligence	0	2,610,619
14RYMMN0110	Clinical Negligence	0	301,705
14RYMMN0120	Clinical Negligence	0	4,362,000
14RYMMN0122	Clinical Negligence	0	967,500
14RYMMN0131	Clinical Negligence	0	510,573
14RYMMN0136	Clinical Negligence	0	2,684,463
15RYMMN0040	Clinical Negligence	0	2,906,000
15RYMMN0151	Clinical Negligence	0	6,700,000
15RYMMN0154	Clinical Negligence	0	1,218,995
15RYMMN0176	Clinical Negligence	0	1,778,329
15RYMMN0190	Clinical Negligence	0	1,588,000
15RYMMN0232	Clinical Negligence	0	522,550
15RYMMN0240	Clinical Negligence	0	417,100
16RYMMN0057	Clinical Negligence	0	890,133
16RYMMN0068	Clinical Negligence	0	490,000
16RYMMN0126	Clinical Negligence	0	792,500
16RYMMN0161	Clinical Negligence	0	2,431,831
16RYMMN0185	Clinical Negligence	0	360,000
16RYMMN0199	Clinical Negligence	0	446,069
17RYMMN0006	Clinical Negligence	0	1,912,500
17RYMMN0030	Clinical Negligence	0	1,360,284
17RYMMN0040	Clinical Negligence	0	362,500
17RYMMN0047	Clinical Negligence	0	311,830
17RYMMN0090	Clinical Negligence	0	372,000
17RYMMN0102	Clinical Negligence	0	1,267,500
17RYMMN0114	Clinical Negligence	0	1,395,000
17RYMMN0176	Clinical Negligence	0	325,000
18RYMMN0048	Clinical Negligence	1	570,000
18RYMMN0061	Clinical Negligence	0	710,000
18RYMMN0076	Clinical Negligence	1	425,000
18RYMMN0092	Clinical Negligence	0	1,130,000
18RYMMN0095	Clinical Negligence	1	1,184,721
18RYMMN0107	Clinical Negligence	1	630,601
18RYMMN0122	Clinical Negligence	0	616,912
18RYMMN0156	Clinical Negligence	0	1,021,324
18RYMMN0158	Clinical Negligence	0	549,000
19RYMMN0003	Clinical Negligence	0	3,413,000
19RYMMN0019	Clinical Negligence	0	610,000
19RYMMN0048	Clinical Negligence	1	338,970
19RYMMN0063	Clinical Negligence	1	502,500
19RYMMN0065	Clinical Negligence	1	499,306
19RYMMN0067	Clinical Negligence	1	367,500
19RYMMN0077	Clinical Negligence	1	459,375
19RYMMN0080	Clinical Negligence	0	575,772
19RYMMN0243	Clinical Negligence	0	308,475
20RYMMN0002	Clinical Negligence	0	482,000
21RYMMN0094	Clinical Negligence	1	375,000
20RYMPI0036	Personal Injury	1	753,812
20RYMPI0037	Personal Injury	0	555,562
		No of cases	£
Sub-total		11	5,016,809
All other cases paid in year		291	4,838,557
Total cases paid in year		302	9,855,366
			£
			88,707,929
			27,446,341
			116,154,270

24. Right of Use leases obligations

24.1 Obligations (as lessee)

Amounts payable under right of use asset leases:

2023-24

	LAND	BUILDINGS	OTHER	TOTAL
	31 March	31 March	31 March	31 March
	2024	2024	2024	2024
	£000	£000	£000	£000
Minimum lease payments				
Within one year	0	3,322	1,186	4,508
Between one and five years	0	12,842	1,999	14,842
After five years	0	13,222	1,221	14,444
Less finance charges allocated to future periods	0	-3,038	-474	-3,512
Minimum lease payments	0	26,349	3,933	30,281
Included in:				
Current borrowings	0	2,736	1,080	3,817
Non-current borrowings	0	23,613	2,852	26,465
	0	26,349	3,932	30,282
Present value of minimum lease payments				
Within one year	0	2,736	1,080	3,817
Between one and five years	0	11,137	1,731	12,868
After five years	0	12,476	1,121	13,597
Present value of minimum lease payments	0	26,349	3,932	30,282
Included in:				
Current borrowings	0	2,736	1,080	3,817
Non-current borrowings	0	23,613	2,852	26,465
	0	26,349	3,932	30,282

2022-23

	LAND	BUILDINGS	OTHER	TOTAL
	31 March	31 March	31 March	31 March
	2023	2023	2023	2023
	£000	£000	£000	£000
Minimum lease payments				
Within one year	0	1,550	911	2,461
Between one and five years	0	5,898	1,299	7,197
After five years	0	6,749	0	6,749
Less finance charges allocated to future periods	0	-724	-28	-752
Minimum lease payments	0	13,473	2,182	15,655
Included in:				
Current borrowings	0	1,430	894	2,324
Non-current borrowings	0	12,043	1,288	13,331
	0	13,473	2,182	15,655
Present value of minimum lease payments				
Within one year	0	1,430	894	2,324
Between one and five years	0	5,551	1,288	6,839
After five years	0	6,492	0	6,492
Present value of minimum lease payments	0	13,473	2,182	15,655
Included in:				
Current borrowings	0	1,430	894	2,324
Non-current borrowings	0	12,043	1,288	13,331
	0	13,473	2,182	15,655

24.2 Right of Use Assets lease receivables (as lessor)

The Local Health Board has no RoU leases receivable as a lessor.

Amounts receivable under right of use assets leases:	2023-24	2022-23
	31 March	31 March
	2024	2023
	£000	£000
Gross Investment in leases		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current financial assets	0	0
Non-current financial assets	<u>0</u>	<u>0</u>
	<u>0</u>	<u>0</u>
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current financial assets	0	0
Non-current financial assets	<u>0</u>	<u>0</u>
	<u>0</u>	<u>0</u>

25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

The LHB has no PFI Schemes off-statement of financial position.

Commitments under off-SoFP PFI contracts	Off-SoFP PFI contracts	Off-SoFP PFI contracts
	31 March 2024 £000	31 March 2023 £000
Total payments due within one year	0	0
Total payments due between 1 and 5 years	0	0
Total payments due thereafter	0	0
Total future payments in relation to PFI contracts	<u>0</u>	<u>0</u>
Total estimated capital value of off-SoFP PFI contracts	<u>0</u>	<u>0</u>

25.2 PFI schemes on-Statement of Financial Position

Capital value of scheme included in Fixed Assets Note 11	£000 66,772
Contract start date:	12/05/2000
Contract end date:	31/05/2030

Total obligations for on-Statement of Financial Position PFI contracts due:

	On SoFP PFI Capital element 31 March 2024 £000	On SoFP PFI IFRS 16 impact on PFI Finance Charge 31 March 2024 £000	On SoFP PFI Imputed interest 31 March 2024 £000	On SoFP PFI Service charges 31 March 2024 £000
Total payments due within one year	5,243	1,488	3,364	6,240
Total payments due between 1 and 5 years	37,811	4,187	9,120	18,406
Total payments due thereafter	16,450	486	846	3,856
Total future payments in relation to PFI contracts	<u>59,504</u>	<u>6,161</u>	<u>13,330</u>	<u>28,502</u>

	On SoFP PFI Capital element 31 March 2023 £000	On SoFP PFI IFRS 16 impact on PFI Finance Charge 31 March 2023 £000	On SoFP PFI Imputed interest 31 March 2023 £000	On SoFP PFI Service charges 31 March 2023 £000
Total payments due within one year	3,194	0	4,972	5,326
Total payments due between 1 and 5 years	17,681	0	22,076	17,672
Total payments due thereafter	10,041	0	17,078	6,450
Total future payments in relation to PFI contracts	<u>30,916</u>	<u>0</u>	<u>44,126</u>	<u>29,448</u>

Total present value of obligations for on-SoFP PFI contracts	31/03/2024 £000 107,497
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25.3 Charges to expenditure

	2023-24	2022-23
	£000	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	3,325	2,747
Total expense for Off Statement of Financial Position PFI contracts	0	0
The total charged in the year to expenditure in respect of PFI contracts	<u>3,325</u>	<u>2,747</u>

The LHB is committed to the following annual charges

PFI scheme expiry date:	£000	£000
Not later than one year	0	0
Later than one year, not later than five years	0	0
Later than five years	16,334	13,492
Total	<u>16,334</u>	<u>13,492</u>

The estimated annual payments in future years will vary from those which the LHB is committed to make during the next year by the impact of movement in the Retail Prices Index.

25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	1	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

PFI Contract	On / Off- statement of financial position
Number of PFI contracts which individually have a total commitment > £500m	0

PFI Contract	On/Off
Neath Port Talbot Hospital	On

25.5 The LHB has no Public Private Partnerships

26. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The LHB is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The LHB has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the LHB in undertaking its activities.

Currency risk

The LHB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The LHB has no overseas operations. The LHB therefore has low exposure to currency rate fluctuations.

Interest rate risk

LHBs are not permitted to borrow. The LHB therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the LHB's funding derives from funds voted by the Welsh Government the LHB has low exposure to credit risk.

Liquidity risk

The LHB is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The LHB is not, therefore, exposed to significant liquidity risks.

27. Movements in working capital

	2023-24 £000	2022-23 £000
(Increase)/decrease in inventories	(1,550)	(1,342)
(Increase)/decrease in trade and other receivables - non-current	(18,109)	(4,018)
(Increase)/decrease in trade and other receivables - current	(24,638)	(10,250)
Increase/(decrease) in trade and other payables - non-current	39,674	10,136
Increase/(decrease) in trade and other payables - current	(20,262)	(18,707)
Total	(24,885)	(24,181)
Adjustment for accrual movements in fixed assets - creditors	(19,046)	19,224
Adjustment for accrual movements in fixed assets - debtors	0	0
Adjustment for accrual movements in right of use assets - creditors	(14,628)	0
Adjustment for accrual movements in right of use assets - debtors	0	0
Other adjustments	(6,161)	(11,761)
	(64,720)	(16,718)

28. Other cash flow adjustments

	2023-24 £000	2022-23 £000
Depreciation	36,536	30,497
Amortisation	1,608	1,847
(Gains)/Loss on Disposal	(10)	(116)
Impairments and reversals	12,902	(5,690)
Release of PFI deferred credits	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0
Covid assets received credited to revenue but non-cash	0	0
Donated assets received credited to revenue but non-cash	(259)	(232)
Government Grant assets received credited to revenue but non-cash	0	(43)
Right of Use Grant (Peppercorn Lease) credited to revenue but non cash	0	(969)
Non-cash movements in right of use assets	343	
Non-cash movements in provisions	53,940	26,324
Other movements	31,925	31,032
Total	136,985	82,650

Other movements are Notional funding received for the

- LHB notional 6.3% Staff Employer Pension Contributions and
- 2019/20 Pensions Annual Allowance Charge Compensation Scheme

funded directly to the NHSBA Pensions Division by Welsh Government.

29. Events after the Reporting Period

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 11th July 2024; following this, the financial statements were certified by the Auditor General for Wales on 12th July 2024.

Swansea Bay Health Board is not aware of any events after the reporting period which would require disclosure withing these financial statements.

Medical Pay Awards

NHS Wales bodies were notified on 28th June 2024 of the revised pay arrangements for employees covered by medical and dental terms and conditions of service in Wales, which will be funded by Welsh Government. The arrangements are confirmed in the following pay letters:

- Pay Letter M&D(W) 04/24 applying to junior doctors. This confirms an overall 12.4% pay award backdated to 1 April 2023 and includes the 5% pay award already implemented and recognised in the accounts for 2023-24.
- Pay Letter M&D(W) 02/24 confirms the reform of the consultant (amended Welsh contract) pay scale from 1 January 2024.
- Pay Letter M&D(W) 03/24 confirms the pay scales applicable from 1 January 2024 for medical and dental consultants employed on national terms and conditions on the 2021 Specialty and Specialist contracts and the closed 2008 Associate Specialist contract in Wales.

The additional 7.4% for junior doctors, and the increases for consultants and specialists have not been recognised in the 2023-24 financial statements because the obligating event was the publication of the pay circular issued on 28 June 2024. These costs will be accounted for in the 2024-25 Annual Accounts.

30. Related Party Transactions

A number of the HB's Board members have interests in related parties as follows:

Name	Details	Related Party Interest
Andrew Jarrett	Associate Member	Director of Social Services for Neath Port Talbot County Borough Council and Wife is Director of Fostering for Caretech Ltd
Anne Louise Ferguson	Special Advisor Independent Member	Spouse is Chairman of Cowbridge United Charities.
Ceirwen Jean Church	Independent Member	Daughter is Deputy Director of Primary Care Services
Darren Griffiths	Director of Finance and Acting Deputy CEO	He is Governor of Gower College Swansea (Role is on the Finance Committee and Board). Wife is Director for Wales for the Red Cross, the Red Cross has some services and contractual relationships with the Health Board
Emma Woollett	Chair	Trustee Bristol Zoological society and Chair/Trustee of Wales NHS Confederation
Hazel Lloyd May	Acting Director of Corporate Governance and Board Secretary	Spouse Director of Llanharan Pharmacy Ltd (Oct 20)
Jacquelin Davies	Independent Board member	Chair RCN Wales (No Financial Benefit), Chair South Wales Organ Donation Regional Network, Vice Chair of Royal College of Nursing Trade Union Committee (and Elected member for Wales), Board Member of People Speak Up (ATRS Health and Wellbeing) Charity.
Keith Reid	Executive Director of Public Health	Trustee / Director of Wallich
Keith Lloyd	Independent member	Chair Welsh Psychiatric society, Trustee + Chair Volcano Theatre Company, Trustee Heartbeat trust Charity, Board member MIND Cymru and Executive Dean and Pro Vice Chancellor at Swansea University
Nicola Matthews	Independent Member	Director of Wales National Pool, Trustee of Popham Kidney Support (Resigned this year), Local Councillor of Swansea Council and Local Community Councillor of Gorseinon Town Council. Her Father is Deputy Leader of Swansea Council.
Nuria Zolle	Independent Board member	Welsh Government National Advice Network (Appointed member 2020-21), Shelter Cymru Trustee, Trustee Ospreys in the Community, Practice Solutions – Consultancy and Sport Wales - NED/Public Appointment. Her Spouse/Partner - is Manager of National Studies at Audit Wales. Partner is not permitted to do any work in SBUHB.
Reena Owen	Independent Board Member	Trustee of Swansea Environment centre (Non financial)
Dr Richard Evans	Interim Chief Executive	Director - White Farm Estates (No Financial)
Stephen Spill	Independent Member, Vice Chair	Coastal Housing Group NED - Contractual arrangements with SBUHB, Trustee - Platform for change (Voluntary) which does provide some services to HBs in primary care, Karbon Homes Ltd, Owner and director of Timesfuture Limited, In2Matrix - Board Advisor, Gofal Enterprises Limited and App Cleaning Limited, Welsh Health Specialised Services Committee and Director of Ve2Vet Ltd (start-up affiliate of BSAVA)
Tom Crick	Independent Member	Non Executive Director - Llaw Llyfrau Welsh Water; Non Executive Director - Industry Wales; NED Ufcom Advisory Committee for Wales and Professor and Deputy Pro Vice Chancellor (Civic Mission) of Swansea University (Remunerated)

The total value of transactions with related parties in 2023/24 were as follows:

Related Party	Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
City and County of Swansea	19,937	3,832	890	744
Neath Port Talbot County Borough Council	13,207	5,452	291	1,089
Royal College of Nursing	30	30	30	0
Ospreys in the community	136	0	0	0
Mind	59	0	40	0
Ve2Vet Ltd	0	0	0	0
Gofal Enterprises Ltd and App Cleaning Ltd	0	1	0	0
In2Matrix	0	0	0	0
Welsh Water	894	0	61	0
Swansea University	7,207	669	800	122
British Red Cross Society	90	0	1	0
Platform for Change	14	0	0	0
Coastal Housing	161	0	0	0
Gower College Swansea	13	2	3	0
Wales NHS Confederation	65	0	0	0
Timesfuture LTD	0	0	0	0
Karbon Homes LTD	0	0	0	0
Caretech LTD	0	0	0	0
Cowbridge United Charities	0	0	0	0
Bristol Zoological Society	0	0	0	0
Llanharan Pharmacy Ltd	0	0	0	0
Wales National Pool	0	0	0	0
Popham Kidney Support	0	0	0	0
South Wales Organ Donation Regional Network	0	0	0	0
People Speak Up Charity	0	0	0	0
Wallich	80	102	13	26
Volcano Theatre Company	0	0	0	0
Heartbeat Trust Charity	0	0	0	0
Gorseinon Town Council	0	0	0	0
Shelter Cymru	0	0	0	0
Scott Wales	0	0	0	0
Swansea Environment Centre	0	0	0	0
Practice Solutions	0	0	0	0
White Farms Estate	0	0	0	0
Ofcom	0	0	0	0
Welsh Psychiatric society	0	0	0	0
	41,894	10,087	2,129	1,981

The Swansea Bay University Health Board Charity is the linked charity to the Swansea Bay University Health Board. During the financial year the health board for operational reasons may make payments on behalf of the NHS Charity and the NHS Charity may make payments on behalf of the health board. These payments are cleared monthly via an intercompany transfer within the financial ledgers. In 2023/24 the health board made cash payments of £1,038,896 on behalf of the NHS Charity and the NHS Charity made payments of £128,748 on behalf of the health board. As at 31st March 2024 the amount owed to the health board by the NHS Charity amounted to £5,432 with the health board owing the NHS Charity £28,701. These balances will be cleared in April 2024.

The Welsh Government is regarded as a related party. During the year the LHB have had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely:

Entity	Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Welsh Government	234	1,284,805	59	1,376
Welsh Health Specialised Services Commission	134,543	143,546	2,473	5,087
Anauhin Bevan UHB	1,154	3,762	332	906
Betsi Cadwaladr LHB	534	257	134	39
Cardiff & Vale UHB	8,583	6,504	1,697	607
Cwm Taf Morgannwg Morgannwg UHB	27,450	41,338	398	2,081
Digital Health and Care Wales	6,484	971	38	357
Health Education & Improvement Wales	-	17,844	-	1,050
Hywel Dda UHB	5,448	44,176	416	1,602
Powys THB	1,510	10,991	64	589
Public Health Wales NHS Trust	5,111	3,988	565	1,085
Velindre NHS Trust	55,600	7,135	3,633	1,325
Welsh Ambulance Services NHS Trust	1,795	129	188	26
	248,446	1,565,536	9,997	16,130

31. Third Party assets

The LHB held £952,526 cash at bank and in hand at 31 March 2024 (31st March 2023, £1,009,643) which relates to monies held by the LHB on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

Cash held in Patient's Investment Accounts amounted to £0.00 at 31st March 2024 (31st March 2023, £0). Due to a change in money laundering regulations during 2022/23, the LHB is no longer permitted to hold client call accounts in the names of patients, which was how the Lloyds investment accounts were held. As a result the Lloyds Investment accounts were closed by Lloyds Bank in August 2022 and the balance was transferred into the Patients Monies Current Account.

In addition the LHB had located on its premises a significant quantity of consignment stock. This stock remains the property of the supplier until it is used. The value of consignment stock at 31 March 2024 amounted to £1,384,708 (£969,855.75 as at 31st March 2023).

32. Pooled budgets

The Health Board (Swansea Locality) has participated in a formal pooled budget arrangement in 2023/24 which commenced in April 2012 and replaced previous agreements in place between 2008/09 and March 2012.. The pooled budget arrangement is accounted for in accordance with IFRS 11, Joint Arrangements and IFRS 12, Disclosure of Interests in Other Entities.

Section 33 Partnership : Community Equipment

1. Statutory Partners

City & County of Swansea
Neath Port Talbot County Borough Council
Swansea Bay University Health Board

2. Aims of the Partnership

To provide an integrated community equipment service that meets the defining criteria and good practice within the guidance

To provide a flexible and responsive service for users and practitioners through a unified assessment and provisioning system which

To meet national and local standards and performance indicators, in particular to provide a high percentage of equipment and minor

To support intermediate care, palliative care and hospital discharge initiatives and to build on and consolidate existing joint

To develop more accessible services with consistent eligibility criteria, which will improve co-ordination between partner agencies

To provide an assessment, demonstration display and learning facility for service users and practitioners from health, education and

To meet the above in respect of beds, mattresses and cot sides and other equipment

3. Pooled Budget Memorandum Account

Gross Funding	2023/24	2022/23	2021/22
	£	£	£
City & County of Swansea	647,500	634,110	634,800
Neath Port Talbot County Borough Council	364,250	356,730	357,190
Swansea Bay University Health Board	1,488,250	1,309,160	1,308,010
Other	1,025,606	632,080	356,365
Total Funding	3,525,606	2,932,080	2,656,365
Expenditure	3,872,781	3,419,496	3,101,992
Net (under)/over spend	347,175	487,416	445,627

33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

IFRS 8 requires bodies to report information about each of its operating segments.

Swansea Bay University Health Board has organised its operational services into 4 Service Groups. Two of these service groups are centred on the Health Board's main hospital sites of Morriston, Neath Port Talbot, and Singleton. The remaining two service groups cover Mental Health and Learning Disabilities Services and Primary Care Community and Therapy Services

The LHB has formed the view that the activities of its service groups are sufficiently similar for the results of their operations not to have to be disclosed separately. In reaching this decision the Health Board is satisfied that the following criteria are met:

1. Aggregation still allows users to evaluate the business and its operating environment
2. Service Groups have similar economic characteristics
3. The Service Groups are similar in respect of all of the following
 - > The nature of the service provided
 - > The Service Groups operate fundamentally similar processes
 - > The end customers (the patients) fall into broadly similar categories
 - > The Service Groups share a common regulatory environment

The LHB did operate as a home to 1 hosted body during 2023/24.

The only hosted body is the Emergency Medical Retrieval and Transfer Service (EMRTS). This service provides pre-hospital critical care for all age groups and undertakes time critical life or limb threatening adult and paediatric transfers from Emergency Departments, Medical Assessment Units, Intensive Care Units and Minor Injury Units for patients requiring specialist intervention at the receiving hospital. The service is mainly funded directly by Welsh Government

During 2023/24 these accounts contain income of £0.468m and expenditure of £9.129m in respect of EMRTS.

The LHB does not consider the amounts involved to be sufficiently material to be reported as a separate segment.

34. Other Information

34.1. 6.3% Staff Employer Pension Contributions - Notional Element

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2023 to 31 March 2024. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2023 and February 2024 alongside Health Board/Trust/SHA data for March 2023.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

	2023-24 £000	2022-23 £000
Statement of Comprehensive Net Expenditure for the year ended 31 March 2024		
Expenditure on Primary Healthcare Services	0	0
Expenditure on Hospital and Community Health Services	31,901	28,483
 Statement of Changes in Taxpayers' Equity For the year ended 31 March 2024		
Net operating cost for the year	31,901	28,483
Notional Welsh Government Funding	31,901	28,483
 Statement of Cash Flows for year ended 31 March 2024		
Net operating cost for the financial year	31,901	28,483
Other cash flow adjustments	0	28,483
 2.1 Revenue Resource Performance		
Revenue Resource Allocation	31,901	28,483
 3. Analysis of gross operating costs		
3.1 Expenditure on Primary Healthcare Services		
General Medical Services	0	0
 3.3 Expenditure on Hospital and Community Health Services		
Directors' costs	79	60
Staff costs	31,822	28,423
 9.1 Employee costs		
Permanent Staff		
Employer contributions to NHS Pension Scheme	31,901	28,483
Charged to capital	24	41
Charged to revenue	31,877	28,442
 18. Trade and other payables		
Current		
Pensions: staff	0	0
 28. Other cash flow adjustments		
Other movements	31,925	28,483

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

LOCAL HEALTH BOARDS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2011 and subsequent financial years in respect of the Local Health Boards (LHB)¹, in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the LHB shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year in which the accounts are being prepared, and has been applied by the Welsh Government and detailed in the NHS Wales LHB Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the LHB for the year ended 31 March 2011 and subsequent years shall comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied by the Welsh Assembly Government, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst

Dated :

1. Please see regulation 3 of the 2009 No.1559 (W.154); NATIONAL HEALTH SERVICE, WALES; The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009.