Annual General Meeting

Tue 19 July 2022, 12:30 - 14:30

Agenda

12:30 - 12:45
15 min

1. Welcome, Introductions & Minutes of AGM 2021

Charles Janczewski

- 1. AGM minutes2021 MD.NF.pdf (8 pages)

12:45 - 13:00
15 min

2. Annual Report 2021/22

Suzanne Rankin

- 2 CAV_ANNUAL_REPORT_2021_2022.pdf (247 pages)
- 2a. CAV_ANNUAL_REPORT_WELSH_2021_2022 V2.pdf (168 pages)
- 2b. C&V AR Abridged Version.pdf (6 pages)
- 2c. C&V AR Abridged Version - WELSH 1.pdf (6 pages)

13:00 - 13:30
30 min

3. Financial Accounts 2021/22

Catherine Phillips

- 3. - Financial Accounts - AGM Presentation 2021-22 - 19 July 2022.pdf (11 pages)

13:30 - 13:50
20 min

4. Questions from the Public on Annual Report and Accounts 2021/22

Charles Janczewski

13:50 - 13:55
5 min

5. Adoption of the Annual Report and Accounts

Charles Janczewski

13:55 - 14:00
5 min

6. Our Year in Review

14:00 - 14:15
15 min

7. Quality & Safety

Meriel Jenney

14:15 - 14:20
5 min

8. Closing remarks and thanks

Charles Janczewski

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Unconfirmed Minutes of the Annual General Meeting
Held on Thursday, 29th July 2021
Via Microsoft Teams.

Present:		
Charles Janczewski	CJ	UHB Chair
Ceri Phillips	CP	UHB Vice Chair
Len Richards	LR	Chief Executive Officer
Gary Baxter	GB	Independent Member - University
Steve Curry	SC	Chief Operating Officer
David Edwards	DE	Independent Member - ICT
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Executive Director of People and Culture
Akmal Hanuk	AH	Independent Member - Community
Abigail Harris	AH	Executive Director Strategy and Planning
Michael Imperato	MI	Independent Member - Legal
Fiona Jenkins	FJ	Executive Director of Therapies & Health Science
Mike Jones	MJ	Independent Member – Trade Union
Fiona Kinghorn	FK	Executive Director of Public Health
Christopher Lewis	CL	Deputy Director of Finance
Rhian Thomas	RT	Independent Member - Capital & Estates
John Union	JU	Independent Member - Finance
Ruth Walker	RW	Executive Nurse Director
Stuart Walker	SW	Executive Medical Director
Observers:		
Sam Austin	SA	Deputy Chief Executive at Llamau
Marcia Donovan	MD	Head of Corporate Governance
Ian Virgil	IV	Head of Internal Audit
Secretariat		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
Susan Elsmore	SE	Independent Member – Local Council
Catherine Phillips	CP	Executive Director of Finance

AGM 21/07/001 Mohamed,Sarah 29/07/2022 12:16:50	**Welcome and Introductions** The Chair of the Cardiff and Vale University Health Board (UHB Chair) welcomed everyone to Cardiff and Vale University Health Board's AGM in English and Welsh.	

	The UHB Chair confirmed that the AGM would focus on the previous 12 months within the Health Board. The UHB Chair advised attendees that Len Richards, the Chief Executive Officer (CEO), would sadly be leaving the Health Board and that the recruitment process for a new Chief Executive Officer had started. The UHB Chair thanked the CEO for his service over the past 4 years. A special "thank you" was also given to the Health Board's staff members for the outstanding commitment they had made to ensure that superb health care continued to be provided to the Health Board's population. The UHB Chair added that the purpose of the AGM was to provide an overview to the public on the achievements of the Health Board during 2020/21.	
AGM 21/07/002	**Apologies for Absence** Apologies for absence were noted.	
AGM 21/07/003	**Declarations of Interest** There were no declarations of interest noted.	
AGM 21/07/004	**Minutes from the Annual General Meeting held on the 24th September 2020.** The minutes of the Annual General Meeting held on the 24th September 2020 were received and confirmed to be an accurate record. **Resolved that:** The minutes of the Annual General Meeting held on the 24 September 2020 were approved as a true and accurate record.	
AGM 21/07/005	**Annual Report 2020/21** The CEO echoed the comments made by the UHB Chair and also thanked all members of staff for the work they had undertaken over the previous 12 months on behalf of himself, the Board and the Executive Team. The CEO introduced the Annual Report for 2020/21 and provided an update on the work undertaken within the Health Board over the previous 12 months, which included:	

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	• Continued work around the COVID-19 pandemic and the response from the Health Board • Management of the Health Board's Performance • Management of the Health Boards Service Challenges • Management of Staffing pressures • Engagement with communities and outlining priorities for the future The CEO noted that it would be his final Annual General Meeting and presented a snapshot of his 4 years in post as the CEO. He highlighted some of the areas in which he played a part in building new services for the Health Board, which included: • The Welsh Gender Service • Dragon's Heart Field Hospital and the Lakeside Wing • Major Trauma Centre • CAV247 • Rookwood Hospital move to University Hospital Llandough The CEO thanked colleagues for all of their support during his time working for the Health Board.	
AGM 21/07/006	**Financial Accounts 2020/21** The Deputy Director of Finance (DDF) introduced the Financial Accounts for 2020/21 presentation which provided an overview of income and expenditure for 2020/21, performance against financial target and a financial outlook for 2021/22. The DDF noted that the annual income for the Health Board as of March 31st 2021 was £1.683billion and that the expenditure for the Health Board was also £1.683billion. It was noted that the number of staff working for the Health Board was now a total of 16,525 The financial targets for 2020/21 were highlighted which included: • The duty to ensure that the Health Board's spending did not exceed the aggregate of the funding allotted to it over a period of 3 financial years (section 175 (1)).	

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- The duty to prepare, and get approved by the Welsh Ministers, a plan which achieved the above objective while improving the health and the provision of health to the population for which the Health Board was responsible (section 175 (2a)).

The DDF noted that the Health Board had a surplus of £0.090m against its revenue resource allocation in 2020/21. That formed part of an accumulated deficit over the 3-year period of £9.7m. Hence the Health Board did not achieve its statutory duty under section 175 (1).

Capital Expenditure

In addition to the financial duties on Revenue, it was noted that the Health Board had to contain its capital expenditure within its Capital Resource Allocation (which was set by the Welsh Government) over the same three-year period.

It was noted that in 2020/21 the Health Board had spent £0.104m below its Capital allocation and over the three-year period 2018/19 – 2020/21, the aggregated spend on Capital had shown a surplus of £0.267m against the aggregated Capital resource limit. Thus, the Health Board had achieved that financial duty.

The Health Board had spent £95.3m on Capital in 2020/21 and the largest areas of expenditure were:

- £33.2m COVID-19 surge capacity at UHW (Lakeside Wing)
- £11.0m Upgrading and maintaining the estate
- £10.9m Medical equipment
- £6.3m High Consequence Infectious Disease unit (HCID)
- £5.2m CRI Links
- £4.8m IT infrastructure and equipment
- £4.6m New facility to replace Rookwood Hospital
- £2.8m COVID 19 green zones
- £2.1m CRI chapel
- £2.0m Refit 2020 programme

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It was noted that the COVID-19 pandemic had impacted on the Health Board's ability to deliver the required recurrent savings in 2020/21 to meet the costs of inflationary and demand growth.

	The Health Board was told to assume that the shortfall (£21.3m) would be funded non-recurrently in 2021/22. The DDF advised attendees that the normal IMTP planning process remained paused and as requested by Welsh Government, the Health Board had submitted a one year Operational Plan for their review. It was noted that the plan set out the Health Board's ongoing response to COVID-19, service recovery proposals and other developments to meet national and local priorities. The DEDF presented final reflections which included: • 2020/21 had been an extremely challenging year given the service and financial uncertainties of the pandemic. • Substantial additional funding was provided by Welsh Government to support the Health Board's response to the pandemic. • £176.1m COVID-19 revenue funding had been received. • £53.2m COVID-19 capital funding had been received. • The Health Board had achieved a successful conclusion to the financial year with "in year" break even positions achieved on both Revenue and Capital • £90k surplus on Revenue Resource Limit against a £1.683bn turnover • £104k surplus on Capital Resource Limit against a £95.5m Capital programme • Delivery of the Health Board's Financial Plan in 2021/22 (i.e. breakeven) would allow the Health Board to achieve its statutory 3 year "break even" duty on revenue expenditure for the first time since the implementation of the NHS Finance Act.	
AGM 20/07/007 Mohamed.Sarah 19/07/2022 12:16:50	**Questions from the Public on Annual Report and Accounts 2020/21** The UHB Chair invited questions from the public and noted that they did not necessarily need to be in relation to the Annual Reports and Accounts. 1) A member of the pubic asked the CEO what he would miss most about Cardiff and Vale University Health Board. The CEO responded that it would most definitely be the staff.	

	2) A member of the public asked how the Health Board planned to be carbon neutral by 2030. The Executive Director of Strategic Planning (EDSP) responded that the Health Board acknowledged the climate emergency in January 2020 and had published a sustainability action plan. She added that the Health Board was now in the process of creating a carbon neutral plan which would be ongoing.	
AGM 20/07/008	**Our Year in Review** The UHB Chair Introduced a video presentation, 'Our Year in Review' which highlighted some of the Health Board's achievements and good work undertaken by the Health Board and its staff over the previous year.	
AGM 20/07/009	**COVID 19 Recovery and Moving Forward** The Executive Medical Director (EMD) presented a short slide deck that set out the Health Board's proposed plan and direction of travel for 2021-2022. He noted that as a Health Board there was a solid strategy and annual plan but it was noted that people were still living with Covid-19 and the Health Board was about to experience a significant transition with a change in leadership. The EMD noted that as a Health Board there would be significant challenges ahead. He noted that the population was still in the midst of a global pandemic with the trajectory of the virus constantly being reassessed and new variants emerging. It was noted that the operational element of the Reset and Recovery programme would be vast. The Health Board was currently looking at the backlog of waiting lists of almost 100,000 patients, of which 35,000 were over 35 week waits and which, sadly due to the second and third lockdown, had increased by a further 7,000 since March 2021. The EMD noted that it was important to reiterate the Health Board's strategic intentions and priorities to provide assurance: • There was no plan to change the Health Board's current aims and objectives as outlined in the strategy – 'Shaping our Future Wellbeing'. • The principles established in the strategy were still relevant and supported not only the Health Board's	

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ambitions but those of a Healthier Wales. (Welsh Government national strategy for Health)

Direction of Travel for the Health Board:

- Commitment to the direction of travel of the organisation
- Continuation of all key priority programmes
- Shaping our Future Clinical Services Plan
- Ambitious plans for a new University Hospital Wales
- Shaping our Future Community Services
- Population health agenda of intervention and prevention
- Transform and embed the Health Boards research and development including the Joint Research Office with Cardiff University
- Work around our people and culture programme
- Development of the international ambitions of the Dragon's Heart Institute to lead and transform services and innovation
- Continue to drive quality and improvement

The EMD added that the Health Board would not stop any of the key areas of business but would continue to deliver the Annual Plan (commitment to Welsh Government).

Covid Plans:

- Reality was that the population would be living with COVID-19 and variants for some time
- The Health Board would continue with its extensive Public Health support, TTP, Vaccination Programme, epidemiology support IP&C
- Reset and Recovery – there was a strong operational plan to continue with service delivery across all hospital services and clinics.
- Primary Care – the Health Board would continue the work with GPs and community providers
- Social care: the Health Board would continue to work and develop system care with the Local Authority for health and social care
- Preparedness: the Health Board would continue to build and develop plans, be pragmatic and agile in approach and mindset

The EMD noted that all of the areas mentioned was a significant undertaking and would present challenges as the Health Board reacted to changes and the unpredictability of COVID-19.

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The large toll that COVID-19 had already taken on the physical and mental wellbeing of staff was recognised.

The EMD noted that the Health Board had invested heavily though the Workforce support and the Health Charity in

	providing a range of self-help and more dedicated clinical psychological support from the Wellbeing Service. It was noted that alongside wellbeing, staff and community should have a Health Board which was an inclusive employer and service provider, with acknowledgment that staff were representative of various communities. The EMD noted that the Executive Team had focussed upon the nine protected characteristics and had a leader for Age, Race, Disability, Gender reassignment, religion or belief, marriage and civil partnerships, pregnancy and maternity, sex and sexual orientation. He added that, like Health Board staff, it would be incumbent upon the Executive Teams to ensure that the plans were shared with the population to demonstrate the Health Board's proposals and to involve patients in the future to reassure them that the Health Board was listening and responding to their needs as individuals and as a population.	
AGM 20/07/010	**Closing Remarks and adoption of Annual Report and Financial Accounts and Annual Quality Statement 2020/21** The Chair finally thanked everyone who had contributed to the success of the Health Board the previous year. **Resolved that:** The Board adopted: (a) The Annual Report and Accounts 2020/21.	

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Cardiff and Vale UHB
Annual Report
2021 - 2022

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Credit: Rachel Hannah

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

About Us

Cardiff and Vale University Health Board's aim is to care for people and keep people well. The Annual Report will outline the work of Cardiff and Vale University Health Board (the Health Board), highlight some of our key achievements and demonstrate how we are listening to the views and needs of our population, implementing many of these as part of our ambitious 10-year strategy: "Shaping our Future Wellbeing Strategy". Our priorities, key objectives and plans are set out in our quarterly plans and the reports presented to the Board and its Committees and provide an overview of what we are doing well and how we are listening to our public, patients and staff in order to achieve the strategy.

What's in this Annual Report?

Our Annual Report is part of a suite of documents that tell you about our organisation, the care we provide and what we do to plan, deliver and improve healthcare for you, in order to meet changing demands and future challenges. It provides information about our performance, what we have achieved in 2021-2022 and how we will improve next year. It also explains how important it is to work with you and listen to you to help you to take the best care of yourselves and to deliver better services that meet your needs and are provided as close to you as possible.

Our Annual Report for 2021-2022 includes:

- Our **Performance Report** which details how we have performed against our targets and actions planned to maintain or improve our performance.
- Our **Accountability Report** which details our key accountability requirements under the Companies Act 2006 and the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008. The Accountability Report includes our Annual Governance Statement (AGS) which provides information about how we manage and control our resources and risks, and comply with governance arrangements, the Remuneration and Staff Report, and the Parliamentary Accountability and Audit Report.
- Our **Financial Statements** (Audited Accounts) which detail how we have spent our money and met our obligations under the National Health Service Finance (Wales) Act 2014.

The Annual Report should be read in conjunction with other supporting documents, sign posted by means of web-links within this document.

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Accessibility

If you require additional copies of this document, it can be downloaded in both English and Welsh versions from our website. Alternatively, if you require the document in an alternative format, we can provide a summary of this document in different languages, larger print or Braille, please contact us using the details below:

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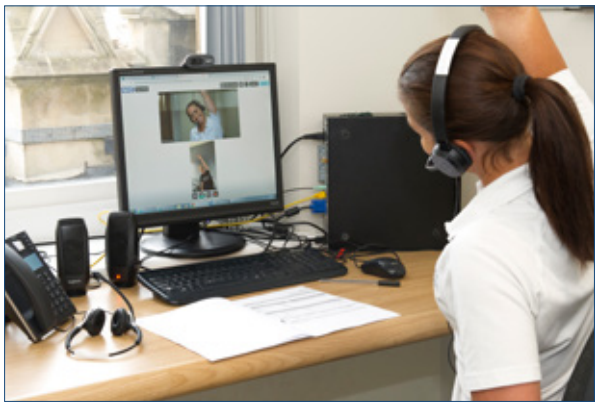

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1. Welcome from our Chair and Chief Executive

Thank you for reading Cardiff and Vale University Health Board's annual report for 2021 – 2022.

It has now been over two years since the UK entered the first lockdown of the COVID-19 pandemic (the pandemic) where life as we knew it changed and we needed to embrace and adapt to a new reality and ways of living and communicating with others.

The past two years have affected everyone in different ways and the NHS along with other public services had to adapt quickly to changes and decisions that were made, so that patients, colleagues and the public remained safe.

It is important to recognise the impact of the pandemic on patients, communities and healthcare workers alike throughout Cardiff and the Vale of Glamorgan, across the nation and globally and while restrictions have eased the full impact on people's mental health and physical wellbeing is yet to be fully seen or understood. Especially those who have suffered the loss of loved ones, friends or colleagues and have suffered loneliness or isolation. As we navigate our way through the recovery phase and seek to address the back log in patient care and need it's important to treat each other with kindness, respect and compassion.

The launch of the Cardiff Joint Research Office between Cardiff University and the Health Board is a considerable step forward for the future of research projects, clinical trials and new healthcare treatments as it brings the two organisations together to do the best for patients, our communities and the wider population. It firmly positions Cardiff as a research active and capable city attracting more investment, trials and innovation.

The Health Board has been instrumental in further research trials in collaboration with Cardiff University to improve the response to COVID-19 including the use of the vaccination to treat a patient with COVID-19 in what is thought to be the first instance of the vaccine being used for therapy instead of prevention. The patient had a long period of COVID-19 positivity, which was detected for at least 218 days. Researchers used two doses of the vaccine and very quickly saw a strong antibody response, much stronger than had been induced by the prolonged natural infection. The team also saw a strong T-cell response – the arm of the immune system thought to be crucial to fighting off the virus. As a result the patient was cleared from having COVID-19 72 days after receiving two doses of the vaccination.

The Health Board's teams worked innovatively to find new ways of delivering services digitally, with the emergence of video consultations to enable remote appointments, the development of digital support for patients such as the Keeping Me Well digital rehabilitation resource, and the expedited roll out of home working capabilities.

Some of these initiatives have remained and now outpatients' clinics and services can offer hybrid access for appointments including face to face, telephone and online which can be beneficial to patients and save unnecessary journeys to hospital sites.

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The Ophthalmology teams have shown great success by joining together Primary and Secondary Health Care, and maximising the use of digital advancements to reduce waiting times and improve outcomes for patients with urgent eye conditions. Through the mobilisation of four independent prescribing qualified optometrists the Health Board was able to move 94% of unscheduled care patients into Primary Care.

The prescribing optometrists would assess high priority patients using the OpenEyes electronic system to upload images and digitally share patient data with consultants for their virtual review and confirmation of treatments. More complex cases that could not be treated within Primary Care would then be referred to a consultant, minimising the need for hospital appointments and ensuring that only those requiring immediate intervention attended eye casualty.

This meant that the majority of eye conditions were able to be managed and treated by independent prescribing optometrists in the local community.

The Health Board has also played a crucial role in turning the tide against the virus, delivering in excess of 1.1 million vaccinations as part of the COVID-19 Mass Vaccination programme, including the booster dose to children aged 5-11 with underlying health conditions.

The vaccine teams and the COVID-19 Test, Trace and Protect Programme delivered locally by Health Board staff in collaboration with Cardiff Council, Vale of Glamorgan Council and colleagues in the Armed Forces, quickly became an essential part of limiting the spread of the virus to help keep people safe and reduce pressure on health services. All teams have worked tirelessly and have adapted very quickly to changes in guidance to keep the population safe.

Currently a key focus of the organisation is to restore and improve access to services that have been impacted by the pandemic, transform clinical pathways and in doing so, enhance services for patients and communities through the ambitious Recovery and Redesign programme.

The programme aims to identify and implement innovative approaches to health care to help reshape the way services deliver care for people in Cardiff and the Vale of Glamorgan, and beyond.

While this work is still being implemented we are already seeing great progress with the Same Day Emergency Care service, the new Ophthalmology theatres at UHW and the increase in service provision and access for gynaecology and endoscopy to improve diagnostics for patients.

We still have a long way to go in reducing the waiting lists that have grown as a result of the delays caused by the pandemic but we are working collaboratively across the Health Board, our partners and communities to address challenges, recover the situation and continue to improve access to care and treatment for all those who need it and to promote health and wellbeing and the avoidance of preventable illness, injury and disease. We are incredibly proud of the whole team at the Cardiff and Vale University Health Board. Every single member of the team has made an important and unique contribution over the last two years without whom much great care, treatment

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and support would simply not have been possible or delivered. We would like to take this opportunity to acknowledge the extraordinary efforts of our colleagues and thank them and their families and loved ones sincerely for their continued dedication, professionalism and compassion.

In addition, we would like to thank our partners and most of all the local citizens and communities for all your support over the past year and we look forward to deepening our collaboration and continuing to listen, understand and learn so that we can continue to improve in order to make a real difference for all we serve.

Suzanne Rankin
Chief Executive

Professor Charles Janczewski
UHB Chair

2. Cardiff and Vale Health Board Profile

2.1 About Us

Cardiff and Vale University Health Board is one of the largest NHS organisations in Europe. Established in 2009, it provides a range of health and wellbeing services to its population. We spend around £1.7 billion every year on providing our communities with the full range of health and wellbeing services including:

- **Primary and community-based services:** GP practices, Dentists, Pharmacy and Optometry and a host of community led therapy services via community health teams.
- **Acute services through our two main University Hospitals and Children's Hospital:** providing a broad range of medical and surgical treatments and interventions.
- **Public Health:** we support the communities of Cardiff and Vale with a range of public health and preventative health advice and guidance.
- **Tertiary centre:** we also serve a wider population across Wales and often the UK with specialist treatment and complex services such as neurosurgery and cardiac services.

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The diagram below illustrates the various services we provide.

Public Health

Improving the health of our population and reducing inequalities. Providing preventative health care information and advice including access to health and well-being services.

Primary,Community and Intermediate Care

Offering first line health services at GP surgeries, dentists, optomtetrists, pharmacists and a range of therapy and community based services accessible as close to home as possible.

Acute and Tertiary Care

Providing unscheduled or emergency care. Elective care and specialist services to a wider population across Wales, including diagnostics and therapeutic services.

Corporate Services

Providing the support services required to run an integrated health system across Cardiff and Wales ensuring patient safety, governance, quality assurance, performance and excellent delivery of all services.

2.2 Our Mission and Vision

Our mission is "Caring for People, Keeping People Well", and our vision for the people we serve is that everyone's chance of leading a healthy life should be the same wherever they live and whoever they are.

The Health Board's 10-year transformation and improvement strategy, Shaping Our Future Wellbeing, is our chance to work collaboratively with the public and the Health Board's workforce to make our health board more sustainable for the future. Together, we can improve equity for all of our patients - both today and tomorrow.

To find out more: https://cavuhb.nhs.wales/about-us/our-mission-vision/shaping-our-future-wellbeing-strategy/

2.3 Our Board

Our Board consists of 25 members, including Chair, Vice Chair and Chief Executive. The Health Board has 9 Independent Members, all of whom are appointed by the Minister for Health and Social Services, and three Associate Members.

The Board provides leadership and direction to the organisation and is responsible for governance, scrutiny and public accountability, ensuring that its work is open and transparent by holding its meetings in public.

In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Board members also fulfil a number of Champion roles where they act as ambassadors for these matters.

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The Board is supported by a number of Committees, each chaired by an Independent Member. All Committees are constituted to comply with The Welsh Government Good Practice Guide – Effective Board Committees. The Committees, provide their minutes to each Board meeting that contribute to its assessment of assurance and provide scrutiny against the delivery of objectives. Our Board and Committee meetings have continued to be held virtually during the year. Members of the public have been able to observe public meetings of the Board since July 2020, and will be able to attend public meetings of the Board in person from May 2022. Members of the public have been able to view recordings of virtual Committee meetings since February 2022.

Copies of the papers and minutes are available from the Director of Corporate Governance and are also on the Health Board's website (see link: https://cavuhb.nhs.wales/about-us/governance-and-assurance/board-meetings/). The website also contains a summary of each Committee's responsibilities and Terms of Reference. All actions required by the Board and Committees are included on an Action Log and at each meeting progress is monitored.

All Committees annually review their Terms of Reference and Work Plans to support the Board's business in addition to producing an Annual Report to demonstrate compliance with their respective Terms of Reference. Committees also work together on behalf of the Board to ensure that work is planned cohesively and focusses on matters of greatest risk that would prevent us from meeting our mission and objectives. To ensure consistency and links between Committees, the Health Board has a Governance Co-ordinating Group, chaired by the Chair of the Health Board.

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Our Board Members

Independent Members

Charles Janczewski
Chair

Professor Ceri Phillips
Vice-Chair

Michael Imperato
Independent Member - Legal

Professor Gary Baxter
Independent Member - University

David Edwards
Independent Member - Information Communication & Technology

Councillor Susan Elsmore
Independent Member - Local Authority

Akmal Hanuk
Independent Member - Local Community

Sara Moseley
Independent Member - Third (Voluntary) Sector

Dr Rhian Thomas
Independent Member - Capital & Estates

John Union
Independent Member - Finance

Mike Jones
Independent Member - Trade Union

Executive Directors and Officer Members

Suzanne Rankin
Chief Executive

Professor Meriel Jenney
Interim Executive Medical Director

Catherine Phillips
Executive Director of Finance

Caroline Bird
Interim Chief Operating Officer

Abigail Harris
Executive Director of Strategic Planning

Dr Fiona Jenkins
Executive Director of Therapies & Health Sciences

Fiona Kinghorn
Executive Director of Public Health

Ruth Walker
Executive Nurse Director

Rachel Gidman
Executive Director of People and Culture

Other Directors

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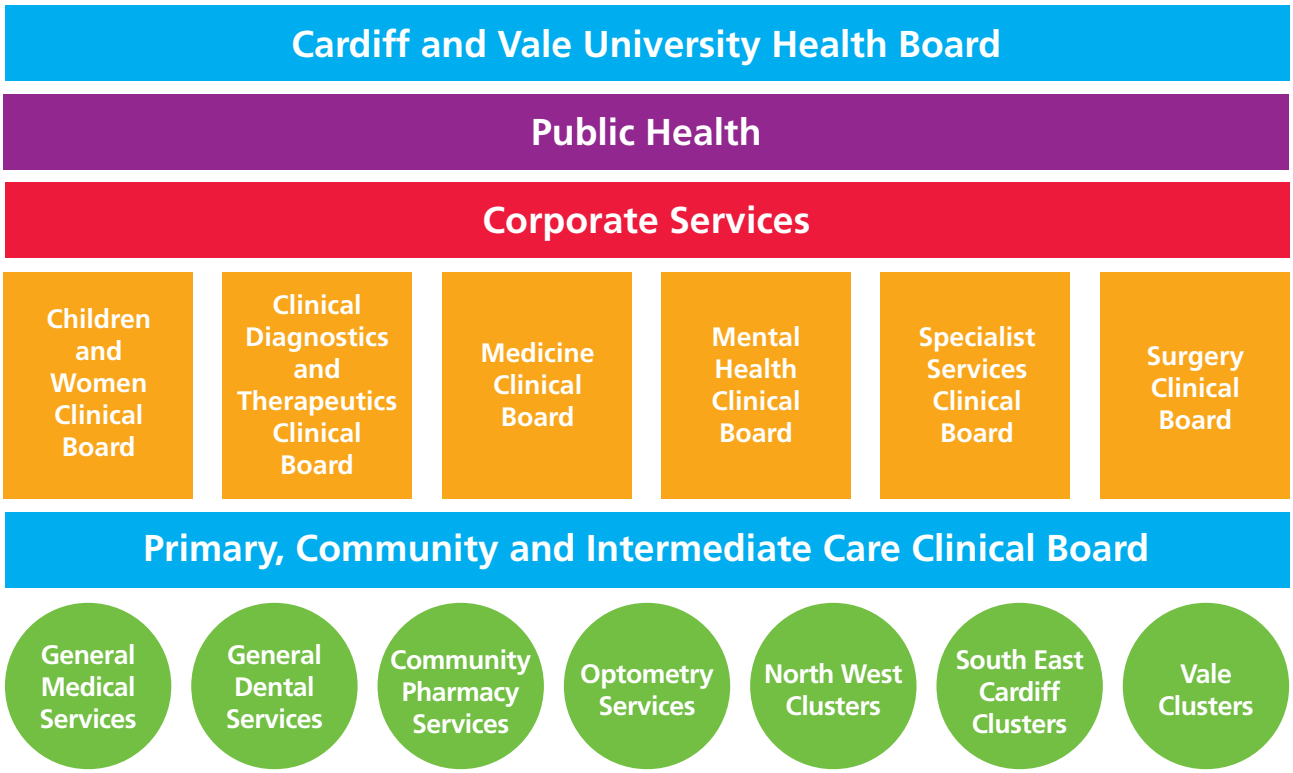
Nicola Foreman
Director of Corporate Governance

David Thomas
Director of Digital and Health Intelligence

2.4 Our Structure

We have a workforce of around 16,000 staff who consistently deliver high quality services to all of our patients. Our organisation is structured and designed into seven Clinical Boards which were created in June 2013 and have been successful in providing strong leadership in clinical areas and have resulted in the acceleration of operational decision-making, greatly enhancing the outcomes for patients in their care. The Clinical Boards are held to account via the Executive Directors.



Our corporate and planning services are an integral part of the overall structure and smooth running of the Health Board and include:

- Strategy, Planning and Commissioning
- Finance including Capital, Estates and Facilities
- Workforce and Organisational Development
- Digital Health Intelligence
- Communications, Arts, Health Charity and Engagement
- Corporate Governance

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The progress and scrutiny of the Corporate Services directorates are through a combination of governance, executive director and senior management accountability and progress mapped against key projects within their areas of expertise.

2.5 The Population We Serve

Understanding the needs of our population is essential for robust and effective planning. The population needs assessment (PNA) undertaken under the Social Services and Wellbeing (Wales) Act and developed with our regional partners, provides a collective view of the population challenges on which we are basing our plans. This assessment was fully refreshed and presented to the Board on 30 September 2022, with key health and care needs identified including:

Individual

- People's independence must be maintained and facilitated within decisions for care and support, employment and accommodation. Any such decisions should be based on consultation and co-production with the person they affect.

Community

- Social isolation was identified in the 2017 PNA and has been exacerbated for many due to COVID-19 (sometimes referred to as "Covid" in this Annual Report), with far-reaching consequences for physical and mental health and well-being.
- Holistic approach to physical and mental health, which includes improved access to services including reduction in waiting lists.
- Information provision: many people were unaware of support available to them and would benefit from increased signposting.

Wider determinants

- Employment (paid or voluntary) was desired by many – to improve personal finances, as well as to provide a sense of purpose, reduce isolation, and to help protect people's mental health and well-being.
- Housing and accommodation need to be available, accessible, safe, and supportive of what matters most to the individual. For example, an enabling employment. Prevention and early help for homeless people needs to be enhanced.
- Inequalities were discussed in all chapters, especially in terms of socio-economic deprivation, access to services, and health outcomes. COVID-19 has had a disproportionate impact across the population, in part due to pre-existing inequalities in the social determinants of health that have been exacerbated by COVID-19 and restrictions.

It is important that we also consider the wider wellbeing of our population too, which encompasses environmental, social, economic, and cultural wellbeing. Well-being assessments for Cardiff and the Vale of Glamorgan have also been updated over the year, with final findings published in Spring 2022.

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Population growth and diversity

The population of Cardiff and Vale continues to grow, with the latest Office for National Statistics (ONS). Welsh Government projections estimating an increase from 504,000 in 2022 to 523,000 in 2032, around 4%. These latest ONS projections are the 2018-based projections, most recently updated in August 2021 (see link - https://statswales.gov.wales/Catalogue/Population-and-Migration/Population/Projections/Local-Authority/2018-based/populationprojections-by-localauthority-year.

In contrast to the previous projections published 4 years ago, the rate of growth in the Vale is predicted to exceed that of Cardiff, with growth in the Vale of 5.0% over 10 years compared with 3.5% in Cardiff. Actual population growth, particularly in Cardiff, will be highly dependent on progress with large housing development.

The city region in particular has a long history of being open and inclusive, and is the most ethnically diverse local authority in Wales, with around 15% of its population from ethnic minority groups.

Ageing population

The average age of people in both Cardiff and the Vale is increasing rapidly, with a projected increase in people aged 85 and over in the Vale of 43% over the next 10 years, and 17% in Cardiff.

Health inequalities

There is considerable variation in healthy behaviours and health outcomes in our area, with variation in smoking rates, physical activity, diet and rates of overweight and obesity. Uptake of childhood vaccinations is also lower in more disadvantaged areas, and people are more likely to experience poor air quality. Life expectancy is around ten years lower in our most deprived areas compared with our least deprived, and for healthy life expectancy the gap is more than double this. Deprivation is higher in neighbourhoods in South Cardiff, and in Central Vale.

The pandemic exposed these deep-seated inequalities, with impacts seen more heavily in our more deprived areas, and amongst ethnic minority communities. This is explored in depth in the Annual Director of Public Health Report for 2020 (published in 2021).

Systematically tackling health inequalities is one of the key programmes of work in our Shaping Our Future Population Health plan, with other programmes including Healthy weight: Move More, Eat Well; vaccination and immunisation; and sustainable and healthy environment.

Changing patterns of disease

There are an increasing number of people in our area with diabetes, as well as more people with dementia in our area as the population ages. (Cardiff and Vale Population Needs Assessment, 2022). The number of people with more than one long-term illness is increasing. Impacts of COVID-19 include adverse effects on mental well-being, and 'long' Covid; we also anticipate significant negative impacts on the wider determinants

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of health, such as educational attainment, which may take a number of years to become apparent. There are some examples of positive impacts from the pandemic too, including increases in walking and cycling.

Tobacco

One in seven adults (14%) in our area smoke. (National Survey for Wales/ StatsWales, 2021). While this number continues to fall, which is encouraging, tobacco use remains a significant risk factor for many diseases, including cardiovascular disease and lung cancer, and early death.

Food

Over six in ten people in our area don't eat sufficient fruit and vegetables, and over half of adults are overweight or obese. (National Survey for Wales/StatsWales, 2021). In some disadvantaged areas access to healthy, affordable food is more difficult and food insecurity is becoming more prevalent due to increasing living costs and low wages. (Public Health Wales, Rising to the triple challenge of Covid-19, Brexit and Climate Change, 2021).

Physical activity

Over 40% of adults in our area don't undertake regular physical activity, including one in five (22%) who are considered inactive. (National Survey for Wales/StatsWales, 2021).

Social isolation and loneliness

Around a quarter of vulnerable people in our area reported being lonely some or all of the time, prior to the pandemic). (Cardiff and Vale Population Needs Assessment, 2022). We don't yet know the longer-term impact of the pandemic on isolation and loneliness, but emerging evidence suggests that loneliness has increased over the last 2 years. Social isolation is associated with reduced mental wellbeing and life expectancy.

Welsh language

A quarter (26%) of people of all ages in Cardiff say they can speak Welsh, and 1 in 5 (20%) in the Vale. (Annual Population Survey/StatsWales, 2022).

Human Rights

The Health Board has an Equality, Diversity and Human Rights Policy which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment. It also ensures staff recruitment is conducted in an equal manner.

South Glamorgan Community Health Council (CHC)

We work closely with South Glamorgan Community Health Council (CHC), an independent statutory organisation that acts as a voice for patients and the public. It is also an NHS watchdog for all aspects of health care.

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We work together to discuss the delivery and development of the services we provide. We welcome reports from the CHC and are grateful for their on-going advice, challenge and support.

For more information, please contact:

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Email: SouthGlam.Chiefofficer@waleschc.org.uk

2.6 Principles of Remedy

The Health Board has fully embraced the regulations which guide the handling and response to concerns (complaints and incidents) launched by Welsh Government in April 2011. In addition, the Health Board's approach to dealing with concerns very much reflects the 'Principles of Remedy' published by the Public Services Ombudsman for Wales.

a) Getting it right

- We acknowledge when we identify things that could have been improved.
- We consider all relevant factors when deciding the appropriate remedy, ensuring fairness for the complainant and, where appropriate, for others who have suffered injustice or hardship as a result of the same maladministration or poor service.
- We apologise and explain the maladministration or poor service.
- We try to understand and manage people's expectations and needs.
- We always try to deal with people professionally and sensitively.

b) Being customer focused

- We acknowledge and accept responsibility for failure if and when it occurs.
- We explain clearly why the failure happened and express sincere regret for any resulting injustice or hardship.

c) Being open and accountable

- We try to be open and transparent
- We strive to treating people without bias, unlawful discrimination or prejudice.

d) Acting fairly and proportionately

- We consider all forms of remedy (such as an apology, an explanation, remedial action, or financial compensation).

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e) Putting things right

- We are focussed upon using information on the outcome and themes from concerns to improve services.

f) Seeking continuous improvement

- We seek to offer a proportionate, reasonable investigation and response that aims to identify the opportunities for service improvement.

2.7 Our population's health

Please refer to paragraph 2.5 above.

2.8 Our Strategy

Shaping our Future Wellbeing, approved by the Board in 2015, is the 10-year strategy for transformation and improvement at Cardiff and Vale University Health Board. At the heart of the strategy is our vision, that everyone should have the opportunity to lead longer, healthier and happier lives. With an ageing population and changing lifestyle habits, our health and care systems are experiencing increasing demand. In order to be able to meet the needs of our population, we must transform how we deliver services across the whole of our health and care system, ensuring that people can access the support they need in a timely way, in home, or as close to home as possible. Where it is required, specialist hospital care – for secondary, tertiary and quaternary care – should be provided when the patient needs it, for both emergency and urgent care, and care that can be planned.

We need to rapidly evolve to best serve the needs of the public and ensure that we're able to offer sustainable health services for everyone, no matter their circumstance.

We want to achieve joined-up care based upon the 'home-first' approach, empowering Cardiff and Vale citizens to feel responsible for their own health, with access to the support they need to do so. Our services should be delivered in the most efficient ways, that optimise the resources we have available to us, and give us the very best patient outcomes and experience. Improving the quality of the care we provide is at the heart of our service transformation programme. We want to deliver outcomes that really matter to patients and the public, ensuring that we all work together to create a health system that we're proud of.

There will be challenges along the way; we need to take a balanced approach to achieving change for our population based upon service priorities, sustainability and cultural values. But we're committed to 'Caring for People, Keeping People Well', ensuring that the Health Board and its many citizens thrive not just today, but for the many years to come.

Achieving our vision requires us to work with many partners and stakeholders: our local communities, our Primary Care teams, local authorities, neighbouring health boards and NHS Trusts, and Cardiff University and other academic/research partners.

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2.9 Integrated Medium Term Plan (IMTP)

Between March 2020 and March 2022, the Integrated Medium-Term Plan (IMTP) process was paused due to the pandemic. The requirement for an approvable IMTP was replaced by the need for quarterly plans for 2020-2021 and an annual plan for 2021-2022, which reflected the need for agile planning to reflect the changing landscape as the pandemic progressed. Whilst our planning needed to remain dynamic, we also paid attention to the priorities set out in the 2020-2023 IMTP which was approved by the Board in January 2020, and which was deemed approvable by Welsh Government, before the pandemic hit.

In October 2021 the Welsh Government signalled a return to a three year planning approach and accordingly the Health Board has developed a new draft three year IMTP for 2022 to 2025. In March 2022, the Board approved the draft 2022 – 2025 IMTP which was then submitted to Welsh Government for their consideration. The plan sets out an ambitious programme of work aimed to accelerate our journey of transforming services, taking a significant step forward in the recovery of the planned care treatments delayed as a result of COVID-19, and to improve our emergency and urgent care service which has been under significant pressure throughout the last two years. With agreement from Welsh Government, we confirmed that further work would be completed in quarter 1 of 2022 on the actions required, along with stretching but realistic timescales, to reduce the financial gap that remains in our draft IMTP plan. This work is underway and once the financial gap has been reduced the final draft IMTP will be presented to our Board for approval (at our Board meeting on 30 June 2022) prior to the updated final draft of the IMTP being submitted to Welsh Government for their approval on or around 1 July 2022.

Our Commissioning Intentions (as summarised in the diagram overleaf) set out the key areas of priorities for commissioning services – both internally from our Clinical Boards, and externally from the wide range of partners who deliver services for our local population.

Similarly, our IMTP responds to the commissioning requirements of our neighbouring health boards and Welsh Health Specialised Services Committee (WHSSC) for the specialist and tertiary services we provide for their populations and patients.

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Deliver high quality, value-based healthcare and clinical outcomes and better patient satisfaction. Provide environmentally sustainable patient pathways and an environment that will focus on prevention, aid recovery, dignity and healing, foster long-term patient managed health and are compliant with all relevant regulations.

Become a centre of Excellence, a magnet and an anchor for learning, research and innovation for the region and Wales overall; fully integrated into the local community, fostering a sense of ownership and pride.

Promote staff wellbeing and recognise innovation and staff effort. Enable recruitment, greater satisfaction and retention of high-quality staff, maintain a high calibre workforce and provide education and training necessary for their professional development.

Become a pioneer for understanding activity in more innovative ways, by:

1. 1) Proactively utilising technology in delivery of care, which a focus on prevention and long term wellness;
2. 2) Developing a platform adaptable for future technology integration;
3. 3) Utilising Artificial Intelligence and machine learning to deliver precision medicine.

Building on our established multi-agency approach working positively and strongly drive up the health status of the population by focussing on disease prevention at primary, secondary and tertiary levels, promoting health and wellbeing, and targeting the populations with the highest social inequalities. Apply learning, through the lens of the pandemic experience, especially to groups with specific needs such as co-morbidities, learning disabilities, vulnerable groups and Black, Asian and Minority Ethnic communities.

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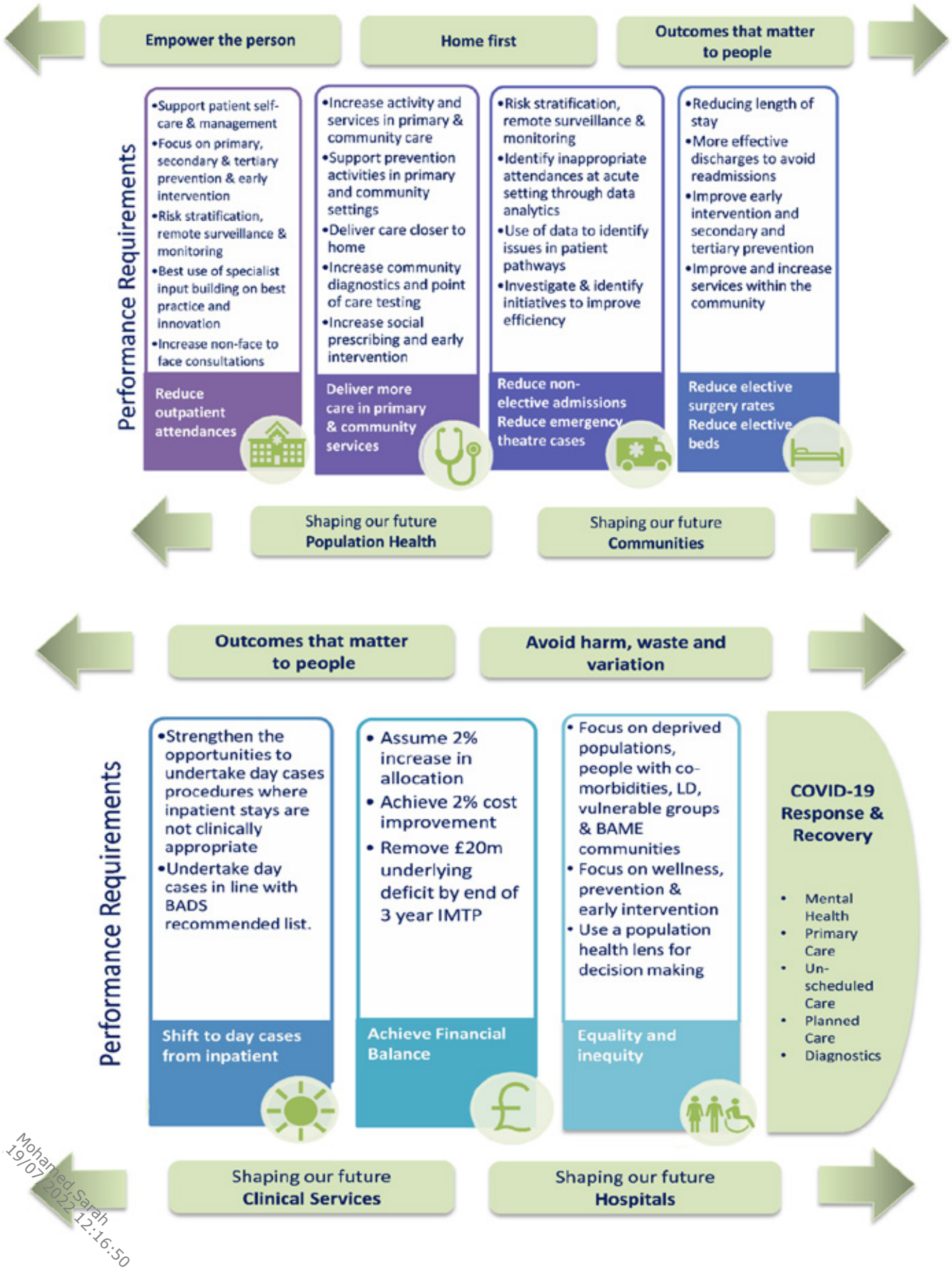

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2.10 Research, Development, Innovation and Partnerships

One of the core principles of the NHS and the Health Board strategy is to bring benefits to patients through Research and Development (R&D) and innovation. Effective R&D performance is essential if the Health Board is to meet its values and objectives as it brings many benefits:

Benefits to patients

- Access to latest therapies and novel treatments
- Access to latest diagnostic and prognostic tests
- Patients who are invited to participate in clinical trials show overall increased satisfaction and better outcomes when compared to patients not given this opportunity
- Hospitals with a strong R&D portfolio have better outcomes even for patients not in trials.
- Recruitment and retention of high calibre staff is often more sustainable in large teaching and tertiary hospitals and health systems, where clinicians are able to participate in research and trials for the benefit of their patients and their services.

Benefits to staff

- A research-literate workforce is primed to participate in the process of continual change and service improvement required for meeting the challenges of modern healthcare delivery
- Staff development, which leads to increased enthusiasm, motivation, and high quality recruitment into the organisation

Benefits to the Health Board

- Fulfils the Health Board's statutory responsibilities
- Enables links with similar institutions in the rest of the world, sharing best practice and increasing the status of the Health Board
- Exemplar as the leading Health Care provider in Wales
- Attract and retain staff
- Financial offset of staff costs (through provision from R&D income), drug/device savings through study participation, access to commercial income through research and trial participation
- Direct R&D income – Welsh Government.

The Health Board has a strong R&D ethos and historical track record. Ongoing changes to how R&D are funded and approved in Wales and the United Kingdom present major challenges but also major opportunities for the Health Board. The Health Board is developing a structure which encourages generation of funding and resources for R&D.

UHW has the only dedicated inpatient clinical research unit in Wales which enables us to undertake the full range of clinical trials including first-in-human trials. During 2021/22, we established a joint R&D office with Cardiff University under the leadership of a Joint Director of R&D, and we brought the teams from both teams together into newly refurbished facilities (which will be fully utilised when Covid rules allow).

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Part 1

Performance Report

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3. Performance Overview

Introduction

In response to the pandemic, the traditional planning cycle for NHS Wales was paused – and the direction given by Welsh Government was for Health Boards to develop an annual plan for 2021/22. The Health Board submitted its overarching Annual Plan with an addendum focused on 'Planning for Recovery and Redesign' on 30th June 2021. The main plan took a strategic holistic overview of the whole Health Board, its strategic ambitions and direction of travel whilst the addendum set out a more granular level of detail on plans to recover and redesign our services as we moved into the next phased of the pandemic.

Overall, 2021/22 has been another challenging year for the Health Board. Whilst we have made good progress against a significant number of our Recovery and Redesign Programme plans, continued system-wide operational pressures have impacted on our performance. The operational pressures experienced this year have been atypical, with unusual sustained pressure throughout the summer period. This resulted in the Health Board entering into the usually more challenging winter period in a more difficult place.

The Health Board remained 'Covid-ready' throughout the year, a principle at the heart of our operating model. Our planning and response continued to focus on the five harms of COVID-19. (For further information relating to the definitions of the five harms please see the following link - https://gov.wales/technical-advisory-group-5-harms-arising-covid-19).

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This was particularly pertinent with the emergence of new variants and specifically the Omicron variant in November / December 2021. The impact of COVID-19 on the delivery of services, along with progress made in our Recovery and Redesign programme, is outlined in more detail in the sections below.

The New Duties of Quality and Candour

The new Duty of Quality and the new Duty of Candour are due to come into legal force in April 2023, in line with the Health and Social Care (Quality and Engagement) (Wales)(Act) 2020. The new Duties will require the Health Board to report annually on compliance with those Duties and to publish their reports in the annual accounts and performance report. These new reporting requirements will therefore be captured in the reporting period 2023/24.

In the interim it is anticipated that there will be:

(i) A non-statutory implementation of the Duty of Quality in Autumn 2022.

This will allow for testing the quality reporting indicators, measures and narrative framework concepts being developed during the Duty of Quality implementation phase as a hybrid reporting process for 2022/23. In the meantime quality reporting requirements are embedded in the Performance Section of this Annual Report, specifically in sections 7 and 15.7 of this Annual Report.

(ii)_ A non statutory implementation lead up period during the Autumn/Winter 2022 regarding the Duty of Candour to allow NHS

bodies, including Primary Care providers to prepare for the new reporting requirements under the Duty of Candour and also undertake and roll out training and awareness sessions.

Areas of responsibility

Employing circa 16,000 staff and with an annual income of circa £1.7 billion, the Health Board is one of Wales' seven fully integrated health boards, and is one of the largest health care organisations in the UK. It delivers Primary, Intermediate and Community Care, Mental and Public Health and Acute Hospital Services to 500,000 people across 11 sites in Cardiff and the Vale of Glamorgan. The Health Board is the main provider of Tertiary care across South Wales and works actively to collaboratively develop regional services, including with Swansea Bay University Health Board in respect of tertiary services.

The organisation's vision is to enable everyone to have the same chance of a healthy life, irrespective of who they are and where they live; and to create a sustainable healthcare system with a greater focus on care closer to home, illness prevention, enhanced health and well-being, empowering people and delivering outcomes that matter to them and an improved quality of life. In order to achieve this vision, the Health Board works in partnership with Cardiff Council and the Vale of Glamorgan Council, the third sector and wider public service partners to deliver plans to improve the health and wellbeing of our local communities.

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Our performance

3.1 Impact of COVID-19 on delivery of services

The pandemic continued to have a significant and sustained impact on the delivery of services during 2021/22. Whilst the beginning of the year saw us accelerate our plans to recover and redesign services, our teams were also still caring for significant numbers of COVID-19 patients. As we moved towards the end of the year the emergence of the Omicron variant required us to adapt our approach to ensure we were able to continue to deliver essential services alongside rapidly scaling up delivery of the COVID-19 booster programme and meeting the needs of an increasing number of COVID-19 positive patients. There were a number of service delivery risks encountered during the year in relation to COVID-19, including:

- Continued variation and uncertainty of the demand profile of both Covid and Non-Covid patient groups – with some services receiving exceptional demand and others where demand was suppressed.
- Services where the Health Board has had to reduce its levels of activity in order to re-prioritise resources for the COVID-19 response, especially in relation to the Omicron variant.
- The emergence of the Omicron variant, the associated uncertainty it created and subsequent increase in demand.
- Continued reduced efficiency as a result of Infection, Prevention and Control (IP&C) measures in place to minimise COVID-19 transmission.

- Working with continued complexity and inefficiency due to the necessity to separate patient groups to minimise the risk of virus transmission.
- Growth in waiting times as a result of reduced delivery activity.

The Health Board continued to utilise its COVID-19 operating model which provided the framework for quick decision making and flexibility to coordinate services for both Covid and Non-Covid patient groups. Local, regional and national modelling were used to ensure our operational decisions were based on a range of indicators and adapted to the specific circumstances at each point. At the heart of the operating model is the need to remaining "COVID ready" and we ensured this approach was closely correlated with the NHS Wales COVID Control Plan.

Our assurance and accountability arrangements were updated to help balance the five harms from COVID-19 e.g. direct harm; indirect harm; population-based protection measures harm; economic harms and harms arising from exacerbating inequalities. In order to set out our ambitions we developed a one-year annual plan which included a Recovery and Redesign approach which was framed around five key programmes of work in Planned Care, Urgent and Emergency Care, Primary and Community Care, Mental Health and Diagnostics and Therapies. The focus of these programmes included service delivery across a range of imperatives including maintaining essential services and recovering services through the delivery of additional capacity, increased efficiency and transformation around improved patient pathways. Activity data and performance against key indicators, in line with national guidance, has been used for management information and to provide assurance against the delivery of the plan with particular focus on ensuring our approach is risk based to meet the needs of our most clinically urgent patients.

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3.2 Planning and delivery of safe, effective and quality services for COVID-19 and Non-COVID care

At all stages of the pandemic the Health Board has responded quickly to clinically redesign the delivery of services, repurpose and reconfigure the footprint and create the capacity needed to maintain access to essential services and provide more routine services when safe to do so.

3.3 Redesigning primary care services to deliver emergency care during acute phase of COVID-19

Our teams across Primary Care have continued to deliver services through innovative methods in order to keep patients and staff safe. Our teams have continued with the phone first, triage models which help to provide virtual appointments where appropriate whilst facilitating rapid access to face to face appointments when required.

Our approach to delivery has followed the national 'traffic light' system developed for

the four Primary Care contracted services with red, amber and green phases. Delivery of services has varied depending on the prevalence of cases in the community and in line with infection, prevention and control guidance. Over the course of the year services have been moving through the 'amber' phase and most services are now reinstated and operating in line with the 'green' phase, with activity levels generally back to pre-pandemic levels. The exception is dentistry, as activity has remained around 40-50% of pre-Covid levels due to the IPC requirements. Addressing this position rapidly, in line with the most recent IPC guidance, forms a central part of our plan for the coming year.

Whilst General Medical Services (GMS) were not suspended through the pandemic, GMS Contract relaxations were in place in various forms up to 30 September 2021. From 1 October, all contractual relaxation measures were ceased. There has continued to be pressure on GMS practices with up to a fifth of practices reporting high level of escalation pressures at various stages during the year. This has primarily been related to staff absences during Covid. Our Primary Care team has been proactively working with practices to provide a range of support. In addition, there were two contract resignations in 2021/22. These were effectively managed by our Primary Care team with an agreement reached with other practices in the local area for patients to be transferred.

Optometry Services have returned to near pre-Covid levels with the slight reductions due to IPC measures (e.g. social distancing and PPE). Delivery of care through Optometric Diagnostic and Treatment Centres and independent prescribing has enabled patients to be seen in Primary Care settings and reduce footfall and demand on Secondary Care services. Pharmacy services have not been suspended during the pandemic and pharmacies have remained open throughout.

There has been significant pressure on the Urgent Primary Care/CAV247 Out of Hours service during the year, with call levels of more than 16,000 per month. The Urgent Primary Care hubs, established in the three clusters in the Vale of Glamorgan, have provided valuable additional capacity (mainly during the 'in hours' period) to improve access for patients and to ease pressure on GMS practices. This has included both triage and face to face appointments, with capacity of around 2,500 appointments per month.

Community teams have continued to provide services during the pandemic. There have been significant pressures on the district nursing teams as a result of increased demand and staff absence as well as the requirement to support the delivery of the Covid immunisation programme and supporting the pressures in Secondary Care. As a result, there has been a need to work more flexibly across the district nursing teams and to prioritise services based on clinical need. There has been significant support to care homes, working effectively in partnership with local authority colleagues. Our district nursing teams undertook over 16,00 visits and community nursing team undertook over 3000.

Our Community Resource Team in Cardiff and the Vale Community Resource Service have continued to utilise the multidisciplinary

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teams, including a range of therapists, to support people to remain at home and avoid hospital admission and also to support the higher number of discharges due to more people requiring hospital care. There has been ongoing review of packages of care to release resource where appropriate to deal with new cases. Whilst there has always been an 'in reach' model to pull patients from hospital there has been an increased focus on the community teams working with the ward staff to maximise discharges

3.4 Design and implementation of testing and immunisation for COVID-19

Our success in establishing testing services at the start of the pandemic has continued during the last year through close partnership with our two local authorities in Cardiff and the Vale of Glamorgan. The Welsh Government Test, Trace, Protect (TTP) Strategy, including the delivery of the contract tracing service, has been central to our ability to identify cases and reduce onward transmission. Over the year of 2021/22 the TTP has identified 144,758 positive results which generated 141,817 follow up contact traces. Throughout the year the Health Board responded to changes in the Welsh Government Alert Levels to ensure congruence of our testing and tracking regimes. This included a change in the provision of PCR testing in January 2022 which was introduced in order to reduce pressure in the system and provide increased access for those with symptoms.

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The roll out of the Mass Immunisation Programme across Cardiff and Vale was a true example of what can be achieved through focused and collaborative partnership working. The success of the programme is attributed to the efforts across partners in Health, Local Authority, Academia, our amazing volunteers and many more. Following the initial phases of the vaccination programme our teams across Primary and Secondary Care again stepped up during December to meet the challenge of the Omicron variant and ensure all eligible adults were offered a booster vaccine before the end of 2021. Our programme has been delivered through a multi-disciplinary approach with people receiving vaccines in Mass Vaccination Centres, Primary Care and through our Community Pharmacies. Our mobile teams have delivered vaccinations to people in care homes, the housebound and also to some of our more vulnerable groups (asylum seekers, homeless, travellers, sex workers) and those from BAME (Black, Asian and Minority ethnic) groups, as well as visiting universities and colleges.

Our vaccination campaign continues with good progress being made in the immunisation of eligible children including those aged 5 -11 with 36% having received one dose. Up to the end of March 2022, the Health Board has delivered more than 1 million vaccinations, which include more than 300,000 boosters. 73% of the eligible population have received first doses, of these 94% have had their second dose. Of those aged over 18 who have had a second dose, 82% have had a booster.

Test Trace Protect (TTP)

TTP services in Cardiff and the Vale of Glamorgan were set up as part of the response to the pandemic, following the publication of the Welsh Government's Test Trace Protect Strategy. First published in May 2020, this strategy required local health boards and local authorities to work together to deliver systems which 'enhance health surveillance in the community, undertake effective and extensive contact tracing, and support people to self-isolate where required to do so'

The last two years has seen an unprecedented level of partnership working to deliver this, achieving a coordinated and effective response across the region. Partners included Cardiff Council, Vale of Glamorgan Council, Shared Regulatory Services and Public Health Wales (PHW), as well as local volunteers and voluntary organisations. A Regional Incident Management Team (IMT) involving all partners has met at least fortnightly, and sometimes more frequently, to review the current case and cluster data, and the impact on local services, in order to inform the regional response. The IMT reports to a Regional Leadership Board, which provides strategic oversight. A comprehensive set of local surveillance indicators has been developed to complement nationally produced surveillance data. This high quality information is used by both the Regional IMT and Leadership Board to inform the decision making of local partner organisations.

The following provides an update on what has been achieved in the last year.

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Test

Led by the Health Board, and working with PHW Microbiology and local authorities, as well as Welsh Government and PHW nationally, local testing capacity has been managed flexibly to deliver the aims of the COVID-19 Testing Strategy for Wales. Regional, Community and Mobile Testing Units have offered PCR testing for those who require it, in line with the current guidance, and a team of specialist nurses has also been available to test people in their place of residence in cases where they are unable to travel to a testing centre. In the last year, testing capacity has needed to be scaled up to manage the increase in cases associated with both Delta and Omicron variants. Despite significant demand at times, testing performance has generally been good with over 90% of test results being received within 24 hrs.

As well as testing people who are displaying symptoms, testing services have also had a significant role in testing those who are due to have surgery, allowing increasing volumes of elective care to take place safely.

In the last year, Lateral Flow Device (LFD) testing has been expanded to support not only health, social care and educational settings, but also to permit safer 'day to day' activities in the general population; a network of distribution centres in local pharmacies and libraries has been established to enable easy access to the free test kits.

Trace

Contact tracing of COVID-19 cases started in Wales on 1st June 2020 and has continued ever since. In Cardiff and the Vale of Glamorgan, the contact tracing service is hosted by Cardiff Council on behalf of the partnership. Contact tracing staff are trained to provide advice on isolation to anybody who has tested positive for COVID-19, and identify their contacts so that they can also be provided with the correct advice. Contact tracing has also needed to be scaled up to deal with the high number of cases associated with successive waves of infection, and our local teams have worked to nationally agreed protocols throughout. Over the last year, digital methods of contact tracing have been introduced which has further increased capacity and flexibility. In addition, specialised teams of tracers have been established, including a dedicated All Wales team to oversee the testing and isolation requirements of arriving international travellers.

All new cases are monitored by the regional Cardiff and Vale Supertracer team in order to identify clusters or settings of concern. Specialised teams also provide support to higher risk settings such as care homes, hospitals and schools. A multiagency regional team has met daily (weekdays) throughout most of the year to discuss any risks identified and provide advice on improving mitigations where necessary. Clusters identified by these mechanisms are usually managed by the multiagency regional meeting, but a specific Incident Management Team can be convened if required.

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Protect

Both local authorities have continued to provide support, where necessary, to those who have needed to isolate, as well as other vulnerable groups such as those who are experiencing homelessness or sleeping rough.

Partnership communication teams have worked collaboratively throughout the pandemic to share updates on guidance, and engage with the people who live and work in Cardiff and the Vale of Glamorgan. A notable success has been the formation of a highly successful Ethnic Minority Subgroup, where key partners from the local community co-produced an effective communications and engagement programme with TTP partner organisations. A full report of this work can be found here – Test Trace Protect supporting ethnic minority communities (office.com) https://sway.office.com/JPSiiWHrHeTjdfSf?ref=Link

This work has led to the appointment of a dedicated Engagement Coordinator (Ethnic Minority/Health) so that the successful approach can be to carry on and focus on other health issues.

Welsh Government published the 'Together for a safer future' COVID-19 plan in early March 2022, setting out how Wales will transition from Covid as a pandemic to endemic disease. Key milestones include the end to routine use of PCR by the public and removal of the legal duty to self-isolate. Welsh Government has also signalled its intention to cease contact tracing and self-isolation payments by the end of June 2022.

COVID-19 mass vaccination programme

The Health Board commenced its COVID-19 mass vaccination programme in December 2020. This has continued throughout 2021/22 in response to the changing patterns of the pandemic. Vaccinations have continued to be delivered through four mass vaccination centres across the region in addition to Primary Care (Community Pharmacies, General Practices and Primary Care Clusters) mobile teams and a mobile unit. The booster programme commenced in September 2021 and has been delivered alongside the annual influenza vaccination programme. By the end of December, all eligible adults aged 18 years and over had been offered a booster vaccination. Up to the end of February 2022, the Health Board had delivered over 1,080,000 vaccination doses in total. Of those who have received a completed primary course of vaccination, 82% of adults aged 18 years and over had also received a booster vaccination.

The Seldom Heard Voices group continued to work with many of the most vulnerable groups in our communities to address vaccine hesitancy and provide targeted pop up clinics where appropriate. The clear relationship between areas of socio-economic deprivation and vaccine uptake was somewhat addressed through listening to our communities and providing initial clinics in specific sites or for particular communities.

The annual influenza vaccination programme has been delivered by a range of partners across Primary Care, School Health Nursing and Health Board staff in parallel with the COVID-19 vaccination programme, with the offer of co-administration where this has been practical and feasible (for example, for the Health Board staff programme). In line with the rest of Wales, rates have been generally lower compared with last year, although uptake in people aged 65y and over has exceeded 75%. The latest flu vaccination rates for eligible groups is summarised in Table 1:

Table 1: Flu vaccination uptake rates as at 14 April 2022 (PHW National Influenza Immunisation Summary - Update 23)

Priority Group	Uptake *(data as at 14 April)*
People aged 65y and older	76.1%
People aged 6m to 64y at risk	41.9%
People aged 5 to 64	39.4%
Children aged 2-3 years	44.5%
Children aged 4-10 (Reception to Y6)	60.6%
Children aged 11-15 (Year 7-11)	57.4%
UHB Frontline Staff	53.2%

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3.5 Redesign of acute services to provide COVID-19 care

The volume of Covid patients requiring care across our acute hospitals was characterised by a sustained number of attendances and admissions across the year with significant peaks during the winter months. Our ability to respond to Covid demand was achieved through the reorganising of our existing capacity, including the modification of our zoning and streaming approach, and the utilisation of additional surge bed capacity.

Our key achievements include:

- The utilisation of our 400-bed temporary surge facility, the Lakeside Wing, which has housed a number of inpatient and outpatient services which have released capacity in UHW for the care of Covid patients.
- The installation of a number of individual cubicles and dividing screens within our Emergency and Assessment Units to improve our ability to stream patients, flex capacity and reduce the risk of infection.
- A focus on joint working with our partners including Welsh Ambulance Service Trust (WAST) and Local Authorities, particularly as part of our "Main Effort" programme which worked to reduce ambulance handover delays, avoid admissions and discharge patients to more appropriate settings
- The availability of our critical care expansion plan which could provide up to 85 beds if required.
- The delivery of an ambulatory treatment pathway for Covid positive patients to be able to access the latest anti-viral Covid treatments which has temporarily been delivered from our High Consequence Infectious Disease (HCID) Unit.
- A number of services have remained in temporary locations in order to facilitate an expansion of Covid capacity. These include our Fracture Clinics and Physiotherapy Outpatients Expansion of CAV 24/7 – an innovative phone first approach to encourage non-emergency patients to phone ahead and, if required, they will get a booked timeslot for attending our Emergency Department. The service has been receiving, on average, 250 calls per day.
- The implementation of NHS 111, including integration with CAV 24/7, to provide seamless advice, guidance and direction for patients.
- The flexible deployment of our clinical and non-clinical workforce in order to open additional inpatient capacity

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3.6 Planning and delivery of safe, effective and quality services for Non-COVID-19 care

Delivery of infection control measures to deliver both COVID-19 and Non-COVID-19 care

The ability of the Health Board to respond and adapt to the infection control challenges presented by the pandemic has been central to our successful delivery of care over the year across essential and non-essential services. Guided by our IP&C and PPE cells (groups of senior clinical experts) the Health Board has worked closely with colleagues across Public Health Wales and NHS Wales to deliver and also influence policy in this area in response to the changing profile of the virus.

The continued delivery of "green", "amber" and "red" zones across our acute sites has supported the segregation of Covid and Non Covid patients and ensured reduced transmission of the virus. ("Green" represents those patients who have tested negative for COVID-19 and have isolated prior to admission; "Amber" relates to those patients who have tested negative for COVID-19 and have not isolated prior to admission (applies to most patients including emergencies) ; and "Red" represents those patients who have tested positive for COVID-19).

The Protected Elective Surgical Units (Green Zones) at both UHW and UHL remain in place to provide dedicated Covid free environments to those patients undergoing elective surgery and our systematic audit process has provided reassurance on the success of this approach.

Social distancing and public health measures, such as mask wearing, have been in place throughout the year and our departments have worked hard to ensure that our patient and staff areas are set up to minimise the risk of transmission and provide confidence for both patients and staff.

3.7 Delivery of essential services

Throughout the pandemic the Health Board has maintained access to urgent and emergency essential services including urgent and emergency surgery, eye care, cancer treatments, unscheduled care and mental health.

Urgent and emergency surgery has been delivered through our Protective Elective Surgical Units with over 10,500 patients receiving surgery in our units across the year and a much-reduced cancellation rate (10% compared to 18% pre-pandemic).

Our utilisation of the independent sector has again proved helpful in providing additional capacity and over 1,000 patients have undergone surgery during the last year using this route. The Health Board has also continued to use an insourcing arrangement for endoscopy which has seen over 5,700 patients undergo procedures this year.

One of our key principles for recovery Non-Covid services has been "risk orientated" and this means that prioritisation of patients has been based on clinical urgency rather

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than time-based targets. For patients waiting for surgical treatments, the Health Board has used Royal College of Surgeon's Clinical guide to surgical prioritisation during the pandemic to support assigning priority levels and timeframes for each surgical procedure.

Digital solutions have been key enabler of service delivery during the pandemic with the Health Board accelerating the use of virtual working through the adoption and rollout of AttendAnywhere, a video consultation platform, and telephone appointments. Around a quarter of our outpatient activity is now undertaken virtually and plans are being developed to expand the availability of these services from appropriate patient groups. The Health Board has also continued its use of the Consultant Connect platform which supports timely advice and guidance between Primary and Secondary Care clinicians. Work is underway to spread and scale our approach to provide support to patients who are waiting for treatments particularly in relation to self-management and promoting the importance of prehabilitation which has been successfully implement across many of our cancer pathways.

Within our approach to outpatients' services we have focused on developing our See on Symptoms and Patient-Initiated Follow-up, models of care which reduce unnecessary follow-up appointments and help provide capacity for those patients who do need to be seen. The use of virtual appointments and video group clinics is another example of how our teams have adapted to maximise capacity for patients.

The approaches outlined above have ensured the Health Board has safely delivered as much Non-Covid elective activity as possible, although we know that there is much more to do. Some key activity indicators include:

- New outpatient activity is at 90% of pre-Covid levels
- Elective inpatient admissions and day cases are at 80% of pre-Covid levels
- Radiology activity has recovered to over 100% of pre-Covid levels
- Endoscopy activity is at over 120% of pre-Covid levels

The last year saw an increase in referrals when compared to the first year of the pandemic. Whilst not yet at pre-pandemic levels the increase has led to a growth of our waiting lists with patients waiting longer to be seen across outpatients, diagnostics and treatments. As at the end of March 2022:

- There were 123,567 patients on the Referral to Treatment Times (RTT) waiting list, of which 44,083 patients were waiting greater than 36 weeks - an increase of 11,145 since the end of March 2021.
- Patients waiting greater than 8 weeks for a diagnostic test increased from 4,547 in March 2021 to 5,004 in March 2022.
- Whilst the volume of patients waiting for a follow-up appointment increased from 170,453 in March 2021 to 172,909 in March 2022, the number of patients delayed >100% over their target follow up date has reduced from 49,862 to 41,939.

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The Health Board continued to provide essential Eye Care services throughout the pandemic. At the end of March 2022, 95.2% of patients % assessed as Health Risk Factor R1 had a target date allocated with 69.5% of patients waiting within their target date or within 25% beyond their target date.

Referrals for patients with suspected cancer were significantly reduced at the start of the pandemic but, following a proactive Primary Care led communication campaign, have steadily increased. Referrals for the last year were over 20% higher than the pre-Covid level with treatments at 103%. Although the Health Board has been successful in maintaining treatment activity and referral rates, backlog work and timeliness of treatment has led to challenges in our delivery against the Single Cancer Pathway target which currently stands at 61.5%.

Attendances at our Emergency Unit continued to increase throughout the year and we saw some of the traditional peaks of activity during the Winter period. The year 2021/22 saw 135,773 patients attend our Emergency Unit in comparison to 106,350 in 2020/21. Due to significant challenges across the Health and Social Care system, including a reduction in our ability to discharge patients, a number of our Key Performance Indicators were challenged during the year. 67% of our patients were seen, admitted or discharged within 4 hours, with 92.7% within 12 hours. Ambulance handover delays increased and we continue to work closely with our partners across the ambulance service and social care to implement changes which will improve patient flow and improve performance. We are aware that some patients have experienced long delays in the Emergency Unit. We have introduced a number of innovative schemes to improve patient experience, expedite investigations and reduce time in hospital including the 'virtual ward' and accelerated community support for elderly patients attending the Emergency Unit who would otherwise need admission. We have introduced more volunteers into the area and utilised some of our PESW (Patient Experience Support Workers) to attend the Emergency Unit daily and support with communication and any hydration and nutrition needs. We review on a daily basis the feedback from the Happy or Not kiosks in the unit to monitor any trends and action feedback in real time.

The COVID-19 pandemic and continued operational pressures in urgent and emergency care caused significant disruption to the optimal stroke pathway. This has impacted on compliance with Stroke Quality Improvement measures. An improvement plan has been developed and is being monitored through the Health Board's Strategy and Delivery Committee.

Demand for Mental Health services has remained high throughout the year, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1,495 referrals in March 2022 (compared to 1356 in March 2021). This also included an increased presentation of patients with complex mental health and behavioural needs. The demand increase and workforce constraints impacted on our performance against Part 1a Mental Health Measures in 2021/22. Significant work has been undertaken since August 2021 to improve access times to adult primary mental health and CAMHs

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services. Whilst the percentage of Mental Health assessments undertaken within 28 days was 49% in March 2022, CAMHs performance is compliant at 88% and the Health Board improvement trajectory is for adult services to achieve compliance by the end of June 2022. As at the end of March 2022, there were no patients waiting over 57 days.

Within Older People services the use of technology has enabled patients to be seen remotely via telephone or video calls. Referrals into this service is now through a single point of entry (SPOE) system, meaning all referrals will be discussed and triaged so that the most appropriate person will see the patient, reducing duplication of referrals and the information that patients are asked to provide to different professionals.

The support we have been able to give to patients, carers, families and staff over the last year has been significantly enhanced through the establishment of our Recovery College. Our Recovery College (full title - the Cardiff and Vale Recovery & Wellbeing College) provides free educational courses on a range of mental health, physical health and wellbeing topics. Our courses take place online or in-person at venues across Cardiff and Vale. Enrolments have increased from 209 in Autumn 2020 to 596 in Autumn 2021 with student registrations increasing from 130 to 197 in the same time. The College has provided 225 workshops equating to 605 teaching hours. 49% of registered students identify as currently accessing mental health services or having a lived experience of mental health challenges. Over 68% of students strongly agree that attending a course has increased hope, self-awareness, thoughts of a brighter future and confidence. More than 79% of students felt the workshop they attended was inclusive, safe, supportive, co-produced and collaborative.

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Impact of risk upon our Strategic Objectives

We have a number of tools to manage and mitigate any significant risks which could impact upon our strategic objectives and, in turn, the delivery of our services. Full details of how we manage this are set out under paragraphs 13.14 to 13.17 of the Annual Governance Statement

Bereavement, Spiritual & Support Care

In response to the COVID-19 pandemic the Senior Bereavement Nurse and Chaplaincy Manager developed comprehensive guidance for staff supporting patients at end of life or who are significantly unwell as a result of COVID-19 or other possibly life-limiting illnesses.

In April 2020 a bereavement helpline was implemented and we contacted all people who had suffered a bereavement. The aim was to provide someone to listen, signpost to other organisations and initiatives, such as our Chatter line, and address any queries where possible around the death of their loved one. To date, the team has contacted over 4,000 bereaved families to offer support.

Throughout the pandemic the Chaplaincy Team, due to infection control measures, has had to adapt the way in which they provide some of their services. However, they have continued to offer spiritual and pastoral care to both patients and staff.

Part of the Chaplaincy Team's role is to support staff as well as patients and in these times the chaplains have been supporting staff when, very sadly, a colleague has died. Funerals have been live streamed on multiple sites, sometimes in several places, to allow colleagues to observe the funeral service and pay their respects in a safe, socially distanced manner. The relationships within our multi faith community have been strengthened in these difficult times and mutual support has been demonstrated.

3.8 Summary of capacity constraints lesson learnt throughout the year

Concerns

As anticipated, we have seen an increase in concerns this year relating to waiting times and cancelled appointments/admissions and a number of initiatives and different ways of working are being implemented to recover from the backlog caused by Covid.

- Encouraged Clinical Boards to re-engage with their patients to provide waiting list updates via letter.
- Clinical Boards have redesigned pathways to fast track patients who have been reluctant to access services/care during the pandemic.
- Introduced weekend clinics
- Utilising Primary Care services effectively for patients to be seen sooner in Primary Care rather than Secondary Care.

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Changes to visiting - impact and lessons learnt

In line with Welsh Government guidance, visiting has been restricted during the pandemic. Since the beginning of April 2021, the Concerns Team has been hosting a 7-day booking line (including Bank Holidays) for relatives to arrange a visit which is consistently extremely busy. We receive, on average, 500 visiting requests a week, with approximately 70% of calls resulting in a visit being arranged. The Concerns Team work closely with the clinicians to provide advice regarding safe visiting practices and to collate the required contact information.

Improving safety - Learning from serious incidents, safeguarding issues and independent reviews

Serious Incidents, or Nationally Reportable Incidents (NRIs) as they are now known, are a big focus for the Corporate Patient Safety Team. We have reported to Delivery Unit (DU) delays in, for example, cancer diagnosis, due to the current capacity constraints. Significant work is underway within the Clinical Boards to reduce waiting times utilising initiatives such as weekend outsourcing lists, waiting list initiatives and reviewing demand and capacity to ensuring all is maximised and utilised.

The Emergency Unit has clearly been under pressure as a result of the poor discharge profiles with more patients than there is capacity for being cared for within the Unit. This means that patients are also not always cared for in the most appropriate space. A robust plan is in place to manage the environment and improve outcomes that matter to patients.

We have seen an increase in the number of significant incidents reported to WAST (Welsh Ambulance Service NHS Trust) relating to delayed response to 999 calls and patients coming to harm in the community as a result. Delayed ambulance handover times across all Health Boards have an impact on the number of available ambulances to be able to respond in a timely manner to 999 calls. The Emergency Unit are working with WAST to implement initiatives to address this urgently. An example of this is Onboarding which has shown a reduction in the length of wait of ambulances to hand over patients to EU. "Onboarding" is a process whereby capacity is created for ambulance crews delayed over 3 hours in the Emergency Unit. The decision to onboard is made by patient flow. A suitable patient with a DTA (Decision to admit) is identified and moved to pre-defined space on a ward that has a confirmed/potential person to be discharged). The Corporate Patient Safety Team also meet with WAST, the Emergency Unit and the Operation and Transformation Team (OPAT) to review each case and ensure a robust approach to investigation and learning.

During the early stages of the pandemic, NRI reporting to the Delivery Unit was stopped nationally but an expectation remained that Health Boards would continue to review with a proportionate investigation. Since June 2021 this restriction was lifted and we have seen NRI numbers increase, however not significantly, above reporting figures prior to the pandemic. The operational pressures had an impact on the timeliness of investigation and therefore closure of the NRIs with DU. The Health Board was an outlier in the number of overdue NRIs. It is important to note that the Health Board is also a high reporter which shows an open reporting culture but also reflects the complexity of care being delivered, which again can impact upon the timescales for investigation. The Health Board's Patient Safety Team has worked very closely with the Clinical Boards over the last 2 months to significantly reduce the number of overdue NRIs with DU.

It is also important to review the near miss and low harm incidents relating to delay in access to services as a result of the current capacity constraints. We report incidents where harm has occurred or where it could have happened through the all Wales DATIX SYSTEM (ie the system that captures clinical incidents, complaints and claims). We consider all reports where, for example, the codes of cancellation of surgery (as no available bed or lack of capacity in the Intensive Care Unit) have been recorded.

Learning from any patient safety incident is vital and to maximise and support this the Patient Safety Team has set up the Clinical Board Quality Safety and Experience Lead forum whereby each Clinical Board will present learning from a case they feel has the opportunity for shared learning. This process also provides a network of support and co-operation for incidents that require input from multiple Clinical Boards. This forum also helps standardise processes around patient safety and risk management. The Clinical Boards also hold regular QSE (Quality Safety and Experience) meetings whereby patient stories and completed investigations are presented, again with an emphasis on learning.

The Corporate Patient Safety Team is also implementing the Organisational Learning

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Committee which will provide a senior level over view of learning identified ensuring it is robust and sustainable as well as providing senior level support to the Health Board's wide learning

4. Putting Things Right (PTR)

The central Concerns Team has continued to work in accordance with the Putting Things Right Regulations.

During the pandemic, the Concerns Team has written to everyone who had an active concern to advise that, whilst during this time, our responses may take longer than we would like, we had not forgotten about them and we were committed to responding to their concerns, and provided assurance that we would respond as soon as possible.

During 1st April 2021 to 31st March 2022, we have received in excess of 4,000 concerns. As anticipated this is a significant increase in comparison to last year, when we received 2,974 concerns (April 2020 to 31st March 2021). Some of the themes identified relate to poor communication, waiting times, discharge arrangements, and environment (social distancing).

During the pandemic, it was recognised that poor communication was a recurring theme across all areas including:

- *Poor communication between staff and relatives*

With families, not being able to visit loved ones in hospital, communication between staff and relatives was important. Therefore, to facilitate better communication, the Concerns Team provided a 7-day service.

- *Patients did not know what was happening with their treatment/ waiting times*

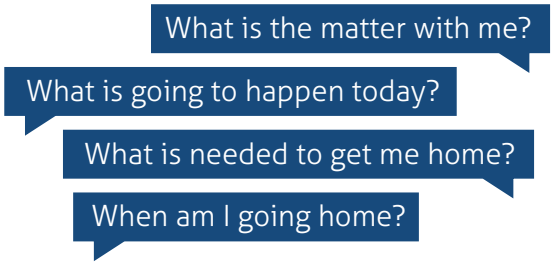
Clinical Boards wrote to patients with updates regarding their services.

- *Poor communication regarding visiting and guidance on vaccinations*

We introduced 7-day telephone helplines for patient visiting and mass vaccination information and introduced virtual visiting.

- *Patients did not feel involved in their care/discharge*

A number of initiatives have been taken to improve communication between patients and staff. The Safer Bundle being piloted on one ward is an example of ward staff actively involving patients in their care. Patients are encouraged to ask:



This fits in really well with the Quality Safety and Experience Framework by starting the "what matters to you" conversation with patients.

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The impact of COVID-19 on our hospital environment cannot be underestimated. The requirements of social distancing have put a huge pressure on our departments and has led to a number of concerns relating to lack of social distancing and unhygienic conditions being raised.

Whilst it is very difficult to decrease capacity in our busier departments, such as the Emergency Unit, we have taken a number of actions to raise awareness of the issues raised and to improve hygiene.

Reminders are sent out via "CEO Connects" (the Chief Executive's weekly newsletter issued to the Health Board's staff) and staff emails to remind staff of the importance of maintaining social distancing where possible.

- Designed Materials to help with social distancing
- Enhanced Cleaning procedures and rotas
- Brightened up areas with redecoration

As anticipated, we have seen an increase in concerns this year relating to waiting times and a number of initiatives and different ways of working are being implemented to recover from the backlog caused by COVID-19. Please refer to the "Concerns" paragraph under Section 3.8 above.

It is pleasing to note that during this period, the 30-working day performance has ranged between 77 to 82 % which exceeds the Welsh Government target of 75%.

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5. Delivering in Partnership

In many areas, the Health Board works with partners to develop and deliver plans for improving the health and well-being of our population, and to deliver services collaboratively. Our partners include other NHS Wales organisations, the two local authorities (Cardiff Council and the Vale of Glamorgan Council), the third sector and independent providers.

As part of our response to the pandemic, a range of services were set up rapidly with the local authorities as detailed under Section 3.4 above.

Cardiff and Vale Regional Partnership Board

The Health Board hosts the team that works on behalf of Regional Partnership Board (RPB) partners. During the year the team has supported health and care teams to deliver a range of initiatives and services designed to provide citizens with early help and support when they need it to keep people living safely and well in their own homes. This includes developing services for children and young people with more complex needs – including emotional health and mental health needs, needs resulting from being physically disabled, and those on the edge of care. During the year the @home Programme has been established under the direction of the Ageing Well Partnership to ensure that we have the right range of services in place in the community to support independent living and to support people when their needs increase, or following an admission to hospital. The South West Cardiff Primary Care Cluster has formed a key part of this

work, and through the nationally funded Transformation Programme has implemented a multidisciplinary model of care, and a very active social prescribing model – both of which are preventing avoidable admissions to hospital and increasing wellbeing. The Ageing Well Partnership also oversees the delivery of the Dementia Action Plan.

The Living Well Partnership, still being formally established, has provided a focus on improving services for people with a learning disability, through the implementation of the Joint Learning Disability Commissioning Strategy that was developed with people with a learning disability and their families and carers.

The Starting Well Partnership has focused on consolidating delivery of the Integrated Autism Service and developing a 'no-wrong door' approach to access to emotional wellbeing and mental health services. Work has also continued in relation to the 'team around the family' model supporting young people on the edge of care.

Regional Healthcare Services

The Health Board continues to work with neighbouring health boards to develop and implement regional service models where it makes sense to do so in order to ensure that a service is sustainable, meets key standards, and delivers the best outcomes for patients. The Health Board has led the establishment of the Major Trauma Centre at UHW, which forms part of the newly established Major Trauma Network, and the development of the SE Wales Regional Vascular Services model which will see all vascular surgery centralised at UHW. Both of these developments were informed by engagement/consultation processes.

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As part of the planned recovery programme, the Health Board is developing plans to look at potential regional solutions for addressing the backlog of people waiting for planned treatment which has built up during the pandemic. This includes looking at whether regional centres for high volume low complex activity could and should be developed.

The Health Board has also formed partnerships with the Velindre NHS Trust, Cwm Taf Morgannwg UHB, Aneurin Bevan UHB and Swansea UHB to progress joint agendas.

6. Workforce management and wellbeing

Over the past 2 years the Health Board has faced one of its most significant staffing challenges for each wave of the pandemic. In addition to record staff sickness levels of over 8% there has also been a higher demand for more staff to assist with the COVID-19 Vaccination Programme and for the Health Board's recovery schemes which aimed to reduce the increasing patient waiting lists that arose as a result of the pandemic. A further challenge was the increase in Covid patients and the additional staff required to open additional wards at the main hospitals and at Lakeside Wing.

Staffing the wards was particularly challenging at times as the vacancy rate for Registered Nurses was over 13% and with other staff absence due to sickness, self-isolation, shielding and maternity leave, it rose to 22%. The need for staff to work flexibly at different locations within the Health Board was paramount to ensure risks were managed appropriately.

The staff worked incredibly flexibly and under significant pressure to ensure safe patient care.

Despite these challenges, the Health Board developed a clear plan to ensure we would continue to provide safe staffing levels for our patients. This was achieved by the following actions:

- Identifying those staff who could be redeployed to care for the additional capacity required for the Covid patients. This included staffing areas where elective activity either reduced or ceased.
- Deploying non-ward based nurses to ward areas following refresher training undertaken at very short notice. For example, Clinical Nurse Specialists.
- Appealing to those clinicians who had retired and could return to work on a temporary basis.
- Developing a workforce hub whose sole purpose was to recruit large volumes of staff in a very short period. Over 2,000 staff have been recruited and a large number of them have secured substantive appointments within the Health Board.
- A rolling programme of nurse recruitment which included over 200 nurses from overseas.
- Using both nursing and medical students as a temporary pool of staff.
- Deploying medical staff where the clinical need was greatest.

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There were times during the past 2 years where providing enough staff to maintain safe levels of care was very challenging. However, the amount of effort by those working in and managing these areas ensured everything was done to keep our patients safe, whilst also maintaining the safety of our staff.

6.1 Identifying and Training Staff to Undertake New Roles

Healthcare Support Worker (HCSW)

Delivery of the shortened 2.5-day Healthcare Support Worker (HCSW) induction programme has continued to support ongoing phases of mass recruitment which covered the fundamentals of care. Over 600 new HCSWs have been trained in the last two years.

New HCSW roles

Extensive scoping and development work have been undertaken to support the development of new HCSW roles in 2021/22. The Learning Education and Development (LED) team supporting role development and the development and delivery of training to support Band 3 senior HCSW working in the Transitional Care Units and Band 4 assistant Practitioner for Perioperative Directorate and Community Nursing. Working in conjunction with the Health Board HCSW Workforce Group and the National Band 4 Assistant Practitioner Group (Nursing), the Health Board has the necessary infrastructure in place to support the continued development of new HCSW

roles into 2022. Health Education and Improvement Wales (HEIW) funding has been secured for 2022/23 for a post to support the development of support workers across therapies and other services, such as operational services and estates.

Patient Environment Support Workers

A new Kickstarter role called "the Patient Environment Support Worker" has been developed to support ward areas with non-clinical tasks. A total of 12 young people has been recruited into the role. Training and ongoing support is being provided by the LED team.

The Overseas Nurses Programme

This programme has continued to support the Health Board's international nurse recruitment workstream with cohort sizes increasing to 28 nurses per month. A total of 245 nurses have completed the programme and joined the Health Board since the programme's inception.

The Future Nurse and Midwife Standards

In 2021 the LED Nurse Education Team led a National collaborative workstream to develop an 'All Wales Practice Learning Framework' to support the implementation of the Nursing and Midwifery Council's Future Nurse Standards. These standards are enabling student nurses to develop an enhanced skill set which was traditionally developed post registration. The Framework was launched in January 2022 and is helping us to develop our future workforce.

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These new standards required nursing mentors to transition over to new Practice Assessor and Practice Supervisor roles. In 2021 the Health Board achieved a 93% transition training compliance with a total of 1,450 mentors having completed the training over the last 3 years. 800 new practice assessors and practice supervisors have also been trained, which is an extraordinary achievement in view of COVID-19 constraints.

Preceptorship Programme

A review of the nursing preceptorship programme was undertaken to ensure that the Health Board complies with the Nursing and Midwifery Council's preceptorship principles, which were launched in 2021. As part of the review an interprofessional leadership and team working day led, by the Army reserves, has been introduced to support clinical healthcare staff from all professions who are in their first-year post registration.

Skills training

Urgent work has been undertaken to change model of skills development of essential clinical skills in the face of the pandemic pressures. E-learning programmes for venepuncture and cannulation and the development of clinically based skills trainers have enabled an extremely flexible approach to the acquisition of these skills. A suite of virtual learning resources has been developed for medicines management, leadership and management programmes and the Overseas Nurses' Adaptation Programme which are being hosted on a platform known as Learning@Wales. A virtual learning pathway was also launched which supports off Ward Nurses to upskill when they are required to work clinically.

Leadership and management development

It is well recognised that there have been large numbers of leaders and managers appointed or promoted during the pandemic, particularly in clinical teams. For this reason the management programmes have been redesigned and relaunched. The first phase of a coaching network has been established to provide support to staff who require inward support.

At the start of the pandemic in 2020, the UK Government introduced emergency legislation which allowed professional bodies to support the response to the COVID-19 pandemic by creating a **temporary register.** This legislation meant that bodies, such as the GMC and NMC, could temporarily re-register fit, proper and suitably experienced individuals, so they could help with the Coronavirus pandemic if they wished and felt able to do so. This included staff who had retired but wanted to return to practice temporarily.

There was good response from local healthcare professionals offering their skills and services to help with this unprecedented challenge, with 4 retired Consultants and 10 nurses being recruited. However, in line with the Government's "Living with Covid" plan, the professional bodies will no longer be able to accept new applicants onto the COVID-19 temporary register as of 24 March 2022, and the temporary registers will close on 30 September 2022. This means that if they wish to continue working the individuals will need to join the relevant permanent register.

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Staff well-being

The Health Board is passionate about caring for the wellbeing of its staff members. After a successful bid to the Health Charity in November 2020 the **Health Intervention Team (HIT)** was established in March 2021. The two-year team consists of four professionals drawn together to promote and integrate a proactive approach to wellbeing within the organisation. The skill sets within the team range from HR, data analysis, grass roots development programmes, stakeholder engagement, management and nursing; together these skills have allowed the team to question routine practices and procedures and develop bespoke pieces of work across the organisation.

The team's initial focus was to understand the wellbeing needs of the workforce. This involved a four-month scoping exercise listening to a range of staff ranging including, but not limited to; Domestic Staff, HCSWs, Nurses, Midwives, Doctors, Laboratory staff, receptionists, Administrators and Allied Health Professionals. To support the qualitative responses a workforce wide questionnaire was completed by over 1,000 staff members. These wellbeing views and expectations were collated into the Health Intervention Team's Report. The report contains six themes:

- Wellbeing - Integrated, accessible & normalised.
- Respect - Multidirectional & embedded
- Management and leadership - Supported, effective & visible
- Training and education - Prepare, develop, accessible.
- IT & communication - Clear, fair & consistent
- Facilities and environment - Modern & fit for purpose

The findings from the staff consultations and questionnaires were presented to the Health Board's Executive Team and have been reflected in the Health Board's People and Culture Plan. The HIT team's action plans are being addressed in conjunction with colleagues from across the Health Board.

The HIT team has also organised wellbeing events for international nurses, Time to Talk today (encouraging discussions on mental health), junior doctors and ward managers. The team has always been eager to take the wellbeing message to the staff, travelling to community sites and offering listening sessions to all locality teams. The HIT team is currently planning introductory trials of Schwartz rounds, MedTRiM and Sustaining Resilience at Work. The HIT team continues to balance outreach support to individual departments whilst developing interventions that will benefit the workforce on a whole system.

Over the past year the Health Board has continued to focus on the wellbeing of its staff, reviewing, adapting and introducing interventions and resources to support the health and well-being of our workforce during the ongoing pandemic. Balancing on-going and increasing service pressures, COVID-19 infection and isolation requirements, and staff shortages alongside the wellbeing of our workforce, continues to be a challenge.

The Strategic Wellbeing Group set up in 2020 and chaired by the Executive Director of People and Culture, has worked well to highlight where the Health Board focuses its attention when responding to our staff wellbeing needs. With representatives from across the organisation, from a range of roles and professions and trade union partners, this group has enabled decisions and actions to take place at pace for the benefit of staff wellbeing.

Examples of actions taken forward by the group which are currently in development include:

- Introduction of additional peer support in pilot areas, e.g. Schwartz Rounds
- Collaborative work with the Recovery and Wellbeing College to enhance Peer Support
- Investment in additional water stations across hospital sites
- Enhanced leadership and management development and support
- Staff room refurbishments and improvements to staff nursery facilities
- Wellbeing retreats for staff at risk of, or experiencing, symptoms of burnout
- Equality, Diversity and Inclusion awareness raising, education and development sessions.

The Health Board investment in the increased capacity of its Employee Wellbeing Service which includes counselling staff, advanced practitioners and a Health Intervention Team, continues to support the emerging wellbeing needs of our workforce.

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Examples of work undertaken over the year includes:

- Delivery of over 2,400 individual counselling sessions and 252 guided self help sessions
- Online education and awareness sessions focusing on wellbeing themes
- Development of recorded wellbeing workshops enabling access at any time
- Monthly menopause cafes and menopause awareness sessions
- Online long Covid peer support group sessions
- Delivery of over 80 different workshops to more than 630 staff
- Continuation of the Wellbeing Champions programme with over 230 Wellbeing Champions trained across the Health Board.
- Monthly support to line managers via on-line Q&A sessions
- Provision of wellbeing drop-in sessions across Health Board sites and teams
- Develop of targeted support, in collaboration with Dr Julie Highfield, to support staff experiencing particular challenges and pressures

This year has also seen the development and launch of the Health Board's 'People and Culture Plan', setting out the overarching themes and actions we will take over the next three years, with a clear focus on improving the wellbeing, inclusion, capability and engagement of our workforce. The Plan is built around 7 themes which are based on the themes set out in the Workforce Strategy for Health and Social Care, and aims to ensure a workforce that is happy, healthy and supported, so that they can in turn, support the wellbeing of the people in their care.

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'Shielding' means protecting those people who are **Clinically Extremely Vulnerable** to the serious complications of coronavirus because they have a particular existing health condition. These individuals received a shielding letter from the Welsh Government (or an equivalent letter from their GP/Specialist) advising them that they must remain shielded at home. Some staff may have received this letter because they care for someone who is considered clinically extremely vulnerable (i.e. shielding a family member. At the peak, during the first wave, there were 637 staff (517.64 whole time equivalent/wte) staff who were shielding, but shielding officially came to an end on 31 March 2021.

Actions taken to support staff to return work following shielding include:

1. Providing a phased return to work back to their substantive post, discussing any concerns with them and supporting them back into their familiar work environment.
2. Temporarily moving staff into an alternative role if they remained unable to return to their substantive role, with support to work in a new area.
3. After temporarily moving staff into an alternative role, discussing and assessing the situation with and helping them remain in an alternative and more suitable role permanently when a vacancy became available.
4. Enabling staff to work at home for a period of time prior to returning the work site and carrying out their role.

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In March 2022 there were three members of staff who while not 'shielding', were unable to attend work. These are all clinical staff who are more than 28 weeks pregnant and for whom suitable, alternative roles have not been found.

A key tool for supporting all staff, but also those who were shielding was the All-Wales COVID-19 **Workforce Risk Assessment Tool**. This was developed to help individuals and their managers understand if they were at higher risk of developing more serious symptoms if they came into contact with the COVID-19 virus and to agree the right actions for them based on their level of risk. The real value of the tool is that it should stimulate a discussion between the member of staff and their manager about their personal circumstances. In March 2022 there were 1,588 risk assessment records recorded in ESR (an increase from 1083 in March 2021). However, the completion of the risk assessment is not mandatory, nor is the recording of the outcomes in ESR for those who completed it.

In addition to the All-Wales risk assessment, the Health Board developed a separate Risk Assessment for Pregnant Staff with Potential Coronavirus Exposure to be completed by managers together with their pregnant employees at least twice during the pregnancy. This was updated in March 2022 to reflect changes to national guidance and clinical data which suggests that the risk of complications from COVID-19 increase from around 26 weeks' gestation.

6.2 COVID-19 Staff Deaths

Once again it has been a challenging year for staff in managing the global pandemic. Thankfully there have been no further staff deaths as a result of COVID-19 but we continue to offer support mechanisms to staff who have lost colleagues through the Patient Experience/chaplaincy team. Please refer to the paragraph entitled Bereavement, Spiritual & Support Care under Section 3.7 for further information.

6.3 Local Partnership Forum and Other Employee Engagement Groups

Local Partnership Forum (LPF)

The Health Board has a statutory duty to "take account of representations made by persons who represent the interests of the community it serves". This is achieved in part by three Advisory Groups to the Board and the Local Partnership Forum (LPF) is one of these.

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture. Members are Staff Representatives (including the Independent Member for Trade Unions), the Executive Team and Chief Executive, the Director of Corporate Governance, the Assistant Directors of Workforce and OD and the Head of Workforce Governance. The Forum meets 6 times a year.

LPF is the formal mechanism for the Health Board and Trade Union/Professional Organisation Representatives to work together to improve health services. Its purpose, as set out in the Terms of Reference, fall into four overarching themes: communicate, consider, consult and negotiate, and appraise.

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Significant issues which the Local Partnership Forum considered during 2021-22 include:

- Shaping Our Future Clinical Services.
- Regular operational updates, including: The Reset and Recovery Plan; the impact of COVID-19 and transformation work in Mental Health Clinical Board, the PCIC Clinical Board position; and operational pressures.
- IMTP – engagement on Health Board priorities and progress reports.
- Nurse Staffing Act annual report.
- Implementation of Respect and Resolution Policy and culture shift required.
- Health and Wellbeing, including the work of the Health Intervention Team.
- The revised Partnership and Recognition Agreement including LPF Terms of Reference.
- The work of the Dragon's Heart Institute.
- The Director of Public Health's annual report - 'Let's leave no one behind in Cardiff and the Vale of Glamorgan' – Tackling inequities and prioritising prevention through recovery from COVID-19.
- The Strategic Equality Plan.
- Workforce Resourcing – Attract, Recruit and Retain.

- A number of 'deep dives' into WOD KPIs and initiatives: turnover: sickness; statutory and mandatory training; employee relations; and Values Based Appraisals.
- Changes to Agenda for Change Terms and Conditions.
- Implementation of the smoke free premises and vehicles regulations – enforcement options.
- Approval of the revised Employment Policy Sub Group Terms of Reference.

LPF also regularly receives an update on 'hot topics' from the Chief Executive and standing reports on WOD Key Performance Indicators, finance and patient quality, safety and experience.

The LPF has 3 sub-groups - the Workforce Partnership Group, the Employment Policies Sub Group and the Staff Benefits Group:

The **Workforce Partnership Group (WPG)** is co-chaired by the Chair of Staff Representatives and the Executive Director of Workforce and OD (WOD). Members are senior representatives of the WOD team, Lead Clinical Board Staff Representatives, the Lead Staff Representative for Health and Safety and the Staff Side Secretary. The Independent Member – Trade Union also has a standing invitation to attend. In 2021/22 the membership was widened to include senior Clinical Board representation and senior Nursing representation.

The WPG generally meets 6 times a year, alternating with the LPF, but due to the COVID-19 pandemic and operational pressures the WPG has been meeting more frequently.

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WPG provides a forum for the Health Board and Trade Unions (including Professional Organisations and Staff Associations) to work together on issues of service development, engagement and communication specifically as they affect the workforce. Its purpose, as set out in the Terms of Reference, fall into three overarching themes: to communicate, to consider and to discuss matters which affect the workforce. The items discussed tend to be more operational or detailed than those brought to the LPF, and the LPF regularly refers matters to the WPG for follow up and further consideration.

Significant issues which the WPG has considered during 2021/22 include:

- Employee Health and Wellbeing
- Employee Relations Activity
- Workforce resourcing, including inclusive recruitment and project search
- Estates infrastructure and car parking
- Allocate e-rostering system
- Enhanced payments for COVID-19 recovery
- People and Culture Plan
- Sustainability Action Plan
- Welsh Language Standards
- Deployment of staff due to COVID-19
- Implementation of the Annual Leave Carry Over / Selling Scheme

The **Employment Policy Sub Group (EPSG)** is made up of representatives from Workforce and OD and Trade Unions and is co-chaired by the Workforce Governance Manager and a TU representative. EPSG is the primary forum for the development and review of employment policies, procedures and guidelines. It usually meets 6 times a year. The Terms of Reference for this group were reviewed in July 2021 and the membership was widened to include representatives from inclusion, wellbeing and education.

Over the past year the following documents have been developed or reviewed and approved:

- Relocation Expenses Procedure
- New and Changed Jobs Procedure
- Working Remotely Guidelines
- Death in Service Procedure
- Maternity, Adoption and Shared Parental Leave Procedures
- Retirement Procedure
- Retire and Return Procedure

The **Staff Benefits Group** explores and co-ordinates discounts and benefits offered by external organisations for Health Board employees. The Group ensures and agrees 'best deals' for staff and reports their work to the Charitable Funds Committee and the Local Partnership Forum.

The Staff Benefits Group meets on a bi-monthly basis and has the following membership:

- Executive Director (Chairperson)
- Senior Management Representative
- Senior Health Charity representative
- Senior Workforce Manager
- Staff Side representative
- Communications representative
- Sustainable Travel Manager
- Procurement Representative
- Finance and Payroll representatives

Businesses and suppliers who wish to provide discounted goods or services to staff are invited to email the Communication and Engagement Team and new proposals are taken to the Staff Benefits Group for discussion where these are considered in line with the approvals criteria. Approved proposals are promoted via a variety of staff engagement platforms including the Staff Benefits website, Staff Connects and social media.

In 2021/22, the group continued to hold virtual meetings (in line with COVID-19 restrictions and guidance) and progressed the following:

- Circulated written and electronic communications to local and national businesses and suppliers to acknowledge their support to Health Board staff during the pandemic, and invite participation in the staff benefit scheme.

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- Received and reviewed suitability of new staff benefit schemes including Home Benefits salary sacrifice proposals.
- Renewed the Memorandum of Understanding between Nathaniel Car Sales and Cardiff and Vale Health Charity to provide sponsorship and fundraising support.
- Renewed the Memorandum of Understanding between Nathaniel Car Sales and the Health Board to provide staff transport to/from work in the event of adverse weather.
- Worked collaboratively with the Digital Communications Team to create a dedicated staff benefits page in the Staff Connects App, circulated offers in the Weekly Staff Update plus promoted offers via all staff engagement platforms.
- Staff benefits pages on the Health Board Intranet site have been redesigned and are refreshed weekly with new offers and promotions and occasionally aligned to topical events, i.e. Christmas, Easter, Valentines Day etc
- Approved the inclusion of Health Board Staff Benefits schemes in a national 'Health Service Heroes Discount Booklet' (retaining editorial control of content).

At a more local level, each **Clinical Board** also has monthly or bi-monthly Local Partnership Forums which enable the Clinical Board leadership team to engage with trade union representatives on local matters. Some of these have been suspended due to operational pressures and the inability to release staff to attend, and replaced with more informal discussions with the Lead Clinical Board Representatives but have either restarted or are due to do so in the early part of 2022/23.

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6.4 Equality, Diversity and Human Rights

The current Strategic Equality Plan (SEP), Caring about Inclusion 2020-2024, has a number of key delivery objectives and demonstrates our commitment to embedding equality, diversity, human rights, and Welsh Language into the Health Board's business processes. The SEP is closely aligned to our ten year strategy 'Shaping Our Future Wellbeing', our newly launched 'People and Culture' plan, our Intermediate Medium Term Plan, as well as the Well-being of Future Generations Act 2015. This is the second year of the current four year plan.

During 2021/22, we continued to strive to create a more inclusive organisation for our staff and our communities through a range of means, including engaging with staff and community groups, raising awareness of inequalities through keynote speakers, awareness sessions and partnership working with Public Health Wales and community groups, and celebrating the diversity of our workforce and community. **Some of the key highlights of the past year include:**

- Creation and cross-organisation sharing of an Inclusion Calendar, which highlights key dates throughout the year to raise awareness and celebrate our diversity.
- Achieving our highest ever ranking by reaching 37th place in the Stonewall Workplace Equality Index, which ranks

organisations throughout the UK in relation to LGBTQ+ inclusivity, and also earning the Gold Award. Work that contributed to this exceptional performance included playing a key role in the NHS Wales Virtual Pride event and supporting our trans community through the delivery of a 'First Steps to Trans Inclusion' session.

- Development of two new staff networks; OneVoice, our Black Asian and Minority Ethnic staff network, and Access Ability, our staff network for people with disabilities and long-term health conditions.
- Becoming a Level 2 Disability Confident Employer.
- Development of Executive sponsors to support each of the protected characteristics and Welsh language. This is being cascaded across our Clinical Boards and has already seen the introduction of a 'CD&T Allies' programme within Clinical Diagnostic & Therapies Clinical Board.

Although language is not a protected characteristic under the Equality Act 2010 - the protection of the Welsh language is taken forward under separate legislation (the Welsh Language (Wales) Measure 2011 and related Standards) - it has long been recognised that the equality and Welsh language policy agendas complement and inform each other. It is further supported through the Goal within the Wellbeing of Future Generations Act – A Wales of vibrant culture and thriving Welsh language. Our aim is to sustain and reinforce that principle through our new Strategic Equality Objectives and ensure they serve to promote and protect the Welsh language.

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The Health Board will continue to go beyond our legal obligations, applying the principles that sit within the Equality Act and the Public Sector Equality Duty to all our thinking, planning and decision making for the benefit of all our people, both in our organisation and our communities. The Equality Strategy and Welsh Language Standards Group continues to support developments and improvements across the Health Board.

6.5 Welsh Language Regulations – The Welsh Language Standards (No.7) Regulations 2018

Please refer to paragraph 15.3 within the Accountability Report.

6.6 Well-being of Future Generations (Wales) Act (WBFGA) 2015

The Health Board has adopted the Shaping Our Future Wellbeing Strategic Objectives as our wellbeing objectives, as detailed below. Embedding of the goals, principles and ways of working advocated by the Act into our everyday business is overseen by our Wellbeing of Future Generations (WFG) Working Group, and the Chair in his capacity as our Wellbeing of Future Generations Champion.

When developing our IMTP, we ensure that weave the requirements of the Act through the plan like a golden thread, and our decision-making processes require us to consider the implications of the legislation when making our decisions.

Key areas of focus for the Steering Group have included plans to ensure we honour our commitments to carbon reduction, including active and sustainable travel, ensuring we continue to move upstream to ensure the prevention of disease, and early intervention when it occurs in order to improve outcomes.

Engaging with children and young people, who are our future generations, has also been strengthened to ensure that we hear loudly the voices of young people so they influence how we shape and develop our services into the future.

Our Governance arrangements in relation to the Well-being of Future Generations (Wales) Act 2015

A Cardiff and Vale UHB WFG Steering Group, chaired by the Executive Director of Public Health, reviews the actions required to embed the requirements into the Health Board, and supports the culture change required for the Health Board to implement routinely the sustainable development principle. In order to focus on the acute response to the pandemic, this group met intermittently during 2021/22, with regular routine meetings expected to fully resume during 2022/23.

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The Steering Group maintains and assesses progress against an annual work programme, and reports to the Strategy and Delivery Committee of the Board. The Chair of the Board acts as the Well-being of Future Generations Champion for the Board. We maintain a regular dialogue with the Office of the Future Generations Commissioner and one of the Changemakers from the Commissioner's office joined the Steering Group as a regular member in 2021/22.

In the partnership arena, we contribute to the statutory Well-being Assessments and Well-being Plans (one for Cardiff; one for the Vale) through our participation in the Public Service Boards, and deliver key actions in the Plans, individually and together with partner organisations.

Our well-being objectives

Within the Health Board, the statutory well-being objectives under the WBFGA are reflected in our ten year strategy (Shaping our Future Well-being) objectives, which are listed below. These objectives contribute to the seven national well-being goals. The Strategy is implemented through the annually updated three-year plan, our integrated medium term plan (IMTP), which contains our annual well-being statement.

1. Reduce health inequalities
2. Deliver outcomes that matter to people
3. All take responsibility for improving our health and well-being
4. Offer services that deliver the population health our citizens are entitled to expect
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time

6. Have a planned care system where demand and capacity are in balance
7. Be a great place to work and learn
8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology
9. Reduce harm, waste and variation sustainably making best use of the resources available to us
10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives

The IMTP integrates and demonstrates the five ways of working and action against the well-being goals throughout the plan. Prevention is embedded throughout our work, with additional specialist public health interventions described in the Shaping Our Future Population Health plan.

In developing the IMTP for 2022-25, the organisation's well-being objectives were reviewed, with no changes made. As the overarching Shaping our Future Well-being strategy is reviewed in depth during 2022/23, there will be an opportunity to undertake a further assessment of whether any changes need to be made to the objectives.

Progress against our well-being objectives

Because our corporate objectives are our well-being objectives, progress against our well-being objectives is demonstrated through our routine performance reporting against our IMTP and ten-year strategy. You can find out more about our performance, and where it is reported, in the Summary of our performance and key achievements section, above.

During 2021/22 we reviewed our Sustainability Action Plan, to ensure actions deliver - and go beyond - the requirements of the NHS Wales decarbonisation strategic delivery plan. We also continued to support and nurture sustainability projects through our Ideas Incubator and the Dragons Heart Institute, including Green Health Wales, sustainable procurement, and the SFERIC (sustainability fellowship for engagement, research, innovation and co-ordination) programme. In September 2021, Food Cardiff, which is hosted by the Local Public Health team, was awarded a Sustainable Food Places Silver award, one of only six places in the UK to achieve the award. Other developments in the year included:

- Recertified to ISO14001 standard twice in 21/22
- 6,800 LED light bulbs installed
- Sustainable healthcare concepts being introduced to Cardiff University medical students
- Staff survey ran which indicated more could be done to improve awareness of what we're doing regarding the green agenda
- Environmental sustainability manager recruited
- Cohort of 'sustainability' volunteers recruited to receive Sustainable QI training and apply that knowledge to clinical service

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- C&V's second sustainability fellow was brought on board in September 2021

You can read more about specific projects we have completed which demonstrate our commitment to the Act on the Shaping our Future Sustainable Healthcare web pages.

Other developments in relation to the WFBGA

Throughout much of 2021-22 the Health Board has been focused on its response to the pandemic. We have tried to do this in a way which aligns with the sustainable development principle and the five ways of working (integration, involvement, long-term, prevention, collaboration), including:

- Extensive daily partnership working directly with statutory partners, in delivering the Test, Trace, Protect (TTP) programme in Cardiff and the Vale. This has been a true partnership endeavour, with teams made up of staff from across the partnership leading on strategy and surveillance through to contact tracing. Staff and budgets have been shared with fully integrated working on a daily basis
- Working closely with our ethnic minority communities and community leaders to increase engagement and reduce the unequal impacts of COVID-19
- Planning and implementation of the mass vaccination programme, to prevent future cases of COVID-19
- Enabling a large increase in remote clinical consultations
- Maintaining facilities for staff to work from home wherever possible, while balancing this with safe face to face meetings to promote well-being and prevent isolation. This contributes to increased flexibility for staff, along with a reduction in carbon emissions from commuting

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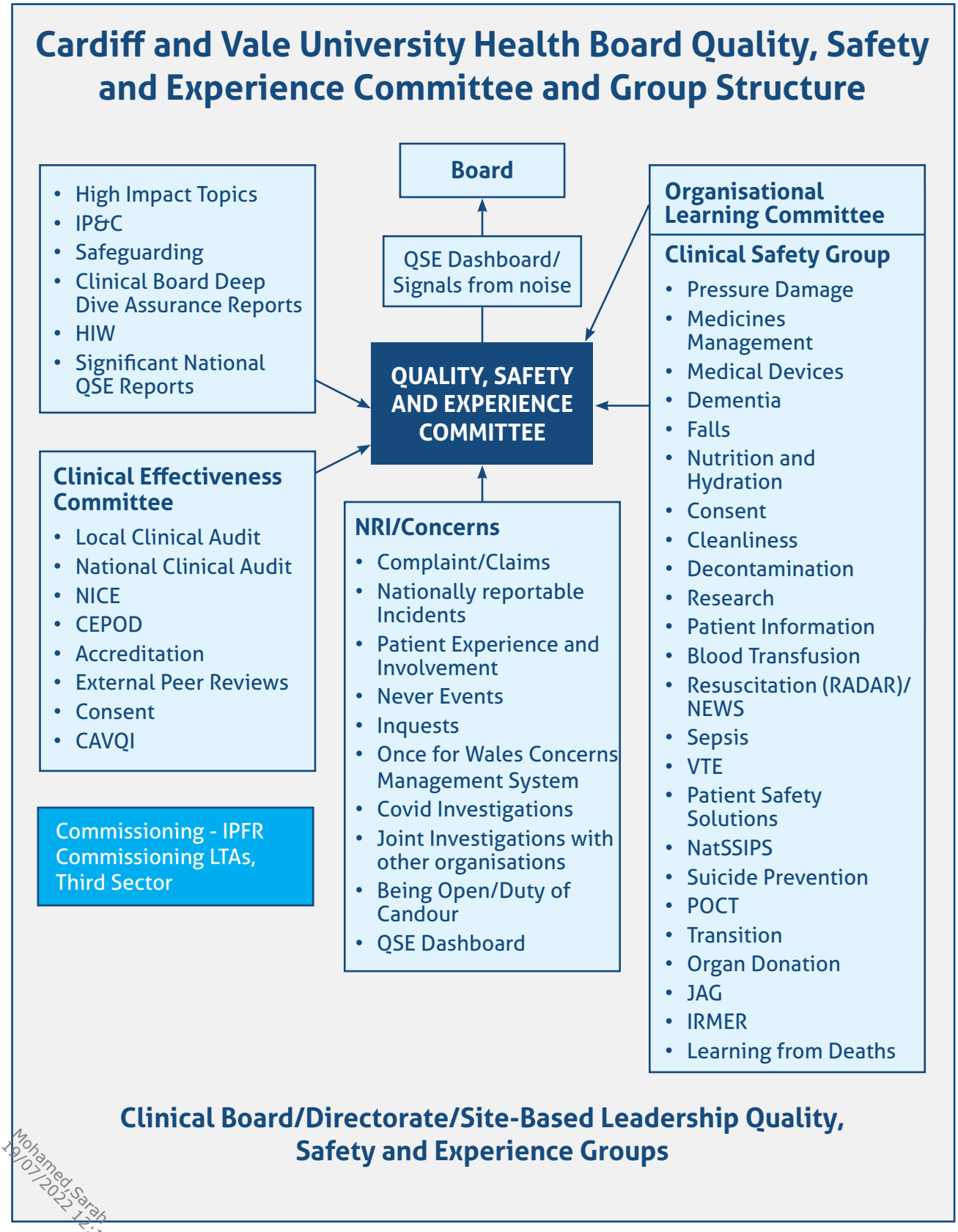
7. Quality Governance and Performance

The Operation and Transformation team was set up in Autumn 2021 to oversee the operational delivery of the organisation, through winter 2021 and the third COVID-19 wave. This included a senior Manager, Nurse and Medical triumvirate. As part of the operational delivery, the IPC (infection prevention and control) incident and outbreaks were discussed daily with OPAT senior team, site teams and operational nursing structures. This enabled constant oversight across all Clinical Boards to ensure all risk-based decision-making regarding patient movement was understood.

Quality, Safety and Patient Experience (QSE)

During the pandemic we have developed our five-year Quality Safety Experience Framework with our frontline staff, patients, carers, relatives and external regulators. Our focus on quality, safety and the patient experience extend across all settings where healthcare is provided. This includes our responsibility as a commissioner of services from a wide range of providers to have the necessary assurances in place where care is being provide by others for our population.

The chart below highlights our committee and group structures to support the delivery of the framework.



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As an integrated healthcare organisation, our focus on quality, safety and the patient experience must extend across all settings where healthcare is provided as we look to be one of the safest organisations in the NHS. We will ensure there is no undue bias towards Secondary Care, recognising that the majority of care received by patients is provided in a Primary or Community Care setting and that the Primary and Community Care element of the patient's pathway is as key to delivering safe, high quality care as that part of the pathway which is provided in more acute settings.

We have eight key enablers in our revised QSE Framework for the next five years: These are:

- Safety Culture
- Leadership for QSE
- Patient Experience and Involvement
- Patient Safety learning and communication
- Staff engagement and Involvement
- Data and Insight
- Professionalism of QSE
- Quality Governance

What really matters for our patients' carers and people in our communities must be central to our decision making, so that we can use our time, skills and other resources more wisely.

The challenge to commission services that improve the health of our residents in Cardiff & Vale and provide prudent, integrated health and social care for a growing local population whist providing increasingly complex emergency, elective and tertiary care to meet local and regional demand within the resources available, has never been greater.

We are always mindful that we are a Statutory organisation and are also bound by primary legislation, statutory instruments and Standing Orders (which are the rules by which the organisation works and makes decisions).

Our public, communities, staff and partners are at the centre of everything we do. There is no better and more important way of developing or improving services than by listening to what individuals think, feel and experience throughout their journey of using any of the NHS Wales services, programmes, functions and beyond. Whether this is in a hospital ward, outpatient appointment, any of the national Screening programmes, GP practice (Primary Care), engaging with health promotion practitioners or at any event delivered by an NHS Wales organisation. It is a key element of quality, alongside providing governance assurance and safer services. The way that the wider health and prevention/promotion system delivers its service and supports the wider systems – from the way the phone is answered, to the way cleaning staff speak with you all the way to managers engage with the public and staff– has an impact on the experience and should be used for quality improvement and governance assurance. If clinical and general excellence is the 'what' of healthcare and health prevention, then experience is the 'how'. Starting with and listening to the needs, and designing the experience to meet these needs is achievable and results in an environment where individual feel valued and supported.

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One of the most important lessons learnt in the last few years is that organisations need to be ambitious. The experience we deliver for our service users will only ever improve when an entire organisation examines and re-creates its culture which is more than just words, leadership, public and community engagement, staff engagement and cross-organisational measurement systems in order to improve quality and strive for excellence.

These are the key messages from our enablers:

"Quality, Safety and Experience is everybody's business"

"Management is doing things right; leadership is doing the right things"

"No decision about me, without me"

"Inspire, educate, skill and protect health workers to contribute to the design and delivery of healthcare systems"

"Let's focus on systems and human factors; not on individuals"

"If you don't measure, you don't know"

"If we always do what we've always done, we'll always get what we've always gotten"

"The Standard you walk past is the standard you accept"

Our QSE Priorities for 2021 – 2026

- Achieve the maximum possible reduction in avoidable harm
- Embed a system based and human factors approach to safety – Investigations and solutions
- Introduce Safety Culture work programme
- Agree a common language for quality, safety and experience
- Increase knowledge and awareness of Safety 1 – Safety 11
- Promote a culture of openness and transparency
- Develop a Psychological Safety Framework

8. Sustainability Report

In January 2020, the Health Board declared a climate emergency, and gave a commitment to redoubling our efforts to reduce our carbon footprint. We produced our first sustainability action plan which set out the actions we would take to significantly reduce our carbon use. Following the publication of the Welsh Government Decarbonisation Strategy, with the commitment to reach carbon zero by 2030, we refreshed the Sustainability Action Plan and approved the revised plan at our Board meeting in November 2021. This latest plan uses the NHS Wales Decarbonisation Strategic Delivery Plan as a base plus builds upon the learning from the first Action Plan in order to

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challenge the Health Board to further mature its reaction to the Climate Crisis.

During 2021/22, and in addition to the developments referred to under Section 6.6 above (Progress against our well-being objectives), circa 33% of outpatient appointments taking place virtually, homeworking commonplace which reduces congestion and traffic pollution and Health Board colleagues leading the formation of a Green Health Wales network of healthcare professionals.

More needs to be done. Therefore in the coming year an emphasis is being put into providing leadership in order to make a difference to our carbon footprint and consideration to be put into how we will bring all of our colleagues onto the journey with us. To this end, there has been a significant and consistent increase in communications about the subject of decarbonisation. Not forgetting our desire to consume less energy, the continued Re:Fit program will include further widespread LED installation, carbon reducing ventilation upgrades, control improvements and solar PV installations.

We now report annually on progress with our carbon reduction plan, and an Executive level oversight group is being established to ensure that key milestones are delivered on time.

Leadership

- Show leadership and commitment to help make the Welsh Public Sector carbon neutral by 2030

Energy

- Retain ISO14001
- Decarbonisation activities including Re:Fit programme

Waste & Food

- Reduce waste through our operations
- Maximise recycling

Water

- Reduce water usage, promote the importance of being hydrated

Procurement

- Make sustainable procurement decisions

People

- Staff and patients aware of our commitment to sustainability and feel they have a part to play

Built Environment, Green Infrastructure, Biodiversity

- New buildings, are sustainable and foster healthy, green, biodiverse external spaces

Transport

- Reduce the number off cars brought to our sites, encourage active travel and homeworking

Clinical Practice

- Develop low carbon/low waste care for our patients
- Sustainability embed ded in C&V strategic investments.

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Themes for 22/23 Sustainability Action Plan

20% of NHS Wales emissions come from our buildings and energy consumed. 60% comes from the products used to deliver healthcare services. An exciting initiative being trialled this year involves volunteers from our teams working on quality improvement initiatives with a view to improving the carbon impact of products we use or reducing consumption of them. As an example of a reduction in consumption project, the Health Board has been working towards turning off the supply of nitrous oxide around our facilities and instead delivering the gas on demand where required in cylinder form. It is expected that considerably less of this dangerous greenhouse gas can be consumed saving on our emissions and money.

Data concerning energy consumption, water usage and waste is expected to be available in August 2022.

9. Conclusion and Forward Look

The past year has been another challenging time for the Health Board given the ongoing and unpredictable nature of the pandemic. However, it has also paved the way for a number of innovative practices to be put in place and we are pleased to see that some of our services have returned to near pre-COVID-19 levels.

Looking forward, the Health Board intends to build upon some of the innovative ways of working to improve healthcare quality and the safety of patients and staff across the whole patient pathway. Under our newly adopted Quality, Safety and Experience Framework 2021-2026 we will continue to aspire to provide safe, effective services that deliver excellent user experience equal to the best healthcare organisations in the world.

As we progress through our recovery and redesign phase, we continue to retain and refine some of our new ways of working to ensure an effective and efficient health care service, including:

- We will continue to hold virtual Committee meetings as they have proven to be an efficient and effective way of working. We will be returning to "in person" Board meetings from May 2022 in an attempt to return to some normality.
- We will retain and refine the agile approaches to decision making to enable and facilitate innovation, transformation and learning on an ongoing basis.
- Maintaining and enhancing new forms and ways of communication introduced during the pandemic to sustain collaboration, partnership working, and public engagement while we recover from the effects of the pandemic.
- Utilising our recently established Dragon's Heart Institute to drive transformation within the Health Board, spearhead innovation and act as a catalyst for change across public services in order to improve the outcomes for citizens in Cardiff and the Vale of Glamorgan.

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We intend to further strengthen our relationships with our partners. The past year has seen some very successful collaborative working with our partners and volunteers (for example, the Mass Vaccination Programme) and we will focus more upon working jointly with our partners across Social Care and the Ambulance Service in order to implement changes which will improve patient care, reduce ambulance handover delays, avoid hospital admissions and discharge patients to more appropriate settings. The South West Cardiff Primary Care Cluster has formed a key part of the work undertaken by the Cardiff and Vale Regional Partnership Board under the nationally funded Transformation Programme. We hope to roll out further Clusters over the coming year

Digital solutions have been a key enabler of service delivery during the pandemic. For example, the use of virtual appointments and video group clinics has helped to maximise capacity for our outpatients' services. The "virtual ward" has helped to reduce patient time in hospital. We have plans in progress to expand the use of digital solutions to support other patient groups awaiting treatment.

The recovery and redesign phase has given us the opportunity to transform patient-care, learn from patient and staff feedback over the last year and lock in operational improvements to make access easier. This is reflected in our ambitious draft IMTP for 2022-2025 which aims to accelerate our journey of transforming services and to take significant steps in recovery of planned care treatments delayed due to COVID-19, improve emergency and urgent care service due to pressures of last 2 years. Further, as part of our Recovery and Redesign programme, we are developing plans to look at potential regional solutions in order to address the back log of people waiting for planned treatment.

We recognise that the last couple of years have also been very challenging for our staff. The safety and well-being of our staff remains a primary concern for the Health Board. We are implementing our People and Culture Plan 2022-2025 which sets out the actions we will take over the next three years, with a clear focus on improving the wellbeing, inclusion, capability and engagement of our workforce. As we continue to navigate our way through and out of the pandemic, it is vital that we have a healthy, safe and capable workforce to help us to transform patient care and provide better services.

Signed by: .....

Suzanne Rankin,
Chief Executive & Accountable Officer

Date: ***14 June 2022***

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Part 2

Accountability Report

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Part 2 - Accountability Report

Scope of the Accountability Report

The purpose of the accountability section of the Annual Report is to meet key accountability requirements to the Welsh Government, and to provide an overview of the governance, accountability arrangements and structures that were in place across the Health Board during 2021-2022. It includes:

- Corporate Governance Report
- Remuneration and Staff Report
- Parliamentary Accountability and Audit Report

10. Part 2a - Corporate Governance Report

10.1 Directors Report

10.1.1 The Composition of the Board

Part 2 of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (the Regulations) sets out the required membership of the Boards of Local Health Boards, the appointment and eligibility requirements of members, the term of office of Independent Members and Associate Members. In line with these Regulations, our Board comprises of 20 voting members, with additional 3 non-voting Associate Members including:

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- a Chair;
- a Vice-Chair;
- Officer members;
- Independent Members; and
- Associate Members.

The Board provides leadership and direction to the organisation and is responsible for governance, scrutiny and public accountability, ensuring that its work is open and transparent by holding its meetings in public. As a result of the continued public health risk linked to the pandemic and the need to ensure the risk of the spread of COVID-19 has remained a priority during the year, our Board and Committee meetings have continued to be held virtually. Whilst this is not strictly in compliance with our Standing Orders with regards to allowing the public to attend meetings of our Board and Committees meetings, we have taken a number of steps to strengthen public transparency of our Board and Committee meetings (please refer to section 13.7 of the AGS). From 26 May 2022 our Board meetings are being held in person, although our Committee meetings will continue to be held virtually for the time being.

The members of the Board are collectively known as "the Board" or "Board members", the Officer and non officer members (which includes the Chair) are referred to as Executive Directors and Independent Members respectively. All Independent Members and Executive Director Members have full voting rights.

The Health Board has 11 Independent Members (including the Chair and Vice-

Chair), all of whom are appointed by the Minister for Health and Social Services. There are 9 Executive Directors (including the Chief Executive).

In addition, Welsh Ministers may appoint up to 3 Board level Associate Members. Associate Members have no voting rights. There are also 2 Director posts, namely the Director of Corporate Governance and the Director of Digital Health and Intelligence, who form part of the Executive Team and the Board but have no voting rights.

Before an individual may be appointed as a member or Associate Member they must meet the relevant eligibility requirements, set out in Schedule 2 of The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulation 2009, and continue to fulfil the relevant requirements throughout the time that they hold office. The Regulations can be accessed via the following link:

https://www.legislation.gov.uk/wsi/2009/779/contents

10.1.2 Voting Members of the Board During 2021-2022

Please refer to paragraph 13.13 (i.e. paragraph headed Board and Committee Membership & Attendance 2021/22) within the Accountability Report and Appendix 1 to the Annual Governance Statement.

10.1.3 Audit and Assurance Committee

The membership of the Audit and Assurance Committee during 2021-2022, providing the required expertise was as follows:

Name	Role	Dates
INDEPENDENT MEMBERS		
John Union	Committee Chair	April 2021-March 2022
David Edwards	Committee Vice Chair	April 2021-March 2022
Mike Jones	Independent Member Trade Union	April 2021 – March 2022
Ceri Phillips	Vice Chair	April 2021 – March 2022

10.1.4 Declaration of Interests

Details of company directorships and other significant interests held by members of the Board which may conflict with their responsibilities are maintained and updated on a regular basis. A Register of Interests is available on the Health Board's website by clicking on the following link https://cavuhb.nhs.wales/about-us/our-board/register-of-interests/ or a hard copy can be obtained from the Director of Corporate Governance on request.

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10.1.5 Personal Data Related Incidents

Information on personal data related incidents which have been formally reported to the Information Commissioner's office and "serious untoward incidents" involving data loss or confidentiality breaches and details of how the risks to information are managed are detailed in paragraph 15.10 of the Annual Governance Statement.

10.1.6 Environmental, Social and Community Issues

These are included in paragraph 15.5 of the Annual Governance Statement.

10.1.7 Statement of Public Sector Information Holders

This is contained at section 21.3 (Managing Public Money (page 154) of the Parliamentary Accountability and Audit Report.

Signed by:

Suzanne Rankin
Chief Executive and Accountable Officer

Date: 14 June 2022

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11. Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Health Board

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer of Cardiff & Vale University 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 the Welsh Government.

I can confirm that:

- As far as I am aware, there is no relevant audit information of which Cardiff & Vale University Health Board's auditors are unaware, and I have taken all steps that ought to have been taken to make myself aware of any relevant audit information and to establish that the Health Board's auditors are aware of that information.
- Cardiff & Vale University Health Board's annual report and accounts as a whole are fair, balanced and understandable and I take personal responsibility for the annual report and accounts and the judgements required for determining that they are fair, balanced and understandable.
- I am responsible for authorising the issue of the financial statements on the date they are certified by the Auditor General for Wales.

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.

Signed by: .....

Suzanne Rankin**, **Chief Executive and Accountable Officer

Date: 14 June 2022

12.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 Cardiff & Vale University Health Board and of the income and expenditure of the Cardiff & Vale University Health Board for that period.

In preparing those accounts, the directors are required to:

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

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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 the Welsh Ministers.

By Order of the Board

Signed:

On behalf of the Chairman:

.....

Charles Janczewski

Dated: 14 June 2022

Chief Executive and Accountable Officer:

.....

Suzanne Rankin

Dated: 14 June 2022

Director of Finance:

.....

Catherine Phillips

Dated: 14 June 2022

13. Annual Governance Statement

13.1 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 Annual Governance Statement. However, the intention has been to reduce duplication where possible. It is therefore necessary to review other sections in the Annual Report alongside this Annual Governance Statement (AGS).

This AGS details the arrangements in place during 2021-2022 to discharge my responsibilities as the Chief Executive Officer of the Health Board, and to manage and control the Health Board's resources. It also details the extent to which the organisation complies with its own governance arrangements, in place to ensure that it fulfils its overall purpose, which is that it is operating effectively and delivering quality and safe care to patients, through sound leadership, strong stewardship, clear accountability, robust scrutiny and challenge, ethical behaviours and adherence to our set values and behaviours. It will set out some of the challenges and risks we encountered and those we will continue to face going forward.

At the time of preparing this Annual Governance Statement, the Health Board and the NHS in Wales continues to face unprecedented challenge and increasing pressure, due to responding to COVID-19, in planning and providing services whilst the Health Board moves towards a recovery position after the second and third waves of COVID-19.

13.2 Escalation and Intervention Arrangements

Under the Joint Escalation and Intervention Arrangements, the Welsh Government meets with Audit Wales and Healthcare Inspectorate Wales (Tripartite Group) twice a year to discuss the overall assessment of each Health Board, Trust and Special Health Authority in relation to the arrangements.

In March 2022, following the outcome of that Tripartite Group meeting, we were informed that the Director General Health and Social Services/NHS Wales Chief Executive would be recommending to the Minister for Health and Social Services that Cardiff and Vale

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University Health Board remains at 'routine arrangements'.

The Group acknowledged the Health Board's continued openness and transparency of conversations with the regulators and the improved governance arrangements.

Whilst no serious issues were identified, some concerns were raised by the Tripartite Group for the Health Board's consideration, namely:

- There have been a number of changes at Executive officer level, so it is important to stabilise the position and to ensure the vacant posts are filled. Steps have been in place during the past year to fill vacant posts (please see Section 13.8) with further plans in place to appoint to some of the Executive posts currently filled on an interim basis.
- There is a need to monitor the current financial position. It is important to maintain regular conversations with Welsh Government colleagues on the plans the Health Board has in place. We are liaising with Welsh Government to agree a financially viable IMTP (please refer to Section 2.9 for further information).
- Concerns have been raised over the suicide levels reported in mental health services. We have seen an increased presentation of patients with complex mental health and behavioural needs. Section 3.7 sets out some further information.
- Urgent and emergency care performance has deteriorated over recent months and concerns have also been raised around stroke performance and performance against Part 1 of the adult mental health Measure. Section 3.7 provides further information regarding our stroke performance and our performance against Part 1 of the adult mental health Measure.
- There are concerns around the sustainability of General Medical Services (GMS) noting a number of practices have handed their GMS contracts back to the Health Board. Section 3.3 of the Performance Report sets out further information in relation to how we have been managing the sustainability of our GMS services.

The Health Board is actively addressing those concerns and further information can be accessed here:

https://cavuhb.nhs.wales/files/board-and-committees/board-2021-22/2022-03-31-public-board-papers-v14-pdf/ *(see agenda item 6.7)*

13.3 Integrated Medium-Term Plans (IMTP)

Please refer to paragraph 2.9 of this Annual Report.

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Our Governance Framework

13.4 Standing Orders and Scheme of Reservation and Delegation

At a local level, Health Boards in Wales must agree Standing Orders for the regulation of proceedings and business. They are designed to translate the statutory requirements set out in the LHB (Constitution, Membership and Procedures) (Wales) Regulations 2009 into day to day operating practice, and, together with the adoption of a scheme of matters reserved to the Board; a Scheme of Delegation to officers and others; and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the Health Board and define - its 'ways of working'. These documents, together with the range of corporate policies set by the Board, make up the Governance Framework. These are available from https://cavuhb.nhs.wales/about-us/governance-and-assurance/policies-procedures-and-guidelines/.
The Board approved the All Wales Model Standing Orders, Reservation and Delegation of Power for Standing Orders at its May 2021 Board Meeting. The Board functions as a corporate decision-making body with Executive Directors and Independent Members being equal members, sharing corporate responsibility for all decisions and playing a key role in monitoring performance against strategic objectives and plans.

The principal role of the Board is to exercise effective leadership, direction and control, including:

- Setting the overall strategic direction of the Health Board;
- Establishing and maintaining high levels of corporate governance and accountability including risk management and internal control;
- Ensuring delivery of the Health Board's aims and objectives through effective challenge and scrutiny of performance across all areas of responsibility;
- Ensuring delivery of high quality and safe patient care;
- Building capacity and capability within the workforce to build on the values of the Health Board and creating a strong culture of learning and development;
- Enacting effective financial stewardship by ensuring the Health Board is administered prudently and economically with resources applied appropriately and efficiently;
- Instigating effective communication between the Health Board and its community to ensure its services are planned and responsive to identified needs;

The Board, subject to any directions that may be made by the Welsh Ministers, is required to make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Health Board may be carried out effectively, and in a manner that secures the achievement of its aims and objectives.

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13.5 The Board and its Committees

The Health 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 terms and conditions of appointment, Board members also fulfil a number of Champion Roles where they act as ambassadors for these matters. Board Leads and Champion Roles were agreed at the Board Meeting in September 2021, together with descriptions of the Board Champion Roles in order to ensure that the roles and responsibilities were clearly defined. The table in Appendix 1 to this AGS sets out which individual Independent Members have been allocated the Champion Roles and which Executive officers have been allocated Board Leads.

The Board provides leadership and direction to the organisation and is responsible for governance, scrutiny and public accountability. It ensures that its work is open and transparent by holding its meetings in public and where private meetings are held the meeting agendas are also published. The Board is supported by a number of Committees, each chaired by an Independent Member. All Committees are constituted to comply with The Welsh Government Good Practice Guide – Effective Board Committees. The Committees (except the Remuneration and Terms of Service Committee), provide their minutes and a written report by the Committee Chair to each Board meeting. This enables all Board members to be sighted on the major issues and contribute to assessment of assurance and provide scrutiny against the delivery of strategic objectives. Since March 2020 the Committees have met virtually due to the pandemic and members of the public have been able to view recordings of virtual Committee meetings since February 2022. Our Board meetings have continued to be held virtually during the year. Members of the public have been able to observe public meetings of the Board since July 2020, and will be able to attend public meetings of the Board in person from May 2022.

Board papers are published on the Health Board's website 10 clear days prior to each meeting in line with Standing Orders. For further information see paragraph 13.7 (Board and Committee Meetings during COVID -19).

A breach log is maintained to capture any departures from these timescales and reports delayed or not received. Please refer to section 2.3 of the Annual Report for information regarding the Committee's responsibilities, Work Plans and Terms of Reference.

The papers for Board meetings can be accessed at https://cavuhb.nhs.wales/about-us/governance-and-assurance/board-meetings/. Papers for Committee meetings along with minutes from the Committee meetings can be accessed at https://cavuhb.nhs.wales/about-us/governance-and-assurance/committees-and-advisory-groups/.

Each Committee produces an annual report for the Board. This is to demonstrate and provide assurance to the Board that the Committees have met the requirements of the respective Terms of Reference. The Committees' annual reports for 2021-2022 can be accessed at: https://cavuhb.nhs.wales/about-us/governance-and-assurance/annual-reports-and-accounts/

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The Health Board's Board and Committee structure in place during 2021-2022, is outlined in Figure 1 below.

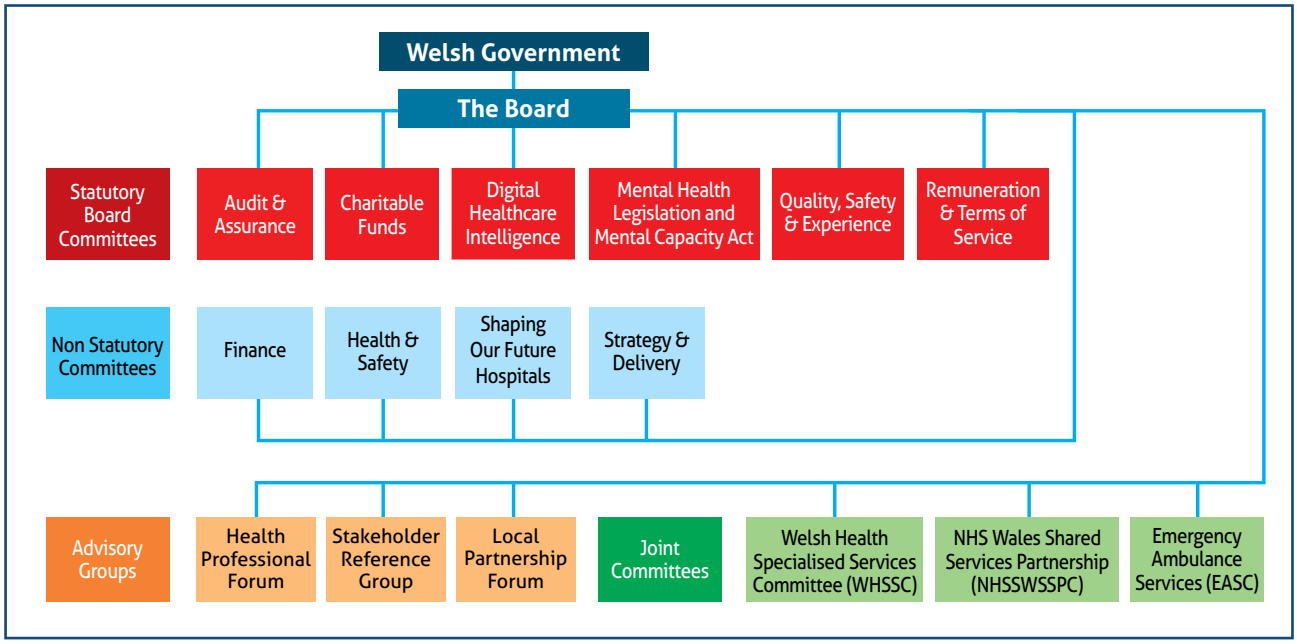

Figure 1 – C&VUHB Governance Structure 2021-2022

13.6 Effective Governance During the COVID-19 Pandemic

In March 2020 and as part of its response to the pandemic, the Health Board focused upon essential business only, and established a COVID-19 Command and Control Governance Structure to facilitate its planning and preparations as the global pandemic emerged. This was supported by a COVID-19 Board Governance Group.

The purpose of the COVID-19 Board Governance Group was to ensure that there was appropriate scrutiny and governance over the decision-making process during the COVID-19 period and to provide assurance to the Board that this was taking place. The COVID-19 Board Governance Group was able to sign off Chair's actions plus other significant decisions which would normally be presented to the Board.

At the start of the new financial year and as the Health Board moved towards a recovery position after the second COVID-19 wave, our Governance arrangements returned to 'business as usual' from April 2021. Under those arrangements:

- Our Board meetings resumed on a bi-monthly basis and continued to be held virtually.
- The new COVID-19 report (which was successfully introduced in November 2020) continued to be used to report at each meeting of the Board;

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- The COVID-19 Board Governance Group was stood down.
- The Committees of the Board returned to business as usual in line with their approved Terms of Reference and work plans for 2021/2022.
- The Management Executives continued to meet on a Monday each week – standing items on the agenda included reporting on COVID-19 (such as Policy Updates etc) and consideration of COVID-19 recovery plans.

Given the fast moving and unpredictable nature of the pandemic, we continued to keep our governance arrangements under review and they remained flexible. Due to the Winter operational pressures the Health Board was experiencing, in December our governance arrangements were temporarily updated. During the Winter period:

- Additional Public Board meetings were added so that the Board met every month. The additional meetings focused upon COVID-19 recovery and Winter pressures.
- A Systems Resilience Briefing Report (COVID and Non-COVID) was developed and presented at each meeting of the Board to ensure that the Board and the Public were kept abreast of key system pressures over the Winter period.
- Executive attendance at Committee meetings was reviewed to release Executive Directors' time to focus on the system pressure priorities, with only Executive Leads required to attend Committees.
- Committee agendas were kept to the key priorities of the Committees.
- The COVID-19 Board Governance Group was re-established on 6 January 2022.
- The COVID-19 Operational Meeting was re-established and met twice a week.
- The Health Board moved to a site-based leadership model at UHW, UHL and Primary, Community and Social Care.

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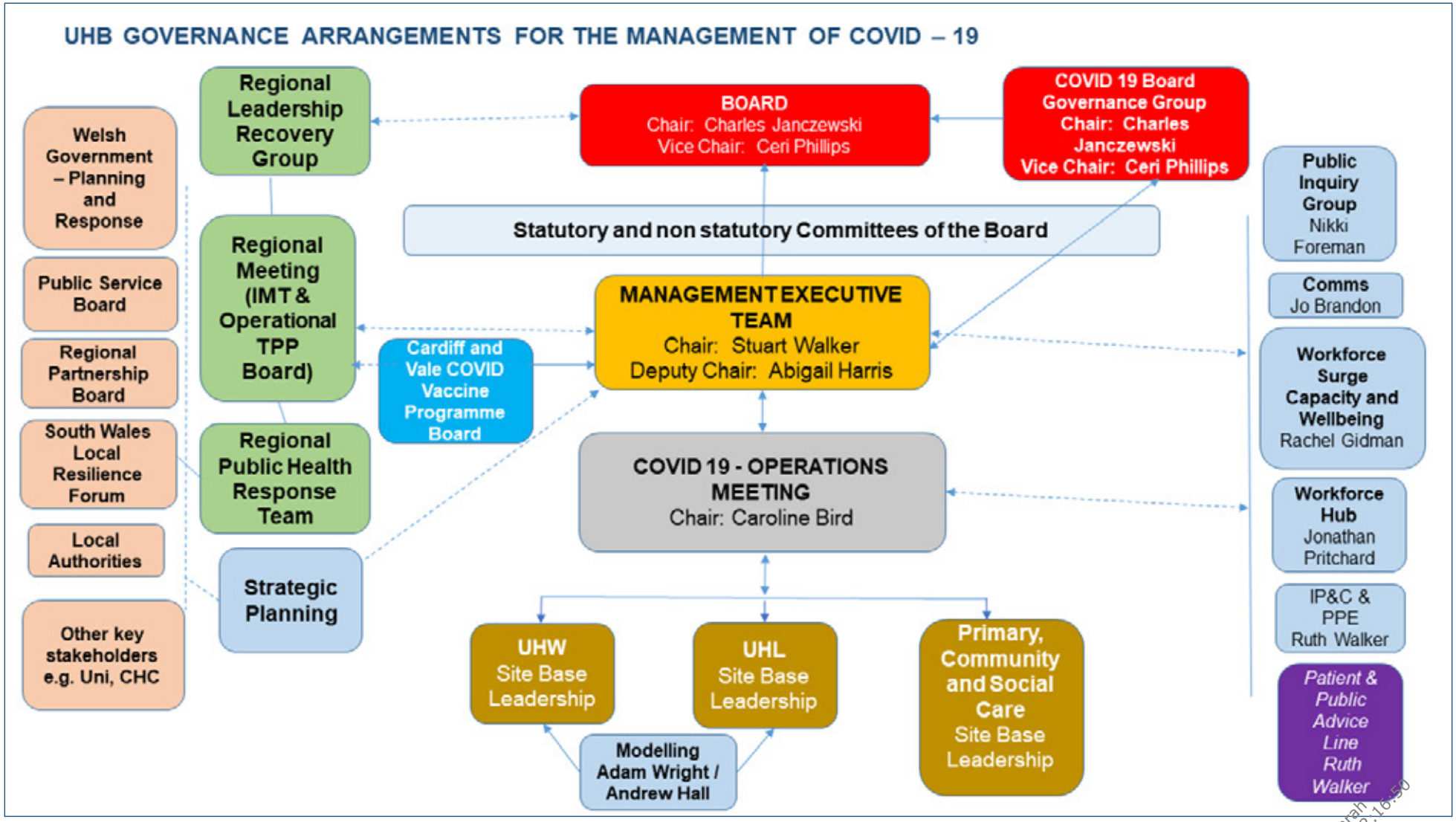
The Figure below shows how the Governance Structure was stepped up to support the operational pressures during the Winter period.[2]



[2] *The UHB Governance Arrangements for the management of COVID-10 as shown in the above Figure took effect from 21 December 2021 and were stood down at the end of February 2022.*

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A full report on the Governance arrangements was discussed at the COVID-19 Board governance Group on 6th January 2022. It was also be reported to the Audit and Assurance Committee on 8th February 2022 (see agenda item 7.8 on the following link:

https://cavuhb.nhs.wales/files/board-and-committees/audit-and-assurance-committee-2021-22/audit-080222-final-boardbook-v7-0-pdf/

The COVID-19 Board Governance Group was stood down at the end of February 2022 and the Board has now returned to its usual cycle of meetings being every other month. The Systems Resilience Report continues to be presented to the Board at each bi-monthly meeting and the Committee business has returned to 'business as usual'. Governance arrangements and reporting structures continue to be monitored and kept under review with the ability, after discussion and agreement of the Board, to stand the arrangements up or down as and when required.

This year the Health Board commenced preparations in readiness for an impending Public Inquiry into the COVID-19 pandemic. This included the establishment of the COVID-19 Public Inquiry Steering Group (which held its first meeting on 1 February 2022). The purpose of the Steering Group is to consider the strategy and approach to the Public Inquiry before making recommendations on the same to the Board. The Steering Group's membership comprises of the Independent Member Legal, Independent Member Trade Union, Chief Executive Officer, Executive Director of People and Culture, Executive Nurse Director, Medical Director and the Director of Corporate Governance. Other key members of staff may be invited to attend the Steering Group as and when required.

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13.7 Board & Committee Meetings during COVID-19

During the financial year 2021-22, all meetings continued to be held virtually to enable full Board and Committee attendance and to ensure openness and transparency.

It is acknowledged that in these unprecedented times, there are limitations on Boards and Committees being able to physically meet where this is not necessary and can be achieved by other means. In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings and it has not therefore been possible to allow the public to attend meetings of our Board and Committees from April 2021 to March 2022. To ensure business was conducted in as open and transparent manner as possible during this time the following actions were taken:

- A range of online video platforms was used to enable members of the Public to observe Board meetings, thus ensuring openness and transparency. Links and recordings were published on our website.
- The agendas for the Board and for the Committees of the Board were kept to a minimum and they were agreed between

the Chair and Executive Lead as per normal arrangements.

- Agendas and associated papers were, as far as possible, published 10 days in advance of the Board meetings, and 7 days in advance of the Committee meetings.

Verbal updates given at meetings were captured in the meeting minutes and, wherever possible, draft public Board minutes were made available within 1 week of the meeting.

- Provision for written questions to be taken from Board Members who were unable to attend a Board meeting and response was provided immediately following the meeting.
- Our website pages and social media accounts signposted the dates of the Board and Committee meetings together with information that had been published.
- The Board and Committee meeting pages on the website (which constitutes our official notice of Board and Committee meetings) explained why the Board and Committees were not meeting in public, and that all meetings were being held virtually.

As Accountable Officer, given the ongoing COVID-19 situation this approach remained under constant review with the Chair and the Board Secretary. From May 2022 onwards the Board has agreed to resume in person meetings. The Committees will continue to meet virtually whilst we continue to respond to COVID-19 and try to resume and maintain normal business throughout the year.

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We have taken a number of steps in order to strengthen public transparency of our Board and Committee meetings from 1 February 2022. This includes publishing recordings of our virtual Committee meetings within a few days of the meetings taking place, signposting the public to our Board and Committee meetings via our social media accounts, and listing the matters to be discussed in private by Committees on the agenda of the Committees' public agendas.

13.8 Composition of The Board

Refer to section 10.1.1 within the Corporate Governance Statement.

Items Considered by the Board in 2021-2022 included:

- Approval of the 2020-21 Performance Report, Accountability Report and Financial Statements;
- Board Assurance Framework;
- Draft IMTP 2022-2025;
- Public Engagement Reports;
- Vascular Services;
- All Wales Robotic Surgery Partnership;
- Patient stories;
- Pharmaceutical Needs Assessment;
- Financial performance;
- Regular reports on Quality, Safety and Experience;
- Regular Corona Virus Reports and System Resilience Briefings;

- Performance reports in relation to key national and local targets;
- Assurance reports from the Committees and Advisory Groups of the Board;
- Terms of Reference and Workplans;
- Nurse Staffing Levels (Wales) Act.

The Board and Committee membership and Champion Roles during 2021-2022 is presented for information at Appendix 1 to this AGS.

There have been a number of changes to the composition of the Board over the past 12 months.

The Health Board said farewell to:

- Len Richards, Chief Executive on 30 September 2021.
- Steve Curry – Chief Operating Officer on 31 December 2021.
- Stuart Walker – Executive Medical Director and Deputy Chief Executive on 18 February 2022.

The above changes resulted in some officer level vacancies which led to the following:

- Stuart Walker (Executive Medical Director and Deputy Chief Executive) stepped into the role of Interim Chief Executive with effect from 1 October 2021 to 31 January 2022.
- Meriel Jenney (Deputy Medical Director) was appointed to the role of Interim Medical Director from 1 October 2021; and
- Caroline Bird (Deputy Chief Operating Officer) stepped into the role of Interim Chief Operating Officer on 1 January 2022 when Steve Curry left us on 31 December 2021.

We also warmly welcomed the following to the Executive Team:

- Rachel Gidman – Executive Director of People and Culture from 3 May 2021.
- David Thomas, Director of Digital and Health Intelligence from 1 June 2021.
- Meriel Jenney – Interim Medical Director from 1 October 2021.
- Caroline Bird – Interim Chief Operating Officer from 1 January 2022.
- Suzanne Rankin – Chief Executive from 1 February 2022.
- Independent Members Professor Ceri Phillips and David Edwards joined our Board on 1 April 2021.

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13.9 Committees

In line with Section 2 of the Health Board's Standing Orders which provide that "The Board may and, where directed by the WG, must appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions", the Board has an established Committee structure, with each Statutory Committee chaired by an Independent Member. The current Committee structure was approved at the Board meeting on 31 March 2022. On behalf of the Board, the Committees provide scrutiny, development discussions, assessment of current risks and performance monitoring in relation to a wide spectrum of the Health Board's functions and its roles and responsibilities.

The following Board Committees were in place during 2021-2022:

Committee	Items Considered
Audit and Assurance Committee The role of the Audit Committee is to advise and assure the Board, and the Accountable Officer, on whether effective arrangements are in place to support them in their decision taking and in discharging their accountabilities in accordance with the standards of good governance determined for the NHS in Wales.	• Internal Audit Plans were submitted to each meeting providing details relating to outcomes, key findings and conclusions; • Audit Wales Audit Plan 2021, update reports on current and planned audits, and published outputs; • Declarations of Interest Reports; • Regulatory Compliance Tracking Reports; • Internal & External Audit Tracking Reports; • Procurement Compliance, Workforce Compliance and Counter Fraud Reports; • Annual Accounts, Accountability and Remuneration Reports for 2020-2021; • Losses and Special Payments.
Finance Committee The purpose of this Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position, performance and delivery.	• Cost Reduction Programme; • Finance Risk Register; • Financial Monitoring Returns; • IMTP.

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Strategy and Delivery Committee The purpose of this Committee is to advise and assure the Board on the development and implementation of the Health Board's overarching strategy, "Shaping our Future Wellbeing", and key enabling plans. This includes all aspects of delivery of the strategy through the IMTP and any risks that may hinder achievement of the objectives set out in the strategy, including mitigating actions against these.	• Shaping our Future Wellbeing Progress Reports; • Capital Plan; • Clinical Services Plan; • A Healthier Wales; • Commercial Developments; • Employment Policies; • Key Organisational Performance Indicators; • Workforce Plan; • IMTP.
Mental Health Legislation and Mental Capacity Act Committee This Committee advises the Board of any areas of concern relating to responsibilities under mental health legislation, and provides assurance that we are discharging our statutory duties under the relevant legislation.	• Mental Capacity Act and Mental Health Act Monitoring Reports; • Deprivation of Liberty Safeguards Internal; • Audit Report; • Mental Health Measure; • Children and Adolescent Mental Health Service; • Healthcare Inspectorate Wales visit.
Quality, Safety and Experience Committee The purpose of the Quality, Safety and Experience Committee is to **provide advice** to the Board with regard to the quality and safety of health services and the experience of patients, including public health, health promotion and health protection activities.	• Community Health Council (CHC) reports; • Patient Stories; • Quality, Safety and Experience framework; • HIW reports and progress; • Concerns Annual report; • Ombudsman Annual Letter; • Assurance Reports from Clinical Boards; • Our performance monitored against Key Quality Indicators

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Charitable Funds Committee The purpose of the Charitable Funds Committee is to make and monitor arrangements for the control and management of the UHB's Charitable Funds. Cardiff and Vale Health Charity (the Charity) is the official charity supporting all the work of the Health Board. The Charity was created on 3 June 1996 by a Declaration of Trust and following reorganisation of health services, was amended by Supplementary Deeds on 12 July 2001 and 2 December 2010. The Health Board is the Corporate Trustee for the Charity. The Health Board delegates responsibility for the management of the funds to the Charitable Funds Committee. The aim of the Corporate Trustee (Trustee) is to raise and use charitable funds to provide the maximum benefit to the patients of the Health Board and associated local health services in Cardiff and the Vale of Glamorgan, by supplementing and not substituting government funding of the core services of the NHS.	• Charitable Funds Bids Panel Report • Finance Monitoring Report • Staff Benefits Group Report • New Charitable Funds applications • Charitable funds strategy • Health Charity annual report • Arts annual report • Investment update
Digital Health Intelligence Committee The purpose of this Committee is to provide assurance to the Board that: • Appropriate processes and systems are in place for data, information management and governance to allow the Health Board to meet its stated objectives, legislative responsibilities and any relevant requirements and standards determined for the NHS in Wales; • There is continuous improvement in relation to information governance within the Health Board and that risks arising from this are being managed appropriately; • Effective communication, engagement and training is in place across the Health Board for Information Governance.	• Caldicott guardian requirements; • Freedom of Information; • General Data Protection Regulation (GDPR); • Data breach reports; • Policies & procedure; • Digital Strategy.

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Health and Safety Committee The purpose of the Committee is to advise and assure the Board and Accountable Officer on whether effective arrangements are in place to ensure organisational wide compliance of the Health Board's Health & Safety Policy, approve and monitor delivery against the Health and Safety Priority Improvement plan and ensure compliance with relevant standards for Health Services in Wales.	• Fire Enforcement; • Environmental Health Inspections; • Enforcement agencies inspections; • Waste management compliance; • Lone worker devices; • Regulatory and review body tracking report; • Risk register.
Remuneration and Terms of Service Committee The purpose of the Committee is to provide: (i) 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 the Welsh Government; and (ii) 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.	• Remuneration and terms of service matters
Shaping Our Future Hospitals Committee This Committee oversees the development of the overall "Our Future Hospitals Programme". The Committee provides assurance that the leadership, management and governance arrangements are robust and appropriately discharged to deliver the outcomes and benefits of the Programme.	• Programme Business case • Scoping of Strategic Outline case • Programme Risk Register

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The reports, workplan and terms of reference for the Committees are published on our website: https://cavuhb.nhs.wales/about-us/governance-and-assurance/committees-and-advisory-groups/

The table at Appendix 1 to this AGS sets out details of the Chair, Chief Executive, Executive Directors and Independent Members and confirms Board and Committee membership for 2021-2022, meetings attended during the tenure of the individual and any Champion roles performed. Table 1 in Appendix 2 of the AGS sets out Board and Committee Dates for 2021-2022.

The Chair of each Committee reports to the Board on the Committee's activities outlining key risks and highlighting areas which need to be brought to the Board's attention in order to contribute to its assessment of assurance and provide scrutiny against the delivery of objectives. The Committees, as well as reporting to the Board, also work together on behalf of the Board to ensure, where required, that cross reporting and consideration takes place and assurance and advice is provided to the Board and the wider organisation. Further, in line with Standing Orders, each Committee has produced an annual report, for 2021/22, setting out a helpful summary of its work.

All Committees have undertaken a review of their Terms of Reference in 2021-2022 and these were formally approved by the Board at its meeting on 31 March 2022.

A summary of each Committees' responsibilities and Terms of Reference are available on the Health Board's website: https://cavuhb.nhs.wales/about-us/our-board/committees-and-advisory-groups/

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Each Committee maintains an Action Log that is monitored at each meeting.

Each of the main Committees of the Board are supported by an underpinning subcommittee structure reflecting the remit of its roles and responsibilities.

13.10 Advisory Groups & Joint Committees

In support of the Board, the Health Board is also required to have three Advisory Groups.

The Advisory Groups include:

Stakeholder Reference Group (SRG)

The SRG is formed from a range of partner organisations from across the Health Board area. Its role is to provide independent advice on any aspect of Health Board business. It facilitates full engagement and active debate amongst stakeholders from across the communities served by the Health Board, with the aim of presenting a cohesive and balanced stakeholder perspective to inform Health Board planning and decision making.

This may include:

- Early engagement and involvement in the determination of the Health Board's overall strategic direction;
- Provision of advice on specific service improvement proposals prior to formal consultation; and
- Feedback on the impact of the Health Board's operations on the communities it serves.

Significant issues upon which the SRG was engaged during 2021-2022 included:

- Recovery Planning
- Shaping Our Clinical Services
- Integrated Medium Term Plan 2022-25
- Priority Setting,
- Acute Cancer Services
- Quality, Safety and Experience Framework
- University Hospital of Wales 2.

Local Partnership Forum (LPF)

Please refer to paragraph 6.3 of the Performance Overview section of this Annual Report.

The Joint Committees include:

Healthcare Professionals' Forum (HPF)

The HPF comprises representatives from a range of clinical and healthcare professions within the Health Board and across primary care. This Advisory Group is currently undergoing review and therefore has not met during 2021- 22. The Health Board has a number of mechanisms to seek clinical input, for example a representative of the Consulting body attended Board meetings, feeding in comment from Consultant engagement on key issues such as major trauma and thoracic surgery. Reviewing this Advisory Group's Terms of Reference, membership and developing its work programme and function to best use these mechanisms, establish a robust structure and avoid duplication will be a governance priority for 2022-23. As soon as this piece of work has been completed, we will update our website to include further information, including updated copies of the HPF's Terms of Reference and work programme.

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Terms of Reference and minutes of the Stakeholder Reference Group and the Local Partnership Forum are available via the following link:

https://cavuhb.nhs.wales/about-us/governance-and-assurance/committees-and-advisory-groups/

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's Chief Executive is a member of this Joint Committee along with the Chief Executives of the other Health Boards in Wales. The three Welsh NHS Trusts are Associate Members of WHSCC. Regular reports are received by the Board.

Emergency Ambulance Services Committee (EASC)

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

NHS Wales Shared Services Partnership (NWSSP) Committee

The NWSSP Committee was established in 2012 and is hosted by Velindre NHS Trust. It is not a Joint Committee. It looks after the shared functions for NHS Wales, such as procurement, recruitment and legal services. The Health Board's representative is the Executive Director of People and Culture and regular reports are received by the Board.

13.11 Public Appointments

Independent Members Professor Ceri Phillips and David Edwards joined our Board on 1 April 2021.

Lance Carver, Director of Social Services Vale of Glamorgan Council, was reappointed as an Associate Member of our Board on 2nd November 2021.

Sam Austin was appointed as the Chair of the Stakeholder Reference Group on 1st November 2020 until 31st October 2022 which was a retrospective appointment due to COVID-19.

13.12 Public interest Declaration

Each Board Member has stated in writing that they have taken all the steps that they ought to have taken as a Director in order to make auditors aware of any relevant audit information. All Board Members and Senior Managers and their close family members (including Directors of all Hosted Organisations) have declared any pecuniary interests and positions of authority which may result in a conflict with their responsibilities. A full register of interests for 2021-2022 is available upon request from the Director of Corporate Governance or via the following link https://cavuhb.nhs.wales/about-us/our-board/register-of-interests/.

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13.13 Board and Committee Membership & Attendance 2021-2022

The Board has been constituted to comply with the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009. The Table attached to Appendix 1 to this AGS outlines the Board and Committee Membership and the record of attendance for the period April 2021-March 2022.

13.14 The Purpose of the System of Internal Control

During the year, through our systems of internal control, breaches were identified in relation to capital schemes and expenditure in particular around the procurement, governance and financial monitoring of capital schemes and capital expenditure. A review was undertaken by the Health Board and an action plan put in place to ensure that lessons were learnt and that similar breaches did not reoccur in the future. Please see agenda item 8.1 on the following link: https://cavuhb.nhs.wales/files/board-and-committees/board-2021-22/2021-11-25-final-boardbook-v9-pdf1/.

The Chair of the Board and Chair of Audit Committee were briefed on the issues as soon as they were identified and the Board were briefed at the Private Board Meeting in July 2021. The Chief Executive has also had a 'no surprises' conversation with Dr Andrew Goodall, Director General of Health and Social Services/Chief Executive NHS Wales. Audit Wales were also briefed on the situation and after discussion and review of the action plan which had been put in place agreed that no further action was required. The Health Board's Internal Auditors are also undertaking a review of the action plan, which was approved by the Board, and their work in this area is ongoing.

13.15 Capacity to handle risk

The Health Board's systems of control are designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurance of effectiveness.

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

The Health Board is committed to developing and implementing a Risk Management and Board Assurance Framework that identifies, analyses, evaluates and controls the risks that threaten the delivery of its strategic objectives. The Health Board's Assurance Framework (BAF) is used by the Board to identify, monitor and evaluate risks which impact upon Strategic Objectives and is considered alongside other key management tools, such as the Corporate Risk Register, performance and quality dashboards and financial reports, to give the Board a comprehensive picture of the organisational risk profile.

The Health Board's Risk Management and Board Assurance Framework Strategy (the Strategy) was updated and approved by the Board in July 2021 and sets out responsibilities for strategic and operational risk management for the Board and staff throughout the organisation and describes the procedures to be used in identifying, analysing, evaluating and controlling risks to the delivery of strategic objectives.

Strategic risks are significant risks that have the potential to impact upon the delivery of strategic objectives and are raised and monitored by the Executive Team and the Board. Operational risks are key risks that affect individual Clinical Boards and Corporate Directorates and are managed within the Clinical Boards and Corporate Directorates and if necessary, escalated through the Health Board's risk reporting structure (See Figure 1).

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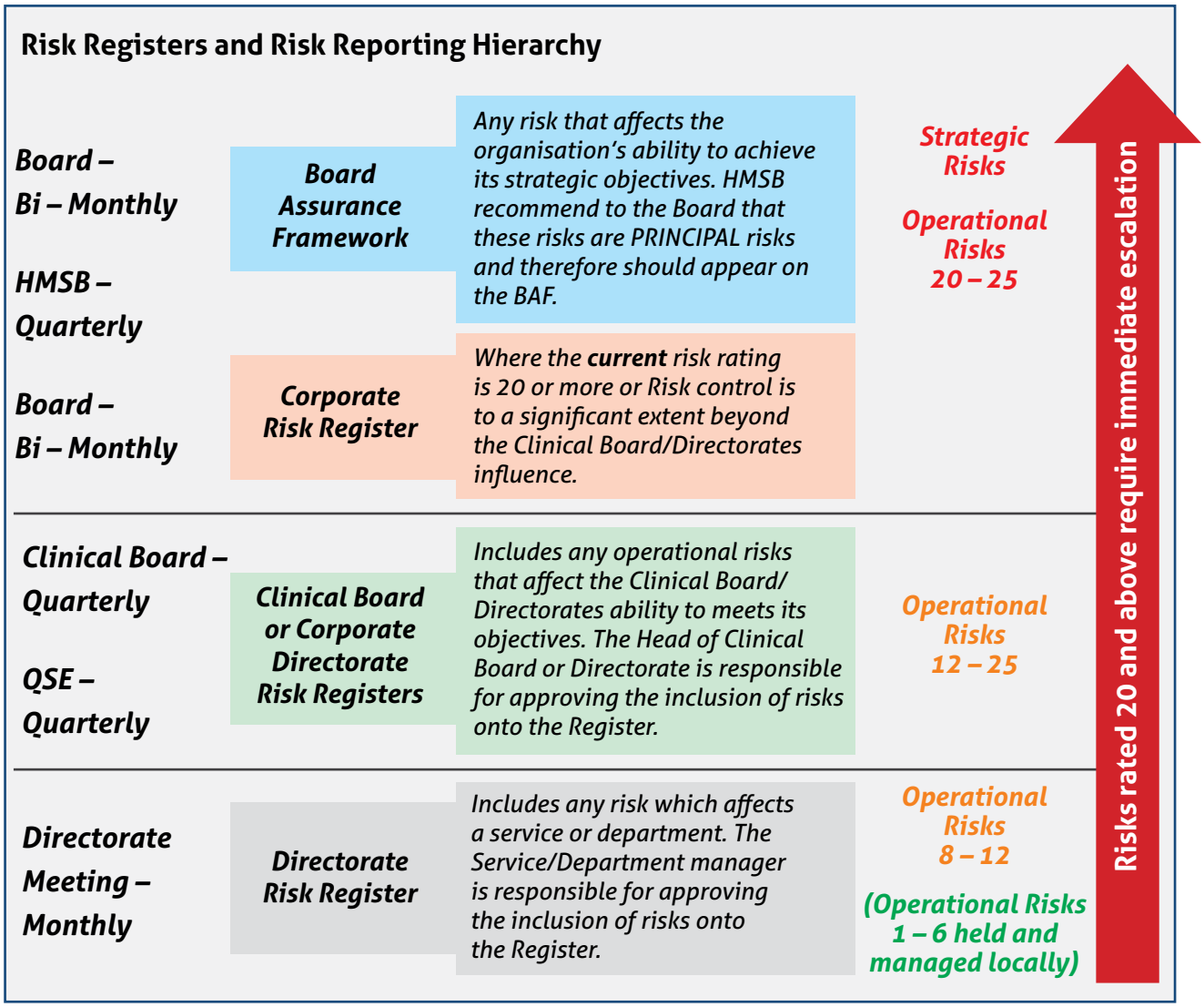
Figure 1 – Risk Management Reporting Structure



The Board Assurance Framework (BAF) is an integral part of the system of internal control and defines the extreme potential risks which impact upon the delivery of strategic objectives. It also summarises the controls and assurances that are in place or plans to mitigate them. The BAF aligns principal risks, key controls and assurances on controls alongside each of the Health Boards strategic objectives.

Gaps are identified where key controls and assurances are insufficient to reduce the risk of non-delivery of objectives. This enables the development of an action plan for closing the gaps and mitigating the risks which is subsequently monitored by the Board for implementation.

The Strategy applies to those members of staff that are directly employed by the Health Board and for whom the Health Board has legal responsibility and is intended to cover all the potential risks that the organisation could be exposed to.

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A copy of the Strategy can be found at the following link:

https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/r-corporate-policy/risk-management-and-baf-strategy/

The objectives of Strategy are to:

- minimise impact of risks, adverse incidents, and complaints by effective risk identification, prioritisation, treatment and management;
- maintain a risk management framework, which provides assurance to the Board that strategic and operational risks are being managed effectively;
- maintain a cohesive approach to corporate governance and effectively manage risk management resources;
- ensure that risk management is an integral part of the Health Board's culture;
- minimise avoidable financial loss, or the cost of risk transfer through a robust financial strategy;
- ensure that the Health Board meets its obligations in respect of Health and Safety; and
- describe the resources available for risk management in the organisation.

As of March 2022, the following risks were identified as posing the greatest risk to the delivery of the Health Board's strategic objectives:

1. Workforce
2. Sustainable Primary and Community Care
3. Patient Safety
4. Sustainable Culture Change
5. Capital Assets
6. Planned Care Capacity
7. Delivery of Annual Plan
8. Staff Wellbeing
9. Exacerbation of Health Inequalities in Cardiff and Vale

In addition to the above risk, the Health Board's Financial Sustainability is kept under constant review and is reported to the Board at each Board meeting. As of the end of March 2022 Financial Sustainability is not listed as a risk in the BAF due to the fact that the Health Board has achieved it target rating by expected delivery of the Financial Plan for 2021/22.

Alongside the Board Assurance Framework, the Health Board also maintains a Corporate Risk Register that identifies the extreme operational risks (those scored at 20/25 or higher) that the Health Board is facing.

Each of the risks detailed within the Corporate Risk Register is also linked to a Committee of the Board and the Board Assurance Framework.

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As of March 2022, there were 17 Extreme risks detailed on the Corporate Risk Register with the following score profile:

- 1 risk rated at 15/25 which had reduced from a score of 20/25 at the January 2022 Board meeting; and
- 16 risks rated 20/25.

Details of these risks and the Health Board's Corporate Risk Register Report and the Health Board's Board Assurance Framework and covering report for March 2022 can be found at the following link:

https://cavuhb.nhs.wales/files/board-and-committees/board-2021-22/2022-03-31-public-board-papers-v14-pdf/

As previously highlighted the need to plan and respond to the COVID-19 pandemic presented a number of challenges to the organisation. A number of new and emerging risks where identified. Whilst the organisation did have a major incident and business continuity plan in place, as required by the Civil Contingencies Act 2004, the scale and impact of the pandemic has been unprecedented. Significant action has been taken at a national and local level to prepare and respond to the likely impact on the organisation and population. This has also involved working in partnership on the multi-agency response as a key member of the Strategic Co-ordination Group. There does remain a level of uncertainty about the overall impact this will have on the immediate and longer term delivery of services by the organisation, although I am confident that all appropriate action is being taken.

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

13.16 Management of Risk

Overall responsibility for the Risk Management and Board Assurance Framework Strategy lies with the Director of Corporate Governance who has delegated responsibility for managing the development and implementation of the Risk Management and Board Assurance Framework Strategy. Arrangements are in place to effectively assess and manage risks across the organisation, which includes the ongoing review and updating of the Board Assurance Framework and the Corporate Risk Register so that the Board maintains a line of sight on the Health Board's key strategic and operational risks.

The Director of Corporate Governance retains control of the BAF and meets with Executive Leads for BAF risks on a bi-monthly basis to ensure that the risks detailed within the BAF are regularly updated to include new and emerging risks to service areas so that the entries provide an accurate and contemporaneous reflection of the risks faced by the Health Board.

The BAF is also presented to the Board for scrutiny and approval on a bi-monthly basis

and the Audit and Assurance Committee, as a sub-committee of the Board, has oversight of the process through which the Board gains assurance in relation to the management of the BAF.

The Corporate Governance Department monitor and maintain the Corporate Risk Register. Each Corporate Department and Clinical Board has responsibility to maintain a comprehensive risk register which forms the basis of the risks that are reflected within the Corporate Risk Register. The Corporate Governance Department regularly meet with Clinical Board and Corporate Department risk leads to review and monitor their Clinical Board/Corporate Department and local level risk registers to ensure that they accurately record the risks that their areas are encountering and to assist those areas in considering new and emerging risks to their service. Following that exercise extreme operational risks, those scored 20/25 or higher, are recorded on the Corporate Risk Register and reported to the Board for scrutiny and approval on a bi-monthly basis (in public since January 2021). Any risks that are identified as having the potential to impact on the Health Board's strategic objectives are added to the BAF. Each risk detailed on the Corporate Risk Register is also linked to a Strategic Risk contained in the BAF to ensure that risks are appropriately monitored and escalated.

The key risks detailed in the BAF and Corporate Risk Register are also shared at relevant sub-committees of the Board for further scrutiny and discussion. The BAF risks are reviewed at the following sub-committees of the Board:

1. Workforce – Strategy and Delivery Committee
2. Sustainable Primary and Community Care – Strategy and Delivery Committee
3. Patient Safety – Quality, Safety and Experience Committee
4. Sustainable Culture – Strategy and Delivery Committee
5. Capital Assets - Finance Committee and Strategy and Delivery Committee
6. Planned Care Capacity - Strategy and Delivery Committee
7. Delivery of Annual Plan - Strategy and Delivery Committee
8. Staff Wellbeing – Strategy and Delivery Committee
9. Exacerbation of Health Inequalities in Cardiff and Vale - Strategy and Delivery Committee

The Corporate Risk Register entries are also referred to those Committees to which they are linked on the Corporate Risk Register. Following the January 2022 Board meeting all Mental Health Risks recorded within the Corporate Risk Register were discussed and scrutinised at the February 2022 Mental Health Legislation and Mental Capacity

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Act Committee and all Patient Safety Risks were shared at the February Quality, Safety and Patient Experience Committee. Those risks linked to the Strategy and Delivery Committee were discussed at the March 2022 Committee meeting.

The Corporate Governance Department provide staff with training in the management of functional work place risk management processes and assessments. The management of the Health Board's Corporate Risk Management Training is managed by the Corporate Governance Department.

The Corporate Governance Department offer training sessions to risk leads through targeted training programmes that are informed by the team's regular interactions with Clinical Boards and Corporate Departments. Alongside this, since March 2021 the team has provided a weekly virtual Risk Management online training session which is available to all staff members. The Corporate Governance Department's training plan is designed to embed a consistent approach to the management, scoring and recording of risk from ward to board across the Health Board.

The risks detailed in the BAF and Corporate Risk Register are considered when determining the Health Board's risk appetite. The Health Board acknowledges that the delivery of healthcare cannot be achieved unless risks are taken, as well as the subsequent consequences and mitigating actions. It also ensures that risks are not considered in isolation and are taken following consideration of all the risks flowing through the organisation.

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The Board also revisited its Risk Appetite at a Board Development session in June 2021. This was to discuss Risk Appetite and to check that the direction of travel was right and that the Board was moving in the right direction from a position of 'Cautious' to 'Seek'. In terms of Risk Appetite, our BAF defines "Cautious" as having a " Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential reward", and "Seek" as being "Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)".

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 as necessary. 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. As the designated lead for Risk Management the Director of Corporate Governance also attends the Health Board's Stakeholder Reference Group to brief public stakeholders on the activities of the Board including the management or risk.

13.17 Risk Management During COVID-19

Please refer to section 13.16 (Management of Risk) above.

14. Planning Arrangements

For 2021/2022 the Health Board was not required to develop a full three-year IMTP because Welsh Government had suspended the requirement for and IMTP in response to the pandemic. The Health Board submitted an annual plan for 2021/2022 which was approved by the Board, and was in line with the planning guidance produced by Welsh Government.

The 2019 – 2022 IMTP was still in existence so the duty to achieve balance over the three-year period was achieved by the end of 2022.

In the Autumn of 2021, Welsh Government confirmed that the National Planning Framework was being re-commenced and planning guidance was published. Planning work was started on the 2022 – 2025 IMTP well in advance of the publication of the planning guidance, and a draft IMTP was approved by the Board in March 2022 for submission to Welsh Government. The Health Board had agreed with Welsh Government officials an extension of three months to enable further work to be done on finalising the financial recovery plan with a view to submitting a final IMTP for Welsh Government consideration on or around 1 July 2022.

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15. Mandatory Disclosures

15.1 Health and Care Standards

In 2017-18 a revised set of Health and Care Standards were issued to NHS Wales. In particular, a new standard for Governance, leadership and Accountability was introduced. The health service needs to consider the following criteria for meeting the standard:

- Health services demonstrate effective leadership by setting direction, igniting passion, pace and drive, and developing people.
- Strategy is set with a focus on outcomes, and choices based on evidence and people insight. The approach is through collaboration building on common purpose.
- Health services innovate and improve delivery, plan resource and prioritise, develop clear roles, responsibilities and delivery models, and manage performance and value for money.
- Health services foster a culture of learning and self-awareness, and personal and professional integrity
- The Health and Care Standards underpin all our QSE activity–we consider the impact and learning from all internal and external inspections and reports. With detailed status or improvement plans if required shared and monitored through the QSE process as described in section 15.7 (Quality Governance Arrangements).

- Through the introduction of Tendable across clinical areas we will further develop, measure and monitor a suite of quality indicators.

15.2 Equality, Diversity and Human Rights

Please refer to section 6.4 of the Performance Report.

15.3 Welsh Language Regulations - The Welsh Language Standards (No. 7) Regulations 2018 (WLO)

The Welsh Language Standards have given the organisation the opportunity to improve the level of Welsh language services we provide for our patients, services users and the wider population. However, COVID-19 and the subsequent recovery period has meant that the implementation has been slower than anticipated in some key areas.

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Meddwl Cymraeg
Think Welsh

In 2021/22 we continued with the internal campaign to raise awareness of the language, asking staff to 'Think' about how considering the Welsh Language may improve the service that they provide. This encourages staff to consider how they can incorporate the Welsh Language into their everyday roles, and about the role they can play in encouraging the growth of the language within the Health Board and amongst colleagues.

The following have been implemented in line with the ideals and aspirations of the Welsh Language Standards and the Meddwl Cymraeg – Think Welsh campaign:

- All Standards have been reviewed and updates provided by the standard owners by utilising 'Verto' project management software which monitors the implementation and progress of our actions to meet the Welsh Language Standards. The system will allow us to determine the success of both the campaign and the implementation of the standards using a RAG rating system that outlines the closed, open and progressing standards. The overall plan will be successful when the 'Closed' green standards outnumber the 'Open' and 'Progressing' standards meaning the Health Board is progressing towards full

compliancy. We have now completed the work on 79 of the 120 Standards and continue to review the outstanding Standards. The Equality Strategy and the Welsh Language Standards Group was established to receive assurances from the Clinical Boards that they are complying with the Standards. They also report back on risks associated with non-compliance and what steps they will take to ensure they comply with the Standards. We have been working will local frontline services, such as telephone service (the main telephone switchboard), to ensure that it provides the best level of services in Welsh. It has also worked with the Patient Records team to ensure that it can offer correspondence (I.e. patient appointment letters) to patients and service users who prefer to receive it in Welsh.

- We have ensured that our COVID-19 vaccination programme complies with the Standards by offering a bilingual service on its appointment booking system via an automated messaging and a Welsh speaking booking agent.
- Pioneered the patient admission pack for Welsh speaking patients within Mental Health, Paediatrics and Intensive Care Unit. The pack assists patients in ensuring that they receive healthcare in their preferred language of Welsh.
- Continued with promoting the 'Think Welsh' campaign via specific awareness days including Shwmae Day, Welsh Language Rights Day, Welsh Language Music Day, Diwrnod Santes Dwynwen Day and St David's Day.
- Working with the Cedar Team in the all-Wales service 'NHS Value in Health' organisation to establish a Welsh Language Co-ordinator role to assist with ensuring that their PROMS (Patient-Reported Outcome Measures) process complies with the Welsh Language Standards.
- The organisations' two Senior Welsh Language Translators have translated over 1 million words since joining the organisation.
- The Health Board's website is now available in a bilingual format.
- Established an Eisteddfod within the organisation. It was a competition open to staff to win a prize in four different categories.
- A bilingual welcome and phrase wall place on the Woodland House stairwell, which provides simple Welsh phrases that staff can learn whilst walking around the office.

We have received a total of 9 complaints in 2021/2022 from the Welsh Language Commissioner. All concerns have undergone investigations followed by recommendations that the Board is expected to comply with. The recommendations that have been carried out has meant that the organisation has improved its compliance on the Welsh Language standards around social media, its website and phone services.

Work on all of the concerns has been completed as of 17/03/2022.

31% of members of staff have registered their language skills and in April 2022 there will be a campaign to encourage staff to register their Welsh Language skills.

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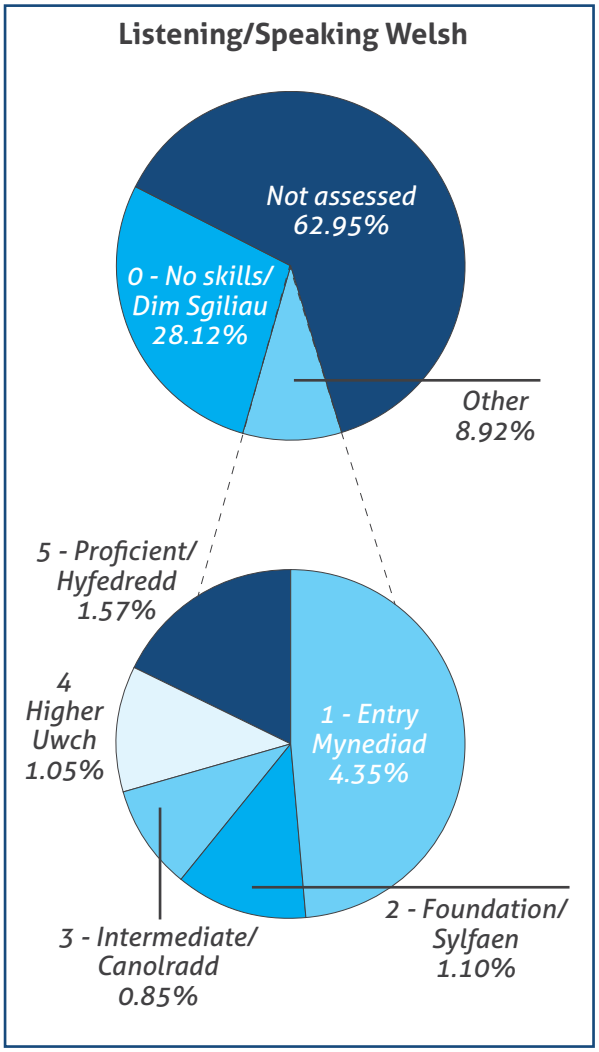

The organisation is still working on categorising which posts require Welsh as desirable or essential. Guidance has been developed but the implementation of it was delayed by operational pressures faced due to COVID-19 and the recovery from it. This guidance and the requirement to advertise bilingually will be rolled out on a phased basis, starting with Corporate departments, from April 2022.

15.4 Emergency Preparedness

As previously highlighted the need to plan and respond to the pandemic presented a number of challenges to the organisation. A number of new and emerging risks where identified. Whilst the organisation did have a major incident and business continuity plan in place, as required by the Civil Contingencies Act 2004, the scale and impact of the pandemic has been unprecedented. Significant action has been taken at a national and local level to prepare and respond to the likely impact on the organisation and population. This has also involved working in partnership on the multi-agency response as a key member of the Strategic Co-ordination Group. There does remain a level of uncertainty about the overall impact this will have on the immediate and longer-term delivery of services by the organisation, although we are confident that all appropriate action is being taken.

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

During 2021/2022 the Major Incident Plan was updated and approved by the Board on 30 September 2021.

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15.5 Environmental, Social and Community Issues

Our mission is **"Caring for People, Keeping People Well"**, and our vision is that a person's chance of leading a healthy life should be the same wherever they live and whoever they are.

The Health Board's 10-year transformation and improvement strategy, Shaping Our Future Wellbeing, is our chance to work collaboratively with the public and the Health Board 's workforce to make our health board more sustainable for the future. Together, we can improve equity for all of our patients - both today and tomorrow click here to access the Strategy: https://cavuhb.nhs.wales/about-us/our-mission-vision/shaping-our-future-wellbeing-strategy/.

We believe that everyone should have the opportunity to lead longer, healthier and happier lives. But with an ageing population and changing lifestyle habits, our health and care systems are experiencing increasing demand.

Delivering on our responsibilities to reduce our carbon footprint has been a priority for the Health Board since acknowledging the climate emergency in January 2019. The Health Board has developed a Sustainability Action Plan which was updated to reflect the Welsh Government's NHS Wales Decarbonisation Plan.

Vale of Glamorgan Public Services Board Climate Change Charter Public sector partners in the Vale of Glamorgan have formally expressed their commitment to tackling climate change by agreeing a Vale Public Services Board Climate Change Charter https://www.valepsb.wales/en/Our-Progress/Tackling-Climate-Change-in-the-Vale-ofGlamorgan.aspx.

The development of the Charter follows discussions over the last 14 months including a workshop held in November 2019 with young people where we were joined by members of the Health Board's Youth Board alongside enthusiastic youngsters from local schools and the Vale Council's Youth Forum. Natural Resources Wales has taken a lead in this work, which fully aligns to the Health Board's Sustainability Action Plan approved at the November 2020 Board. The Charter signs partners up to a set of principles including leading by example, taking positive action and reducing our impact, while recognising that approaches and plans for implementation within individual Organisations may differ. We wanted to bring this work to the attention of the Board and for the Board to support the Charter ahead of a formal launch by the Public Service Board (PSB) in February; the aim is for this to provide a catalyst for engagement with the wider community on the issues and how we can make a difference in line with the commitments in the charter.

Similarly, the PSB in Cardiff has identified carbon reduction as a key priority and a partnership programme has been developed, led by the Council. The Health Board is an active participant in this work and it is aligned with the Sustainability Action Plan. The Health Board's Health Charity is supporting an award-winning programme to improve our environment, linked to our Biodiversity Plan. The development of the Orchard and Horiatio's Garden at UHL, and

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the meadow project at UHW are examples of the great work being done to use our outside green space for the health and wellbeing of our patients, staff and visitors.

We also have clinical teams driving forward changes in clinical practice and service models to reduce our carbon footprint, as detailed in previous section on our Sustainability Action Plan (see paragraph 8 of the Performance Report).

We also work with a wide range of third sector and community groups and the social prescribing work being led by the Cardiff SW Cluster which provides examples of the health benefits of undertaking activities outside, as seen by the outcomes achieved through community gardening and walking initiatives.

All hospital grounds in Cardiff and Vale Health Board Area are now Smoke-Free Our hospital grounds are now smoke-free. New laws introduced across Wales on 1 March, build on the smoking ban introduced in 2007 and will protect more people from harmful second-hand smoke and help those trying to quit. Anyone found breaking the law by smoking in the hospital grounds could face a £100 fine. The health board has been instrumental in supporting a smoke-free hospital environment and was the first health board in Wales to introduce a full No Smoking Ban across all hospital sites.

The Socio-economic Duty

The Socio-economic Duty came into force on 31 March 2021. The overall aim of the Duty is to deliver better outcomes for those who experience socio-economic disadvantage.

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The Socio-economic Duty supports this through ensuring that, as a public body, when taking strategic decisions, we:

- are taking account of evidence and potential impact
- through consultation and engagement
- understand the views and needs of those impacted by the decision, particularly those who suffer socio-economic disadvantage
- welcome challenge and scrutiny
- drive a change in the way that decisions are made and the way that decision makers operate.

This Duty requires us to properly consider what positive impact our strategic decisions can and should have on socio-economic disadvantage.

In meeting the requirements of this Duty, we are building on the good work we have already been doing in relation to improving people's life chances through the work we do with our Public Service Board Partners. It also builds upon the work we are progressing through our Equalities Action Plan. We already have a requirement to undertake Equality and Health Impact Assessments to ensure we fully understand the impact key plans, strategies and policies have in relation to the groups reflected in equalities legislation.

We have built the requirements of the Duty into our existing governance arrangements, with cover reports for Board and Committees explicitly confirming impact of a strategic decision in relation to socio-economic impact.

15.6 Carbon Reduction Delivery Plans

Please refer to section 8 (Sustainability Report) of the Performance Report.

15.7 Quality Governance Arrangements

An essential feature of our control framework is ensuring there is a robust system for measuring and reporting on the quality of our services. Our Quality Safety and Experience Committee provides timely evidence based advice to the Board to assist it in discharging its functions and meeting its responsibilities with regards to quality and safety as well as providing assurance in relation to improving the experience of all those that come into contact with our services. Please also refer to section 7 of the Performance Report for further information.

15.8 Ministerial Directions and Welsh Health Circular's (WHCs)

Ministerial Directions and WHCs issued by the Welsh Government for the period April 2022- March 2022 have been considered and where appropriate implemented. Full details of each WHC can be found at the following link: https://gov.wales/health-circulars.

During the financial year 2021/22 regular updates on the implementation of Welsh Health Circular implementation and the detail of new WHCs has been shared with the Health Board's Management Executive Team to provide oversight of the process.

Details of the Ministerial Directions issued by the Welsh Government during 2021/22 which have been considered and, where appropriate, implemented are set out in Appendix 3 attached to this AGS.

15.9 Regulatory and Inspection Reports

The Corporate Governance Department track all regulatory and inspection reports by means of a Legislative and Regulatory Tracker report which is presented to each meeting of the Audit Committee. Prior to presentation to the Audit Committee the tracker is populated with information from Executive Director Leads and individuals who are accountable for regulatory compliance.

The Legislative and Regulatory Tracker includes the following:

- All Regulatory Bodies who inspect the Health Board.
- The Regulatory Standard being inspected.
- An Executive Lead for each inspection.
- An assurance Committee where Regulatory reports may also be presented along with action plans for improvement where required.

The Legislative and Regulatory Tracker was last reviewed by Internal Audit in July 2021 and received a reasonable assurance rating. The Corporate Governance Directorate also track all Internal Audit Recommendations

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and all Audit Wales Recommendations along with management responses. Recommendations are added to the trackers for monitoring once the reports have been signed off by the Audit and Assurance Committee.

A formal system is in place to track regulatory and inspection reports against statutory requirements.

These reports are made available to the appropriate Board Committee and are discussed at Management Executives and Health System Management Board which includes the entire leadership team of the organisation. Quarterly follow ups also take place with the Executive Leads.

15.10 Data Security and Information Governance

Risks relating to information are managed and controlled in accordance with the Health Board's Information Governance Policy through the Digital Health and Intelligence Committee, which is chaired by an Independent Member.

The Executive Medical Director, as Caldicott Guardian, is responsible for the protection of patient information. All Information Governance issues are escalated through the Digital Health and Intelligence Committee (DHIC Committee). The DHIC Committee papers can be viewed here: https://cavuhb.nhs.wales/about-us/governance-and-assurance/committees-and-advisory-groups/digital-and-health-intelligence-committee/.

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The following items were considered by the DHIC Committee in 2021-2022:

- Digital Strategy;
- GDPR Audit Action Plan;
- IT Delivery Programme;
- Information Governance Compliance Reports;
- Information Governance Risk Register;
- Information Governance Policy.

The Director of Digital & Health Intelligence assumes the role of the Senior Information Risk Owner (SIRO) which provides an essential role in ensuring that identified information security risks are addressed and incidents properly managed. Following the ICO audit, which took place in February 2020, the Health Board has received 'reasonable assurance' on its assurance and compliance, which incorporated outstanding recommendations from the ICO audit in 2016, the Internal Audit on GDPR compliance, the Audit Wales 2018 Structured Assessment and the Caldicott Principles in Practice (CPiP), has been superseded by recommendations from the ICO 2020 audit. The action plan is regularly reviewed at the DHIC Committee. During 2021/2022, the Information Governance Department continued to work to complete the outstanding actions.

The ICO conducted a follow up review in November 2021. The number of recommendations closed was 15 with 10 remaining open, of which 5 were 'high' but the 'urgent' recommendation had been closed.

The Board has strict responsibilities to ensure personal data and information is held securely. All information governance related incidents are investigated and reviewed by the Information Governance Group.

During the period April 2021 and March 2022 there were 4 personal data security incidents which needed to be reported to the Information Commissioners Office (ICO).

Reportable breach number 1

A member of staff disclosed criminal offence data relating to a patient.

Reportable breach number 2

A member of staff viewed a relative's record on a regular basis.

Reportable breach number 3

A member of staff accessed the health records of their manager on three occasions.

Reportable breach number 4

An off-site storage facility containing Health Board archived records flooded.

There has been a focus on keys areas that have the most impact in terms of compliance with the following key areas being progressed:

- A National Intelligent Integrated Audit Solution (NIIAS) work plan
- Reducing the number of outstanding Freedom of Information Requests accrued during the pandemic
- Reducing the number of outstanding subject access requests accrued during the pandemic
- Regular and formal reviews of suppliers who provide the Health Board new and existing data processing activities.
- Development work with South Wales Police to ensure Data Protection obligations are met in relation to Police requests.

The Health Board continues to reinforce awareness of key principles of Data Protection legislation. This includes the overarching principle that users must only handle data in accordance with people's data protection rights.

15.11 NHS Pension Scheme

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 in to the Scheme are in accordance

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with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

15.12 UK Corporate Governance Code

Corporate governance is, in simple terms, the way in which organisations are directed, controlled and led. Good corporate governance is fundamental to an effective and well managed organisation.

The UK Corporate Governance Code (the Code) is the primary reference and overview of good practice for corporate governance in Central Government Departments. Whilst there is no requirement to comply with all elements of the Corporate Governance Code, the Health Board considers that it is complying with the main principles of the Code, where applicable, and follows the spirit of the Code to good effect, is conducting its business in an open and transparent manner, and in line with the Code.

An assessment against the Code was undertaken in April 2021, and a further assessment undertaken as part of the Committee Effectiveness Survey in April 2022. There were no reported/identified departures from the Corporate Governance Code during the year.

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15.13 Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the Executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

Internal Sources	External Sources
• Performance management reports • Service change management reports • Workforce information and surveys • Benchmarking • Internal and clinical audit reports • Board and Committee reports • Local Counter Fraud work • Health and Care Standards assessments • Executive and Independent Member Safety Walk Rounds • Results of internal investigations and Serious Incident reports • Concerns and compliments • Whistleblowing and Safety Valve • Infection prevention and control reports • Information governance toolkit self-assessment • Patient experience surveys and reports • Compliance with legislation (e.g. Mental Health Act/Health and Safety, Data Protection)	• Population Health Information • Audit Wales • Welsh Risk Pool (WRP) Assessment reports • Healthcare Inspectorate Wales (HIW) reports • Community Health Council visits and scrutiny reports • Feedback from healthcare and third sector partners • Royal College and Deanery visits • Regulatory, licensing and inspection bodies • External benchmarking and statistics • Accreditation Schemes • National audits • Peer reviews • Feedback from service users • Local networks (e.g. cancer networks) • Welsh Government reports and feedback

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Further sources of assurances are identified within the Board's own performance management and assurance framework and include, but are not limited to:

- Direct assurances from management on the operation of internal controls through the upward chain of accountability
- Internally assessed performance against the Health and Care Standards
- Results of internal compliance functions including Local Counter-Fraud, Post Payment Verification, and risk management
- Reported compliance via the Welsh Risk Pool regarding claims standards and other specialty specific standards reviewed during the period
- Reviews completed by external regulation and inspection bodies including the Audit Wales and Healthcare Inspectorate Wales (HIW).

The effectiveness of the system of internal control is maintained and reviewed by the Committees of the Board in respect of assurances received. This is also supported by the BAF with high risks being closely monitored by Board and the respective Committees.

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Governance, Leadership and Accountability

15.14 Board and Committee Effectiveness

Routine monitoring of the effectiveness of the Board and its Committees is a vital part of ensuring strong and effective governance within the Health Board's governance structure. Under its Standing Orders, the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Further, and where appropriate, the Board may determine that such evaluation may be independently facilitated.

In order to evaluate and demonstrate the effectiveness of the Board and the Board's Committees the following actions took place during 2021-2022:

- The Chair of the Board and the Chair of each Committee review the effectiveness of individual meetings as part of the agenda at each respective meeting.
- Each Committee of the Board developed an Annual Report which is reviewed by each Committee before presentation to Public Board in March. The Annual Reports are signed off by each Committee Chair and provide assurance to the Board that the Committees have met their Terms of Reference.
- A self-effectiveness review is undertaken by Committee Members, Committee Attendees and Board Members. These

reviews were undertaken just after the end of the financial year and the results are summarised below (see paragraph 15.15).

15.15 Committee Effectiveness Survey

The Health Board undertook an annual review of the effectiveness of its Board and its Committees in April 2022 using survey questions derived from best practice guides, including the NHS Handbook, and using the following principles:

- the need for sub-Committees to strengthen the governance arrangements of the Health Board and support the Board in the achievement of the strategic objectives,
- the requirement for a Committee structure that strengthens the role of the Board in strategic decision making and supports the role of non-executive directors in challenging Executive management actions,
- maximising the value of the input from non-executive directors, given their limited time commitment,
- supporting the Board in fulfilling its role, given the nature and magnitude of the Health Board's agenda.

The findings of the Annual Committee Effectiveness Survey 2021-2022 can be accessed here https://cavuhb.nhs.wales/files/board-and-committees/audit-assurance-committee-2022-23/12522-audit-public-final-boardbookpdf/ - see agenda item 7.2). The results and actions plans, where relevant, will be presented to each Committee and then to the Board.

The overall findings were positive and revealed some improvements following last year's surveys, thus providing an assurance that the governance arrangements and Committee structure in place are effective, and that the Committees are effective in supporting the Board in fulfilling its role.

15.16 Escalation and Intervention Arrangements

Please refer to section 13.2 of the AGS.

16. Internal Audit

Internal Audit provides 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 and Assurance 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 are a function of this risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing

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effectiveness and supporting our drive for continuous improvement.

The programme has been impacted by the need to respond to the COVID-19 pandemic with some audits deferred, cancelled or curtailed as the organisation responded to the pandemic. The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the Opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

16.1 The Head of Internal Audit Opinion

In accordance with the Public Sector Internal Audit Standards (PSIAS), the Head of Internal Audit (HIA) is required to provide an annual opinion, based upon and limited to the work performed on the overall adequacy and effectiveness of the Health Board's framework of governance, risk management and control. This is achieved through an audit plan that has been focused on key strategic and operational risk areas and known improvement opportunities, agreed with Executive management and approved by the Audit and Assurance Committee, which should provide an appropriate level of assurance.

Due to the considerable impact of COVID-19 on the Health Board, the internal audit plan has needed to be agile and responsive to ensure that key developing risks are covered. As a result of this approach, and with the support of officers and independent members across the Health Board, the plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit and Assurance 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, I can confirm that I have undertaken sufficient audit work during the year to be able to give an overall opinion in line with the requirements of the Public Sector Internal Audit Standards.

The Internal Audit Plan for 2021/22 year was initially presented to the Committee in April 2021. Changes to the plan have been made during the course of the year and these changes have been reported to the Committee as part of our regular progress reporting.

There are, as in previous years, audits undertaken at NHS Wales Shared Services Partnership, Digital Health and Care Wales, Welsh Health Specialised Services Committee and Emergency Ambulance Services Committee that support the overall opinion for NHS Wales health bodies.

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

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The Head of Internal Audit opinion on the overall adequacy and effectiveness of the Health Board's framework of governance, risk management, and control is set out below.

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.

In reaching this opinion the Head of Internal Audit has identified that the majority of reviews during the year concluded positively with robust control arrangements operating in some areas.

From the opinions issued during the year, seven were allocated Substantial Assurance, twelve were allocated Reasonable Assurance and seven were allocated Limited Assurance. No reports were allocated a 'no assurance' opinion. In addition, three advisory or non-opinion reports were also issued in relation to:

- Arrangements to support the delivery of Mental Health Services – Mental Health Clinical Board.
- Major Capital Scheme – UHW II
- Development of Integrated Audit Plans

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At the time of producing the Annual Report, three audits were still work in progress but had not been sufficiently progressed to reliably determine the assurance.

16.2 Limited Assurance

During the year Internal Audit issued seven audit reports with a conclusion of limited assurance. They included:

Ultra sound governance Clinical Diagnostics and Therapeutics Clinical Board

The audit report identified a lack of communication of the revised Medical Ultrasound Risk Management Policy and Procedure. It also concluded that the Ultrasound governance arrangements required a review.

In response to the recommendations the Health Board put in place an action plan which included the following actions:

(i) To promote of the Medical Ultrasound Risk Management Policy and Procedure through the appropriate groups within the Health Board.

(ii) To implement an Ultrasound Clinical Governance Group (UCGG) chaired by the Executive Director of Therapies and Health Science, with membership of the UCGG sourced from all Directorates which used ultrasound. The Terms of Reference for the UCGG would to be reviewed to ensure it had appropriate governance arrangements.

Clinical Audit

The limited assurance rating reflected the enhancements that are required to the Health Board's Clinical Audit structures and governance arrangements. The key areas the Health Board has to address relate to (i) the development and introduction of a Clinical Audit Strategy, Policy and Procedures, and (ii) the development of resources and systems to effectively monitor all Clinical Audit activity.

The Health Board agreed to the following actions to address the recommendations made in the Audit report.

(i) To develop a Clinical Audit Strategy, a Clinical Audit Policy and subsequent Procedure, and mandate staff to implement the same on a consistent basis.

(ii) To secure the provision of a management system for monitoring and tracking clinical audits.

Five Steps to Safer Surgery

The overall assurance rating reflected the enhancements that were required to the Health Board's systems and processes to ensure that the Five Steps to Safer Surgery is complied with, and that compliance can be evidenced.

The Internal Audit report stated that the key areas the Health Board had to address were to (i) put in place mechanisms to record two out of the Five Steps to Safer Surgery (specially step one – briefing, and step five – debriefing), and (ii) ensure full completion of patient files to evidence Five Steps to Safer Surgery (Steps 2, 3 & 4).

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The Health Board's agreed action plan to address the recommendations made included:

(i) the development (in collaboration with a third party) of the theatre operating software so that it records all 5 stages of the '5 Steps to Safer Surgery' electronically; and

(ii) to ensure staff are aware of the change in process and provide any necessary training.

IT Service Management (ITIL)

The audit found that there are poor controls in place over the IT Service Desk function. The report acknowledged that the Health Board are planning major improvements by implementing a new call handling system, restructuring the service desk department and introducing new ways of working based on the ITIL Framework.

Network & Information Systems (NIS) Directive

The audit identified a small number of measures for improvement with regards to the Cyber Assessment Framework. The Health Board is actively addressing those measures.

At the time of writing this Annual Report, the Health Board had just received audit reports with limited assurance in relation to the following:

Nurse Bank (Temporary Staffing Department)

The overall assessment for this audit was of limited assurance due to the lack of resilience within the current structure of the Temporary Staffing Department, which impacts upon the operational effectiveness

of the Nurse Bank. The audit also identified issues around recruitment to the Nurse Bank, payment to agencies, and a general lack of engagement with service users.

ChemoCare IT System

Whilst the audit report noted that there is a framework for control over the ChemoCare system and there were areas of good practice, it also identified some areas for improvement. This includes, updating some out-of-date versions of software, strengthening weaknesses within the Business Continuity Plan, Hosting and Backup arrangements and password policy. There is also a lack of formal supplier's performance monitoring mechanism.

There were no audited areas in which the Health Board received a "No assurance" assessment rating.

17. External Audit - Audit Wales

The Auditor General for Wales is the Health Board's statutory External Auditor and the Wales Audit Office undertakes audits on his behalf. Since 1 April 2020 the Auditor General for Wales and the Wales Audit Office are known collectively as Audit Wales.

The Auditor General for Wales is required under the Public Audit (Wales) Act (2004) to:

- examine and certify the accounts submitted to him by the Health Board, and to lay them before the Senedd;
- satisfy himself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
- satisfy himself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.

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17.1 The Annual Audit Report for 2021

Audit Wales' annual programme of work at the Health Board is set out in the Audit Plan. The 2021 Audit Wales Audit Plan was approved by the Audit and Assurance Committee on 9 February 2021.

Reports produced by Audit Wales in line with the Audit Plan are presented to the Audit and Assurance Committee. A Management Response is prepared for reports which contain recommendations. All recommendations are subsequently recorded in the External Audit Recommendations Tracker. A Tracking Report is provided to each Audit and Assurance Committee to provide assurance on their implementation.

The following reports relating directly to the work of the Health Board were presented to the Audit and Assurance Committee:

Report	Month
Financial audit reports	
Charitable Funds (2020-21 Accounts) - Audit of Financial Statements Report	January 2022
Audit of Financial Statements Report	June 2021
Opinion on the Financial Statements	June 2021
Audit of Financial Statements Report Addendum	August 2021

Performance audit reports	
Doing it Differently, Doing it Right? (Structured Assessment 2020 All-Wales themes, lessons and opportunities relating to NHS governance during COVID-19	January 2021
Cardiff & Vale University Health Board Structured Assessment 2021: Phase 1 Operational Planning Arrangements	April 2021
Welsh Health Specialised Services Committee Governance Arrangement	May 2021
Rollout of the COVID-19 vaccination programme in Wales	June 2021
Taking care of the carers? (Structured Assessment 2020 All-Wales themes, lessons and opportunities relating to NHS staff wellbeing during COVID-19)	October 2021
Cardiff & Vale University Health Board Radiology Services: Update on Progress	December 2021
Cardiff & Vale University Health Board Structured Assessment 2021: Phase 2 Corporate Governance and Financial Management Arrangements	December 2021
Other	
Annual Audit Report 2021 (full copy of this report can be accessed at - https://audit.wales/sites/default/files/publications/cardiff_vale_health_board_annual_audit_report_2021_english.pdf	January 2022
2022 Audit Plan	April 2022

The Audit and Assurance Committee also reviews the outcomes of national pan-sector reviews at the earliest possible meeting following their publication.

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The Annual Audit Report 2021 did not identify any material weaknesses in the Health Board's internal controls (as relevant to the audit). In terms of performance audit work, the Annual Audit Report concluded that:

- whilst the Test, Trace, and Protect programme had struggled to cope with earlier peaks in virus transmission, it had demonstrated an ability to rapidly learn and evolve in response to the challenges it had faced.
- The COVID-19 vaccination programme in Wales has been delivered at significant pace with local, national and UK partners working together to vaccinate a significant proportion of the Welsh population. A clear plan is now needed for the challenges which lie ahead.
- In relation to the Welsh Health Specialised Services Committee Governance Arrangements, the governance, management and planning arrangements have improved, but the impact of COVID-19 will now require a clear strategy to recover services and there would still be benefits in reviewing the wider governance arrangements for specialised services in line with the commitments within 'A Healthier Wales.
- All NHS bodies have maintained a clear focus on staff wellbeing throughout the pandemic and implemented a wide range of measures to support the physical health and mental wellbeing of their staff during the crisis. It is vital that these activities are built upon, and that staff wellbeing remains a central priority for NHS bodies as they deal with the combined challenges of recovering

services, continuing to respond to the COVID-19 pandemic, and also managing seasonal pressures.

- In relation to the conclusions draw from the Audit Wales' Structured Assessment, please see paragraph 17.2 below.

Whist the audit report did not identify any material weaknesses in the Health Board's internal controls, it drew attention to the impact of a Ministerial Direction to the Permanent Secretary of the Welsh Government, instructing her to fund NHS clinicians' pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year.

The Health Board's 2020-21 accounts were properly prepared and materially accurate which resulted in an unqualified audit opinion on the accounts. However, whilst the Health Board achieved financial balance for its capital expenditure for the three-year period to 31 March 2021, it did not achieve financial balance for its revenue expenditure for the same period, with a three-year deficit of £9.724 million. This resulted in a qualified opinion on the regularity of the financial transactions within the Health Board's 2020-21 accounts. Other than the Health Board's failure to meet financial balance for its revenue expenditure, there were no material elements of income or expenditure which the Health Board did not have the power to receive or incur.

In accordance with a Ministerial Direction issued on 18 December 2019, the Welsh Government have taken action to support circumstances where pensions tax rules are impacting upon clinical staff who want to work additional hours, and have determined that:

- Clinical staff who are members of the NHS Pension Scheme and who, as a result of work undertaken in the 2019-20 tax year, face a tax charge on the growth of their NHS pension benefits, may opt to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement.
- Welsh Government, on behalf of Cardiff & Vale UHB, will pay the members who opt for reimbursement of their pension, a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction.
- The claim period remained open in 2020-21 and a contingent liability was disclosed in the 2020/21 Annual Accounts. Accordingly Wales Audit Office placed a matter of emphasis on this matter in 2020/21.
- The claim period for the scheme ended on 31 March 2022 and a provision of £2.193m in relation to this has been raised in the 2021/22 Accounts.
- Wales Audit Office have confirmed their view that this represents irregular expenditure by the Health Board and have qualified the Annual Accounts on a regularity opinion accordingly.

The Annual Audit Plan for 2022 was presented to the Audit and Assurance Committee on 5 April 2022. The Audit Plan sets out an initial timetable for the completion of Audit Wales' audit work. However, given the on-going uncertainties

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around the impact of COVID-19 on the sector, some timings may need to be revisited. Any changes will be reported to the Audit and Assurance Committee accordingly.

17.2 Cardiff and Vale University Health Board - Structured Assessment

The Audit Wales Structured Assessment for 2021 provides an assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively and economically.

The Audit Wales Structured Assessment was carried out in two phases during 2021/22.

Phase 1 considered the operational planning arrangements at Cardiff & Vale University Health Board.

Phase 2 considered how corporate governance and financial management arrangements have adapted over the last 12 months.

The Structured Assessment for 2021 found that:

- Overall, the Health Board's arrangements for developing operational plans are effective, but opportunities to strengthen arrangements for monitoring and reporting on delivery of operational plans remain. In order to strengthen our arrangements for monitoring and reporting on the overall delivery of our Annual Plan and the future Integrated Medium Plans, the Structured Assessment made a recommendation around ensuring that those plans contained clear summaries of key actions/deliverables, timescales and measures to support effective monitoring and reporting.
- The Health Board has effective Board and Committee arrangements which are underpinned by maturing systems of assurance, but opportunities to strengthen public transparency of Board business remain. Several recommendations relating to public transparency of Board business were made. These included, ensuring all recordings of Board and Committee meetings were uploaded to the Health Board's website in a timely manner after each meeting, and listing the matters to be discussed in private by Committees on the agenda of their public meetings.
- The Board maintains robust oversight of Health Board's finances. The Health Board identified certain weaknesses in financial controls relating to procurement and expenditure on major capital projects which it is addressing.
- The pandemic continues to pose a risk to the Health Board's ability to break even.

The Structured Assessment can be accessed via the following links:

Phase 1

https://audit.wales/sites/default/files/publications/cvuhb_sa.pdf

Phase 2

https://www.audit.wales/sites/default/files/publications/cardiff_vale_health_board_structured_assessment_2021_phase_two_english_0.pdf

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18. Modern Slavery Act 2015 – Transparency in Supply Chains

The Welsh Government's Code of Practice: Ethical Employment in Supply Chains was published in May 2017 to highlight the need, at every stage of the supply chain, to ensure good employment practices exist for all employees, both in the UK and overseas. It is expected that all NHS Wales organisations will sign up for the Code.

The Health Board fully endorses the principles and requirements of the Code and the Modern Slavery Act 2015 and is committed to playing its role as a major public sector employer, to eradicate unlawful and unethical employment practices, such as:

- Modern Slavery and Human rights abuses;
- The operation of blacklist/prohibited lists;
- False self-employment;
- Unfair use of umbrella schemes and zero hours' contracts; and
- Paying the Living Wage.

The following actions are in place which meet the Code's commitments:

- We have a Raising Concerns (Whistleblowing) Policy, which provides the workforce with a fair and transparent process, to empower and enable them to raise suspicions of any form of malpractice by either our staff or suppliers/contractors working on the Health Board premises;
- We have a target in place to pay our suppliers within 30 days of receipt of a valid invoice;
- We comply with the six NHS pre-employment check requirements to verify that applicants meet the preconditions of the role they are applying for. This includes a right to work check;
- We have introduced robust IR35 processes to ensure the fair and appropriate engagement of all workers and prevents individuals from avoiding paying Tax and National Insurance contributions;
- We do not engage or employ staff or workers on zero hours' contracts;
- We have in place an Equality and Diversity Policy which ensures that no potential applicant, employee or worker engaged is in any way unduly disadvantaged in terms of pay, employment rights, employment or career opportunities;
- We also seek assurances from suppliers, via the tender process, that they do not make use of blacklists/prohibited lists. We are also able to provide confirmation and assurances that they do not make use of blacklist/prohibited list information;
- In accordance with Transfer of Undertaking (Protection of Employment) Regulations any Health Board staff who may be required to transfer to a third party will retain their NHS Terms and

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Conditions of Service;

- We use the Modern Slavery Act (2015) compliance tracker by way of contracts procured by NHS Wales Shared Services Partnership (NWSSP) on behalf of the Health Board. NWSSP is equally committed to ensuring that procurement activity conducted on behalf of NHS Wales is undertaken in an ethical way. On our behalf, they ensure that workers within the supply chains through which they source our goods and services are treated fairly, in line with Welsh Government's Code of Practice for Ethical Employment in Supply Chains.

The Health Board continues to work in partnership with relevant stakeholders and trade union partners to develop and implement actions which set out our commitment to ensure the principles of ethical employment within our supply chains are implemented and adhered to.

19. Conclusion

As Accountable Officer, based on the assurance process outlined above, I have reviewed the relevant evidence and assurances in respect of internal control. I can confirm that the Board and its Executive Directors are alert to their accountabilities in respect of internal control.

During 2021-2022, we have again proactively identified areas requiring improvement and requested Internal Audit to undertake detailed assessments in order to manage and mitigate associated risks. A number of reports issued by Internal Audit concur with our view and have consequently provided the Health Board with clear recommendations to ensure that focussed and urgent management actions are in place to address identified shortcomings. These actions are then monitored through the Board and its Committees to ensure appropriate assurances can be provided. The Health Board's Structured Assessments 2021 undertaken by Audit Wales provided a positive view of the organisation's arrangements in relation to Corporate Governance, Financial Management and the planning arrangements underpinning the development of the Operational Plan. The Health Board also identified issues in relation to capital schemes and expenditure in particular around the procurement, governance and financial monitoring of capital schemes and capital expenditure. A review was undertaken by the Health Board and an action plan put in place to ensure that lessons were learnt and the breaches did not reoccur in the future.

As indicated throughout this statement and the Annual Report effective governance remained in place throughout the pandemic with appropriate scrutiny and governance over the decision-making process during the COVID-19 Pandemic. At the start of the new financial year the Health Board moved towards a recovery position with Governance arrangements returning to 'business as usual'. However, given the fast moving and unpredictable nature of the pandemic, we continued to keep our Governance arrangements under review to ensure they remain flexible to adapt to any situation which may arise.

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The need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to risks. The need to continue to recover from the pandemic will be with the organisation and wider society throughout 2022-2023 and beyond. I will ensure our Governance Framework considers and responds to this need.

I am confident that our systems of internal control have remained robust throughout the pandemic and now into recovery and am assured that there have been no significant internal control or governance issues during 2021-22.

In summary, my review confirms that the Board has sound systems of internal control in place to support the delivery of policy aims and our corporate objectives and that there are no significant internal control or governance issues to report for 2021-2022.

Signed by: .....

Suzanne Rankin
Chief Executive and Accountable Officer

Date: 14 June 2022

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Appendix 1

Board and Committee Membership & Attendance 2021-2022

Name	Position and dates	Area of Expertise/ Representation Role	Board Committee Membership and Record of Attendance	Champion Roles
Professor Charles Janczewski	Chair 1 April 2021 to present	Chair	• Board 11/11 • Board of Trustee 3/3 • RATs 6/6	Putting Things Right Wellbeing of Future Generations Act
Professor Ceri Phillips	Vice Chair 1 April 2021 to present		• Board 10/11 • Board of Trustees 2/3 • Audit 6/7 • QSE 3/4 • Strategy & Delivery 2/4 • MHLC 4/4 • Health & Safety 1/2 • CFC 1/1 • DHIC 1/1 • RATs 6/6	Mental Health
Professor Gary Baxter	Independent Member 1 April 2021 to present	University	• Board 11/11 • Board of Trustee 2/3 • QSE 6/6 • DHIC 3/3 • Strategy & Delivery 4/6 • Shaping our Future Hospitals (SOFH) 4/4	Older Persons

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Michael Imperato	Independent Member 1 April 2021 to present	Legal	• Board 10/11 • Board of Trustee 3/3 • Health & Safety 3/3 • Mental Health Legislation and Mental Capacity Act (MHLC) 2/2 • QSE 2/2 • DHIC 3/3 • RATS 5/6 • Strategy & Delivery 6/6	
David Edwards	Independent Member 1 April 2021 to present	Information Communication and Technology	• Board 9/11 • Board of Trustee 1/3 • MHCL 3/3 • Audit 4/7 • DHIC 3/3 • SoFH 3/4 • Finance 4/8	
Councillor Susan Elsmore	Independent Member 1 April 2021 to present	Local Authority	• Board 9/11 • Board of Trustee 1/3 • Charitable Funds • QSE 5/6 • RATS 2/6	Social Services and Wellbeing (Wales) Act
Akmal Hanuk	Independent Member 1 April 2021 to present	Local Community	• Board 9/11 • Board of Trustee 3/3 • Charitable Funds 4/4 • Health and Safety 3/3 • MHLC 0/4 • QSE 2/4 • RATS 1/6	Infection Prevention and Control

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Sara Moseley	Independent Member 1 April 2021 to present	Third (Voluntary) Sector	• Board 9/11 • Board of Trustee 1/3 • Charitable Funds 2/4 • MHLC 2/4 • Strategy & Delivery 6/6 • DHIC 1/2	Equality
Dr Rhian Thomas	Independent Member 1 April 2021 to present	Capital & Estates	• Board 11/11 • Board of Trustee 3/3 • Health & Safety 1/1 • RATS 6/6 • Strategy & Delivery 6/6 • Health & Safety 1/1 • SOFH 4/4 • Finance 11/12	Children and Young People
John Union	Independent Member 1 April 2021 to present	Finance	• Board 10/11 • Board of Trustee 3/3 • Audit 7/7 • RATS 4/6 • Finance 12/12 • SOFH 3/4	
Mike Jones	Independent Member 1 April 2021 to present	Trade Union	• Board 11/11 • Board of Trustee 1/3 • Health and Safety 3/3 • QSE 5/6 • CFC 4/4 • Audit 7/7	Raising Concerns
Sam Austin	Associate Member 1 April 2021 to present	Chair, Stakeholder Reference Group	• Board 9/11	
Lance Carver	Associate Member 1 April 2021 to present	Director of Social Services, Vale of Glamorgan	• Board 5/11	

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Len Richards	Chief Executive April 2021 to 30 September 2021		• Board 5/5 • Audit 0/5 • Finance 4/6 • SoFH 0/2 • RATS 3/3	
Dr Stuart Walker	Interim Chief Executive 1 October 2021 to 31 January 2022 Deputy Chief Executive 1 March 2021 to 30 September 2021 and 1 February 2022 to 18 February 2022		• Board 5/5 • Audit 0/2 • Finance 6/10 • SofH 1/3 • RATS 2/3	
Suzanne Rankin	1 February 2022 to present		• Board 2/2 • Finance 1/2 • RATS 1/1	
Catherine Phillips	Executive Director of Finance 1 April 2021 – to present	Finance	• Board 10/11 • Board of Trustee 1/3 • Audit 7/7 • Finance 9/12 • Strategy & Delivery 3/6 • SOFH 4/4	
Dr Stuart Walker	Executive Medical Director April 2021 to 30 September 2021	Medical / Quality & Safety	• QSE 3/5 • MHLC 0/3 • SoFH 1/1 • Board 6/6	

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Professor Meriel Jenney	Interim Executive Medical Director 1 October to present	Medical / Quality & Safety	• Board 4/6 • QSE 3/3 • MHLC 0/1 • Audit 1/1 • Strategy & Delivery 1/1 • SoFH 0/3	Caldicott
Ruth Walker	Executive Director of Nursing	Nursing / Quality & Safety	• Board 11/11 • Board of Trustee 1/3 • Charitable Funds 4/4 • QSE 5/6 • MHCL 3/4 • Finance 4/12 • Strategy & Delivery 1/6	Children and Young People Putting Things Right
Steve Curry	Chief Operating Officer (1 April to 31 December 2021) Interim Deputy Chief Executive 1 October to 31 December 2021	Operations	• Board 8/8 • MHCL 2/3 • QSE 3/5 • Finance 7/8 • Audit 1/7 • Strategy & Delivery 2/4 • Finance 7/8	Age protected characteristic
Caroline Bird	Interim Chief Operating Officer (1 January 2022 to present)	Operations	• Board 3/3 • MHLC 2/2 • QSE 0/2 • Finance 4/4 • Strategy and Delivery 1/2	

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Abigail Harris	Executive Director of Strategic Planning 1 April 2021 to present Interim Deputy Chief Executive 1 January – 31 January 2021	Estates & Planning	• Board 11/11 • Board of Trustee 0/3 • Strategy & Delivery 5/6 • QSE 1/6 • Finance 8/12 • SOFH 4/4 • Health & Safety 0/3	Emergency Planning
Dr Fiona Jenkins	Executive Director of Therapies and Health Sciences 1 April 2021 to present	Therapies and Life Sciences	• Board 11/11 • Board of Trustee 3/3 • Charitable Funds 3/4 • QSE 5/6 • Strategy & Delivery 1/1 • Health & Safety 0/3	Armed Forces and Veterans
Rachel Gidman	Interim Director of People and Culture 1 April 2021 to 2 May 2021 Executive Director of People and Culture 3 May 2021 to present	Workforce	• Board 7/11 • Board of Trustee 1/3 • Health and Safety 2/3 • Audit 6/7 • CFC 0/4 • RATS 4/6 • Finance 4/12 • Strategy & Delivery 5/6	Fire Safety Violence and Aggression Welsh Language
Fiona Kinghorn	Executive Director of Public Health 1 April 2021 to present	Public Health	• Board 11/11 • Board of Trustee 2/3 • QSE 2/6 • Health & Safety 2/3 • Strategy & Delivery 5/6	Sex/Gender protected characteristic

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Name	Position	Area of Expertise/ Representation Role	Board Committee Membership and Record of Attendance	Champion Roles
In attendance Members				
Nicola Foreman	Director of Corporate Governance 1 April 2021 to present	Governance	• Board 11/11 • Board of Trustee 3/3 • Charitable Funds 2/4 • Health and Safety 2/3 • MHLC 4/4 • QSE 5/6 • Audit 7/7 • DHIC 3/3 • RATS 6/6 • Strategy & Delivery 6/6 • SoFH 4/4 • Finance 10/12	
David Thomas	Director of Digital and Health Intelligence 1 June 2021 to present	Digital	• Board 10/11 • DHIC 3/3 • Strategy & Delivery 3/5	
Allan Wardaugh	Chief Clinical Information Officer 1 April 2021 to 31 May 2021	Digital	• Board 1/1	

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Appendix 2

Dates of Board and Committee meetings held during 2021-2022

Tables 1 and 2 outlines respectively the (i) dates of Board and Committee meetings held during 2021-2022, and (ii) the dates of Advisory Group meetings held during 2021-2022, highlighting any meetings that were inquorate:

Table 1 - Dates of Board and Committee meetings held during 2021-2022

Board/ Committee	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Board	*29*	*27*	*10 and 24 Both Special*	*29*	*26 (Private Board only)*	*30*	*X*	*25*	*16*	*27*	*24*	*31*
Board of Trustee				*15 Special*			*12*			*20*		
Audit Committee	*06*	*13 Workshop*	*10 Special*	*06*		*07*		*09*			*08*	
Charitable Funds			*29*			*21*			*07*			*01*
Digital Health & Intelligence			*01*				*05*				*01*	
Finance	*28*	*26*	*23*	*28*	*25*	*29*	*27*	*24*	*30*	*05 and 26*	*16*	*23*
Health & Safety				*27*			*12*			*25*		*30*
Mental Health Legislation & Mental Capacity Act	*20*			*20*			*19*				*09 Inquorate*	
Quality, Safety & experience	*13*		*15*			*15*	*26 Special*		*14*		*22*	
Remuneration & Terms of Service		**25**		**14**		**15**			**16**	**27**	**09**	
Strategy & Delivery		**11**		**13**		**14**		**16**		**01**		**15**
Shaping Our Future Hospital				**21**			**13**			**12**		**09**

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All meetings held were quorate, except the Mental Health Legislation and Mental Capacity Act Committee meeting held on 9 February 2022.

Where meetings were inquorate, 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's Chair.

Table 2 - Dates of Advisory Group meetings held during 2021-2022

Advisory Groups	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Stakeholder Reference		25		27		29		23		25		22
Healthcare Professional Forum												
Local Partnership Forum	22		17		18		21		01		17	

The Health Board was also represented on the following Joint Committees:

- Welsh Health Specialised Services Committee (WHSSC)
- Emergency Ambulance Services Committee (EASC)

Assurance reports/bulletins from the above Committees are captured on the Board agenda as required.

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Appendix 3

Ministerial Directions

Ministerial Directions (MDs)	Date/Year of Adoption	Action to demonstrate implementation/response
2021. No.41 – Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2021	April 2021	This Ministerial Direction has been enacted.
2021. No.59 – The Directions to Local Health Boards and NHS Trusts in Wales on the Delivery of Autism Services 2021	July 2021	This Direction is delivered via the Health Board's Integrated Autism Service (IAS) – There is a dedicated Neurodevelopmental Disorder (ASD) service for children and young people.
2021. No.65 – The Primary Care (PfizerBioNTech Vaccine COVID-19 Immunisation Scheme) Directions 2021	July 2021	This Ministerial Direction has been enacted.
2021. No.70 – The Primary Care (Contracted Services: Immunisations) Directions 2021	August 2021	This Ministerial Direction has been enacted.
2021. No.75 – Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2021	September 2021	This Ministerial Direction has been enacted.
2021. No.77 – The National Health Service (General Medical Services – Recurring Premises Costs during the COVID-19 Pandemic) (Wales) (Revocation) Directions 2021	September 2021	This Ministerial Direction has been enacted.
2021. No.83 – The Pharmaceutical Services (Fees for Applications) (Wales) Directions 2021	October 2021	This Ministerial Direction has been enacted.

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2021. No.84 – The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) Directions 2021	October 2021	This Ministerial Direction has been enacted.
2021. No.85 – The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) (No.2) Directions 2021	October 2021	This Ministerial Direction has been enacted.
2021. No.88 – The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) (No. 3) Directions 2021	October 2021	This Ministerial Direction has been enacted.
2021. No.89 – The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) (No. 3) Directions 2021	October 2021	This Ministerial Direction has been enacted.
2021. No.90 – The Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Directed Enhanced Service) (Wales) (No. 2) (Amendment) Directions 2021	November 2021	Framework exists should Primary Care contractors intend to deliver the vaccine.
2021. No.93 – Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.3) Directions 2021	December 2021	This Ministerial Direction has been enacted.
2021. No.97 – The Primary Care (Contracted Services: Immunisations) (Amendment) Directions 2021	December 2021	Framework exists should Primary Care contractors intend to deliver the vaccine.
2022. No.06 – The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022	March 2022	This Ministerial Direction has been enacted.
2022. No.13 – The Wales Infected Blood Support Scheme (Amendment) Directions 2022	March 2022	N/A- for action by Velindre University NHS Trust.

National Health Service Directions on cross border healthcare and reimbursement of costs of treatment within the EU (WHC/2021/005)

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Welsh Health Circulars

All Welsh Health Circulars are reviewed and triaged to Executive and Operational Leads within the organisation. The implementation of progress against each circular is tracked by the Health Board's Risk and Regulation Team and periodically reported at Management Executive Meetings.

Ministerial Directions/Date of Compliance	Date/Year of Adoption	Action to Demonstrate implementation/ response
National Health Service Directions on cross border healthcare and reimbursement of costs of treatment within the EU (WHC/2021/005)	06 Apr 2021	Circular shared with Executive lead and cascaded to colleagues.
Protocol for dealing with violence and aggression towards NHS staff (WHC/2021/012)	22 Apr 2021	Circular shared with Executive lead and cascaded to colleagues.
2021/2022 LHB, SHA & Trust Monthly Financial Monitoring Return Guidance WHC/2021/011	23 Apr 2021	Circulated to key staff and managers and discussed at appropriate meeting.
Revised national steroid treatment card (WHC/2021/008)	27 May 2021	Circular shared with Executive lead and appropriate colleagues. New Treatment card is in use across the Health Board and featured in the August 2021 edition of the UHB Medicines Safety Newsletter.
The national influenza immunisation programme 2021 to 2022 (WHC/2021/019)	04 Aug 2021	The actions detailed within the Circular have been referred to the Executive Director of Public Health and her team. Reported
Introduction of Shingrix® for immunocompromised individuals from September 2021 (WHC/2021/021)	01 Sept 2021	Circular referred to Executive Lead and colleagues for action – From September 2021 actions managed by GP Practices.
NHS Wales' contribution towards a net-zero public sector by 2030 (WHC/2021/024)	08 Sept 2021	Circular shared with Executive Lead and Decarbonisation Programme Manager to progress in line with the Health Board's Decarbonisation plans.
All Wales Carpal tunnel syndrome pathway (WHC 2021/025)	15 Sept 2021	Circular shared and pathway implemented and signed off by hand surgeons and GP leads. Feedback shared with Welsh Government regarding the referral pathway
Review of standing orders, reservation and delegation of powers (WHC/2021/010)	16 Sept 2021	Circular Shared with Director of Corporate Governance and Head of Corporate Governance who have implemented required changes.

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Publication of the quality and safety framework (WHC/2021/022)	17 Sept 2021	Circular shared with Executive colleagues and cascaded to Corporate nursing team to ensure that the document and the recommendations were included within plans for the Health Board's Framework roll out plans.
Care decisions for the last days of life (WHC/2021/023)	23 Sept 2021	Circular shared with Executive lead and cascaded to clinical colleagues.
Healthcare associated infections and antimicrobial resistance improvement goals (WHC/2021/028)	27 Sept 2021	Circular shared with Executive lead and cascaded to clinical colleagues and Infection Prevention and Control Leads.
NHS Wales blood health plan (WHC/2021/027)	27 Sept 2021	Circular shared with Executive Leads and cascaded to clinical leads and areas for review and implementation.
Overseas visitors' eligibility to receive free primary care (WHC/021/026)	06 Oct 2021	Circular shared with Executive Leads and cascaded to appropriate operational leads for review and implementation.
NHS Wales Planning Framework 2022 to 2025 (WHC/2021/031)	09 Nov 2021	Circular shared with Executive Lead and cascaded to planning leads for review and incorporation into the Health Board's IMTP processes.
Role and provision of dental public health in Wales (WHC/2021/032)	16 Nov 2021	Circular shared with Executive Leads and cascaded to clinical leads and areas for review and implementation.
Role and provision of oral surgery in Wales (WHC/2021/033)	14 Dec 2021	Circular shared with Executive Leads and cascaded to clinical leads and areas for review and implementation. Feedback received confirms that the direction of the dental service within the Health Board is in line with the future of Shaping our Future Health Services.
Health board allocations 2022 to 2023 (WHC/2021/034)	09 Feb 2022	Circular received and shared with Executive Leads.
Recording of dementia read codes (WHC/2022/007)	15 Feb 2022	Circular shared with Executive Leads and cascaded to clinical leads and areas for review and implementation.
Welsh Value in Health Centre: data requirements (WHC/2022/005)	24 Mar 2022	Circular shared with Executive Leads and cascaded to clinical leads and areas for review and implementation.
Patient Testing Framework – Updated guidance (WHC/2022/011)	24 Mar 2022	A copy of the Circular was shared by global email to all Health Board colleagues for review.
Reimbursable vaccines and eligible cohorts for the 2022 to 2023 NHS seasonal influenza (flu) vaccination programme (WHC/2022/010)	29 Mar 2022	Circular shared with Executive Leads and cascaded to clinical leads and areas for review and implementation.

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Part 2b

Remuneration and Staff Report

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Part 2b

20. Remuneration and Staff Report

20.1 Staff Numbers

The Health Board workforce profile identifies that approximately 76% of the workforce is female. This is not representative of the local community where a little more than half the population is female. The numbers of female and male directors, managers and employees as at 31st March 2022 were as follows:

	Female	Male	Total
Director	12	9	21
Manager	167	99	263
Employee	12548	3852	16403
Total	**12727**	**3960**	**16687**

20.2 Staff Composition

We have a diverse workforce of almost 16,000 staff working in many different types of roles, and together with volunteers, colleagues in social care and carers, we have a huge impact on our population. We must know and understand the shape of our workforce if we are to successfully monitor and revise plans that result in the right workforce at the right time, enabling and empowering the workforce to work to the 'top of their licence' or scope of practice. Our People and Culture Plan recognises that in addition to the challenges brought about by the pandemic and the necessary period of recovery, we, along with the broader NHS in Wales, face social, economic, technological and demographic changes. As a result of this the demographic of our workforce also needs to change, and we must adjust the way we recruit, retain and support our people.

The charts below indicate the following challenges when determining optimal ways to deploy the current and future workforce and how to consider future supply against service priorities:

- The Health Board has an aging workforce with the largest age categories being aged 31-35 years (2,193 staff) and 51-55 years (2,122 staff). The impact of employees retiring from service critical areas is key in Clinical Boards undertaking local workforce planning.
- The largest grade categories are staff in Agenda for Change Bands 2, 5 and 6. Continually reviewing skill mix and new ways of working is important in ensuring adequate future supply of skills in the right place and grade. There is also a need for further workforce modernisation, new roles and extended skills, supported by the improvement of workforce intelligence and workforce planning skills. This includes the development of appropriate efficiency and productivity measures that help facilitate benchmarking and demonstrate value as our workforce shape continues to change.
- The majority of the workforce is female (76%) with an even split in this group of full-time (39%) and part-time working (37%). Use of our employment policies, such as the Adaptable Workforce Policy and Flexible Working Procedure, is crucial to retaining talent and keeping staff engaged.

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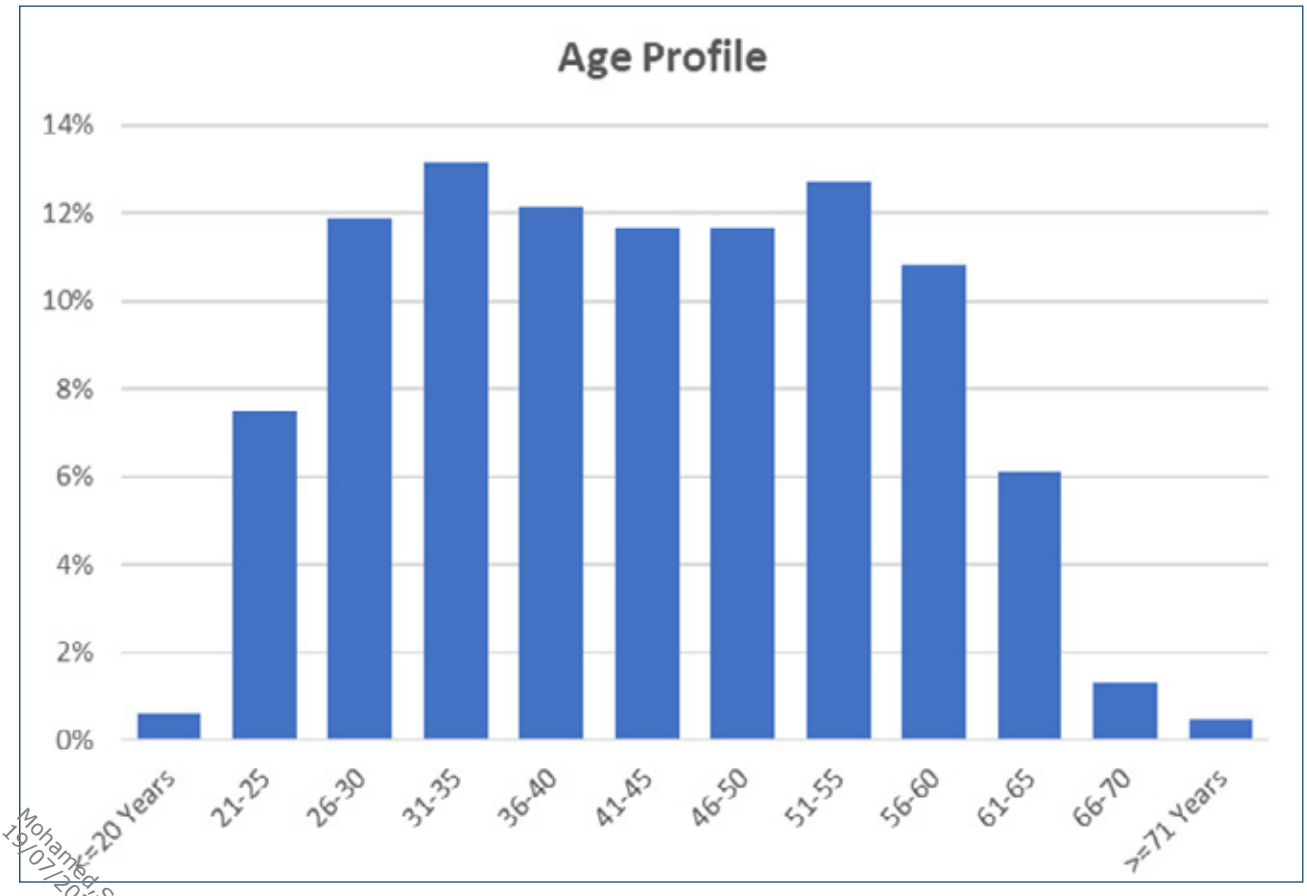
- The majority of the workforce is white (77%) with 11% in Black and Minority Ethnic categories and 12% not stated. The Strategic Equality Plan has a number of actions to continue to review of our workforce in this regard to ensure it strives to reflect the local population where relevant e.g. in recruiting practices.
- The nursing and midwifery registered staff and unregistered nursing staff make up just over 42% of the total workforce. Given there is a recognised national shortage of registered nurses, the Health Board has made nurse sustainability a high priority on its workforce agenda. Although we can't influence the actual supply of registered workforce in the short term, we can concentrate our efforts on attracting people by improving the branding of the Health Board promoting the benefits of working here, and targeting specific groups in society.

Workforce profile information collected for the Health Board in March 2022 shows that 5% of staff consider themselves to have a disability, but this information is not known for a significant number of staff (31%).



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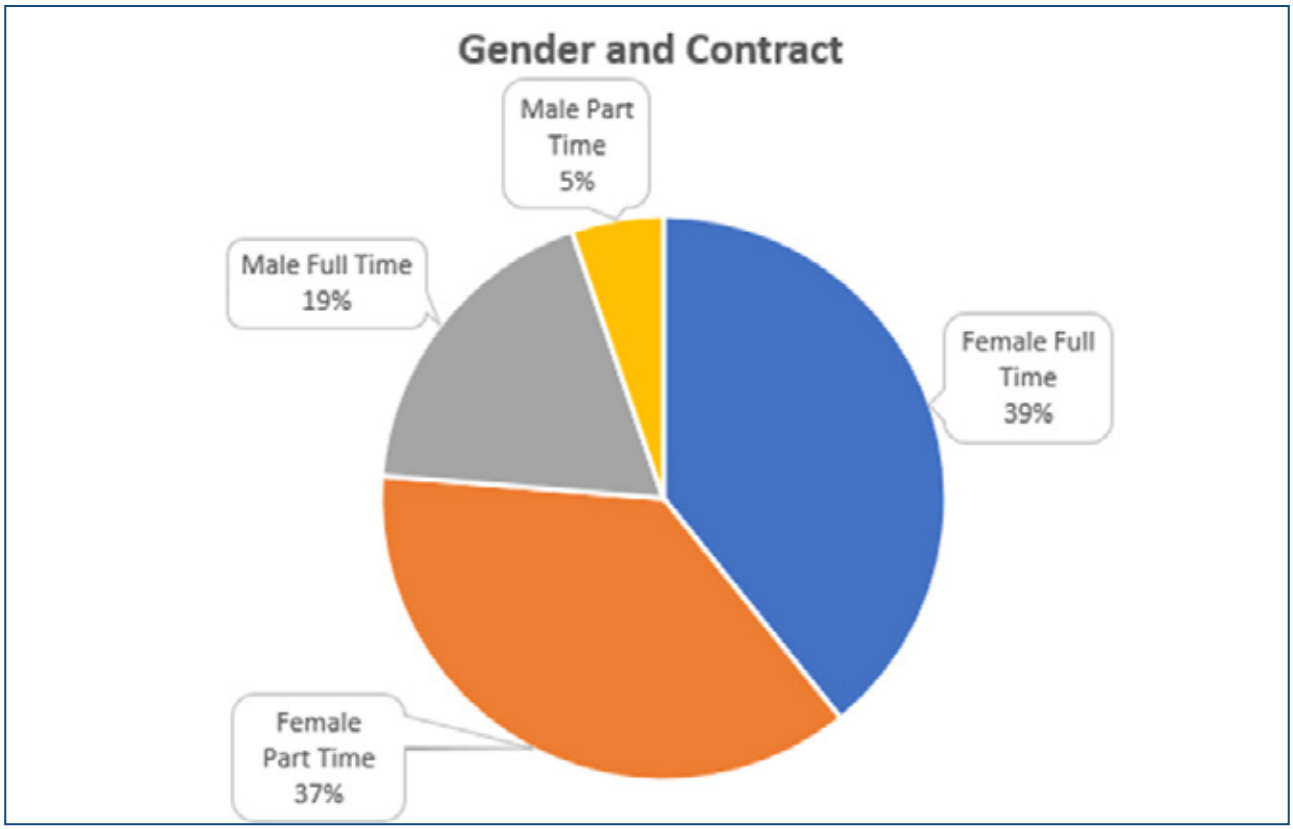

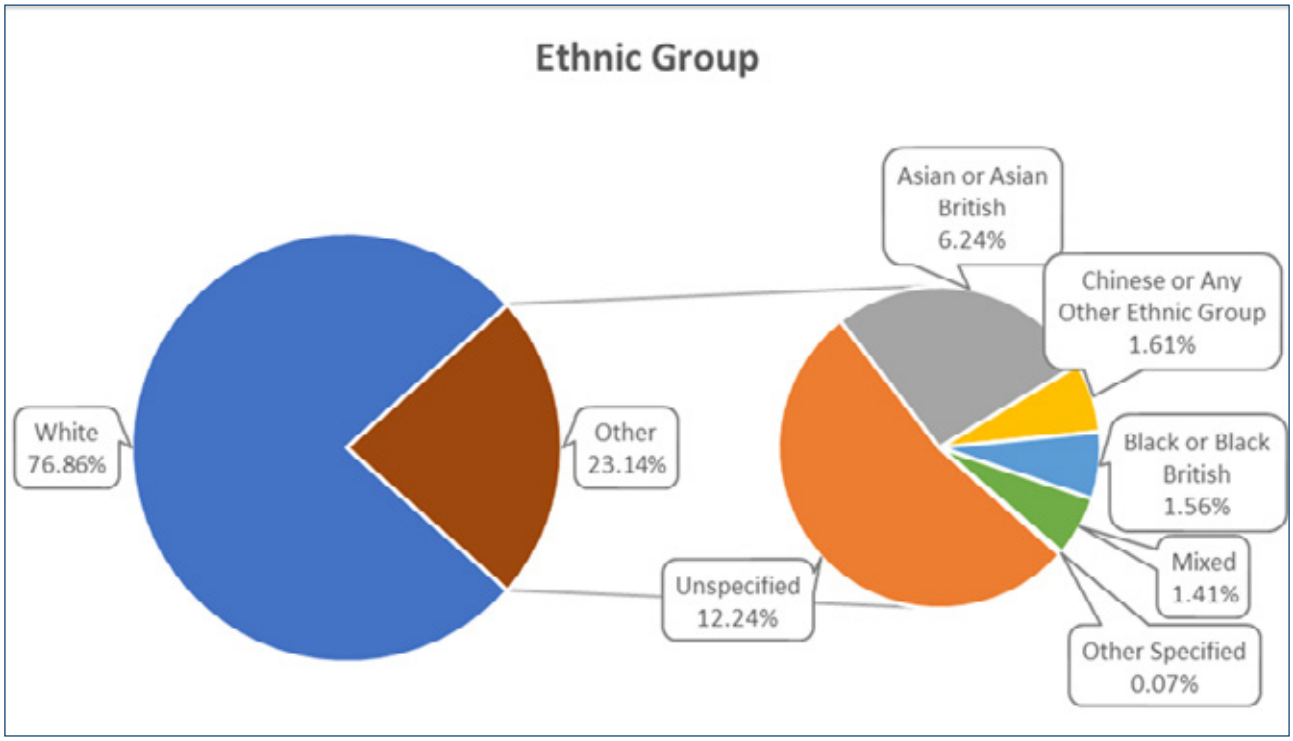

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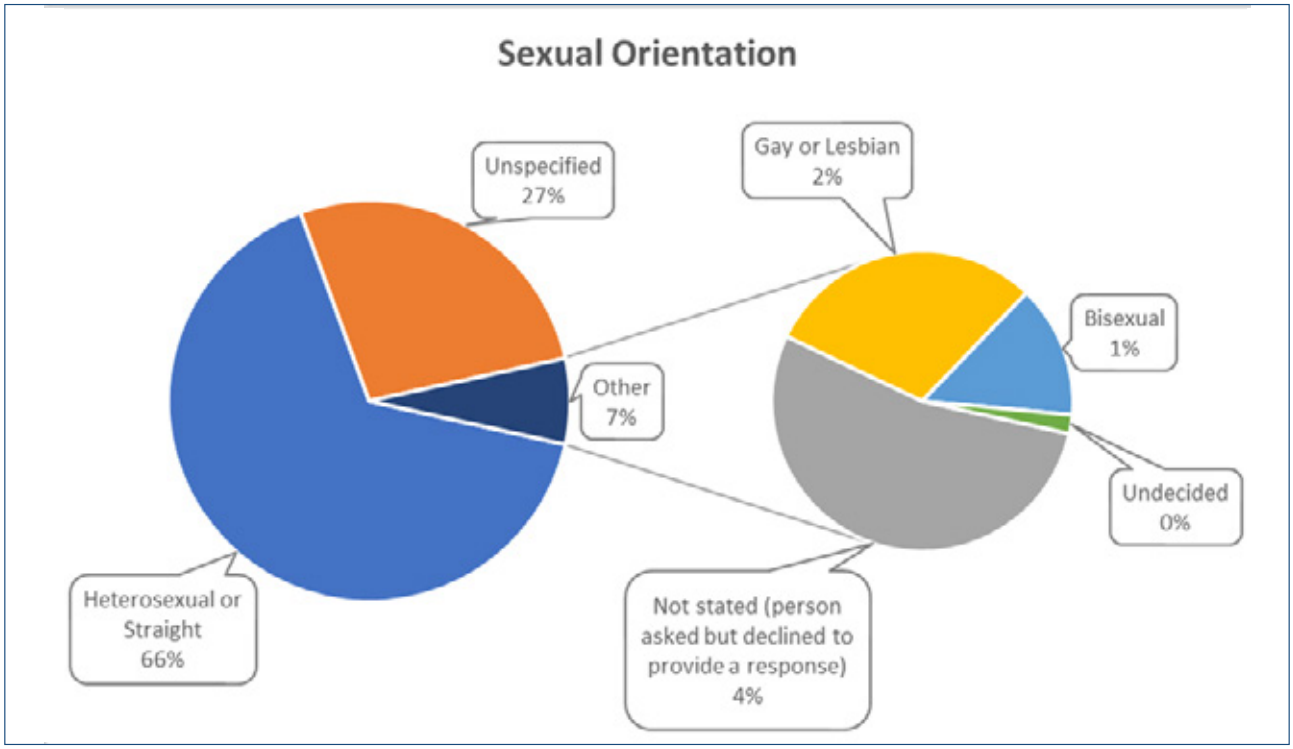

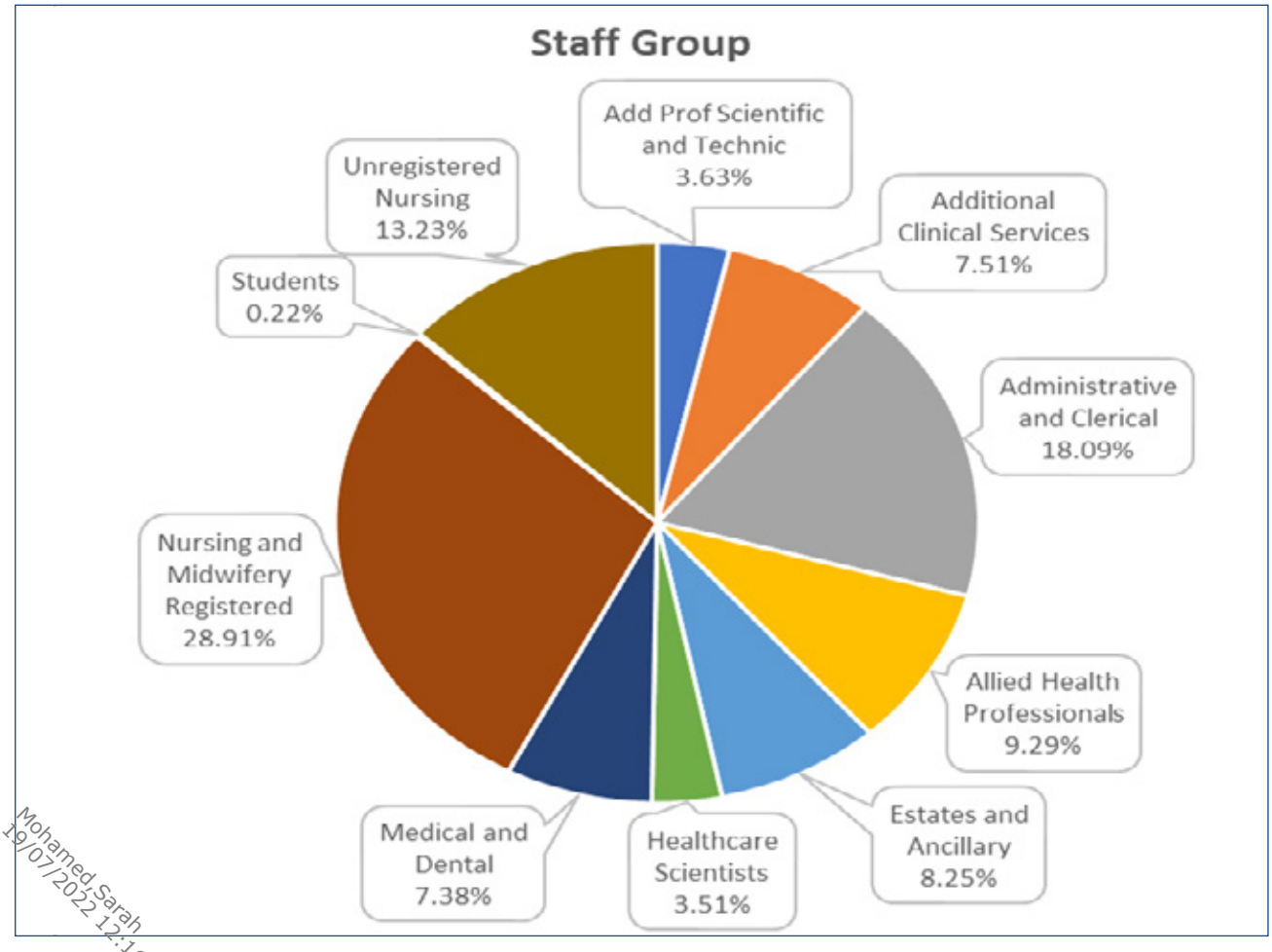

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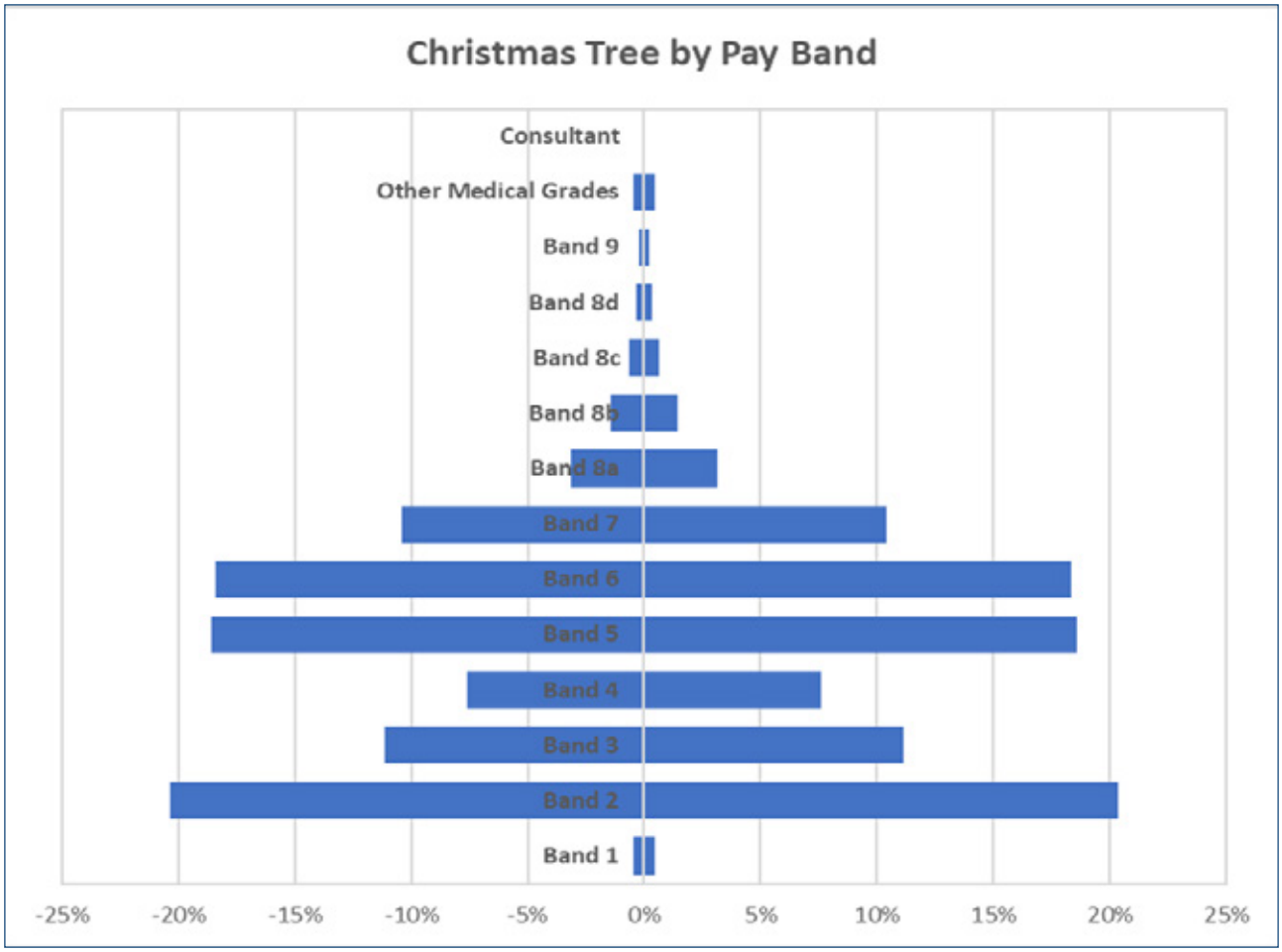

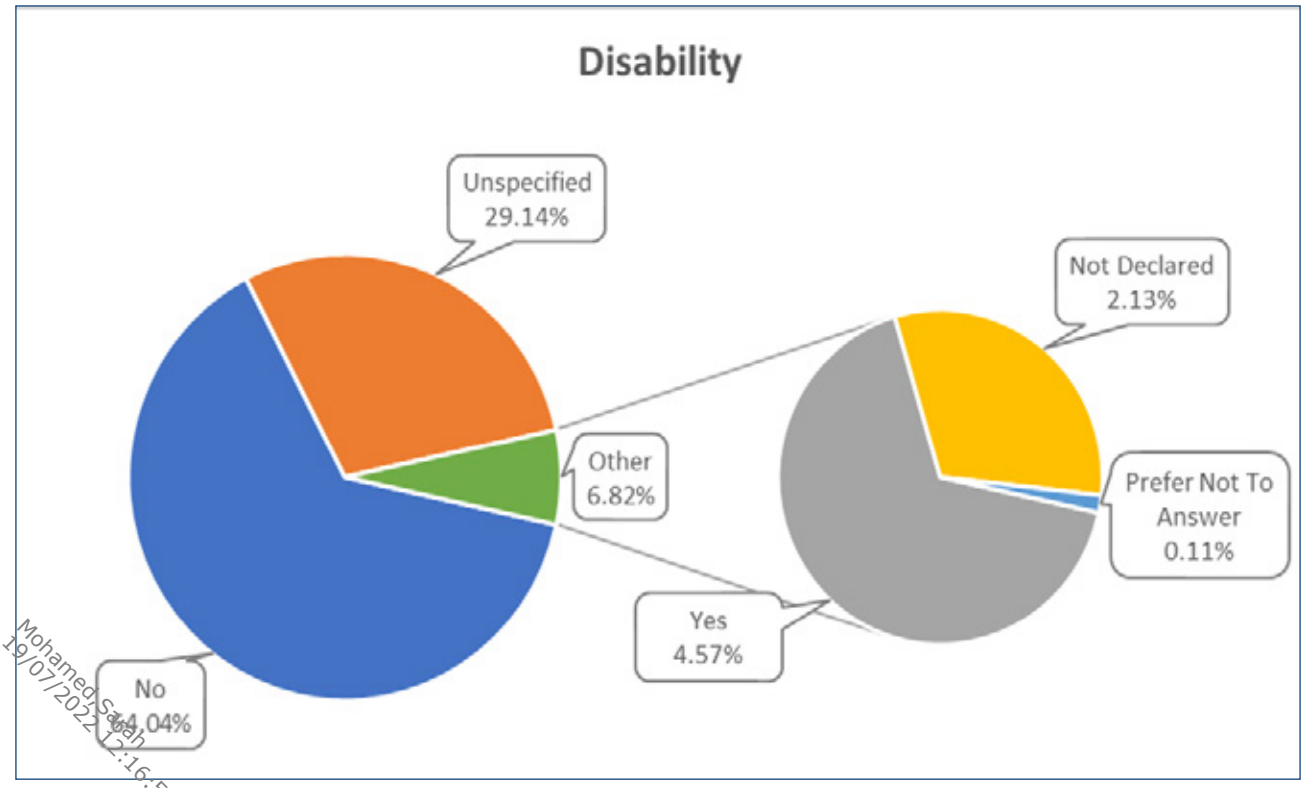

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20.3 Sickness Absence Data

The health and wellbeing of Health Board staff is of upmost importance, especially at this unprecedented time and much of the work carried out in 2021/22 has been described in the Performance Report.

Sickness absence remains a priority for the Health Board. The cumulative sickness rate for the 12-month period up to and including March 2022 is 6.92% which is 2.32% above the 2021-22 year-end target of 4.60%. 12.57% of the total sickness recorded has been attributed to COVID-19.

70% of this sickness was attributed to long-term absence and 30% to short-term absence. The Health Board's top reasons recorded for absence during 2021-22 were Anxiety/Stress and Chest & Respiratory Problems.

The following table provides information on the number of days lost due to sickness during 2020-21 and 2021-22.

	2021-22	2020-21
	Number	Number
Days lost (long term)	247,568.4	213,428.31
Days lost (short term)	101,921.9	83,687.6
Total days lost	349,490.38	297,115.98
Total staff years	13828.4	13,560.93
Average working days lost	15.78	13.68
Total staff employed in period (headcount)	15,915	15,580
Total staff employed in period with no absence (headcount)	6,274	7,602
Percentage staff with no sick leave	39.42%	47.49%

20.4 Staff Policies

At the Health Board we have 6 local Health Board employment Policies:

- Recruitment and Selection
- Adaptable Workforce
- Employee Health and Wellbeing
- Learning Education and Development
- Equality, Inclusivity and Human Rights Policy
- Maternity, Adoption, Paternity and Shared Parental Leave

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These set out our organisational commitments and what we are aiming to achieve. Each of them is supported by a number of Procedures which describe the processes to follow, roles & responsibilities, and any entitlements or obligations. This means there is less duplication, more transparency and information which is easier to understand. These are in addition to the ALL-WALES Policies which apply to us and all other Health Boards in Wales

All employment and other related Human Resources (HR) and Workforce and Organisational Development (WOD) policies, procedures and guidelines are required to have at least two authors, i.e. a management and staff representative and they are subject to robust consultation processes. This includes publication on the Health Board's intranet for a period of at least 28 days and consideration at the Employment Policies Sub Group of the Local Partnership Forum.

As an employer we are committed to providing meaningful equality of opportunity and inclusion for all employees, regardless of their protected characteristics (i.e. gender identity, marital status, race, ethnic origin, maternity status, nationality, national origin, sex, disability, sexual orientation, religion or age), as is demonstrated by our **Equality, Inclusivity and Human Rights Policy**. Its remit goes beyond strict compliance with the law and acts as a reference point in the event of any subsequent disputes.

The Health Board is committed to ensuring that the recruitment and selection of staff is conducted in a systematic, comprehensive and fair manner, promoting equality of opportunity at all time, eliminating discrimination and promoting good relations between all. The **Recruitment and Selection Policy** sets out how we will attract, appoint and retain qualified, motivated staff with the right skills and experience to ensure the delivery of a quality service and support its values. This is supported by a number of procedures including the Recruitment and Selection Procedure, Fixed Term Contract Procedure and Professional Registration Procedure. Recruiting, Attracting and Retaining employees is one of the themes of the People and Culture Plan. The ability to deliver high quality, compassionate care is dependent on recruiting and retaining individuals with the right skills, abilities, values and experiences. This has become increasingly difficult following the service pressure and workforce resilience associated with the pandemic. The current climate has created a shortage of suitable candidates in many professions, and we need to think differently about how we attract and recruit our current and future workforce, including working with social care partners to develop an integrated workforce, and to support a diverse workforce and inclusive culture. However, we cannot just depend on bringing new people into our workforce; we need to improve how we retain, manage, develop and look after the wellbeing of our existing workforce.

- Establishing a new Workforce Resourcing Team
- Developing 'fast track' recruitment processes for certain posts
- Employment Satisfaction Survey ('starter survey') for newly qualified nurses issued
- Links made with job centre re long term unemployed

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- 3 days of mock interviews arranged at Whitchurch High School in February 2022
- Discussions held to improve Temporary Staffing Office recruitment processes
- Draft Retention Strategy/plan developed
- Contact made with Wallich, an organisation supporting the homeless and Shelter Cymru to support their clients into employment.
- Meeting held with Career Transition Partnership (CTP) to support ex- military to work. (Bristol careers event planned for June 22).
- Participated in 2 'Into Work' Recruitment fairs with 4 further booked

The Health Board is committed to equal opportunities in recruitment, and demonstrates this by displaying the Disability Confident symbol (which replaces the 'two ticks' scheme) in all adverts, as well as Supporting Age Positive, Mindful Employer and Stonewall Cymru symbols.

The Health Board is committed to supporting its employees and keeping them well. The **Employee Health and Wellbeing Policy** which sets out our commitment to encourage and empower employees to take personal responsibility for their lifestyle choices, health and wellbeing, and to guide managers on their roles and responsibilities.

Following a re-assessment in Autumn 2021, the Health Board has retained both the Gold and Platinum **Corporate Health Standards** and has been recognised as an exemplar organisation. This award will cover the next 12 months with a full assessment rescheduled for Autumn 2022. The now established Wellbeing Strategy Group oversees delivery of the priorities and actions resulting from the Corporate Health Standard, and much progress has been made over the past year, including implementing hydration stations, supported by the Health Charity, and the development of peer support.

The NHS **Wales Managing Attendance at Work** Policy assists managers in supporting staff when they are ill, manage their absence and help facilitate their timely return to work in a compassionate way. The policy is proactive by placing responsibility on line managers to know their staff and focus on their health and wellbeing to keep them well and in work.

The Managing Attendance at Work Policy includes a number of toolkits. One of these deals with reasonable/tailored adjustments – it reminds managers of our

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legal duty to make reasonable adjustments to ensure workers with disabilities, or physical or mental health impairments, are not disadvantaged when doing their jobs or during the recruitment process. The Policy states that not all illnesses are disabilities, however, if an employee is asking for support with a health and wellbeing condition, it is best to provide the support accordingly, assuming it is proportionate to do so. There are many benefits to this including supporting the employee back into work and helping them remain in work.

A Managing Attendance at Work specialist team was formed in December 2021 as a response to the operational workforce pressures including COVID-19 and winter pressures. The purpose of the team was to provide specialist advice and support managers and colleagues on all matters in relation to managing attendance. The objectives of the team were to review all long term sickness cases, manage redeployments, review long Covid cases finding alternative roles where possible and work with Health and Wellbeing Team to assist the wellbeing strategy to help prevent sickness. The team has supported and coached managers, during a difficult and unpredictable time of COVID-19 recovery. Managing Attendance at Work training has been delivered virtually to 90 managers, with regular sessions planned face to face and virtually in 2022. Staff off long term with post COVID-19 syndrome sickness have been supported by managers and have been signposted to resources available to assist their recovery. Overall absence at the Health Board has been reducing with the focused and dedicated approach of the Managing Attendance at Work Team.

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The **Redeployment Procedure** sets out the process by which suitable alternative employment is sought for employees who are unfit or no longer able to carry out the duties of their current post, either on a temporary or permanent basis. This can be for a number of reasons, including health. It is important that staff and managers are clear about their responsibilities and the process to be followed to ensure that everyone is treated fairly and equitably. One important change was that individuals who require to be redeployed due to their health are not reliant on Workforce and OD advising them of vacancies, or responding to vacancies once they have already reached the advert stage. Staff needing alternative roles are entered onto the Trac recruitment system and they are automatically advised of potentially suitable alternative employment before the vacancy request is allowed to progress further in the system. Although the process of finding a redeployment opportunity is initially coordinated by Human Resources, the responsibility and ownership for actions taken is shared with the individual concerned and their substantive line manager, who are both expected to take all possible steps to find and pursue suitable opportunities. The Procedure has strengthened the accountability of managers who do not accept a suitable candidate for a trial redeployment. The Procedure aims to ensure that clear advice, support and guidance is provided to managers and employees regarding their role(s) in managing situations where employees need to be transferred into suitable alternative posts.

By making reasonable adjustments for staff with disabilities we have been able to retain a number of valued employees in their

substantive role. Typical changes include reviewing caseloads, changes to equipment used, purchase of specialist equipment and modifying their workplaces. We have worked with organisations such as Access to Work to support our disabled employees.

The **Supporting Carer's Guidelines** were developed in September 2021. The Health Board recognises that employees with caring responsibilities may require short term arrangements for either child or dependent care, or for longer term requirements have the 'right to request' flexible working arrangements. The caring responsibilities may potentially impact on a member of staff's ability to do their job.

The purpose of the Guidelines is to support staff to achieve a positive work/ life balance with caring responsibilities, so that staff are likely to feel more valued, thus be more productive and satisfied at work. It ensures that staff are not unfairly disadvantaged by such responsibilities and are able to successfully combine their work and caring responsibilities. The organisation values each individual and strives to retain staff and accommodate where possible their changing circumstances whilst balancing the needs of the service.

These guidelines set out a range of short and long term options available to staff through agreement with their line manager. The responsibilities of the line manager, member of staff, Workforce & OD and Trade Union Representative are outlined in the guidelines. There is a carer's plan that can be completed by the member of staff with caring responsibilities and their line manager. The plan can detail the caring responsibilities and the arrangements agreed together about short- and long-term arrangements. The application of these guidelines is in accordance with the principles of the Health Board's Equality, Inclusion & Human Rights Policy, Special Leave Policy and Flexible Working Procedure.

The Health Board has undertaken the opportunity to develop a partnership approach with **DFN Project Search**. DFN Project Search is a one year, employment preparation programme that takes place entirely in the workplace. This will help to deliver the best employment outcomes for young adults from SEN education providers with learning disabilities and/or autism across the Cardiff and the Vale who are under-represented in the workforce. This will assist achieving part of the widening access into employment agenda. This year there was 7 interns, 2 of which have now gained employment within Cardiff and Vale, and we are currently recruiting for approximately 12 interns for the next year.

Due to the current economic landscape as a result of COVID-19, many people are out of work. A high proportion of these individuals are young people. The government has launched an innovative new **KICKSTART** scheme, giving 16-24 year olds who are in receipt of Universal Credit a future of opportunity by creating high-quality, government-subsidised jobs across the UK. Cardiff and Vale successfully became a direct employer since January 2020. The Kickstart placements will last for six months, during this period the individual will gain extra employability skills and mentoring to help them become successful in gaining long term employment. The Health Board has recruited a total of 162 individuals into

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the organisation, of these, 2 have gone onto apprenticeship schemes, 32 have gained roles within the Health Board, 66 are still on the scheme and the remaining 62 have now finished their placements with us. The scheme ended on 31 March 2022.

Over the past year the **Apprenticeship Academy** has continued to build some momentum as we recover from the effects of the pandemic. We have successfully recruited a further 8 apprentices and 1 has completed and successfully gained a position within their host department. Positive discussions are taking place in Estates, Health Records and Digital and we expect to be recruiting for these positions in the Spring. We are also in early discussions with our colleagues within Allied Health Professions, Finance, Dental Nursing, Patient Experience and Rehabilitation engineering as there are qualifications and progression pathways that can now support these areas of the workforce. We are continuing to review qualifications as they become available and targeting the areas were these can be utilised. The introduction of Healthcare Support Worker apprentices is still firmly on the agenda and conversations are ongoing with nursing colleagues on how these can be introduced and the support required. To support our current and past apprentices they have been invited to join a Future Leaders Network which is being initially supported by the Executive Director of People and Culture, but will eventually be led by the group who will shape the agenda going forward. This network will provide them with additional support and development to allow them to thrive and become our Leaders of the Future.

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Existing staff uptake of apprenticeships has grown significantly since the summer of 2021 with 236 new starters covering subjects such as management, health, Business Administration and IT Users. During this period, we have also had 134 existing staff complete their qualifications. Throughout the pandemic our existing staff and entry level apprentices have been supported to complete their qualifications. Working with training providers, to offer alternative ways for assessments. Breaks in learning have also be agreed with individuals to ensure they are not disadvantaged during this unprecedented time.

20.5 Salary and Pension Entitlements of Senior Managers 2021-2022

Full details of senior managers' remunerations for 2021-22 are provided in the audited tables that follow:

CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD REMUNERATION REPORT 2021-22

Salaries of Senior Managers

Name and title	31-Mar-2022 Full Year Equivalent Salary (bands of £5,000) £000	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Bonus Payments (bands of £5,000) £000	Benefits in kind (Rounded to the nearest £00) £00	Pension Benefits (Rounded to the nearest £000) £000	Total (bands of £5,000) £000
Cardiff and Vale University Local Health Board							
Officer Members							
Suzanne Rankin, Chief Executive (1)	215-220	35-40	0	0	14	0	35-40
Leonard Richards, Chief Executive (1)	230-235	115-120	0	0	0	59	170-175
Dr Stuart Walker, Interim Chief Executive (1)	255-260	95-100	0	0	0	39	135-140
Dr Stuart Walker, Executive Medical Director (5)	235-240	115-120	0	0	0	51	165-170
Ruth Walker, Executive Nurse Director	145-150	145-150	0	0	0	0	145-150
Steve Curry, Chief Operating Officer (1) & (2)	155-160	115-120	0	0	0	75	190-195
Caroline Bird, Interim Chief Operating Officer (2)	135-140	30-35	0	0	0	110	140-145
Abigail Harris, Executive Director of Strategic Planning (1)	135-140	135-140	0	0	0	59	195-200
Catherine Phillips, Executive Director of Finance	175-180	175-180	5-10	0	4	198	380-385
Rachel Gidman, Executive Director of People & Culture (3)	135-140	135-140	0	0	3	369	505-510
Dr Fiona Jenkins, Executive Director of Therapies & Health Science (4)	70-75	70-75	0	0	0	109	180-185
Fiona Kinghorn, Executive Director of Public Health	125-130	125-130	0	0	0	52	175-180
Professor Meriel Jenney, Interim Executive Medical Director (5)	180-185	80-85	0	0	0	0	80-85
Other Directors							
Nicola Foreman, Director of Corporate Governance	110-115	110-115	0	0	0	35	145-150
Allan Wardhaugh, Chief Clinical Information Officer (6)	140-145	20-25	0	0	0	7	30-35
David Thomas, Director of Digital and Health Intelligence (6)	115-120	95-100	0	0	7	19	115-120
Independent Members (IM)							
Charles Janczewski, Chair	65-70	65-70	0	0	0	0	65-70
Ceri Phillips, Vice Chair (7)	55-60	55-60					55-60
Michael Imperato, IM - Legal	15-20	15-20	0	0	0	0	15-20
John Union - IM - Finance	15-20	15-20	0	0	0	0	15-20
David Edwards, IM - Information Communication & Technology (8)	15-20	15-20	0	0	0	0	15-20
Professor Gary Baxter, IM - University	0	0	0	0	0	0	0
Sara Moseley, IM - Third (Voluntary) Sector	15-20	15-20	0	0	0	0	15-20
Councillor Susan Elsmore, IM - Local Authority	15-20	15-20	0	0	0	0	15-20
Akmal Hanuk, IM - Local Community	15-20	15-20	0	0	0	0	15-20
Rhian Thomas, IM - Capital & Estates	15-20	15-20	0	0	0	0	15-20
Mike Jones, IM - Trade Union	0	0	45-50	0	0	0	45-50
Associate Members							
Sam Austin, Chair, Stakeholder Reference Group	0	0	0	0	0	0	0
Lance Carver, Associate Member - Local Authority	0	0	0	0	0	0	0

The pension benefit is not an amount which has been paid to an individual by the UHB during the year, it is a calculation which uses information from the pension benefit table. These figures can be influenced by many factors e.g. changes in a persons salary, whether or not they choose to make additional contributions to the pension scheme from their pay and other valuation factors affecting the pension scheme as a whole.

Stuart Walker held two board roles during the year - his combined salary sits within the band 210-215, with a total salary including pension benefits sitting within band 305-310.

During 2021-22 a new reporting requirement has been introduced that the UHB should declare the Full Year equivalent salary for any individual who is only a board member for part of the financial year. An additional column has therefore been included above and in the 2020-21 table. Please note the Total Remuneration figures are based on the amounts actually paid in the year not the Full Year salary.

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CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD REMUNERATION REPORT 2021-22

Salaries of Senior Managers

Name and title	31-Mar-2021 Full Year Equivalent Salary (bands of £5,000) £000	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Bonus Payments (bands of £5,000) £000	Benefits in kind (Rounded to the nearest £00) £00	Pension Benefits (Rounded to the nearest £000) £000	Total (bands of £5,000) £000
Cardiff and Vale University Local Health Board							
Officer Members							
Leonard Richards, Chief Executive	210-215	210-215	0	0	0	54	265-270
Ruth Walker, Executive Nurse Director	140-145	140-145	0	0	0	0	140-145
Steve Curry, Chief Operating Officer	140-145	140-145	0	0	0	39	180-185
Abigail Harris, Executive Director of Strategic Planning	130-135	130-135	0	0	0	36	170-175
Robert Chadwick, Executive Director of Finance	175-180	85-90	0	0	0	0	85-90
Christopher Lewis, Interim Executive Director of Finance	140-145	70-75	0	0	0	0	70-75
Catherine Phillips, Executive Director of Finance	170-175	10-15	0	0	0	5	15-20
Martin Driscoll, Executive Director of Workforce & Organisational Development	150-155	140-145	0	0	0	32	170-175
Rachel Gidman, Interim Executive Director of Workforce & Organisational Development	130-135	10-15	0	0	0	1	10-15
Dr Fiona Jenkins, Executive Director of Therapies & Health Science	90-95	90-95	0	0	0	89	180-185
Dr Stuart Walker, Executive Medical Director	225-230	225-230	0	0	0	85	310-315
Fiona Kinghorn, Executive Director of Public Health	120-125	120-125	0	0	0	33	155-160
Other Directors							
Nicola Foreman, Director of Corporate Governance	105-110	105-110	0	0	0	28	135-140
Jonathon Gray, Director of Transformation & Informatics	155-160	35-40	0	0	0	4	40-45
Allan Wardhaugh, Chief Clinical Information Officer	135-140	95-100	0	0	0	7	105-110
Independent Members (IM)							
Charles Janczewski, Chair	65-70	65-70	0	0	0	0	65-70
Michael Imperato, IM - Interim Vice Chair	55-60	55-60	0	0	0	0	55-60
John Union - Finance	15-20	15-20	0	0	0	0	15-20
Eileen Brandreth, IM - Information Communication & Technology	15-20	15-20	0	0	0	0	15-20
Professor Gary Baxter, IM - University	0	0	0	0	0	0	0
Sara Moseley, IM - Third (Voluntary) Sector	15-20	15-20	0	0	0	0	15-20
Councillor Susan Elsmore, IM - Local Authority	15-20	15-20	0	0	0	0	15-20
Akmal Hanuk, IM - Local Community	15-20	15-20	0	0	0	0	15-20
Rhian Thomas, IM - Capital & Estates	15-20	15-20	0	0	0	0	15-20
Dawn Ward, IM - Trade Union	40-45	0	35-40	0	0	0	35-40
Mike Jones, IM - Trade Union	40-45	0	0-5	0	0	0	0-5
Associate Members							
Richard Thomas, Chair, Stakeholder Reference Group	0	0	0	0	0	0	0
Geoffrey Simpson, Interim Chair, Stakeholder Reference Group	0	0	0	0	0	0	0
Sam Austin, Chair, Stakeholder Reference Group	0	0	0	0	0	0	0
Susan Bailey, Chair, Health Professionals' Forum	85-90	0	75-80	0	0	0	75-80
Lance Carver, Associate Member - Local Authority	0	0	0	0	0	0	0

The pension benefit is not an amount which has been paid to an individual by the UHB during the year, it is a calculation which uses information from the pension benefit table. These figures can be influenced by many factors e.g. changes in a persons salary, whether or not they choose to make additional contributions to the pension scheme from their pay and other valuation factors affecting the pension scheme as a whole.

The NHS and social care financial recognition scheme bonus of £735 payment to reward eligible staff has not been included in the NHS Remuneration report calculations. This bonus payment is not a contractual payment, but a one off payment to reward eligible staff for their commitment and tireless efforts in the most challenging circumstances.

During 2021-22 a new reporting requirement has been introduced that the UHB should declare the Full Year equivalent salary for any individual who is only a board member for part of the financial year. An additional column has therefore been included above and in the 2021-22 table. Please note the Total Remuneration figures are based on the amounts actually paid in the year not the Full Year salary.

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CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD REMUNERATION REPORT 2021-22

Salary and Pension entitlements of Senior Managers

Mike Jones is not remunerated as a Member of the Board, however he is an employee of the Health Board and his salary costs are shown in the Other Remuneration column.

Suzanne Rankin, Catherine Phillips, Rachel Gidman and David Thomas were members of the NHS Wales Lease Car Salary benefit scheme during the financial year, which is open to all UHB employees. An element of an employee's salary is 'swapped' for the use of a new car. In the Remuneration table for 2021-22 the total amount of £10,627 swapped for the use of the car has been included in the Salary column as follows:
S Rankin £608
C Phillips £3,419
R Gidman £3,928
D Thomas £2,672

The Director of Finance has been paid £8,000 Relocation expenses and this amount has been included in the Other Remuneration column for the 2021-22 Remuneration table.

Changes to Board Membership in 2021-22

(1) **Suzanne Rankin** started as Chief Executive 1st of February 2022. **Len Richards** ended 30th September 2021. **Stuart Walker** was Interim Chief Executive from 1st October 2021 to 31st January 2022 and then left the health board on the 18th February 2022, his salary has been split to reflect both board roles held during the year.
Stuart Walker was Deputy Chief Executive until 30th September 2021. **Steve Curry** was Deputy Chief Executive from 1st October 2021 to 31st December 2021. **Abigail Harris** was Deputy Chief Executive from 1st to 31st January 2022. **Stuart Walker** was Deputy Chief Executive from 1st February 2022 to 18th February 2022.

(2) **Steve Curry** ended as Chief Operating Officer 31st December 2021. **Caroline Bird** started as Interim Chief Operating Officer 1st January 2022.

(3) **Rachel Gidman** started as Interim Director of People and Culture 1st March 2021 and was appointed permanently to the role with effect from 3rd May 2021.

(4) **Fiona Jenkins** has been working as Interim Executive Director of Therapies & Health Science for Cwm Taf Morgannwg Health Board since 2nd November 2020, this arrangement ended 31st March 2022. Her time was split 50:50 between both Health Boards. **Fiona Jenkins** retired on the 31st of March and returned to employment on the 2nd of April under the provisions of the NHS Pension scheme.

(5) **Stuart Walker** ended as Medical Director 30th September 2021. **Meriel Jenney** started as Interim Medical Director 1st October 2021.

(6) **Allan Wardhaugh** left the board on the 31st May 2021, but he is still employed by the LHB. **David Thomas** started as a board member on 1st June 2021.

(7) **Ceri Phillips** started 1st April 2021.

(8) **David Edwards** started 1st April 2021.

Remuneration Relationship

The details of the Remuneration Relationship are reported at section 9.6 of the Financial Statements.

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A new requirement for the staff and remuneration report for 2021-22 is for the LHB to put in disclosures in terms of the 25th and 75th percentile ratio and also the percentage change in the remuneration of the highest paid director and the employees of the entity taken as a whole. These new disclosures have been included within section 9.6 of the Financial Statements.

CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD REMUNERATION REPORT 2021-22

Pension Benefits

Name and title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in pension lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 31/03/22 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31/03/2022 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2022 £000	Cash Equivalent Transfer Value at 31 March 2021 £000	Real increase (decrease) in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension To nearest £100
Leonard Richards, Chief Executive Ended 30/09/21.	2.5-5	(7.5)-(5)	55-60	135-140	1,285	1,209	53	0
Steve Curry - Chief Operating Officer	2.5-5	5-7.5	65-70	160-165	1,482	1,364	94	0
Caroline Bird - Interim Chief Operating Officer	0-2.5	2.5-5	40-45	80-85	736	619	24	0
Abigail Harris - Executive Director of Planning	2.5-5	2.5-5	50-55	95-100	913	833	56	0
Rachel Gidman - Executive Director of People & Culture	15-17.5	42.5-45	40-45	95-100	786	449	315	0
Catherine Phillips - Executive Director of Finance	10-12.5	10-12.5	70-75	160-165	1,401	1,247	120	0
Dr Fiona Jenkins, Executive Director of Therapies & Health Science (Note 2)	10-12.5	30-32.5	70-75	210-215	0	0	0	0
Fiona Kinghorn - Executive Director of Public Health	2.5-5	2.5-5	45-50	100-105	1,009	928	58	0
Stuart Walker - Interim CEO 1/10/21 to 31/01/22. Executive Medicine Director to 30/09/21.	5-7.5	2.5-5	80-85	185-190	1,639	1,505	95	0
Nicola Foreman - Director of Governance	2.5-5	0	25-30	0	314	277	6	0
David Thomas, Director of Digital and Health Intelligence	0-2.5	0	0-5	0	62	30	11	0
Allan Wardhaugh - Chief Clinical Information Officer	0-2.5	0-2.5	50-55	95-100	1,008	936	8	0

Note 1 - Suzanne Rankin is not a member of the NHS Pension scheme and therefore no pension figures are reported.

Note 2 - Fiona Jenkins is over the Normal Retirement Age for the NHS Pension scheme and therefore no CETV is reported in 2020/21 or 2021/22. Whilst her time has been split 50/50 between Cardiff and Vale Health Board and Cwm Taf Health Board since 02/11/20, please note that the above table reflects her full pension benefits and has not been pro-rata.

Note 3 - Ruth Walker, Executive Nurse Director retired & returned during 2019/20 and therefore no pension figures are reported.

Note 4 - Meriel Jenney has retired and returned and therefore no pension figures are reported.

As Non-Officer members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Officer members.

Cash Equivalent Transfer Values

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

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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.

20.6 Consultancy Expenditure

As disclosed in note 3.3 of its annual accounts, the Health Board spent £7.479m on consultancy services during 2021-22 compared to £5.562m in 2020-21. The majority of this expenditure going towards projects aimed at delivering better clinical outcomes and efficiencies.

20.7 Tax Assurance for Off-payroll Appointees

Tax assurance for off-payroll appointees

For all off-payroll engagements as of 31 March 2022, for more than £245 per day

No. of existing engagements as of 31 March 2022	18
Of which:	
No. that have existed for less than one year at time of reporting	18
No. that have existed for between one and two years at the time of reporting	0
No. that have existed for between two and three years at the time of reporting	0
No. that have existed for between three and four years at the time of reporting	0
No. that have existed for four or more years at the time of reporting	0

While the UHB is not responsible for deducting tax and national insurance in respect of Agency staff, we have written to the agencies concerned stating that we believe that our relationship with the staff is one of employment and so they should be paying these employees under deduction of tax and national insurance.

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Number of new engagements between 1 April 2021 and 31 March 2022.

No. of new engagements, between 1st April and 31st March 2022	56
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	56
No.engaged directly (via PSC contracted to department) and are on the departmental payroll	0
No.of engagements reassessed for consistency / assurance purposes during the year	0
No. of engagements that saw a change to IR35 status following the consistency review	0

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

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
No. of individuals that have been deemed "board members, and/or senior officials with significant financial responsibility", during the financial year.	0

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Please note that the UHB considers that its Board members are the only officials who have significant responsibility within the Health Board.

Part 2c

Parliamentary Accountability & Audit Report

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21. Part 2c Parliamentary Accountability and Audit Report

21.1 Regularity of Expenditure

The Health Board has a financial duty to break even over a three year period. This has been achieved for the period 2019-20 to 2021-22 with a £380k underspend achieved of the three year resource limit. This is therefore deemed to be regular.

Between March 2020 and March 2022 the Integrated Medium-Term Plan (IMTP) process was paused due to the COVID-19 pandemic. The requirement for an approvable IMTP was replaced by the need for quarterly plans for 2020-2021 and an annual plan for 2021- 2022.

The LHB will be returning to a three year planning cycle in accordance with Welsh Government directives from 2022-2025.

The Health Board incurred irregular 2021-22 expenditure of £2.193 million, which the Audit General for Wales qualified in respect of his regularity opinion, as set out at page 155.

21.1.1 Long Term Expenditure Plans 2017 – 2022

Performance Against the Revenue Resource Limit

	2017/18 £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000	2021/22 £'000
Net operating costs for the year	919,484	964,633	1,043,916	1,220,369	1,227,786
Less general ophthalmic services expenditure and other non-cash limited expenditure	(19,396)	(18,186)	(17,276)	(13,386)	(14,237)
Less revenue consequences of bringing PFI schemes onto SoFP	(1,028)	(1,028)	(1,028)	(1,028)	(222)
Total operating expenses	899,060	945,419	1,025,612	1,205,955	1,213,327
Revenue Resource Allocation	872,207	935,547	1,025,670	1,206,045	1,213,559
Under /(over) spend against Allocation	(26,853)	(9,872)	58	90	232

The LHB has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2019-20 to 2021-22.

The Health Board did not receive any repayable cash support in 2021-22.

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Performance Against the Capital Resource Limit

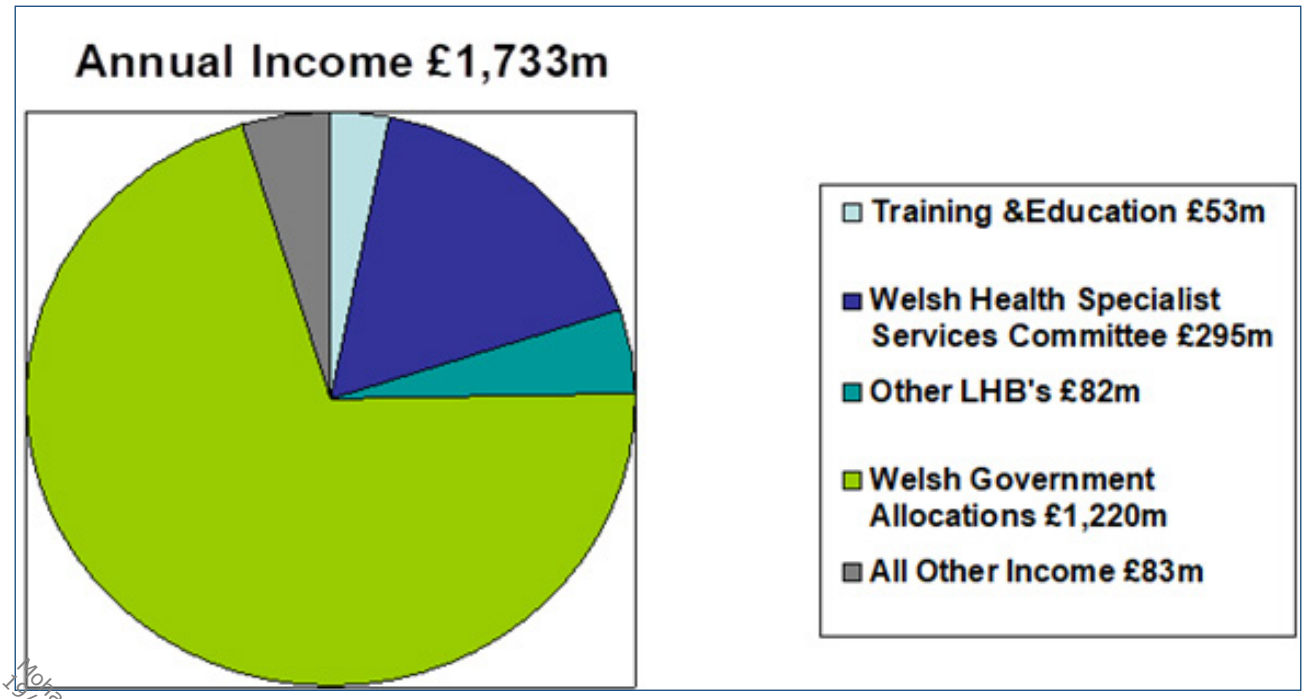
	2017/18 £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000	2021/22 £'000
Gross capital expenditure	55,936	49,349	61,333	103,182	72,477
Add: Losses on disposal of donated assets	0	4	13	14	287
Less NBV of property, plant and equipment and intangible assets disposed	(2,297)	(310)	(2,167)	(7,020)	(316)
Less capital grants received	0	0	0	(536)	(126)
Less donations received	(6,606)	(630)	(1,109)	(297)	(1,374)
Charge against Capital Resource Allocation	47,033	48,413	58,070	95,343	70,948
Capital Resource Allocation	47,121	48,487	58,159	95,447	70,989
(Over) / Underspend against Capital Resource Allocation	88	74	89	104	41

The Health Board has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2018-19 to 2020-21.

How the UHB Has received its Revenue Funding

INCOME GRAPHS: 2016/17 to 2020/21

2021/22



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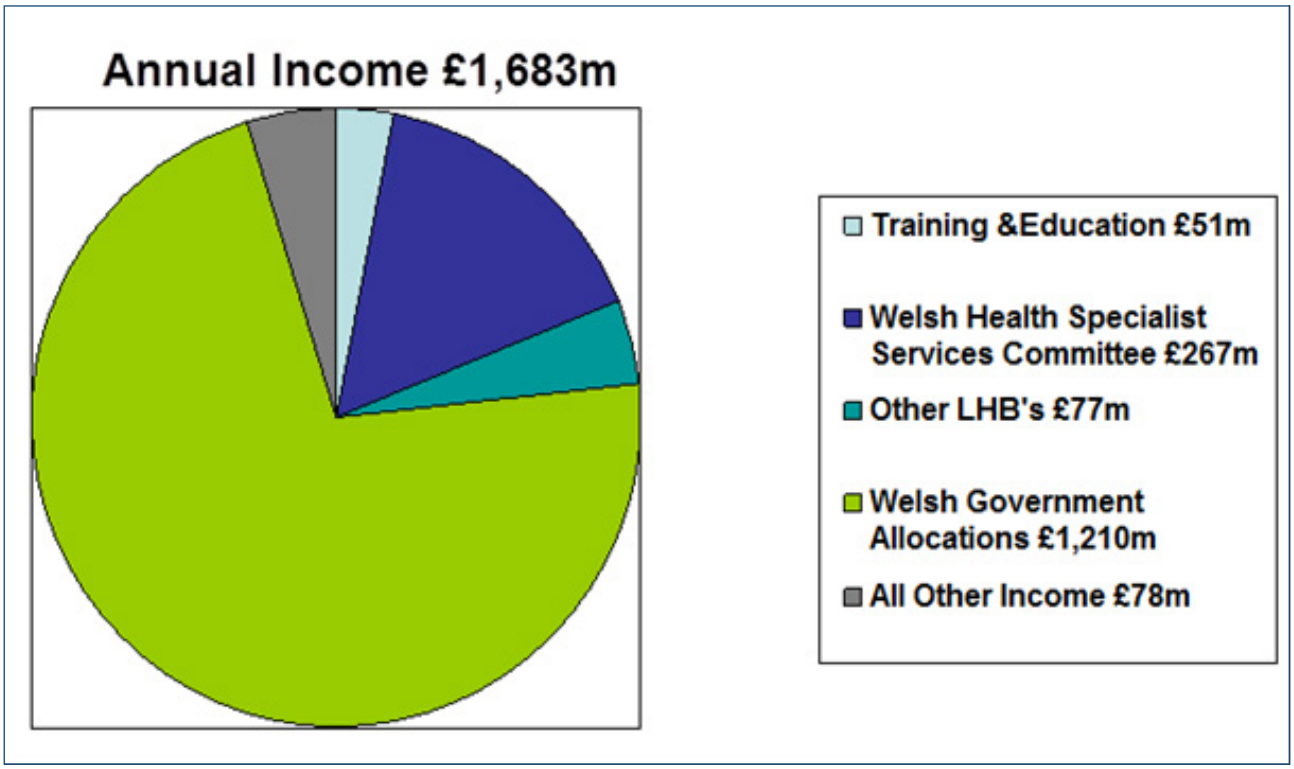
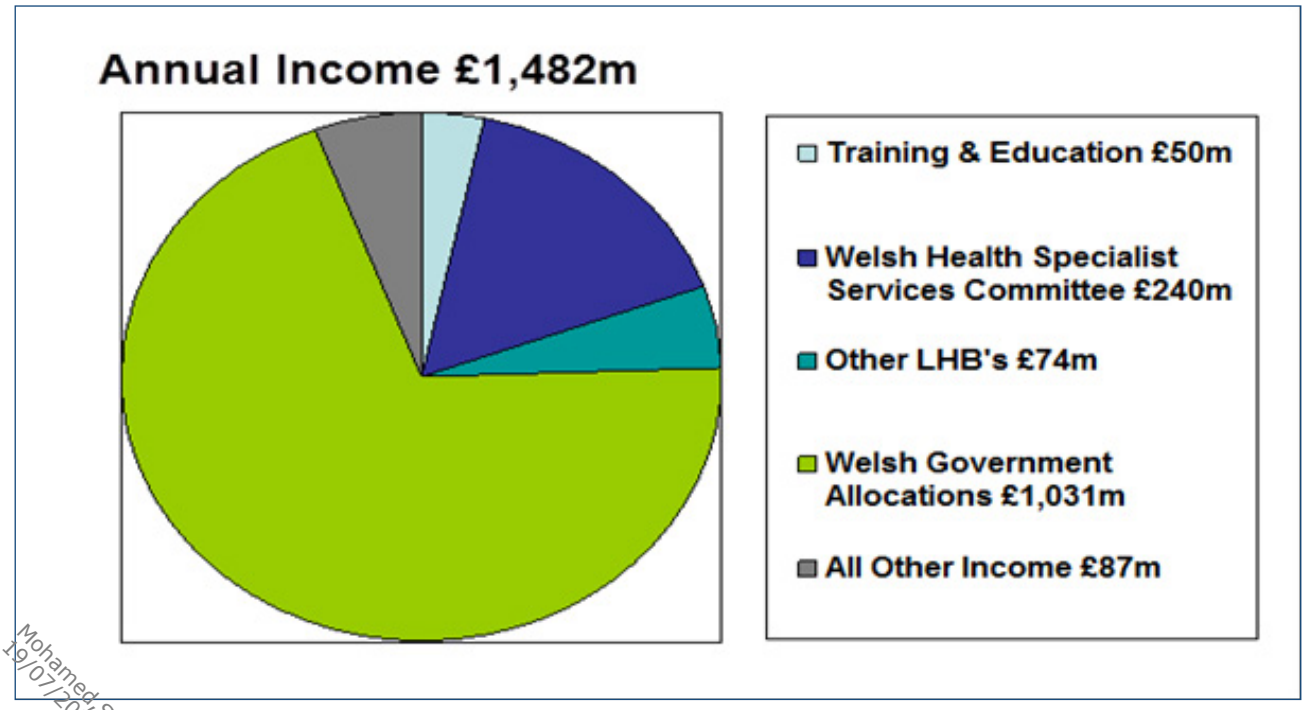
2020/21



2019/20



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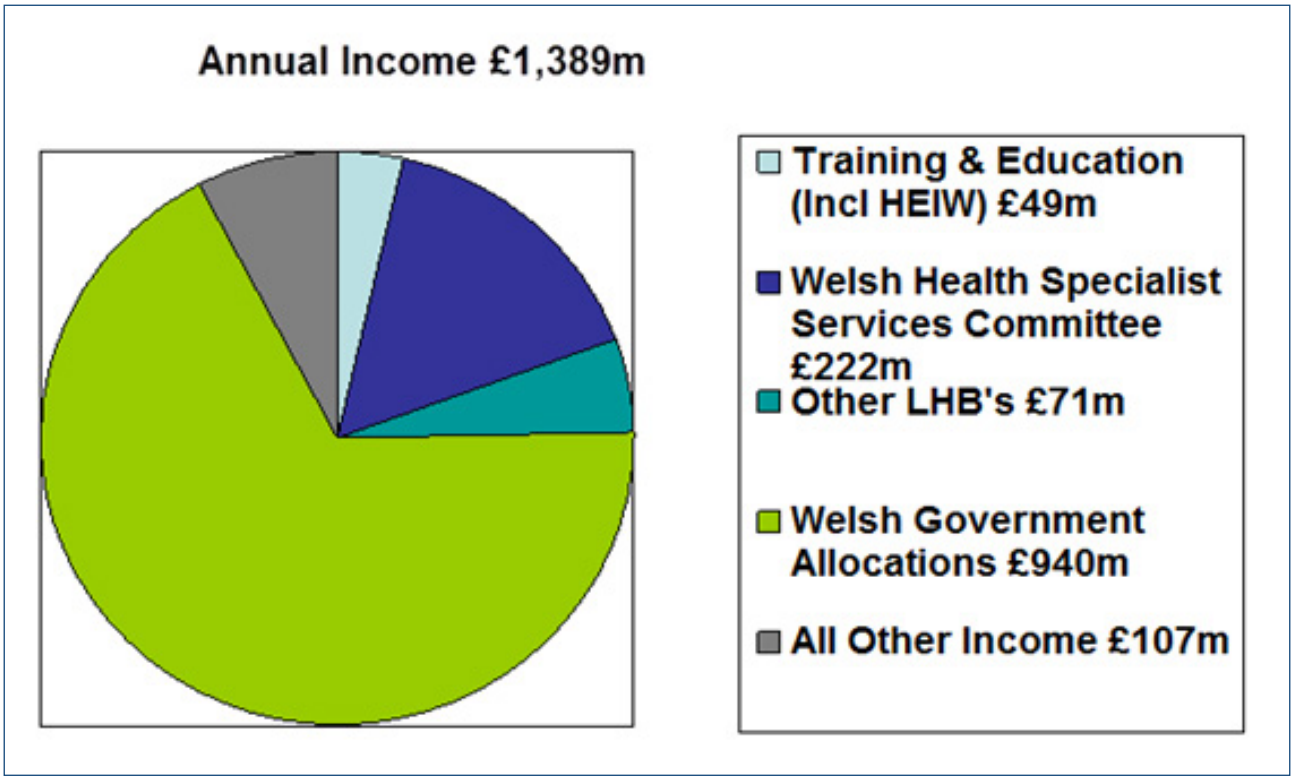
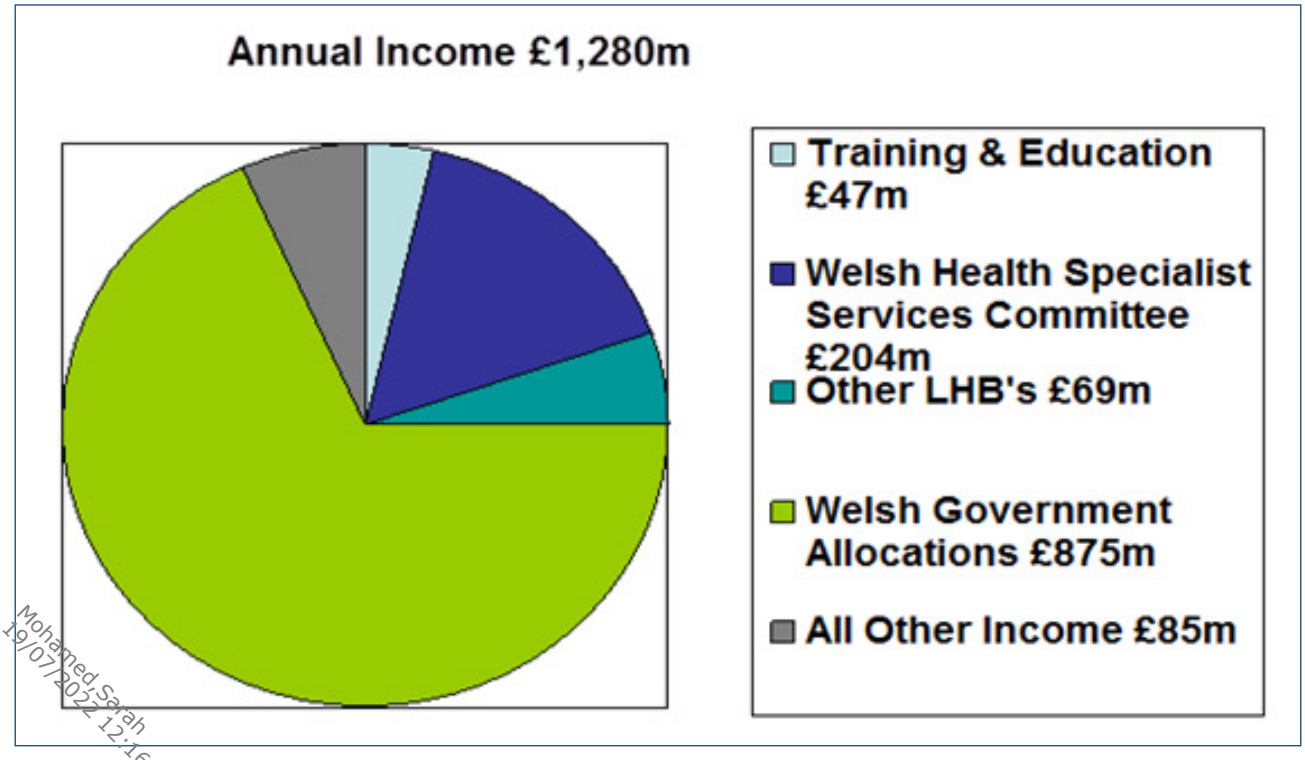
2018/19



2017/18



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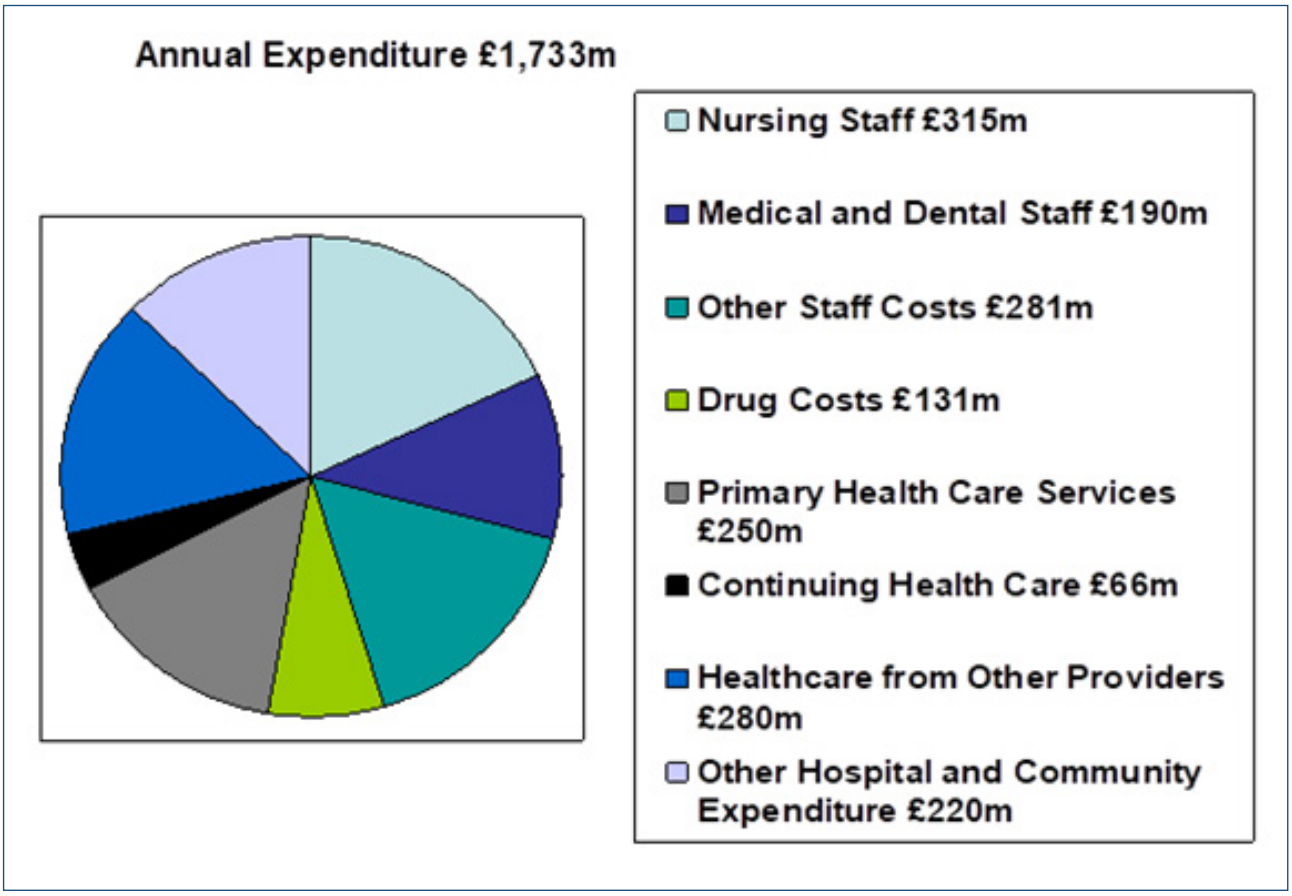
As disclosed in the performance against break even duty table above, the Health Board is permitted to remove certain elements of expenditure (which it incurs but over which it doesn't have managerial control) when comparing its expenditure to its annual revenue resource limit. For the purposes of a meaningful comparison of income & cost, this has been treated as notional income in the above. Hence the expenditure figures shown below are shown gross (with no expenditure removed).

How the UHB has utilised its Revenue Funding

2021/22



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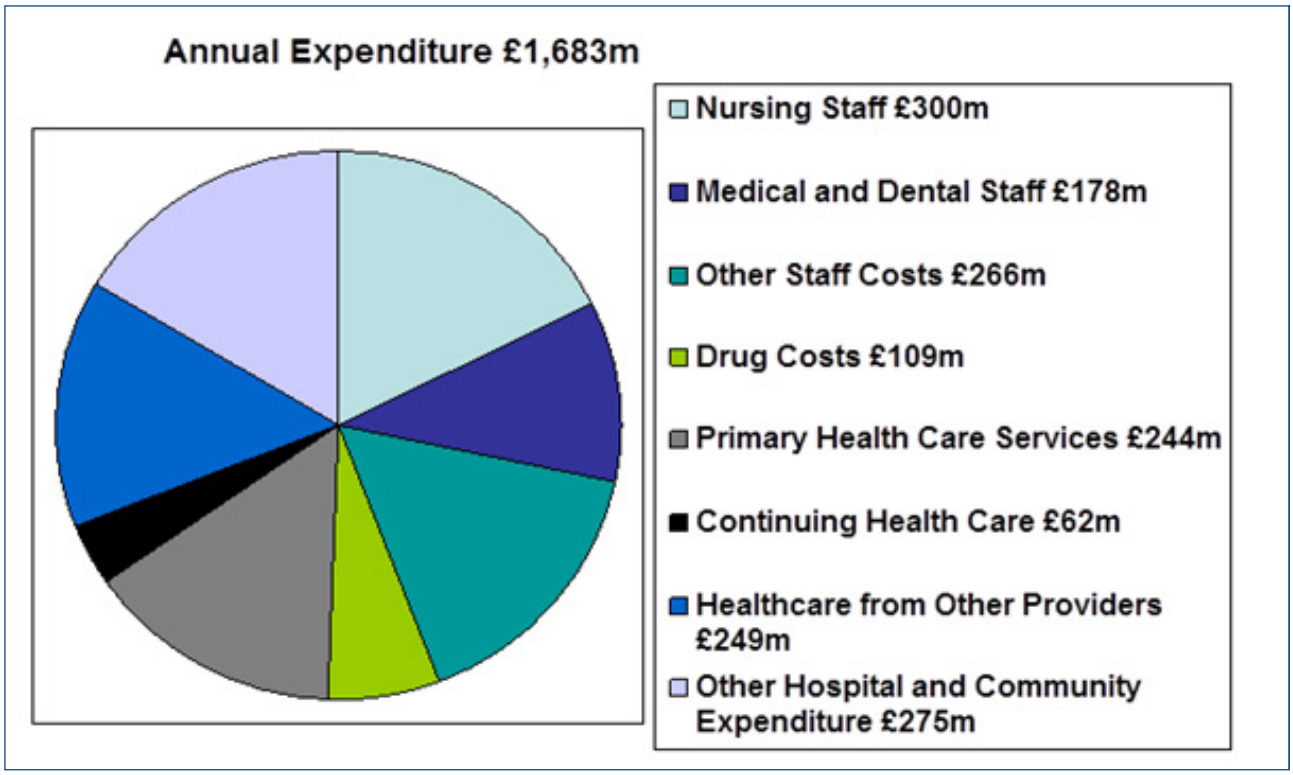
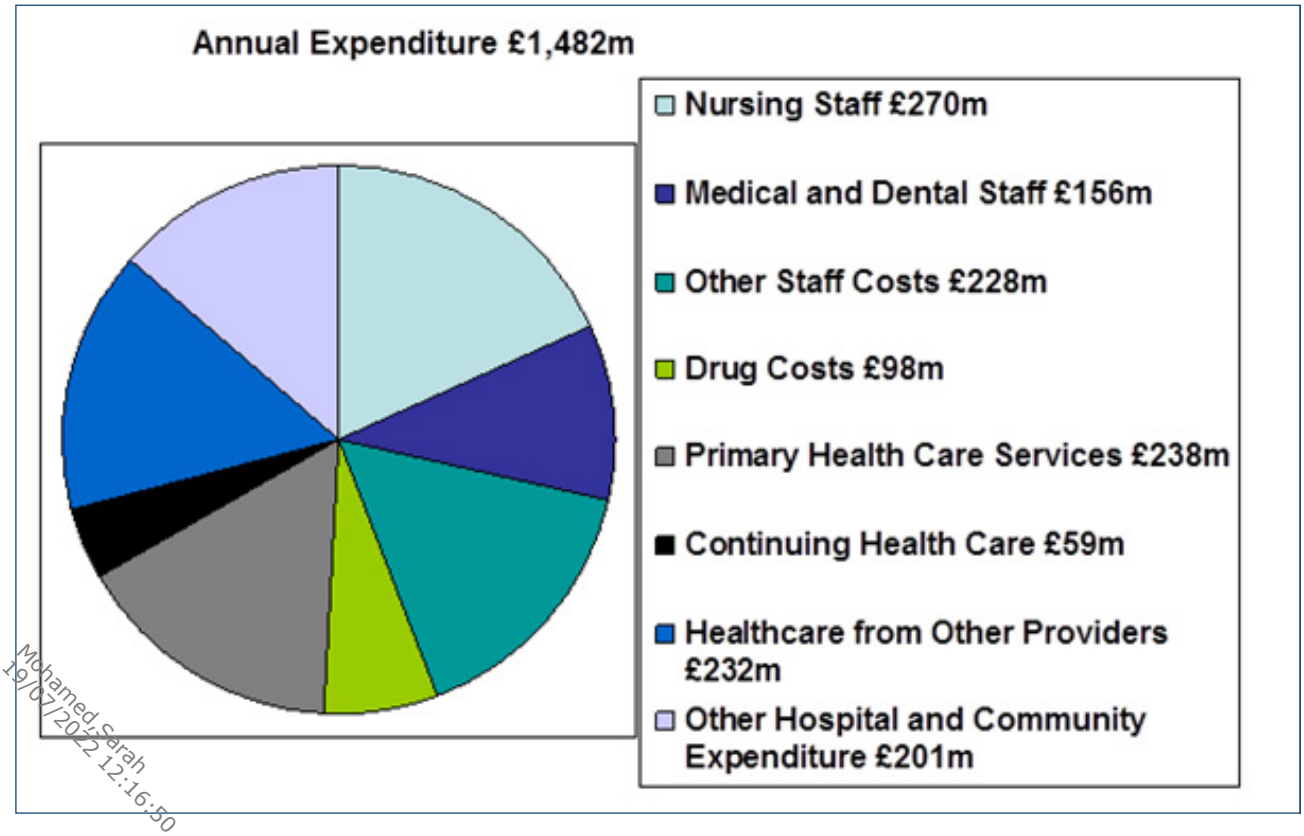
2020/21



2019/20



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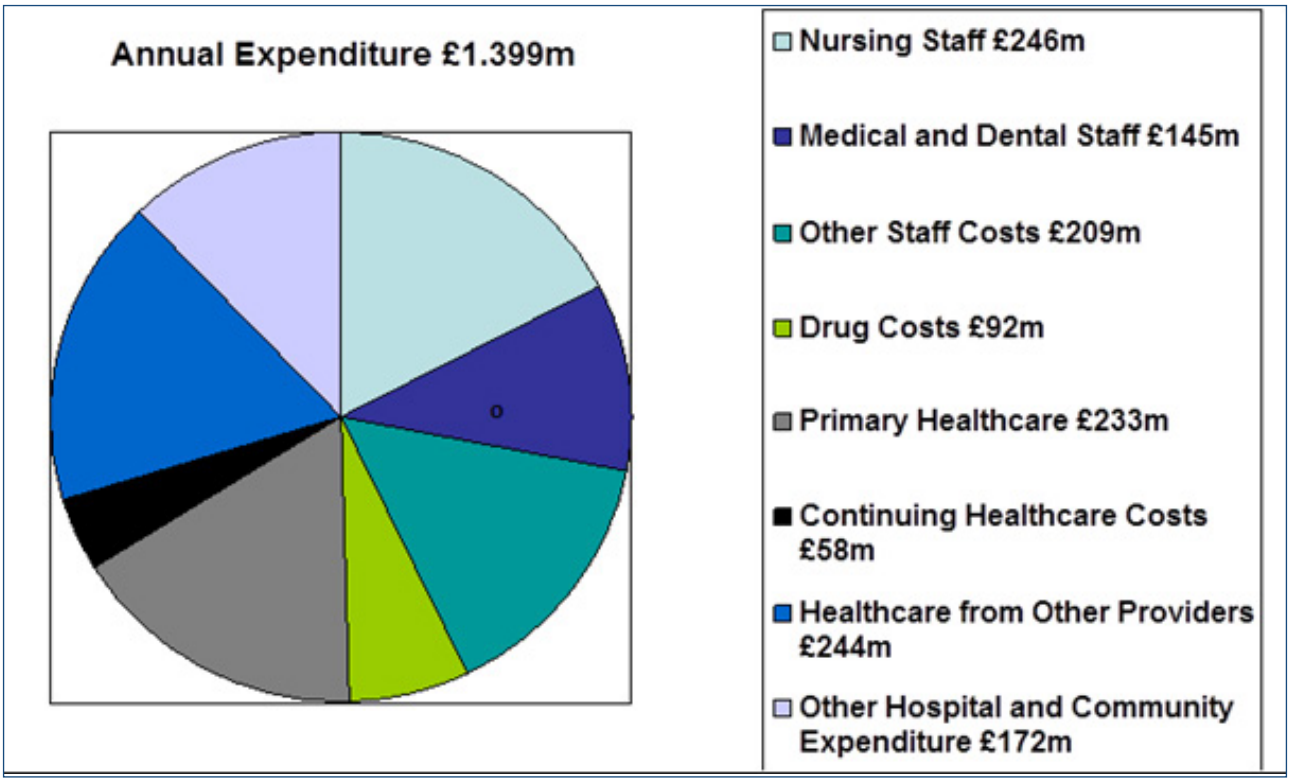
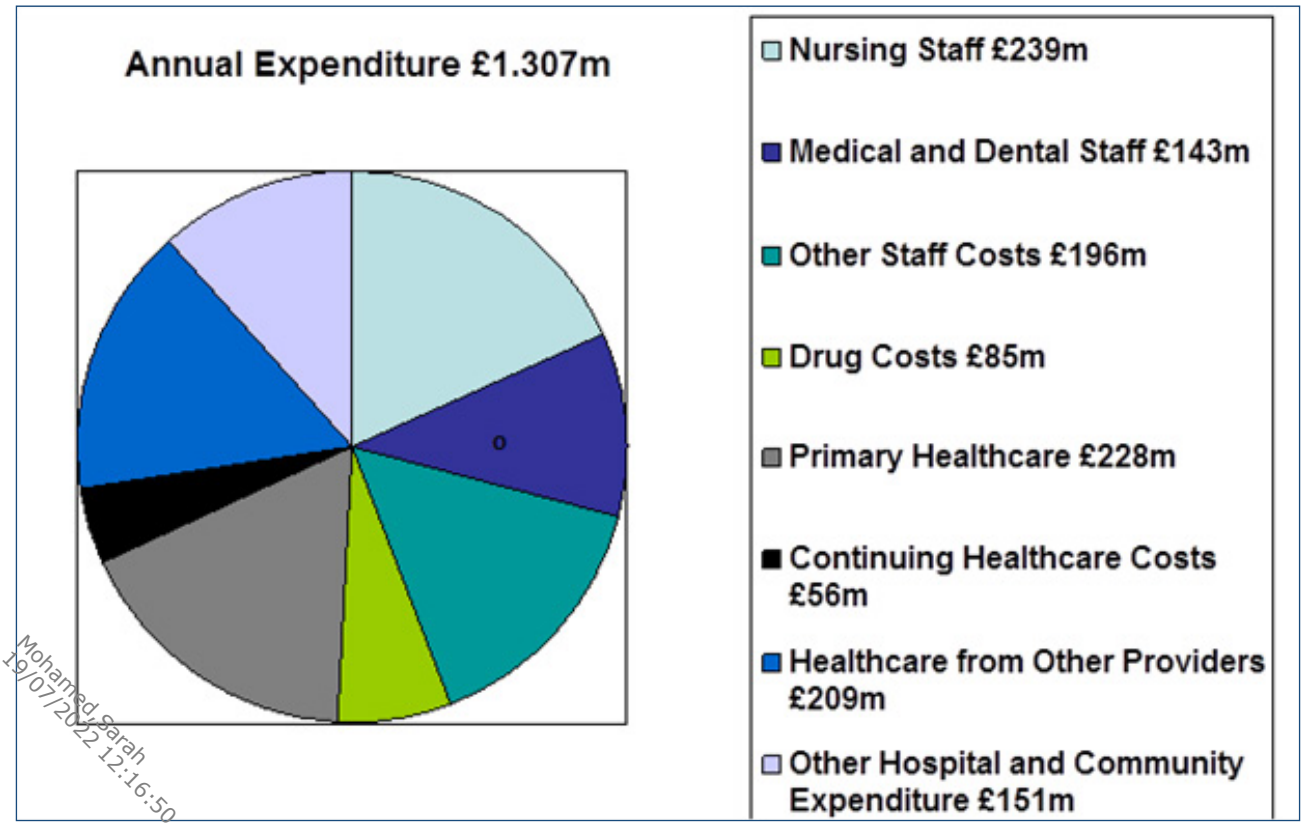
2018/19



2017/18



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21.2 Fees and charges

The Health Board levies charges or fees on its patients in a number of areas. Where the Health Board makes such charges or fees, it does so in accordance with relevant Welsh Health Circulars and charging guidance.

Charges are generally made on a full cost basis. None of the items for which charges are made are by themselves material to the UHB, however details of some of the larger items (Dental Fees, Private and Overseas Patient income) are disclosed within Note 4 of the Annual Accounts.

21.3 Managing public money

This is the required Statement for Public Sector Information Holders as referenced at Section 10.1.7 (page 67) of the Directors' Report. In line with other Welsh NHS bodies, the UHB has developed Standing Financial Instructions which enforce the principles outlined in HM Treasury on Managing Public Money. As a result the UHB should have complied with the cost allocation and charging requirements of this guidance and the UHB has not been made aware of any instances where this has not been done.

21.4 Material remote contingent liabilities

As disclosed in note 21.2 of its annual accounts, the Health Board had net remote contingent liabilities as at March 31st 2022 of £0.155m. This relates to Clinical Negligence & Personal Injury claims against the Health Board, where our legal advisors inform us that the claimants' chance of success is remote.

21.5 The Certificate and independent auditor's report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Cardiff and Vale University Health Board for the year ended 31 March 2022 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 significant 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.

Mohamed,Sarah
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In my opinion the financial statements:

- give a true and fair view of the state of affairs of Cardiff and Vale University Health Board as at 31 March 2022 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 opinion on regularity 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 the Cardiff and Vale University Health Board's financial statements because those statements include a provision of £2.193 million relating to the estimated liability arising from the Ministerial Direction dated 18 December 2019 on senior clinicians' pensions. In my view, this expenditure is irregular and material by its nature.

Further detail is set out in my Report on page 159-160.

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Basis of 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 report. I am 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 report.

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.

Report on other requirements

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:

Mohamed,Sarah
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- the information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Governance Statement has been prepared in accordance with Welsh Ministers' guidance; and
- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Performance Report and Accountability Report has been prepared 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 Performance Report and Accountability Report.

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

- 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 Remuneration 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; or

- I have not received all the information and explanations I require for my audit.

Responsibilities

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 the preparation of financial statements which give a true and fair view and for such internal control 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.

In preparing the financial statements, the Directors and Chief Executive are responsible for 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 deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

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 an auditor's report 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.

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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 head of internal audit, and those charged with governance, including obtaining and reviewing supporting documentation relating to Cardiff and Vale University Health Board's 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: revenue recognition, posting of unusual journals; and

- Obtaining an understanding Cardiff and Vale University Health Board's framework of authority as well as other legal and regulatory frameworks that the Cardiff and Vale University 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 Cardiff and Vale University Health Board.

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, the Audit and Assurance Committee 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 and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

Mohamed Sarah
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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 Cardiff and Vale University 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.

Responsibilities for regularity

The Chief Executive is responsible for ensuring the regularity of financial transactions.

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

Report

Please see my Report on pages 159-160, in respect of my qualified opinion on regularity and the Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government.

Adrian Crompton
24 Cathedral Road, Cardiff, CF11 9LJ
Auditor General for Wales

17 June 2022

21.6 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 Cardiff and Vale University Health Board's (the LHB's) financial statements. I am reporting on these financial statements for the year ended 31 March 2022 to draw attention to one key matter for my audit. The matter is the qualification of my 'regularity' opinion relating to expenditure recognised as a result of the ministerial direction on senior clinicians' pensions. I have not qualified my 'true and fair' opinion in respect of this matter.

Ministerial direction on senior clinicians' pensions

NHS Pension scheme and pension tax legislation is not devolved to Wales. HM Treasury's changes to the tax arrangements on pension contributions in recent years included the reduction in the Annual Allowance limit from over £200,000 in 2011-12 to £40,000 in 2018-19. As a result, in cases where an individual's pension contributions exceed certain annual and / or lifetime pension contribution allowance limits, then they are taxed at a higher rate on all their contributions, creating a sharp increase in tax liability.

In a Written Statement on 13 November 2019, the Minister for Health and Social Services had noted that NHS Wales bodies were: 'regularly reporting that senior clinical staff are unwilling to take on additional work and sessions due to the potentially punitive tax liability'. In certain circumstances this could lead to additional tax charges in excess of any additional income earned.

On 18 December 2019, the First Minister (mirroring earlier action by the Secretary of State for Health and Social Care for England) issued a Ministerial Direction to the Permanent Secretary to proceed with plans to commit to making payments to clinical staff to restore the value of their pension benefits packages. If NHS clinicians opted to use the 'Scheme Pays' facility to settle annual allowance tax charges arising from their 2019-20 NHS pension savings (i.e. settling the charge by way of reduced annual pension, rather than by making an immediate one-off payment), then their NHS employers would meet the impact of those tax charges on their pension when they retire.

The Ministerial Direction was required because this solution could be viewed by HMRC to constitute tax planning and potentially tax avoidance, hence making the expenditure irregular. Managing Welsh Public Money (which mirrors its English equivalent) specifically states that 'public sector organisations should not engage in... tax evasion, tax avoidance or tax planning'.

A Ministerial Direction does not make regular what would otherwise be irregular, but it does move the accountability for such decisions from the Accounting Officer to the Minister issuing the direction.

The solution applies only to annual allowance tax charges arising from an increase in the benefits accrued in the NHS Pension Scheme during the tax year ended 5 April 2020. For the tax year ended 5 April 2021, the Chancellor increased the thresholds for the tapered annual allowance

Approved Sarah 19/07/2022 12:16:50

and, as a result, it is anticipated that the risk to the supply of clinical staff has been mitigated.

The LHB has received sufficient information during the year to calculate and recognise an estimate of the potential costs of compensating senior clinical staff for pension benefits that they would otherwise have lost, by using the 'Scheme Pays' arrangement. As a result, expenditure has been recognised as a provision as shown in note 20 of the financial statements.

All NHS bodies will be held harmless for the impact of the Ministerial Direction, however in my opinion, the transactions included in the LHB's financial statements to recognise this liability are irregular and material by their nature. This is because the payments are contrary to paragraph 5.6.1 of Managing Public Money and constitute a form of tax planning which will leave the Exchequer as a whole worse off. The Minister's direction alone does not regularise the scheme. Furthermore, the arrangements are novel and contentious and potentially precedent setting. As a result, I have qualified my 'regularity' opinion for 2021-22.

Adrian Crompton
Auditor General for Wales

17 June 2022

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Part 3

Audited Financial Statements (Annual Accounts)

Mohamed Sarah
19/07/2022 12:16:50

22. Financial Statements

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 1 October 2009, following the merger of Cardiff & Vale NHS Trust, Cardiff Local Health Board and The Vale of Glamorgan Local Heath Board. The main purpose of the body being, the provision of healthcare to and the procurement of healthcare for the populations of Cardiff and the Vale of Glamorgan. In addition, as a Tertiary Centre the UHB serves the wider population across Wales (and the UK) via the provision of specialist and complex services.

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 2019-20. 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.

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Statement of Comprehensive Net Expenditure for the year ended 31 March 2022

	Notes	2021-22 £000	2020-21 £000
Expenditure on Primary Healthcare Services	3.1	250,402	244,160
Expenditure on healthcare from other providers	3.2	346,167	311,607
Expenditure on Hospital and Community Health Services	3.3	1,135,828	1,125,784
		1,732,397	**1,681,551**
Less: Miscellaneous Income	4	(505,702)	(462,450)
LHB net operating costs before interest and other gains and losses		1,226,695	1,219,101
Investment Revenue	5	0	0
Other (Gains) / Losses	6	307	68
Finance costs	7	1,133	1200
Net operating costs for the financial year		**1,228,135**	**1,220,369**

See note 2 on page 188 for details of performance against Revenue and Capital allocations. The notes on pages 167 to 247 form part of these accounts..

Other Comprehensive Net Expenditure

	2021-22 £000	2020-21 £000
Net (gain) / loss on revaluation of property, plant and equipment	(6,963)	(693)
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	0	0
Impairment and reversals	0	0
Transfers between reserves	0	0
Transfers to / (from) other bodies within the Resource Accounting Boundary	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0
Other comprehensive net expenditure for the year	(6,963)	(693)
Total comprehensive net expenditure for the year	**1,221,172**	**1,219,676**

The notes on pages 167 to 247 form part of these accounts.

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Statement of Financial Position as at 31 March 2022

	Notes	31 March 2022 £000	31 March 2021 £000
Non-current assets			
Property, plant and equipment	11	789,607	742,355
Intangible assets	12	2,611	2,238
Trade and other receivables	15	33,427	6,649
Other financial assets	16	0	0
Total non-current assets		825,645	751,242
Current assets			
Inventories	14	20,391	16,684
Trade and other receivables	15	228,915	190,014
Other financial assets	16	0	0
Cash and cash equivalents	17	4,607	3,637
		253,913	**210,335**
Non-current assets classified as "Held for Sale"	11	0	0
Total current assets		253,913	210,335
Total assets		1,079,558	961,577
Current liabilities			
Trade and other payables	18	(245,910)	(219,106)
Other financial liabilities	19	0	0
Provisions	20	(165,709)	(133,674)
Total current liabilities		(411,619)	(352,780)
Net current assets/ (liabilities)		(157,706)	(142,445)
Non-current liabilities			
Trade and other payables	18	(7,683)	(8,126)
Other financial liabilities	19	0	0
Provisions	20	(39,304)	(10,514)
Total non-current liabilities		(46,987)	(18,640)
Total assets employed		620,952	590,157
Financed by:			
Taxpayers' equity			
General Fund		503,471	479,113
Revaluation reserve		117,481	111,044
Total taxpayers' equity		**620,952**	**590,157**

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The financial statements on pages 2 to 7 were approved by the Board on 14/06/2022 and signed on its behalf by:

Chief Executive and Accountable Officer: .....
Suzanne Rankin

Date: 14/06/2022

The notes on pages 167 to 247 form part of these accounts.

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2022

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2021-22			
Balance as at 31 March 2021	479,113	111,044	590,157
Adjustment	7	0	7
Balance at 1 April 2021	479,120	111,044	590,164
Net operating cost for the year	(1,228,135)		(1,228,135)
Net gain/(loss) on revaluation of property, plant and equipment	0	6,963	6,963
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
Transfers between reserves	526	(526)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	0	0	0
Total recognised income and expense for 2021-22	(1,227,609)	6,437	(1,221,172)
Net Welsh Government funding	1,220,358		1,220,358
Notional Welsh Government Funding	31,602		31,602
Balance at 31 March 2022	**503,471**	**117,481**	**620,952**

The opening balance adjustment relates to roundings identified with in the 20/21 accounts, due to materiality they were not adjusted for in 2020/21.

The notes on pages 167 to 247 form part of these accounts.

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Statement of Cash Flows for year ended 31 March 2022

		2021-22	2020-21
		£000	£000
Cash Flows from operating activities	**Notes**		
Net operating cost for the financial year		(1,228,135)	(1,220,369)
Movements in Working Capital	27	(46,881)	21,229
Other cash flow adjustments	28	139,453	93,096
Provisions utilised	20	(16,737)	(17,854)
Net cash outflow from operating activities		(1,152,300)	(1,123,898)
Cash Flows from investing activities			
Purchase of property, plant and equipment		(65,927)	(96,388)
Proceeds from disposal of property, plant and equipment		8	6,927
Purchase of intangible assets		(820)	(897)
Proceeds from disposal of intangible assets		0	24
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		(66,739)	(90,334)
Net cash inflow/(outflow) before financing		(1,219,039)	(1,214,232)
Cash Flows from financing activities			
Welsh Government funding (including capital)		1,220,358	1,217,043
Capital receipts surrendered		0	0
Capital grants received		0	0
Capital element of payments in respect of finance leases and on-SoFP PFI Schemes		(349)	(584)
Cash transferred (to)/ from other NHS bodies		0	0
Net financing		1,220,009	1,216,459
Net increase/(decrease) in cash and cash equivalents		970	2,227
Cash and cash equivalents (and bank overdrafts) at 1 April 2021		**3,637**	**1,410**
Cash and cash equivalents (and bank overdrafts) at 31 March 2022		**4,607**	**3,637**

The notes on pages 167 to 247 form part of these 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 2021-22 Manual for Accounts. The accounting policies contained in that manual follow the 2021-22 Financial Reporting Manual (FReM) in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, except for IFRS 16 Leases, which is deferred until 1 April 2022; 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.

Mohamed Sarah
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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 FREM. 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 recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Mohamed.Sarah
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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 the scheme liabilities is recognised within finance costs.

1.4.3. 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.

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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

Mohamed.Sarah
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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 2017-18 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.

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.

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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.

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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.

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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 there from 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.

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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

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.11.1. The NHS Wales organisation as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged directly to the SoCNE.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.11.2. The NHS Wales organisation as lessor

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

Rental income from operating leases is recognised on a straight-line 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 on a straight-line basis over the lease term.

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.

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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 2021-22 and 2020-21. The WRP is hosted by Velindre NHS 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.

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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.

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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.

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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.

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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).

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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 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 one NHS Wales's organisation. 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.

The LHB has entered into a pooled arrangement with Cardiff and The Vale of Glamorgan Local Authorities, as permissible

under section 33 of the NHS (Wales) Act 2006 for the operation of a Joint Equipment Store (JES). The purpose of the JES is the provision and delivery of common equipment and consumables to patients which are resident in the localities of the partners to the pooled budget. The pooled budget arrangement became operational from 1st January 2012.

During 21-22 the UHB received funding from the Welsh Government's Transformation Fund. The planning and delivery of the programmes associated with this funding has the involvement of social services, housing and the third independent sector.

Also during 21-22 the UHB received funding from Cardiff Council which had been allocated from the Welsh Government Families First monies. The service provided from this funding is operationally managed by the Local Authority with the UHB offering professional support.

As required under Part 9 of the Social Services and Well-being Act 2014, a pooled budget arrangement has been agreed between ourselves and the Cardiff and Vale Local Authorities. This came into effect from April 1st 2018.

Details of the operational and accounting arrangements in place around each of the above can be found in Note 32 of these accounts.

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

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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 WRPS Committee.

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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	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 caused.

1.24.3. Other Critical Estimates & Major Judgements

i) The LHB provides for potential bad debts both as a result of specific disputes and based on historic collectability patterns. As a result of this, the LHB is carrying a bad debt provision of £8.796m re non-NHS organisations and a credit note provision of £0.920m in respect of NHS debts. While this provision is considered prudent and accurate as at the statement of financial position date, due to the ongoing trading relationships it covers, potentially there could be gains and losses re the ultimate recoverability in respect of amounts provided for.

ii) In line with IAS 19 the LHB has reviewed the level of annual leave taken by its staff to March 31st 2022. Based on a sample the LHB has accrued £9.308m re untaken annual leave. This is based on a sample of the leave records of 79% of all LHB staff and represents an increase of £2.341m in year. The LHB has a policy of only allowing annual leave to be carried forward into future years under exceptional circumstances or when this has been necessary to help the LHB achieve service performance targets. The provision reflects the exceptional circumstances faced by NHS staff in 2020/21 and 2021/22 as a result of the pandemic and hence the greater than usual need to carry annual leave forward. The 21/22 increase reflects the additional recurrent day's leave which was awarded to all NHS staff in December 2021.

iii) During 2009/10 the LHB counted inventory (excluding drugs which were already being counted) held on wards for the first time as part of its year end inventory figure. From a practical perspective it would be extremely difficult for the LHB to physically count all such areas immediately prior to March 31st, hence an extrapolation method was agreed. As a result, on a three yearly rolling basis the stock in 20 different wards has now been counted. This represents 487 beds out of a possible 1,995 across the LHB. In this way a figure of £0.783m has been calculated for ward stock and has been included within the inventory balance shown in note 14.1 of the accounts. As the number of wards counted increases a picture has emerged of a strata of wards which have a relatively low level of stockholding and one for those which have higher than average levels. This intelligence is now being built in to the calculation of the balance involved.

iv) As in other years due to the relatively short timescale available to prepare the annual accounts, the primary care expenditure disclosed contains a number of significant estimates where the value of actual liabilities was not available prior to

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the date of the accounts submission. The most material areas being:

- > GMS Enhanced Services £1.909m
- > GMS Schemes & Frameworks £2.452m
- > Prescribing £13.459m
- > Pharmacy £4.446m

v) Due to restrictions created by the Covid 19 it was not possible to count all inventory items held within theatre drug stocks at the end of March 2022. The value of these holdings included within note 14.1 is £49,382.

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.

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1.26.2. PFI liability

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

1.26.3. 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.

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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.

1.26.4. 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.

1.26.5. 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.

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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 16 Leases is to be effective from 1st April 2022.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

1.30. Accounting standards issued that have been adopted early

During 2021-22 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 Cardiff and Vale University LHB NHS Charitable Fund, it is considered for accounting standards compliance to have control of the Cardiff & Vale University LHB NHS Charitable Fund as a subsidiary and therefore is required to consolidate the results of the Cardiff & Vale 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 Cardiff & Vale 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.

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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.

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2.1 Revenue Resource Performance

	Annual financial performance			
	2019-20	2020-21	2021-22	Total
	£000	£000	£000	£000
Net operating costs for the year	1,043,916	1,220,369	1,228,135	3,492,420
Less general ophthalmic services expenditure and other non-cash limited expenditure	(17,276)	(13,386)	(14,237)	(44,899)
Less revenue consequences of bringing PFI schemes onto SoFP	(1,028)	(1,028)	(222)	(2,278)
Total operating expenses	1,025,612	1,205,955	1,213,676	3,445,243
Revenue Resource Allocation	1,025,670	1,206,045	1,213,908	3,445,623
Under /(over) spend against Allocation	58	90	232	380

Cardiff and Vale University LHB has met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2019-20 to 2021-22.

The health board did not receive strategic cash support in 2021-22.

2.2 Capital Resource Performance

	2019-20	2020-21	2021-22	Total
	£000	£000	£000	£000
Gross capital expenditure	61,333	103,182	72,477	236,992
Add: Losses on disposal of donated assets	13	14	287	314
Less NBV of property, plant and equipment and intangible assets disposed	(2,167)	(7,020)	(316)	(9,503)
Less capital grants received	0	(536)	(126)	(662)
Less donations received	(1,109)	(297)	(1,374)	(2,780)
Charge against Capital Resource Allocation	58,070	95,343	70,948	224,361
Capital Resource Allocation	58,159	95,447	70,989	224,595
(Over) / Underspend against Capital Resource Allocation	89	104	41	234

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Cardiff and Vale University LHB has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2019-20 to 2021-22.

2.3 Duty to prepare a 3 year integrated plan

Due to the pandemic, the process for the 2020-23 integrated plan was paused in spring 2020 temporary planning arrangement were implemented.

As a result the extant planning duty for 2021-22 remains the requirement to submit and have approved a 2019-22 integrated plan, as set out in the NHS Wales Planning Framework 2019-22.

Cardiff and Vale University Health Board did submit a 2019-22 integrated plan in accordance with the planning framework.

An annual plan for 2021-22 was submitted by Cardiff and Vale University Health Board in accordance with the NHS Wales Framework.

The annual plans for 2021-22 were not formally approved by the Minister but an assessment process was conducted and feedback provided to the NHS.

The Minister for Health and Social Services extant approval.

Status: Approved

Date: 26/03/2019

The LHB has therefore 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:

	2021-22	2020-21
Total number of non-NHS bills paid	306,094	286,413
Total number of non-NHS bills paid within target	284,850	275,422
Percentage of non-NHS bills paid within target	93.1%	96.2%

The LHB has not met the target.

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3. Analysis of gross operating costs

3.1 Expenditure on Primary Healthcare Services

	Cash	Non-cash	2021-22	2020-21
	£000	£000	£000	£000
General Medical Services	82,119		82,119	80,455
Pharmaceutical Services	22,785	8,599	31,384	29,607
General Dental Services	32,403		32,403	29,142
General Ophthalmic Services	2,728	5,638	8,366	7,251
Other Primary Health Care expenditure	13,872		13,872	16,343
Prescribed drugs and appliances	82,258		82,258	81,362
Total	**236,165**	**14,237**	**250,402**	**244,160**

The total expenditure above includes £16.625m in respect of staff costs (£17.766m 2020-21).

3.2 Expenditure on healthcare from other providers

	2021-22	2020-21
	£000	£000
Goods and services from other NHS Wales Health Boards	23,317	24,001
Goods and services from other NHS Wales Trusts	35,641	33,133
Goods and services from Welsh Special Health Authorities	2,922	0
Goods and services from other non Welsh NHS bodies	820	1,262
Goods and services from WHSSC / EASC	149,494	137,844
Local Authorities	30,177	22,548
Voluntary organisations	16,694	9,406
NHS Funded Nursing Care	9,329	10,954
Continuing Care	65,841	62,120
Private providers	11,932	10,339
Specific projects funded by the Welsh Government	0	0
Other	0	0
Total	**346,167**	**311,607**

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Expenditure with Local Authorities includes Intermediate Care Fund and Transformation funding which is received from Welsh Government for specific projects. During 2020/21 expenditure relating to COVID 19 Test, Trace and Protest projects became operational and these have continued throughout 2021/22.

3.3 Expenditure on Hospital and Community Health Services

	2021-2022	2020-2021
	£000	£000
Directors' costs	2,472	2,583
Operational Staff costs	757,555	733,193
Single lead employer Staff Trainee Cost	25,993	7,648
Collaborative Bank Staff Cost	0	0
Supplies and services - clinical	229,511	204,020
Supplies and services - general	14,101	17,793
Consultancy Services	7,479	5,562
Establishment	15,126	12,441
Transport	1,083	781
Premises	41,728	91,728
External Contractors	0	0
Depreciation	37,025	30,525
Amortisation	799	814
Fixed asset impairments and reversals (Property, plant & equipment)	(6,325)	10,707
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	395	396
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	3,453	2,098
Research and Development	0	0
Other operating expenses	5,433	5,495
Total	**1,135,828**	**1,125,784**

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3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

		2021-22	2020-2021
Increase/(decrease) in provision for future payments: Clinical negligence;		**£000**	**£000**
	Secondary care	74,420	24,999
	Primary care	0	0
	Redress Secondary Care	(163)	218
	Redress Primary Care	0	0
Personal injury		(150)	368
All other losses and special payments		66	479
Defence legal fees and other administrative costs		776	772
Gross increase/(decrease) in provision for future payments		74,949	26,836
Contribution to Welsh Risk Pool		0	0
Premium for other insurance arrangements		0	0
Irrecoverable debts		1,492	150
Less: income received/due from Welsh Risk Pool		(72,988)	(24,888)
Total		3,453	2,098
		2021-22	2020-21
		£	£
Permanent injury included within personal injury £:		**119,054**	**230,996**

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4. Miscellaneous Income

	2021-22 £000	2020-21 £000
Local Health Boards	82,378	76,516
Welsh Health Specialised Services Committee (WHSSC)/Emergency Ambulance Services Committee (EASC)	294,990	267,140
NHS Wales trusts	7,501	6,562
Welsh Special Health Authorities	23,449	21,585
Foundation Trusts	0	0
Other NHS England bodies	6,238	4,421
Other NHS Bodies	0	0
Local authorities	9,049	11,368
Welsh Government	6,472	4,293
Welsh Government Hosted bodies	0	0
Non NHS:		
Prescription charge income	113	104
Dental fee income	3,068	1,405
Private patient income	516	191
Overseas patients (non-reciprocal)	38	92
Injury Costs Recovery (ICR) Scheme	2,090	2,151
Other income from activities	2,173	1,996
Patient transport services	0	1
Education, training and research	31,383	28,920
Charitable and other contributions to expenditure	2,634	2,367
Receipt of NWSSP Covid centrally purchased assets	0	6,864
Receipt of Covid centrally purchased assets from other organisations	0	0
Receipt of donated assets	1,374	297
Receipt of Government granted assets	126	591
Non-patient care income generation schemes	3,650	3,430
NHS Wales Shared Services Partnership (NWSSP)	70	101
Deferred income released to revenue	56	308
Contingent rental income from finance leases	0	0
Rental income from operating leases	0	0
Other income:		
Provision of laundry, pathology, payroll services	9,899	8,822
Accommodation and catering charges	3,651	2,906
Mortuary fees	517	487
Staff payments for use of cars	0	0
Business Unit	0	0
Scheme Pays Reimbursement Notional	0	0
Other	14,267	9,532
Total	505,702	462,450

Other income Includes;		
Non Staff SLAs with Cardiff University	4,409	3,963
Creche Fees	614	629
Compensation Payments received	29	2
Equipment Evaluation Income	370	241
NHS Non Patient Care Income	2,072	1,342
Non Patient Related Staff Recharges	175	1,133
Other	6,598	2,222
Total	14,267	9,532

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Injury Costs Recovery (ICR) Scheme income is subject to a provision for impairment of 51.79% re personal injury claims and 17.87% re RTA claims to reflect expected rates of collection based on the UHB's past recoverability performance.

Recovery rates are consistent with 2020-21.

5. Investment Revenue

	2021-22	2020-21
	£000	£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

	2021-22	2020-21
	£000	£000
Gain/(loss) on disposal of property, plant and equipment	(304)	(63)
Gain/(loss) on disposal of intangible assets	(3)	(5)
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	(307)	(68)

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7. Finance costs

	2021-22	2020-21
	£000	£000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	3
Interest on obligations under PFI contracts		
- main finance cost	1,180	1,222
- contingent finance cost	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	1180	1,225
Provisions unwinding of discount	(47)	(25)
Other finance costs	0	0
Total	1133	1200

8. Operating leases

LHB as lessee

As at 31st March 2022 the LHB had 26 operating leases agreements in place for the leases of premises, 2 arrangement in respect of equipment and 39 in respect of vehicles, with 3 premises, 1 equipment and 20 vehicle leases having expired in year.

Payments recognised as an expense	2021-22	2020-21
	£000	£000
Minimum lease payments	1,740	
Contingent rents	0	0
Sub-lease payments	0	0
Total	1,740	2,332

Total future minimum lease payments	2021-22	2020-21
Payable	£000	£000
Not later than one year	2,240	1,683
Between one and five years	6,434	5,085
After 5 years	6,829	1,490
Total	15,503	8,258

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Number of operating leases expiring	Land & Buildings	Vehicles	Equipment	Total
Not later than one year	4	7	0	11
Between one and five years	12	12	1	25
After 5 years	7	0	0	7
Total	23	19	1	43
Charged to the income statement	1,445	65	183	1,693

There are no future sublease payments expected to be received.

LHB as lessor

Rental revenue	£000	£000
Rent	0	0
Contingent rents	0	0
Total revenue rental	0	0

Total future minimum lease payments		
Receivable	£000	£000
Not later than one year	0	0
Between one and five years	0	0
After 5 years	0	0
Total	0	0

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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	2020-21
	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	583,901	1,338	23,645	24,529	0	8,822	642,235	609,053
Social security costs	60,201	0	0	0	0	0	60,201	55,906
Employer contributions to NHS Pension Scheme	100,725	0	0	0	0	0	100,725	96,339
Other pension costs	492	0	0	0	0	0	492	677
Other employment benefits	0	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0	165
Total	745,319	1,338	23,645	24,529	0	8,822	803,653	762,140
Charged to capital							1,347	1,187
Charged to revenue							802,306	760,953
							803,653	762,140
Net movement in accrued employee benefits (untaken staff leave total accrual included in note above)							2,341	6,053
The net movement in accrued employee benefits footnote above includes Covid 19 Net movement in accrued employee benefits							2,341	6,053

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Other staff column - these are temporary staff and contract staff who are engaged in delivering the objectives of the LHB.

The following categories of Staff are included within the 'other heading':

1. Medacs/Staff-flow contracted medical staff
2. IR35 applicable staff
3. Cardiff University staff

The employer contributions to the NHS Pension Scheme disclosed above includes £30.692m of NHS Pension contributions paid by Welsh Government for the twelve month period, calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions. This expenditure is accounted for by the health board as notional expenditure paid to NHSBA by Welsh Government, this has been covered off by notional funding provided to the health board. There is therefore no impact to the UHB's Revenue Resource Performance as a result of the inclusion of these notional transactions. A further £0.910m for notional expenditure in regard of NHS pension contributions is included within the SLE payroll costs. The total funding received for the 6.3% pension contributions therefore is £31.602m and further information is disclosed in Note 34.1.

9.2 Average number of employees

	Permanent Staff Number	Staff on Inward Secondment Number	Agency Staff Number	Specialist Trainee (SLE) Number	Collaborative Bank Staff Number	Other Number	Total Number	2020-21 Number
Administrative, clerical and board members	2,409	11	66	0	0	8	2,494	2,233
Medical and dental	1,136	5	0	375	0	48	1,564	1,625
Nursing, midwifery registered	4,015	1	177	0	0	2	4,195	4,153
Professional, Scientific, and technical staff	437	1	0	0	0	7	445	656
Additional Clinical Services	2,721	0	47	0	0	0	2,768	2,619
Allied Health Professions	1,213	4	8	0	0	15	1,240	943
Healthcare Scientists	496	0	0	0	0	0	496	475
Estates and Ancilliary	1,113	0	40	0	0	1	1,154	1,122
Students	30	0	0	0	0	0	30	78
Total	13,570	22	338	375	0	81	14,386	13,904

9.3. Retirements due to ill-health

	2021-22	2020-21
Number	15	22
Estimated additional pension costs £	963,006	855,423

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.

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9.5 Reporting of other compensation schemes - exit packages

	2021-22	2021-22	2021-22	2021-22	2020-21
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	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	2
£50,000 to £100,000	0	0	0	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**	**0**	**0**	**0**	**3**

	2021-22	2021-22	2021-22	2021-22	2020-21
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	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	88,198
£50,000 to £100,000	0	0	0	0	76,863
£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**	**0**	**0**	**0**	**165,061**

Exit costs paid in year of departure	**Total paid in year 2021-22**	**Total paid in year 2020-21**
	£	£
Exit costs paid in year	0	165,061
Total	0	165,061

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). 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.

The LHB did not agree any Exit packages in 2021/22.

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. The 2021-22 financial year is the first year disclosures in respect of the 25th percentile pay ratio and 75th percentile pay ratio are required. Although the guidance states that the ratio's should be split to show total pay and benefit¬ and then the salary component of total pay & benefits separately the LHB does not have the relevant information available to comply with this requirement.

	2021-22	2021-22	2021-22	2020-21	2020-21	2020-21
	£000	£000	£000	£000	£000	£000
Total pay and benefits	Chief Executive	Employee	Ratio	Chief Executive	Employee	Ratio
25th percentile pay ratio	217,500	23,516	9.25	212,500	22,466	9.46
Median pay	217,500	31,960	6.81	212,500	30,950	6.87
75th percentile pay ratio	217,500	42,830	5.08	212,500	41,847	5.08
Salary component of total pay and benefits						
25th percentile pay ratio	217,500	23,516	9.25	212,500	22,466	9.46
Median pay	217,500	31,960	6.81	212,500	30,950	6.87
75th percentile pay ratio	217,500	42,830	5.08	212,500	41,847	5.08
Total pay and benefits	Highest Paid Director	Employee	Ratio	Highest Paid Director	Employee	Ratio
25th percentile pay ratio	217,500	23,516	9.25	222,500	22,466	9.90
Median pay	217,500	31,960	6.81	222,500	30,950	7.19
75th percentile pay ratio	217,500	42,830	5.08	222,500	41,847	5.32
Salary component of total pay and benefits						
25th percentile pay ratio	217,500	23,516	9.25	222,500	22,466	9.90
Median pay	217,500	31,960	6.81	222,500	30,950	7.19
75th percentile pay ratio	217,500	42,830	5.08	222,500	41,847	5.32

The banded remuneration of the highest-paid director in the LHB in the financial year 2021-22 was £215,000 - £220,000 (2020-21, £220,000 - £225,000). In 2021-22 the Chief Executive (CEO) was the highest paid director, in 2020-21 the highest paid director was the Medical Director. During 2021-22 a new CEO, Suzanne Rankin, took up the CEO role with effect from 1st Feb 2022. The banding shown in the note is the full year equivalent salary for the CEO role.

In 2021-22, 3 (2020-1,1) employees received remuneration in excess of the highest paid director. Remuneration for these employees ranged from £215,000 to £240,000 (2020-21 £235,000 to £240,000).

Financial year summary

Total remuneration includes salary and non-consolidated performance-related pay. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. The total Remuneration also excludes the Covid Bonus paid to staff. The guidance also suggests that this information should include benefits-in-kind, the LHB does not have the relevant information available to comply with this requirement. In addition, please note that overtime payments are included where applicable in the calculation of both elements of the relationship.

There has been an increase in year in the median remuneration of the workforce, which was partly the result of an average 3% inflationary pay increase received by staff covered by the Agenda for Change agreement. In addition, Medical Staff and Executives received an inflationary pay award of 3%. In addition, in recognition of their service during the pandemic, an additional pay award of 1% was made for staff on Bands 1 to 5 and all grades of staff received an additional day's annual leave. There were also slight changes to the composition of the workforce which will have contributed to the change in the ratio.

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9.6.2 Percentage Changes

	2020-21 to 2021-22	2019-20 to 2020-21
% Change from previous financial year in respect of Chief Executive	%	%
Salary and allowances	2	zx
Performance pay and bonuses	2	(2)
% Change from previous financial year in respect of highest paid director		
Salary and allowances	(2)	0
Performance pay and bonuses	(2)	0
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	2	2
Performance pay and bonuses	2	2

The salary in respect of employees as a whole has increased by 2% year on year mainly due to the fact that the lower bands of staff had an additional 1% wage award in 21/22.New guidance for 2021-22 suggests that the ratio's should be split between Total pay and benefits and the salary component of total pay and benefits, the LHB does not have the relevant information to comply with this requirement and therefore only the calculation for Total pay and benefits is provided. The salary in respect of employees as a whole has increased by 2% year on year mainly due to the fact that the lower bands of staff had an additional 1% wage award in 21/22.New guidance for 2021-22 suggests that the ratio's should be split between Total pay and benefits and the salary component of total pay and benefits, the LHB does not have the relevant information to comply with this requirement and therefore only the calculation for Total pay and benefits is provided.

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.

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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 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 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 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

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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 £50,000 for the 2021-2022 tax year (2020-2021 £6,240 and £50,000).

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.

	2021-22	2021-22	2020-21	2020-21
NHS	**Number**	**£000**	**Number**	**£000**
Total bills paid	6,314	299,775	7,488	275,720
Total bills paid within target	5,072	286,700	6,169	265,247
Percentage of bills paid within target	80.3%	95.6%	82.4%	96.2%
Non-NHS				
Total bills paid	306,094	880,894	286,413	786,048
Total bills paid within target	284,850	842,548	275,422	758,016
Percentage of bills paid within target	93.1%	95.6%	96.2%	96.4%
Total				
Total bills paid	312,408	1,180,669	293,901	1,061,768
Total bills paid within target	289,922	1,129,248	281,591	1,023,263
Percentage of bills paid within target	92.8%	95.6%	95.8%	96.4%

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2021-22	2020-21
	£	**£**
Amounts included within finance costs (note 7) from claims made under this legislation	0	163
Compensation paid to cover debt recovery costs under this legislation	0	0
Total	**0**	**163**

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11.1 Property, plant and equipment

	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 or valuation at 1 April 2021	103,373	601,237	4,333	32,680	143,799	1,054	26,276	116	912,868
Indexation	2,068	5,680	205	0	0	0	0	0	7,953
Additions									
- purchased	0	17,660	0	26,475	19,705	506	5,456	0	69,802
- donated	0	0	0	1,191	158	0	25	0	1,374
- government granted	0	0	0	0	126	0	0	0	126
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	25,710	0	(25,710)	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	20	22,662	0	0	0	0	0	0	22,682
Impairments	0	(16,259)	0	(529)	0	0	0	0	(16,788)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(7,409)	(114)	(6,520)	0	(14,043)
At 31 March 2022	105,461	656,690	4,538	34,107	156,379	1,446	25,237	116	983,974
Depreciation at 1 April 2021	0	60,279	436	0	91,337	479	17,866	116	170,513
Indexation	0	969	21	0	0	0	0	0	990
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	(2)	0	2	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	1,855	0	0	0	0	0	0	1,855
Impairments	0	(2,284)	0	(2)	0	0	0	0	(2,286)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(7,096)	(114)	(6,520)	0	(13,730)
Provided during the year	0	21,340	114	0	12,534	45	2,992	0	37,025
At 31 March 2022	0	82,157	571	0	96,775	410	14,338	116	194,367
Net book value at 1 April 2021	103,373	540,958	3,897	32,680	52,462	575	8,410	0	742,355
Net book value at 31 March 2022	105,461	574,533	3,967	34,107	59,604	1,036	10,899	0	789,607
Net book value at 31 March 2022 comprises :									
Purchased	105,461	556,690	3,967	34,082	58,385	1,026	10,820	0	770,431
Donated	0	17,843	0	25	982	10	79	0	18,939
Government Granted	0	0	0	0	237	0	0	0	237
At 31 March 2022	105,461	574,533	3,967	34,107	59,604	1,036	10,899	0	789,607
Asset financing :									
Owned	104,875	555,632	2,931	34,107	59,604	1,036	10,899	0	769,084
Held on finance lease	0	1,216	0	0	0	0	0	0	1,216
On-SoFP PFI contracts	586	17,685	1,036	0	0	0	0	0	19,307
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2022	105,461	574,533	3,967	34,107	59,604	1,036	10,899	0	789,607

The net book value of land, buildings and dwellings at 31 March 2022 comprises :

	£000
Freehold	663,439
Long Leasehold	18,901
Short Leasehold	1,622
	683,962

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHB s 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.

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Of the totals at 31st March 2022, £0 related to land valued at open market value and £0 related to buildings, installations and fittings valued at open market value.

Figures for freehold land and buildings are shown gross with separate accumulated depreciation.

The LHB had to charge accelerated depreciation on the following: (1) Rookwood Hospital which has been earmarked for closure, £0.073m. (2) Llanedeyrn Health centre has been earmarked for closure as the UHB is building a new Health and Wellbeing centre in Llanedeyrn, £0.338m.

11.1 Property, plant and equipment

	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 or valuation at 1 April 2020	105,317	541,222	4,210	28,881	131,659	1,143	21,560	116	**834,108**
Indexation	(2,065)	3,127	123	0	0	0	0	0	**1,185**
Additions									
- purchased	7,015	12,172	0	61,750	15,612	57	4,794	0	**101,400**
- donated	0	0	0	9	220	11	57	0	**297**
- government granted	0	0	0	0	536	0	0	0	**536**
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Reclassifications	0	57,960	0	(57,960)	0	0	0	0	**0**
Revaluations	0	(194)	0	0	0	0	0	0	**(194)**
Reversal of impairments	0	12,817	0	0	0	0	0	0	**12,817**
Impairments	(20)	(25,867)	0	0	0	0	0	0	**(25,887)**
Reclassified as held for sale	0	0	0	0	0	0	0	0	**0**
Disposals	(6,874)	0	0	0	(4,228)	(157)	(135)	0	**(11,394)**
At 31 March 2021	103,373	601,237	4,333	32,680	143,799	1,054	26,276	116	**912,868**
Depreciation at 1 April 2020	0	45,395	318	0	84,466	625	15,538	116	**146,458**
Indexation	0	482	9	0	0	0	0	0	**491**
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	(194)	0	0	0	0	0	0	**(194)**
Reversal of impairments	0	(660)	0	0	0	0	0	0	**(660)**
Impairments	0	(1,703)	0	0	0	0	0	0	**(1,703)**
Reclassified as held for sale	0	0	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	(4,112)	(157)	(135)	0	**(4,404)**
Provided during the year	0	16,959	109	0	10,983	11	2,463	0	**30,525**
At 31 March 2021	0	60,279	436	0	91,337	479	17,866	116	**170,513**
Net book value at 1 April 2020	105,317	495,827	3,892	28,881	47,193	518	6,022	0	**687,650**
Net book value at 31 March 2021	103,373	540,958	3,897	32,680	52,462	575	8,410	0	**742,355**
Net book value at 31 March 2021 comprises :									
Purchased	103,373	524,361	3,897	32,646	50,426	564	8,315	0	**723,582**
Donated	0	16,597	0	34	1,549	11	95	0	**18,286**
Government Granted	0	0	0	0	487	0	0	0	**487**
At 31 March 2021	103,373	540,958	3,897	32,680	52,462	575	8,410	0	**742,355**
Asset financing :									
Owned	102,799	522,203	2,874	32,680	52,462	575	8,410	0	**722,003**
Held on finance lease	0	1,264	0	0	0	0	0	0	**1,264**
On-SoFP PFI contracts	574	17,491	1,023	0	0	0	0	0	**19,088**
PFI residual interests	0	0	0	0	0	0	0	0	**0**
At 31 March 2021	103,373	540,958	3,897	32,680	52,462	575	8,410	0	**742,355**

The net book value of land, buildings and dwellings at 31 March 2021 comprises :

	£000
Freehold	627,876
Long Leasehold	18,755
Short Leasehold	1,597
	648,228

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The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the Royal Institute of Chartered Surveyors Valuation Standards, 6th Edition . LHB s 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.

Of the totals at 31st March 2021, £0 related to land valued at open market value and £0 related to buildings, installations and fittings valued at open market value.

Figures for freehold land and buildings are shown gross with separate accumulated depreciation.

The LHB had to charge accelerated depreciation on the following: (1) Rookwood Hospital which has been earmarked for closure, £0.480m. (2) One building at the UHW site that had previously been earmarked for closure is now back in use as part of the UHBs response to the Covid Pandemic, the UHB has therefore reversed the accelerated depreciation charged on Denbigh House in prior years, (£1.154m). (3) CRI Links building which has been earmarked for closure, £0.503m. (4) Llanedeyrn Health centre has been earmarked for closure as the UHB is building a new Health and Wellbeing centre in Llanedeyrn, £0.054m.

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11. Property, plant and equipment (continued)

Disclosures:

i) Donated additions 2021/2022. Of the donated additions shown in Note 11.1, the Noah's Ark Charity funded £0.122m of equipment for the Children's Hospital. The LHB's Charitable Fund contributed £0.061m towards the purchase of equipment during the year. LATCH charity funded asset under construction costs worth £1.191m.

ii) The LHBs land and Buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the Royal Institute of Chartered Surveyors' Valuation Standards, 6th edition.

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.

However, the LHB will periodically instruct the District Valuer to Carry out "Good Housekeeping Valuations" when assets resulting from major capital schemes are first brought into use. During the year the LHB carried out 2 such revaluations, the total effect of which were:

Impairments written off via the Statement of Comprehensive Net Expenditure (SoCNE) were (£13.974m).

The significant schemes brought into use were:

- UHL Rookwood Unit scheme (£13.942m) was written off the carrying value via the SoCNE.
- UHW Rookwood Ward which was funded partly by LATCH Charity & partly by the UHB, (£0.033m) was written off the carrying value via the SoCNE.

iii) The useful economic life of LHB buildings has been determined on an asset by asset basis by the District Valuer. These lives are reviewed by the LHB on an annual basis to ascertain their appropriateness and are reviewed every five years by the District Valuer. Major new construction projects are allocated useful economic lives by the District Valuer when they are first brought into use, smaller alterations to existing structures are initially allocated a useful life of 30 years and alterations to mechanical and engineering assets are allocated 15 year lives. Equipment assets are allocated lives on an individual basis based on the professional judgement and past experience of clinicians, finance staff and other LHB professionals. Again the appropriateness of these lives is reviewed on an annual basis.

iv) During the year the LHB has received Non Cash Allocation from the Welsh Government for impairment to assets charged to the SoCNE and this Allocation is included in our Revenue Resource Limit.

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v) As per Welsh Government guidance the LHB has applied an Indexation factor to its Land and Buildings for 2021/22. For a handful of sites this has resulted in a reversal of a prior period Impairment charge and therefore £20.826m has been credited to the SoCNE.

vi) Government Granted asset additions 2021/22 - as part of the UK response to the Covid Pandemic the Department of Health was purchasing and distributing equipment to NHS Bodies across the UK. The items distributed to the UHB have now been formally transferred to our ownership and £0.126m equipment is shown on the Government granted additions line on the note.

vii) During the year Welsh Government concluded that a capital scheme that was under development at the UHB should instead be carried out in a different format by another NHS body. Costs already incurred in relation to this scheme and which are not transferable to the new development have been written off in 21/22. This impairment of (£0.527m) has been charged to the SoCNE.

viii) There has been no compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

ix) The LHB does not hold any property where the value is materially different from its open market value.

x) There are no assets held for sale or sold in the period.

xi) All fully depreciated assets still in use are being carried at nil net book value.

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 2021	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 2022	0	0	0	0	0	**0**
Balance brought forward 1 April 2020	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 2021	0	0	0	0	0	**0**

There are no assets held for sale or sold in the period.

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12. Intangible non-current assets

2021-22

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure-internally generated	Total
	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2021	8,135	0	112	0	500	8,747
Revaluation	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Additions- purchased	1,175	0	0	0	0	1,175
Additions- internally generated	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Disposals	(59)	0	0	0	0	(59)
Gross cost at 31 March 2022	9,251	0	112	0	500	9,863
Amortisation at 1 April 2021	6,179	0	112	0	218	6,509
Revaluation	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Impairment	0	0	0	0	0	0
Provided during the year	674	0	0	0	125	799
Reclassified as held for sale	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Disposals	(56)	0	0	0	0	(56)
Amortisation at 31 March 2022	6,797	0	112	0	343	7,252
Net book value at 1 April 2021	1,956	0	0	0	282	2,238
Net book value at 31 March 2022	2,454	0	0	0	157	2,611
At 31 March 2022						
Purchased	2,436	0	0	0	0	2,436
Donated	18	0	0	0	0	18
Government Granted	0	0	0	0	0	0
Internally generated	0	0	0	0	157	157
Total at 31 March 2022	2,454	0	0	0	157	2,611

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12. Intangible non-current assets

2020-21

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure-internally generated	**Total**
	£000	£000	£000	£000	£000	**£000**
Cost or valuation at 1 April 2020	7,186	0	112	0	500	**7,828**
Revaluation	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	**0**
Additions- purchased	949	0	0	0	0	**949**
Additions- internally generated	0	0	0	0	0	**0**
Additions- donated	0	0	0	0	0	**0**
Additions- government granted	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	**0**
Transfers	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	**(30)**
Gross cost at 31 March 2021	**8,135**	**0**	**112**	**0**	**500**	**8,747**
Amortisation at 1 April 2020	5,490	0	112	0	93	**5,695**
Revaluation	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	**0**
Impairment	0	0	0	0	0	**0**
Provided during the year	689	0	0	0	125	**814**
Reclassified as held for sale	0	0	0	0	0	**0**
Transfers	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	**0**
Amortisation at 31 March 2021	**6,179**	**0**	**112**	**0**	**218**	**6,509**
Net book value at 1 April 2020	**1,696**	**0**	**0**	**0**	**407**	**2,133**
Net book value at 31 March 2021	**1,956**	**0**	**0**	**0**	**282**	**2,238**
At 31 March 2021						
Purchased	1,938	0	0	0	0	**1,938**
Donated	18	0	0	0	0	**18**
Government Granted	0	0	0	0	0	**0**
Internally generated	0	0	0	0	282	**282**
Total at 31 March 2021	**1,956**	**0**	**0**	**0**	**282**	**2,238**

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Additional Disclosure re Intangible Assets

i)On initial recognition Intangible non-current assets are measured at cost. 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 asset basis), indexed for relevant price increases, as a proxy for fair value.

ii) The useful economic life of Intangible non-current assets are assigned on an individual basis based on the professional judgement and past experience of clinicians, finance staff and other LHB professionals. The appropriateness of these lives is reviewed on an annual basis.

iii) All fully depreciated assets still in use are being carried at nil net book value.

13 . Impairments

	2021-22 Property, plant & equipment £000	**2021-22** Intangible assets £000	2020-21 Property, plant & equipment £000	2020-21 Intangible assets £000
Impairments arising from :				
Loss or damage from normal operations	0	0	0	0
Abandonment in the course of construction	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0
Unforeseen obsolescence	0	0	0	0
Changes in market price	0	0	0	0
Others (specify)	14,501	0	24,184	0
Reversal of Impairments	(20,826)	0	(13,477)	0
Total of all impairments	(6,325)	0	10,707	0
Analysis of impairments charged to reserves in year :				
Charged to the Statement of Comprehensive Net Expenditure	(6,325)	0	10,707	0
Charged to Revaluation Reserve	0	0	0	0
	(6,325)	0	10,707	0

The LHB will periodically instruct the District Valuer to Carry out "Good Housekeeping Valuations" when assets resulting from major capital schemes are first brought into use. During the year the LHB carried out 2 such revaluations, the total effect of which were: Impairments written off via the Statement of Comprehensive Net Expenditure (SoCNE) were (£13.974m).

The significant schemes brought into use were:

UHL Rookwood Unit scheme (£13.942m) was written off the carrying value via the SoCNE.

UHW Rookwood Ward which was funded partly by LATCH Charity & partly by the UHB, (£0.033m) was written off the carrying value via the SoCNE.

As per Welsh Government guidance the LHB has applied an Indexation factor to its Land and Buildings for 2021/22. For a handful of sites this has resulted in a reversal of a prior period Impairment charge and therefore £20.826m has been credited to the SoCNE.

During the year Welsh Government decided that a capital scheme that was under development at the UHB should instead be carried out in a different format by another NHS body. The LHB now has to write off those costs already incurred which are not transferable to the new development. This impairment of (£0.527m) has been charged to the SOCNE.

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14.1 Inventories

	31 March 2022 £000	31 March 2021 £000
Drugs	6,255	5,362
Consumables	14,018	11,253
Energy	118	69
Work in progress	0	0
Other	0	0
Total	**20,391**	16,684
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31 March 2022 £000	31 March 2021 £000
Inventories recognised as an expense in the period	3,229	2,606
Write-down of inventories (including losses)	58	47
Reversal of write-downs that reduced the expense	0	0
Total	**3,287**	**2,653**

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15. Trade and other Receivables

Current		31 March 2022 £000	31 March 2021 £000
Welsh Government		6,353	1,520
WHSSC / EASC		6,807	3,323
Welsh Health Boards		4,588	7,480
Welsh NHS Trusts		2,667	2,927
Welsh Special Health Authorities		542	220
Non - Welsh Trusts		2,605	2,134
Other NHS		207	188
2019-20 Scheme Pays - Welsh Government Reimbursement		2,193	0
Welsh Risk Pool Claim reimbursement		0	
	NHS Wales Secondary Health Sector	178,762	149,246
	NHS Wales Primary Sector FLS Reimbursement	0	0
	NHS Wales Redress	155	495
	Other	0	0
Local Authorities		1,529	3,374
Capital debtors - Tangible		0	0
Capital debtors - Intangible		0	0
Other debtors		24,660	21,786
Provision for irrecoverable debts		(8,643)	(7,702)
Pension Prepayments NHS Pensions		0	0
Pension Prepayments NEST		0	0
Other prepayments		6,490	5,023
Other accrued income		0	0
Sub total		228,915	190,014
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		0	0
Welsh Risk Pool Claim reimbursement;		0	
	NHS Wales Secondary Health Sector	30,298	4,398
	NHS Wales Primary Sector FLS Reimbursement	0	0
	NHS Wales Redress	0	0
	Other	0	0
Local Authorities		0	0
Capital debtors - Tangible		0	0
Capital debtors - Intangible		0	0
Other debtors		3,111	2,872
Provision for irrecoverable debts		(1,073)	(981)
Pension Prepayments NHS Pensions		0	0
Pension Prepayments NEST		0	0
Other prepayments		1,091	360
Other accrued income		0	0
Sub total		33,427	6,649
Total		262,342	196,663

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15. Trade and other Receivables (continued)

Receivables past their due date but not impaired

	31 March 2022 £000	31 March 2021 £000
By up to three months	22,523	21,367
By three to six months	1,812	805
By more than six months	5,068	4,345
	29,403	26,517

Expected Credit Losses (ECL) / Provision for impairment of receivables

Balance at 1 April	(8,683)	(8,581)
Transfer to other NHS Wales body	0	0
Amount written off during the year	575	49
Amount recovered during the year	0	0
(Increase) / decrease in receivables impaired	(1,608)	(151)
Bad debts recovered during year	0	0
Balance at 31 March	(9,716)	(8,683)

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	0	0
Other	2,816	2,706
Total	2,816	2,706

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16. Other Financial Assets

	Current		Non-current	
	31 March 2022 £000	31 March 2021 £000	**31 March 2022 £000**	31 March 2021 £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)				
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**

17. Cash and cash equivalents

	2021-22 £000	2020-21 £000
Balance at 1 April	**3,637**	1,410
Net change in cash and cash equivalent balances	**970**	2,227
Balance at 31 March	**4,607**	3,637
Made up of:		
Cash held at GBS	**4,445**	3,557
Commercial banks	**0**	0
Cash in hand	**162**	80
Cash and cash equivalents as in Statement of Financial Position	**4,607**	3,637
Bank overdraft - GBS	**0**	0
Bank overdraft - Commercial banks	**0**	0
Cash and cash equivalents as in Statement of Cash Flows	**4,607**	3,637

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

PFI liabilities £249k

The movement relates to cash, no comparative information is required by IAS 7 in 2021-22.

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18. Trade and other payables

Current	**31 March 2022 £000**	31 March 2021 £000
Welsh Government	**2**	12
WHSSC / EASC	**3,878**	4,441
Welsh Health Boards	**1,445**	2,081
Welsh NHS Trusts	**6,209**	6,653
Welsh Special Health Authorities	**130**	0
Other NHS	**18,771**	16,828
Taxation and social security payable / refunds	**6,822**	6,870
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	**8,628**	8,337
Non-NHS payables - Revenue	**61,909**	31,005
Local Authorities	**12,908**	8,026
Capital payables- Tangible	**25,960**	22,085
Capital payables- Intangible	**407**	52
Overdraft	**0**	0
Rentals due under operating leases	**0**	0
Obligations under finance leases, HP contracts	**0**	0
Imputed finance lease element of on SoFP PFI contracts	**425**	349
Pensions: staff	**0**	0
Non NHS Accruals	**70,431**	98,602
Deferred Income:		
Deferred Income brought forward	**1,305**	1,377
Deferred Income Additions	**559**	236
Transfer to / from current/non current deferred income	**0**	0
Released to SoCNE	**(56)**	(308)
Other creditors	**24,849**	11,460
PFI assets –deferred credits	**18**	18
Payments on account	**1,310**	982
Sub Total	**245,910**	219,106
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
Obligations under finance leases, HP contracts	**0**	0
Imputed finance lease element of on SoFP PFI contracts	**7,651**	8,076
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	**32**	50
Payments on account	**0**	0
Sub Total	**7,683**	8,126
Total	**253,593**	227,232

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

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18. Trade and other payables (continued).

Amounts falling due more than one year are expected to be settled as follows:	**31 March 2022**	31 March 2021
	£000	£000
Between one and two years	**531**	443
Between two and five years	**2,219**	1,888
In five years or more	**4,933**	5,795
Sub-total	**7,683**	8,126

19. Other financial liabilities

		Current		Non-current	
Financial liabilities		**31 March 2022**	31 March 2021	**31 March 2022**	31 March 2021
		£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

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20. Provisions

	At 1 April 2021	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 2022
Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-									
Secondary care	120,607	0	(5,644)	4,393	50,281	(12,154)	(6,027)	0	151,456
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	292	0	29	0	74	(84)	(237)	0	74
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	2,011	0	(180)	133	1,201	(1,198)	(1,351)	(37)	579
All other losses and special payments	0	0	0	0	66	(66)	0	0	0
Defence legal fees and other administration	2,068	0	0	(32)	1,046	(771)	(505)		1,806
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	165			139	0	(139)	(17)	(10)	138
2019-20 Scheme Pays - Reimbursement	0			0	49	0	0	0	49
Restructuring	0			0	0	0	0	0	0
Other	8,531		(108)	0	6,015	(2,228)	(603)		11,607
Total	133,674	0	(5,903)	4,633	58,732	(16,640)	(8,740)	(47)	165,709
Non Current									
Clinical negligence:-									
Secondary care	4,394	0	0	(4,393)	30,166	(25)	0	0	30,142
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	3,624	0	0	(133)	0	0	0	0	3,491
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	122	0	0	32	246	(72)	(11)		317
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	875			(139)	0	0	0	0	736
2019-20 Scheme Pays - Reimbursement	0			0	2,144	0	0	0	2,144
Restructuring	0			0	0	0	0	0	0
Other	1,499		0	0	975	0	0		2,474
Total	10,514	0	0	(4,633)	33,531	(97)	(11)	0	39,304
TOTAL									
Clinical negligence:-									
Secondary care	125,001	0	(5,644)	0	80,447	(12,179)	(6,027)	0	181,598
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	292	0	29	0	74	(84)	(237)	0	74
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	5,635	0	(180)	0	1,201	(1,198)	(1,351)	(37)	4,070
All other losses and special payments	0	0	0	0	66	(66)	0	0	0
Defence legal fees and other administration	2,190	0	0	0	1,292	(843)	(516)		2,123
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	1,040			0	0	(139)	(17)	(10)	874
2019-20 Scheme Pays - Reimbursement	0			0	2,193	0	0	0	2,193
Restructuring	0			0	0	0	0	0	0
Other	10,030		(108)	0	6,990	(2,228)	(603)		14,081
Total	144,188	0	(5,903)	0	92,263	(16,737)	(8,751)	(47)	205,013

Expected timing of cash flows:

	In year to 31 March 2023	Between 1 April 2023 31 March 2027	Thereafter	Total
				£000
Clinical negligence:-				
Secondary care	151,456	30,142	0	181,598
Primary care	0	0	0	0
Redress Secondary care	74	0	0	74
Redress Primary care	0	0	0	0
Personal injury	579	803	2,688	4,070
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	1,806	317	0	2,123
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	138	549	187	874
2019-20 Scheme Pays - Reimbursement	49	65	2,079	2,193
Restructuring	0	0	0	0
Other	11,607	2,106	368	14,081
Total	165,709	33,982	5,322	205,013

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Note 20. 2020/2021 (continued)

The expected timing of cashflows in respect of provisions arising from clinical negligence or personal injury claims (together with the associated defence costs) are based on legal opinion obtained by the UHB. The nature of litigation however means that these could be subject to change.

Amounts due in respect of pensions are profiled based on the regime which the NHS Pensions Agency currently uses to recover payments in respect of such amounts. This could be subject to change in the future.

The UHB is able to recover amounts paid out in respect of clinical negligence or personal injury claims (subject to an excess per case of £25k) from the Welsh Risk Pool. An amount of £209.215m has been shown within note 15 (Trade and Other receivables) in respect of such expected reimbursements.

Other Provisions include:

- Continuing Healthcare IRP & Ombudsman claims £0.091m
- Potential payments to staff in respect of time off in lieu £0.405m
- Employment Tribunal litigation Cases £2.211m
- Holiday pay on voluntary overtime £0.943m
- Scheme Pays £2.193m
- Other provisions considered commercially sensitive £8.238m

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Continuing Healthcare Cost uncertainties

Liabilities for continuing healthcare costs continue to be a significant financial issue for the UHB. Following various annual deadlines for the submission of new claims, effected since 31st July 2014, which increased the number of claims registered each financial year, a rolling deadline now applies which allows new claims to go back one year only.

Cardiff and Vale University Health Board is responsible for post 1st April 2003 costs and the financial statements include the following amounts relating to those uncertain continuing healthcare costs:

Note [20] sets out the £0.091m provision made for probable continuing care costs relating to 7 claims received;

Note [21.1] sets out the £0.114m contingent liability for possible continuing care costs relating to 7 claims received;

The UHB is providing £0.024m in respect of one Phase 7 (18/19) claim received between 1st April 2018 and 31st March 2019.

The UHB is providing £0.024m in respect of two Phase 7 (19/20) claims received between 1st April 2019 and 31st March 2020.

The UHB is providing £0.043m in respect of four Phase 7 (20/21) claims received between 1st April 2020 and 31st March 2021.

For Phase 7 (21/22) claims received between 1st April 2021 and 31st March 2022, due to only two claims having been completed to date, the UHB does not currently have sufficient information available regarding the likelihood of claim success to calculate a provision for this Phase.

Scheme Pays

In accordance with a Ministerial Direction issued on 18 December 2019, the Welsh Government have taken action to support circumstances where pensions tax rules are impacting upon clinical staff who want to work additional hours, and have determined that:

clinical staff who are members of the NHS Pension Scheme and who, as a result of work undertaken in the 2019-20 tax year, face a tax charge on the growth of their NHS pension benefits, may opt to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement.

Welsh Government, on behalf of Cardiff & Vale UHB, will pay the members who opt for reimbursement of their pension, a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction.

A provision of £2.193m in relation to this has been raised in 21/22.

20. Provisions (continued)

	At 1 April 2020	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 2021
Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-									
Secondary care	102,530	(5,732)	(625)	13,578	27,768	(15,518)	(1,394)	0	120,607
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	273	0	(75)	0	326	(124)	(108)	0	292
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	2,106	0	0	(2)	408	(442)	(40)	(19)	2,011
All other losses and special payments	0	0	0	0	227	(227)	0	0	0
Defence legal fees and other administration	1,026	0	0	250	1,000	(660)	(340)		2,060
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	187			170	31	(187)	0	(6)	165
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	6,663		(550)	55	3,754	(690)	(701)		8,531
Total	**113,580**	**(5,732)**	**(1,250)**	**14,001**	**33,523**	**(17,831)**	**(2,582)**	**(25)**	**133,674**
Non Current									
Clinical negligence:-									
Secondary care	13,015	0	0	(13,578)	4,357	0	0	0	4,394
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	3,622	0	0	2	0	0	0	0	3,624
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	284	0	0	(250)	111	(23)	0		122
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	995			(120)	0	0	0	0	875
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	811		0	(55)	743	0	0		1,499
Total	**19,327**	**0**	**0**	**(14,001)**	**5,211**	**(23)**	**0**	**0**	**10,514**
TOTAL									
Clinical negligence:-									
Secondary care	116,145	(5,732)	(625)	0	32,125	(15,518)	(1,394)	0	125,001
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	273	0	(75)	0	326	(124)	(108)	0	292
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	5,728	0	0	0	408	(442)	(40)	(19)	5,635
All other losses and special payments	0	0	0	0	227	(227)	0	0	0
Defence legal fees and other administration	2,110	0	0	0	1,120	(891)	(349)		2,190
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	1,177			0	31	(162)	0	(6)	1,040
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	7,474		(550)	0	4,497	(690)	(701)		10,030
Total	**132,907**	**(5,732)**	**(1,250)**	**0**	**38,734**	**(17,854)**	**(2,592)**	**(25)**	**144,188**

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Note 20. 2020/2021 (continued)

The expected timing of cashflows in respect of provisions arising from clinical negligence or personal injury claims (together with the associated defence costs) are based on legal opinion obtained by the UHB. The nature of litigation however means that these could be subject to change.

Amounts due in respect of pensions are profiled based on the regime which the NHS Pensions Agency currently uses to recover payments in respect of such amounts. This could be subject to change in the future.

The UHB is able to recover amounts paid out in respect of clinical negligence or personal injury claims (subject to an excess per case of £25k) from the Welsh Risk Pool. An amount of £154.139m has been shown within note 15 (Trade and Other receivables) in respect of such expected reimbursements.

Other Provisions include:

- Continuing Healthcare IRP & Ombudsman claims £0.071m
- Potential Payments to staff in respect of time off in lieu £0.323m
- Employment Tribunal Litigation Cases £0.746m
- Holiday Pay on Voluntary Overtime £1.345m
- Other provisions considered commercially sensitive £7.545m

Mohamed.Sarah
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Continuing Healthcare Cost uncertainties

Liabilities for continuing healthcare costs continue to be a significant financial issue for the UHB. Following various annual deadlines for the submission of new claims, effected since 31st July 2014, which increased the number of claims registered each financial year, a rolling deadline now applies which allows new claims to go back one year from date of application.

The UHB is responsible for post 1st April 2003 costs and the financial statements include the following amounts relating to those uncertain continuing healthcare costs:

Note 20 sets out the £0.069m provision made for probable continuing care costs relating to 6 claims received;

Note 21.1 sets out the £0.183m contingent liability for possible continuing care costs relating to 6 claims received;

The UHB is providing £0.018m in respect of 1 Phase 7 (18/19) claim received between 1st April 2018 and 31st March 2019.

The UHB is providing £0.051m in respect of 5 Phase 7 (19/20) claims received between 1st April 2019 and 31st March 2020.

For Phase 7 (20/21) 12 claims were received between 1st April 2020 and 31st March 2021, however, due to no claims having yet been completed, the UHB does not currently have sufficient information available regarding the likelihood of claim success to calculate a provision for this Phase.

21. Contingencies

21.1 Contingent liabilities

	2021-22	2020-21
Provisions have not been made in these accounts for the following amounts :	£'000	£'000
Legal claims for alleged medical or employer negligence:-		
Secondary care	109,917	237,556
Primary care	65	0
Redress Secondary care	0	0
Redress Primary care	0	0
Doubtful debts	0	0
Equal Pay costs	0	0
Defence costs	1,319	1,452
Continuing Health Care costs	114	183
Other	0	0
Total value of disputed claims	111,415	239,191
Amounts (recovered) in the event of claims being successful	(108,732)	(236,254)
Net contingent liability	2,683	2,937

Other litigation claims could arise in the future due to known incidents. The expenditure which may arise from such claims cannot be determined and no provision has been made for them. The amounts disclosed as contingent liabilities in relation to potential clinical negligence or personal injury claims against the UHB arise where legal opinion as to the possibility of the claims success has deemed this to be possible, rather than remote, and no provision has already been made for such items within note 20. The UHB is assuming that all such costs would be reimbursed by the Welsh Risk Pool (subject to a £25k excess per claim). The net contingent liability contains £2.022m re clinical negligence and £0.547m re personal injury.

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Continuing Healthcare costs

Liabilities for continuing healthcare costs continue to be a significant financial issue for the UHB. Following various annual deadlines for the submission of new claims, effected since 31st July 2014, which increased the number of claims registered each financial year, a rolling deadline now applies which allows new claims to go back one year only.

The UHB is responsible for post 1st April 2003 costs and the financial statements include the following amounts relating to those uncertain continuing healthcare costs:

Note [20] sets out the £0.091m provision made for probable continuing care costs relating to 7 claims received;

Note [21.1] sets out the £0.114m contingent liability for possible continuing care costs relating to 7 claims received;

The UHB is providing £0.024m in respect of one Phase 7 (18/19) claim received between 1st April 2018 and 31st March 2019.

The UHB is providing £0.024m in respect of two Phase 7 (19/20) claims received between 1st April 2019 and 31st March 2020.

The UHB is providing £0.043m in respect of four Phase 7 (20/21) claims received between 1st April 2020 and 31st March 2021.

For Phase 7 (21/22) claims received between 1st April 2021 and 31st March 2022, due to only two claims having been completed to date, the UHB does not currently have sufficient information available regarding the likelihood of claim success to calculate a provision for this Phase.

21.2 Remote Contingent liabilities	**2021-22 £000**	2020-21 £000
Guarantees	**0**	0
Indemnities	**155**	25
Letters of Comfort	**0**	0
Total	**155**	**25**

The figure shown above under Indemnities relates to Clinical Negligence & Personal Injury claims against the UHB, where our legal advisors informed us that the claimants chance of success is remote

21.3 Contingent assets

	2021-22 £000	2020-21 £000
N/A	**0**	0
	0	0
	0	0
Total	**0**	0

22. Capital commitments

Contracted capital commitments at 31 March	**2021-22 £000**	2020-21 £000
Property, plant and equipment	**18,840**	3,540
Intangible assets	**0**	0
Total	**18,840**	3,540

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The in year increase in commitments disclosed is largely due to the progression of several major capital scheme contracts.

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, this note is prepared on a cash basis.

Gross loss to the Exchequer

Number of cases and associated amounts paid out during the financial year

	Amounts paid out during period to 31 March 2022	
	Number	**£**
Clinical negligence	95	12,857,643
Personal injury	55	1,198,230
All other losses and special payments	289	2,505,276
Total	439	16,561,149

Analysis of cases in excess of £300,000

	Case Type	In year claims in excess of £300,000		Cumulative claims in excess of £300,000	
		Number	**£**	**Number**	**£**
Cases in excess of £300,000:					
18RWMMN0027	Clinical Negigence	1	333,358	1	333,358
18RWMMN0081	Clinical Negigence	1	325,000	1	565,000
19RWMMN0008	Clinical Negigence	1	756,150	1	798,150
17RWMMN0123	Clinical Negigence	1	995,000	1	995,000
15RWMMN0113	Clinical Negigence	1	700,000	1	1,468,652
09RWMMN0026	Clinical Negigence	1	100,000	1	1,620,000
14RWMMN0056	Clinical Negigence	1	1,785,000	1	1,935,000
17RWMMN0118	Clinical Negigence	1	675,000	1	3,160,000
17RWMMN0157	Clinical Negigence	1	85,877	1	340,877
18RWMMN0032	Clinical Negigence	1	413,500	1	413,500
18RWMMN0079	Clinical Negigence	1	562,000	1	602,000

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16RWMMN0056	Clinical Negigence	1	105,000	1	635,000
20RWMMN0093	Clinical Negigence	1	87,500	1	897,500
17RWMMN0052	Clinical Negigence	1	20,000	1	2,195,000
15RWMMN0024	Clinical Negigence	1	55,000	1	2,425,000
14RWMMN0045	Clinical Negigence	1	48,000	1	3,250,000
16RWMMN0031	Clinical Negigence	1	3,215,000	1	3,465,000
22RWMBD0001	Bad Debt	1	374,838	1	374,838
22RWMEC0001	Extra Contractual Payment	1	892,857	1	892,857
22RWMFP0001	Fruitless Payment	1	527,094	1	527,094
Sub-total		**20**	**12,056,174**	**20**	**26,893,826**
All other cases		419	4,504,975	523	9,644,754
Total cases		**439**	**16,561,149**	**543**	**36,538,580**

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24. Finance leases

24.1 Finance leases obligations (as lessee)

During 2021/22 the LHB had one finance lease agreement in place for the lease of a building. The initial lease term of this agreement expired in 20/21, the 12 month extension option of the original contract was exercised and ended 31st March 2022.
A new contract was signed 1st April 2022.

Amounts payable under finance leases:

Land	**31 March 2022 £000**	31 March 2021 £000
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
Minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
Present value of minimum lease payments		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Present value of minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

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24.1 Finance leases obligations (as lessee) continued

Amounts payable under finance leases:

Buildings	**31 March 2022**	31 March 2021
Minimum lease payments	**£000**	£000
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
Present value of minimum lease payments		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Present value of minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

Other	**31 March 2022**	31 March 2021
Minimum lease payments	**£000**	£000
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
Present value of minimum lease payments		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Present value of minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

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24.2 Finance leases obligations (as lessor) continued

The Local Health Board has no finance leases receivable as a lessor.

Amounts receivable under finance leases:

	31 March 2022	31 March 2021
Gross Investment in leases	**£000**	£000
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

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25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

The LHB has/ has no PFI Schemes off-statement of financial position.

Commitments under off-SoFP PFI contracts	Off-SoFP PFI contracts 31 March 2022 £000	Off-SoFP PFI contracts 31 March 2021 £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	0	0
Total estimated capital value of off-SoFP PFI contracts	0	0

25.2 PFI schemes on-Statement of Financial Position

Capital value of scheme included in Fixed Assets Note 11	**£000**
	17,685
Contract start date:	31/03/2000
Contract end date:	30/03/2031

On 31st March 2000, a 31 year Private Finance Initiative (PFI) Contract was signed between the former Cardiff & Vale Trust and IMC (Impregilio/Macob consortium) for the provision of a new hospital to be built on the former St. David's site. The hospital, which opened on 1st March 2002 provides a range of services but primarily services linked to the care for older people. The estimated capital value of the scheme at the time of construction was £13.847m and the annual payments to be made for the provision of the site and for a range of facilities management services is £3.956m.

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Total obligations for on-Statement of Financial Position PFI contracts due:

	On SoFP PFI Capital element 31 March 2022	On SoFP PFI Imputed interest 31 March 2022	On SoFP PFI Service charges 31 March 2022
	£000	£000	£000
Total payments due within one year	425	1,128	2,726
Total payments due between 1 and 5 years	2,718	3,739	10,658
Total payments due thereafter	4,933	1,632	10,550
Total future payments in relation to PFI contracts	8,076	6,499	23,934

	On SoFP PFI Capital element 31 March 2021	On SoFP PFI Imputed interest 31 March 2021	On SoFP PFI Service charges 31 March 2021
	£000	£000	£000
Total payments due within one year	349	1,180	2,368
Total payments due between 1 and 5 years	2,281	4,077	9,230
Total payments due thereafter	5,795	2,422	15,165
Total future payments in relation to PFI contracts	8,425	7,679	26,763

	31/03/2022
	£000
Total present value of obligations for on-SoFP PFI contracts	21,900

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25.3 Charges to expenditure	2021-22 £000	2020-21 £000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	2,427	2,337
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	2,427	2,337

The LHB is committed to the following annual charges

PFI scheme expiry date:	£000	£000
Not later than one year	2,726	2,368
Later than one year, not later than five years	10,658	9,230
Later than five years	10,550	15,165
Total	23,934	26,763

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

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25.5 The LHB has Public Private Partnerships

In addition to the St David's PFI Scheme set out previously in Note 25.2, the LHB had one other Public

Private Partnerships (PPP) Scheme during 2021/22 as set out below:

Llandough Hospital Staff Accommodation

On 28th October 1999, the former University Hospital and Llandough NHS Trust entered into an agreement with Charter Housing for the design, construction, fit out and the subsequent operation of its staff accommodation at Llandough Hospital. The contract period is 25 years; however during 2020-21 Charter Housing had all its assets, liabilities and contractual obligations transferred into a new company Pobl Homes and Communities Limited.

25.5 The LHB had 1 Public Private Partnership during the year (Continued)

In return for the provision of the new serviced accommodation, the Trust transferred a parcel of surplus land to Charter on which seven of its existing properties resided. These properties were subsequently demolished and the land sold off by Charter. The accommodation is located on the remaining land, which had previously housed three additional properties. This is granted to Charter under a 999 year head lease for a peppercorn rent.

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Charter then leases the properties back to the LHB in return for an annual unitary payment of £0.048m. The LHB then leases the property back to Charter under a 27 year sub-underlease. The value of the property transferred to Charter in 1999/2000 was £0.763m.

The scheme has been assessed as being "on-statement of financial position" under IFRIC 12 and therefore the buildings is currently valued at £1.036m and the land at £0.586m on the LHB's statement of financial position (note 11).

On initial recognition of the asset a deferred income creditor balance was recognised in the LHB's accounts at a value of £0.454m. In line with Department of Health Guidance this creditor is being released to the SoCNE annually over the 25 year life of the contract. The amount that has been credited to operating expenses in 2021/22 was £0.018m.

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

	2021-22	2020-21
	£000	£000
(Increase)/decrease in inventories	**(3,707)**	100
(Increase)/decrease in trade and other receivables - non-current	**(26,778)**	11,130
(Increase)/decrease in trade and other receivables - current	**(38,901)**	(28,409)
Increase/(decrease) in trade and other payables - non-current	**(425)**	(349)
Increase/(decrease) in trade and other payables - current	**26,804**	36,318
Total	**(43,007)**	18,790
Adjustment for accrual movements in fixed assets - creditors	**(4,230)**	(5,064)
Adjustment for accrual movements in fixed assets - debtors	**0**	0
Other adjustments	**356**	7,503
	(46,881)	21,229

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28. Other cash flow adjustments

	2021-22	2020-21
	£000	£000
Depreciation	37,025	30,525
Amortisation	799	814
(Gains)/Loss on Disposal	307	68
Impairments and reversals	(6,325)	10,707
Release of PFI deferred credits	(18)	(18)
NWSSP Covid assets issued debited to expenditure but non-cash	0	(6,864)
Covid assets received credited to revenue but non-cash	0	0
Donated assets received credited to revenue but non-cash	(1,374)	(297)
Government Grant assets received credited to revenue but non-cash	(126)	(591)
Non-cash movements in provisions	77,563	29,135
Other movements	31,602	29,617
Total	139,453	93,096

Other movements relate to Staff Employer Pensions Contributions - Notional Element (Note 34.1)

29. Events after the Reporting Period

The LHB has not experienced any events having a material effect on the accounts, between the date of the statement of financial position and the date on which these accounts were approved by its Board.

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 14th June 2022 and are expected to be certified by the Auditor General for Wales on 17th June 2022.

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30. Related Party Transactions

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

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	1	1,248,702	2	6,353
Swansea Bay University Health Board	5,823	6,700	449	756
Aneurin Bevan University Health Board	1,949	36,443	271	1,424
Betsi Cadwaladar University Health Board	236	1,042	54	127
Cwm Taf Morgannwg University Health Board	17,425	35,378	463	2,066
Hywel Dda University Health Board	617	6,628	31	152
Powys Teaching Health Board	39	2,674	177	63
Wales Ambulance Trust	4,771	34	400	8
Velindre NHS Trust	66,954	5,367	4,509	1,677
Welsh Health Specialised Services Committee	149,678	295,242	3,878	6,807
Public Health Wales Trust	7,178	7,106	1,300	982
Health Education and Improvement Wales	69	23,018	2	293
Digital Health & Care Wales (DHCW)	4,753	681	129	249
	259,493	**1,669,015**	**11,665**	**20,957**

During the period, other than the individuals set out below, there were no other material related party transactions involving other board members or key senior management staff.

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Fiona Kinghorn is Executive Director of Public Health for Cardiff and Vale University Health Board. Her Husband is Group Director for Community and Childrens Services and Deputy Chief Executive Rhondda Cynon Taf Council.

Len Richards was Chief Executive of the Cardiff and Vale University Health Board until 30th September 2021. He was also advisor to the Life Sciences Hub Wales Board (Welsh Government). From January 2021 Non-Executive Director of the Life Sciences Hub Wales Board (Welsh Government). Council Member Cardiff University. Non-Executive Director Welsh Wound Innovation Centre.

Prof Gary Baxter is an Independent Member of Cardiff and Vale University Health Board. He is Professor of Pharmacology at Cardiff University.

Ceri Phillips is Vice Chair of the Cardiff and Vale Health Board. He is also Emeritus Professor at Swansea University, Honorary Professor at Cardiff University and independent member of WHSSC.

Mrs Abigail Harris is the Executive Director of Strategic Planning for Cardiff & Vale University Health Board. Her Uncle is a Trustee of Teenage Cancer Trust. She is also independent board member of Social Care Wales.

Charles Janczewski is Chair of the Cardiff and Vale Health Board. He is also Chair of Governance Board for Health & Wellbeing Academy at Swansea University.

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Fiona Jenkins is the Executive Director Therapies and Health Science at Cardiff and Vale University Local Health Board. She is also Interim Executive Director of Therapies and Health Science at Cwm Taf Morgannwg University Health Board. This is a dual role.

Rhian Thomas is an Independent Member of Cardiff and Vale University Health Board. She is also a Senior Lecturer at the University of South Wales and a Co-opted member Board Director of Cardiff and Vale Credit Union.

Meriel Jenney is Executive Medical Director Cardiff and Vale University Health Board effective from 1st October 2021. She is Chief Investigator of an International Clinical Trial funded by Bayer.

Suzanne Rankin is Chief Executive Officer of Cardiff and Vale University Health Board effective from 01.02.2022. She is also Director of Welsh Wound Innovation Centre.

Stuart Walker was Deputy Chief Executive from 01.03.2021 and Medical Director from 01.04.2021 to 30.09.2021 and Interim Chief Executive Officer from 01.10.2021 to 31.01.2022 of Cardiff and Vale University Local Health Board. His sister is Head of Regulatory Affairs/ Senior Pharmacist at Gilead Sciences Ltd.

Lance Carver is an Associate Member of Cardiff and Vale University Health Board and the Director of Social Services in the Vale of Glamorgan Council.

Susan Elsmore is an Independent Member of Cardiff and Vale University Health Board and Cabinet Member for Social Care Health & Wellbeing for Cardiff Council. Deputy Health & Social Care spokesperson for Welsh Local Government Association.

30. Related Party Transactions (Continued)

The material transactions involving the related parties were as follows unless shown in the table re Welsh Government Bodies on page 66:

	Expenditure to related party £'000	Income from related party £'000	Amounts owed to related party £'000	Amounts due from related party £'000
Rhonnda Cynon Taf Council			1	
Cardiff University	9,830	6,368		4,997
Teenage Cancer Trust		70		22
Social Care Wales		6		
Swansea University	266	879	14	469
Cardiff Council	42,672	7,813	9,847	1,131
Cardiff and Vale Credit Union			58	
University of South Wales	136	2	62	
Vale of Glamorgan Local Authority	8,864	1,065	3,059	292
Bayer			280	0
Welsh Wound Centre			2	21
Gilead Sciences Ltd	655		29	
Endowments	16	1,095		197
Total £'000s	62,439	17,298	13,352	7,129

There were no invoices written off for any of the related parties during Financial Period 2021/22.

The LHB has close links with Cardiff University which includes the sharing of staff as well as sharing accommodation at the University Hospital of Wales Site.

The LHB is a member of the Welsh Risk Pool for Clinical Negligence, Personal Injury and other qualifying claims.

During 2021/22 the LHB has received settlements of £17.911m in respect of claims made. In addition as at March 31st the LHB had a debtor balance of £209.216m in respect of amounts due from the Welsh Risk Pool.

The corporate body is a registered charity and as Corporate Trustees, the LHB Board were responsible for the management of charitable fund expenditure in the period connected with Cardiff and Vale University Health Board.

During the period, other than the individuals set out below, there were no other material related party transactions involving other board members or key senior management staff.

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31. Third Party assets

The LHB held £161,334 cash at bank and in hand at 31 March 2022 (31 March 2021, £220,611) 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. None of this Cash was held in Patients' Investment Accounts in either 2021-22 or 2020-201 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 2022 amounted to £8,525,646 (£8,621,894 as at 31st March 2021).

32. Pooled budgets

The Health Board has entered into a pooled budget arrangement with Cardiff and Vale of Glamorgan Local Authorities, as permissible under section 33 of the NHS (Wales) Act 2006 for the operation of a Joint Equipment Store (JES).The purpose of the JES is the provision and delivery of common equipment and consumables to patients who are resident in the localities of the partners to the pooled budget. The pooled budget arrangement became operational from 1st January 2012.

The pool is hosted by Cardiff Council, who are the lead body and act as principal for this scheme. The financial operation of the pool is governed by a pooled budget agreement between Cardiff Council, Vale of Glamorgan Council and the Health Board. Currently the Health Board will make payments to Cardiff Council on receipt of an invoice in line with the agreed contributions to the pooled budget as set out in the agreement. Expenditure incurred will be subject to regular review by the partners to the agreement. Any expenditure incurred by Cardiff Council above the agreed contributions in respect of NHS equipment and consumables will be invoiced separately. As the funding for the UHB's contribution to the pooled budget has not yet been topsliced and is being provided via invoicing, then no adjustment in respect of the income and expenditure arising from the activities of the pooled budget is required in these accounts. In addition as the UHB's proportion of the assets and liabilities held by the pool are not material in relation to the UHB, they have therefore not been consolidated within these financial statements.

The JES service had an agreed budget for the 2021-22 of £2.009m of which Cardiff & Vale UHB's contribution was £1.276m. In addition Cardiff and Vale made an agreed contribution of £0.041m towards the cost of two drivers/ installers.

Overall the Pooled Budget was overspent by £0.308m in the year. The Health element of the overspend was £0.118m and Cardiff & Vale has accounted for this in its annual accounts for the year ended 31/3/22.

The UHB received £3.888m of revenue income from the Welsh Government's Transformation fund. The planning and delivery of the programme is led by the Regional Partnership Board and has the involvement of local authorities and third sector as set out in the submission to Welsh Government.

Also during 2021-22 Welsh Government passed funding for Integrated Family Support Services directly to Cardiff Council. From this

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allocation, £92,978 was passed to Cardiff & Vale UHB. This allocation has funded 2 Band 7 integrated Support workers with a Nursing background for the period 01/04/21 to 31/03/22, as part of the local delivery mechanism to support families. The team is operationally managed by the Local Authority with the UHB providing professional supervision.

Part 9 of the Social Services and Well-being (SSWWA) (Wales) Act 2014 requires Local Authorities and the Health Board for each region to establish and maintain pooled funds in relation to the exercise of care home accommodation functions. A pooled budget arrangement has been agreed between Cardiff and Vale Local Authorities and Cardiff and Vale University Health Board in relation to the provision of care home accommodation for older people. The arrangement came into effect on 1st April 2018 for a period of 12 months renewable on an ongoing basis. Cardiff Council is acting as host authority during this period. Whilst there is one pooled budget in place, the processes for commissioning and payment for services has remained with the three organisations, with each partner continuing to be responsible for their own budget and expenditure. The accountability for the functions of the statutory bodies remains with each individual organisation, in accordance with the Part 9 Guidance under SSWWA 2014. The transactions into the pool for 2021/22 were £24,548,956.

33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

The LHB has formed the view that the activities of its divisions are sufficiently similar for the results of their operations not to have to be disclosed separately. In reaching this decision we are satisfied that the following criteria are met:

1. Aggregation still allows users to evaluate the business and its operating environment.
2. Divisions have similar economic characteristics.
3. The Divisions are similar re all of the following:
    - The nature of the services provided.
    - The Divisions operate fundamentally similar processes.
    - The end customers to the processes (the patients) fall into broadly similar categories.
    - They share a common regulatory environment.

The LHB did operate as a home to one hosted body during the period, The Wales External Quality Assessment Service (WEQAS). During 2021/2 these accounts contain income of £4.530m and expenditure of £3.452m in respect of WEQAS. The UHB does not consider the amounts involved to be sufficiently material to be reported as a separate segment.

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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 2021 to 31 March 2022. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2021 and February 2022 alongside Health Board/Trust/SHA data for March 2022.

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:

	2021-22	2020-21
Statement of Comprehensive Net Expenditure	£000	£000
for the year ended 31 March 2022		
Expenditure on Primary Healthcare Services	847	760
Expenditure on Hospital and Community Health Services	30,755	28,857
Statement of Changes in Taxpayers' Equity		
For the year ended 31 March 2022		
Net operating cost for the year	31,602	29,617
Notional Welsh Government Funding	31,602	29,617
Statement of Cash Flows for year ended 31 March 2022		
Net operating cost for the financial year	31,602	29,617
Other cash flow adjustments	-31,602	-29,617

2.1 Revenue Resource Performance		
Revenue Resource Allocation	31,602	29,617
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	92	102
Staff costs	31,510	29,515

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9.1 Employee costs		
Permanent Staff		
Employer contributions to NHS Pension Scheme	31,602	29,617
Charged to capital	0	0
Charged to revenue	31,602	29,617
18. Trade and other payables		
Current		
Pensions: staff	0	0
28. Other cash flow adjustments		
Other movements	31,602	29,617

34.2 Welsh Government COVID-19 Funding

Details of COVID-19 Pandemic Welsh Government funding amounts provided to NHS Wales bodies:

	2021-22	2020-21
	£000	£000
Capital		
Capital Funding Field Hospitals		36022
Capital Funding Equipment & Works	5457	17157
Capital Funding other (Specify)	0	0
Welsh Government Covid 19 Capital Funding	**5,457**	**53,179**

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			As previously reported in 2020-21
Revenue			
Sustainability Funding			50,100
C-19 Pay Costs Q1 (Future Quarters covered by SF)			11,016
Field Hospital (Set Up Costs, Decommissioning & Consequential losses)			53,203
Bonus Payment			17,285
Independent Health Sector			1,036
Stability Funding	69,887	132,640	
Covid Recovery	27,530	0	
Cleaning Standards	806	0	
PPE (including All Wales Equipment via NWSSP)	3,984	7,965	
Testing / TTP- Testing & Sampling - Pay & Non Pay	3,159	2,882	
Tracing / TTP - NHS & LA Tracing - Pay & Non Pay	13,158	6,652	
Extended Flu Vaccination / Vaccination - Extended Flu Programme	1,137	570	
Mass Covid-19 Vaccination / Vaccination - COVID-19	13,420	5,507	
Annual Leave Accrual - Increase due to Covid	0	8,798	
Urgent & Emergency Care	2,548	3,243	
Private Providers Adult Care / Support for Adult Social Care Providers	2,348	4,141	
Hospices	0	0	
Other Mental Health / Mental Health	0	805	
Other Primary Care	2,355	1,287	
Other	349	1,630	
Welsh Government Covid 19 Revenue Funding	**140,681**	**176,120**	

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34.3 Changes to accounting standards not yet effective – IRFS 16 Impact

IFRS 16 Leases supersedes IAS 17 Leases and is effective in the public sector from 1 April 2022. IFRS 16 provides a single lessee accounting model and requires a lessee to recognise right-of-use assets and liabilities for leases with a term of more than 12 months unless the underlying value is of low value. The FReM makes tow public sector adaptions.

- The definition of a contract is expanded to include intra UK government agreements that are not legally enforceable.
- The definition of a contract is expanded to include agreements that have nil consideration.

IFRS 16 gives a narrower definition of a lease that IAS 17 and IFRIC 4 by requiring assets and liabilities will be recognised initially at the discounted value of minimum lease payments. After initial recognition, right of use assets will be depreciated on a straight line basis and interest recognised on the liabilities. Except where modified for revaluation where material, the cost model will be applied to assets other than peppercorn leases which will be measured on a depreciated replacement cost basis. The right of use asset in a peppercorn lease is accounted for similarly to a donated asset.

As required by the FReM IFRS 16 will be implemented using the accumulated catch up method.

The right of use assets and leasing obligations have been calculated and indicated that the total discounted value of right of use assets and liabilities under IFRS 16 is lower than the value of minimum lease commitments under IAS 17. This is due to the application of the discount factor in calculating NPV of right of use assets. The impact implementation is a:

- Decrease in expenditure £13,587K;
- Increase in assets and liabilities of £13,472K.

These figures are calculated before intercompany eliminations are made, there will not have a material impact on the figures.

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Right of Use (RoU) Assets Impact

		Property £000	Non Property £000	Total £000
Statement of financial Position				
RoU Asset Recognition				
+	Transitioning Adjustment	11801	1671	**13472**
+	As at 1 April 2022	11801	1671	**13472**
+	Renewal / New RoU Assets 2022-23	6649	4201	**10850**
-	Less (Depreciation)	-1664	-1028	**-2692**
+	As at 31 March	16786	4844	**21630**

RoU Asset Liability		Property £000	Non Property £000	Total £000
-	Transitioning Adjustment	-11310	-1738	**-13048**
-	As at 1 April 2022	-11310	-1738	**-13048**
-	Renewal / New RoU Liability 2022-23	-6670	-4225	**-10895**
+	Working Capital	1170	1090	**2260**
-	Interest	-134	-48	**-182**
-	As at 31 March	-16944	-4921	**-21865**

Charges		Property £000	Non Property £000	Total £000
Expenditure				
	RoU Asset depreciation [1]	1664	1028	**2692**
	Interest on obligations under RoU Asset leases [2]	134	48	**182**
		1798	1076	**2874**

LHB

1 Expenditure on Hospital and Community Health Services

2 Finance Costs

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34.4 Cardiff Medicentre

On its formation on 1st October 2009 the UHB inherited an interest in a joint venture which had been entered into by one of its predecessor organisations (South Glamorgan Health Authority) in 1992.

Our original partners in this venture are Cardiff Council, Cardiff University and the Welsh Government. The purpose of the venture was to provide dedicated business incubation facilities for start-up and spin-out companies operating in the medical healthcare and life sciences. On 1st April 2016 Welsh Government and Cardiff Council withdrew from the joint venture and sold their shares in it to Cardiff University.

The UHB does not make any direct financial contribution into the venture and ordinarily does not ordinarily directly benefit financially from its operations. Given the immaterial amount involved, no adjustment has been made to these accounts to reflect the UHB's share of the joint venture. For illustrative purposes, had the UHB fully applied IFRS 11 "Joint Arrangements", then based on the last available published accounts of the Medicentre and applying the UHB's 11% share would mean that the UHB would show an investment in a joint venture (as defined by IAS 28 Investments in Associates and Joint Ventures) of £0.423m.

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.

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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.

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BIP Caerdydd a'r Fro

Adroddiad a Chyfrifon Blynyddol

2021 - 2022

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Diolch i: Rachel Hannah

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Amdanom Ni

Nod Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yw gofalu am bobl a chadw pobl yn iach. Bydd yr Adroddiad Blynyddol yn amlinellu gwaith Bwrdd Iechyd Prifysgol Caerdydd a'r Fro (y Bwrdd Iechyd), yn amlygu rhai o'n cyflawniadau allweddol ac yn dangos sut rydym yn gwrando ar farn ac anghenion ein poblogaeth, gan ddangos sut rydym yn gweithredu i fodloni llawer o'r anghenion hyn yn rhan o'n strategaeth 10 mlynedd. "Strategaeth Llunio ein Llesiant i'r Dyfodol". Mae ein blaenoriaethau, ein hamcanion allweddol a'n cynlluniau wedi'u nodi yn ein cynlluniau chwarterol a'r adroddiadau a gyflwynir i'r Bwrdd a'i Bwyllgorau ac yn rhoi trosolwg o'r hyn rydym yn ei wneud yn dda a sut rydym yn gwrando ar ein cyhoedd, ein cleifion a'n staff er mwyn cyflawni'r strategaeth.

Beth sydd yn yr Adroddiad Blynyddol hwn?

Mae ein Hadroddiad Blynyddol yn un o gyfres o ddogfennau sy'n rhoi gwybodaeth am ein sefydliad, y gofal a ddarperir gennym a'r hyn rydym yn ei wneud i gynllunio, cyflawni a gwella gofal iechyd i chi, er mwyn bodloni gofynion newidiol ac wynebu heriau'r dyfodol. Mae'n rhoi gwybodaeth am ein perfformiad, yr hyn rydym wedi'i gyflawni yn 2021-2022 a sut y byddwn yn gwella yn y flwyddyn nesaf. Y mae hefyd yn egluro pa mor bwysig yw hi i gydweithio â chi a gwrando arnoch chi i'ch helpu i roi'r gofal gorau posib i chi'ch hun, ac i ddarparu gwasanaethau gwell sy'n bodloni eich anghenion ac wedi'u darparu mor agos atoch chi ag sy'n bosibl.

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Mae ein Hadroddiad Blynyddol ar gyfer 2021-2022 yn cynnwys:

- Ein **Hadroddiad ar Berfformiad** sy'n manylu ar ein perfformiad yn erbyn ein targedau a'r camau a gynllunnir i gynnal neu wella ein perfformiad.

- Ein **Hadroddiad Atebolrwydd** sy'n manylu ar ein prif ofynion atebolrwydd o dan Ddeddf Cwmnïau 2006 a Rheoliadau Cwmnïau a Grwpiau Mawr a Chanolig (Cyfrifon ac Adroddiadau) 2008. Mae'r Adroddiad Atebolrwydd yn cynnwys ein Datganiad Llywodraethu Blynyddol (DLlB) sy'n esbonio sut rydym yn rheoli ein hadnoddau a'n risgiau, ac yn cydymffurfio â threfniadau llywodraethu, yr Adroddiad ar Daliadau a Staff, a'r Adroddiad Atebolrwydd ac Archwilio Seneddol.

- Ein **Datganiadau Ariannol (Cyfrifon Archwiliedig)** sy'n dangos sut rydym wedi gwario ein harian a bodloni ein hymrwymiadau o dan Ddeddf Cyllid y Gwasanaeth Iechyd Gwladol (Cymru) 2014.

Dylid darllen yr Adroddiad Blynyddol hwn ochr yn ochr â dogfennau ategol eraill, y cyfeirir atynt drwy we-ddolenni yn y ddogfen hon.

Hygyrchedd

Os oes angen copïau ychwanegol o'r ddogfen hon arnoch, gellir ei lawrlwytho fersiynau Cymraeg a Saesneg o'n gwefan. Fel arall, os oes angen y ddogfen arnoch mewn fformat arall, gallwn roi crynodeb ohoni mewn gwahanol ieithoedd, mewn print bras neu Braille. Cysylltwch â ni drwy ddefnyddio'r manylion isod:

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Heol Maes-y-Coed,
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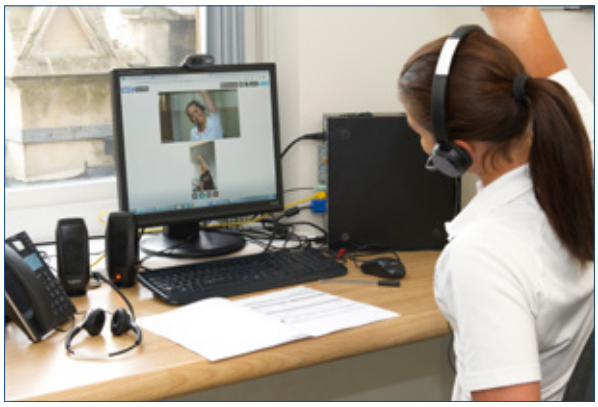

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1. Croeso gan ein Cadeirydd a'n Prif Weithredwr

Diolch am ddarllen adroddiad blynyddol Bwrdd Iechyd Prifysgol Caerdydd a'r Fro ar gyfer 2021 – 2022.

Mae dros ddwy flynedd bellach ers cychwyn cyfnod clo cyntaf y DU oherwydd pandemig COVID-19 (y pandemig). Newidiodd bywyd dros nos ac roedd angen inni dderbyn ac ymaddasu i realiti newydd a ffyrdd newydd o fyw ac o gyfathrebu ag eraill.

Mae'r ddwy flynedd ddiwethaf wedi effeithio ar bawb mewn gwahanol ffyrdd a bu'n rhaid i'r GIG ynghyd â gwasanaethau cyhoeddus eraill ymaddasu'n gyflym i'r newidiadau a'r penderfyniadau a wnaed, fel bod cleifion, cydweithwyr a'r cyhoedd yn aros yn ddiogel.

Mae'n bwysig cydnabod effaith y pandemig ar gleifion, cymunedau a gweithwyr gofal iechyd fel ei gilydd ledled Caerdydd a Bro Morgannwg, ledled y wlad ac yn fyd-eang, ac er bod y cyfyngiadau wedi'u llacio rydym yn dal heb gael darlun neu ddealltwriaeth lawn o'u heffaith ar iechyd meddwl a llesiant corfforol pobl. Yn enwedig y rhai sydd wedi dioddef am eu bod wedi colli anwyliaid, ffrindiau neu gydweithwyr ac sydd wedi dioddef unigrwydd. Wrth inni ymlwybro drwy'r cyfnod adfer a cheisio mynd i'r afael â gofal ac anghenion cleifion sydd wedi ôl-gronni, mae'n bwysig trin y naill a'r llall â charedigrwydd, parch a thrugaredd.

Mae lansiad Cyd-swyddfa Ymchwil Caerdydd, ar y cyd rhwng Prifysgol Caerdydd a'r Bwrdd Iechyd, yn gam sylweddol ymlaen ar gyfer dyfodol prosiectau ymchwil, treialon clinigol a thriniaethau gofal iechyd newydd, gan ei bod yn dod â'r ddau sefydliad ynghyd i wneud eu gorau er budd cleifion, ein cymunedau a'r boblogaeth ehangach. Mae'n sefydlu Caerdydd yn gadarn fel dinas sy'n weithgar a galluog ym maes ymchwil, ac sy'n denu mwy o fuddsoddiad, treialon ac arloesi.

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Mae'r Bwrdd Iechyd wedi cymryd rhan allweddol mewn treialon ymchwil pellach mewn cydweithrediad â Phrifysgol Caerdydd er mwyn gwella'r ymateb i COVID-19, gan gynnwys drwy ddefnyddio'r brechiad i drin claf sy'n dioddef o COVID-19, yr achos tybiedig cyntaf o ddefnyddio'r brechiad fel therapi ar gyfer y clefyd yn lle fel dull o'i atal. Roedd y claf wedi profi'n bositif am COVID-19 am gyfnod hir, sef o leiaf 218 o ddiwrnodiau. Defnyddiodd ymchwilwyr ddau ddos o'r brechiad ac yn gyflym iawn gwelwyd ymateb cryf yn y gwrthgyrff, a oedd yn llawer cryfach na'r ymateb a ysgogwyd o fod wedi'i heintio'n naturiol am gyfnod estynedig. Gwelodd y tîm hefyd ymateb cryf mewn celloedd T - cangen o'r system imiwnedd y tybir ei bod yn hanfodol er mwyn brwydro'r firws. O ganlyniad i hynny roedd y claf yn glir o COVID-19 72 diwrnod ar ôl derbyn dau ddos o'r brechiad.

Bu timau'r Bwrdd Iechyd yn gweithio'n arloesol i ddod o hyd i ffyrdd newydd o ddarparu gwasanaethau'n ddigidol, gan gyflwyno ymgynghoriadau fideo i alluogi apwyntiadau o bell, datblygu cymorth digidol i gleifion fel yr adnodd adsefydlu digidol Cadw'n Iach, a rhoi trefniadau cyflym ar waith a fyddai'n galluogi pobl i weithio gartref.

Mae rhai o'r mentrau hyn wedi parhau ac erbyn hyn gall clinigau a gwasanaethau cleifion allanol gynnig mynediad hybrid at apwyntiadau, gan gynnwys wyneb yn wyneb, dros y ffôn ac ar-lein, a all fod yn fuddiol i gleifion ac arbed teithiau diangen i safleoedd ysbyty.

Mae'r timau Offthalmoleg wedi dangos llwyddiant mawr drwy uno Gofal Sylfaenol ac Eilaidd, a manteisio i'r eithaf ar y defnydd o ddatblygiadau digidol i leihau amseroedd aros a gwella canlyniadau i gleifion â chyflyrau llygad brys. Drwy benodi pedwar optometrydd cymwys annibynnol a oedd yn gallu rhoi presgripsiwn, bu modd i'r Bwrdd Iechyd symud 94% o gleifion gofal heb ei drefnu i Ofal Sylfaenol.

Byddai'r optometryddion yn asesu cleifion blaenoriaeth uchel drwy ddefnyddio system electronig OpenEyes i uwchlwytho delweddau a rhannu data cleifion yn ddigidol â meddygon ymgynghorol i'w hadolygu'n rhithiol a chadarnhau triniaethau. Byddai achosion mwy cymhleth na ellid eu trin o fewn Gofal Sylfaenol yn cael eu cyfeirio at sylw meddyg ymgynghorol gan leihau'r angen am apwyntiadau ysbyty a sicrhau mai ond y rhai a oedd angen ymyriad ar unwaith a oedd yn mynd i'r adran achosion brys llygaid.

Roedd hyn yn golygu bod modd i optometryddion annibynnol presgripsiynu ymdrin â'r rhan fwyaf o gyflyrau llygad a'u trin yn y gymuned leol.

Chwaraeodd y Bwrdd Iechyd hefyd ran hollbwysig er mwyn troi'r llanw yn erbyn y firws, gan ddarparu dros 1.1 miliwn o frechiadau yn rhan o Raglen Brechu Torfol COVID-19, gan gynnwys y dos atgyfnerthu i blant 5-11 oed â chyflyrau iechyd isorweddol.

Buan iawn y daeth y timau brechu a Rhaglen Profi, Olrhain, Diogelu COVID-19 a ddarparwyd yn lleol gan staff y Bwrdd Iechyd mewn cydweithrediad â Chyngor Caerdydd, Cyngor Bro Morgannwg a chydweithwyr o'r

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Lluoedd Arfog, yn rhan annatod o'r frwydr i gyfyngu ar ledaeniad y firws, er mwyn helpu i gadw pobl yn ddiogel a lleihau'r straen ar y gwasanaethau iechyd. Mae pob tîm wedi gweithio'n ddiflino ac wedi ymaddasu'n gyflym iawn i newidiadau i'r canllawiau er mwyn cadw'r boblogaeth yn ddiogel.

Ffocws allweddol y sefydliad ar hyn o bryd yw adfer a gwella mynediad at wasanaethau yr effeithiwyd arnynt gan y pandemig, trawsnewid llwybrau clinigol, a thrwy wneud hynny, gwella gwasanaethau i gleifion a chymunedau drwy'r rhaglen Adfer ac Ailddylunio uchelgeisiol.

Nod y rhaglen yw canfod a gweithredu dulliau arloesol o ddarparu gofal iechyd er mwyn helpu i ail-lunio'r ffordd y mae gwasanaethau'n darparu gofal i bobl yng Nghaerdydd a Bro Morgannwg, a thu hwnt.

Er bod hyn yn dal i gael ei roi ar waith, rydym eisoes yn gweld cynnydd gwych gyda'r gwasanaeth Gofal Brys yr Un Diwrnod, y theatrau Offthalmoleg newydd yn Ysbyty Athrofaol Cymru a'r cynnydd mewn darpariaeth gwasanaeth a mynediad at wasanaethu gynaecoleg ac endosgopeg er mwyn gwella diagnosteg cleifion.

Mae llawer o waith i'w wneud eto er mwyn lleihau'r rhestrau aros sydd wedi tyfu yn sgil yr oedi a achoswyd gan y pandemig, ond rydym yn cydweithio ar draws y Bwrdd Iechyd, ein partneriaid a'n cymunedau i fynd i'r afael â heriau, adfer y sefyllfa a pharhau i wella mynediad at ofal a thriniaethau i bawb sydd eu hangen, ac i hyrwyddo iechyd a llesiant ac osgoi salwch, anafiadau a chlefydau ataliadwy. Rydym yn eithriadol o falch o'r tîm cyfan ym Mwrdd Iechyd Prifysgol Caerdydd a'r Fro. Mae pob un aelod o'r tîm

wedi gwneud cyfraniad pwysig ac unigryw dros y ddwy flynedd ddiwethaf, a hebddynt ni fyddai llawer o'r gofal, y triniaethau a'r gefnogaeth wych wedi bod yn bosibl nac wedi cael eu darparu. Hoffem achub ar y cyfle hwn i gydnabod ymdrechion aruthrol ein cydweithwyr ac i fynegi diolch diffuant iddynt hwy a'u teuluoedd a'u hanwyliaid am eu hymroddiad, eu proffesiynoldeb a'u trugaredd parhaus.

Yn ogystal â hynny, hoffem ddiolch i'n partneriaid ac yn bennaf oll i'r holl ddinasyddion a'r cymunedau lleol am eich holl gefnogaeth dros y flwyddyn ddiwethaf, ac edrychwn ymlaen at gryfhau ein cydweithrediad a pharhau i wrando, deall a dysgu fel y gallwn barhau i wella, er mwyn gwneud gwahaniaeth go iawn i bawb rydym yn eu gwasanaethu.

Suzanne Rankin
Prif Weithredwr

Yr Athro Charles Janczewski
Cadeirydd BIP

2. Proffil o Fwrdd Iechyd Caerdydd a'r Fro

2.1 Amdanom Ni

Y Bwrdd Iechyd yw un o'r sefydliadau GIG mwyaf yn Ewrop. Fe'i sefydlwyd yn 2009, ac mae'n darparu amrywiaeth o wasanaethau iechyd a lles i'w boblogaeth. Rydym yn gwario tua £1.7 biliwn y flwyddyn yn darparu'r ystod lawn o wasanaethau iechyd a lles i'n cymunedau, gan gynnwys:

- **Gwasanaethau sylfaenol a chymunedol:** practisau meddyg teulu, deintyddion, fferylliaeth ac optometreg a llu o wasanaethau therapi dan arweiniad y gymuned drwy dimau iechyd cymunedol.
- **Gwasanaethau acíwt drwy ein dau brif Ysbyty Athrofaol ac Ysbyty'r Plant:** darparu ystod eang o driniaethau ac ymyriadau meddygol a llawfeddygol.
- **Iechyd Cyhoeddus:** cefnogi cymunedau Caerdydd a'r Fro drwy roi cyngor ac arweiniad ar ystod o faterion iechyd cyhoeddus a gofal ataliol.
- **Canolfan drydyddol:** rydym hefyd yn gwasanaethu poblogaeth ehangach ledled Cymru a'r DU yn aml gyda thriniaethau arbenigol a gwasanaethau cymhleth megis llawdriniaethau niwrolegol a gwasanaethau cardiaidd.

Dangos y gwasanaethau amrywiol a ddarperir gennym yn y diagram isod.

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Iechyd Cyhoeddus

Gwella iechyd ein poblogaeth a lleihau anghydraddoldebau. Darparu gwybodaeth a chyngor gofal iechyd ataliol gan gynnwys mynediad at wasanaethau iechyd a lles.

Gofal Sylfaenol, Cymunedol a Chanolraddol

Cynnig gwasanaethau iechyd rheng-gyntaf mewn meddygfeydd meddygon teulu, deintyddion, optometryddion, fferyllwyr ac amrywiaeth o wasanaethau therapi a chymunedol sy'n hygyrch ac mor agos gartref ag sydd modd.

Gofal Aciwt a Thrydyddol

Darparu gofal annisgwyl neu frys. Gofal dewisol a gwasanaethau arbenigol i boblogaeth ehangach ar draws Cymru, gan gynnwys diagnosteg a gwasanaethau therapiwtig.

Gwasanaethau Corfforaethol

Darparu'r gwasanaethau cefnogi sydd eu hangen i redeg system iechyd integredig ledled Caerdydd a Chymru, gan sicrhau diogelwch y cleifion, llywodraethiant, sicrhau ansawdd, perfformiad a chyflwyno pob gwasanaeth yn rhagorol.

2.2 Ein Cenhadaeth a'n Gweledigaeth

Ein cenhadaeth yw "Gofalu am Bobl, Cadw Pobl yn Iach", a'n gweledigaeth yw y dylai cyfle rhywun o fyw bywyd iach fod yr un fath lle bynnag mae'n byw a phwy bynnag ydyw.

Strategaeth 10-mlynedd trawsnewid a gwella Bwrdd Iechyd Prifysgol Caerdydd a'r Fro, Llunio ein Llesiant i'r Dyfodol, yw ein cyfle i gydweithio â'r cyhoedd a gweithlu'r Bwrdd Iechyd i wneud ein Bwrdd Iechyd yn fwy cynaliadwy i'r dyfodol. Gyda'n gilydd, gallwn wella cydraddoldeb i'n holl gleifion – heddiw ac yfory.

Am ragor o wybodaeth: https://cavuhb.nhs.wales/about-us/our-mission-vision/shaping-our-future-wellbeing-strategy/

2.3 Ein Bwrdd

Mae ein Bwrdd yn cynnwys 25 o aelodau, gan gynnwys Cadeirydd, Is-Gadeirydd a Phrif Weithredwr. Mae gan y Bwrdd Iechyd 9 Aelod Annibynnol, y cafodd pob un ohonynt ei benodi gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, a thri Aelod Cysylltiol.

Mae'r Bwrdd yn rhoi arweinyddiaeth a chyfeiriad i'r sefydliad, ac yn gyfrifol am lywodraethu, craffu ac atebolrwydd cyhoeddus, gan sicrhau bod ei waith yn agored a thryloyw drwy gynnal ei gyfarfodydd yn gyhoeddus.

Yn ychwanegol at y cyfrifoldebau a'r atebolrwydd a nodir yn y telerau ac amodau penodi, mae aelodau'r Bwrdd hefyd yn cyflawni nifer o rolau Hyrwyddwyr lle byddant yn gweithredu fel llysgenhadon dros y materion dan sylw.

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Cefnogir y Bwrdd gan nifer o Bwyllgorau, pob un wedi'i gadeirio gan Aelod Annibynnol. Mae gan bob Pwyllgor gyfansoddiad sy'n cydymffurfio â Chanllaw Arfer Da Llywodraeth Cymru - Pwyllgorau Bwrdd Effeithiol. Mae'r Pwyllgorau yn darparu eu cofnodion i bob cyfarfod Bwrdd, sy'n cyfrannu at ei asesiad o sicrwydd ac yn ei alluogi i graffu ar gyflawniad amcanion. Mae cyfarfodydd ein Bwrdd a'r Pwyllgorau wedi parhau i gael eu cynnal yn rhithiol yn ystod y flwyddyn. Mae aelodau'r cyhoedd wedi gallu arsylwi cyfarfodydd cyhoeddus y Bwrdd ers mis Gorffennaf 2020, a byddant yn gallu bod yn bresennol go iawn yng nghyfarfodydd cyhoeddus y Bwrdd o fis Mai 2022. Mae aelodau'r cyhoedd wedi gallu gwylio recordiadau o gyfarfodydd rhithiol y Pwyllgorau ers mis Chwefror 2022."

Mae copïau o'r papurau a'r cofnodion ar gael gan y Cyfarwyddwr Llywodraethu Corfforaethol a hefyd ar wefan y Bwrdd Iechyd (gweler y ddolen: https://cavuhb.nhs.wales/about-us/governance-and-assurance/board-meetings/). Mae'r wefan hefyd yn cynnwys crynodeb o gyfrifoldebau a Chylch Gorchwyl pob Pwyllgor. Mae'r holl gamau gweithredu sy'n ofynnol gan y Bwrdd a'r Pwyllgorau wedi'u cynnwys ar Gofnod Gweithredu a bydd cynnydd yn cael ei fonitro ym mhob cyfarfod

Mae pob Pwyllgor yn adolygu ei Gylch Gorchwyl a'i Gynlluniau Gwaith yn flynyddol i gefnogi busnes y Bwrdd, a hefyd yn llunio Adroddiad Blynyddol i ddangos ei fod wedi cydymffurfio â'i Gylch Gorchwyl perthnasol. Mae Pwyllgorau hefyd yn cydweithio ar ran y Bwrdd i sicrhau bod gwaith yn cael ei gynllunio'n gydlynus ac yn canolbwyntio ar y materion sy'n achosi'r risg fwyaf a fyddai'n ein hatal rhag cyflawni ein cenhadaeth a'n hamcanion. Er mwyn sicrhau cysondeb a chrynhoi tasgau rhwng Pwyllgorau, mae gan y Bwrdd Iechyd Grŵp Cydgysylltu Llywodraethu, a gadeirir gan Gadeirydd y Bwrdd Iechyd.

Mae'r dudalen hon yn wag yn fwriadol
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Agenda Item 3.1 Appendix 1
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Ein Haelodau Bwrdd

Aelodau Annibynnol

Yr Athro Charles Janczewski
Cadeirydd

Yr Athro Ceri Phillips
Is-Gadeirydd

Michael Imperato
Aelod Annibynnol - Cyfreithiol

Professor Gary Baxter
Aelod Annibynnol - Prifysgol

David Edwards
Aelod Annibynnol - Technoleg Gwybodaeth a Chyfathrebu

Cynghorydd Susan Elsmore
Aelod Annibynnol - Awdurdod Lleol

Akmal Hanuk
Aelod Annibynnol - Y Gymuned Leol

Sara Moseley
Aelod Annibynnol - Trydydd Sector(Gwirfoddol)

Dr Rhian Thomas
Aelod Annibynnol - Cyfalaf ac Ystadau

John Union
Aelod Annibynnol - Cyllid

Mike Jones
Aelod Annibynnol - Undebau Llafur

Cyfarwyddwyr Gweithredol a Swyddogion sy'n Aelodau

Suzanne Rankin
Prif Weithredwr

Yr Athro Meriel Jenney
Cyfarwyddwr Meddygol Gweithredol Dros Dro

Catherine Phillips
Cyfarwyddwr Gweithredol Cyllid

Caroline Bird
Prif Swyddog Gweithredu Dros Dro

Abigail Harris
Cyfarwyddwr Gweithredol Cynllunio Strategol

Dr Fiona Jenkins
Cyfarwyddwr Gweithredol Therapïau a Gwyddorau Iechyd

Fiona Kinghorn
Cyfarwyddwr Gweithredol Iechyd Cyhoeddus

Ruth Walker
Cyfarwyddwr Gweithredol Nyrsio

Rachel Gidman
Cyfarwyddwr Gweithredol Pobl a Diwylliant

Cyfarwyddwyr Eraill

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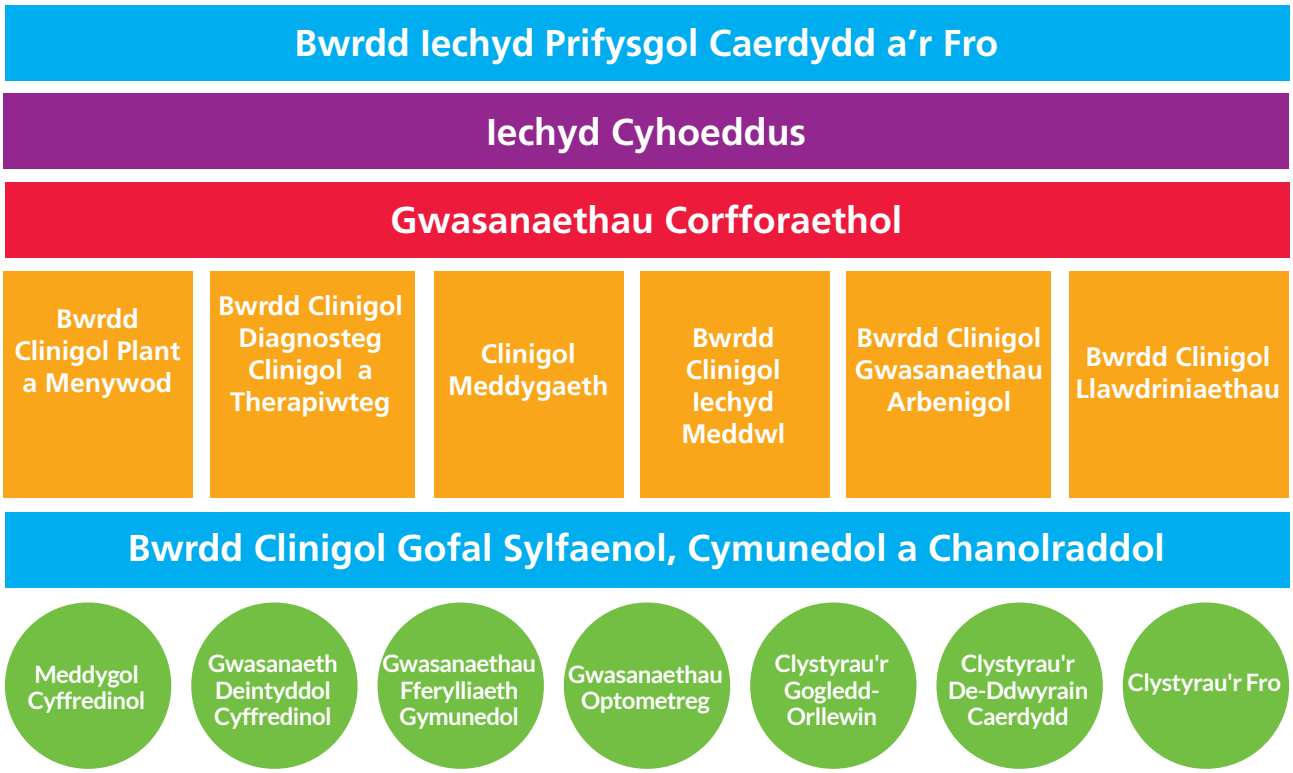
Nicola Foreman
Cyfarwyddwr Llywodraethiant Corfforaethol

David Thomas
Cyfarwyddwr Gwybodaeth Iechyd a Digidol

2.4 Ein Strwythur

Mae gennym weithlu o ryw 16,000 o staff sydd yn gyson yn darparu gwasanaethau o safon uchel i'n holl gleifion. Mae strwythur ein sefydliad wedi ei gynllunio ar ffurf saith Bwrdd Clinigol a grëwyd ym mis Mehefin 2013. Mae'r Byrddau wedi llwyddo i roi arweiniad cryf mewn meysydd clinigol ac wedi arwain at gyflymu'r broses o wneud penderfyniadau gweithredol, ac mae hynny yn ei dro wedi sicrhau gwelliant mawr i ddeilliannau cleifion yn eu gofal Delir y Byrddau Clinigol i gyfrif drwy'r Cyfarwyddwyr Gweithredol.



Mae ein gwasanaethau cynllunio a chorfforaethol yn rhan annatod o strwythur cyffredinol a gweithrediad llyfn y Bwrdd Iechyd, ac yn cynnwys:

- Strategaeth, Cynllunio a Chomisiynu
- Cyllid gan gynnwys Cyfalaf, Ystadau a Chyfleusterau
- Y Gweithlu a Datblygu Trefniadol
- Deallusrwydd Iechyd Digidol
- Cyfathrebu, Celfyddydau, Elusennau Iechyd ac Ymgysylltu
- Llywodraethu Corfforaethol

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Sicrheir cynnydd a threfniadau i graffu ar gyfarwyddiaethau'r Gwasanaethu Corfforaethol drwy gyfuniad o lywodraethu, atebolrwydd y cyfarwyddwyr gweithredol ac uwch reolwyr, gan fapio cynnydd yn erbyn prosiectau allweddol yn eu maes arbenigol.

2.5 Y Boblogaeth Rydym yn ei Gwasanaethu

Mae deall anghenion ein poblogaeth yn hanfodol er mwyn cynllunio'n gadarn ac effeithiol. Mae'r asesiad o anghenion y boblogaeth a gynhaliwyd o dan Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru), ac a ddatblygwyd gyda'n partneriaid rhanbarthol, yn creu darlun cyfunol o'r heriau o ran y boblogaeth yr ydym yn seilio ein cynlluniau arnynt. Cafodd yr asesiad hwn ei ail-lunio'n llwyr a'i gyflwyno gerbron y Bwrdd ar 30 Medi 2022, gan nodi anghenion iechyd a gofal allweddol, gan gynnwys:

Yr Unigolyn

- Mae'n rhaid cynnal a hyrwyddo annibyniaeth pobl o fewn penderfyniadau ynghylch gofal a chymorth, cyflogaeth a llety. Dylai unrhyw benderfyniadau o'r fath fod yn seiliedig ar ymgynghoriad a bod wedi'u cyd-gynhyrchu â'r sawl y maent yn effeithio arno.

Y Gymuned

- Nodwyd ynysigrwydd cymdeithasol yn yr Asesiad o Anghenion y Boblogaeth yn 2017, ac mae hyn wedi gwaethygu i lawer yn sgil COVID-19 (a elwir weithiau yn "Covid" yn yr Adroddiad Blynyddol hwn), gyda chanlyniadau pellgyrhaeddol o safbwynt iechyd corfforol ac iechyd meddwl a llesiant.
- Ymagwedd gyfannol at iechyd corfforol a iechyd meddwl, sy'n cynnwys mynediad gwell at wasanaethau, gan gynnwys lleihau rhestrau aros.
- Darparu gwybodaeth: roedd llawer o bobl heb fod yn ymwybodol o'r cymorth a oedd ar gael iddynt, a byddent yn elwa fwy o gyfeirio.

Penderfynyddion ehangach

- Roedd llawer yn dymuno cael swydd (wirfoddol neu gyflogedig) - i wella materion ariannol personol, a hefyd i greu ymdeimlad o bwrpas, lleihau ynysigrwydd, ac er mwyn helpu i warchod iechyd meddwl a llesiant pobl.
- Mae angen i dai a llety fod ar gael, sy'n hygyrch, yn ddiogel ac yn cefnogi'r hyn sydd bwysicaf i'r unigolyn. Er enghraifft, cyflogaeth sy'n galluogi. Mae angen gwella'r trefniadau atal a'r cymorth cynnar i bobl ddigartref.
- Trafodwyd anghydraddoldebau ym mhob pennod, yn enwedig yn nhermau amddifadedd economaidd-gymdeithasol, mynediad at wasanaethau a deilliannau iechyd. Mae COVID-19 wedi cael effaith anghymesur ar draws y boblogaeth, yn rhannol oherwydd anghydraddoldebau a geir eisoes yn mewn penderfynyddion cymdeithasol sy'n effeithio ar iechyd, ac a waethygwyd y sgil COVID-19 a'r cyfyngiadau.

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Mae'n bwysig inni hefyd ystyried llesiant ehangach ein poblogaeth hefyd, sy'n cynnwys llesiant amgylcheddol, cymdeithasol, economaidd a diwylliannol. Mae asesiadau llesiant Caerdydd a Bro Morgannwg hefyd wedi cael eu diweddaru dros y flwyddyn, gan gyhoeddi'r canfyddiadau terfynol yn nhymor y gwanwyn 2022.

Twf ac amrywiaeth y boblogaeth

Parhau i dyfu y mae poblogaeth Caerdydd a'r Fro, gyda rhagamcanion diweddaraf y Swyddfa Ystadegau Gwladol(ONS)/ Llywodraeth Cymru yn amcangyfrif cynnydd o 504,000 yn 2022 i 523,000 yn 2032, sef tua 4%. Mae'r amcanestyniadau diweddaraf hyn gan yr ONS yn amcanestyniadau sy'n seiliedig ar 2018, a gafodd eu diweddaru ddiwethaf ym mis Awst 2021 (gweler y ddolen - https://statscymru.llyw.cymru/Catalogue/Population-and-Migration/Population/Projections/Local-Authority/2018-based/populationprojections-by-localauthority-year.

Yn groes i ragamcanion blaenorol a gyhoeddwyd 4 blynedd yn ôl, rhagwelir bydd cyfradd twf y Fro yn fwy nag un Caerdydd, gyda thwf yn y Fro o 5.0% dros 10 mlynedd, o gymharu â 3.5% yng Nghaerdydd. Bydd union dwf y boblogaeth, yn enwedig yng Nghaerdydd, yn dibynnu llawer ar gynnydd datblygiadau tai mawr.

Mae gan y brifddinas-ranbarth yn arbennig hanes hir o fod yn agored a chynhwysol. Dyma'r awdurdod lleol mwyaf amrywiol o ran ethnigrwydd yng Nghymru, gyda thua 15% o'i boblogaeth o grwpiau lleiafrifol ethnig.

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Poblogaeth sy'n Heneiddio

Mae oedran cyfartalog pobl yng Nghaerdydd a'r Fro yn codi'n gyflym, gyda rhagamcan o gynnydd o 43% mewn pobl 85 a hŷn yn y Fro dros y 10 mlynedd nesaf, ac 17% yng Nghaerdydd.

Anghydraddoldebau iechyd

Mae cryn amrywiaeth mewn ymddygiad iach a deilliannau iechyd yn ein hardal, gydag amrywiadau mewn cyfraddau smygu, gweithgaredd corfforol, diet a chyfraddau gordewdra a bod dros bwysau. Mae cyfraddau brechu mewn plentyndod hefyd yn is mewn ardaloedd difreintiedig, a phobl yn fwy tebygol o brofi ansawdd aer gwaeth. Mae disgwyliad oes rhyw ddeng mlynedd yn is yn ein hardaloedd mwy difreintiedig, ac o ran disgwyliad einioes iach, mae'r bwlch yn fwy na dwbl hyn. Mae amddifadedd yn uwch yng nghymdogaethau De Caerdydd, a Chanol y Fro.

Amlygodd pandemig COVID-19 yr anghydraddoldebau dyfnion hyn, gyda'r effeithiau yn ddwysach yn ein hardaloedd mwy difreintiedig, ac ymysg cymunedau Du, Asiaidd a lleiafrifoedd ethnig. Archwilir hyn yn fanwl yn yr Adroddiad Blynyddol Cyfarwyddwr Iechyd y Cyhoedd ar gyfer 2020 (a gyhoeddwyd yn 2021).

Mynd i'r afael ag anghydraddoldebau iechyd mewn modd systematig yw un o'r prif raglenni gwaith yn ein Cynllun Llunio Iechyd ein Poblogaeth i'r Dyfodol. Dyma rai o'r rhaglenni eraill: Pwysau iach: Symud Mwy, Bwyta'n Iach; brechu ac imiwneiddio; ac amgylchedd cynaliadwy ac iach.

Newid ym mhatrwm clefydau

Mae nifer cynyddol o bobl yn ein hardal â diabetes, a mwy o bobl â dementia hefyd wrth i'r boblogaeth heneiddio (Asesiad Anghenion Poblogaeth Caerdydd a'r Fro, 2022). Cynyddu mae nifer y bobl gyda mwy nag un salwch tymor-hir. Mae effeithiau COVID-19 yn cynnwys effeithiau andwyol ar les meddyliol, a Covid 'hir'; rydym hefyd yn disgwyl effeithiau negyddol sylweddol ar benderfynyddion iechyd ehangach, er enghraifft, lefelau cyflogaeth a chyrhaeddiad addysgol a allai gymryd blynyddoedd i ddod i'r amlwg. Ceir rhai enghreifftiau o effeithiau cadarnhaol y pandemig hefyd, gan gynnwys cynnydd yn y nifer sy'n cerdded a beicio.

Tybaco

Mae un o bob saith o oedolion (14%) yn ein hardal yn smygu (Arolwg Cenedlaethol Cymru/StatsCymru, 2021). Er bod y niferoedd yn dal i ddisgyn, sydd yn galonogol, erys y defnydd o dybaco yn ffactor risg o bwys mewn sawl clefyd, gan gynnwys clefydau cardiofasgwlaidd a chanser yr ysgyfaint, a marwolaeth gynnar.

Bwyd

Mae dros ddwy ran o dair o bobl yn ein hardal heb fod yn bwyta digon o ffrwythau a llysiau, ac y mae dros hanner yr oedolion dros eu pwysau neu yn ordew (Arolwg Cenedlaethol Cymru/StatsCymru, 2021). Mewn rhai ardaloedd difreintiedig, mae'n anodd cyrchu bwyd iach a fforddiadwy, ac y mae ansicrwydd bwyd yn dod yn fwy amlwg oherwydd cynnydd mewn costau byw a cyflogau isel. (Iechyd Cyhoeddus Cymru, Ymateb i her driphlyg Covid-19, Brexit a'r Newid yn yr Hinsawdd, 2021).

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Gweithgarwch corfforol

Nid yw dros 40% o oedolion yn ein hardal yn cymryd rhan mewn gweithgaredd corfforol rheolaidd, gan gynnwys un o bob pump (22%) sy'n cael eu hystyried yn anweithgar (Arolwg Cenedlaethol Cymru/StatsCymru, 2021).

Ynysu cymdeithasol ac unigrwydd

Dywedodd tua chwarter y bobl sy'n agored i niwed yn ein hardal eu bod yn unig drwy'r amser neu ran o'r amser, cyn y pandemig) (Asesiad o Anghenion Poblogaeth Caerdydd a'r Fro, 2022).Nid ydym yn gwybod eto beth yw effaith tymor hwy y pandemig o ran ynysu ac unigrwydd, ond mae tystiolaeth sy'n dod i'r amlwg yn awgrymu bod unigrwydd wedi cynyddu dros y 2 flynedd ddiwethaf. Cysylltir ynysu cymdeithasol â gostyngiad mewn llesiant meddyliol a disgwyliad oes.

Y Gymraeg

Mae chwarter (26%) o bobl o bob oed yng Nghaerdydd, ac 1 o bob 5 (20%) yn y Fro, yn dweud eu bod yn gallu siarad Cymraeg (Arolwg Blynyddol o'r Boblogaeth/StatsCymru, 2022).

Hawliau Dynol

Mae gan y Bwrdd Iechyd Bolisi Cydraddoldeb, Amrywiaeth a Hawliau Dynol sy'n nodi'r ymrwymiad y sefydliad i hyrwyddo cydraddoldeb, amrywiaeth a hawliau dynol mewn perthynas â chyflogaeth. Y mae hefyd yn sicrhau bod y broses i recriwtio staff yn cael ei chynnal mewn modd cyfartal.

Cyngor Iechyd Cymunedol (CIC) De Morgannwg

Rydym yn gweithio'n agos gyda Chyngor Iechyd Cymunedol (CIC) De Morgannwg, sefydliad statudol annibynnol sy'n gweithredu fel llais i gleifion a'r cyhoedd. Y mae hefyd yn gwneud gwaith gwarchod dros y GIG ar gyfer pob agwedd ar ofal iechyd.

Rydym yn cydweithio i drafod darpariaeth a datblygiad y gwasanaethau a ddarperir gennym. Rydym yn croesawu adroddiadau gan y CIC ac yn ddiolchgar am eu cyngor, eu her a'u cefnogaeth barhaus.

Am ragor o wybodaeth, cysylltwch ag:

Uned 3, Canolfan Fusnes Pro-Copy
Parc Tŷ Glas
Llanisien
Caerdydd
CF14 5DU

Ffôn: 02920 750112

E-bost: SouthGlam.Chiefofficer@waleschc.org.uk

2.6 Egwyddorion Rhwymedi

Mae'r Bwrdd Iechyd wedi derbyn yn llawn y rheoliadau sydd yn cyfarwyddo trin ac ymateb i bryderon (cwynion a digwyddiadau) a lansiwyd gan Lywodraeth Cymru ym mis Ebrill 2011. Hefyd, mae agwedd y Bwrdd Iechyd at drin pryderon yn adlewyrchu i raddau helaeth yr 'Egwyddorion Rhwymediau' a gyhoeddwyd gan Ombwdsmon Gwasanaethau Cyhoeddus Cymru.

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a) Ei wneud yn iawn

- Os byddwn yn canfod pethau a allai fod wedi bod yn well, byddwn yn cydnabod hynny.
- Byddwn yn ystyried yr holl ffactorau perthnasol wrth benderfynu ar yr ateb priodol, gan sicrhau tegwch i'r achwynydd a, lle bo hynny'n briodol, i eraill sydd wedi dioddef anghyfiawnder neu galedi o ganlyniad i'r un achos o gamweinyddu neu o ddarparu gwasanaeth gwael.
- Byddwn yn ymddiheuro ac yn esbonio'r camweinyddu neu'r gwasanaeth gwael.
- Byddwn yn ceisio deall a rheoli disgwyliadau ac anghenion pobl.
- Byddwn bob amser yn ceisio trin pobl mewn modd proffesiynol a sensitif.

b) Canolbwyntio ar y cwsmer

- Byddwn yn cydnabod ac yn derbyn cyfrifoldeb am fethiant os a phan fydd yn digwydd.
- Byddwn yn esbonio'n glir pam bod y methiant wedi digwydd, ac yn gresynu'n ddidwyll bod unrhyw anghyfiawnder neu galedi wedi deillio o hynny.

c) Bod yn agored ac atebol

- Byddwn yn ceisio bod yn agored ac yn dryloyw.
- Byddwn yn anelu i drin pobl heb ragfarn na chamwahaniaethu.

d) Gweithredu'n deg a chymesur

- Byddwn yn ystyried pob ffurf ar rwymedi (fel ymddiheuriad, esboniad, camau unioni neu iawndal ariannol).

e) Gweithio i Wella

- Byddwn yn canolbwyntio ar ddefnyddio gwybodaeth am ganlyniadau pryderon, a'r themâu ynddynt, i wella gwasanaethau.

f) Ceisio gwella'n gyson

- Byddwn yn ceisio cynnig ymchwiliad ac ymateb cymesur a rhesymol, gan anelu i ganfod cyfleoedd i wella gwasanaethau.

2.7 Iechyd ein poblogaeth

Gweler paragraff 2.5 uchod.

2.8 Ein Strategaeth

SLlunio ein Llesiant i'r Dyfodol, a gymeradwywyd gan y Bwrdd yn 2015, yw'r strategaeth 10 mlynedd ar gyfer trawsnewid a gwella ym Mwrdd Iechyd Prifysgol Caerdydd a'r Fro. Yr hyn sydd wrth wraidd y strategaeth yw ein gweledigaeth, sef y dylai pawb gael cyfle i fyw bywyd hirach, iachach a hapusach. Wrth i'r boblogaeth heneiddio a'n ffyrdd o fyw newid, mae ein systemau iechyd a gofal yn wynebu pwysau cynyddol. Er mwyn gallu bodloni anghenion ein poblogaeth, mae'n rhaid inni drawsnewid ein dull o ddarparu gwasanaethau ar draws ein holl system iechyd a gofal, gan sicrhau y gall pobl dderbyn y cymorth sydd ei angen arnynt mewn modd amserol, naill ai gartref neu mor agos at eu cartref ag sy'n bosibl. Lle bo angen, dylid darparu gofal arbenigol yn yr ysbyty - ar gyfer gofal eilaidd, trydyddol a phedweryddol - pan fo angen hynny ar y claf, yn achos gofal argyfwng a gofal brys, a gofal y gellir ei gynllunio.

Mae angen inni esblygu'n gyflym i wasanaethu anghenion y cyhoedd yn y ffordd orau, a sicrhau ein bod yn gallu darparu gwasanaethau iechyd cynaliadwy i bawb, waeth beth fo'u hamgylchiadau.

Rydym am sicrhau gofal cydgysylltiedig yn seiliedig ar yr ymagwedd 'gartref yn gyntaf' gan rymuso dinasyddion Caerdydd a'r Fro i deimlo'n gyfrifol am eu hiechyd eu hunain, gyda mynediad at y gefnogaeth sydd ei hangen arnynt i wneud hynny. Dylid darparu ein gwasanaethau yn y ffyrdd mwyaf effeithlon, sy'n gwneud y gorau o'r adnoddau sydd ar gael i ni, ac sy'n rhoi'r canlyniadau a'r profiad gorau posibl i gleifion. Mae gwella ansawdd y gofal a ddarparwn yn greiddiol i'n rhaglen trawsnewid gwasanaethau. Rydym am sicrhau canlyniadau sydd wirioneddol o bwys i gleifion a'r cyhoedd, gan sicrhau ein bod i gyd yn cydweithio i greu system iechyd yr ydym yn falch ohoni.

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Bydd heriau'n codi ar hyd y daith; mae angen inni fabwysiadu dull cytbwys o sicrhau newid i'n poblogaeth, yn seiliedig ar flaenoriaethau gwasanaethau, cynaliadwyedd a gwerthoedd diwylliannol. Er hynny, rydym wedi ymrwymo i 'Ofalu am Bobl, Cadw Pobl yn Iach', gan sicrhau bod y Bwrdd Iechyd a'i ddinasyddion lawer yn ffynnu nid yn unig heddiw, ond am y blynyddoedd lawer sydd i ddod.

Er mwyn gwireddu ein gweledigaeth mae angen inni weithio gyda nifer o bartneriaid a rhanddeiliaid: ein cymunedau lleol, ein timau Gofal Sylfaenol, awdurdodau lleol, byrddau iechyd cyfagos ac Ymddiriedolaethau'r GIG, a Phrifysgol Caerdydd a phartneriaid academaidd/ymchwil eraill.

2.9 Cynllun Tymor Canolig Integredig (CTCI)

Rhwng mis Mawrth 2020 a mis Mawrth 2022, cafodd proses y Cynllun Tymor Canolig Integredig (IMTP) ei gohirio oherwydd y pandemig. Yn lle'r gofyniad am CTCI cymeradwy, cyflwynwyd yr angen am gynlluniau chwarterol ar gyfer 2020-2021, a chynllun blynyddol ar gyfer 2021-2022, a adlewyrchai'r angen am gynlluniau ystwyth i adlewyrchu'r tirlun newidiol wrth i'r pandemig fynd rhagddo. Er bod angen inni barhau i fod yn ddeinamig wrth gynllunio, rhoddwyd sylw hefyd i'r blaenoriaethau a nodwyd yn CTCI 2020-2023 a gymeradwywyd gan y Bwrdd ym mis Ionawr 2020, ac a dybiwyd yn gymeradwy gan Lywodraeth Cymru, cyn dyfodiad y pandemig.

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Ym mis Hydref 2021, nododd Llywodraeth Cymru ei bod yn dychwelyd i ddull cynllunio teirblynyddol ac, yn unol â hynny, mae'r Bwrdd Iechyd wedi datblygu CTCI tair blynedd drafft ar gyfer 2022 i 2025. Ym mis Mawrth 2022, cymeradwyodd y Bwrdd CTCI drafft 2022-2025 a gafodd wedyn ei gyflwyno i'w ystyried gan Lywodraeth Cymru. Mae'r cynllun yn cyflwyno rhaglen waith uchelgeisiol sy'n anelu i gyflymu ein taith i drawsnewid gwasanaethau, gan gymryd cam sylweddol ymlaen i adfer y triniaethau gofal cynlluniedig a gafodd eu gohirio yn sgil COVID-19, a gwella ei gwasanaeth gofal argyfwng a brys sydd wedi bod o dan gryn bwysau dros y ddwy flynedd ddiwethaf. Gyda chytundeb Llywodraeth Cymru, cadarnhawyd gennym y byddai gwaith pellach yn cael ei gwblhau yn chwarter 1 2022 ar y camau gweithredu gofynnol, ac y byddai terfynau amser heriol ond realistig yn cael eu gosod, i leihau'r bwlch ariannol a geir o hyd yn ein CTCI drafft. Mae'r gwaith hwn ar y gweill, a chyn gynted ag y byddwn wedi lleihau'r bwlch ariannol bydd drafft terfynol y CTCI yn cael ei gyflwyno i'w gymeradwyo gan ein Bwrdd (yng nghyfarfod y Bwrdd ar 30 Mehefin 2022) cyn diweddaru drafft terfynol y CTCI a'i gyflwyno i'w gymeradwyo gan Lywodraeth Cymru ar 1 Gorffennaf, neu oddeutu'r dyddiad hwnnw.

Mae ein Bwriadau Comisiynu (fel y'u crynhoir yn y diagram isod) yn nodi'r prif feysydd blaenoriaeth ar gyfer comisiynu gwasanaethau - yn fewnol gan ein Byrddau Clinigol, ac yn allanol gan yr ystod eang o bartneriaid sy'n darparu gwasanaethau i'n poblogaeth leol.

Darparu gofal iechyd a chanlyniadau clinigol o ansawdd uchel sy'n seiliedig ar werthoedd a gwell boddhad i gleifion. Darparu llwybrau cleifion sy'n amgylcheddol gynaliadwy ac amgylchedd a fydd yn canolbwyntio ar atal, helpu i adfer, urddas a gwella, meithrin iechyd hirdymor a reolir gan gleifion ac sy'n cydymffurfio â'r holl reoliadau perthnasol.

Dod yn ganolfan Rhagoriaeth, yn fagnet ac yn angor ar gyfer dysgu, ymchwil ac arloesi i'r rhanbarth a Chymru yn gyffredinol; wedi'u hintegreiddio'n llawn i'r gymuned leol, gan feithrin ymdeimlad o berchnogaeth a balchder.

Hyrwyddo lles staff a chydnabod arloesedd ac ymdrech staff. Galluogi recriwtio, mwy o foddhad a chadw staff o ansawdd uchel, cynnal gweithlu o safon uchel a darparu addysg a hyfforddiant sy'n angenrheidiol ar gyfer eu datblygiad proffesiynol.

Dod yn arloeswr ar gyfer deall gweithgarwch mewn ffyrdd mwy arloesol, drwy:

1. 1) Ddefnyddio technoleg yn rhagweithiol wrth ddarparu gofal, sy'n canolbwyntio ar atal a lles hirdymor;
2. 2) Datblygu llwyfan y gellir ei addasu ar gyfer integreiddio technoleg yn y dyfodol;
3. 3) Defnyddio Deallusrwydd Artiffisial a dysgu peirianyddol i gyflwyno meddygaeth fanwl gywir.

Adeiladu ar ein dull amlasiantaethol sefydledig o weithio'n gadarnhaol a gwella statws iechyd y boblogaeth yn gryf drwy ganolbwyntio ar atal clefydau ar lefelau sylfaenol, eilaidd a thrydyddol, hyrwyddo iechyd a lles, a thargedu'r poblogaethau sydd â'r anghydraddoldebau cymdeithasol uchaf. Cymhwyso dysgu, drwy lens profiad y pandemig, yn enwedig i grwpiau ag anghenion penodol megis cyd-afiacheddau, anableddau dysgu, grwpiau sy'n agored i niwed a chymunedau Pobl Dduon, Asiaidd a Lleiafrifoedd Ethnig.

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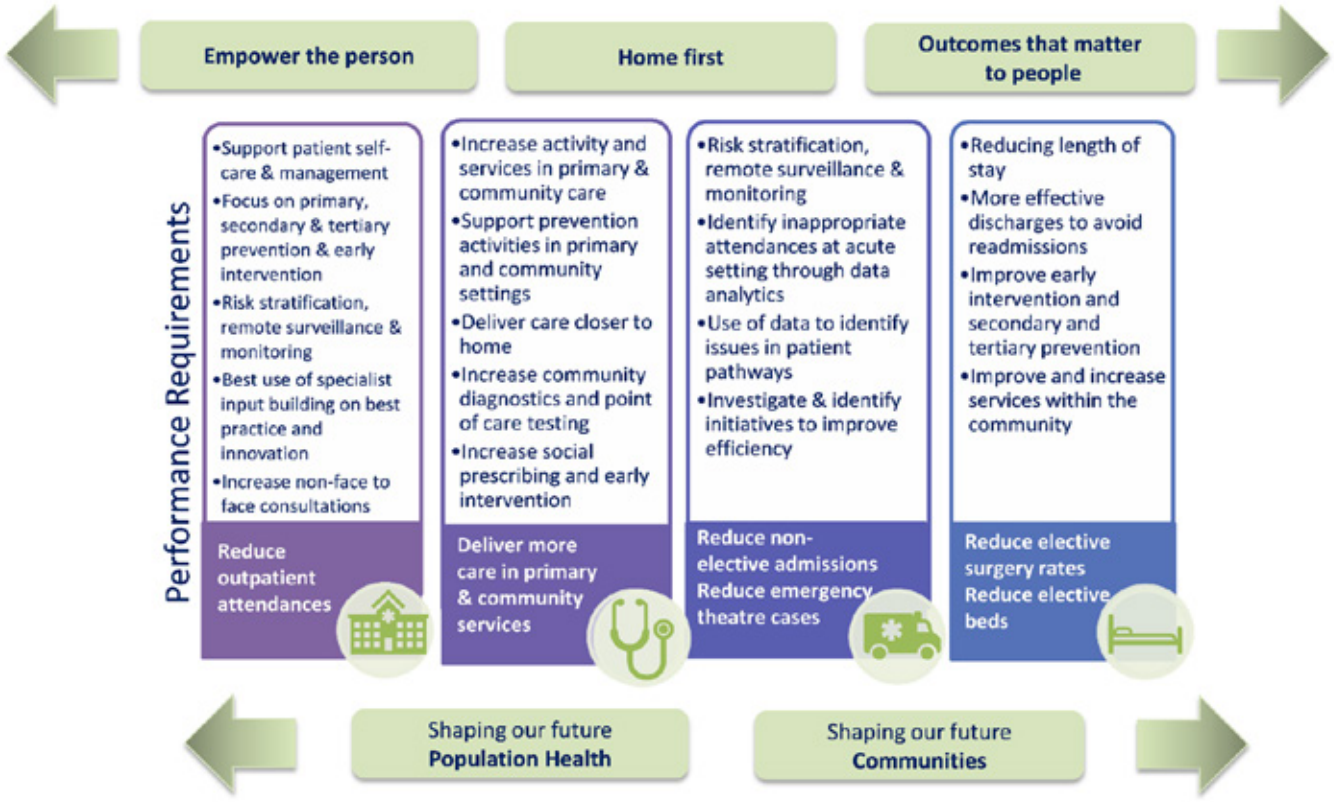

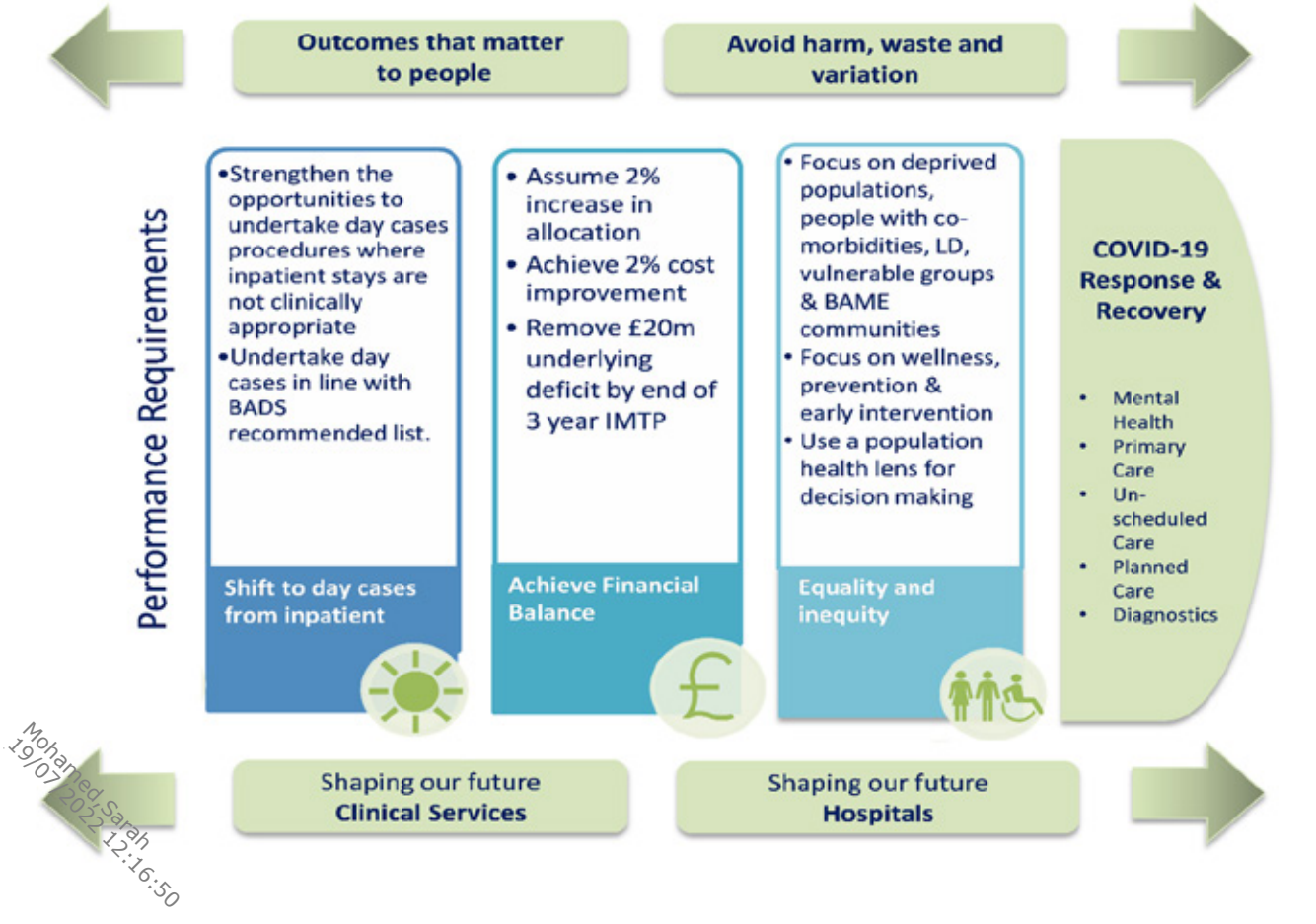

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Yn yr un modd, mae ein CTCI yn ymateb i ofynion comisiynu ein byrddau iechyd cyfagos a Phwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC) ar gyfer y gwasanaethau arbenigol a thrydyddol a ddarperir gennym i'w poblogaethau a'u cleifion.

2.10 Ymchwil, Datblygu, Arloesi a Phartneriaethau

Un o egwyddorion craidd y GIG a strategaeth y Bwrdd Iechyd yw dod â manteision i gleifion trwy Ymchwil a Datblygu (YaD) ac arloesi. x Mae perfformiad YaD effeithiol yn hanfodol os yw'r Bwrdd Iechyd am ateb ei werthoedd a'i amcanion, oherwydd ei fod yn dwyn manteision lu:

Manteision i gleifion

- Mynediad at y therapïau diweddaraf a thriniaethau newydd
- Mynediad at y profion diagnostig a phrognosis diweddaraf
- Mae cleifion a wahoddir i gymryd rhan mewn treialon clinigol yn dangos mwy o foddhad cyffredinol a gwell deilliannau o gymharu â chleifion na chawsant y cyfle hwn.
- Mae gan ysbytai â phortffolio YaD cryf well deilliannau hyd yn oed i gleifion nad ydynt mewn treialon.
- Mae'n aml yn fwy cynaliadwy recriwtio a chadw staff o'r radd flaenaf mewn ysbytai athrofaol a thrydyddol a systemau iechyd mawr, lle gall clinigwyr gymryd rhan mewn ymchwil a threialon er budd eu cleifion a'u gwasanaethau.

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Manteision i'r staff

- Mae gweithlu sy'n llythrennog mewn ymchwil yn barod i gymryd rhan yn y broses o newid parhaus a gwella gwasanaeth sy'n angenrheidiol i gwrdd â heriau darparu gofal iechyd modern
- Datblygu staff, sy'n arwain at fwy o frwdfrydedd, symbyliad a recriwtio pobl o ansawdd uchel i'r sefydliad

Manteision i'r Bwrdd Iechyd:

- Cyflawni cyfrifoldebau statudol y Bwrdd Iechyd
- Galluogi cysylltiadau â sefydliadau tebyg yng ngweddill y byd, gan rannu arfer gorau a chodi statws y Bwrdd Iechyd
- Esiampl fel y darparydd Gofal Iechyd mwyaf blaenllaw yng Nghymru
- Denu a chadw staff
- Cyllid wedi'i osod yn erbyn costau staff (drwy ennill incwm YaD), arbedion ar gyffuriau/ dyfeisiadau drwy gymryd rhan mewn astudiaethau, mynediad at incwm masnachol drwy gymryd rhan mewn ymchwil a threialon
- Incwm YaD uniongyrchol – Llywodraeth Cymru.

Mae gan y Bwrdd Iechyd ethos ymchwil a datblygu cryf a hanes o lwyddo yn y maes hwn yn y gorffennol. Mae newidiadau i'r modd caiff YaD ei gyllido a'i gymeradwyo yng Nghymru a'r Deyrnas Unedig yn creu heriau mawr, ond hefyd yn cynnig cyfleoedd mawr i'r Bwrdd Iechyd Mae'r Bwrdd Iechyd yn datblygu strwythur sy'n annog cynhyrchu cyllid ac adnoddau ar gyfer YaD.

Yn YAC y mae'r unig uned ymchwil glinigol bwrpasol i gleifion mewnol yng Nghymru. Mae hynny'n ei alluogi i gynnal yr ystod lawn o dreialon clinigol, gan gynnwys y treialon cyntaf mewn pobl. Yn ystod 2021/22, sefydlwyd swyddfa YaD gennym ar y cyd â Phrifysgol Caerdydd o dan arweinyddiaeth Cyd-gyfarwyddwr YaD, a daethom â'r ddau dîm ynghyd mewn cyfleusterau wedi'u hadnewyddu (y gwneir defnydd llawn ohonynt pan fydd rheolau Covid yn caniatáu).

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Rhan 1

Adroddiad ar Berfformiad

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3. Trosolwg o Berfformiad

Cyflwyniad

Mewn ymateb i'r pandemig, rhoddwyd y gorau i'r cylch cynllunio traddodiadol ar gyfer GIG Cymru - a'r cyfarwyddyd a roddwyd gan Lywodraeth Cymru oedd i'r Byrddau Iechyd ddatblygu cynllun blynyddol ar gyfer 2021/22. Cyflwynodd y Bwrdd Iechyd ei Gynllun Blynyddol trosfwaol gydag atodiad yn canolbwyntio ar 'Cynllunio ar gyfer Adfer ac Ailddylunio' ar 30ain Mehefin 2021. Roedd y prif gynllun yn rhoi darlun cyfannol strategol o'r holl Fwrdd Iechyd, ei uchelgeisiau strategol a'i gyfeiriad, tra'r oedd yr atodiad yn cynnwys gwybodaeth fanylach am gynlluniau i adfer ac ail-ddylunio ein gwasanaethau wrth inni symud i gyfnod nesaf y pandemig.

Yn gyffredinol, mae 2021/22 wedi bod yn flwyddyn heriol arall i'r Bwrdd Iechyd. Er inni wneud cynnydd da yn erbyn nifer sylweddol o gynlluniau ein Rhaglen Adfer ac Ailddylunio,, mae'r pwysau gweithredol ar draw y system wedi amharu ar ein perfformiad. Bu'r pwysau gweithredol a brofwyd eleni'n annodweddiadol, gyda phwysau anarferol yn parhau drwy gydol yr haf. Golygodd hyn fod y Bwrdd Iechyd wedi cychwyn y gaeaf, tymor sydd fel arfer yn fwy heriol, mewn sefyllfa anos.

Parhaodd y Bwrdd Iechyd i fod yn 'barod am Covid' drwy gydol y flwyddyn - egwyddor sydd wrth wraidd ein model gweithredu. Parhaodd ein gwaith cynllunio a'n hymateb i ganolbwyntio ar bum niwed COVID-19. (Am ragor o wybodaeth am y diffiniadau o'r pum niwed, gweler y ddolen ganlynol -https://llyw.cymru/y-grwp-cyngor-technegol-5-nam-syn-covid-o-covid-19).

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Roedd hyn yn arbennig o berthnasol wrth i amrywiolion newydd ddod i'r amlwg, yn enwedig amrywiolyn Omicron ym mis Tachwedd / Rhagfyr 2021. Ceir amlinelliad manylach isod o effaith COVID-19 ar ddarpariaeth gwasanaeth, ynghyd â'r cynnydd a gafwyd gyda'n rhaglen Adfer ac Ailddylunio.

Y Dyletswyddau Gonestrwydd ac Ansawdd Newydd

Mae'r Ddyletswydd Ansawdd newydd a'r Ddyletswydd Gonestrwydd newydd yn dod i rym yn gyfreithiol ym mis Ebrill 2023, yn unol â Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2020. Bydd y Dyletswyddau newydd yn ei gwneud yn ofynnol i'r Bwrdd Iechyd adrodd yn flynyddol ar gydymffurfiaeth â'r Dyletswyddau hynny a chyhoeddi eu hadroddiadau yn y cyfrifon blynyddol a'r adroddiad ar berfformiad. Bydd y gofynion adrodd newydd hyn felly wedi'u cynnwys yn y cyfnod adrodd 2023/24.

Yn y cyfamser, rhagwelir y bydd:

(i) Y Ddyletswydd Ansawdd yn cael ei rhoi ar waith yn anstatudol yn nhymor yr hydref 2022.

Bydd hyn yn gyfle i brofi'r dangosyddion adrodd ansawdd, mesurau a chysyniadau fframwaith naratif a gaiff eu datblygu yn ystod cam gweithredu'r Ddyletswydd Ansawdd, fel proses adrodd hybrid ar gyfer 2022/23. Yn y cyfamser mae gofynion adrodd ar ansawdd wedi'u hymwreiddio yn Adran Berfformiad yr Adroddiad Blynyddol hwn, yn benodol yn adrannau 7 a 15.7 yr Adroddiad Blynyddol hwn.

(ii) Cyfnod arweiniol yn ystod hydref/gaeaf 2022 lle caiff y Ddyletswydd Gonestrwydd ei rhoi ar waith yn anstatudol. Bydd hyn yn gyfle i gyrff y GIG, gan gynnwys darparwyr Gofal Sylfaenol, baratoi am y gofynion adrodd newydd o dan y Ddyletswydd Gonestrwydd, a chynnal a gweithredu sesiynau hyfforddi ac ymwybyddiaeth.

Meysydd cyfrifoldeb

Mae'r Bwrdd Iechyd yn cyflogi tua 16,000 o staff ac mae ganddo incwm blynyddol o oddeutu £1.7 biliwn. Mae'n un o saith bwrdd iechyd cwbl integredig Cymru, ac yn un o sefydliadau gofal iechyd mwyaf y DU. Mae'n darparu Gwasanaethau Gofal Sylfaenol, Canolradd a Chymunedol, Iechyd Meddwl a Iechyd Cyhoeddus ac Ysbyty Acíwt i 500,000 o bobl ar draws 11 o safleoedd yng Nghaerdydd a Bro Morgannwg. Y Bwrdd Iechyd yw prif ddarparydd gofal Trydyddol ar draws De Cymru, ac mae'n gweithio'n ddiwyd i ddatblygu gwasanaethau rhanbarthol ar y cyd, gan gynnwys cydweithio â Bwrdd Iechyd Prifysgol Bae Abertawe yng nghyswllt gwasanaethau trydyddol.

Gweledigaeth y sefydliad yw galluogi pawb i gael yr un cyfle am fywyd iach, waeth pwy yr ydynt a ble maent yn byw; a chreu system gofal iechyd cynaliadwy a chanddi fwy o ffocws ar ofal yn nes at adref, atal salwch, gwella iechyd a llesiant, grymuso pobl a sicrhau canlyniadau sydd o bwys iddynt ac ansawdd bywyd gwell. Er mwyn gwireddu'r weledigaeth hon, mae'r Bwrdd Iechyd yn gweithio mewn partneriaeth â Chyngor Caerdydd a Chyngor Bro Morgannwg, y trydydd sector a phartneriaid ehangach y gwasanaethau cyhoeddus, i gyflawni cynlluniau i wella iechyd a llesiant ein cymunedau lleol.

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Ein perfformiad

3.1 Effaith COVID-19 ar ddarpariaeth gwasanaethau

Parhaodd y pandemig i gael effaith sylweddol a pharhaus ar ddarpariaeth gwasanaethau yn ystod 2021/22. Er inni gyflymu ein cynlluniau i adfer ac ailddylunio gwasanaethau ar ddechrau'r flwyddyn, roedd ein timau hefyd yn dal i ofalu am niferoedd sylweddol o gleifion COVID-19. Pan ddaeth Omicron ddod i'r amlwg wrth inni symud tuag at ddiwedd y flwyddyn, bu'n rhaid inni addasu ein hymagwedd er mwyn sicrhau ein bod yn dal i allu darparu gwasanaethau hanfodol ar yr un pryd â chynyddu darpariaeth rhaglen frechu COVID-19 yn gyflym, a bodloni anghenion nifer cynyddol o gleifion oed wedi profi'n bositif am COVID-19. Cafwyd nifer o risgiau darparu gwasanaeth yn ystod y flwyddyn mewn perthynas â COVID-19, gan gynnwys:

- Amrywio ac ansicrwydd parhaus o ran proffil o'r galw ymhlith grwpiau cleifion Covid a chleifion eraill - gyda rhai gwasanaethau'n profi galw eithriadol ac eraill lle bu cyfyngu ar y galw.

- Gwasanaethau lle mae'r Bwrdd Iechyd wedi gofod lleihau ei lefelau gweithgarwch er mwyn ail-flaenoriaethu adnoddau ar gyfer yr ymateb i COVID-19, yn enwedig mewn perthynas ag amrywiolyn Omicron.

- Dyfodiad amrywiolyn Omicron, yr ansicrwydd a gafwyd yn gysylltiedig â hynny, a'r cynnydd dilynol yn y galw.

- Parhau i weithio'n llai effeithlon gan fod mesurau atal a rheoli heintiau ar waith i leihau cyfraddau trosglwyddo COVID-19.

- Parhau i weithio mewn modd cymhleth ac aneffeithlon gan fod angen gwahanu grwpiau o gleifion er mwyn lleihau'r risg o drosglwyddo'r firws.
- Amseroedd aros yn cynyddu oherwydd gostyngiad yn y ddarpariaeth.

Parhaodd y Bwrdd Iechyd i ddefnyddio ei fodel gweithredu COVID-19 a ddarparodd y fframwaith ar gyfer penderfyniadau cyflym a hyblygrwydd i gydgysylltu gwasanaethau ar gyfer grwpiau cleifion Covid a chleifion eraill. Defnyddiwyd modelau lleol, rhanbarthol a chenedlaethol i sicrhau bod ein penderfyniadau gweithredol yn seiliedig ar ystod o ddangosyddion ac yn cael eu haddasu i gyd-fynd â'r amgylchiadau penodol ar bob cam. Mae'r angen i barhau i fod yn "barod am COVID" wrth wraidd y model gweithredu, a gwnaethom sicrhau bod cydberthynas agos rhwng yr ymagwedd hon â Chynllun Rheoli COVID GIG Cymru.

Diweddarwyd ein trefniadau sicrwydd ac atebolrwydd er mwyn helpu i gydbwyso pum niwed COVID-19, ee niwed uniongyrchol; niwed anuniongyrchol; niwed mesurau diogelu'n seiliedig ar y boblogaeth; niwed economaidd, a niweidiau yn sgil gwaethygu anghydraddoldeb. Er mwyn nodi ein huchelgeisiau, datblygwyd cynllun blynyddol blwyddyn o hyd gennym. Roedd y cynllun yn cynnwys ymagwedd Adfer ac Ailddylunio wedi'i fframio o amgylch y pum prif raglen waith ym maes Gofal Cynlluniedig, Gofal Brys ac Argyfwng, Gofal Sylfaenol a Chymunedol, Iechyd Meddwl a Diagnosteg a Therapïau. Roedd ffocws y rhaglenni hyn yn cynnwys darparu gwasanaethau ar draws ystod o hanfodion gan gynnwys cynnal gwasanaethau hanfodol ac adfer gwasanaethau drwy gynnig mwy o gapasiti, cynyddu effeithlonrwydd a gwaith trawsnewid yn gysylltiedig â gwella llwybrau cleifion. Mae data gweithgarwch a pherfformiad yn erbyn dangosyddion allweddol, yn unol â chanllawiau cenedlaethol, wedi cael eu defnyddio fel gwybodaeth reoli, ac i roi sicrwydd ynghylch cyflawniad y cynllun, gyda ffocws neilltuol ar sicrhau bod ein hymagwedd yn seiliedig ar risg i fodloni anghenion ein cleifion mwyaf brys o safbwynt clinigol.

Approved Sarah 19/07/2022 12:16:50

3.2 Cynllunio a darparu gwasanaethau diogel, effeithiol a safonol ar gyfer gofal COVID-19 a heb fod yn COVID-19

Ar bob cam o'r pandemig mae'r Bwrdd Iechyd wedi ymateb yn gyflym i ailddylunio'r modd y darperir gwasanaethau, i ailgyflunio ac addasu'r ôl-troed i ddibenion gwahanol, a chreu'r capasiti sydd ei angen i gynnal mynediad at wasanaethau hanfodol a darparu gwasanaethau mwy cyffredin pa fo hynny'n ddiogel.

3.3 Ailddylunio gwasanaethau gofal sylfaenol i ddarparu gofal brys dros gyfnod acíwt COVID-19

Mae ein timau ar draws Gofal Sylfaenol wedi parhau i ddarparu gwasanaethau drwy ddulliau arloesol, er mwyn cadw cleifion a staff yn ddiogel. Mae ein timau wedi parhau â'r modelau ffonio yn gyntaf a brysbennu, sydd wedi bod o gymorth i gynnig apwyntiadau rhithiol lle bo'n briodol, a hwyluso mynediad cyflym at apwyntiadau wyneb yn wyneb lle bo angen.

Cafodd ein hymagwedd at ddarpariaeth ei llywio gan y system 'goleuadau traffig' genedlaethol a ddatblygwyd ar gyfer y pedwar gwasanaeth Gofal Sylfaenol a gontractiwyd, gyda chamau coch, ambr a gwyrdd. Mae darpariaeth gwasanaethau wedi amrywio yn dibynnu ar fynychder achosion yn y gymuned, ac yn unol â chanllawiau ar atal a rheoli heintiadau. Dros y flwyddyn mae gwasanaethau wedi bod yn symud drwy'r cam 'ambr' ac mae'r rhan fwyaf o wasanaethau bellach wedi'u hailsefydlu ac yn gweithredu'n unol â'r cam 'gwyrdd', gyda lefelau gweithgarwch ar y cyfan yn cyfateb i'r lefelau cyn y pandemig. Yr eithriad i hyn yw deintyddiaeth, gan fod gweithgarwch wedi parhau ar oddeutu 40-50% y lefelau cyn Covid yn sgil gofynion yr IPC. Mae ymdrin â'r sefyllfa hon yn gyflym, yn unol â chanllawiau diweddaraf yr IPC, yn rhan greiddiol o'n cynllun ar gyfer y flwyddyn i ddod.

Er na chafodd Gwasanaethau Meddygol Cyffredinol (GMC) eu hatal drwy'r pandemig, bu achosion o lacio contractau GMC mewn amryw o ffyrdd hyd at 30 Medi 2021 O 1 Hydref, daeth yr holl fesurau i lacio contractau i ben. Mae practisau GMC yn dal wedi bod o dan bwysau parhaus, gydag un o bob pum practis ynn adrodd lefel uchel o bwysau uwchgyfeirio ar wahanol gyfnodau y ystod y flwyddyn. Y rheswm pennaf am hyn fu absenoldeb y staff yn ystod Covid. Mae ein tîm Gofal Sylfaenol wedi bod yn gweithio'n ddiwyd gyda phractisau i gynnig amrywiaeth o gymorth. Yn ogystal â hyn, tynnwyd yn ôl o ddau gontract yn 2021/22. Cafodd y rhain eu rheoli'n effeithio gan ein tîm Gofal Sylfaenol, gan ddod i gytundeb i drosglwyddo cleifion i bractisau eraill yn yr ardal leol.

Mae'r Gwasanaethau Optometreg bron wedi dychwelyd i lefelau cyn Covid, gydag ambell ostyngiad yn sgil mesurau'r IPC (ee, pellter cymdeithasol a PPE). Drwy ddarparu gofal drwy Ganolfannau Diagnostig a Thriniaeth Optometreg a phresgripsiynu annibynnol, mae cleifion wedi gallu cael eu gweld mewn lleoliadau gofal sylfaenol gan leihau'r nifer sy'n ymweld â gwasanaethau Gofal Eilaidd, a'r galw am y gwasanaethau hynny. Nid yw gwasanaethau fferyllol wedi cael eu hatal yn ystod y pandemig, ac mae fferyllfeydd wedi aros ar agor drwy gydol y cyfnod.

Bu pwysau sylweddol ar y gwasanaeth Gofal Sylfaenol Brys/CAF247 y Tu Allan i Oriau yn ystod y flwyddyn, gyda nifer y galwadau yn uwch nag 16,000 bob mis. Mae'r hybiau Gofal Sylfaenol Brys, a sefydlwyd mewn tri chlwstwr ym Mro Morgannwg, wedi cynnig capasiti ychwanegol gwerthfawr 9yn bennaf yn ystod y cyfnod 'oriau arferol') er mwyn gwella mynediad i gleifion a lleihau'r pwysau ar bractisau GMC. Mae hyn wedi cynnwys brysbennu ac apwyntiadau wyneb yn wyneb,

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gyda chapasiti o tua 2,500 o apwyntiadau bob mis.

Mae timau cymunedol wedi parhau i ddarparu gwasanaethau yn ystod y pandemig. Bu pwysau sylweddol ar y timau nyrsio ardal yn sgil cynnydd yn y galw ac absenoldeb staff, yn ogystal â'r angen i gefnogi darpariaeth rhaglen frechu Covid a chefnogi'r pwysau mewn Gofal Eilaidd. O ganlyniad i hyn, bu angen gweithio mewn modd mwy hyblyg ar draws y timau nyrsio ardal a blaenoriaethu gwasanaethau ar sail angen clinigol. Rhoddwyd cefnogaeth sylweddol i gartrefi gofal, gan weithio'n effeithiol mewn partneriaeth â chydweithwyr o'r awdurdod lleol. Cynhaliodd ein timau nyrsio ardal dros 1,600 o ymweliadau a chynhaliodd y tîm nyrsio cymunedol dros 3,000 ohonynt.

Mae ein Tîm Adnoddau Cymunedol yng Ngwasanaeth Adnoddau Cymunedol Caerdydd a'r Fro wedi parhau i ddefnyddio'r timau amlddisgyblaeth, gan gynnwys ystod o therapyddion, i helpu pobl i aros gartref ac osgoi cael eu derbyn i'r ysbyty, a hefyd i gefnogi'r nifer fwy o gleifion sy'n cael eu rhyddhau yn sgil y cynnydd yn nifer y bobl sydd angen gofal yn yr ysbyty. Mae adolygiad parhaus wedi cael ei gynnal o becynnau gofal er mwyn rhyddhau adnoddau lle bo'n briodol i ymdrin ag achosion newydd. Er bod model 'o fewn cyrraedd' wedi bodoli erioed i dynnu cleifion o'r ysbyty, cafwyd mwy o ffocws ar gydweithio rhwng y timau cymunedol a staff wardiau er mwyn rhyddhau cynifer o gleifion â phosib.

3.4 Cynllunio a chynnal profion COVID-19 ac imiwneiddio rhagddo

Mae ein llwyddiant wrth sefydlu gwasanaethau profi ar ddechrau'r pandemig wedi parhau yn ystod y flwyddyn ddiwethaf, drwy bartneriaeth agos â'n dau awdurdod lleol yng Nghaerdydd a Bro Morgannwg. Bu Strategaeth Profi, Olrhain, Diogelu (POD) Llywodraeth Cymru, gan gynnwys darparu'r gwasanaeth olrhain cysylltiadau, yn hollbwysig inni allu adnabod achosion a lleihau achosion o drosglwyddo'r firws. Yn ystod 2021/22, mae'r POD wedi nodi 144,758 o ganlyniadau positif a arweiniodd at olrhain 141,817 o gysylltiadau. Drwy gydol y flwyddyn ymatebodd y Bwrdd Iechyd i newidiadau i Lefelau Rhybudd Llywodraeth Cymru, er mwyn sicrhau bod ein cyfundrefnau profi ac olrhain yn parhau i fod yn gyson â hynny. Roedd hyn yn cynnwys newid i ddarpariaeth profion PCR ym mis Ionawr 2022, a gyflwynwyd er mwyn lleihau pwysau o fewn y system a chynnig mynediad gwell i rai a chanddynt symptomau.

Roedd rhoi'r Rhaglen Frechu Dorfol ar waith ledled Caerdydd a'r Fro yn enghraifft wirioneddol o'r hyn y gellir ei gyflawni drwy waith partneriaeth a ffocws cydweithredol. Priodolir llwyddiant y rhaglen i ymdrechion partneriaid ym maes Iechyd, yr Awdurdod Lleol, a'r byd addysg, ein gwirfoddolwyr rhagorol a llawer mwy. Yn dilyn cyfnod cychwynnol y rhaglen frechu, camodd ein timau o bob rhan o Ofal Sylfaenol ac Eilaidd i'r bwlch yn ystod mis Rhagfyr i wynebu her amrywiolyn Omicron a sicrhau bod pob oedolyn yn cymwys yn cael brechiad atgyfnerthu cyn diwedd 2021. Darparwyd ein

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rhaglen drwy ymagwedd amlddisgyblaeth, gyda phobl yn derbyn brechiadau mewn Canolfannau Brechu Torfol, Gofal Sylfaenol a thrwy ein Fferyllfeydd Cymunedol. Mae ein timau symudol wedi darparu brechiadau i bobl mewn cartrefi gofal, rhai sy'n gaeth i'r tŷ a hefyd i rai o'n grwpiau mwy agored i niwed (ceiswyr lloches, pobl ddigartref, teithwyr, gweithwyr rhyw) a phobl o grwpiau BAME (Du, Asiaidd a Lleiafrifol Ethnig), yn ogystal ag ymweld â phrifysgolion a cholegau.

Mae ein hymgyrch frechu yn parhau gyda chynnydd da yn cael ei wneud o ran imiwneiddio plant cymwys, gan gynnwys plant 5 -11 oed, gyda 36% wedi cael un dos. Hyd at ddiwedd mis Mawrth 2022, mae'r Bwrdd Iechyd wedi darparu dros filiwn o frechiadau sy'n cynnwys dros 300,000 o frechiadau atgyfnerthu. Mae 73% o'r boblogaeth gymwys wedi derbyn eu dos cyntaf, a 94% o'r rheiny wedi derbyn eu hail ddos. O'r rhai 18 oed a throsodd sydd wedi derbyn ail ddos, mae 82% wedi derbyn brechiad atgyfnerthu.

Profi Olrhain Diogelu (POD)

Cafodd gwasanaethau POD yng Nghaerdydd a Bro Morgannwg eu sefydlu fel rhan o'r ymateb i'r pandemig, ar ôl cyhoeddi adroddiad Llywodraeth Cymru, y Strategaeth Profi Olrhain Diogelu. Roedd y strategaeth hon, a gyhoeddwyd yn wreiddiol ym mis Mai 2020, yn ei gwneud hi'n ofynnol i fyrddau iechyd ac awdurdodau lleol gydweithio i ddarparu systemau sy'n 'gwella'r gwaith o arolygu iechyd yn y gymuned, yn rhoi proses effeithiol a helaeth o olrhain cysylltiadau ar waith, ac yn helpu pobl i hunanynysu pan fo angen iddynt wneud hynny'.

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Yn ystod y ddwy flynedd diwethaf gwelwyd lefel ddigynsail o waith partneriaeth er mwyn cyflawni hyn, gan sicrhau ymateb cydgysylltiedig ac effeithiol ar draws y rhanbarth. Roedd y partneriaid yn cynnwys Cyngor Caerdydd, Cyngor Bro Morgannwg, y Cydwasanaethau Rheoleiddio ac Iechyd Cyhoeddus Cymru (ICC), yn ogystal â gwirfoddolwyr a sefydliadau gwirfoddol lleol. Mae Tîm Rheoli Digwyddiadau (TRhD) Rhanbarthol, yn cynnwys yr holl bartneriaid, wedi cyfarfod bob pythefnos o leiaf, ac weithiau'n amlach na hynny, i adolygu'r data cyfredol ar achosion a chlystyrau, a'r effaith ar wasanaethau lleol, er mwyn llywio'r ymateb rhanbarthol. Mae'r TRhD yn adrodd wrth Fwrdd Arweinyddiaeth Rhanbarthol, sy'n rhoi goruchwyliaeth strategol. Mae cyfres gynhwysfawr o ddangosyddion gwyliadwriaeth lleol wedi cael eu datblygu i gyd-fynd â data gwyliadwriaeth a gynhyrchwyd yn genedlaethol. Defnyddir yr wybodaeth hon o ansawdd uchel gan y TRhD a'r Bwrdd Arweinyddiaeth Rhanbarthol i lywio penderfyniadau sefydliadau partner lleol.

Dyma ddiweddariad ar yr hyn a gyflawnwyd yn y flwyddyn ddiwethaf.

Profi

Dan arweiniad y Bwrdd Iechyd, a thrwy weithio gyda Microbioleg ICC ac awdurdodau lleol, yn ogystal â Llywodraeth Cymru a ICC yn genedlaethol, mae'r gallu i brofi'n lleol wedi cael ei reoli mewn modd hyblyg i gyflawni nodau Strategaeth Profi COVID-19 i Gymru. Mae Unedau Profi Rhanbarthol, Cymunedol a Symudol wedi cynnig profion PCR i'r rhai sydd eu hangen, yn unol â'r

canllawiau cyfredol, ac mae tîm o nyrsys arbenigol hefyd wedi bod ar gael i brofi pobl yn eu man preswylio mewn achosion lle na allant deithio i ganolfan brofi. Yn ystod y flwyddyn ddiwethaf, bu'n rhaid cynyddu'r capasiti profi i reoli'r cynnydd mewn achosion yn gysylltiedig ag amrywolion Delta ac Omicron. Er bod cryn alw ar y gwasanaeth profi ar adegau, bu perfformiad y gwasanaeth yn dda ar y cyfan, gyda thros 90% o ganlyniadau profion wedi'u derbyn o fewn 24 awr.

Yn ogystal â phrofi pobl sy'n arddangos symptomau, mae gwasanaethau profi hefyd wedi chwarae rhan bwysig yn profi'r rhai sydd ar fin cael llawdriniaeth, gan alluogi nifer cynyddol o lawdriniaethau gofal dewisol.

Yn ystod y flwyddyn ddiwethaf, ehangwyd profion Dyfais Llif Ochrol (LFD) i gefnogi nid yn unig lleoliadau iechyd, gofal cymdeithasol ac addysgol, ond hefyd i ganiatáu gweithgareddau 'dydd i ddydd' mwy diogel yn y boblogaeth gyffredinol; sefydlwyd rhwydwaith o ganolfannau dosbarthu mewn fferyllfeydd a llyfrgelloedd lleol i gynnig mynediad rhwydd at y pecynnau profi rhad ac am ddim.

Olrhain

Dechreuwyd olrhain cysylltiadau achosion o COVID-19 yng Nghymru ar 1 Mehefin 2020, ac mae'r gwaith hwnnw wedi parhau ers hynny. Yng Nghaerdydd a Bro Morgannwg, cynhelir y gwasanaeth olrhain cysylltiadau gan Gyngor Caerdydd ar ran y bartneriaeth. Mae staff olrhain cysylltiadau wedi'u hyfforddi i gynnig cyngor am ynysu i unrhyw un sydd wedi profi'n bositif am COVID-19, ac i nodi eu cysylltiadau fel bo modd rhoi'r cyngor cywir iddynt hwythau hefyd. Bu angen cyflymu'r gwaith o olrhain cysylltiadau hefyd i ymdrin â'r nifer uchel o achosion yn gysylltiedig â thonnau olynol o'r haint, ac mae ein timau lleol wedi gweithio bob amser yn unol â phrotocolau y cytunwyd arnynt yn genedlaethol. Dros y flwyddyn ddiwethaf, mae dulliau digidol o olrhain cysylltiadau wedi cael eu cyflwyno sydd wedi cynyddu capasiti a hyblygrwydd ymhellach. Yn ogystal â hynny, mae timau o olrheinwyr arbenigol wedi cael eu sefydlu, gan gynnwys tîm pwrpasol Cymru Gyfan i oruchwylio gofynion profi ac ynysu teithwyr sy'n cyrraedd o wledydd tramor.

Caiff pob achos newydd ei fonitro gan dîm Uwcholrhain Caerdydd a'r Fro er mwyn canfod clystyrau neu leoliadau sy'n destun pryder. Mae timau arbenigol hefyd yn cynnig cymorth i leoliadau lle mae'r risg yn uwch, fel cartrefi gofal, ysbytai ac ysgolion. Mae tîm aml-asiantaeth rhanbarthol wedi cyfarfod yn ddyddiol (Llun i Gwener) yn ystod y rhan fwyaf o'r flwyddyn i drafod unrhyw risgiau a nodwyd a rhoi cyngor ar wella mesurau lliniaru lle bo angen. Caiff clystyrau a nodir gan y mecanweithiau hyn fel arfer eu rheoli gan y cyfarfod aml-asiantaeth rhanbarthol, ond gellir cynnull Tîm Rheoli Digwyddiad penodol os oes angen.

Diogelu

Mae'r ddau awdurdod lleol wedi parhau i roi cefnogaeth, lle bo angen, i'r rhai hynny sydd wedi gorfod ynysu, yn ogystal â grwpiau eraill sy'n agored i niwed, fel rhai sy'n profi digartrefedd neu'n cysgu allan.

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Mae timau cyfathrebu partneriaeth wedi cydweithio drwy gydol y pandemig i rannu'r diweddaraf o ran canllawiau, ac ymgysylltu â'r bobl sy'n byw ac yn gweithio yng Nghaerdydd ac ym Mro Morgannwg. Un llwyddiant nodedig fu ffurfio Is-grŵp Lleiafrifoedd Ethnig hynod lwyddiannus, lle byddai partneriaid allweddol o'r gymuned leol yn cynhyrchu rhaglen gyfathrebu ac ymgysylltu effeithiol ar y cyd â sefydliadau partner POD. Dyma adroddiad llawn ar y gwaith hwn:

Test Trace Protect supporting ethnic minority communities (office.com) https://sway.office.com/JPSiiWHrHeTjdfSf?ref=Link.

Mae'r gwaith hwn wedi arwain at benodi Cydgysylltydd Ymgysylltu penodol (Lleiafrifoedd Ethnig/Iechyd) fel bo modd defnyddio'r dull llwyddiannus i ganolbwyntio ar faterion iechyd eraill.

Cyhoeddodd Llywodraeth Cymru gynllun COVID-19 'Gyda'n gilydd tuag at ddyfodol mwy diogel' yn fuan ym mis Mawrth 2022, a esboniai sut y byddai Cymru'n pontio o drin Covid fel pandemig i'w drin fel clefyd endemig. Un o'r prif gerrig milltir oedd rhoi'r gorau i ddefnydd arferol o PCR gan y cyhoedd, a chael gwared â'r ddyletswydd gyfreithiol i hunanynysu. Mae Llywodraeth Cymru hefyd wedi dweud ei bod yn bwriadu rhoi'r gorau i olrhain cysylltiadau a dirwyn taliadau hunanynysu i ben erbyn diwedd mis Mehefin 2022.

Rhaglen frechu torfol COVID-19

Dechreuodd y Bwrdd Iechyd ei raglen frechu torfol yn erbyn COVID-19 ym mis Rhagfyr 2020. Mae'r rhaglen hon wedi parhau drwy gydol 2021/22 mewn ymateb i batrymau newidiol y pandemig. Rydym wedi parhau i roi brechiadau drwy bedair canolfan frechu dorfol ar draws y rhanbarth, a hefyd drwy Ofal Sylfaenol (Fferyllfeydd Cymunedol, Practisau Cyffredinol a Chlystyrau Gofal Sylfaenol) timau symudol ac uned symudol. Dechreuwyd y rhaglen brechiadau atgyfnerthu ym mis Medi 2021, ac fe'i cyflwynwyd ochr yn ochr â'r rhaglen frechu arferol ar gyfer y ffliw. Erbyn diwedd mis Rhagfyr, roedd pob oedolyn cymwys 18 oed a throsodd wedi cael cynnig brechiad atgyfnerthu. Hyd at ddiwedd mis Chwefror 2022, roedd y Bwrdd Iechyd wedi rhoi cyfanswm o fwy na 1,080,000 o ddosiau drwy frechiad. O'r rhai a oedd wedi cwblhau eu cwrs brechu cyntaf, roedd 82% o oedolion 18 oed a throsodd hefyd wedi derbyn brechiad atgyfnerthu.
Parhaodd y grŵp Seldom Heard Voices i weithio gyda llawer o'r grwpiau mwyaf agored i niwed yn ein cymunedau er mwyn ymdrin ag achosion o betruster brechu, a chynnal clinigau dros dro wedi'u targedu lle bo'n briodol. I ryw raddau, llwyddwyd i fynd i'r afael â'r berthynas glir rhwng ardaloedd o amddifadedd economaidd-gymdeithasol a'r nifer a oedd yn derbyn brechiad, drwy wrando ar ein cymunedau a chynnal clinigau cychwynnol ar safleoedd penodol neu ar gyfer cymunedau neilltuol.

Mae'r rhaglen flynyddol i frechu rhag y ffliw wedi cael ei chynnal gan ystod o bartneriaid ar draws Gofal Sylfaenol, Nyrsio Iechyd

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Ysgol a staff y Bwrdd iechyd ochr yn ochr â'r rhaglen i frechu rhag COVID-19, gyda chynnig i gyd-weinyddu lle bo hynny'n ymarferol ac yn bosibl (er enghraifft, ar gyfer rhaglen staff y Bwrdd Iechyd). Yn unol â gweddill Cymru, bu'r cyfraddau'n is ar y cyfan o gymharu â'r llynedd, er bod y nifer a gafodd frechiad ymhlith pobl 65 oed a throsodd yn uwch na 75%.Ceir crynodeb yn Nhabl 1 o'r cyfraddau brechiad ffliw diweddaraf ar gyfer grwpiau cymwys:

Tabl 1: Cyfraddau derbyn brechiad ffliw ar 14 Ebrill 2022 (Crynodeb Cenedlaethol Imiwneiddio rhag y Ffliw ICC - Diweddariad 23)

Grŵp Blaenoriaeth	Wedi derbyn (data ar 14 Ebrill)
Pobl 65 oed a hŷn	76.1%
Pobl rhwng 6m a 64 oed sy'n wynebu risg	41.9%
Pobl 5 i 64 oed	39.4%
Plant 2 i 3 oed	44.5%
Plant 4 i 10 oed (Derbyn i Bl6)	60.6%
Plant 11 i 15 oed (Blwyddyn 7-11)	57.4%
Staff Rheng Flaen y BIP	53.2%

3.5 Ailddylunio gwasanaethau acíwt i ddarparu gofal COVID-19

Gan fod ar gynifer o gleifion Covid angen gofal ar draws ein hysbytai acíwt, gwelwyd nifer yr ymweliadau a'r derbyniadau ar draws y flwyddyn yn aros yn gyson uchel, gan gyrraedd uchafbwyntiau sylweddol dros fisoedd y gaeaf. Llwyddwyd i ymateb i'r galw yn gysylltiedig â Covid drwy aildrefnu ein capasiti presennol, gan gynnwys addasu ein hymagwedd frysbennu a ffrydio, a thrwy ddefnyddio'r capasiti gwelyau ymchwydd ychwanegol.

Dyma rai o'n prif gyflawniadau:

- Defnyddio ein cyfleuster ymchwydd dros dro 400 gwely, Adain Glan Llyn, sydd wedi cynnwys nifer o wasanaethau i gleifion mewnol ac allanol gan ryddhau capasiti yn Ysbyty Athrofaol Cymru i ofalu am gleifion Covid.
- Gosod nifer o giwbiclau unigol a sgriniau gwahanu o fewn ein Hunedau Argyfwng ac Asesu i wella ein gallu i ffrydio cleifion, ymestyn y capasiti a lleihau'r risg o heintio.
- Ffocws ar gydweithio â'n partneriaid, gan gynnwys Ymddiriedolaeth Gwasanaeth Ambiwlans Cymru (WAST) ac Awdurdodau Lleol, yn enwedig yn rhan o'n rhaglen "Prif Ymdrech" a oedd yn gweithio i leihau achosion o oedi wrth drosglwyddo o'r ambiwlans, osgoi derbyniadau a rhyddhau cleifion i leoliadau mwy priodol.

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- Argaeledd ein cynllun ehangu gofal critigol a allai ddarparu hyd at 85 o welyau pe bai angen.
- Darparu llwybr triniaethau dydd ar gyfer cleifion sy'n bositif am Covid, er mwyn iddynt allu derbyn y triniaethau gwrth-firysol diweddaraf ar gyfer Covid, drwy drefniant dros dro o'n Huned Clefydau Heintus â Chanlyniadau Pellgyrhaeddol.
- Mae nifer o wasanaethau wedi aros mewn lleoliadau dros dro fel bo modd ehangu capasiti ar gyfer Covid. Mae hyn yn cynnwys Gwasanaeth Ehangu Clinigau Torasgwrn a Chleifion Allanol Ffisiotherapi CAF 24/7 - dull ffonio yn gyntaf i annog cleifion nad oes brys arnynt i gael eu gweld i ffonio ymlaen llaw ac, os oes angen, trefnir amser penodol iddynt ddod i'n Hadran Achosion Brys. Mae'r gwasanaeth wedi bod yn erbyn 250 o alwadau bob dydd ar gyfartaledd.
- Gweithredu GIG 111, gan gynnwys integreiddio â CAF 24/7, i roi cyngor, arweiniad a chyfarwyddyd di-dor i gleifion.
- Defnydd hyblyg o'n gweithlu clinigol ac anghlinigol er mwyn cynyddu capasiti i gleifion mewnol.

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3.6 Cynllunio a darparu gwasanaethau diogel, effeithiol a safonol ar gyfer gofal heb fod yn COVID-19

Darparu mesurau rheoli haint i ddarparu gofal COVID-19 a heb fod yn COVID-19

Mae gallu'r Bwrdd Iechyd i ymateb ac ymaddasu i'r heriau rheoli haint yn sgil y pandemig wedi bod yn hollbwysig er mwyn inni allu darparu gofal yn llwyddiannus dros y flwyddyn, ar draws gwasanaethau hanfodol a gwasanaethau nad ydynt yn hanfodol. O dan arweiniad ein celloedd Atal a Rheoli Heintiau a PPE (grwpiau o uwch arbenigwyr clinigol) mae'r Bwrdd Iechyd wedi gweithio'n agos gyda chydweithwyr ar draws Iechyd Cyhoeddus Cymru a GIG Cymru i gyflawni polisi, a hefyd i ddylanwadu ar bolisi, yn y maes hwn mewn ymateb i broffil newidiol y firws.

Mae parhau i ddarparu parthau "gwyrdd", "ambr" a "coch" ar draws ein safleoedd acíwt wedi bod o gymorth i wahanu cleifion Covid a chleifion heb Covid oddi wrth ei gilydd, ac wedi lleihau cyfraddau trosglwyddo'r firws. (Mae "Gwyrdd" yn cynrychioli'r cleifion hynny sydd wedi profi'n negyddol am COVID-19 ac sydd wedi ynysu cyn cael eu derbyn; Mae "Ambr" yn cynnwys y cleifion hynny sydd wedi profi'n negyddol am COVID-19 ac nad ydynt wedi ynysu cyn cael eu derbyn (yn berthnasol i'r rhan fwyaf o gleifion gan gynnwys achosion brys); ac mae "Coch" yn cynrychioli'r cleifion hynny sydd wedi profi'n bositif am COVID-19).

Mae'r Unedau Llawfeddygaeth Ddewisol Gwarchodedig (Parthau Gwyrdd) yn YAC ac YALl yn parhau i fod ar waith i gynnig amgylcheddau sy'n rhydd rhag Covid i'r cleifion hynny sy'n derbyn llawdriniaeth ddewisol ac mae ein proses archwilio systematig wedi rhoi sicrwydd ynghylch llwyddiant yr ymagwedd hon.

Mae mesurau cadw pellter cymdeithasol ac iechyd y cyhoedd, fel gwisgo masgiau, wedi bod ar waith drwy gydol y flwyddyn ac mae ein hadrannau wedi gweithio'n galed i sicrhau bod ein hardaloedd cleifion a staff wedi'u sefydlu i leihau'r risg o drosglwyddo haint a rhoi hyder i gleifion a staff.

3.7 Darparu gwasanaethau hanfodol

Drwy gydol y pandemig mae'r Bwrdd Iechyd wedi cynnal mynediad at wasanaethau brys ac argyfwng hanfodol, gan gynnwys llawdriniaethau brys ac argyfwng, gofal llygaid, triniaethau canser, gofal heb ei drefnu ac iechyd meddwl.

Mae llawdriniaethau brys ac argyfwng wedi cael eu darparu drwy ein Hunedau Llawfeddygol Dewisol Gwarchodedig gyda thros 10,500 o gleifion yn derbyn llawdriniaeth yn ein hunedau yn ystod y flwyddyn a chyfradd ganslo lawer is (10% o gymharu ag 18% cyn y pandemig). Mae ein defnydd o'r sector annibynnol unwaith eto wedi bod yn fuddiol wrth greu capasiti ychwanegol, ac mae dros 1,000 o gleifion wedi cael llawdriniaeth yn ystod y flwyddyn ddiwethaf drwy ddefnyddio'r llwybr hwn. Mae'r Bwrdd Iechyd hefyd wedi parhau i ddefnyddio trefniant mewnol ar gyfer endosgopi, a thrwy'r trefniant hwnnw cafodd dros 5,700 driniaethau eleni.

Un o'n prif egwyddorion ar gyfer adfer gwasanaethau nad ydynt yn gysylltiedig â Covid yw ystyried risg, ac mae hyn yn golygu blaenoriaethu cleifion ar sail brys clinigol, yn hytrach nag ar dargedau'n seiliedig ar amser. Ar gyfer cleifion sy'n disgwyl am driniaethau llawfeddygol, mae'r Bwrdd Iechyd wedi defnyddio Canllaw Clinigol Coleg Brenhinol y Llawfeddygon ar flaenoriaethu llawdriniaethau yn ystod y pandemig, er mwyn helpu i bennu lefelau blaenoriaeth a fframiau amser ar gyfer pob triniaeth lawfeddygol.

Mae datrysiadau digidol wedi bod yn gyfrwng allweddol er mwyn galluogi darpariaeth gwasanaeth yn ystod y pandemig, gyda'r Bwrdd Iechyd yn cyflymu'r defnydd o waith rhithiol drwy fabwysiadu a chyflwyno AttendAnywhere, llwyfan ymgynghori fideo, ac apwyntiadau dros y ffôn. Mae tua chwarter ein gweithgarwch gyda chleifion allanol bellach yn cael ei gynnal yn rhithiol, ac mae cynlluniau'n cael eu datblygu i ehangu argaeledd y gwasanaethau hyn i grwpiau priodol o gleifion. Mae'r Bwrdd Iechyd hefyd wedi parhau i ddefnyddio'r llwyfan Consultant Connect sy'n cefnogi cyngor ac arweiniad amserol rhwng clinigwyr Gofal Sylfaenol ac Eilaidd. Mae gwaith ar y gweill i ledaenu a chynyddu ein hymagwedd at roi cymorth i gleifion sy'n disgwyl am driniaethau, yn enwedig mewn perthynas â hunanreoli a hyrwyddo pwysigrwydd rhagsefydlu, ac mae hynny wedi cael ei weithredu'n llwyddiannus ar draws llawer o'n llwybrau canser.

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Yn rhan o'n hymagwedd at wasanaethau cleifion allanol, rydym wedi canolbwyntio ar ddatblygu ein Sylw yn ôl Symptomau ac Apwyntiad Dilynol ar Gais y Claf, modelau claf sy'n lleihau apwyntiadau dilynol diangen ac yn helpu i ddarparu capasiti i'r cleifion hynny sydd angen cael eu gweld. Mae defnyddio apwyntiadau rhithiol a chlinigau grŵp fideo yn enghraifft arall o'r modd y mae ein timau wedi addasu er mwyn sicrhau cymaint ag sy'n bosibl o gapasiti ar gyfer cleifion.

Mae'r ymagweddau a amlinellir uchod wedi sicrhau bod y Bwrdd Iechyd yn cyflawni cymaint o weithgarwch dewisol nad yw'n gysylltiedig â Covid ag sy'n bosibl. Gwyddom er hynny fod llawer mwy o waith i'w wneud. Dyma rai dangosyddion gweithgarwch allweddol:

- Mae gweithgarwch cleifion allanol newydd ar 90% o'r lefelau cyn Covid
- Mae derbyniadau cleifion mewnol dewisol ac achosion dydd ar 80% o'r lefelau cyn Covid
- Mae gweithgarwch Radioleg wedi'u hadfer gan gyrraedd dros 100% o'r lefelau cyn Covid
- Mae gweithgarwch ar dros 120% o'r lefelau cyn Covid.

Y llynedd, gwelwyd cynnydd mewn atgyfeiriadau o gymharu â blwyddyn gyntaf y pandemig. Er nad ydynt ar yr un lefelau eto â'r hyn a gafwyd cyn y pandemig eto, mae'r cynnydd wedi ymestyn ein rhestrau aros gyda chleifion yn disgwyl yn hirach i gael eu gweld ar draws gwasanaethau cleifion allanol, diagnosteg a thriniaethau (gweler y manylion isod). Ar ddiwedd mis Mawrth 2022:

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- Roedd 123,567 o gleifion ar y rhestr aros Amseroedd Atgyfeirio i Driniaeth (AiD), yr oedd 44,083 ohonynt yn disgwyl am gyfnod hwy na 36 wythnos - cynnydd o 11,145 o gymharu â diwedd mis Mawrth 2021.
- Cynyddodd nifer y cleifion a oedd yn aros dros 8 wythnos am brawf diagnosteg o 4,547 ym mis Mawrth 2021 i 5,004 ym mis Mawrth 2022.
- Er bod nifer y cleifion a oedd yn disgwyl am apwyntiad dilynol wedi cynyddu o 170,453 ym mis Mawrth 2021 i 172,909 ym mis Mawrth 2022, cafwyd gostyngiad o 49,862 i 41,939 yn nifer y cleifion a welodd oedi >100% heibio'u dyddiad targed ar gyfer apwyntiad dilynol.

Parhaodd y Bwrdd Iechyd i ddarparu gwasanaethau Gofal Llygaid hanfodol drwy gydol y pandemig. Ar ddiwedd mis Mawrth 2022, roedd 95.2% o gleifion a aseswyd fel Ffactor Risg Iechyd A1wedi cael dyddiad targed gyda 69.5% o gleifion yn disgwyl o fewn eu dyddiad targed neu o fewn 25% y tu hwnt i'w dyddiad targed.

Bu gostyngiad sylweddol yn nifer yr atgyfeiriadau ar gyfer cleifion yr amheuir bod ganddynt ganser ar ddechrau'r pandemig ond, yn dilyn ymgyrch gyfathrebu ragweithiol dan arweiniad Gofal Sylfaenol, maent wedi cynyddu'n raddol. Roedd atgyfeiriadau ar gyfer y flwyddyn ddiwethaf dros 20% yn uwch na'r lefel cyn-Covid gyda thriniaethau ar 103%. Er bod y Bwrdd Iechyd wedi llwyddo i gynnal gweithgarwch triniaethau a chyfraddau atgyfeirio, mae gwaith i glirio'r achosion sydd wedi ôl-gronni ac amseroldeb triniaethau wedi achosi heriau o ran ein cyflawniad yn erbyn targed y Llwybr Canser

Sengl, sef 61.5% ar hyn o bryd.

Parhaodd yr ymweliadau â'r Uned Achosion Brys i gynyddu drwy gydol y flwyddyn, a gwelwyd rhai o'r uchafbwyntiau a gafwyd yn y gorffennol dros gyfnod y gaeaf. Yn ystod 2021/22 ymwelodd 135,773 o gleifion â'n Huned Achosion Brys o gymharu â 106,350 yn 2020/21. Oherwydd heriau sylweddol ar draws y system Iechyd a Gofal Cymdeithasol, gan gynnwys gostyngiad yn ein gallu i ryddhau cleifion, gwnaethom wynebu heriau'n gysylltiedig â nifer o'n Dangosyddion Perfformiad Allweddol yn ystod y flwyddyn. Cafodd 67% o'n cleifion eu gweld, eu derbyn neu eu rhyddhau o fewn 4 awr, ac ar gyfer 92.7% digwyddodd hynny o fewn 12 awr. Cynyddodd yr achosion o oedi wrth drosglwyddo o ambiwlansys, ac rydym yn parhau i weithio'n agos gyda'n partneriaid ar draws y gwasanaeth ambiwlans a gofal cymdeithasol i roi newidiadau ar waith a fydd yn gwella llif cleifion ac yn gwella perfformiad. Rydym yn ymwybodol bod rhai cleifion wedi profi oedi hir yn yr Uned Achosion Brys. Rydym wedi cyflwyno nifer o gynlluniau arloesol i wella profiad cleifion, cyflymu ymchwiliadau a lleihau amser yn yr ysbyty, gan gynnwys y 'ward rithiol' a chymorth cymunedol cyflymach i gleifion oedrannus sy'n mynd i'r Uned Achosion Brys y byddai angen eu derbyn fel arall. Rydym wedi cyflwyno mwy o wirfoddolwyr i'r ardal a defnyddio rhai o'n Gweithwyr Cymorth Profiadau Cleifion i fynd i'r Uned Achosion Brys yn ddyddiol a helpu i gyfathrebu a rhoi cymorth yn gysylltiedig â hydradu a maeth. Byddwn yn adolygu'r adborth o giosgau hapus neu ddim yn yr uned yn ddyddiol, i fonitro unrhyw dueddiadau a gweithredu ar sail adborth mewn amser real.

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Yn sgil pandemig COVID-19 a phwysau gweithredol parhaus mewn gofal brys ac argyfwng, bu cryn darfu ar y llwybr strôc optimaidd. Mae hyn wedi amharu ar gydymffurfiaeth â mesurau Gwella Ansawdd ar gyfer Strôc. Mae cynllun gwella wedi cael ei ddatblygu ac yn cael ei fonitro drwy Bwyllgor Strategaeth a Chyflawni'r Bwrdd Iechyd.

Mae'r galw am wasanaethau Iechyd Meddwl wedi parhau'n uchel drwy gydol y flwyddyn, gydag atgyfeiriadau ar gyfer y Gwasanaeth Cymorth Iechyd Meddwl Sylfaenol Lleol ar 1,495 o atgyfeiriadau ym mis Mawrth 2022 (o gymharu â 1,356 ym mis Mawrth 2021). Roedd hyn hefyd yn cynnwys cynnydd yn y cleifion yr oedd ganddynt anghenion iechyd meddwl ac ymddygiadol cymhleth. Effeithiodd y cynnydd yn y galw a'r cyfyngiadau ar ein gweithlu ar ein perfformiad yn erbyn Rhan 1a Mesurau Iechyd Meddwl yn 2021/22. Mae gwaith sylweddol wedi cael ei gyflawni ers mis Awst 2021 i wella amseroedd mynediad i wasanaethau iechyd meddwl sylfaenol oedolion ac i wasanaethau CAMHs. Er mai 49% oedd canran yr asesiadau Iechyd Meddwl a gynhaliwyd o fewn 28 diwrnod, mae perfformiad CAMHS yn cydymffurfio â'r gofynion ar 88%, ac mae'r cynlluniau'r Bwrdd Iechyd i wella'r gwasanaethau oedolion ar y trywydd iawn i sicrhau cydymffurfiaeth erbyn diwedd mis Mehefin 2022. Ar ddiwedd mis Mawrth 2022, nid oedd yr un claf yn aros dros 57 diwrnod.

O fewn y gwasanaethau Pobl Hŷn mae'r defnydd o dechnoleg wedi golygu bod modd gweld cleifion o bell drwy alwadau ddôn neu fideo. Bellach, caiff achosion eu hatgyfeirio i'r gwasanaeth drwy system un pwynt mynediad, gan olygu y caiff pob atgyfeiriad ei drafod a'i frysbennu er mwyn i'r unigolyn mwyaf

priodol gael gweld y claf, gan leihau achosion o ail-atgyfeirio ac o ailadrodd yr wybodaeth y gofynnir i gleifion ei darparu i wahanol weithwyr proffesiynol.

Mae'r cymorth rydym wedi gallu ei roi i gleifion, gofalwyr, teuluoedd a staff dros y flwyddyn ddiwethaf wedi cael ei wella'n sylweddol drwy sefydlu'r Coleg Adfer. Mae ein Coleg Adfer (y teitl llawn -Coleg Adfer a Llesiant Caerdydd a'r Fro) yn cynnig cyrsiau addysgiadol am ddim ar ystod o destunau iechyd meddwl, iechyd corfforol a llesiant. Cynhelir ein cyrsiau ar-lein neu wyneb yn wyneb mewn lleoliadau ar draws Caerdydd a Bro Morgannwg. Mae ymrestriadau wedi cynyddu o 209 yn hydref 2020 i 596 yn hydref 2021, gyda chofrestriadau myfyrwyr yn cynyddu o 130 i 197 dros yr un cyfnod. Mae'r Coleg wedi darparu 225 o weithdai sy'n cyfateb i 605 o oriau addysgu. Mae 49% o fyfyrwyr cofrestredig yn nodi eu bod yn defnyddio gwasanaethau iechyd meddwl ar hyn o bryd neu'n cael profiad o fyw gyda heriau iechyd meddwl. Mae dros 68% o fyfyrwyr yn cytuno'n gryf fod eu hyder, eu hunanymwybyddiaeth, eu gobaith am ddyfodol gwell a'u hyder wedi gwella yn sgil mynd ar gwrs. Teimlai dros 79% o fyfyrwyr fod y gweithdy y buont ynddo yn gynhwysol, yn ddiogel, yn gefnogol, wedi'i gydgynhyrchu ac yn gydweithredol.

Effaith risg ar ein Hamcanion Strategol

Mae gennym nifer o offer i reoli a lliniaru unrhyw risgiau o bwys a allai effeithio ar ein hamcanion strategol ac, yn eu tro, ar ddarpariaeth ein gwasanaethau. Esbonnir yn llawn sut rydym yn rheoli hyn o dan baragraffau 13.14 i 13.17 o'r Datganiad Llywodraethu Blynyddol

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Gofal profedigaeth, ysbrydol a chefnogaeth

Mewn ymateb i bandemig COVID-19, lluniodd yr Uwch Nyrs Profedigaeth a Rheolwr y Gaplaniaeth ganllawiau cynhwysfawr i'r staff ar gefnogi cleifion ar ddiwedd eu hoes a oedd yn sâl iawn o ganlyniad i COVID-19 neu salwch arall o bosib a oedd yn cyfyngu ar eu bywyd.

Ym mis Ebrill 2020 rhoddwyd llinell gymorth profedigaeth ar waith a chysylltu â phawb a oedd wedi dioddef profedigaeth. Y nod oedd cael rhywun i wrando, cyfeirio pobl at sefydliadau a mentrau eraill, fel ein Llinell Sgwrsio, ac ateb unrhyw ymholiadau lle bo modd yn gysylltiedig â marwolaeth eu hanwyliaid. Hyd yma, mae'r tîm wedi cysylltu â thros 4,000 o deuluoedd mewn profedigaeth i gynnig cymorth.

Yn sgil mesurau rheoli haint drwy gydol y pandemig, mae Tîm y Gaplaniaeth wedi gorfod addasu'r modd y mae'n darparu rhai o'i wasanaethau. Fodd bynnag, mae'r Tîm wedi parhau i roi gofal ysbrydol a bugeiliol i gleifion ac i staff.

Rhan o rôl Tîm y Gaplaniaeth yw cefnogi staff yn ogystal â chleifion, a thros y cyfnod hwn mae'r caplaniaid wedi bod yn cefnogi staff yn dilyn y sefyllfa drist iawn o golli cydweithiwr. Mae angladdau wedi cael ei ffrydio'n fyw i amryw o safleoedd, weithiau mewn sawl lleoliad, fel bo modd i gydweithwyr wylio gwasanaeth yr angladd a chydymdeimlo mewn modd diogel, gan gadw pellter cymdeithasol. Mae'r perthnasoedd o fewn ein cymuned aml-ffydd wedi cael eu cryfhau yn ystod y cyfnod anodd hwn, a gwelwyd gwahanol grwpiau ffydd yn cefnogi'r naill a'r llall.

3.8 Crynodeb o'r gwersi a ddysgwyd drwy gydol y flwyddyn o ran y cyfyngiadau ar gapasiti

Pryderon

Fel y rhagwelwyd, rydym wedi gweld cynnydd yn y pryderon eleni ynghylch amseroedd aros ac apwyntiadau/ derbyniadau wedi'u canslo ac mae nifer o fentrau a gwahanol ffyrdd o weithio yn cael eu rhoi ar waith i leihau'r ôl-groniad a achoswyd gan Covid.

- Anogwyd Byrddau Clinigol i ailymgysylltu â'u cleifion drwy droi diweddariad ar restrau aros drwy lythyr.
- Mae Byrddau Clinigol wedi ailddylunio llwybrau i roi cleifion sydd wedi bod yn amharod i ddefnyddio gwasanaethau/ dderbyn gofal yn ystod y pandemig ar lwybr carlam.
- Cyflwyno clinigau penwythnos
- Defnyddio gwasanaethau Gofal Sylfaenol yn effeithiol fel bod pobl yn cael eu gweld ynghynt mewn Gofal Sylfaenol yn hytrach na Gofal Eilaidd.

Newidiadau i drefniadau ymweld - effaith a'r gwersi a ddysgwyd

Yn unol â chanllawiau Llywodraeth Cymru, cyfyngwyd ar ymweliadau yn ystod y pandemig. Ers dechrau mis Ebrill 2021, mae'r Tîm Pryderon wedi bod yn cynnal llinell archebu 7 diwrnod (gan gynnwys Gwyliau Banc) er mwyn i berthnasoedd drefnu i ymweld, ac mae'r llinell archebu'n eithriadol o brysur drwy'r amser. Ar gyfartaledd, rydym yn derbyn 500 o geisiadau am ymweliad bob wythnos, ac mae tua 70% o alwadau'n arwain at drefnu ymweliad. Mae'r Tîm Pryderon yn gweithio'n agos gyda'r clinigwyr i roi cyngor ynghylch arferion ymweld diogel ac i gasglu'r manylion cyswllt angenrheidiol.

Gwella diogelwch - Dysgu yn sgil digwyddiadau difrifol, materion diogelu ac adolygiadau annibynnol

Mae Digwyddiadau Difrifol, neu Ddigwyddiadau Adroddadwy Cenedlaethol (NRI) fel y'u gelwir bellach, yn ffocws mawr i'r Tîm Diogelwch Cleifion Corfforaethol. Rydym wedi adrodd wrth yr Uned Gyflawni am achosion o oedi, er enghraifft, wrth roi diagnosis o ganser, yn sgil y cyfyngiadau cyfredol ar gapasiti. Mae gwaith sylweddol ar y gweill o fewn y Byrddau Clinigol i leihau amseroedd aros drwy ddefnyddio cynlluniau fel allanoli gwasanaethau ar y penwythnos, cynlluniau ar gyfer rhestrau aros, ac adolygu'r galw a'r capasiti er mwyn sicrhau'r defnydd gorau o'r adnoddau sydd ar gael.

Mae'n glir fod yr Uned Achosion Brys wedi bod o dan bwysau yn sgil y proffiliau rhyddhau gwael, gyda mwy o gleifion na chapasiti i ofalu amdanynt o fewn yr Uned. Mae hyn yn golygu na fydd cleifion bob amser yn derbyn gofal yn y man mwyaf priodol. Mae cynllun cadarn wedi'i sefydlu i reoli'r amgylchedd ac i wella deilliannau sydd o bwys i gleifion.

Rydym wedi gweld cynnydd yn nifer y digwyddiadau o bwys yr adroddwyd amdanynt wrth WAST (Ymddiriedolaeth GIG Gwasanaeth Ambiwlans Cymru) ynghylch oedi wrth ymateb i alwadau 999, a niwed

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yn cael ei achosi i gleifion yn y gymuned yn sgil hynny. Mae oedi wrth drosglwyddo o'r ambiwlans ar draws yr holl Fyrddau Iechyd yn cael effaith ar nifer yr ambiwlansys sydd ar gael i ymateb yn brydlon i alwadau 999. Mae'r Uned Achosion Brys yn gweithio gyda WAST i weithredu cynlluniau i fynd i'r afael â hyn ar fyrder. Enghraifft o hyn yw Rhag-dderbyn, sydd wedi achosi gostyngiad yn nifer yr oriau y bydd yn rhaid i ambiwlansys aros i drosglwyddo cleifion i'r Uned Achosion Brys. "Rhag-dderbyn" yw proses lle byd capasiti'n cael ei greu i griwiau ambiwlans sydd wedi bod yn aros dros 3 awr yn yr Uned Achosion Brys. Penderfynir rhag-dderbyn ar sail llif cleifion. Bydd claf addas â DTA (penderfyniad i dderbyn) yn cael ei nodi a'i symud i ofod wedi'i neilltuo ymlaen llaw ar ward lle ceir cadarnhad y bydd claf yn cael ei ryddhau/y gallai claf gael ei ryddhau). Mae'r Tîm Diogelwch Cleifion Corfforaethol hefyd wedi cwrdd â WAST, yr Uned Achosion Brys a'r Tîm Llawdriniaethau, Cynllunio a Thrawsnewid (OPAT) i adolygu pob achos a sicrhau ymagwedd gadarn at ymchwilio a dysgu.

Yn ystod cyfnod cynnar y pandemig, rhoddwyd y gorau'n genedlaethol i adrodd NRIs wrth yr Uned Gyflawni, ond roedd disgwyl o hyd i Fyrddau Iechyd barhau i adolygu'r achosion hyn gan gynnal ymchwiliad cymesur. Ers llacio'r cyfyngiad hwn ym mis Mehefin 2021, rydym wedi gweld nifer yr NRIs yn codi i lefel uwch na'r ffigurau adrodd a gafwyd cyn y pandemig, er nad yw'r gwahaniaeth hwnnw'n fawr. Mae'r pwysau gweithredol wedi amharu ar y gallu i gynnal ymchwiliadau prydlon, ac yn sgil hynny'r gallu i gau NRIs o fewn yr Uned Gyflawni. Roedd y Bwrdd Iechyd yn eithriad o ran nifer yr NRIs a oedd yn hwyr. Mae'n bwysig nodi bod y Bwrdd Iechyd hefyd yn ohebydd uchel, sy'n arddangos diwylliant adrodd agored ond hefyd yn adlewyrchu natur gymhleth y gofal a ddarperir, a all hefyd effeithio ar raddfeydd amser ar gyfer cynnal ymchwiliadau. Mae Tîm Diogelwch Cleifion y Bwrdd Iechyd wedi gweithio'n agos iawn gyda'r Byrddau Clinigol dros y 2 fis diwethaf i sicrhau gostyngiad sylweddol yn nifer yr NRIs sy'n hwyr o fewn yr Uned Gyflawni.

Mae'n bwysig hefyd adolygu'r digwyddiadau y bu ond y dim iddynt ddigwydd neu lle cafwyd lefel isel o niwed yn gysylltiedig ag oedi cyn cael mynediad i wasanaethau o ganlyniad i'r cyfyngiadau cyfredol ar gapasiti. Byddwn yn adrodd digwyddiadau lle cafwyd niwed, neu lle gallai fod wedi digwydd drwy SYSTEM DATIX Cymru gyfan (hy, y system sy'n casglu digwyddiadau clinigol, cwynion a hawliadau). Byddwn yn ystyried pob adroddiad lle cofnodwyd codau canslo llawdriniaethau (gan nad oedd gwely ar gael, neu oherwydd diffyg capasiti o fewn yr Uned Gofal Dwys).

Mae'n hollbwysig dysgu yn sgil unrhyw ddigwyddiad sy'n ymwneud â diogelwch cleifion, ac i sicrhau ein bod yn dysgu cymaint o wersi ag sy'n bosibl a chefnogi hyn mae'r Tîm Diogelwch Cleifion wedi sefydlu fforwm Arweinwyr Ansawdd, Diogelwch a Phrofiad y Byrddau Clinigol, lle bydd pob Bwrdd Clinigol yn cyflwyno'r hyn a ddysgwyd o achos lle maent yn tybio bod cyfle i rannu'r hyn a ddysgwyd. Mae'r broses hon hefyd yn cynnig rhwydwaith i gael cymorth a chydweithredu'n gysylltiedig â digwyddiadau lle mae angen mewnbwn gan amryw o Fyrddau Clinigol. Mae'r fforwm hwn hefyd yn helpu i safoni prosesau'n gysylltiedig â diogelwch cleifion a rheoli risg. Mae'r Byrddau Clinigol hefyd yn cynnal cyfarfodydd ADPh (Ansawdd,

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Diogelwch a Phrofiad) lle bydd hanes cleifion ac ymchwiliadau a gwblhawyd yn cael eu cyflwyno, unwaith eto gyda phwyslais ar ddysgu.

Mae'r Tîm Diogelwch Cleifion Corfforaethol hefyd yn cynnal y Pwyllgor Dysgu Sefydliadol a fydd yn rhoi trosolwg lefel uwch dros y gwersi a ddysgwyd, gan sicrhau bod y gwersi'n gadarn a chynaliadwy yn ogystal â chymorth lefel uwch ar gyfer dysgu ehangach y Bwrdd Iechyd.

4. Gweithio i Wella (GiW)

Mae'r Tîm Pryderon canolog wedi parhau i weithio'n unol â'r Rheoliadau Gweithio i Wella.

Yn ystod y pandemig, mae'r Tîm Pryderon wedi ysgrifennu at bawb â phryder gweithredol i'w hysbysu y gallai gymryd mwy o amser inni ymateb yn ystod y cyfnod hwn nag yr ydym yn dymuno, ond nad ydym wedi anghofio amdanynt, a'n bod yn ymrwymo i ymateb i'w pryderon, ac yn eu sicrhau y byddwn yn ymateb ar y cyfle cyntaf.

Rhwng 1 Ebrill 2021 a 31 Mawrth 2022, mynegwyd dros 4,000 o bryderon wrthym. Fel y rhagwelwyd, roedd hyn yn gynnydd sylweddol o gymharu â'r flwyddyn gynt, pan fynegwyd 2,974 o bryderon wrthym (Ebrill 2020 hyd 31 Mawrth 2021). Mae rhai o'r themâu a nodwyd yn ymwneud â chyfathrebu gwael, amseroedd aros, trefniadau rhyddhau, a'r amgylchedd (ymbellhau cymdeithasol).

Yn ystod y pandemig, sylwyd bod cyfathrebu gwaell yn thema a godai dro ar ôl tro ym mhob maes, gan gynnwys:

- *Cyfathrebu gwael rhwng staff a pherthnasau*

Gan nad oedd teuluoedd yn gallu ymweld ag anwyliaid yn yr ysbyty, roedd y cyfathrebu rhwng staff a pherthnasau'n bwysig. Gan hynny, i hwyluso'r broses gyfathrebu, darparodd y Tîm Pryderon wasanaeth 7 diwrnod.

- *Nid oedd cleifion yn gwybod beth oedd yn digwydd gyda'u triniaethau/ amseroedd aros.*

Ysgrifennodd y Byrddau Clinigol at gleifion i roi'r newyddion diweddaraf am eu gwasanaethau.

- *Cyfathrebu gwael ynghylch ymweld a chanllawiau gwael ar frechu.*

Llinellau cymorth 7 diwrnod ar gyfer ymweld â chleifion a gwybodaeth am ymgyrchoedd brechu torfol, a chyflwyno ymweliadau rhithiol.

- *Nid oedd cleifion yn teimlo eu bod yn cael eu cynnwys yn eu gofal/y broses o'u rhyddhau*

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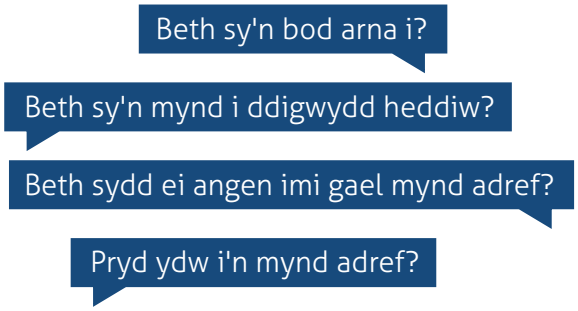
Mabwysiadwyd nifer o fentrau i wella'r cyfathrebu rhwng cleifion a'r staff. Mae'r Bwndel Mwy Diogel sy'n cael ei brofi ar un ward yn enghraifft o ward sy'n cynnwys cleifion yn weithredol yn eu gofal. Anogir cleifion i ofyn:



Mae hyn yn cyd-fynd yn dda iawn â'r Fframwaith Ansawdd, Diogelwch a Phrofiad drwy ddechrau'r sgwrs "beth sydd o bwys i chi" gyda chleifion.

Ni ellir amcangyfrif yn rhy uchel beth fu effaith COVID-19 ar ein hamgylcheddau ysbyty. Mae'r gofynion ymbellhau cymdeithasol wedi rhoi pwysau aruthrol ar ein hadrannau, ac wedi arwain at fynegi nifer o bryderon yn gysylltiedig â diffyg ymbellhau cymdeithasol a diffyg hylendid.

Er ei bod hi wedi bod yn anodd iawn lleihau'r capasiti yn ein hadrannau prysurach, fel yr Uned Achosion Brys, rydym wedi cymryd sawl cam i godi ymwybyddiaeth ynghylch y problemau a godwyd, ac i wella hylendid.

Anfonir nodynnau atgoffa allan drwy "Cyswllt y Prif Weithredwr" (cylchlythyr wythnosol y Prif Weithredwr a anfonir at staff y Bwrdd Iechyd) ac mewn negeseuon e-bost i'r staff i'w hatgoffa ynghylch pwysigrwydd cadw pellter cymdeithasol lle bo modd.

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- Deunyddiau wedi'u dylunio i helpu i gadw pellter cymdeithasol
- Gweithdrefnau a rotas Glanhau Gwell
- Ailwampio ardaloedd drwy ailaddurno

Fel y rhagwelwyd, rydym wedi gweld cynnydd yn y pryderon eleni ynghylch amseroedd aros ac mae nifer o fentrau a gwahanol ffyrdd o weithio yn cael eu rhoi ar waith i leihau'r ôl-groniad a achoswyd gan COVID-19. Gweler y paragraff "Pryderon" o dan Adran 3.8 uchod.

Yn ystod y cyfnod hwn, mae'n braf nodi bod y perfformiad 30 diwrnod gwaith wedi amrywio rhwng 77 ac 82 y cant, sy'n uwch na tharged Llywodraeth Cymru o 75%.

5. Cyflawni mewn Partneriaeth

Mewn sawl maes mae'r Bwrdd Iechyd yn gweithio gyda phartneriaid i ddatblygu a chyflawni cynlluniau i wella iechyd a llesiant ein poblogaeth, ac i ddarparu gwasanaethau ar y cyd. Mae ein partneriaid yn cynnwys sefydliadau eraill GIG Cymru, y ddau awdurdod lleol (Cyngor Caerdydd a Chyngor Bro Morgannwg), y trydydd sector a darparwyr annibynnol.

Yn rhan o'n hymateb i'r pandemig, sefydlwyd amrywiaeth o wasanaethau'n gyflym gyda'r awdurdodau lleol fel y manylir yn Adran 3.4 uchod.

Bwrdd Partneriaeth Rhanbarthol Caerdydd a'r Fro

Mae'r Bwrdd Iechyd yn cynnal y tîm sy'n gweithio ar ran partneriaid y Bwrdd Partneriaeth Rhanbarthol (BPRh). Yn ystod y flwyddyn mae'r tîm wedi cynorthwyo timau iechyd a gofal i gynnal ystod o fentrau a darparu ystod o wasanaethau wedi'u dylunio i roi cymorth a chefnogaeth gynnar i ddinasyddion pan fydd angen, er mwyn sicrhau bod pobl yn parhau i fyw'n ddiogel ac yn iach yn eu cartrefi eu hunain. Mae hyn yn cynnwys datblygu gwasanaethau i blant a phobl ifanc ag anghenion mwy cymhleth – gan gynnwys anghenion iechyd emosiynol ac iechyd meddwl, anghenion sy'n deillio o fod yn anabl yn gorfforol, a'r rhai sydd ar ffiniau gofal. Yn ystod y flwyddyn mae'r Rhaglen @gartref wedi cael ei sefydlu o dan gyfarwyddyd y Bartneriaeth Heneiddio'n Dda i sicrhau bod gennym yr ystod gywir o wasanaethau ar waith yn y gymuned i helpu pobl i fyw'n annibynnol ac i gefnogi pobl pan fydd eu hanghenion yn cynyddu, neu ar ôl cael eu derbyn i'r ysbyty. Mae Clwstwr Gofal Sylfaenol De-orllewin Caerdydd wedi chwarae rhan allweddol yn y gwaith hwn, a thrwy'r Rhaglen Drawsnewid a ariennir yn genedlaethol mae wedi gweithredu model gofal amlddisgyblaethol, a model presgripsiynu cymdeithasol gweithgar iawn – y mae'r ddau ohonynt yn atal derbyniadau i'r ysbyty ac yn cynyddu llesiant. Mae'r Bartneriaeth Heneiddio'n Dda hefyd yn goruchwylio cyflawniad y Cynllun Gweithredu Dementia.

Mae'r Bartneriaeth Byw'n Dda, sy'n dal i gael ei sefydlu'n ffurfiol, wedi rhoi ffocws ar wella gwasanaethau i bobl ag anabledd dysgu, a lywy weithredu'r Strategaeth Cydgomisiynu ar gyfer Anableddau Dysgu, a ddatblygwyd ar y cyd â phobl ag anableddau dysgu a'u teuluoedd a'u gofalwyr.

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Mae'r Bartneriaeth Dechrau'n Dda wedi canolbwyntio ar atgyfnerthu darpariaeth y Gwasanaeth Awtistiaeth Integredig a datblygu ymagwedd 'dim drws anghywir' o ran mynediad at wasanaethau llesiant emosiynol ac iechyd meddwl. Mae gwaith hefyd wedi parhau'n gysylltiedig â'r model 'tîm o amgylch y teulu' sy'n cefnogi pobl ifanc ar ffiniau gofal.

Gwasanaethau Gofal Iechyd Rhanbarthol

Mae'r Bwrdd Iechyd yn parhau i weithio gyda byrddau iechyd cyfagos i ddatblygu a gweithredu modelau gwasanaeth rhanbarthol lle bo hynny'n gwneud synnwyr er mwyn sicrhau bod gwasanaethau'n gynaliadwy, yn bodloni safonau allweddol ac yn sicrhau'r canlyniadau gorau i gleifion. Mae'r Bwrdd Iechyd wedi arwain y gwaith o sefydlu'r Ganolfan Trawma Mawr yn YAC, sy'n rhan o'r Rhwydwaith Trawma Mawr sydd newydd ei sefydlu, a datblygiad model Gwasanaethau Fasgwlaidd Rhanbarthol De-ddwyrain Cymru, a fydd yn canoli'r holl lawdriniaethau fasgwlaidd yn YAC. Cynhaliwyd prosesau ymgysylltu/ymgynghori yn sail ar gyfer y ddau ddatblygiad.

Yn rhan o'r rhaglen adfer gynlluniedig, mae'r Bwrdd Iechyd yn datblygu cynlluniau i ystyried datrysiadau posibl er mwyn ymdrin â'r achosion o bobl sy'n disgwyl am driniaeth wedi'i chynllunio sydd wedi cronni yn ystod y pandemig. Mae hyn yn cynnwys ystyried a ellid, ac a ddylid, datblygu canolfannau rhanbarthol ar gyfer gweithgarwch llai cymhleth a dwysedd uwch.

Mae'r Bwrdd Iechyd hefyd wedi ffurfio partneriaethau ag Ymddiriedolaeth GIG Felindre, BIP Cwm Taf Morgannwg, BIP Aneurin Bevan a BIP Abertawe i hyrwyddo agendâu ar y cyd.

6. Rheolaeth a Llesiant y Gweithlu

Dros y 2 flynedd ddiwethaf mae'r Bwrdd Iechyd wedi wynebu un o'i heriau staffio mwyaf yn ystod pob ton y pandemig. Yn ogystal â lefelau salwch uwch nag erioed o dros 8% ymhlith y staff, cafwyd hefyd fwy o alw am fwy o staff i helpu gyda Rhaglen Frechu COVID-19, ac ar gyfer cynlluniau adfer y Bwrdd Iechyd a anelai i leihau rhestrau aros cynyddol o gleifion a ddeilliai o'r pandemig. Her arall oedd y cynnydd mewn cleifion Covid, a'r staff ychwanegol oedd eu hangen i agor wardiau ychwanegol yn y prif ysbytai ac yn Adain Glan Llyn.

Roedd staffio'r wardiau yn arbennig o heriol ar brydiau gan fod y gyfradd swyddi gwag ar gyfer Nyrsys Cofrestredig dros 13%, a chydag aelodau eraill o staff yn absennol oherwydd salwch, hunanynysu neu warchod eu hunain rhag Covid-19, ac absenoldeb mamolaeth, cododd y gyfradd honno i 22%. Roedd yn hollbwysig bod staff yn gallu gweithio'n hyblyg mewn gwahanol leoliadau o fewn y Bwrdd Iechyd er mwyn sicrhau bod risgiau'n cael eu rheoli'n briodol. Bu'r staff yn gweithio mewn modd hynod hyblyg ac o dan bwysau sylweddol er mwyn sicrhau gofal diogel i gleifion.

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Er gwaethaf yr heriau hyn, datblygodd y Bwrdd Iechyd gynllun clir i sicrhau y byddem yn parhau i gynnig lefelau staffio diogelar gyfer ein cleifion. Cyflawnwyd hyn drwy'r camau gweithredu canlynol:

- Nodi'r staff hynny y gellid eu hadleoli i ofalu am y capasiti ychwanegol yr oedd ei angen ar gyfer cleifion Covid. Roedd hyn yn cynnwys staffio ardaloedd lle'r oedd gweithgarwch dewisol naill ai wedi'i leihau neu ar stop.
- Symud nyrsys nad oeddent yn gweithio ar ward i ardaloedd ward ar ôl cynnal hyfforddiant gloywi ar fyr-rybudd. Er enghraifft, Arbenigwyr Nyrsio Clinigol.
- Gofyn i'r clinigwyr hynny a oedd wedi ymddeol a allent ddychwelyd i'r gwaith dros dro.
- Datblygu canolfan i'r gweithlu'n benodol er mwyn recriwtio nifer fawr o staff o fewn cyfnod byr iawn. Mae dros 2,000 o aelodau staff wedi cael eu recriwtio a nifer fawr ohonynt wedi sicrhau swyddi parhaol o fewn y Bwrdd Iechyd.
- Rhaglen dreigl i recriwtio nyrsys a oedd yn cynnwys dros 200 o nyrsys o wledydd tramor.
- Defnyddio myfyrwyr nyrsio a meddygol fel cronfa o staff dros dro.
- Lleoli staff meddygol lle'r oedd yr angen clinigol mwyaf.

Bu adegau dros y 2 flynedd diwethaf lle'r oedd darparu digon o staff i gynnal lefelau gofal diogel yn heriol iawn. Fodd bynnag, drwy ymdrechion caled y rhai a oedd yn gweithio ac yn rheoli yn yr ardaloedd hyn, sicrhawyd bod popeth yn cael ei wneud i gadw ein cleifion yn ddiogel, gan gynnal diogelwch ein staff ar yr un pryd.

6.1 Nodi a Hyfforddi Staff i Gyflawni Rolau Newydd

Gweithiwr Cymorth Gofal Iechyd (HCSW)

Mae gwaith wedi parhau i ddarparu rhaglen gynefino 2.5 diwrnod fyrrach na'r arfer ar gyfer Gweithiwr Cymorth Gofal Iechyd, er mwyn cefnogi'r cyfnodau recriwtio torfol parhaus. Trafodai'r rhaglen hanfodion gofal. Mae dros 600 o HCSWs wedi cael eu hyfforddi dros y ddwy flynedd ddiwethaf.

Rolau HCSW newydd

Mae gwaith cwmpasu a datblygu helaeth wedi'i gyflawni'n sail ar gyfer datblygu rolau HCSW newydd yn 2021/22. Mae'r tîm Dysgu, Addysg a Datblygiad (DAD) yn cefnogi datblygu rolau a datblygu a darparu hyfforddiant i HCSW Uwch ym Mand 3 i weithio yn yr Unedau Gofal Trosiannol ac Ymarferydd Cynorthwyol Band 4 ar gyfer y Gyfarwyddiaeth Amdriniaethol a Nyrsio Cymunedol. Drwy gydweithio â Grŵp Gweithlu HCSW y Bwrdd Iechyd a Grŵp Ymarferwyr Cynorthwyol (Nyrsio) Band 4 Cenedlaethol, mae gan y Bwrdd Iechyd y seilwaith angenrheidiol i gefnogi datblygiad parhaus rolau HCSW newydd i mewn i 2022.

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Mae cyllid Addysg a Gwella Iechyd Cymru (AaGIC) wedi'i sicrhau ar gyfer 2022/23 ar gyfer swydd i gefnogi datblygiad gweithwyr cymorth ar draws therapïau a gwasanaethau eraill, fel gwasanaethau gweithredol ac ystadau.

Gweithwyr Cefnogi Amgylchedd Cleifion

Mae rôl Ysgogwr newydd o'r enw "Gweithiwr Cymorth Amgylchedd Cleifion" wedi cael ei datblygu i helpu gyda thasgau anghlinigol mewn ardaloedd ward. Mae cyfanswm o 12 o bobl ifanc wedi cael eu recriwtio i'r rôl. Mae'r tîm DAD yn darparu hyfforddiant a chefnogaeth barhaus.

Y Rhaglen Nyrsys Tramor

Mae'r rhaglen hon wedi parhau i gefnogi ffrwd waith recriwtio nyrsys rhyngwladol y Bwrdd Iechyd gyda maint y carfannau'n cynyddu i 28 o nyrsys fesul mis. Mae cyfanswm o 245 o nyrsys wedi cwblhau'r rhaglen ac ymuno â'r Bwrdd Iechyd ers ei dechreuad.

Safonau Nyrsys a Bydwragedd y Dyfodol

Yn 2021 arweiniodd Tîm Addysg Nyrsys DAD ffrwd waith gydweithredol Genedlaethol i ddatblygu 'Fframwaith Dysgu Ymarfer Cymru Gyfan' er mwyn cefnogi gweithrediad Safonau Nyrsys y Dyfodol y Cyngor Nyrsio a Bydwreigiaeth. Mae'r safonau hyn yn galluogi myfyrwyr nyrsio i ddatblygu set uwch o sgiliau a oedd yn y gorffennol yn cael eu datblygu ar ôl cofrestru, Lansiwyd y Fframwaith ym mis Ionawr 2022, ac mae'n ein helpu i ddatblygu ein gweithlu i'r dyfodol.

Roedd y safonau newydd yn ei gwneud hi'n ofynnol i fentoriaid nyrsio drosglwyddo i rolau Asesydd Ymarfer a Goruchwylydd Ymarfer newydd. Yn 2021, llwyddodd y Bwrdd Iechyd i sicrhau bod 93% yn cydymffurfio â'r hyfforddiant trosglwyddo gofynnol, ac mae cyfanswm o 1,450 o fentoriaid wedi cwblhau'r hyfforddiant dros y 3 blynedd diwethaf. Mae 800 o aseswyr ymarfer a goruchwylwyr ymarfer newydd hefyd wedi cael eu hyfforddi, sy'n gyflawniad aruthrol ac ystyried cyfyngiadau COVID-19.

Rhaglen Diwtoriaeth

Cynhaliwyd adolygiad o'r rhaglen diwtoriaeth ar gyfer nyrsio i sicrhau bod y Bwrdd Iechyd yn cydymffurfio ag egwyddorion tiwtoriaeth y Cyngor Nyrsio a Bydwreigiaeth, a lansiwyd yn 2021. Yn rhan o'r adolygiad mae diwrnod arweinyddiaeth rhyngbroffesiynol a gwaith tîm, o dan arweiniad y Fyddin wrth gefn, wedi cael ei gyflwyno i gefnogi staff gofal iechyd clinigol o bob broffesiwn sydd ar eu blwyddyn gyntaf ar ôl cofrestru.

Hyfforddiant sgiliau

Mae gwaith brys wedi'i gyflawni i newid y model datblygu sgiliau ar gyfer sgiliau clinigol hanfodol yn wyneb pwysau'r pandemig. Drwy raglenni e-ddysgu ar gyfer gwythïen-bigo a chanwleiddiad a datblygu hyfforddwyr sgiliau clinigol, bu modd mabwysiadu dull eithriadol o hyblyg er mwyn caffael y sgiliau hyn. Mae cyfres o adnoddau dysgu rhithiol wedi cael eu datblygu ar gyfer rhaglenni rheoli meddyginiaethau, arwain a rheoli a Rhaglen Addasu Nyrsys Tramor, sy'n cael eu cynnal ar lwyfan a elwir yn Dysgu@Cymru. Cafodd llwybr dysgu rhithiol hefyd ei lansio sy'n helpu Nyrsys oddi ar Ward i gynyddu eu sgiliau pan fo angen iddynt wneud gwaith clinigol.

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Datblygu arweinyddiaeth a rheolaeth

Gwyddom fod nifer fawr o arweinwyr a rheolwyr wedi cael eu penodi neu eu dyrchafu yn ystod y pandemig, yn enwedig mewn timau clinigol. Oherwydd hyn, mae'r rhaglenni rheoli wedi cael eu hailddylunio a'u hail-lansio. Mae cam cyntaf rhwydwaith hyfforddi wedi cael ei sefydlu i roi cymorth i staff sydd angen cymorth mewnol.

Ar ddechrau'r pandemig yn 2020, cyflwynodd Llywodraeth y DU ddeddfwriaeth frys a oedd yn caniatáu i gyrff proffesiynol gefnogi'r ymateb i bandemig COVID-19 drwy greu **cofrestr dros dro**. Golygai'r ddeddfwriaeth hon y gallai cyrff, fel y GMC a'r NMC, ailgofrestru unigolion cymwys, priodol â chymwysterau addas dros dro, fel y gallent helpu gyda phandemig y Coronafeirws pe baent yn dymuno, ac yn teimlo eu bod yn gallu gwneud hynny. Roedd hyn yn cynnwys staff a oedd wedi ymddeol ond a oedd am ddychwelyd i ymarfer dros dro.

Cafwyd ymateb da gan weithwyr gofal iechyd proffesiynol lleol a gynigiodd eu sgiliau a'u gwasanaeth i helpu gyda'r her ddigynsail hon. Llwyddwyd i recriwtio 4 meddyg ymgynghorol a 10 o nyrsys a oedd wedi ymddeol. Fodd bynnag, yn unol â chynllun "Byw gyda Covid" y Llywodraeth, ni chaiff y cyrff proffesiynol dderbyn ymgeiswyr newydd i gofrestr dros dro COVID-19 o 24 Mawrth 2022 ymlaen, a bydd y cofrestrau dros dro yn cau ar 30 Medi 2022. Mae hyn yn golygu os byddant yn dymuno parhau i weithio, bydd yn rhaid i'r unigolion ymuno â'r gofrestr barhaol berthnasol.

Llesiant y Staff

Mae'r Bwrdd Iechyd yn frwd dros ofalu am lesiant ei aelodau staff. Ar ôl cais llwyddiannus i'r Elusen Iechyd ym mis Tachwedd 2020 cafodd y **Tîm Ymyrraeth Iechyd (TYI)** ei sefydlu ym mis Mawrth 2021. Mae'r tîm dwy flynedd yn cynnwys pedwar gweithiwr proffesiynol sydd wedi'u cynnull ynghyd i hyrwyddo ac integreiddio ymagwedd ragweithiol at lesiant o fewn y sefydliad. Mae'r setiau sgiliau o fewn y tîm yn amrywio rhwng AD, dadansoddi data, rhaglenni datblygu llawr gwlad, ymgysylltu â rhanddeiliaid, rheoli a nyrsio; gyda'i gilydd, mae'r sgiliau hyn wedi galluogi'r tîm i gwestiynu arferion a gweithdrefnau arferol a datblygu darnau pwrpasol o waith ar draws y sefydliad.

Ffocws cychwynnol y tîm oedd deall anghenion y gweithlu o ran llesiant. Roedd hyn yn cynnwys ymarfer cwmpasu dros gyfnod o bedwar mis yn gwrando ar amrywiaeth o staff yn cynnwys y canlynol ymhlith eraill: Staff Domestig, HCSWs, Nyrsys, Bydwragedd, Meddygon, staff Labordy, derbynyddion, Gweinyddwyr a Gweithwyr Proffesiynol Perthynol i Iechyd. I gefnogi'r ymatebion ansoddol, cwblhawyd holiadur i'r gweithlu cyfan gan dros 1,000 o aelodau staff. Casglwyd y safbwyntiau a'r disgwyliadau hyn ynghylch llesiant yn Adroddiad y Tîm Ymyrraeth Iechyd. Mae'r adroddiad yn cynnwys chwe thema:

- Llesiant - Integredig, hygyrch a normal.
- Parch - Amlgyfeiriadol ac wedi'i ymwreiddio
- Rheolaeth ac arweinyddiaeth - Cefnogol, effeithiol a gweladwy
- Hyfforddiant ac addysg - Paratoi, datblygu, hygyrch.
- Cyfathrebu - Clir, teg a chyson
- Cyfleusterau a'r amgylchedd - Modern ac addas i'r diben

Cyflwynwyd y canfyddiadau o ymgyngoriadau a holiaduron y staff gerbron Tîm Gweithredol y Bwrdd Iechyd, ac fe'u hadlewyrchwyd yng Nghynllun Pobl a Diwylliant y Bwrdd Iechyd. Rydym yn mynd i'r afael â chynlluniau gweithredu'r TYI ar y cyd â chydweithwyr o bob rhan o'r Bwrdd Iechyd.

Mae'r TYI hefyd wedi trefnu digwyddiadau llesiant ar gyfer nyrsys o wledydd tramor, Amser Siarad Nawr (annog trafodaethau am iechyd meddwl), meddygon iau a rheolwyr ward. Mae'r tîm bob amser wedi bod yn awyddus i gyfleu'r neges wrth y staff ynghylch llesiant, gan deithio i safleoedd cymunedol a chynnig sesiynau gwrando i'r holl dimau lleol. Mae'r TYI ar hyn o bryd yn cynllunio treialon rhagarweiniol o rowndiau Schwartz, MedTRiM a Chynnal Gwytnwch yn y Gwaith. Mae'r TYI yn parhau i daro cydbwysedd rhwng allgymorth i adrannau unigol a datblygu ymyriadau a fydd o fudd i'r gweithlu ar system gyfan.

Dros y flwyddyn ddiwethaf mae'r Bwrdd Iechyd wedi parhau i ganolbwyntio ar lesiant ei staff, gan adolygu, addasu a chyflwyno ymyriadau ac adnoddau i gefnogi iechyd a llesiant ein gweithlu dros gyfnod parhaus y pandemig. Mae cydbwyso pwysau parhaus a chynyddol ar wasanaethau, gofynion ar gyfer atal heintiau COVID-19 ac ynysu, a phrinder staff ochr yn ochr â llesiant ein gweithlu, yn parhau i fod yn her.

Mae'r Grŵp Llesiant Strategol a sefydlwyd yn 2020 ac a gadeirir gan y Cyfarwyddwr Gweithredol Pobl a Diwylliant, wedi gweithio'n dda i amlygu'r agweddau y dylai'r Bwrdd Iechyd ganolbwyntio arnynt wrth ymateb i anghenion llesiant ein staff. Gan gynnwys

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cynrychiolwyr o bob rhan o'r sefydliad, o amrywiaeth o rolau a phroffesiynau a phartneriaid undeb llafur, mae'r grŵp hwn wedi galluogi penderfyniadau a chamau gweithredu cyflym er budd llesiant y staff.

Dyma enghreifftiau o gamau gweithredu y mae'r grŵp wedi mynd ar eu trywydd, ac sy'n cael eu datblygu ar hyn o bryd:

- Cyflwyno cymorth ychwanegol gan gymheiriaid mewn ardaloedd peilot, ee Rowndiau Schwartz
- Cydweithio â'r Coleg Adfer a Llesiant i wella'r Cymorth gan Gymheiriaid
- Buddsoddi mewn gorsafoedd dŵr ychwanegol ar draws safleoedd ysbytai
- Gwell datblygiad a chefnogaeth ar gyfer arweinyddiaeth a rheolaeth
- Adnewyddu ystafelloedd staff a gwella cyfleusterau meithrinfa'r staff
- Encilfeydd llesiant ar gyfer staff sydd mewn perygl o ddioddef, neu sy'n profi, symptomau lludded.
- Sesiynau codi ymwybyddiaeth, addysg a datblygu yn gysylltiedig ag Amrywiaeth a Chynhwysiant.

Mae buddsoddiad y Bwrdd Iechyd yng nghapasiti ychwanegol ei Wasanaeth Llesiant Gweithwyr, sy'n cynnwys cwnsela staff, uwch ymarferwyr a Thîm Ymyriadau Iechyd, yn parhau i gefnogi'r anghenion sy'n dod i'r amlwg ymhlith ein gweithlu.

Dyma enghreifftiau o'r gwaith a gyflawnwyd dros y flwyddyn:

- Cyflwyno dros 2,400 o sesiynau cwnsela unigol a 252 o sesiynau hunangymorth dan arweiniad
- Sesiynau addysg ac ymwybyddiaeth ar-lein yn canolbwyntio ar themâu llesiant
- Datblygu gweithdai llesiant wedi'u recordio y gellir eu gwylio ar unrhyw adeg
- Caffis menopos misol a sesiynau codi ymwybyddiaeth ynglŷn â'r menopos
- Sesiynau grŵp cymorth cymheiriaid ar-lein ar gyfer Covid hir
- Cyflwyno dros 80 o wahanol weithdai i fwy na 630 o staff
- Parhau â'r rhaglen Hyrwyddwyr Llesiant, gyda thros 230 o Hyrwyddwyr Llesiant wedi'u hyfforddi ar draws y Bwrdd Iechyd.
- Cymorth misol i reolwyr llinell drwy sesiynau holi ac ateb ar-lein
- Darparu sesiynau galw heibio ar draws safleoedd a thimau'r Bwrdd Iechyd
- Datblygu cymorth wedi'i dargedu, mewn cydweithrediad â Dr Julie Highfield, i gefnogi staff sy'n wynebu heriau a phwysau neilltuol

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Eleni hefyd gwelwyd 'Cynllun Pobl a Diwylliant' y Bwrdd Iechyd yn cael ei ddatblygu a'i lansio, gan bennu'r themâu cyffredinol a'r camau gweithredu y byddwn yn eu cymryd dros y tair blynedd nesaf, gyda ffocws glir ar wella llesiant, cynhwysiant, gallu ac ymgysylltiad ein gweithlu. Mae'r Cynllun wedi'i seilio ar thema sy'n deillio o'r themâu a nodwyd yn Strategaeth y Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol, ac mae'n anelu i sicrhau gweithlu sy'n hapus, yn iach ac wedi'i gefnogi, fel y gall y gweithlu wedyn gefnogi llesiant y bobl sydd yn eu gofal.

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Mae **'Gwarchod'** yn golygu amddiffyn y bobl hynny sy'n **Eithriadol o Agored i Niwed yn Glinigol**, y gallent brofi cymhlethdodau difrifol yn gysylltiedig â coronafeirws gan fod ganddynt eisoes gyflwr iechyd neilltuol. Derbyniodd yr unigolion hyn lythyr gwarchod oddi wrth Lywodraeth Cymru (neu lythyr cyfatebol oddi wrth eu meddyg teulu/ harbenigwr) yn eu cynghori i'w gwarchod eu hunain drwy aros gartref. Mae'n bosibl bod rhai aelodau o staff wedi derbyn y llythyr hwn oherwydd eu bod yn gofalu am rywun sy'n cael ei ystyried yn eithriadol o agored i niwed yn glinigol (hy, i warchod aelod o'r teulu. Yn ystod yr uchafbwynt, yn ystod y don gyntaf, roedd 637 o staff (517.64 cyfwerth ag amser llawn/CALl) o staff ar y rhestr warchod, ond daeth y cyfnod gwarchod i ben yn swyddogol ar 31 Mawrth 2021.

Dyma'r camau a gymerwyd i gefnogi'r staff a oedd yn dychwelyd i'r gwaith ar ôl cyfnod gwarchod:

1. Cynnig y dewis i ddychwelyd i'w swydd barhaol yn raddol, gan drafod unrhyw bryderon â nhw a'u cefnogi i ddychwelyd i'r amgylchedd gwaith a oedd yn gyfarwydd iddynt.
2. Symud staff i rôl arall am gyfnod dros dro os oeddent yn dal yn methu dychwelyd i'w rôl barhaol, a rhoi cefnogaeth i weithio mewn ardal newydd.
3. Ar ôl symud staff i rôl arall dros dro, trafod ac asesu'r sefyllfa gyda nhw a'u helpu i aros mewn rôl arall sy'n fwy addas am gyfnod parhaol, pan ddaw swydd i'r amlwg.
4. Galluogi staff i weithio gartref am gyfnod cyn dychwelyd i'r safle gwaith a chyflawni eu rôl.

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Ym mis Mawrth 2022 roedd tri aelod o staff, er nad oeddent yn 'gwarchod', yn methu dod i'r gwaith. Staff clinigol yw'r rhain sydd yn feichiog ers 28 wythnos neu fwy, ac na chanfuwyd rolau eraill addas iddynt.

Offeryn allweddol i gefnogi'r holl staff, ond hefyd y rhai a oedd yn gwarchod oedd **Adnodd Asesu Risg COVID-19** ar gyfer y Gweithlu ar gyfer Cymru gyfan. Datblygwyd yr adnodd hwn er mwyn helpu unigolion a'u rheolwyr i ddeall a oedd mwy o risg iddynt ddatblygu symptomau mwy difrifol o ddod i gysylltiad â firws COVID-19, a chytuno ar y camau cywir ar eu cyfer ar sail eu lefel risg. Gwir werth yr adnodd yw y dylai ysgogi trafodaeth rhwng yr aelod staff a'i reolwr ynghylch ei amgylchiadau personol. Ym mis Mawrth 2022, cofnodwyd 1,588 o asesiadau risg yn ESR (cynnydd o gymharu â 1,083 ym mis Mawrth 2021). Fodd bynnag, nid yw'n orfodol cwblhau asesiad risg, ac nid yw ychwaith yn orfodol i'r sawl a'i cwblhaodd gofnodi'r canlyniadau yn ESR.

Yn ogystal ag asesiad risg Cymru gyfan, datblygodd y Bwrdd Iechyd Asesiad Risg ar wahân i Staff Beichiog a Allai Ddod i Gysylltiad â'r Coronafeirws, i'w gwblhau gan reolwyr ar y cyd â gweithwyr beichiog o leiaf ddwywaith yn ystod eu beichiogrwydd. Diweddarwyd yr asesiad ym mis Mawrth 2022 i adlewyrchu newidiadau i'r canllawiau cenedlaethol a data clinigol sy'n awgrymu bod y risg o gymhlethdodau'n gysylltiedig â COVID-19 yn cynyddu ar ôl tua 26 wythnos o feichiogrwydd.

6.2 Marwolaethau Staff oherwydd COVID-19

Unwaith eto, mae hi wedi bod yn flwyddyn heriol i'r staff o ran rheoli'r pandemig byd-eang. Drwy drugaredd, ni fu unrhyw farwolaethau pellach ymhlith y staff o ganlyniad i COVID-19, ond rydym yn parhau i gynnig mecanweithiau cymorth i staff sydd wedi colli cydweithwyr drwy'r tîm Profiadau Cleifion/y gaplaniaeth. Gweler y paragraff o dan y teitl Gofal Profedigaeth, Ysbrydol a Chefnogaeth o dan Adran 3.7 am ragor o wybodaeth.

6.3 Fforwm Partneriaeth Leol a Grwpiau Eraill i Ymgysylltu â Gweithwyr

Fforwm Partneriaeth Lleol (FfPLl)

Mae gan y Bwrdd Iechyd ddyletswydd statudol i "ystyried sylwadau a wneir gan bobl sy'n cynrychioli buddiannau'r gymuned y mae'n ei gwasanaethu." Gwneir hyn yn rhannol gan dri o Grwpiau Cynghori'r Bwrdd, ac un o'r rhain yw'r Fforwm Partneriaeth Lleol (FfPLl).

Caiff y FfPLl ei gadeirio ar y cyd gan Gadeirydd Cynrychiolwyr y Staff a'r Cyfarwyddwr Gweithredol Pobl a Diwylliant. Mae'r aelodau'n cynnwys Cynrychiolwyr y Staff (gan gynnwys Aelod Annibynnol yr Undebau Llafur), y Tîm Gweithredol a'r Prif Weithredwr, y Cyfarwyddwr Llywodraethu Corfforaethol, Cyfarwyddwyr Cynorthwyol y Gweithlu a DT a Phennaeth Llywodraethu'r Gweithlu. Mae'r Fforwm yn cyfarfod 6 gwaith y flwyddyn.

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Y FfPLl yw'r mecanwaith ffurfiol i'r Bwrdd Iechyd a chynrychiolwyr yr Undebau Llafur/ Sefydliadau proffesiynol gydweithio i wella gwasanaethau iechyd. Gellir rhannu ei ddiben, fel y nodir yn y Cylch Gorchwyl, i bedair thema gyffredinol: cyfathrebu, ystyried, ymgynghori a thrafod, ac arfarnu.

Dyma rai o'r materion o bwys a ystyriwyd gan y Fforwm Partneriaeth Lleol yn ystod 2021-22:

- Llunio ein Gwasanaethau Clinigol i'r Dyfodol
- Diweddariadau gweithredol rheolaidd, gan gynnwys: Y Cynllun Ailsefydlu ac Adfer; effaith COVID-19 a gwaith trawsnewid yn y Bwrdd Clinigol Iechyd Meddwl, sefyllfa'r Bwrdd Clinigol Gofal Sylfaenol, Cymunedol a Chanolraddol; a phwysau gweithredol.
- CTCI – ymgysylltu ynghylch blaenoriaethau ac adroddiadau cynnydd y Bwrdd Iechyd.
- Adroddiad blynyddol y Ddeddf Staff Nyrsio.
- Gweithredu Polisi Parch a Datrys a'r newid angenrheidiol mewn diwylliant.
- Iechyd a Llesiant, gan gynnwys gwaith y Tîm Ymyrryd Iechyd.
- Y Cytundeb Partneriaeth a Chydnabyddiaeth diwygiedig, gan gynnwys Cylch Gorchwyl y Fforwm Partneriaeth Lleol.
- Gwaith Sefydliad Calon y Ddraig.

- Adroddiad blynyddol y Cyfarwyddwr Iechyd Cyhoeddus – 'Gadewch inni beidio gadael neb ar ôl yng Nghaerdydd a Bro Morgannwg' - Mynd i'r afael ag annhegwch a blaenoriaethu atal wrth adfer ar ôl COVID-19.
- Y Cynllun Cydraddoldeb Strategol.
- Adnoddau'r Gweithlu – Denu, Recriwtio a Chadw.
- Nifer o 'archwiliadau dwfn' o Ddangosyddion Perfformiad Allweddol a mentrau'n gysylltiedig â'r Gweithlu a Datblygu Trefniadol: trosiant: salwch; hyfforddiant statudol a gorfodol; cysylltiadau â gweithwyr; ac Arfarniadau'n seiliedig ar Werthoedd.
- Newidiadau i Delerau ac Amodau'r Agenda ar gyfer Newid.
- Gweithredu'r rheoliadau mangreoedd a cherbydau di-fwg - opsiynau gorfodi.
- Cymeradwyo Cylch Gorchwyl diwygiedig yr Is-grŵp Polisi Cyflogaeth.

Mae'r Fforwm Partneriaeth Lleol hefyd yn derbyn y newyddion diweddaraf yn rheolaidd am 'bynciau llosg' gan y Prif Weithredwr ac adroddiadau sefydlog ar Ddangosyddion Perfformiad Allweddol y Gweithlu a Datblygu Trefniadol, cyllid ac ansawdd, diogelwch a phrofiadau cleifion.

Mae gan y Fforwm Partneriaeth Lleol 3 is-grŵp - Grŵp Partneriaeth y Gweithlu, yr Is-grŵp Polisïau Cyflogaeth a'r Grŵp Buddiannau Staff:

Caiff Grŵp Partneriaeth y Gweithlu ei gyd-gadeirio gan Gadeirydd Cynrychiolwyr y Staff a Chyfarwyddwr Gweithredol y Gweithlu a DT (GDT). Yr aelodau yw uwch-gynrychiolwyr y tîm GDS, Cynrychiolwyr Staff Bwrdd Clinigol Arweiniol, Cynrychiolydd Arweiniol y Staff dros Iechyd a Diogelwch ac Ysgrifennydd Ochr y Staff. Hefyd, mae gwahoddiad sefydlog i'r Aelod Annibynnol - Undebau Llafur fynychu. Yn 2021/22 ehangwyd yr aelodaeth i gynnwys uwch-gynrychiolwyr o'r Bwrdd Clinigol ac uwch-gynrychiolwyr Nyrsio.

Fel rheol, mae GPG yn cwrdd 6 gwaith y flwyddyn, am yn ail â'r FfPLl, ond oherwydd pandemig COVID a phwysau gweithredol mae GPG wedi bod yn cyfarfod fwy mynych.

Mae'r GPG yn fforwm i'r Bwrdd Iechyd a'r Undebau Llafur (gan gynnwys Sefydliadau Proffesiynol a Chymdeithasau Staff) weithio gyda'i gilydd ar faterion datblygu gwasanaeth, ymgysylltu a chyfathrebu yn benodol fel y maent yn effeithio ar y gweithlu. Mae tair thema i'w bwrpas, fel yr esbonnir yn y Cylch Gorchwyl: cyfathrebu, ystyried a thrafod materion sy'n effeithio ar y gweithlu. Mae'r eitemau a drafodir yn dueddol o fod yn fwy gweithredol neu fanwl na'r rhai a ddygir gerbron y FfPLl, ac y mae'r FfPLl yn cyfeirio materion yn rheolaidd i sylw GPG, er mwyn mynd ar eu trywydd a rhoi ystyriaeth bellach iddynt.

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Dyma rai materion o bwys y mae GPG wedi'u hystyried yn ystod 2021/22:

- Iechyd a Lles Gweithwyr
- Gweithgarwch Cysylltiadau â Gweithwyr
- Adnoddau'r gweithlu, gan gynnwys dulliau cynhwysol o recriwtio a phrosiect Chwilio.
- Seilwaith yr ystadau a'r meysydd parcio
- Dyrannu system e-amserlennu
- Taliadau uwch ar gyfer adferiad COVID-19
- Cynllun Pobl a Diwylliant
- Cynllun Gweithredu Cynaliadwyedd
- Safonau'r Gymraeg
- Lleoli staff oherwydd COVID-19
- Gweithredu'r Cynllun Cario Gwyliau Drosodd / Gwerthu Gwyliau Blynyddol

Mae'r **Is-Grŵp Polisi Cyflogaeth (IGPC)** yn cynnwys cynrychiolwyr y gweithlu a DT a'r Undebau Llafur a'r cyd-gadeiryddion yw'r Rheolwr Llywodraethu'r Gweithlu a chynrychiolydd o'r Undebau Llafur. Yr IGPC yw'r prif fforwm i ddatblygu ac adolygu polisïau, gweithdrefnau a chanllawiau cyflogaeth. Mae'r grŵp fel arfer yn cyfarfod 6 gwaith y flwyddyn. Adolygwyd Cylch Gorchwyl y grŵp ym mis Gorffennaf 2021, ac ehangwyd yr aelodaeth i gynnwys cynrychiolwyr cynhwysiant, llesiant ac addysg.

Dros y flwyddyn ddiwethaf, mae'r dogfennau canlynol wedi cael eu llunio neu eu hadolygu a'u cymeradwyo:

- Gweithdrefn Costau Adleoli
- Gweithdrefn Swyddi Newydd a Newidiedig
- Canllawiau Gweithio o Bell
- Gweithdrefn Marwolaeth mewn Gwasanaeth
- Gweithdrefnau Mamolaeth, Mabwysiadu ac Absenoldeb Rhiant a Rennir
- Gweithdrefn Ymddeol
- Gweithdrefn Ymddeol a Dychwelyd

Mae'r **Grŵp Buddion Staff** yn cydgysylltu ac yn ymchwilio i ostyngiadau a buddion a gynigir gan gyrff allanol i weithwyr y Bwrdd Iechyd. Mae'r grŵp yn sicrhau ac yn cytuno ar y 'bargeinion gorau' i'r staff ac yn adrodd am eu gwaith wrth y Pwyllgor Cronfeydd Elusennol a'r Fforwm Partneriaeth Lleol.

Mae'r Grŵp Buddion Staff yn cwrdd bob deufis ac yn cynnwys yr aelodau canlynol:

- Cyfarwyddwr Gweithredol (Y Cadeirydd)
- Uwch-gynrychiolydd Rheoli
- Uwch-gynrychiolydd o Elusen Iechyd
- Uwch Reolwr y Gweithlu
- Cynrychiolydd Ochr y Staff
- Cynrychiolydd cyfathrebu
- Rheolwr Teithio Cynaliadwy
- Cynrychiolydd Caffael
- Cynrychiolwyr Cyllid a'r Gyflogres

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Gwahoddir busnesau a chyflenwyr sydd eisiau darparu nwyddau wasanaethau am ddisgownt i staff i e-bostio'r Tîm Cyfathrebu ac Ymgysylltu, a bydd cynigion newydd yn cael eu cyflwyno gerbron y Grŵp Buddion Staff i'w trafod a'u hystyried yn unol â'r meini prawf cymeradwyo. Caiff cynigion a gymeradwyir eu hyrwyddo ar amrywiaeth o lwyfannau ymgysylltu â staff, gan gynnwys y wefan Buddion Staff, ar ap Cyswllt y Staff a'r cyfryngau cymdeithasol.

Yn 2021/22, parhaodd y grŵp i gynnal cyfarfodydd rhithiol (yn unol â chyfyngiadau a chanllawiau COVID-19) a bwrw ymlaen â'r canlynol:

- Anfon gohebiaeth ysgrifenedig ac electronig i fusnesau a chyflenwyr lleol a chenedlaethol i gydnabod eu cefnogaeth i staff y Bwrdd Iechyd yn ystod y pandemig, a'u gwahodd i gymryd rhan yng nghynllun buddion y staff.
- Derbyn ac adolygu addasrwydd cynlluniau buddion newydd i'r staff, gan gynnwys cynigion aberthu cyflog Home Benefits.
- Adnewyddu'r Memorandwm Cyd-ddealltwriaeth rhwng Nathaniel Car Sales ac Elusen Iechyd Caerdydd a'r Fro i ddarparu nawdd a chymorth i godi arian.
- Adnewyddu'r Memorandwm Cyd-ddealltwriaeth rhwng Nathaniel Car Sales a'r Bwrdd Iechyd i ddarparu trafnidiaeth i'r staff rhwng eu cartref a'r gwaith os ceir tywydd drwg.
- Cydweithio â'r Tîm Cyfathrebu Digidol i greu tudalen benodol ar gyfer buddion y staff ar ap Cyswllt y Staff, rhannu cynigion yn y Diweddariad Wythnosol i'r Staff a hyrwyddo cynigion drwy'r holl lwyfannau a ddefnyddir i ymgysylltu â'r staff.
- Mae tudalennau buddion staff ar Fewnrwyd y Bwrdd Iechyd wedi cael eu hailddylunio, ac maent yn cael eu diweddaru'n wythnosol drwy gyflwyno cynigion newydd, a chynigion achlysurol yn gysylltiedig â digwyddiadau arbennig, hy Nadolig, Pasg, Dydd San Ffolant ac ati
- Cymeradwyo cynnwys cynlluniau Buddion Staff y Bwrdd Iechyd mewn 'Llyfryn Gostyngiadau Arwyr y Gwasanaeth Iechyd' cenedlaethol (gan gadw rheolaeth olygyddol ar y cynnwys).

Ar raddfa fwy lleol, mae pob un o'r **Byrddau Clinigol** hefyd yn cynnal Fforymau Partneriaeth Lleol bob mis neu bob deufis sy'n galluogi tîm arwain y Bwrdd Clinigol i ymgysylltu â chynrychiolwyr undebau llafur ar faterion lleol. Gohiriwyd rhai o'r rhain oherwydd pwysau gweithredol a'r ffaith nad oedd modd rhyddhau staff i fod yn bresennol. Yn lle hynny, cynhaliwyd trafodaethau mwy anffurfiol â Chynrychiolwyr y Bwrdd Clinigol Arweiniol, ond maent naill ai wedi ailddechrau, neu byddant yn ailddechrau yn fuan yn 2022/23.

6.4 Cydraddoldeb, Amrywiaeth a Hawliau Dynol

Mae'r Cynllun Cydraddoldeb Strategol (CCS) cyfredol, Gofalu am Gynhwysiant 2020-2024, yn cynnwys nifer o amcanion allweddol i'w cyflawni, ac yn dangos ein hymrwymiad i ymwreiddio cydraddoldeb,

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amrywiaeth, hawliau dynol a'r Gymraeg ym mhrosesau busnes y Bwrdd Iechyd. Mae'r CCS wedi'i alinio'n agos â'n strategaeth deng mlynedd 'Llunio ein Llesiant i'r Dyfodol', ein 'Cynllun Pobl a Diwylliant' sydd newydd ei lansio, ein Cynllun Tymor Canolig Integredig, yn ogystal â Deddf Llesiant Cenedlaethau'r Dyfodol 2015. Dyma ail flwyddyn y cynllun pedair blynedd cyfredol.

Yn ystod 2021/22, gwnaethom barhau i ymdrechu i greu sefydliad mwy cynhwysol i'n staff a'n cymunedau drwy amrywiaeth o ddulliau, gan gynnwys ymgysylltu â staff a grwpiau cymunedol, codi ymwybyddiaeth ynghylch diffyg cydraddoldeb drwy brif siaradwyr, sesiynau codi ymwybyddiaeth a gwaith partneriaeth gydag Iechyd Cyhoeddus Cymru a grwpiau cymunedol, a dathlu amrywiaeth ein gweithlu a'n cymuned. **Dyma rai o uchafbwyntiau'r flwyddyn ddiwethaf:**

- Creu a rhannu Calendr Cynhwysiant ar draws sefydliadau, sy'n amlygu dyddiadau allweddol drwy gydol y flwyddyn i godi ymwybyddiaeth a dathlu ein hamrywiaeth.
- Cyrraedd ein safle uchaf erioed, sef safle 37 ym Mynegai Cydraddoldeb y Gweithlu gan Stonewall, sydd yn trefnu sefydliadau drwy gydol y DU yn ôl eu cynhwysiant o safbwynt LGBTQ+, ac ennill y Dyfarniad Aur hefyd. Roedd gwaith a gyfrannodd at y perfformiad eithriadol hwn yn cynnwys chwarae rhan allweddol yn nigwyddiad Balchder Rhithiol GIG Cymru, a chefnogi ein cymuned draws drwy gynnal sesiwn 'Camau Cyntaf at Gynnwys Pobl Draws'.
- Datblygu dau rwydwaith newydd i'r staff. OneVoice, ein rhwydwaith staff Du, Asiaidd a Lleiafrifoedd Ethnig, ac Access Ability, ein rhwydwaith staff ar gyfer pobl ag anableddau a chyflyrau iechyd hirdymor.
- Dod yn Gyflogwr Lefel 2 Hyderus o ran Anabledd.
- Datblygu noddwyr Gweithredol i gefnogi pob un o'r nodweddion gwarchodedig a'r Gymraeg. Mae hyn yn cael ei raeadru ar draws ein Byrddau Clinigol ac eisoes wedi arwain at gyflwyno rhaglen 'Cynghreiriaid DThC' o fewn y Bwrdd Diagnosteg a Therapïau Clinigol.

Er nad yw iaith yn nodwedd warchodedig o dan Ddeddf Cydraddoldeb 2010 - caiff y Gymraeg ei diogelu o dan ddeddfwriaeth ar wahân (Mesur y Gymraeg (Cymru) 2011 a Safonau cysylltiedig) - cydnabuwyd ers tro fod agendâu polisi cydraddoldeb a'r Gymraeg yn ategu ac yn goleuo'r naill a'r llall. Fe'i cefnogir ymhellach drwy'r Nod yn Neddf Llesiant Cenedlaethau'r Dyfodol – Cymru â diwylliant bywiog lle mae'r Gymraeg yn ffynnu. Ein nod yw cynnal ac atgyfnerthu'r egwyddor honno drwy ein Hamcanion Cydraddoldeb Strategol newydd a sicrhau bod yr amcanion hynny'n fodd i hyrwyddo a gwarchod y Gymraeg.

Bydd y Bwrdd Iechyd yn parhau i fynd y tu hwnt i'n rhwymedigaethau cyfreithiol, gan gymhwyso'r egwyddorion sy'n rhan o'r Ddeddf Cydraddoldeb a Dyletswydd Cydraddoldeb y Sector Cyhoeddus i'n holl ffordd o feddwl, ein cynlluniau a'n penderfyniadau er budd ein holl bobl, o fewn ein sefydliad a hefyd yn ein cymunedau. Mae'r Grŵp Strategaeth Cydraddoldeb a Safonau'r Gymraeg yn parhau i gefnogi datblygiadau a gwelliannau ar draws y Bwrdd Iechyd.

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6.5 Rheoliadau'r Gymraeg - Rheoliadau Safonau'r Gymraeg (Rhif 7) 2018

Gweler paragraff 15.3 yn yr Adroddiad Atebolrwydd.

6.6 Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) (WBFGA) 2015

Mae'r Bwrdd Iechyd wedi mabwysiadu Amcanion Strategol Llunio Ein Llesiant i'r Dyfodol fel ein hamcanion llesiant, fel y nodir isod. Goruchwylir y gwaith o ymwreiddio'r nodau, yr egwyddorion a'r ffyrdd o weithio a gynghorir yn y Ddeddf yn rhan o'n busnes bob dydd gan y Gweithgor Llesiant Cenedlaethau'r Dyfodol (WFG), a'r Cadeirydd yn rhinwedd ei swydd fel Hyrwyddwr Llesiant Cenedlaethau'r Dyfodol.

Wrth ddatblygu ein CTCI, byddwn yn sicrhau ein bod yn plethu gofynion y Ddeddf drwy'r cynllun fel edau aur, a bod ein prosesau penderfynu'n mynnu ei bod yn ystyried goblygiadau'r ddeddfwriaeth wrth wneud ein penderfyniadau.

Prif feysydd ffocws y Grŵp Llywio fu cynlluniau i sicrhau ein bod yn anrhydeddu ein hymrwymiadau i ostwng carbon, gan gynnwys teithio egnïol a chynaliadwy, gan sicrhau ein bod yn parhau i ymyrryd ynghynt i atal clefydau yn y lle cyntaf, ac ymyrryd ynghynt pan geir clefydau er mwyn sicrhau deilliannau gwell.

Rydym hefyd wedi cryfhau ein gwaith i ymgysylltu â phlant a phobl ifanc, sef cenedlaethau'r dyfodol, er mwyn sicrhau ein bod yn clywed lleisiau pobl ifanc yn uchel, fel eu bod yn dylanwadu ar y modd rydym yn llywio ac yn datblygu ein gwasanaethau i'r dyfodol.

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Ein trefniadau llywodraethu mewn perthynas â Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015

Bydd Grŵp Llywio WFG BIP Caerdydd a'r Fro, a gadeirir gan y Cyfarwyddwr Gweithredol Iechyd Cyhoeddus, yn adolygu'r camau sydd angen eu cymryd i ymwreiddio'r gofynion o fewn y Bwrdd Iechyd, ac yn cefnogi'r newid diwylliant sydd ei angen er mwyn i'r Bwrdd Iechyd weithredu'r egwyddor datblygu cynaliadwy fel rhan o'r drefn arferol. Er mwyn canolbwyntio ar yr ymateb acíwt i'r pandemig, cyfarfu'r grŵp hwn yn ysbeidiol yn ystod 2021/22, a disgwylir y bydd cyfarfodydd rheolaidd yn ailddechrau'n llawn yn ystod 2022/23.

Mae'r Grŵp Llywio yn cynnal ac yn asesu cynnydd yn erbyn rhaglen waith flynyddol, ac yn adrodd wrth Bwyllgor Strategaeth a Chyflawni'r Bwrdd. Mae Cadeirydd y Bwrdd yn gweithredu fel Hyrwyddwr Llesiant Cenedlaethau'r Dyfodol ar ran y Bwrdd. Byddwn yn cynnal deialog rheolaidd â Swyddfa Comisiynydd Cenedlaethau'r Dyfodol ac ymunodd un o'r Ysgogwyr Newid o swyddfa'r Comisiynydd â'r Grŵp Llywio fel aelod rheolaidd yn 2021/22.

Ar raddfa partneriaeth, rydym yn cyfrannu at Asesiadau Llesiant a Chynlluniau Llesiant (y naill ar gyfer Caerdydd; y llall ar gyfer y Fro) drwy gymryd rhan yn y Byrddau Gwasanaethau Cyhoeddus, a chyflawni camau allweddol yn y Cynlluniau, ar ein pen ein hunain ac ar y cyd â sefydliadau partner.

Ein hamcanion llesiant

O fewn y Bwrdd Iechyd, caiff yr amcanion llesiant statudol o dan WBFGA eu hadlewyrchu yn amcanion ein strategaeth deng mlynedd (Llunio ein Llesiant i'r Dyfodol), a restrir isod. Mae'r amcanion hyn yn cyfrannu at y saith nod llesiant cenedlaethol. Gweithredir y Strategaeth drwy'r cynllun tair blynedd a gaiff ei ddiweddaru'n flynyddol, ein cynllun tymor canolig integredig (CTCI), sy'n cynnwys ein datganiad llesiant blynyddol.

1. Lleihau anghydraddoldebau iechyd
2. Sicrhau deilliannau sydd o bwys i bobl
3. Bod pawb yn cymryd cyfrifoldeb dros wella ein hiechyd a'n llesiant
4. Cynnig gwasanaethau sy'n sicrhau iechyd i'r boblogaeth y mae gan ein dinasyddion hawl i'w ddisgwyl.
5. Cael system gofal heb ei drefnu (brys) sy'n darparu'r gofal cywir, yn y man cywir, ar y tro cyntaf.
6. Cael system gofal wedi'i gynllunio lle ceir cydbwysedd rhwng y galw a'r capasiti.
7. Bod yn lle gwych i weithio ac i ddysgu
8. Cydweithio'n well â'n partneriaid i ddarparu gofal a chefnogaeth ar draws sectorau gofal, gan wneud y defnydd gorau o'n pobl a'n technoleg.
9. Lleihau niwed gwastraff ac amrywio, gan wneud y defnydd cynaliadwy gorau o'r adnoddau sydd ar gael inni
10. Rhagori o ran addysgu, ymchwil, arloesi a gwella, a chynnig amgylchedd lle mae syniadau arloesol yn ffynnu

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Mae'r CTCI, drwyddo draw, yn integreiddio ac yn dangos y pum ffordd o weithio a chamau gweithredu yn erbyn yn nodau llesiant. Mae atal wedi'i ymwreiddio yn ein holl waith, gydag ymyriadau iechyd cyhoeddus arbenigol ychwanegol wedi'u disgrifio yng nghynllun Llunio Iechyd ein Poblogaeth i'r Dyfodol.

Wrth ddatblygu'r CTCI ar gyfer 2022-25, adolygwyd amcanion llesiant y sefydliad, ac ni wnaed unrhyw newidiadau. Wrth i strategaeth drosfwaol Llunio ein Llesiant i'r Dyfodol gael ei hadolygu'n fanwl yn ystod 2022/23, bydd cyfle i gynnal asesiad pellach i weld a oes angen gwneud unrhyw newidiadau i'r amcanion.

Cynnydd yn erbyn ein hamcanion llesiant

Gan mai ein hamcanion corfforaethol yw ein hamcanion llesiant, dangosir cynnydd yn erbyn ein hamcanion llesiant drwy ein hadroddiadau perfformiad arferol yn erbyn ein CTCI a'n strategaeth ddeng mlynedd. Ceir rhagor o wybodaeth am ein perfformiad, a lle adroddir am hynny, yn yr adran Crynodeb o'n perfformiad a'n cyflawniadau allweddol, uchod:

Yn ystod 2021/22 gwnaethom adolygu ein Cynllun Gweithredu Cynaliadwyedd, i sicrhau bod camau gweithredu'n bodloni gofynion cynllun cyflawni strategol GIG Cymru ar gyfer datgarboneiddio, ac yn rhagori ar y gofynion hynny. Gwnaethom hefyd barhau i gefnogi a meithrin prosiectau cynaliadwyedd drwy ein Deorydd Syniadau a Sefydliad Calon y Ddraig, gan gynnwys Iechyd Gwyrdd Cymru, caffael cynaliadwy, a rhaglen SFERIC (cymdeithas cynaliadwyedd ar gyfer

ymgysylltu, ymchwil, arloesi a chydgysylltu). Ym mis Medi 2021, enillodd Bwyd Caerdydd, a gynhelir gan y tîm Iechyd Cyhoeddus Lleol, ddyfarniad Arian Lleoedd Bwyd Cynaliadwy - un o chwe lle yn unig i ennill y dyfarniad yn y DU. Dyma ddatblygiadau eraill a gafwyd yn ystod y flwyddyn:

- Ailardystio hyd at safon ISO140001 ddwywaith yn 21/22
- Gosod 6,800 o fylbiau golau LED
- Cyflwyno cysyniadau gofal iechyd cynaliadwy i fyfyrwyr meddygol Prifysgol Caerdydd
- Cynnal arolwg o'r staff, a ddangosai y gellid gwneud mwy i wella'r ymwybyddiaeth o'r hyn rydym yn ei wneud yng nghyswllt yr agenda werdd.
- Recriwtio rheolwr cynaliadwyedd amgylcheddol
- Recriwtio carfan o wirfoddolwyr 'cynaliadwyedd' i dderbyn hyfforddiant Gwella Ansawdd Cynaliadwy a chymhwyso'r wybodaeth honno i wasanaeth clinigol.
- Ymunodd ail gymrawd cynaliadwyedd Caerdydd a'r Fro ym mis Medi 2021

Gallwch ddarllen rhagor am brosiectau penodol rydym wedi'u cwblhau sy'n dangos ein hymrwymiad i'r Ddeddf ar dudalennau gwe Llunio Gofal Iechyd Cynaliadwy i'r Dyfodol.

Datblygiadau eraill yn gysylltiedig â WFBGA

Drwy gydol llawer o 2021-22 mae'r Bwrdd Iechyd wedi canolbwyntio ar ei ymateb i'r pandemig. Rydym wedi ceisio gwneud hyn mewn ffordd sy'n cyd-fynd â'r egwyddor datblygu cynaliadwy a'r pum ffordd o weithio (integreiddio, cynnwys, hirdymor, atal, cydweithio), gan gynnwys:

- Cyflawni gwaith partneriaeth helaeth dyddiol yn uniongyrchol â phartneriaid statudol, er mwyn cynnal rhaglen Profi, Olrhain, Diogelu (POD) yng Nghaerdydd a'r Fro. Mae hon wedi bod yn ymdrech bartneriaethol wirioneddol, lle'r oedd timau'n cynnwys staff o bob rhan o'r bartneriaeth yn arwain strategaeth a goruchwyliaeth hyd at olrhain cysylltiadau. Mae staff a chyllidebau wedi cael eu rhannu, gan weithio mewn modd cwbl integredig yn ddyddiol.
- Gweithio'n agos gyda'n cymunedau lleiafrifol ethnig a'n harweinwyr cymunedol i gynyddu ymgysylltiad a lleihau effeithiau anghyfartal COVID-19.
- Cynllunio a chynnal y rhaglen frechu dorfol, i atal achosion pellach o COVID-19.
- Galluogi cynnydd mawr mewn ymgyngoriadau clinigol o bell
- Cadw'r cyfleusterau i staff weithio gartref lle bynnag y bo modd, gan gydbwyso hynny â chyfarfodydd wyneb yn wyneb diogel i hyrwyddo llesiant ac atal unigrwydd. Mae hyn yn cyfrannu at fwy o hyblygrwydd i'r staff, ynghyd â gostyngiad mewn allyriadau carbon yn sgil teithio i'r gwaith.

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7. Llywodraethu Ansawdd a Pherfformiad

Sefydlwyd y tîm Gweithredu a Thrawsnewid yn hydref 2021 i oruchwylio darpariaeth weithredol y sefydliad, drwy dymor y gaeaf 2021 a thrydedd don COVID-19. Roedd y tîm yn cynnwys triwriaeth o Uwch Rheolwr, Nyrs a Gweithiwr Meddygol. Yn rhan o'r ddarpariaeth weithredol, cafodd y digwyddiad IPC (atal a rheoli haint) a'r achosion eu trafod yn ddyddiol gyda'r uwch dîm OPAT, timau safle a strwythurau nyrsio gweithredol. Drwy hyn bu modd cynnal goruchwyliaeth gyson dros yr holl Fyrddau Clinigol er mwyn sicrhau dealltwriaeth o'r holl benderfyniadau seiliedig ar risg ynghylch symud cleifion.

Ansawdd, Diogelwch a Phrofiad (ADPh) Cleifion

Yn ystod y pandemig, rydym wedi datblygu ein Fframwaith Ansawdd, Diogelwch a Phrofiad gyda'n staff rheng-flaen, cleifion, gofalwyr, perthnasau a rheoleiddwyr allanol. Mae ein ffocws ar ansawdd, diogelwch a phrofiadau cleifion yn ymestyn ar draws pob lleoliad lle ddarperir gofal iechyd. Mae hyn yn cynnwys ein cyfrifoldeb fel corff sy'n comisiynu gwasanaethau gan ystod eang o ddarparwyr i gael y sicrwydd angenrheidiol, os darperir gofal gan eraill i'n poblogaeth.

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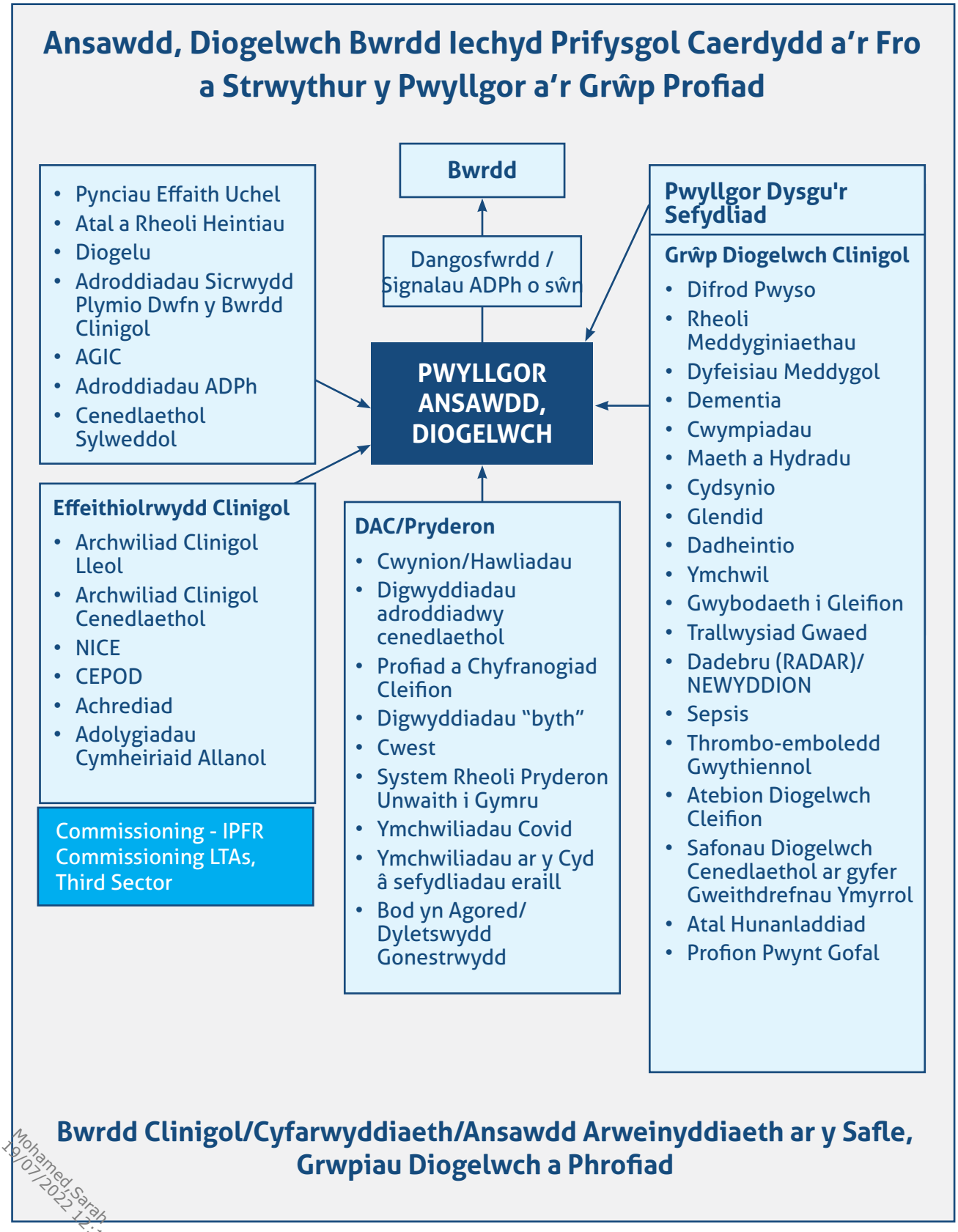
Mae'r siart isod yn dangos strwythur ein pwyllgorau a'n grwpiau i gefnogi darpariaeth y fframwaith.



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Fel sefydliad gofal iechyd integredig, mae'n rhaid ymestyn ein ffocws ar ansawdd, diogelwch a phrofiadau cleifion ar draws pob lleoliad lle darperir gofal iechyd, wrth inni anelu i fod ymhlith sefydliadau mwyaf diogel y GIG. Byddwn yn sicrhau nad oes gogwydd ormodol tuag at Ofal Eilaidd, gan gydnabod bod y rhan fwyaf o'r gofal y mae cleifion yn ei dderbyn yn cael ei ddarparu mewn lleoliad Gofal Sylfaenol neu Gymunedol. Rydym yn cydnabod hefyd fod yr elfen Gofal Sylfaenol a Chymunedol ar lwybr y claf yr un mor allweddol i ddarparu gofal diogel o ansawdd uchel â'r rhan honno o'r llwybr a ddarperir mewn lleoliadau mwy acíwt.

Mae gennym wyth ffactor galluogi allweddol yn ein Fframwaith ADPh ar gyfer y pum mlynedd nesaf: Dyma nhw:

- Diwylliant Diogelwch
- Arweinyddiaeth ar gyfer ADPh
- Profiad a Chynnwys y Claf
- Dysgu a Chyfathrebu ynghylch Diogelwch Cleifion
- Cynnwys ac ymgysylltu â staff
- Data a Mewnwelediad
- Proffesiynoldeb ADPh
- Llywodraethu Ansawdd

Mae'n rhaid i'r hyn sydd o bwys gwirioneddol i ofalwyr ein cleifion a phobl yn ein cymunedau fod yn ganolog i'n penderfyniadau, fel y gallwn wneud defnydd doethach o'n hamser, ein sgiliau a'n hadnoddau eraill.

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Ni wynebwyd her mor fawr erioed â'r her o gomisiynu gwasanaethau sy'n gwella iechyd ein preswylwyr yng Nghaerdydd a'r Fro a darparu gwasanaethau iechyd a gofal cymdeithasol darbodus ac integredig i boblogaeth leol sy'n tyfu, gan ddarparu gofal brys, dewisol a thrydyddol mwyfwy cymhleth i fodloni galw lleol a rhanbarthol o fewn yr adnoddau sydd ar gael.

Rydym bob amser yn ymwybodol ein bod yn Sefydliad Statudol a'n bod hefyd yn rhwym i ddeddfwriaeth sylfaenol, offerynnau statudol a Rheolau Sefydlog (sef y rheolau y mae'r sefydliad yn gweithio ac yn gwneud penderfyniadau'n unol â hwy).

Mae ein cyhoedd, ein cymunedau, ein staff a'n partneriaid wrth graidd popeth a wnawn. Nid oes ffordd well na mwy pwysig o ddatblygu na gwella gwasanaethau na thrwy wrando ar yr hyn y mae unigolion yn ei feddwl, yn ei deimlo ac yn ei brofi ar hyd eu taith wrth ddefnyddio unrhyw un o wasanaethau, rhaglenni neu swyddogaethau GIG Cymru, ac ar ôl hynny. Boed hynny ar ward ysbyty, mewn apwyntiad claf allanol, neu ar unrhyw un o'r rhaglenni Sgrinio cenedlaethol, mewn practis meddyg teulu (Gofal Sylfaenol), wrth ymgysylltu ag ymarferwyd hyrwyddo iechyd neu mewn unrhyw ddigwyddiad a ddarperir gan un o sefydliadau GIG Cymru. Mae'n elfen allweddol o ansawdd, ochr yn ochr â rhoi sicrwydd llywodraethu a darparu gwasanaethau mwy diogel. Mae'r modd y mae'r system iechyd ac atal/hyrwyddo ehangach yn darparu ei gwasanaeth ac yn cefnogi'r systemau ehangach - o'r ffordd y caiff galwad ffôn ei hateb, hyd at y ffordd mae'r staff glanhau yn siarad â chi, hyd at ymgysylltiad rheolwyr â'r cyhoedd a'r staff

- oll yn cael effaith ar y profiad, a dylid eu defnyddio i wella ansawdd a rhoi sicrwydd ynghylch llywodraethu. Os mai rhagoriaeth glinigol a chyffredinol yw'r agwedd 'beth' ar ofal iechyd a mesurau iechyd ataliol, mae a wnelo profiad â'r agwedd 'sut'. Gan ddechrau gydag anghenion, a gwrando ar yr anghenion hynny, gellir dylunio'r profiad i gyd-fynd â'r anghenion, gan greu amgylchedd lle mae'r unigolyn yn teimlo wedi'i werthfawrogi a'i gefnogi.

Un o'r gwersi pwysicaf a ddysgwyd dros y blynyddoedd diwethaf yw bod yn rhaid i sefydliadau fod yn uchelgeisiol. Ni fydd y profiad a roddir gennym i'n defnyddwyr gwasanaeth ond yn gwella pan fydd y sefydliad cyfan yn archwilio ac yn ail-greu ei ddiwylliant. Mae hynny'n golygu mwy na geiriau - mae'n rhaid wrth arweinyddiaeth, ymgysylltu â'r cyhoedd a chymunedau, ymgysylltu â staff a systemau mesur traws-sefydliadol er mwyn gwella ansawdd ac anelu am ragoriaeth.

Dyma brif negeseuon ein galluogwyr:

"Mae Ansawdd, Diogelwch a Phrofiad o bwys i bawb"

"Mae rheolwyr yn gwneud pethau'n iawn; mae'r arweinyddiaeth yn gwneud y pethau iawn".

"Dim penderfyniad amdana i, heb fy nghynnwys i"

"Ysbrydoli, addysgu, diogelu a darparu sgiliau i weithwyr iechyd, er mwyn cyfrannu at ddyluniad a darpariaeth systemau gofal iechyd"

"Beth am ganolbwyntio ar systemau a ffactorau dynol; nid ar unigolion"

"Heb fesur, fyddwch chi ddim yn gwybod"

"O wneud yr hyn rydyn ni wastad wedi'i wneud, byddwn yn cael yr un canlyniadau"

"Y Safon rydych chi'n cerdded heibio iddi yw'r safon rydych chi'n ei derbyn"

Ein blaenoriaethau ADPh ar gyfer 2021-2026

- Sicrhau'r gostyngiad mwyaf posibl mewn niwed y gellir ei osgoi
- Ymwreiddio ymagwedd at ddiogelwch sy'n seiliedig ar systemau a ffactorau dynol
  - *Ymchwiliadau a datrysiadau*
- Cyflwyno rhaglen waith Diwylliant Diogelwch
- Cytuno ar iaith gyffredin ar yfer ansawdd, diogelwch a phrofiad
- Cynyddu gwybodaeth ac ymwybyddiaeth o Ddiogelwch 1 – Diogelwch 11
- Hyrwyddo diwylliant agored a thryloyw

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8. Adroddiad ar Gynaliadwyedd

Ym mis Ionawr 2020, datganodd y Bwrdd Iechyd argyfwng hinsawdd, ac ymrwymodd i ymdrechu'n galetach i leihau ein hôl troed carbon. Cynhyrchwyd ein cynllun gweithredu cynaliadwyedd cyntaf a nodai'r camau y byddem yn eu cymryd i leihau ein defnydd o garbon i raddau sylweddol. Yn dilyn cyhoeddi Strategaeth Datgarboneiddio Llywodraeth Cymru, gyda'r ymrwymiad i gyrraedd sero carbon erbyn 2030, gwnaethom ailwampio'r Cynllun Gweithredu Cynaliadwyedd a chymeradwyo'r cynllun diwygiedig yng nghyfarfod ein Bwrdd ym mis Tachwedd 2021. Mae'r cynllun diweddaraf hwn yn defnyddio Cynllun Cyflawni Strategol Datgarboneiddio GIG Cymru fel sylfaen ac yn adeiladu ar yr hyn a ddysgwyd o'r Cynllun Gweithredu cyntaf er mwyn herio'r Bwrdd Iechyd i gynnig ymateb mwy aeddfed eto i'r Argyfwng Hinsawdd.

Yn ystod 2021/22 ac yn ychwanegol at y datblygiadau y cyfeiriwyd atynt o dan Adran 6.6 uchod (Cynnydd yn erbyn ein hamcanion llesiant), tua 33% o apwyntiadau i gleifion allanol yn cael eu cynnal yn rhithiol, gweithio gartref yn gyffredin sy'n lleihau traffig a llygredd yn sgil hynny, a chydweithwyr y Bwrdd Iechyd yn arwain y gwaith o ffurfio rhwydwaith Iechyd Gwyrdd Cymru o weithwyr proffesiynol gofal iechyd.

Mae angen gwneud mwy. Gan hynny, yn y flwyddyn sydd i ddod rydym yn rhoi pwyslais ar roi arweiniad er mwyn gwneud gwahaniaeth i'n hôl troed carbon ac ystyried sut y byddwn yn dod â'n holl gydweithwyr ar y daith gyda ni. I'r perwyl hwn, bu cynnydd sylweddol a chyson mewn gohebiaeth ynghylch datgarboneiddio. Gan gofio ein dyhead i ddefnyddio llai o ynni, bydd rhaglen barhaus Re:Fit yn cynnwys gwaith pellach i osod bylbiau led, gwaith uwchraddio systemau awyru er mwyn lleihau carbon, gwelliannau rheolaeth a gosodiadau solar PV.

Rydym bellach yn adrodd yn flynyddol ar gynnydd ein cynllun lleihau carbon, ac mae grŵp goruchwylio ar lefel weithredol yn cael ei sefydlu i sicrhau y cyrhaeddir cerrig milltir allweddol ar amser.

Arweinyddiaeth

- Dangos arweiniad ac ymrwymiad i helpu i wneud Sector Cyhoeddus Cymru yn garbon niwtral erbyn 2030

Egni

- Cadw ISO14001
- Gweithgareddau datgarboneiddio gan gynnwys rhaglen Re:Fit

Gwastraff a Bwyd

- Lleihau gwastraff drwy ein gweithrediadau
- Ailgylchu i'r eithaf

Dŵr

- Lleihau'r defnydd o ddŵr, hyrwyddo pwysigrwydd cael eich hydradu

Caffael

- Gwneud penderfyniadau caffael cynaliadwy

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Pobl

- Mae staff a chleifion yn ymwybodol o'n hymrwymiad i gynaliadwyedd ac yn teimlo bod ganddynt ran i'w chwarae

Yr Amgylchedd Adeiledig, Seilwaith Gwyrdd, Bioamrywiaeth

- Mae adeiladau newydd yn gynaliadwy ac yn meithrin mannau allanol iach, gwyrdd a bioamrywiol

Trafnidiaeth

- Lleihau'r nifer y ceir sy'n dod i'n safleoedd, annog teithio llesol a gweithio gartref

Ymarfer Clinigol

- Datblygu gofal carbon isel/gwastraff isel i'n cleifion
- Ymwreiddio cynaliadwyedd ym muddsoddiadau strategol Caerdydd a'r Fro .

Themâu ar gyfer Cynllun Gweithredu Cynaliadwyedd 22/23

Daw 20% o allyriadau GIG Cymru o'n hadeiladau a'n defnydd o ynni. Daw 60% o'r cynnyrch a ddefnyddir i ddarparu gwasanaethau gofal iechyd. Yn rhan o fenter gyffrous sy'n cael ei threialu eleni mae gwirfoddolwyr o'n timau'n gweithio ar fentrau gwella ansawdd gyda golwg ar wella effaith y cynnyrch a ddefnyddiwn o ran carbon, neu leihau ein defnydd ohonynt. Fel enghraifft o brosiect lleihau defnydd, mae'r Bwrdd Iechyd wedi bod yn gweithio tuag at ddiffodd y cyflenwad o ocsid nitrus o amgylch ein cyfleusterau, a darparu'r nwy mewn silindr yn ôl y galw pan fydd angen.

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Disgwylir y gellir defnyddio llawer llai o'r nwy tŷ gwydr peryglus hwn gan arbed allyriadau ac arian.

Disgwylir y bydd y data ar y defnydd o ynni, y defnydd o ddŵr a gwastraff ar gael ym mis Awst 2022.

9. Casgliad a Rhagolwg

Bu'r flwyddyn ddiwethaf yn gyfnod arall heriol i'r Bwrdd Iechyd, ac ystyried natur barhaus ac annarogan y pandemig. Fodd bynnag, y mae hefyd wedi braenaru'r tir i sefydlu nifer o arferion arloesol, ac rydym yn falch o weld bod rhai o'n gwasanaethau bron wedi dychwelyd i lefelau cyn-COVID-19.

Gan edrych i'r dyfodol, mae'r Bwrdd Iechyd yn bwriadu adeiladu ar rai o'r ffyrdd arloesol o weithio er mwyn gwella ansawdd gofal iechyd a diogelwch cleifion a staff ar dras yr holl lwybr cleifion. O dan ein Fframwaith Ansawdd, Diogelwch a Phrofiad 2021-2026 sydd newydd gael ei fabwysiadu, byddwn yn parhau i anelu i ddarparu gwasanaethau diogel ac effeithiol sy'n rhoi profiad rhagorol i ddefnyddwyr sy'n gyson â sefydliadau gofal iechyd gorau'r byd.

Wrth inni fwrw ymlaen drwy ein cam adfer ac ailddylunio, byddwn yn parhau i gadw a mireinio rhai o'n ffyrdd newydd o weithio er mwyn sicrhau gwasanaeth gofal iechyd effeithiol ac effeithlon, gan gynnwys:

- Byddwn yn parhau i gynnal cyfarfodydd Pwyllgor rhithiol, oherwydd gwelwyd eu bod yn ffordd effeithlon ac effeithiol o weithio. Byddwn yn dychwelyd i gynnal cyfarfodydd Bwrdd wyneb yn wyneb o fis Mai 2022 er mwyn ceisio dychwelyd i ryw fath o normalrwydd.

- Byddwn yn cadw ac yn mireinio'r dulliau ystwyth o wneud penderfyniadau er mwyn hwyluso arloesi, trawsnewid a dysgu ar sail barhaus.
- Cynnal a gwella dulliau a ffurfiau newydd ar gyfathrebu a gyflwynwyd yn ystod y pandemig er mwyn parhau i gydweithio, i weithio mewn partneriaeth ac ymgysylltu â'r cyhoedd wrth inni wella ar ôl effeithiau'r pandemig.
- Gan ddefnyddio Sefydliad Calon y Ddraig a sefydlwyd gennym yn ddiweddar i ysgogi trawsnewid o fewn y Bwrdd Iechyd, i arwain syniadau arloesol a gweithredu fel catalydd ar gyfer newid ar draws gwasanaethau cyhoeddus i wella deilliannau i ddinasyddion yng Nghaerdydd a Bro Morgannwg.

Rydym yn bwriadu cryfhau ein perthnasoedd â'n partneriaid ymhellach. Dros y flwyddyn ddiwethaf gwelwyd enghreifftiau llwyddiannus iawn o gydweithio â'n partneriaid a gwirfoddolwyr (er enghraifft, y rhaglen frechu dorfol) a byddwn yn canolbwyntio mwy ar gydweithio â'n partneriaid ar draws Gofal Cymdeithasol a'r Gwasanaeth Ambiwlans er mwyn rhoi newidiadau ar waith a fydd yn gwella gofal cleifion, yn lleihau oedi wrth drosglwyddo o'r ambiwlans, yn osgoi derbyniadau i'r ysbyty ac yn rhyddhau cleifion i leoliadau mwy priodol. Cymerodd Clwstwr Gofal Sylfaenol De Orllewin Caerdydd ran allweddol yn y gwaith a gyflawnwyd gan Fwrdd Partneriaeth Rhanbarthol Caerdydd a'r Fro o dan y Rhaglen Drawsnewid a gyllidir yn genedlaethol. Gobeithiwn gyflwyno clystyrau pellach dros y flwyddyn i ddod.

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Mae datrysiadau digidol wedi bod yn allweddol er mwyn darparu gwasanaethau yn ystod y pandemig. Er enghraifft, drwy ddefnyddio apwyntiadau rhithiol a chlinigau grŵp fideo bu modd sicrhau cymaint ag sy'n bosibl o gapasiti o fewn ein gwasanaethau cleifion allanol. Mae'r "ward rithiol" wedi helpu i leihau'r amser y bydd cleifion yn ei dreulio yn yr ysbyty. Mae gennym gynlluniau ar y gweill i ehangu'r defnydd o ddatrysiadau digidol er mwyn cefnogi grwpiau eraill o gleifion sy'n disgwyl am driniaethau.

Mae'r cam adfer ac ailddylunio wedi rhoi cyfle inni drawsnewid gofal cleifion, i ddysgu oddi wrth y claf ac o adborth y staff dros y flwyddyn ddiwethaf a sicrhau bod gwelliannau gweithredol yn parhau er mwyn rhwyddhau mynediad. Adlewyrchir hyn yn ein CTCI drafft uchelgeisiol ar gyfer 2022-2025 sy'n anelu i gyflymu ein taith i drawsnewid gwasanaethau, ac i gymryd camau sylweddol i adfer triniaethau gofal wedi'i gynllunio a ohiriwyd yn sgil COVID-19, gwella gwasanaethau brys ac argyfwng yn sgil pwysau'r 2 flynedd ddiwethaf. Ar ben hynny, yn rhan o'n rhaglen Adfer ac Ailddylunio, rydym yn datblygu cynlluniau i ystyried atebion rhanbarthol posibl er mwyn ymdrin â'r ôl-groniad o bobl sy'n disgwyl am driniaethau wedi'u cynllunio.

Rydym yn cydnabod bod yr ychydig flynyddoedd diwethaf hefyd wedi bod yn heriol iawn i'n staff. Mae diogelwch a llesiant ein staff yn parhau i fod ymhlith prif ystyriaethau'r Bwrdd Iechyd. Rydym yn gweithredu ein Cynllun Pobl a Diwylliant 2022-2025 sy'n nodi'r camau gweithredu y byddwn yn eu cymryd dros y tair blynedd nesaf, gyda ffocws clir ar wella llesiant, cynhwysiant, gallu ac ymgysylltiad ein

gweithlu. Wrth inni barhau i lywio ein ffordd drwy'r pandemig ac allan ohono, mae'n hanfodol bod gennym weithlu iach, diogel a galluog i'n helpu i drawsnewid gofal cleifion a darparu gwasanaethau gwell.

Llofnodwyd gan: .....

Suzanne Rankin,
Prif Weithredwr a Swyddog Atebol

Dyddiad: *14 Mehefin 2022*

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Rhan 2

Adroddiad Atebolrwydd

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Rhan 2 - Adroddiad Atebolrwydd

Cwmpas yr Adroddiad Atebolrwydd

Diben adran atebolrwydd yr Adroddiad Blynyddol yw bodloni gofynion allweddol o ran ein hatebolrwydd i Lywodraeth Cymru, a rhoi trosolwg o'r trefniadau a'r strwythurau llywodraethu ac atebolrwydd a oedd ar waith ar draws y Bwrdd Iechyd yn ystod 2021-2022. Mae'n cynnwys:

- Adroddiad Llywodraethu Corfforaethol
- Adroddiad ar Daliadau a Staff
- Adroddiad Atebolrwydd Seneddol ac Archwilio

10. Rhan 2a - Adroddiad Llywodraethu Corfforaethol

10.1 Adroddiad y Cyfarwyddwyr

10.1.1 Cyfansoddiad y Bwrdd

Yn Rhan 2 o Reoliadau Byrddau Iechyd Lleol (Cyfansoddiad, Aelodaeth a Gweithdrefnau)

(Cymru) 2009 (y Rheoliadau) nodir yr aelodaeth ofynnol ar Fyrddau'r Byrddau Iechyd Lleol, gofynion penodi a chymhwystra'r aelodau, cyfnod swydd Aelodau Annibynnol ac Aelodau Cyswllt. Yn unol â'r Rheoliadau hyn, mae ein Bwrdd yn cynnwys 20 o aelodau â phleidlais, a 3 Aelod Cyswllt arall nad oes ganddynt bleidlais:

- Cadeirydd;
- Is-Gadeirydd;
- aelodau sy'n swyddogion;
- Aelodau Annibynnol; ac
- Aelodau Cyswllt.

Mae'r Bwrdd yn rhoi arweinyddiaeth a chyfeiriad i'r sefydliad, ac yn gyfrifol am lywodraethu, craffu ac atebolrwydd cyhoeddus, gan sicrhau bod ei waith yn agored a thryloyw drwy gynnal ei gyfarfodydd yn gyhoeddus. Yn sgil y risg barhaus i iechyd y cyhoedd yn gysylltiedig â'r pandemig a'r angen i sicrhau bod y risg o ledaenu COVID-19 yn parhau i fod yn flaenoriaeth yn ystod y flwyddyn, mae ein cyfarfodydd Bwrdd a Phwyllgor wedi parhau i gael eu cynnal yn rhithiol. Er nad yw hyn yn cydymffurfio'n llwyr â'n Rheolau Sefydlog o ran caniatáu i'r cyhoedd fod yn bresennol yng nghyfarfodydd y Bwrdd a'r Pwyllgorau, rydym wedi cymryd sawl cam i gryfhau tryloywder y cyfarfodydd hynny i'r cyhoedd (gweler adran 13.7 o'r DLlB). O 26 Mai 2022 mae ein cyfarfodydd Bwrdd wedi cael eu cynnal wyneb yn wyneb, er y bydd cyfarfodydd ein Pwyllgorau'n parhau i gael eu cynnal yn rhithiol am y tro.

Gyda'i gilydd, gelwir aelodau'r Bwrdd yn "y Bwrdd" neu "aelodau'r Bwrdd". Gelwir yr aelodau sy'n Swyddogion yn Gyfarwyddwyr Gweithredol a'r aelodau nad ydynt yn swyddogion (sy'n cynnwys y Cadeirydd) yn Aelodau Annibynnol. Mae gan bob Aelod Annibynnol a phob Aelod sy'n Gyfarwyddwr Gweithredol hawliau pleidleisio llawn.

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Mae gan y Bwrdd Iechyd 11 o Aelodau Annibynnol (gan gynnwys y Cadeirydd a'r Is-gadeirydd) - pob un ohonynt wedi'u penodi gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol. Ceir 9 Chyfarwyddwr Gweithredol (gan gynnwys y Prif Weithredwr).

Yn ogystal â hynny, caiff Gweinidogion Cymru benodi hyd at 3 Aelod Cyswllt ar lefel y Bwrdd. Nid oes gan Aelodau Cyswllt unrhyw hawliau pleidleisio. Ceir hefyd 2 swydd Cyfarwyddwr, sef y Cyfarwyddwr Llywodraethu Corfforaethol a'r Cyfarwyddwr Iechyd a Gwybodaeth Ddigidol, sy'n aelodau o'r Tîm Gweithredol a'r Bwrdd ond nad oes ganddynt unrhyw hawliau pleidleisio.

Cyn penodi unigolyn yn aelod neu'n Aelod Cyswllt, bydd yn rhaid iddo fodloni'r gofynion cymhwystra perthnasol, a nodir yn Atodlen 2 o Reoliadau Byrddau Iechyd Lleol (Cyfansoddiad, Aelodaeth a Gweithdrefnau) (Cymru) 2009, a pharhau i fodloni'r gofynion perthnasol hyd ddiwedd eu cyfnod yn y swydd. Gellir gweld y rheoliadau drwy glicio ar y ddolen ganlynol:

https://www.legislation.gov.uk/wsi/2009/779/contents

10.1.2 Aelodau o'r Bwrdd â Phleidlais yn ystod 2021-2022

Gweler paragraff 13.13 (hy, y paragraff â'r teitl Aelodaeth a Phresenoldeb y Bwrdd a'r Pwyllgorau 2021/22) o fewn yr Adroddiad Atebolrwydd ac Atodiad 1 y Datganiad Llywodraethu Blynyddol.

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10.1.3 Pwyllgor Archwilio a Sicrwydd

Dyma oedd aelodaeth y Pwyllgor Archwilio a Sicrwydd yn ystod 2021-2022 gan gynnig yr arbenigedd angenrheidiol:

Enw	Rôl	Dyddiadau
AELODAU ANNIBYNNOL		
John Union	Cadeirydd y Pwyllgor	Ebrill 2021 - Mawrth 2022
David Edwards	Is-Gadeirydd y Pwyllgor	Ebrill 2021 - Mawrth 2022
Mike Jones	Aelod Annibynnol yr Undeb Llafur	Ebrill 2021 - Mawrth 2022
Ceri Phillips	Is-Gadeirydd	Ebrill 2021 - Mawrth 2022

10.1.4 Datgan Buddiannau

Caiff manylion swyddi cyfarwyddwr cwmni a buddiannau eraill o bwys a ddelir gan aelodau'r Bwrdd a allai wrthdaro â'u cyfrifoldebau eu cynnal a'u diweddaru'n rheolaidd. Mae Cofrestr Buddiannau ar gael ar wefan y Bwrdd Iechyd. Drwy glicio ar y ddolen ganlynol https://bipcaf.gig.cymru/amdanom-ni1/llywodraethu-a-sicrwydd/cofrestr-buddiannau/ neu gellir cael copi caled gan y Cyfarwyddwr Llywodraethu Corfforaethol ar gais.

10.1.5 Digwyddiadau'n gysylltiedig â data personol

Ceir gwybodaeth am ddigwyddiadau'n gysylltiedig â data personol sydd wedi cael eu cyfeirio'n ffurfiol i sylw swyddfa'r Comisiynydd Gwybodaeth a "digwyddiadau anffafriol difrifol" lle collwyd data neu lle cafwyd achosion o dorri rheolau cyfrinachedd a manylion ynghylch sut y caiff risgiau gwybodaeth eu rheoli ym mharagraff 15.10 o'r Datganiad Llywodraethu Blynyddol.

10.1.6 Materion Amgylcheddol, Cymdeithasol a Chymunedol

Mae'r rhain wedi'u cynnwys ym mharagraff 15.5 o'r Datganiad Llywodraethu Blynyddol.

10.1.7 Datganiad Deiliaid Gwybodaeth y Sector Cyhoeddus

Mae hwn wedi'i gynnwys yn adran 21.3 (Rheoli Arian Cyhoeddus (tudalen 168)) o'r Adroddiad Atebolrwydd ac Archwilio Seneddol.

Llofnodwyd gan: .....

Suzanne Rankin
Prif Weithredwr a Swyddog Atebol

Dyddiad: *14 Mehefin 2022*

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11. Datganiad o Gyfrifoldebau'r Prif Weithredwr fel Swyddog Atebol y Bwrdd Iechyd

Mae Gweinidogion Cymru wedi rhoi cyfarwyddyd mai'r Prif Weithredwr a ddylai fod yn Swyddog Atebol ar gyfer Bwrdd Iechyd Prifysgol Caerdydd a'r Fro.

Mae cyfrifoldebau perthnasol Swyddogion Atebol, gan gynnwys eu cyfrifoldeb dros briodoldeb a rheoleidd-dra cyllid cyhoeddus y maent yn atebol amdano, ac am gadw cofnodion priodol, wedi'u nodi yn y Memorandwm Swyddog Atebol a gyhoeddwyd gan Lywodraeth Cymru.

Gallaf gadarnhau:

- Hyd eithaf fy ngwybodaeth a'm cred, nad oes unrhyw wybodaeth archwilio berthnasol nad yw archwilwyr Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yn ymwybodol ohoni, a'm bod wedi cymryd yr holl gamau y dylid eu cymryd i sicrhau fy mod yn ymwybodol o unrhyw wybodaeth archwilio berthnasol, ac i gadarnhau bod yr archwilwyr yn ymwybodol o'r wybodaeth honno.
- Mae adroddiad a chyfrifon blynyddol Bwrdd Iechyd Prifysgol Caerdydd a'r Fro ar y cyfan yn deg, cytbwys a dealladwy, a chymeraf gyfrifoldeb personol dros yr adroddiad a'r cyfrifon blynyddol a'r farn sydd ei angen er mwyn pennu eu bod yn deg, yn gytbwys ac yn ddealladwy.
- Rwyf yn gyfrifol am awdurdodi cyhoeddi'r datganiadau ariannol ar y dyddiad pan fydd Archwilydd Cyffredinol Cymru yn eu hardystio.

Hyd eithaf fy ngwybodaeth a'm cred, rwyf wedi cyflawni'r cyfrifoldebau a nodwyd yn y llythyr a'm penododd yn Swyddog Atebol.

Llofnodwyd gan: .....

Suzanne Rankin,
Prif Weithredwr a Swyddog Atebol

Dyddiad: *14 Mehefin 2022*

12. Datganiad o Gyfrifoldebau'r Cyfarwyddwyr mewn Perthynas â'r Cyfrifon

O dan Ddeddf Gwasanaeth Iechyd Gwladol (Cymru) 2006, mae'n ofynnol i'r cyfarwyddwyr baratoi cyfrifon ar gyfer pob blwyddyn ariannol. Mae Gweinidogion Cymru, gyda chymeradwyaeth y Trysorlys, yn cyfarwyddo bod y cyfrifon hyn yn creu darlun cywir a theg o sefyllfa Bwrdd Iechyd Prifysgol Caerdydd a'r Fro ac o incwm a gwariant Bwrdd Iechyd Prifysgol Caerdydd a'r Fro ar y cyfnod hwnnw.

Wrth baratoi'r cyfrifon hynny, mae'n ofynnol i'r cyfarwyddwyr:

- gymhwyso ar sail gyson egwyddorion cyfrifo a osodwyd gan Weinidogion Cymru gyda chymeradwyaeth y Trysorlys
- ffurfio barn ac amcangyfrifon sy'n gyfrifol a darbodus
- datgan a ddilynwyd safonau cyfrifo cymwys ai peidio, yn amodol ar unrhyw wyriadau perthnasol a ddatgelwyd ac a esboniwyd yn y cyfrif.

Mae'r cyfarwyddwyr yn cadarnhau eu bod wedi cydymffurfio â'r gofynion uchod wrth baratoi'r cyfrifon.

Mae'r cyfarwyddwyr yn gyfrifol am gadw cofnodion cyfrifyddu cywir sy'n datgelu'n rhesymol gywir beth yw sefyllfa ariannol yr awdurdod ar unrhyw bryd, i'w galluogi i sicrhau bod y cyfrifon yn cydymffurfio â'r gofynion a amlinellir yn y cyfarwyddyd a grybwyllwyd uchod gan Weinidogion Cymru.

Drwy Orchymyn y Bwrdd

Llofnod:

Ar ran y Cadeirydd:

.....

Charles Janczewski

Dyddiedig: 14 Mehefin 2022

Prif Weithredwr a Swyddog Atebol:

.....

Suzanne Rankin

Dyddiedig: 14 Mehefin 2022

Cyfarwyddwr Cyllid:

.....

Catherine Phillips

Dyddiedig: 14 Mehefin 2022

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13. Datganiad Llywodraethu Blynyddol

13.1 Cwmpas y Cyfrifoldeb

Mae'r Bwrdd yn atebol am Lywodraethu, Rheoli Risg a Rheolaeth Fewnol. Fel Prif Weithredwr y Bwrdd, rwyf yn gyfrifol am gynnal strwythurau a gweithdrefnau llywodraethu priodol yn ogystal â system rheolaeth fewnol gadarn sy'n cefnogi cyflawniad polisïau, nodau ac amcanion y sefydliad, gan ddiogelu cyllid cyhoeddus ac asedau'r sefydliad yr wyf yn bersonol gyfrifol amdanynt. Cyflawnir y rhai yn unol â'r cyfrifoldebau a roddwyd gan Swyddog Atebol GIG Cymru.

Mae'r Adroddiad Blynyddol yn amlinellu'r gwahanol ffyrdd y mae'r sefydliad wedi gorfod gweithio'n fewnol a chyda phartneriaid mewn ymateb i'r pwysau digynsail wrth gynllunio a darparu gwasanaethau. Mae'n egluro'r trefniadau ar gyfer sicrhau bod safonau llywodraethu wedi'u cynnal, risgiau wedi'u nodi a'u lliniaru a sicrwydd wedi'i geisio a'i roi. Lle bo angen darperir rhagor o wybodaeth yn y Datganiad Llywodraethu Blynyddol. Fodd bynnag, y bwriad fu lleihau achosion o ailadrodd lle bo modd. Gan hynny, mae angen adolygu adrannau eraill o'r Adroddiad Blynyddol ochr yn ochr â'r Datganiad Llywodraethu Blynyddol (DLlB) hwn.

Mae'r DLlB yn esbonio'r trefniadau a oedd ar waith yn ystod 2021-2022 i gyflawni fy nghyfrifoldebau fel Prif Weithredwr y Bwrdd Iechyd, ac i reoli adnoddau'r Bwrdd Iechyd. Mae'n manylu hefyd ar y graddau y mae'r sefydliad yn cydymffurfio â'i drefniadau llywodraethu ei hun, a sefydlwyd i sicrhau ei fod yn cyflawni ei ddiben cyffredinol, sef gweithredu'n effeithiol a darparu gofal diogel a safonol i gleifion, drwy arweinyddiaeth gadarn, stiwardiaeth gref, atebolrwydd clir, craffu a herio cadarn, ymddygiad moesol, a chadw at y gwerthoedd a'r ymddygiadau a sefydlwyd gennym. Bydd yn nodi rhai o'r heriau a'r risgiau y daethom ar ein traws, a'r rhai y byddwn yn parhau i'w wynebu yn y dyfodol.

Ar adeg llunio'r Datganiad Llywodraethu Blynyddol hwn, mae'r Bwrdd Iechyd a'r GIG yng Nghymru yn parhau i wynebu heriau digynsail a phwysau cynyddol, yn sgil ymateb i COVID-19, wrth gynllunio a darparu gwasanaethau tra bo'r Bwrdd Iechyd yn symud tuag at sefyllfa adferedig yn dilyn ail a thrydedd don COVID-19.

13.2 Trefniadau Uwchgyfeirio ac Ymyrryd

O dan y Trefniadau Uwchgyfeirio ac Ymyrryd ar y Cyd, mae Llywodraeth Cymru yn cyfarfod ag Archwilio Cymru ac Arolygiaeth Gofal Iechyd Cymru (Grŵp Teirochrog) ddwywaith y flwyddyn i drafod asesiad cyffredinol o bob Bwrdd Iechyd, Ymddiriedolaeth ac Awdurdod Iechyd Arbennig yng nghyswllt y trefniadau.

Ym mis Mawrth 2022, yn dilyn canlyniad cyfarfod y Grŵp Teirochrog, cawsom wybod y byddai'r Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/ Prif Weithredwr GIG Cymru yn argymell wrth y Gweinidog Iechyd a Gwasanaethau Cymdeithasol y dylid cadw 'trefniadau arferol' ar gyfer Bwrdd Iechyd Prifysgol Caerdydd a'r Fro.

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Roedd y Grŵp yn cydnabod agwedd agored a thryloywder parhaus y Bwrdd Iechyd mewn trafodaethau â rheoleiddwyr a'r gwelliant a gafwyd o ran trefniadau llywodraethu.

Er na nodwyd unrhyw faterion difrifol, mynegwyd rhai pryderon gan y Grŵp Teirochrog i'w hystyried gan y Bwrdd Iechyd, sef:

- Bu nifer o newidiadau ar lefel swyddogion Gweithredol, felly mae'n bwysig sefydlogi'r sefyllfa a sicrhau bod y swyddi gwag yn cael eu llenwi. Mae camau bod yn eu lle dros y flwyddyn ddiwethaf i lenwi swyddi gwag (gweler adran 13.8), gyda chynlluniau pellach ar waith i benodi i rai o'r swyddi Gweithredol sydd wedi'u llenwi ar sail dros dro ar hyn o bryd.
- Mae angen monitro'r sefyllfa ariannol gyfredol. Mae'n bwysig cynnal sgyrsiau rheolaidd â chydweithwyr yn Llywodraeth Cymru ynghylch y cynlluniau sydd ar waith gan y Bwrdd Iechyd. Rydym yn cysylltu â Llywodraeth Cymru i gytuno ar CTCI sy'n ariannol ddichonadwy (gweler Adran 2.9 am ragor o wybodaeth).
- Mynegwyd pryderon ynghylch y lefelau hunanladdiad a adroddwyd yn y gwasanaethau iechyd meddwl. Rydym wedi gweld cynnydd yn y cleifion ag anghenion iechyd meddwl ac ymddygiadol cymhleth. Ceir rhagor o wybodaeth yn Adran 3.7.
- Mae perfformiad gofal argyfwng a brys wedi dirywio dros y misoedd diwethaf, a mynegwyd pryderon hefyd ynghylch perfformiad strôc, a pherfformiad yn erbyn Rhan 1 o'r Mesur iechyd meddwl oedolion. Mae Adran 3.7 yn darparu rhagor o wybodaeth am ein perfformiad strôc a'n perfformiad yn erbyn Rhan 1 o'r Mesur iechyd meddwl oedolion.
- Ceir pryderon ynghylch cynaliadwyedd Gwasanaethau Meddygol Cyffredinol (GMC), a nodwyd bod practisau wedi ildio eu contractau GMC yn ôl i'r Bwrdd Iechyd. Yn Adran 3.3 o'r Adroddiad ar Berfformiad ceir rhagor o wybodaeth ynghylch sut rydym wedi bod yn rheoli cynaliadwyedd ein GMC.

Mae'r Bwrdd Iechyd yn mynd ati'n ddygn i ymdrin â'r pryderon hyn, ac mae rhagor o wybodaeth ar gael drwy'r ddolen hon:

https://cavuhb.nhs.wales/files/board-and-committees/board-2021-22/2022-03-31-public-board-papers-v14-pdf/ *(gweler eitem 6.7 ar yr agenda)*

13.3Cynlluniau Tymor Canolig Integredig (CTCI)

Gweler paragraff 2.9 o'r Adroddiad Blynyddol hwn.

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Ein Fframwaith Llywodraethu

13.4 Rheolau Sefydlog a Chynllun Cadw'n Ôl a Dirprwyo

Ar raddfa leol, mae'n rhaid i Fyrddau Iechyd yng Nghymru gytuno ar Reolau Sefydlog er mwyn rheoleiddio trafodion a busnes. Fe'u cynlluniwyd i drosi'r gofynion statudol a nodir yn Rheoliadau BILlau (Cyfansoddiad, Aelodaeth a Gweithdrefnau) (Cymru) 2009 yn arferion gweithredu o ddydd i ddydd, ac, ynghyd â mabwysiadu cynllun materion a gadwir yn ôl i'r Bwrdd; Cynllun Dirprwyo i swyddogion ac eraill; a Chyfarwyddiadau Ariannol Sefydlog, maent yn darparu'r fframwaith rheoleiddio ar gyfer ymddygiad busnes y Bwrdd Iechyd ac yn diffinio ei 'ffyrdd o weithio'. Mae'r dogfennau hyn, ynghyd â'r ystod o bolisïau corfforaethol a osodwyd gan y Bwrdd, yn ffurfio'r Fframwaith Llywodraethu. Mae'r rhain ar gael yn https://bipcaf.gig.cymru/amdanom-ni1/llywodraethu-a-sicrwydd/polisiau-gweithdrefnau-a-chanllawiau/. Cymeradwyodd y Bwrdd Reolau Sefydlog Enghreifftiol Cymru Gyfan, a'r trefniadau ar gyfer Cadw a Dirprwyo Pwerau ar gyfer Rheolau Sefydlog yng nghyfarfod y Bwrdd ym mis Mai 2021. Mae'r Bwrdd yn gweithredu fel corff corfforaethol sy'n gwneud penderfyniadau gyda nifer cyfartal o Gyfarwyddwyr Gweithredol ac Aelodau Annibynnol, gan rannu cyfrifoldeb corfforaethol dros yr holl benderfyniadau a chwarae rhan allweddol yn y gwaith o fonitro perfformiad yn erbyn amcanion a chynlluniau strategol.

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Prif rôl y Bwrdd yw arfer arweinyddiaeth, cyfarwyddyd a rheolaeth effeithiol, gan gynnwys:

- Pennu cyfeiriad strategol cyffredinol y Bwrdd Iechyd;
- Sefydlu a chynnal lefelau uchel o atebolrwydd a llywodraethu corfforaethol, gan gynnwys rheoli risg a rheolaeth fewnol;
- Sicrhau bod nodau ac amcanion y Bwrdd Iechyd yn cael eu cyflawni drwy herio a chraffu ar berfformiad yn effeithiol ar draws pob maes cyfrifoldeb.
- Sicrhau darpariaeth gofal cleifion safonol a diogel;
- Adeiladu capasiti a meithrin gallu o fewn y gweithlu er mwyn adeiladu ar werthoedd y Bwrdd Iechyd a chreu diwylliant dysgu a datblygu cryf;
- Cynnal stiwardiaeth ariannol effeithiol drwy sicrhau bod y Bwrdd Iechyd yn cael ei weinyddu mewn modd darbodus ac economaidd, gan ddefnyddio adnoddau mewn modd priodol ac effeithlon.
- Ysgogi cyfathrebu effeithiol rhwng y Bwrdd Iechyd a'i gymuned, er mwyn sicrhau bod ei wasanaethau wedi'u cynllunio ac yn ymateb i anghenion a nodwyd;

Mae'n ofynnol i'r Bwrdd, yn amodol ar unrhyw gyfarwyddiadau posibl gan Weinidogion Cymru, wneud trefniadau priodol i rai swyddogaethau gael eu cyflawni ar ei ran fel bo modd cynnal busnes beunyddiol y Bwrdd Iechyd yn effeithiol, ac mewn modd sy'n sicrhau bod ei nodau a'i amcanion yn cael eu cyflawni.

13.5 Bwrdd a'i Bwyllgorau

Mae gan y Bwrdd Iechyd gyfansoddiad sy'n cydymffurfio â Rheoliadau Byrddau Iechyd Lleol (Cyfansoddiad, Aelodaeth a Gweithdrefnau) (Cymru) 2009. Yn ogystal â chyfrifoldebau ac atebolrwydd a nodir yn y telerau ac amodau penodi, mae aelodau'r Bwrdd hefyd yn cyflawni nifer o rolau Hyrwyddwyr lle byddant yn gweithredu fel llysgenhadon dros y materion hyn. Cytunwyd ar Rolau Arweinwyr a Hyrwyddwyr y Bwrdd yng nghyfarfod y Bwrdd ym mis Medi 2021, ynghyd â disgrifiadau o Rolau Hyrwyddwyr y Bwrdd er mwyn sicrhau bod y rolau a'r cyfrifoldebau wedi'u diffinio'n glir. Mae'r tabl yn Atodiad 1 y DLlB hwn yn nodi pa Aelodau Annibynnol sydd wedi derbyn y Rolau Hyrwyddwr, a pha swyddogion Gweithredol sydd wedi derbyn rolau Arweinydd y Bwrdd.

Mae'r Bwrdd yn rhoi arweinyddiaeth a chyfeiriad i'r sefydliad, ac yn gyfrifol am lywodraethu, craffu ac atebolrwydd cyhoeddus. Mae'n sicrhau bod ei waith yn agored a thryloyw drwy gynnal ei gyfarfodydd yn gyhoeddus, a lle cynhelir cyfarfodydd preifat bydd agendâu'r cyfarfod hefyd yn cael eu cyhoeddi. Cefnogir y Bwrdd gan nifer o Bwyllgorau, pob un wedi'i gadeirio gan Aelod Annibynnol. Mae pob Pwyllgor wedi'i gyfansoddi i gydymffurfio â Chanllaw Arfer Da Llywodraeth Cymru – Pwyllgorau Bwrdd Effeithiol. Mae'r Pwyllgorau (ac eithrio'r Pwyllgor Taliadau a Thelerau Gwasanaeth) yn darparu eu cofnodion ac adroddiad ysgrifenedig gan Gadeirydd y Pwyllgor i bob cyfarfod o'r Bwrdd. Mae hyn yn galluogi aelodau'r Bwrdd i gadw golwg ar y prif faterion a chyfrannu at asesu sicrwydd a chraffu ar gyflawniad amcanion strategol. Ers mis Mawrth 2020, mae'r Pwyllgorau wedi bod yn cyfarfod yn rhithiol oherwydd y pandemig, ac mae aelodau o'r cyhoedd wedi gallu gwylio recordiadau o gyfarfodydd rhithiol y Pwyllgorau ers mis Chwefror 2022. Mae cyfarfodydd ein Bwrdd wedi parhau i gael eu cynnal yn rhithiol yn ystod y flwyddyn. Mae aelodau'r cyhoedd wedi gallu arsylwi cyfarfodydd cyhoeddus y Bwrdd ers mis Gorffennaf 2020, a byddant yn gallu bod yn bresennol go iawn yng nghyfarfodydd cyhoeddus y Bwrdd o fis Mai 2022.

Cyhoeddir papurau'r Bwrdd ar wefan y Bwrdd Iechyd ddeng diwrnod clir cyn bob cyfarfod, yn unol â'r Rheolau Sefydlog. Am ragor o wybodaeth, gweler paragraff 13.7 (Cyfarfodydd y Bwrdd a'r Pwyllgorau yn ystod COVID-19).

Cedwir cofnod tor-rheolau ar gyfer unrhyw achosion o wyro oddi wrth y graddfeydd amser hyn, a'r adroddiadau a ohiriwyd, neu na chyrhaeddwyd. Gweler adran 2.3 o'r Adroddiad Blynyddol am wybodaeth am gyfrifoldebau, Cynlluniau Gwaith a Chylch Gorchwyl y Pwyllgorau.

Gellir gweld papurau cyfarfod y Bwrdd yn https://bipcaf.gig.cymru/amdanom-ni1/llywodraethu-a-sicrwydd/cyfarfodydd-bwrdd/. Gellir gweld papurau cyfarfod y Pwyllgorau ynghyd â chofnodion cyfarfodydd Pwyllgor yn https://bipcaf.gig.cymru/amdanom-ni1/llywodraethu-a-sicrwydd/pwyllgorau-a-grwpiau-cynghori/.

Bydd pob Pwyllgor yn llunio adroddiad blynyddol i'r Bwrdd. Gwneir hyn i ddangos a rhoi sicrwydd i'r Bwrdd bod y Pwyllgorau wedi bodloni gofynion y Cylch Gorchwyl perthnasol. Gellir gweld adroddiadau blynyddol y Pwyllgorau ar gyfer 2021-2022 yn: https://bipcaf.gig.cymru/amdanom-ni1/llywodraethu-a-sicrwydd/adroddiadau-blynyddol-a-chyfrifon/.

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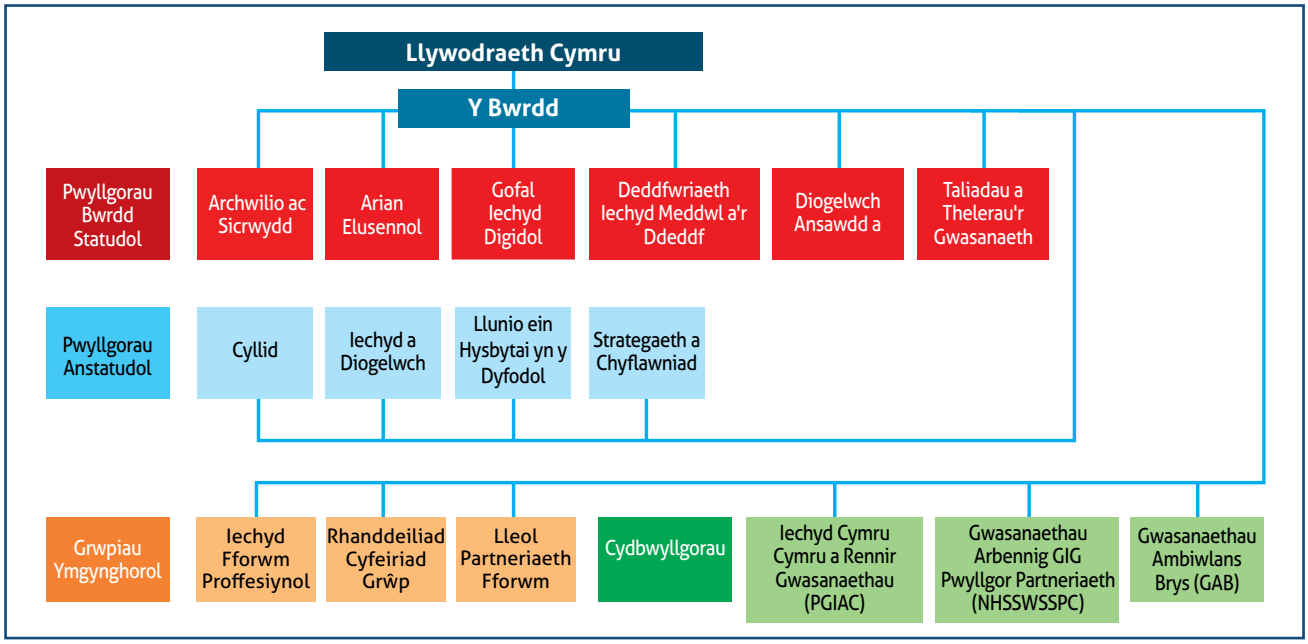
Amlinellir strwythur Bwrdd a Phwyllgorau'r Bwrdd Iechyd a oedd ar waith yn ystod 2021-2022 yn Ffigur 1 isod.



Ffigur 1 – Strwythur Llywodraethu Bwrdd Iechyd Prifysgol Caerdydd a'r Fro 2021-2022

13.6 Llywodraethu Effeithiol yn ystod Pandemig COVID-19

Ym mis Mawrth 2020, ac yn rhan o'i ymateb i'r pandemig, canolbwyntiodd y Bwrdd Iechyd ar fusnes hanfodol yn unig, a sefydlodd Strwythur Llywodraethu Gorchymyn a Rheoli i hwyluso ei waith cynllunio a'i baratoadau wrth i'r pandemig byd-eang ddod i'r amlwg. Cefnogwyd hyn gan Grŵp Llywodraethu Bwrdd COVID-19.

Pwrpas Grŵp Llywodraethu Bwrdd COVID-19 oedd sicrhau trefniadau priodol i graffu a llywodraethu'r broses benderfynu dros gyfnod COVID-19 ac i roi sicrwydd i'r Bwrdd bod hynny'n digwydd. Roedd Grŵp Llywodraethu Bwrdd COVID-19 yn gallu cynneradwyo camau gweithredu'r Cadeirydd yn ogystal â phenderfyniadau eraill o bwys a fyddai fel arfer yn cael eu cyflwyno gerbron y Bwrdd.

Ar ddechrau'r flwyddyn ariannol newydd, ac wrth i'r Bwrdd Iechyd symud tuag at sefyllfa adferedig ar ôl ail don COVID-19, dychwelwyd ein trefniadau Llywodraethu i 'fusnes fel arfer' o fis Ebrill 2021. Yn unol â'r trefniadau hynny:

- Ailddechreuodd cyfarfodydd deufisol y Bwrdd, gan barhau i gael eu cynnal yn rhithiol.
- Roedd yr adroddiad newydd ar COVID-19 (a gyflwynwyd yn llwyddiannus ym mis Tachwedd 2020) yn parhau i gael ei ddefnyddio i adrodd ym mhob cyfarfod o'r Bwrdd;

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- Daeth cyfarfodydd Grŵp Llywodraethu Bwrdd COVID-19 i ben.
- Dychwelodd holl Bwyllgorau'r Bwrdd i fusnes fel arfer, yn unol â'u Cylchoedd Gorchwyl a'u cynlluniau gwaith cymeradwy ar gyfer 2021/22.
- Parhaodd y Swyddogion Gweithredol Rheoli i gyfarfod ar ddydd Llun bob wythnos – roedd yr eitemau sefydlog ar yr agenda yn cynnwys adroddiad ar COVID-19 (ee, Diweddariadau Polisi ac ati) ac ystyried cynlluniau adfer COVID-19.

Ac ystyried natur cyflym-newidiol ac annarogan y pandemig, gwnaethom barhau i adolygu ein trefniadau llywodraethu a pharhau i'w cadw'n hyblyg. Oherwydd y pwysau gweithredol a brofodd y Bwrdd Iechyd dros y gaeaf, cafodd ein trefniadau llywodraethu eu diweddaru dros dro ym mis Rhagfyr. Dros gyfnod y gaeaf:

- Ychwanegwyd mwy o gyfarfodydd Bwrdd cyhoeddus fel bod y Bwrdd yn cyfarfod bob mis. Roedd y cyfarfodydd ychwanegol yn canolbwyntio ar adfer ar ôl COVID-19 a phwysau'r gaeaf.
- Datblygwyd a chyflwynwyd Adroddiad Briffio Cydnerthedd Systemau (ar gyfer COVID a heb fod ar gyfer COVID) ym mhob cyfarfod o'r Bwrdd er mwyn sicrhau bod y Bwrdd a'r Cyhoedd yn cael gwybod am bwysau allweddol ar systemau dros gyfnod y gaeaf.
- Adolygwyd presenoldeb swyddogion gweithredol mewn cyfarfodydd Pwyllgor er mwyn rhyddhau amser Cyfarwyddwyr Gweithredol i ganolbwyntio ar faenoriaethau'n gysylltiedig â'r pwysau ar systemau, gan gyfyngu'r gofyniad i fod yn bresennol mewn Pwyllgorau i Arweinwyr Gweithredol yn unig
- Roedd agendâu pwyllgor yn cadw at flaenoriaethau allweddol y Pwyllgorau.
- Ailsefydlwyd Grŵp Llywodraethu Bwrdd COVID-19 ar 6 Ionawr 2022.
- Ailsefydlwyd Cyfarfod Gweithredol COVID-19 gan gyfarfod ddwywaith yr wythnos.
- •Symudodd y Bwrdd Iechyd at fodel arweinyddiaeth seiliedig ar safle yn YAC, YALl ac mewn Gofal Sylfaenol, Cymunedol a Chymdeithasol.

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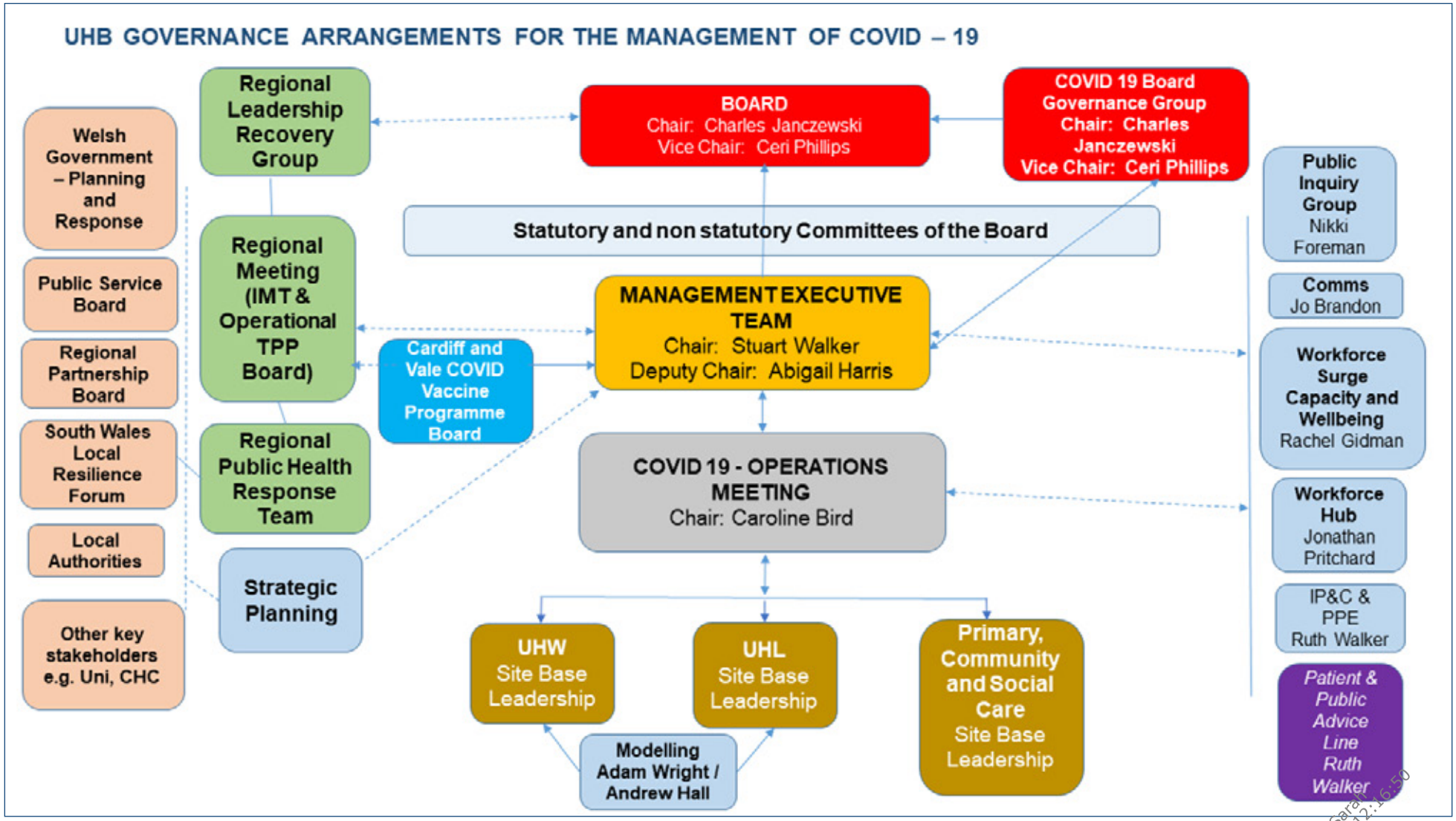
Mae'r Ffigur isod yn dangos sut y cafodd y Strwythur Llywodraethu ei ehangu i gefnogi'r pwysau gweithredol dros gyfnod y gaeaf.[1]



Daeth Trefniadau Llywodraethu'r BILl ar gyfer rheoli COVID-10, fel y dangoswyd yn y Ffigur uchod i rym o 21 Rhagfyr 2021, ac fe'u llaciwyd ar ddiwedd mis Chwefror 2022.

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Trafodwyd adroddiad llawn ar y trefniadau Llywodraethu yng Ngrŵp Llywodraethu Bwrdd COVID-19 ar 6 Ionawr 2022. Adroddwyd ar hynny hefyd gerbron y Pwyllgor Archwilio a Sicrwydd ar 8 Chwefror 2022 (gweler eitem 7.8 ar yr agenda, drwy'r ddolen ganlynol:

https://cavuhb.nhs.wales/files/board-and-committees/audit-and-assurance-committee-2021-22/audit-080222-final-boardbook-v7-0-pdf/

Daeth Grŵp Llywodraethu Bwrdd COVID-19 i ben ddiwedd mis Chwefror 2022, ac mae'r Bwrdd bellach wedi dychwelyd i gynnal ei gylch arferol o gyfarfodydd, sef bob yn eilfis. Mae'r Adroddiad ar Gydnerthedd Systemau yn parhau i gael ei gyflwyno gerbron y Bwrdd ym mhob cyfarfod deufisol, ac mae busnes y Pwyllgorau wedi dychwelyd i 'fusnes fel arfer'. Mae trefniadau llywodraethu a strwythurau adrodd yn parhau i gael eu monitro a'u hadolygu'n barhaus gyda'r gallu, ar ôl trafodaeth a chytundeb y Bwrdd, i gynyddu neu leihau'r trefniadau hynny, fel bo'r angen.

Eleni, dechreuodd y Bwrdd Iechyd baratoi am Ymchwiliad Cyhoeddus a oedd ar ddod i bandemig COVID-19. Roedd hyn yn cynnwys sefydlu Grŵp Llywio Ymchwiliad Cyhoeddus COVID-19 (a gynhaliodd ei gyfarfod cyntaf ar 1 Chwefror 2022). Pwrpas y Grŵp Llywio yw ystyried strategaeth yr Ymchwiliad Cyhoeddus a'r ymagwedd ar ei gyfer cyn gwneud argymhellion ynghylch hynny i'r Bwrdd. Mae aelodaeth y Grŵp Llywio yn cynnwys yr Aelod Cyfreithiol Annibynnol, yr Aelod Annibynnol o'r Undeb Llafur, y Prif Swyddog Gweithredol, y Cyfarwyddwr Gweithredol Pobl a Diwylliant, y Cyfarwyddwr Gweithredol Nyrsio, y Cyfarwyddwr Meddygol a'r Cyfarwyddwr Llywodraethu Corfforaethol. Gellir gwahodd aelodau allweddol eraill o staff i fod yn bresennol yn y Grŵp Llywio yn ôl yr angen.

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13.7 Cyfarfodydd y Bwrdd a'r Pwyllgorau yn ystod COVID-19

Yn ystod blwyddyn ariannol 2021-22, parhawyd i gynnal pob cyfarfod yn rhithiol, fel bo modd sicrhau presenoldeb llawn yng nghyfarfodydd y Bwrdd a'r Pwyllgorau, ac i sicrhau proses agored a thryloyw.

Yn y cyfnod digynsail hwn, cydnabyddir bod cyfyngiadau ar allu Byrddau a Phwyllgorau i gyfarfod yn wirioneddol lle nad oes angen hynny, ac y gellir defnyddio dulliau eraill i gynnal cyfarfod. Yn unol â Deddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960, mae'n ofynnol i'r sefydliad gyfarfod yn gyhoeddus. O ganlyniad i'r risg i iechyd y cyhoedd yn gysylltiedig â'r pandemig bu cyfyngiadau ar ymgynnull yn gyhoeddus, felly ni fu modd caniatáu i'r cyhoedd fod yn bresennol yng nghyfarfodydd ein Bwrdd a'r Pwyllgorau o fis Ebrill 2021 hyd fis Mawrth 2022. Er mwyn sicrhau bod busnes yn cael ei gynnal mewn modd mor agored a thryloyw â phosibl yn ystod y cyfnod hwn, cymerwyd y camau canlynol:

- Defnyddiwyd amrywiaeth o lwyfannau fideo ar-lein i alluogi aelodau'r Cyhoedd i arsylwi cyfarfodydd y Bwrdd, gan sicrhau proses agored a thryloyw. Cyhoeddwyd dolenni a recordiadau ar ein gwefan.

- Cafodd agendâu'r Bwrdd a'r Pwyllgorau eu cadw mor fyr ag a oedd yn bosibl, ac fe gytunodd y Cadeirydd a'r Arweinydd Gweithredol arnynt yn unol â'r arfer.
- Hyd y bo modd, cafodd agendâu a phapurau cysylltiedig eu cyhoeddi 10 diwrnod cyn cyfarfodydd y Bwrdd, a 7 diwrnod cyn cyfarfodydd Pwyllgor.

Cafodd diweddariadau llafar a roddwyd yn y cyfarfodydd eu cynnwys yn y cofnodion, a lle'r oedd modd, darparwyd cofnodion drafft y Bwrdd i'r cyhoedd cyn pen wythnos ar ôl y cyfarfod.

- Cynigiwyd darpariaeth i gwestiynau ysgrifenedig gael eu derbyn gan Aelodau Bwrdd nad oeddent yn gallu bod yng nghyfarfod y Bwrdd, gan roi ymateb yn syth ar ôl y cyfarfod.
- Roedd ein tudalennau gwe a'n cyfrifon ar y cyfryngau cymdeithasol yn hysbysu ynghylch dyddiadau cyfarfodydd y Bwrdd a'r Pwyllgorau, ac yn cynnwys cyfeiriadau at wybodaeth a oedd wedi'i chyhoeddi.
- Roedd tudalennau cyfarfod y Bwrdd a'r Pwyllgorau ar y wefan (lle byddai cyfarfodydd y Bwrdd a'r Pwyllgorau yn cael eu hysbysebu'n swyddogol) yn esbonio pam nad oedd y Bwrdd a'r Pwyllgorau yn cyfarfod yn gyhoeddus, a bod pob cyfarfod yn cael ei gynnal yn rhithiol.

Fel Swyddog Atebol, ac ystyried sefyllfa barhaus COVID-19, parhawyd i adolygu'r dull hwn yn gyson ar y cyd â'r Cadeirydd ac Ysgrifennydd y Bwrdd. O fis Mai 2022 ymlaen, mae'r Bwrdd wedi cytuno i ailgydio mewn cyfarfodydd gwirioneddol. Bydd y Pwyllgorau'n parhau i gyfarfod yn rhithiol wrth inni barhau i ymateb i COVID-19 ac yn ceisio dychwelyd i fusnes arferol, a chadw at hynny drwy gydol y flwyddyn.

Rydym wedi cymryd sawl cam i gryfhau tryloywder cyfarfodydd ein Bwrdd a'r Pwyllgorau i'r cyhoedd o 1 Chwefror 2022. Mae hyn yn cynnwys cyhoeddi recordiadau o'n cyfarfodydd Pwyllgor rhithiol o fewn ychydig ddyddiau ar ôl y cyfarfodydd, cyfeirio cyfarfodydd y Bwrdd a'r Pwyllgorau i sylw'r cyhoedd drwy ein cyfrifon ar y cyfryngau cymdeithasol, a rhestru'r materion sydd i'w trafod yn breifat gan Bwyllgorau ar agenda gyhoeddus y Pwyllgorau.

13.8 Cyfansoddiad y Bwrdd

Gweler adran 10.1.1 o fewn y Datganiad Llywodraethu Corfforaethol.

Dyma rai o'r eitemau a ystyriwyd gan y Bwrdd yn 2021-2022:

- Cymeradwyo Adroddiad ar Berfformiad, Adroddiad Atebolrwydd a Datganiadau Ariannol 2020-21;
- Fframwaith Sicrwydd y Bwrdd;
- CTCI drafft 2022-2025;
- Adroddiadau Ymgysylltu â'r Cyhoedd;

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- Gwasanaethau Fasgwlaidd;
- Partneriaeth Llawfeddygaeth Robotig Cymru Gyfan;
- Storïau cleifion;
- Asesiad o Anghenion Fferyllol;
- Perfformiad ariannol;
- Adroddiadau rheolaidd ar Ansawdd, Diogelwch a Phrofiad;
- Adroddiadau Rheolaidd ar y Coronafeirws a Briffiau Cydnerthedd Systemau;
- Adroddiadau ar berfformiad mewn perthynas â thargedau lleol a chenedlaethol allweddol;
- Adroddiadau sicrwydd oddi wrth Bwyllgorau a Grwpiau Cynghori'r Bwrdd;
- Cylchoedd Gorchwyl a Chynlluniau Gwaith;
- Deddf Lefelau Staffio Nyrsys (Cymru).

Cyflwynir aelodaeth y Bwrdd a'r Pwyllgorau a'r Rolau Hyrwyddwr yn ystod 2021-2022 er gwybodaeth yn Atodiad 1 i'r DLlB hwn.

Cafwyd nifer o newidiadau i gyfansoddiad y bwrdd dros y 12 mis diwethaf.

Ffarweliodd y Bwrdd Iechyd â:

- Len Richards, Prif Weithredwr ar 30 Medi 2021.
- Steve Curry – Prif Swyddog Gweithredu ar 31 Rhagfyr 2021.
- Stuart Walker – Cyfarwyddwr Meddygol Gweithredol a Dirprwy Brif Weithredwr ar 28 Chwefror 2022.

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Achosodd y newidiadau uchod swyddi gwag ar lefel swyddog a arweiniodd at y canlynol:

- Camodd Stuart Walker (Cyfarwyddwr Meddygol Gweithredol a Dirprwy Brif Weithredwr) i rôl Prif Weithredwr Dros Dro o 1 Hydref 2021 hyd 31 Ionawr 2022.
- Penodwyd Meriel Kenney (Dirprwy Gyfarwyddwr Meddygol) i rôl Cyfarwyddwr Meddygol Dros Dro o 1 Hydref 2021; a
- Chamodd Caroline Bird (Dirprwy Brif Swyddog Gweithredu) i rôl y Prif Swyddog Gweithredu Dros Dro ar 1 Ionawr 2022 pan adawodd Steve Curry ar 31 Rhagfyr 2021.

Rhoddwyd hefyd groeso cynnes i'r canlynol i'r Tîm Gweithredol:

- Rachel Gidman – Cyfarwyddwr Gweithredol Pobl a Diwylliant o 3 Mai 2021.
- David Thomas, Cyfarwyddwr Iechyd a Gwybodaeth Ddigidol o 1 Mehefin 2021.
- Meriel Jenney - Cyfarwyddwr Meddygol Dros Dro o 1 Hydref 2021.
- Caroline Bird – Prif Swyddog Gweithredu Dros Dro o 1 Ionawr 2022.
- Suzanne Rankin – Prif Weithredwr o 1 Chwefror 2022.
- Ymunodd yr Athro Ceri Phillips a David Edwards â'n Bwrdd fel Aelodau Annibynnol ar 1 Ebrill 2021.

13.9 Y Pwyllgorau

Yn unol ag Adran 2 o Reolau Sefydlog y Bwrdd Iechyd, ceir darpariaeth y "Caiff y Bwrdd, ac os yw'n derbyn cyfarwyddyd i wneud hynny gan LlC, mae'n rhaid iddo benodi Pwyllgorau'r Bwrdd Iechyd, naill ai i gyflawni swyddogaethau penodol ar ran y Bwrdd neu i roi cyngor a sicrwydd i'r Bwrdd wrth arfer ei swyddogaethau", mae'r Bwrdd wedi sefydlu strwythur Pwyllgorau, gyda phob Pwyllgor Statudol wedi'i gadeirio gan Aelod Annibynnol. Cymeradwywyd y strwythur Pwyllgorau cyfredol yng nghyfarfod y Bwrdd ar 31 Mawrth 2022. Ar ran y Bwrdd, mae'r Pwyllgorau'n craffu, yn cynnal trafodaethau datblygu, ac yn asesu risgiau cyfredol a gwaith monitro perfformiad yng nghyswllt sbectrwm eang o swyddogaethau'r Bwrdd Iechyd a'i rolau a'i gyfrifoldebau.

Roedd y Pwyllgorau Bwrdd canlynol wedi'u sefydlu yn ystod 2021-2022:

Pwyllgor	Eitemau a Ystyriwyd
Pwyllgor Archwilio a Sicrwydd Rôl y Pwyllgor Archwilio yw cynghori a sicrhau'r Bwrdd, a'r Swyddog Atebol, ynghylch a oes trefniadau effeithiol ar waith i'w cefnogi wrth wneud penderfyniadau ac wrth gyflawni eu cyfrifoldebau, yn unol â'r safonau llywodraethu da a bennwyd ar gyfer y GIG yng Nghymru.	• Cyflwynwyd Cynlluniau Archwilio Mewnol i bob cyfarfod yn rhoi manylion am ddeilliannau, canfyddiadau allweddol a chasgliadau; • Cynllun Archwilio gan Archwilio Cymru 2021, adroddiadau diweddaru ar archwiliadau cyfredol ac wedi'u cynllunio, a chynnyrch a gyhoeddwyd; • Adroddiadau Datgan Buddiant; • Adroddiadau Olrhain Cydymffurfiaeth Reoleiddiol; • Adroddiadau Olrhain Archwiliadau Mewnol ac Allanol; • Adroddiadau Cydymffurfio Caffael, Cydymffurfio'r Gweithlu ac Atal Twyll; • Cyfrifon Blynyddol, Adroddiadau Atebolrwydd a Thaliadau ar gyfer 2020-2021; • Colledion a Thaliadau Arbennig.
Pwyllgor Cyllid Diben y Pwyllgor hwn yw rhoi cyngor a sicrwydd i'r Bwrdd o ran cyflawni ei gyfrifoldebau o ran ei sefyllfa ariannol, ei berfformiad a'i ddarpariaeth gyfredol, a'r hyn a ragwelir i'r dyfodol.	• Rhaglen Lleihau Costau; • Y Gofrestr Risg Ariannol; • Ffurflenni Monitro Ariannol • CTCI

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Pwyllgor Strategaeth a Chyflawni Diben y Pwyllgor hwn yw rhoi cyngor a sicrwydd i'r Bwrdd ynghylch datblygu a gweithredu strategaeth gyffredinol y Bwrdd Iechyd, "Llunio ein Llesiant i'r Dyfodol", a chynlluniau galluogi allweddol. Mae hyn yn cynnwys pob agwedd ar gyflawni'r strategaeth drwy' CTCI, ac unrhyw risgiau a allai amharu ar gyflawni'r amcanion a nodir yn y strategaeth, gan gynnwys camau lliniaru yn erbyn y rhain.	• Adroddiadau Cynnydd Llunio ein Llesiant i'r Dyfodol; • Cynllun Cyfalaf • Cynllun Gwasanaethau Clinigol; • Cymru Iachach; • Datblygiadau Masnachol; • Polisïau Cyflogaeth; • Dangosyddion Perfformiad Sefydliadol Allweddol; • Cynllun y Gweithlu; • CTCI
Pwyllgor Deddfwriaeth Iechyd Meddwl a'r Ddeddf Galluedd Meddyliol Mae'r Pwyllgor hwn yn hysbysu'r Bwrdd am unrhyw bryderon yn gysylltiedig â chyfrifoldebau o dan ddeddfwriaeth iechyd meddwl, ac yn rhoi sicrwydd ein bod yn cyflawni ein dyletswyddau statudol o dan y ddeddfwriaeth berthnasol.	• Adroddiadau Monitro'r Ddeddf Galluedd Meddyliol a'r Ddeddf Iechyd Meddwl; • Adroddiad Archwilio Mewnol ar Drefniadau Diogelu wrth • Amddifadu o Ryddid • Mesur Iechyd Meddwl; • Gwasanaeth Iechyd Meddwl Plant a'r Glasoed; • Ymweliad Arolygiaeth Gofal Iechyd Cymru.
Pwyllgor Ansawdd, Diogelwch a Phrofiad Pwrpas y Pwyllgor Ansawdd, Diogelwch a Phrofiad yw rhoi cyngor i'r Bwrdd ynghylch ansawdd a diogelwch gwasanaethau iechyd a phrofiadau cleifion, gan gynnwys gweithgarwch iechyd cyhoeddus, hyrwyddo iechyd a diogelu iechyd.	• Adroddiadau'r Cyngor Iechyd Cymunedol (CIC) • Storïau cleifion • Fframwaith Ansawdd, Diogelwch a Phrofiad • Adroddiadau AGIC a chynnydd • Adroddiad Blynyddol ar Bryderon • Llythyr Blynyddol yr Ombwdsmon • Adroddiadau Sicrwydd gan y Byrddau Clinigol • Monitro ein perfformiad yn erbyn Dangosyddion Ansawdd Allweddol

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Pwyllgor Cronfeydd Elusennol Diben y Pwyllgor Cronfeydd Elusennol yw gwneud trefniadau i reoli Cronfeydd Elusennol y BIP. Elusen Iechyd Caerdydd a'r Fro (yr Elusen) yw'r elusen swyddogol sy'n cefnogi holl waith y Bwrdd Iechyd. Crëwyd yr Elusen ar 3 Mehefin 1996 drwy Ddatganiad Ymddiriedaeth ar ôl ad-drefnu gwasanaethau iechyd, ac fe'i diwygiwyd drwy Weithredoedd Atodol ar 12 Gorffennaf 2001 a 2 Rhagfyr 2010. Y Bwrdd Iechyd yw Ymddiriedolwr Corfforaethol yr Elusen. Mae'r Bwrdd Iechyd yn dirprwyo'r cyfrifoldeb dros reoli'r gronfa i'r Pwyllgor Cronfeydd Elusennol. Nod yr Ymddiriedolwr Corfforaethol (yr Ymddiriedolwr) yw codi a defnyddio arian elusennol isicrhau'r budd mwyaf posibl i gleifion y Bwrdd Iechyd a gwasanaethau iechyd lleol cysylltiedig yng Nghaerdydd a Bro Morgannwg, drwy ychwanegu at gyllid y llywodraeth ar gyfer gwasanaethau craidd y GIG yn hytrach na chymryd ei le.	• Adroddiad y Panel Ceisiadau Cronfeydd Elusennol • Adroddiad Monitro Cyllid • Adroddiad y Grŵp Buddion Staff • Ceisiadau newydd i'r Cronfeydd Elusennol • Strategaeth cronfeydd elusennol • Adroddiad Blynyddol yr Elusen Iechyd • Adroddiad Blynyddol y Celfyddydau • Diweddariad ynghylch buddsoddi
Pwyllgor Gwybodaeth Iechyd Digidol Pwrpas y Pwyllgor hwn yw rhoi sicrwydd i'r Bwrdd ynghylch y canlynol: • Bod prosesau a systemau priodol ar waith ar gyfer data, rheoli gwybodaeth a llywodraethu er mwyn galluogi'r Bwrdd Iechyd i gyflawni ei amcanion datganedig, ei gyfrifoldebau deddfwriaethol ac unrhyw ofynion a safonau perthnasol a bennwyd ar gyfer y GIG yng Nghymru; • Bod gwelliant parhaus o ran llywodraethu gwybodaeth o fewn y Bwrdd Iechyd, a bod risgiau'n deillio o hyn yn cael eu rheoli'n briodol; • Bod trefniadau cyfathrebu, ymgysylltu a hyfforddi effeithiol ar waith ar draws y Bwrdd Iechyd ar gyfer Llywodraethu Gwybodaeth.	• Gofynion gwarcheidwad Caldicott; • Rhyddid Gwybodaeth; • Rheoliad Diogelu Data Cyffredinol (GDPR); • Adroddiadau ar Dor Diogelwch Data; • Polisïau a gweithdrefn; • Strategaeth Ddigidol

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Pwyllgor Iechyd a Diogelwch Diben y Pwyllgor yw rhoi cyngor a sicrwydd i'r bwrdd a'r Swyddog Atebol ynghylch a oes trefniadau effeithiol ar waith i sicrhau cydymffurfiaeth drwy'r sefydliad â Pholisi Iechyd a Diogelwch y Bwrdd Iechyd, cymeradwyo a monitro cyflawniad yn erbyn y Cynllun Gwella Blaenoriaeth Iechyd a Diogelwch, a sicrhau cydymffurfiaeth â safonau perthnasol ar gyfer Gwasanaethau Iechyd yng Nghymru.	• Gorfodaeth Tân; • Arolygiadau Iechyd yr Amgylchedd; • Arolygiadau asiantaethau gorfodi; • Cydymffurfiaeth rheoli gwastraff; • Dyfeisiau gweithiwr unigol; • Adroddiad olrhain corff rheoleiddio ac adolygu; • Cofrestr Risg
Pwyllgor Taliadau a Thelerau Gwasanaeth Diben y Pwyllgor yw rhoi: (i) cyngor i'r Bwrdd ynghylch taliadau a thelerau gwasanaeth y Prif Weithredwr, y Cyfarwyddwyr Gweithredol ac aelodau eraill uwch o'r staff o fewn y fframwaith a osodir gan Lywodraeth Cymru. (ii) sicrwydd i'r Bwrdd ynghylch trefniadau'r Bwrdd Iechyd ar gyfer y taliadau a'r telerau gwasanaeth, gan gynnwys trefniadau contractiol, ar gyfer yr holl staff, yn unol â'r gofynion a'r safonau a bennir ar gyfer y GIG yng Nghymru.	• Materion yn ymwneud â thaliadau a thelerau gwasanaeth
Pwyllgor Llunio ein Hysbytai i'r Dyfodol Mae'r Pwyllgor hwn yn goruchwylio datblygiad y rhaglen gyffredinol "Llunio Ein Hysbytai i'r Dyfodol". Mae'r Pwyllgor yn rhoi sicrwydd bod y trefniadau arwain, rheoli a llywodraethu'n gadarn, ac wedi'u cyflawni'n briodol i sicrhau canlyniadau a buddion y Rhaglen.	• Achos Busnes y Rhaglen • Cwmpasu'r Achos Amlinellol Strategol • Cofrestr Risg y Rhaglen

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Cyhoeddir adroddiadau, cynllun gwaith a chylch gorchwyl y Pwyllgorau ar ein gwefan: https://bipcaf.gig.cymru/amdanom-ni1/llywodraethu-a-sicrwydd/pwyllgorau-a-grwpiau-cynghori/

Mae'r tabl yn Atodiad 1 y DLlB hwn yn nodi manylion y Cadeirydd, y Prif Weithredwr, y Cyfarwyddwyr Gweithredol a'r Aelodau Annibynnol ac yn cadarnhau aelodaeth y Bwrdd a'r Pwyllgorau ar gyfer 2021-2022, y cyfarfodydd a fynychwyd yn ystod deiliadaeth yr unigolyn ac unrhyw rolau Hyrwyddwr a gyflawnwyd. Mae Tabl 1 yn Atodiad 2 y DLlB yn nodi Dyddiadau Cyfarfod y Bwrdd a'r Pwyllgorau ar gyfer 2021-2022.

Mae Cadeirydd pob Pwyllgor yn adrodd wrth y Bwrdd am weithgareddau'r Pwyllgor, yn amlinellu'r risgiau allweddol ac yn amlygu meysydd y mae angen eu dwyn i sylw'r Bwrdd er mwyn cyfrannu at ei asesiad o sicrwydd a chraffu ar gyflawniad amcanion. Mae'r Pwyllgorau, yn ogystal ag adrodd i'r Bwrdd, hefyd yn gweithio gyda'i gilydd ar ran y Bwrdd i sicrhau, lle bo angen, eu bod yn adrodd ac yn rhoi ystyriaeth y naill i'r llall, a bod sicrwydd a chyngor yn cael ei roi i'r Bwrdd ac i'r sefydliad ehangach. Ar ben hynny, yn unol â Rheolau Sefydlog, mae pob Pwyllgor wedi llunio adroddiad blynyddol ar gyfer 2021/22 yn rhoi crynodeb defnyddiol o'i waith.

Cynhaliodd pob Pwyllgor adolygiad o'i Gylch Gorchwyl yn 2021-2022, a chymeradwywyd y rhain yn ffurfiol gan y Bwrdd yn ei gyfarfod ar 31 Mawrth 2022.

Ceir crynodeb o gyfrifoldebau a Chylch Gorchwyl pob Pwyllgor ar wefan y Bwrdd Iechyd: https://bipcaf.gig.cymru/amdanom-ni1/llywodraethu-a-sicrwydd/pwyllgorau-a-grwpiau-cynghori/

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Mae pob Pwyllgor yn cadw Cofnod o Gamau Gweithredu a gaiff ei fonitro ym mhob cyfarfod.

I gefnogi pob un o brif Bwyllgorau'r Bwrdd ceir strwythur o is-bwyllgorau tanategol, sy'n adlewyrchu cwmpas rolau a chyfrifoldebau'r Pwyllgor dan sylw.

13.10 Grŵpiau Cynghori a Chydbwyllgorau

I gefnogi'r Bwrdd, mae'n ofynnol i'r Bwrdd Iechyd hefyd gael tri Grŵp Cynghori.

Mae'r Grwpiau Cynghori yn cynnwys:

Grŵp Cyfeirio Rhanddeiliaid

Mae'r Grŵp Cyfeirio Rhanddeiliaid wedi'i ffurfio o amrywiaeth o sefydliadau partner o bob rhan o ardal y Bwrdd Iechyd. Ei rôl yw rhoi cyngor annibynnol ar unrhyw agwedd ar fusnes y Bwrdd Iechyd. Mae'n hwyluso ymgysylltiad llawn a thrafodaeth fywiog ymhlith rhanddeiliaid o'r holl gymunedau a wasanaethir gan y Bwrdd Iechyd, gan anelu i gyflwyno safbwyntiau rhanddeiliaid mewn modd ystyrlon a chytbwys yn sail ar gyfer gwaith cynllunio a phenderfyniadau'r Bwrdd Iechyd.

Gall hyn gynnwys:

- Ymgysylltiad ac ymglymiad cynnar wrth bennu cyfeiriad strategol cyffredinol y Bwrdd Iechyd;
- Rhoi cyngor ar gynigion gwella gwasanaethau penodol, cyn cynnal ymgynghoriad ffurfiol; ac
- Adborth ar effaith gweithrediadau'r Bwrdd Iechyd ar y cymunedau a wasanaethir ganddo.

Dyma faterion o bwys y bu'r Grŵp Cyfeirio Rhanddeiliaid yn eu trafod yn ystod 2021-2022:

- Cynllunio i Adfer
- Llunio Ein Gwasanaethau Clinigol
- Cynllun Tymor Canolig Integredig 2022-25
- Pennu Blaenoriaethau,
- Gwasanaethau Canser Acíwt
- Fframwaith Ansawdd, Diogelwch a Phrofiad
- Ysbyty Athrofaol Cymru 2.

Fforwm Partneriaeth Lleol (FfPLl)

Gweler paragraff 6.3 o adran Trosolwg o Berfformiad yr Adroddiad Blynyddol hwn.

Mae'r Cydbwyllgorau'n cynnwys:

Fforwm Gweithwyr Proffesiynol Gofal Iechyd

Mae'r Fforwm yn cynnwys cynrychiolwyr o ystod o broffesiynau clinigol a gofal iechyd o fewn y Bwrdd Iechyd ac ar draws gofal sylfaenol. Mae adolygiad yn cael ei gynnal o'r Grŵp Cynghori ar hyn o bryd, ac felly nid yw wedi cyfarfod yn ystod 2021-2022. Mae gan y Bwrdd Iechyd sawl mecanwaith i geisio mewnbwn clinigol, er enghraifft daeth cynrychiolydd o'r corff Ymgynghori i gyfarfodydd y Bwrdd, gan roi sylwadau ar ôl ymgysylltu â meddygon ymgynghorol ar faterion allweddol fel llawdriniaethau trawma mawr a thorasig. Bydd adolygu Cylch Gorchwyl ac aelodaeth y Grŵp Cynghori hwn, a datblygu egwaglen waith a'i swyddogaeth i wneud y defnydd gorau o'r mecanweithiau hyn, sefydlu strwythur cadarn ac osgoi ail-wneud gwaith yn flaenoriaeth wrth lywodraethu ar gyfer 2022-23. Cyn gynted ag y bydd y darn hwn o waith wedi'i gwblhau, byddwn yn diweddaru ein gwefan i gynnwys gwybodaeth bellach, gan gynnwys copïau wedi'u diweddar o Gylch Gorchwyl a rhaglen waith y Fforwm.

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Mae Cylch Gorchwyl a chofnodion y Grŵp Cyfeirio Rhanddeiliaid a'r Fforwm Partneriaeth Lleol ar gael drwy'r ddolen ganlynol:

https://bipcaf.gig.cymru/amdanom-ni1/llywodraethu-a-sicrwydd/pwyllgorau-a-grwpiau-cynghori/

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Sefydlwyd PGIAC yn 2010 gan y saith bwrdd iechyd i sicrhau bod gan y boblogaeth fynediad teg a chyfartal at yr ystod lawn o wasanaethau arbenigol. Mae Prif Weithredwr y Bwrdd Iechyd yn aelod o'r Cydbwyllgor hwn, a gynhelir gan Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg, ynghyd â Phrif Weithredwyr Byrddau Iechyd eraill yng Nghymru. Mae tair Ymddiriedolaeth y GIG yng Nghymru yn Aelodau Cysylltiol o PGIAC. Bydd yn derbyn adroddiadau rheolaidd ganddo.

Pwyllgor Gwasanaethau Ambiwlans Brys (PGAB)

Cydbwyllgor o'r saith bwrdd iechyd yw PGAB, gyda thair ymddiriedolaeth y GIG yn aelodau cysylltiol. Fe'i sefydlwyd ym mis Ebrill 2014. Mae'n gyfrifol am gynllunio a chomisiynau gwasanaethau ambiwlans brys ar raddfa Cymru gyfan. Cynhelir y Pwyllgor gan Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg, ac

mae'r Prif Weithredwr yn cynrychioli'r Bwrdd Iechyd ar y Pwyllgor, ac mae'r Bwrdd yn derbyn adroddiadau rheolaidd.

Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru (PCGC)

Sefydlwyd Pwyllgor PCGC yn 2012, ac fe'i cynhelir gan Ymddiriedolaeth GIG Felindre. Nid Cydbwyllgor mohono. Mae'n gofalu am y swyddogaethau a rennir ar gyfer GIG Cymru, fel gwasanaethau caffael, recriwtio a chyfreithiol. Cynrychiolydd y Bwrdd Iechyd yw'r Cyfarwyddwr Gweithredol Pobl a Diwylliant, ac mae'r Bwrdd yn derbyn adroddiadau rheolaidd gan y Pwyllgor.

13.11 Penodiadau Cyhoeddus

Ymunodd yr Athro Ceri Phillips a David Edwards â'n Bwrdd fel Aelodau Annibynnol ar 1 Ebrill 2021.

Cafodd Lance Carver, Cyfarwyddwr Gwasanaethau Cymdeithasol Cyngor Bro Morgannwg, ei ailbenodi'n Aelod Cyswllt o'n Bwrdd ar 2 Tachwedd 2021.
Penodwyd Sam Austin yn Gadeirydd y Grŵp Cyfeirio Rhanddeiliaid ar 1 Tachwedd 2020 hyd 31 Hydref 2022, a oedd yn benodiad ôl-weithredol yn sgil COVID-19.

13.12 Datganiad Budd y Cyhoedd

Mae pob Aelod Bwrdd wedi datgan yn ysgrifenedig eu bod wedi cymryd yr holl gamau y dylent fod wedi'u cymryd fel Cyfarwyddwr i sicrhau bod archwilwyr yn ymwybodol o unrhyw wybodaeth archwilio berthnasol. Mae'r holl Aelodau Bwrdd ac Uwch Reolwyr a'u perthnasau agos (gan gynnwys Cyfarwyddwyr yr holl Sefydliadau a Gynhelir) wedi datgan unrhyw fuddiannau ariannol a swyddi awdurdodol a allai wrthdaro â'u cyfrifoldebau. Ceir cofrestr lawn o'r buddiannau ar gyfer 2021-2022 ar gais gan y Cyfarwyddwr Llywodraethu Corfforaethol neu drwy'r ddolen ganlynol https://bipcaf.gig.cymru/amdanom-ni1/llywodraethu-a-sicrwydd/cofrestr-buddiannau/.

13.13 Aelodaeth a Phresenoldeb y Bwrdd a'r Pwyllgorau 2021-2022

Mae'r Bwrdd wedi'i gyfansoddi i gydymffurfio â Rheoliadau Byrddau Iechyd Lleol (Cyfansoddiad, Aelodaeth a Gweithdrefnau) (Cymru) 2009. Mae'r Tabl sydd wedi'i gynnwys yn Atodiad 1 i'r DLlB hwn yn amlinellu Aelodaeth y Bwrdd a'r Pwyllgorau a'r Cofnod Presenoldeb ar gyfer y cyfnod Ebrill 2021- Mawrth 2022.

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13.14 Pwrpas y System Rheolaeth Fewnol

Yn ystod y flwyddyn, drwy ein systemau rheolaeth fewnol, nodwyd achosion o dorri rheolau yn gysylltiedig â chynlluniau cyfalaf a gwariant, yn enwedig yn gysylltiedig â chaffael, llywodraethu a gwaith monitro ariannol ar gynlluniau cyfalaf a gwariant cyfalaf. Cynhaliwyd adolygiad gan y Bwrdd Iechyd, a rhoddwyd cynllun gweithredu ar waith i sicrhau bod gwersi'n cael eu dysgu, ac na cheir unrhyw achosion o dorri rheolau eto yn y dyfodol. Gweler eitem 8.1 ar yr agenda drwy'r ddolen ganlynol: https://cavuhb.nhs.wales/files/board-and-committees/board-2021-22/2021-11-25-final-boardbook-v9-pdf1/.

Cafodd Cadeirydd y Bwrdd a Chadeirydd y Pwyllgor Archwilio eu briffio ar y materion cyn gynted ag y'u nodwyd, a brifiwyd y Bwrdd yng Nghyfarfod Preifat y Bwrdd ym mis Gorffennaf 2021. Mae'r Prif Weithredwr hefyd wedi cynnal sgwrs 'dim bydd annisgwyl' gyda Dr Andrew Goodall, Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/Prif Weithredwr GIG Cymru. Cafodd Archwilio Cymru hefyd eu briffio ynghylch y sefyllfa, ac ar ôl trafodaeth ac adolygu'r cynllun gweithredu a oedd wedi cael ei sefydlu, cytunwyd nad oedd angen cymryd unrhyw gamau pellach. Mae Archwilwyr Mewnol y Bwrdd Iechyd hefyd yn cynnal adolygiad o'r cynllun gweithredu, a gymeradwywyd gan y Bwrdd, ac mae eu gwaith yn y maes hwn yn parhau.

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13.15 Y gallu i ymdrin â risg

Mae systemau rheoli'r Bwrdd Iechyd wedi'u dylunio i reoli risg hyd at lefel resymol yn hytrach na chael gwared â phob risg; ni all ond felly roi sicrwydd rhesymol o effeithiolrwydd, yn hytrach na sicrwydd llwyr.

Mae system reolaeth y Bwrdd Iechyd wedi'i seilio ar broses barhaus a ddyluniwyd i nodi a blaenoriaethu'r risgiau i gyflawni ei bolisïau, ei nodau a'i amcanion, i werthuso'r tebygolrwydd y caiff y risgiau hynny eu gwireddu, a'r effaith os cânt eu gwireddu, a'u rheoli'n effeithlon, yn effeithiol yn economaidd. Mae'r system rheolaeth fewnol wedi bod ar waith ar gyfer y flwyddyn a ddaeth i ben ar 31 Mawrth 2022, a hyd at ddyddiad cymeradwyo'r adroddiad a'r cyfrifon blynyddol.

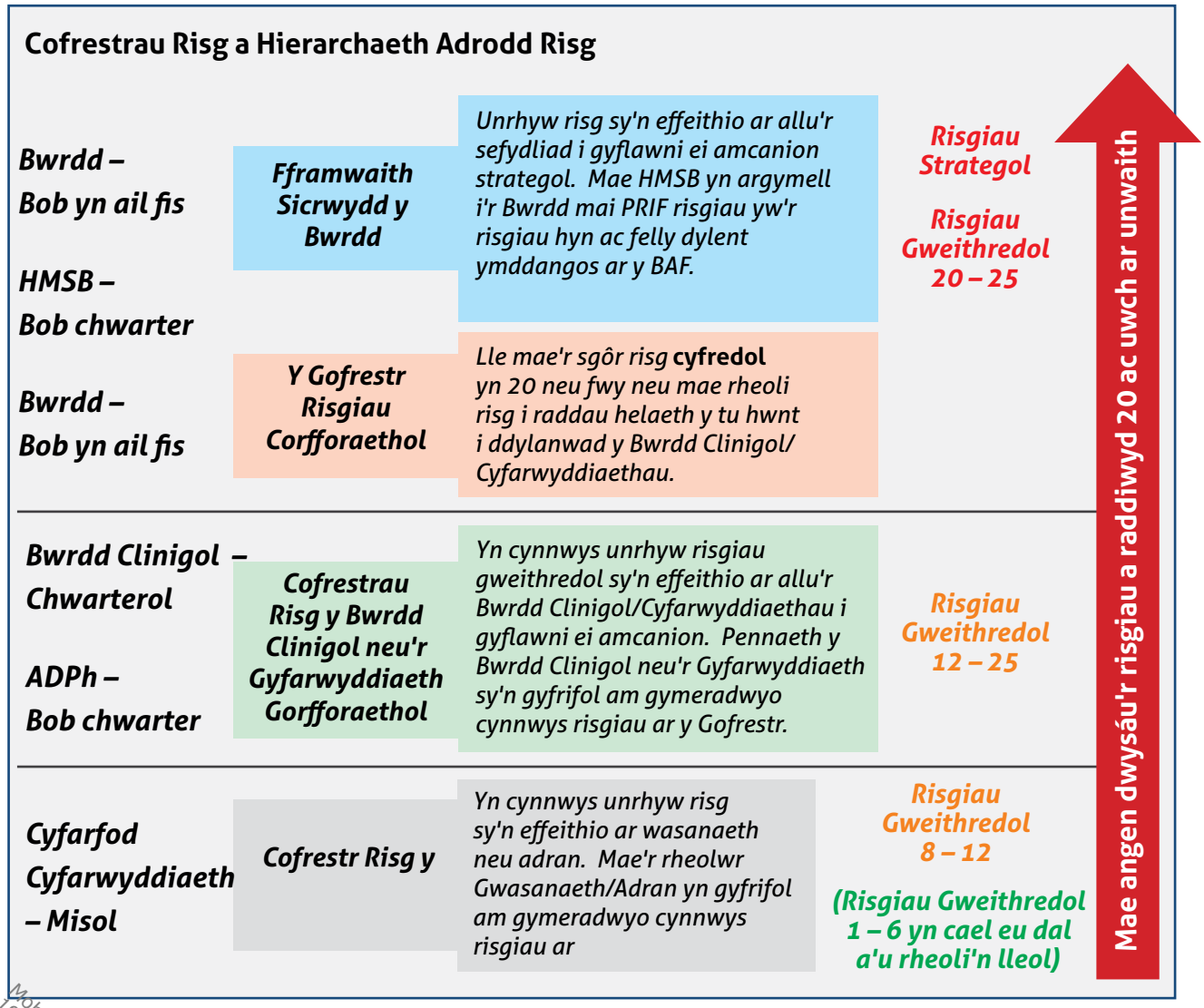
Mae'r Bwrdd Iechyd wedi ymrwymo i ddatblygu a gweithredu Fframwaith Rheoli Risg a Sicrwydd y Bwrdd sy'n nodi, yn dadansoddi, yn gwerthuso ac yn rheoli'r risgiau sy'n bygwth cyflawniad ei amcanion strategol. Defnyddir Fframwaith Sicrwydd y Bwrdd Iechyd (FfSB) gan y Bwrdd i nodi, monitro a gwerthuso risgiau a fydd yn effeithio ar Amcanion Strategol, ac fe'i hystyrir ochr yn ochr ag offer rheoli allweddol eraill, fel y Gofrestr Risg Gorfforaethol, dangosfyrddau perfformiad ac ansawdd ac adroddiadau ariannol, i greu darlun cynhwysfawr i'r Bwrdd o broffil risg y sefydliad.

Cafodd Strategaeth Rheoli Risg a Fframwaith Sicrwydd y Bwrdd (y Strategaeth) ei diweddaru a'i chymeradwyo gan y Bwrdd ym mis Gorffennaf 2021, ac mae'n nodi'r

cyfrifoldebau'r Bwrdd a'r staff drwy'r holl sefydliad ar gyfer rheoli risg strategol a gweithredol, ac yn disgrifio'r gweithdrefnau i'w defnyddio er mwyn nodi, dadansoddi, gwerthuso a rheoli risgiau i gyflawni amcanion strategol.

Mae risgiau strategol yn risgiau o bwys a chanddynt y potensial i effeithio ar gyflawniad amcanion strategol, ac fe'u codir gan y Tîm Gweithredol a'r Bwrdd, a'u monitro ganddynt. Mae risgiau gweithredol yn risgiau allweddol sy'n effeithio ar Fyrddau Clinigol a Chyfarwyddiaethau Corfforaethol unigol, ac fe'u rheolir o fewn y Byrddau Clinigol a'r Cyfarwyddiaethau Corfforaethol, a'u huwchgyfeirio, os oes angen, drwy strwythur adrodd risg y Bwrdd Iechyd (Gweler Ffigur 1).

Ffigur 1 – Strwythur Adrodd Rheoli Risg



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Mae Fframwaith Sicrwydd y Bwrdd (FfSB) yn rhan annatod o'r system rheolaeth fewnol ac yn diffinio'r risgiau eithafol posibl sy'n effeithio ar gyflawniad amcanion strategol. Y mae hefyd yn rhoi crynodeb o'r mesurau rheoli a'r sicrwydd sydd ar waith neu'r cynlluniau i'w lliniaru. Mae FfSB yn alinio prif risgiau, mesurau rheoli allweddol a sicrwydd ynghylch y mesurau rheoli ochr yn ochr â phob un o amcanion strategol y Bwrdd Iechyd.

Nodir bylchau lle bo mesurau rheoli allweddol a sicrwydd yn annigonol i leihau'r risg o beidio cyflawni'r amcanion. Drwy hyn gellir datblygu cynllun gweithredu i gau'r bylchau a lliniaru'r risgiau, a gaiff ei fonitro wedyn gan y Bwrdd i'w weithredu.

Mae'r Strategaeth yn berthnasol i'r aelodau hynny o staff a gyflogir yn uniongyrchol gan y Bwrdd Iechyd ac y mae gan y Bwrdd Iechyd gyfrifoldeb cyfreithiol drostynt, a bwriedir iddi drafod yr holl risgiau posibl y gallai'r sefydliad ddod i gysylltiad â hwy.

Ceir copi o'r Strategaeth drwy'r ddolen ganlynol:

https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/r-corporate-policy/risk-management-and-baf-strategy/

Dyma amcanion y Strategaeth:

- lleihau effaith risgiau, digwyddiadau andwyol, a chwynion hyd yr eithaf drwy nodi risgiau'n effeithiol, eu blaenoriaethu, eu trafod a'u rheoli;
- cynnal fframwaith rheoli risg, sy'n rhoi sicrwydd i'r Bwrdd bod risgiau strategol a gweithredol yn cael eu rheoli'n effeithiol;
- cynnal ymagwedd gydlynol at lywodraethu corfforaethol a rheoli adnoddau rheoli risg yn effeithiol;
- sicrhau bod rheoli risg yn rhan annatod o ddiwylliant y Bwrdd Iechyd;
- lleihau colledion ariannol y gellir eu hosgoi, neu'r gost o drosglwyddo risg, hyd yr eithaf drwy strategaeth ariannol gadarn;
- sicrhau bod y Bwrdd Iechyd yn bodloni ei ymrwymiadau o ran Iechyd a Diogelwch; a
- Disgrifio'r adnoddau sydd ar gael er mwyn rheoli risg yn y sefydliad.

Ym mis Mawrth 2022, roedd y risgiau canlynol wedi'u nodi fel rhai a oedd yn achosi'r risg fwyaf i gyflawni amcanion strategol y Bwrdd Iechyd:

1. Y Gweithlu
2. Gofal Sylfaenol a Chymunedol Cynaliadwy
3. Diogelwch Cleifion
4. Newid Diwylliant mewn modd Cynaliadwy
5. Asedau Cyfalaf
6. Capasiti Gofal wedi'i Gynllunio
7. Cyflawni Cynllun Blynyddol
8. Llesiant y Staff
9. Bod Anghydraddoldebau Iechyd yn Gwaethygu yng Nghaerdydd a'r Fro

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Yn ogystal â'r risg uchod, caiff Cynaliadwyedd Ariannol y Bwrdd Iechyd ei adolygu'n barhaus, ac adroddir amdano wrth y Bwrdd ym mhob cyfarfod o'r Bwrdd. Hyd ddiwedd mis Mawrth 2022 nid yw Cynaliadwyedd Ariannol wedi'i restru fel risg yn FfSB gan fod y Bwrdd Iechyd wedi cyrraedd ei sgôr targed drwy gyflawni'r Cynllun Ariannol ar gyfer 2021/22 yn ôl y disgwyl.

Ochr yn ochr â Fframwaith Sicrwydd y Bwrdd, mae'r Bwrdd Iechyd hefyd yn cadw Cofrestr Risgiau Corfforaethol sy'n nodi'r risgiau gweithredol eithafol (y rhai â sgôr 20/25 neu'n uwch) o flaen y Bwrdd Iechyd.

Mae pob un o'r risgiau a nodir ar y Gofrestr Risgiau Corfforaethol hefyd wedi'i chysylltu ag un o Bwyllgorau'r Bwrdd a Fframwaith Sicrwydd y Bwrdd.

Ym mis Mawrth 2022, roedd 17 o risgiau eithafol wedi'u cynnwys ar y Gofrestr Risgiau Corfforaethol, a chanddynt y proffil sgoriau canlynol:

- 1 risg â sgôr o 15/25 a oedd wedi gostwng o'r sgôr 20/25 a gafwyd yng nghyfarfod y Bwrdd ym mis Ionawr 2022; ac
- 16 o risgiau â sgôr o 20/25.

Gellir gweld manylion y risgiau hyn ac Adroddiad y Bwrdd Iechyd ar y Gofrestr Risgiau Corfforaethol, a Fframwaith Sicrwydd y Bwrdd Iechyd, a'r adroddiad cyflwyno ar gyfer Mawrth 2022 drwy'r ddolen ganlynol:

https://cavuhb.nhs.wales/files/board-and-committees/board-2021-22/2022-03-31-public-board-papers-v14-pdf/

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Fel yr amlygwyd o'r blaen, wynebai'r sefydliad nifer o heriau yn sgil yr angen i gynllunio ac ymateb i bandemig COVID-19. Nodwyd nifer o risgiau newydd a risgiau a oedd yn dod i'r amlwg. Er bod gan y sefydliad gynllun digwyddiad mawr a pharhad busnes, fel sy'n ofynnol yn Neddf Argyfyngau Sifil 2004, mae graddfa ac effaith y pandemig wedi bod yn ddigynsail. Rydym wedi cymryd camau sylweddol ar raddfa leol a chenedlaethol i baratoi am yr effaith debygol ar y sefydliad a'r boblogaeth, ac i ymateb i hynny. Mae hyn hefyd wedi cynnwys gweithio mewn partneriaeth ar yr ymateb aml-asiantaeth fel aelod allweddol o'r Grŵp Cydgysylltu Strategol. Erys lefel o ansicrwydd ynghylch effaith gyffredinol hyn ar ddarpariaeth gwasanaethau'r sefydliad yn y presennol, ac yn y tymor hwy, ond hyderaf ein bod yn cymryd pob cam priodol.

Mae'r sefydliad yn parhau i weithio'n agos gydag ystod eang o bartneriaid, gan gynnwys Llywodraeth Cymru wrth iddi barhau â'i hymateb, a chynllunio am y cyfnod adfer. Bydd angen sicrhau bod trefniadau rheoli risg cadarn yn sail ar gyfer hyn, ynghyd â'r gallu i nodi, asesu a lliniaru risgiau a allai effeithio ar allu'r sefydliad i gyflawni ei amcanion strategol.

13.16 Rheoli Risg

Y Cyfarwyddwr Llywodraethu Corfforaethol sydd â chyfrifoldeb cyffredinol dros y Strategaeth Rheoli Risg a Fframwaith Sicrwydd y Bwrdd. Mae gan y Cyfarwyddwr gyfrifoldeb dirprwyol i reoli datblygiad a gweithrediad y Strategaeth Rheoli Risg a Fframwaith Sicrwydd y Bwrdd. Mae

trefniadau ar waith i asesu a rheoli risgiau'n effeithiol ar draws y sefydliad yn effeithiol, sy'n cynnwys adolygu a diweddaru Fframwaith Sicrwydd y Bwrdd a'r Gofrestr Risgiau Corfforaethol yn barhaus fel bod y Bwrdd yn cadw golwg ar brif risgiau strategol a gweithredol y Bwrdd Iechyd.

Mae'r Cyfarwyddwr Llywodraethu Corfforaethol yn cadw rheolaeth ar FfSB ac yn cyfarfod ag Arweinwyr Gweithredol risgiau FfSB bob deufis i sicrhau bod y risgiau a nodir yn FfSB yn cael eu diweddaru'n rheolaidd i gynnwys risgiau newydd a risgiau sy'n dod i'r amlwg mewn meysydd gwasanaeth, fel bod y cofnodion yn rhoi adlewyrchiad cywir a chyfredol o'r risgiau o flaen y Bwrdd Iechyd.

Cyflwynir FfSB hefyd i'r Bwrdd er mwyn craffu arno a'i gymeradwyo bob deufis, ac mae'r Pwyllgor Archwilio a Sicrwydd, is-bwyllgor o'r Bwrdd, yn goruchwylio'r broses a ddefnyddir i'r Bwrdd gael sicrwydd yn gysylltiedig â rheoli FfSB.

Mae'r Adran Llywodraethu Corfforaethol yn monitro ac yn cynnal y Gofrestr Risgiau Corfforaethol. Mae pob Adran Gorfforaethol a Bwrdd Clinigol yn gyfrifol am gadw cofrestr risgiau gynhwysfawr a ddefnyddir yn sail ar gyfer y risgiau a adlewyrchir ar y Gofrestr Risgiau Corfforaethol. Mae'r Adran Llywodraethu Corfforaethol yn cyfarfod yn rheolaidd ag arweinwyr risg y Bwrdd Clinigol a'r Adran Gorfforaethol i adolygu a monitro cofrestrau Risg y Bwrdd Clinigol/yr Adran Gorfforaethol i sicrhau eu bod yn cofnodi'n gywir y risgiau y mae eu hardaloedd yn dod ar eu traws ac i gynorthwyo'r meysydd hynny i ystyried risgiau newydd, a risgiau sy'n dod i'r amlwg i'w gwasanaeth. Yn dilyn yr ymarfer hwnnw, caiff risgiau gweithredol eithafol, y rhai a gafodd sgôr o 20/25 neu uwch, eu cofnodi ar y Gofrestr Risgiau Corfforaethol a'u hadrodd wrth y Bwrdd er mwyn craffu arnynt a'u cymeradwyo'n ddeufisol (yn gyhoeddus ers mis Ionawr 2021). Caiff unrhyw risgiau a nodir fel risgiau a allai gael effaith ar amcanion strategol y Bwrdd Iechyd eu hychwanegu at FfSB. Mae pob risg a nodir ar y Gofrestr Risgiau Corfforaethol hefyd wedi'i chysylltu â Risg Strategol a geir yn FfSB er mwyn sicrhau bod risgiau'n cael eu monitro a'u huwchgyfeirio'n briodol.

Caiff risgiau allweddol a nodir yn FfSB ac ar y Gofrestr Risgiau Corfforaethol hefyd eu rhannu mewn is-bwyllgorau o'r Bwrdd i'w trafod ac i graffu arnynt ymhellach. Caiff risgiau FfSB eu hadolygu yn is-bwyllgorau canlynol y Bwrdd:

1. Y Gweithlu – Pwyllgor Strategaeth a Chyflawni
2. Gofal Sylfaenol a Chymunedol Cynaliadwy – Pwyllgor Strategaeth a Chyflawni
3. Diogelwch Cleifion – Pwyllgor Ansawdd, Diogelwch a Phrofiad
4. Diwylliant Cynaliadwy – Pwyllgor Strategaeth a Chyflawni
5. Asedau Cyfalaf - Pwyllgor Cyllid a Phwyllgor Strategaeth a Chyflawni
6. Capasiti Gofal Wedi'i Gynllunio - Pwyllgor Strategaeth a Chyflawni
7. Cyflawni'r Cynllun Blynyddol - Pwyllgor Strategaeth a Chyflawni
8. Llesiant y Staff – Pwyllgor Strategaeth a Chyflawni
9. Anghydraddoldebau Iechyd yng Nghaerdydd a'r Fro yn Gwaethygu - Pwyllgor Strategaeth a Chyflawn

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Cyfeirir cofnodion y Gofrestr Risgiau Corfforaethol hefyd i sylw'r Pwyllgorau hynny y mae'r cofnodion yn gysylltiedig â hwy ar y Gofrestr Risgiau Corfforaethol. Yn dilyn cyfarfod mis Ionawr 2022 o'r Bwrdd, bu'r holl Risgiau Iechyd Meddwl a gofnodwyd ar y Gofrestr Risgiau Corfforaethol yn destun trafodaeth a chraffu ym Mhwyllgor Deddfwriaeth Iechyd Meddwl a'r Ddeddf Galluedd Meddyliol ym mis Chwefror 2022, a rhannwyd yr holl Risgiau Diogelwch Cleifion yn y Pwyllgor Ansawdd, Diogelwch a Phrofiad Cleifion y mis Chwefror hwnnw. Trafodwyd y risgiau hynny a oedd yn gysylltiedig â'r Pwyllgor Strategaeth a Chyflawni yng nghyfarfod Pwyllgor mis Mawrth 2022.

Mae'r Adran Llywodraethu Corfforaethol yn rhoi hyfforddiant i'r staff ar reoli prosesau ac asesiadau rheoli risg yn y gweithle. Rheolir Hyfforddiant Rheoli Risgiau Corfforaethol y Bwrdd Iechyd gan yr Adran Llywodraethu Corfforaethol.

Mae'r Adran Llywodraethu Corfforaethol yn cynnig sesiynau hyfforddi i arweinwyr risg drwy raglenni hyfforddi wedi'u targedu sy'n seiliedig ar ryngweithio rheolaidd y tîm â Byrddau Clinigol ac Adrannau Corfforaethol. Ochr yn ochr â hyn, ers mis Mawrth 2021 mae'r tîm wedi darparu sesiwn hyfforddi wythnosol rithiol ar-lein ar Reoli Risg, sydd ar gael i'r holl aelodau staff. Mae cynllun hyfforddi'r Adran Llywodraethu Corfforaethol wedi'i gynllunio i ymwreiddio dull cyson o reoli, sgorio a chofnodi risg o'r ward i'r bwrdd ar draws y Bwrdd Iechyd.

Caiff y risgiau a nodir yn FfSB ac ar y Gofrestr Risgiau Corfforaethol eu hystyried wrth bennu awydd y Bwrdd Iechyd am risg. Mae'r Bwrdd Iechyd yn cydnabod na ellir darparu gofal iechyd heb wynebu rhai risgiau, ynghyd â'r canlyniadau a'r camau lliniaru sy'n deillio o hynny. Y mae hefyd yn sicrhau na chaiff risgiau eu hystyried yn ynysig, ac y cymerir risgiau ar ôl ystyried yr holl risgiau sy'n llifo drwy'r sefydliad.

Hefyd edrychodd y Bwrdd eto ar ei Awydd am Risg mewn sesiwn Datblygu'r Bwrdd ym mis Mehefin 2021. Gwnaed hyn i drafod yr Awydd am Risg a hefyd i wirio bod y Bwrdd yn symud i'r cyfeiriad cywir, o fod mewn sefyllfa "Ochelgar" i "Geisio" . O ran Archwaeth Risg, mae ein FfSB yn diffinio "Gochelgar" fel "Ffafrio opsiynau darparu diogel lle ceir lefel isel o risg gysylltiedig, nad oes iddynt ryw lawer o enillion posibl", a "Cheisio" fel "Bod yn awyddus i fod yn arloesol a dewis opsiynau a allai gynnig enillion busnes uwch (er bod y risg gysylltiedig yn fwy)".

Mae'n bwysig cyfathrebu ac ymgynghori â rhanddeiliaid a phartneriaid mewnol ac allanol, fel bo'n briodol, ar bob cam o'r broses rheoli risg ac ynghylch y broses gyfan. Bydd mynychder y cyfathrebu yn amrywio yn ôl pa mor ddifrifol yw'r risg, a bydd yn destun trafodaeth a chytundeb â rhanddeiliaid a phartneriaid fel bo'r angen. Arweinir y broses gan unigolyn a enwebir fel yr arweinydd i reoli'r risg ac i gyfathrebu â rhanddeiliaid allanol, a'r unigolyn hwnnw fydd y Cyfarwyddwr Gweithredol a benodwyd i arwain y risg. Fel yr arweinydd dynodedig ar gyfer Rheoli Risg, bydd y Cyfarwyddwr Llywodraethu Corfforaethol hefyd yn mynychu Grŵp Cyfeirio Rhanddeiliaid y Bwrdd Iechyd i friffio rhanddeiliaid o blith y cyhoedd ynghylch gweithgareddau'r Bwrdd, gan gynnwys rheoli risg.

Digitally signed by Sarah Bennett
Date: 19/07/2022 12:16:50

13.17 Rheoli Risg yn ystod COVID-19

Gweler adran 13.16 (Rheoli Risg) uchod.

14. Trefniadau Cynllunio

Ar gyfer 2021/2022, nid oedd yn ofynnol i'r Bwrdd Iechyd ddatblygu CTCI tair blynedd llawn gan fod Llywodraeth Cymru wedi atal y gofyniad am CTCI mewn ymateb i'r pandemig. Cyflwynodd y Bwrdd Iechyd gynllun blynyddol ar gyfer 2021/2022 a gymeradwywyd gan y Bwrdd, ac a oedd yn unol â'r canllawiau cynllunio a luniwyd gan Lywodraeth Cymru.

Roedd CTCI 2019 – 2022 yn dal i fodoli felly cyflawnwyd y ddyletswydd i sicrhau cydbwysedd dros y cyfnod o dair blynedd erbyn diwedd 2022.

Yn ystod hydref 2021, cadarnhaodd Llywodraeth Cymru fod y Fframwaith Cynllunio Cenedlaethol yn cael ei ailgychwyn, a chyhoeddwyd canllawiau cynllunio. Dechreuwyd gwaith cynllunio ar CTCI 2022-2025 ymhell cyn cyhoeddi'r canllawiau cynllunio, a chymeradwywyd drafft o'r CTCI gan y Bwrdd ym mis Mawrth 2022 i'w gyflwyno i Lywodraeth Cymru. Roedd y Bwrdd Iechyd wedi cytuno â swyddogion Llywodraeth Cymru ar estyniad o dri mis fel bo modd gwneud gwaith pellach i gwblhau'r cynllun adfer ariannol, gyda golwg ar gyflwyno CTCI terfynol i'w ystyried gan Lywodraeth Cymru ar 1 Gorffennaf 2022, neu tua'r adeg honno.

Mohamed.Sarah
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15. Datgeliadau Gordodol

15.1 Safonau Iechyd a Gofal

Yn 2017-18, cyflwynwyd cyfres ddiwygiedig o Safonau Iechyd a Gofal i GIG Cymru. Yn benodol, cyflwynwyd safon newydd ar gyfer Llywodraethu, Arweinyddiaeth ac Atebolrwydd. Mae angen i'r gwasanaeth iechyd ystyried y meini prawf canlynol er mwyn cyrraedd y safon:

- Bod gwasanaethau iechyd yn dangos arweinyddiaeth effeithiol trwy bennu cyfeiriad, ysgogi brwdfrydedd, cyflymder ac egni, a datblygu pobl.
- Y caiff strategaeth ei phennu gyda ffocws ar ganlyniadau, ac mae dewisiadau'n seiliedig ar dystiolaeth a dealltwriaeth pobl. Bod y dull yn un cydweithredol gan adeiladu ar ddiben cyffredin.
- Bod gwasanaethau iechyd yn arloesi ac yn gwella trefniadau cyflenwi, yn cynllunio yn neilltuo adnoddau ac yn blaenoriaethu, yn datblygu rolau, cyfrifoldebau a modelau cyflenwi eglur, ac yn rheoli perfformiad a gwerth am arian.
- Bod gwasanaethau iechyd yn meithrin diwylliant o ddysgu a hunanymwybyddiaeth, ac uniondeb personol a phroffesiynol.
- Bod y Safonau Iechyd a Gofal yn tanategu ein holl weithgarwch ADPh - ein bod yn ystyried effaith a'r hyn a ddysgwyd yn sgil pob arolygiad ac adroddiad mewnol ac allanol. Gan rannu a monitro manylion am statws neu gynlluniau gwella os oes angen drwy'r broses ADPh, fel y disgrifir yn adran 15.7 (Trefniadau Llywodraethu Ansawdd).

- Drwy gyflwyno Tendable ar draws meysydd clinigol byddwn yn datblygu ymhellach, yn mesur ac yn monitro cyfres o ddangosyddion ansawdd.

15.2 Cydraddoldeb, Amrywiaeth a Hawliau Dynol

Gweler adran 6.4 o'r Adroddiad ar Berfformiad.

15.3 Rheoliadau'r Gymraeg - Rheoliadau Safonau'r Gymraeg (Rhif 7) 2018 (RhSG)

Mae Safonau'r Gymraeg wedi rhoi cyfle i'r sefydliad wella lefel y gwasanaethau Cymraeg a ddarperir gennym i'n cleifion, i'n defnyddwyr gwasanaeth ac i'r boblogaeth ehangach. Fodd bynnag, oherwydd COVID-19 a'r cyfnod adfer a gafwyd wedi hynny bu'r broses o weithredu'r Safonau'n arafach na'r disgwyl mewn rhai meysydd allweddol.

Melanie-Sarah
19/04/2022 12:16:50

Meddwl Cymraeg
Think Welsh

Yn 2021/22 gwnaethom barhau â'r ymgyrch fewnol i godi ymwybyddiaeth ynghylch yr iaith, gan ofyn i'r staff 'Feddwl' sut y gallai ystyriaeth o'r Gymraeg wella'r gwasanaeth a ddarperir ganddynt. Mae hyn yn annog staff i ystyried sut y gallant gynnwys y Gymraeg yn eu rolau beunyddiol, a'r rôl y gallant ei chwarae er mwyn annog twf yr iaith o fewn y Bwrdd Iechyd ac ymhlith cydweithwyr.

Mae'r canlynol wedi cael eu rhoi ar waith yn unol â delfrydau a dyheadau Safonau'r Gymraeg ac ymgyrch Meddwl Cymraeg:

- Adolygwyd yr holl Safonau gan roi diweddariadau drwy berchnogion y safonau drwy ddefnyddio meddalwedd rheoli prosiect 'Verto', sy'n monitro gweithrediad a chynnydd ein camau gweithredu i fodloni Safonau'r Gymraeg. Bydd y system yn ein galluogi i bennu llwyddiant yr ymgyrch a gweithrediad y safonau gan ddefnyddio system graddio CAG sy'n amlinellu pa safonau sydd wedi cau, ar agor ac ar y gweill. Bydd y cynllun cyffredinol yn llwyddiannus pan fydd mwy o safonau gwyrdd 'wedi cau' na'r safonau 'ar agor' ac 'ar y gweill', gan olygu bod y Bwrdd Iechyd yn gwneud cynnydd tuag at gydymffurfiaeth lawn. Rydym bellach wedi cwblhau'r gwaith

ar 79 o'r 120 o Safonau, ac yn parhau i adolygu'r Safonau sy'n weddill. Sefydlwyd y Grŵp Strategaeth Cydraddoldeb a Safonau'r Gymraeg i gael sicrwydd oddi wrth y Byrddau Clinigol eu bod yn cydymffurfio â'r Safonau. Maent hefyd yn adrodd yn ôl ar risgiau sy'n gysylltiedig â diffyg cydymffurfio a pha gamau y byddant yn eu cymryd i sicrhau eu bod yn cydymffurfio â'r Safonau. Rydym wedi bod yn gweithio gyda gwasanaethau rheng flaen lleol, fel gwasanaeth ffôn (y prif switsfwrdd ffôn), i sicrhau ei fod yn darparu'r lefel orau o wasanaethau yn Gymraeg. Mae'r Grŵp hefyd wedi bod yn gweithio gyda'r tîm Cofnodion Cleifion i sicrhau y gall gynnig gohebiaeth yn Gymraeg (hy, llythyrau apwyntiad cleifion) i gleifion a defnyddwyr gwasanaeth sy'n ffafrio hynny.

- Rydym wedi sicrhau bod ein rhaglen frechu ar gyfer COVID-19 yn cydymffurfio â'r Safonau drwy gynnig gwasanaeth dwyieithog yn y system archebu apwyntiadau, drwy negeseuon awtomatig ac asiant Cymraeg ei iaith i dderbyn archebion.
- Wedi cyflwyno'r pecyn derbyn cleifion arloesol i gleifion sy'n siarad Cymraeg o fewn Iechyd Meddwl, Paediatreg a'r Uned Gofal Dwys. Mae'r pecyn yn cynorthwyo cleifion i sicrhau eu bod yn gallu derbyn gofal iechyd yn Gymraeg os ydynt yn dymuno.
- Parhau i hyrwyddo'r ymgyrch 'Meddwl Cymraeg' drwy ddiwrnodiau codi ymwybyddiaeth penodol, gan gynnwys Diwrnod Shwmae, Diwrnod Hawliau'r Gymraeg, Diwrnod Cerddoriaeth Cymraeg, Dydd Santes Dwynwen a Dydd Gŵyl Ddewi.
- Gweithio gyda Thîm Cedar yn sefydliad Cymru gyfan 'Gwerth mewn Iechyd y GIG' i sefydlu rôl Cydgysylltydd y Gymraeg er mwyn cynorthwyo i sicrhau bod eu proses ar gyfer Mesurau Canlyniadau a Adroddir gan Gleifion yn cydymffurfio â Safonau'r Gymraeg.
- Mae dau Uwch Gyfieithydd y Gymraeg wedi cyfieithu dros filiwn o eiriau ers ymuno â'r sefydliad.
- Mae gwefan y Bwrdd Iechyd bellach ar gael yn ddwyieithog.
- Sefydlu Eisteddfod o fewn y sefydliad. Roedd yn gystadleuaeth agored i'r staff ennill gwobr mewn pedwar categori gwahanol.
- Gosod geiriau o groeso a brawddegau dwyieithog ar wal ar risiau Woodland House, sy'n dangos brawddegau syml y gall staff eu dysgu wrth gerdded o amgylch y swyddfa.

Cawsom gyfanswm o 9 cwyn yn 2021/22 oddi wrth Gomisiynydd y Gymraeg. Cynhaliwyd ymchwiliad i'r holl bryderon cyn i argymhellion gael eu cyflwyno y mae disgwyl i'r Bwrdd gydymffurfio â hwy. Y sgil gweithredu'r argymhellion mae'r sefydliad wedi gwella'r graddau y mae'n cydymffurfio â Safonau'r Gymraeg ar y cyfryngau cymdeithasol, ar ei wefan ac wrth gynnig gwasanaeth dros y ffôn.

Roedd gwaith ar yr holl bryderon wedi'i gwblhau ar 17/3/2022.

Mae 31% o'r staff wedi cofrestru eu sgiliau iaith ac ym mis Ebrill 2022 bydd ymgyrch yn cael ei chynnal i annog staff i gofrestru eu sgiliau Cymraeg.

Mohamed Siyah
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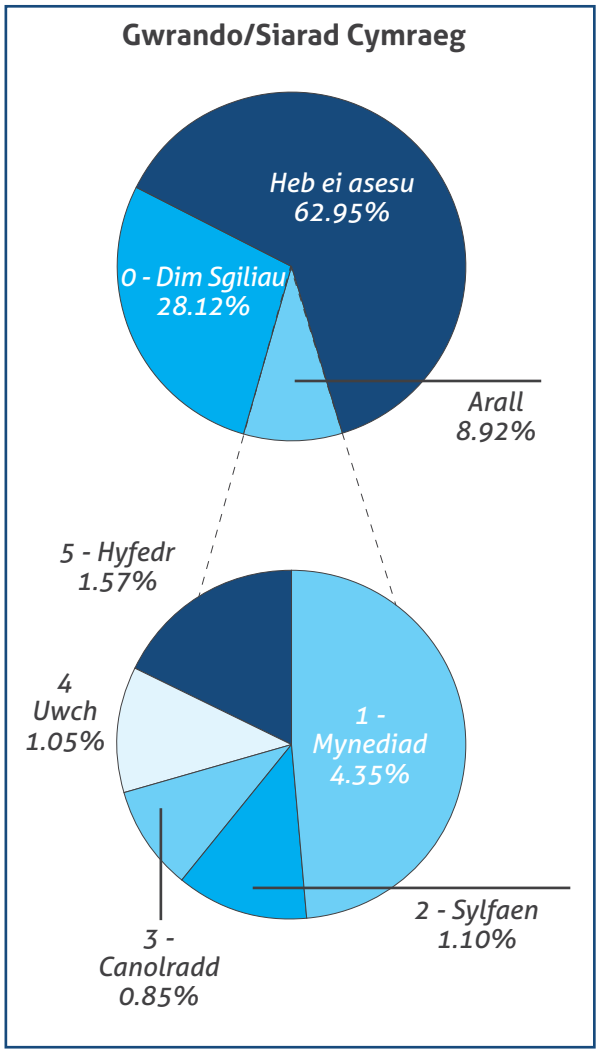

Mae'r sefydliad yn dal i weithio i rannu swyddi i gategorïau yn ôl a yw'r Gymraeg yn ddymunol neu'n hanfodol. Mae canllawiau wedi cael eu datblygu, gohiriwyd gweithredu'r canllawiau yn sgil pwysau gweithredol oherwydd COVID-19 a'r cyfnod adfer dilynol. Bydd y canllawiau hyn a'r gofyniad i hysbysebu'n ddwyieithog yn cael eu gweithredu fesul cam, gan ddechrau gyda'r adrannau Corfforaethol o fis Ebrill 2022.

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15.4 Parodrwydd am Argyfwng

Fel yr amlygwyd o'r blaen, wynebai'r sefydliad nifer o heriau yn sgil yr angen i gynllunio ac ymateb i'r pandemig. Nodwyd nifer o risgiau newydd a risgiau a oedd yn dod i'r amlwg. Er bod gan y sefydliad gynllun digwyddiad mawr a pharhad busnes, fel sy'n ofynnol yn Neddf Argyfyngau Sifil 2004, mae graddfa ac effaith y pandemig wedi bod yn ddigynsail. Rydym wedi cymryd camau sylweddol ar raddfa leol a chenedlaethol i baratoi am yr effaith debygol ar y sefydliad a'r boblogaeth, ac i ymateb i hynny. Mae hyn hefyd wedi cynnwys gweithio mewn partneriaeth ar yr ymateb aml-asiantaeth fel aelod allweddol o'r Grŵp Cydgysylltu Strategol. Erys lefel o ansicrwydd ynghylch effaith gyffredinol hyn ar ddarpariaeth gwasanaethau'r sefydliad yn y presennol, ac yn y tymor hwy, ond hyderwn ein bod yn cymryd pob cam priodol.

Mae'r sefydliad yn parhau i weithio'n agos gydag ystod eang o bartneriaid, gan gynnwys Llywodraeth Cymru wrth iddi barhau â'i hymateb, a chynllunio am y cyfnod adfer. Bydd angen sicrhau bod trefniadau rheoli risg cadarn yn sail ar gyfer hyn, ynghyd â'r gallu i nodi, asesu a lliniaru risgiau a allai effeithio ar allu'r sefydliad i gyflawni ei amcanion strategol.

Yn ystod 2021/2022, cafodd y Cynllun Digwyddiad Mawr ei ddiweddaru a'i gymeradwyo gan y Bwrdd ar 30 Medi 2021.

15.5 Materion Amgylcheddol, Cymdeithasol a Chymunedol

Ein cenhadaeth yw **"Gofalu am Bobl, Cadw Pobl yn Iach"**, a'n gweledigaeth yw y dylai pawb gael yr un cyfle i fyw bywyd iach, waeth lle bynnag y maent yn byw a phwy yr ydynt.

Strategaeth trawsnewid a gwella 10 mlynedd y Bwrdd Iechyd, Llunio Ein Llesiant i'r Dyfodol, yw ein cyfle i gydweithio â'r cyhoedd a gweithlu'r Bwrdd Iechyd i wneud ein bwrdd iechyd yn fwy cynaliadwy i'r dyfodol. Gyda'n gilydd, gallwn wella cydraddoldeb i'n holl gleifion - heddiw ac yfory. Cliciwch yma i weld y Strategaeth: https://cavuhb.nhs.wales/about-us/our-mission-vision/shaping-our-future-wellbeing-strategy/.

Credwn y dylai pawb gael cyfle i fyw bywyd hirach, iachach a hapusach. Ond wrth i'n poblogaeth heneiddio a'n harferion byw newid, mae ein systemau iechyd a gofal o dan bwysau cynyddol.

Mae cyflawni ein cyfrifoldebau i leihau ein hôl troed carbon wedi bod yn flaenoriaeth i'r Bwrdd Iechyd ers cydnabod yr argyfwng hinsawdd ym mis Ionawr 2019. Mae'r Bwrdd Iechyd wedi datblygu Cynllun Gweithredu Cynaliadwyedd a gafodd ei ddiweddaru i adlewyrchu Cynllun Datgarboneiddio GIG Cymru gan Lywodraeth Cymru.

Siarter Newid Hinsawdd Bwrdd Gwasanaethau Cyhoeddus Bro Morgannwg
Mae partneriaid o'r sector cyhoeddus ym Mro Morgannwg wedi mynegi eu hymrwymiad i fynd i'r afael â'r newid hinsawdd drwy gytuno ar Siarter Newid Hinsawdd Bwrdd Gwasanaethau Cyhoeddus Bro Morgannwg https://www.valepsb.wales/en/Our-Progress/Tackling-Climate-Change-in-the-Vale-ofGlamorgan.aspx.

Mohamed-Sarah
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Cafodd y Siarter ei llunio yn dilyn 14 mis o drafodaethau, gan gynnwys gweithdy a gynhaliwyd ym mis Tachwedd 2019 gyda phobl ifanc, lle daeth aelodau o Fwrdd Ieuenctid y Bwrdd Iechyd i ymuno â ni ochr yn ochr â phobl ifanc frwdfrydig o'r ysgolion lleol a Fforwm Ieuenctid Cyngor y Fro. Mae Cyfoeth Naturiol Cymru wedi arwain y gwaith hwn, sy'n gwbl gyson â Chynllun Gweithredu Cynaliadwyedd y Bwrdd Iechyd a gymeradwywyd yng nghyfarfod y Bwrdd ym mis Tachwedd 2020. Drwy'r Siarter mae partneriaid yn ymrwymo i gyfres o egwyddorion, gan gynnwys arwain drwy esiampl, cymryd camau cadarnhaol a lleihau ein heffaith, gan gydnabod y gallai'r ymagweddau a'r cynlluniau i weithredu o fewn Sefydliadau unigol amrywio. Roeddem am ddwyn y gwaith hwn i sylw'r Bwrdd ac i'r Bwrdd gefnogi'r Siarter cyn iddi gael ei lansio'n ffurfiol gan y Bwrdd Gwasanaethau Cyhoeddus (BGC) ym mis Chwefror; nod hyn yw creu catalydd i ymgysylltu â'r gymuned ehangach ynghylch y materion, ac i drafod sut y gallwn wneud gwahaniaeth yn unol â'r ymrwymiadau yn y siarter.

Yn yr un modd, mae'r BGC yng Nghaerdydd wedi nodi lleihau carbon yn flaenoriaeth allweddol ac mae rhaglen bartneriaeth wedi cael ei datblygu, o dan arweiniad y Cyngor. Mae'r Bwrdd Iechyd yn cymryd rhan yn weithredol yn y gwaith hwn, ac mae'n gyson â'r Cynllun Gweithredu Cynaliadwyedd. Mae Elusen Iechyd y Bwrdd Iechyd yn cefnogi rhaglen wobrwyedig i wella'n hamgylchedd, yn gysylltiedig â'n Cynllun Bioamrywiaeth. Mae datblygiad y Berllan yng Ngardd Horatio

yn YALl, a phrosiect y Ddôl yn YAC yn enghreifftiau o'r gwaith gwych sy'n cael ei gyflawni i ddefnyddio ein hardaloedd glas allanol er iechyd a llesiant ein cleifion, ein staff ac ymwelwyr.

Mae gennym hefyd dimau clinigol sy'n hybu newidiadau mewn modelau gwasanaeth ac arferion clinigol i leihau ein hôl troed carbon, fel y manylwyd yn yr adran flaenorol ar ein Cynllun Gweithredu Cynaliadwyedd (gweler paragraff 8 o'r Adroddiad ar Berfformiad).

Rydym hefyd yn gweithio gydag ystod eang o grwpiau trydydd sector a chymunedol ac ar y cynllun presgripsiynau cymdeithasol sy'n cael ei arwain gan Glwstwr De Orllewin Caerdydd. Mae'r cynllun hwnnw'n rhoi enghreifftiau o'r budd i iechyd yn sgil cymryd rhan mewn gweithgareddau awyr agored, fel y gwelwyd drwy'r canlyniadau a sicrhawyd yn sgil mentrau garddio a cherdded cymunedol.

Mae holl dir yr ysbyty yn Ardal Bwrdd Iechyd Caerdydd a'r Fro bellach yn Ddi-fwg. Mae tir ein hysbytai bellach yn ddi-fwg. Mae deddfau newydd a gyflwynwyd ledled Cymru ar 1 Mawrth, yn adeiladu ar y gwaharddiad ar ysmygu a gyflwynwyd yn 2007, a byddant yn diogelu mwy o bobl rhag mwg ail-law ac yn helpu'r rhai sy'n trio rhoi'r gorau iddi. Os ceir hyd i unrhyw un yn torri'r gyfraith drwy ysmygu ar dir ysbyty, gall wynebu dirwy o £100. Mae'r Bwrdd Iechyd wedi chwarae rhan allweddol er mwyn cefnogi amgylchedd di-fwg yn yr ysbytai, a'r Bwrdd Iechyd hefyd oedd y Bwrdd Iechyd cyntaf yng Nghymru i gyflwyno Gwaharddiad ar Ysmygu ar draws yr holl safleoedd ysbyty.

Mohamed,Sarah
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Y Ddyletswydd Economaidd-gymdeithasol

Daeth y Ddyletswydd Economaidd-gymdeithasol i rym ar 31 Mawrth 2021. Nod cyffredinol y Ddyletswydd yw sicrhau canlyniadau gwell i'r rhai sy'n profi anfantais economaidd-gymdeithasol.

Mae'r Ddyletswydd Economaidd-gymdeithasol yn cefnogi hyn drwy sicrhau'r canlynol, pan fyddwn yn gwneud penderfyniadau strategol fel corff cyhoeddus:

- ein bod yn ystyried y dystiolaeth a'r effaith bosibl
- drwy ymgynghori ac ymgysylltu
- ein bod yn deall barn ac anghenion y rhai y mae'r penderfyniad yn effeithio arnynt, yn enwedig y rhai sy'n dioddef anfantais economaidd-gymdeithasol
- ein bod yn croesawu her a chraffu
- ein bod yn ysgogi newid i'r modd y gwneir penderfyniadau, a'r ffordd mae penderfynwyr yn gweithredu.

Mae'r Ddyletswydd hon yn ei gwneud yn ofynnol inni ystyried yn iawn pa effaith gadarnhaol y gall ac y dylai ein penderfyniadau strategol ei chael ar anfantais economaidd-gymdeithasol.

Wrth fodloni gofynion y Ddyletswydd hon, rydym yn adeiladu ar y gwaith da rydym eisoes wedi bod yn ei wneud o ran gwella cyfleoedd bywyd pobl, drwy'r gwaith a wnawn gyda'n partneriaid ar y Bwrdd Gwasanaethau Cyhoeddus. Y mae hefyd yn adeiladu ar waith rydym yn ei ddatblygu drwy ein Cynllun Gweithredu Cydraddoldeb.

Mae'n ofynnol eisoes inni gynnal Asesiadau Effaith Cydraddoldeb ac Iechyd i sicrhau bod gennym ddealltwriaeth lawn o effaith cynlluniau, strategaethau a pholisïau allweddol ar y grwpiau a adlewyrchir mewn deddfwriaeth cydraddoldeb.

Rydym wedi ymgorffori gofynion yn y Ddyletswydd yn ein trefniadau llywodraethu presennol, gydag adroddiadau cyflwyno i'r Bwrdd yn cadarnhau'n eglur beth fydd effaith penderfyniad strategol o safbwynt economaidd-gymdeithasol.

15.6 Cynlluniau Cyflawni ar gyfer Lleihau Carbon

Gweler adran 8 (Adroddiad Cynaliadwyedd) o'r Adroddiad ar Berfformiad.

15.7 Trefniadau Llywodraethu

Un o nodweddion hanfodol ein fframwaith rheoli yw sicrhau bod system gadarn ar waith i fesur ac adrodd ar ansawdd ein gwasanaethau. Mae ein Pwyllgor Ansawdd, Diogelwch a Phrofiad yn rhoi cyngor amserol sy'n seiliedig ar dystiolaeth i'r Bwrdd, i'w gynorthwyo i gyflawni ei swyddogaethau a bodloni ei gyfrifoldebau o ran ansawdd a diogelwch, a hefyd yn rhoi sicrwydd ynghylch gwella profiadau pawb sy'n dod i gysylltiad â'n gwasanaethau. Gweler hefyd adran 7 o'r Adroddiad ar Berfformiad am ragor o wybodaeth.

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15.8 Cyfarwyddydau Gweinidogol a Chylchlythyrau Iechyd Cymru (CICau)

Mae Cyfarwyddydau Gweinidogol a CICau a gyhoeddwyd gan Lywodraeth Cymru ar gyfer y cyfnod Ebrill 2022 - Mawrth 2022 wedi cael eu hystyried a'u gweithredu lle bo'n briodol. Ceir manylion llawn pob WHC drwy glicio ar y ddolen ganlynol: https://llyw.cymru/cylchlythyrau-iechyd/.

Yn ystod blwyddyn ariannol 2021/22, cafwyd diweddariadau rheolaidd ar weithredu Cylchlythyrau Iechyd Cymru ac mae manylion CICau newydd wedi cael eu rhannu â Thîm Rheolwyr Gweithredol y Bwrdd Iechyd er mwyn goruchwylio'r broses.

Mae manylion y Cyfarwyddydau Gweinidogol a gyhoeddwyd gan Lywodraeth Cymru yn ystod 2021/22 sydd wedi cael eu hystyried a, lle bo'n briodol, eu gweithredu, wedi'u cynnwys yn Atodiad 3 y DLlB hwn.

15.9 Adroddiadau Rheoleiddio ac Arolygu

Mae'r Adran Llywodraethu Corfforaethol yn olrhain yr holl adroddiadau rheoleiddio ac arolygu drwy adroddiad Olrhain Deddfwriaethol a Rheoleiddiol a gyflwynir gerbron pob cyfarfod o'r Pwyllgor Archwilio. Cyn ei gyflwyno gerbron y Pwyllgor Archwilio caiff yr olrheinydd ei lenwi â gwybodaeth gan Gyfarwyddwyr Gweithredol Arweiniol ac unigolion sy'n gyfrifol am gydymffurfio â rheoliadau.

Mae'r Olrheinydd Deddfwriaethol a Rheoleiddiol yn cynnwys y canlynol:

- Pob Corff Rheoleiddio sy'n arolygu'r Bwrdd Iechyd.
- Y Safon Reoleiddio sy'n cael ei harolygu.
- Arweinydd Gweithredol ar gyfer pob arolygiad.
- Pwyllgor sicrwydd lle gellir hefyd gyflwyno adroddiadau rheoleiddio, ynghyd â chynlluniau gweithredu ar gyfer gwella lle bo angen.

Cafodd yr Olrheinydd Deddfwriaethol a Rheoleiddiol ei adolygu ddiwethaf gan yr Adran Archwilio Mewnol ym mis Gorffennaf 2021, gan dderbyn sgôr sicrwydd rhesymol. Mae'r Gyfarwyddiaeth Llywodraethu Corfforaethol hefyd yn olrhain holl Argymhellion Archwilio Mewnol a holl Argymhellion Archwilio Cymru ynghyd ag ymateb rheolwyr. Caiff argymhellion eu hychwanegu at yr olrheinwyr i'w monitro ar ôl i'r adroddiadau gae gael eu cymeradwyo gan y Pwyllgor Archwilio a Sicrwydd.

Mae system ffurfiol ar waith i olrhain adroddiadau rheoleiddio ac arolygu yn erbyn gofynion statudol.

Darperir yr adroddiadau hyn i Bwyllgor priodol y Bwrdd, ac fe'u trafodir yng nghyfarfod y Bwrdd Rheolwyr Gweithredu a Rheoli Systemau Iechyd sy'n cynnwys holl dîm arweinyddol y sefydliad. Ceir dilyniant chwarterol hefyd gyda'r Arweinwyr Gweithredol.

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15.10 Diogelu Data a Llywodraethu Gwybodaeth

Caiff risgiau'n gysylltiedig â gwybodaeth eu rheoli'n unol â Pholisi Llywodraethu Gwybodaeth y Bwrdd Iechyd drwy'r Pwyllgor Iechyd a Gwybodaeth Ddigidol a gaiff ei gadeirio gan Aelod Annibynnol.

Mae'r Cyfarwyddwr Meddygol Gweithredol, fel Gwarcheidwad Caldicott, yn gyfrifol am ddiogelu gwybodaeth cleifion. Caiff yr holl faterion Llywodraethu Gwybodaeth eu huwchgyfeirio drwy'r Pwyllgor Iechyd a Gwybodaeth Ddigidol (Pwyllgor IGDd). Gellir gweld papurau'r Pwyllgor IGDd yma: https://bipcaf.gig.cymru/amdanom-ni1/llywodraethu-a-sicrwydd/pwyllgorau-a-grwpiau-cynghori/pwyllgor-deallusrwydd-iechyd-a-digidol/.

Cafodd yr eitemau canlynol eu hystyried gan y Pwyllgor IGDd:

- Strategaeth Ddigidol;
- Cynllun Gweithredu Archwiliad GDPR;
- Rhaglen Gyflawni TG;
- Adroddiadau Cydymffurfio Llywodraethu Gwybodaeth;
- Cofrestr Risg Llywodraethu Gwybodaeth;
- Polisi Llywodraethu Gwybodaeth.

Mae'r Cyfarwyddwr Iechyd a Gwybodaeth Ddigidol yn ysgwyddo rôl yr Uwch Berchennog Risgiau Gwybodaeth sy'n cyflawni rôl hanfodol o ran sicrhau yr ymdrinnir â risgiau diogelwch gwybodaeth a nodwyd, a bod digwyddiadau'n cael eu rheoli'n briodol. Yn dilyn archwiliad

Swyddfa'r Comisiynydd Gwybodaeth (ICO), a gynhaliwyd ym mis Chwefror 2020, derbyniodd y Bwrdd Iechyd 'sicrwydd rhesymol' ynghylch ei sicrwydd a'i gydymffurfiaeth, a oedd yn cynnwys argymhellion a oedd yn weddill o archwiliad yr ICO yn 2016, yr Archwiliad Mewnol o gydymffurfiaeth â'r GDPR, Asesiad Strwythuredig Archwilio Cymru 2018 ac Egwyddorion Caldicott ar Waith, a ddisodlwyd gan argymhellon o archwiliad 2020 yr ICO. Caiff y cynllun gweithredu ei adolygu'n rheolaidd yn y Pwyllgor IGDd. Yn ystod 2021/2022, parhaodd yr Adran Llywodraethu Gwybodaeth i weithio i gwblhau'r camau gweithredu a oedd yn weddill.

Cynhaliodd yr ICO adolygiad dilynol ym mis Tachwedd 2021. Caewyd 15 o argymhellion, a chadw 10 yn agored, yr oedd 5 ohonynt yn 'uchel' ond roedd yr argymhelliad 'brys' wedi'i gau.

Mae gan y Bwrdd gyfrifoldebau llym i sicrhau bod data a gwybodaeth bersonol yn cael eu cadw'n ddiogel. Mae'r Grŵp Llywodraethu Gwybodaeth yn ymchwilio i bob digwyddiad sy'n gysylltiedig â llywodraethu gwybodaeth, ac yn adolygu'r digwyddiadau hynny.

Yn ystod y cyfnod o fis Ebrill 2021 hyd fis Mawrth 2022, cafwyd 4 digwyddiad diogelwch data personol yr oedd angen adrodd amdanynt wrth Swyddfa'r Comisiynydd Gwybodaeth (ICO).

Tor rheol adroddadwy rhif 1

Datgelodd aelod o staff ddata troseddu yn gysylltiedig â chlaf.

Tor rheol adroddadwy rhif 2

Edrychodd aelod o staff ar gofnod perthynas yn rheolaidd.

Tor rheol adroddadwy rhif 3

Cyrchodd aelod o staff gofnodion iechyd ei reolwr ar dri achlysur.

Tor rheol adroddadwy rhif 4

Cafwyd llifogydd mewn cyfleuster storio oddi ar-ar-safle a oedd yn cynnwys cofnodion wedi'u harchifo gan y Bwrdd Iechyd.

Bu ffocws ar feysydd allweddol sy'n cael y mwyaf o effaith yn nhermau cydymffurfio, gan fwrw ymlaen â'r meysydd allweddol canlynol:

- Cynllun gwaith y Datrysiad Archwilio Integredig Deallus Cenedlaethol
- Lleihau nifer y Ceisiadau Rhyddid Gwybodaeth a oedd yn weddill, wedi iddynt ôl-gronni yn ystod y pandemig
- Lleihau nifer y Ceisiadau Gwrthrych am Wybodaeth a oedd yn weddill, wedi iddynt ôl-gronni yn ystod y pandemig
- Adolygiadau rheolaidd a ffurfiol o gyflenwyr sy'n darparu gweithgareddau prosesu data newydd a phresennol i'r Bwrdd Iechyd.

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- Gwaith datblygu gyda Heddlu De Cymru i sicrhau bod ymrwymiadau Diogelu Data yn cael eu bodloni mewn perthynas â cheisiadau'r Heddlu.

Mae'r Bwrdd Iechyd yn parhau i gryfhau'r ymwybyddiaeth o egwyddorion allweddol deddfwriaeth Diogelu Data. Mae hyn yn cynnwys yr egwyddor gyffredinol na chaiff defnyddwyr ond trin data yn unol â hawliau diogelu data pobl.

15.11 Cynllun Pensiwn y GIG

Fel cyflogwr â staff sydd â hawl i fod yn aelodau o Gynllun Pensiwn y GIG, mae mesurau rheoli ar waith i sicrhau y cydymffurfir â holl ymrwymiadau'r cyflogwr sydd wedi'u cynnwys yn rheoliadau'r Cynllun. Mae hyn yn cynnwys sicrhau bod didyniadau cyflog, taliadau a chyfraniadau'r cyflog i mewn i'r Cynllun yn unol â rheolau'r Cynllun, a bod cofnodion Cynllun Pensiwn yr aelod yn cael eu diweddaru'n gywir yn unol â'r graddfeydd amser a nodir yn y Rheoliadau.

15.12 Cod Llywodraethu Corfforaethol y DU

Yn syml, llywodraethu corfforaethol yw'r modd y caiff sefydliadau eu cyfarwyddo, eu rheoli a'u harwain. Mae llywodraethu corfforaethol da yn hanfodol er mwyn i sefydliad fod yn effeithiol a chael ei reoli'n dda.

Cod Llywodraethu Corfforaethol y DU (y Cod) yw'r brif ddogfen gyfeiriol sy'n rhoi trosolwg o arfer da ar gyfer llywodraethu corfforaethol mewn Adrannau o'r Llywodraeth Ganolog. Er nad yw'n ofynnol i gydymffurfio â holl elfennau'r Cod Llywodraethu Corfforaethol, mae'r Bwrdd Iechyd yn ystyried ei fod yn cydymffurfio â phrif egwyddorion y Cod, lle bo'n berthnasol, ac yn cadw at ysbryd y Cod yn effeithiol, yn cynnal ei fusnes mewn modd agored a thryloyw, ac yn unol â'r Cod.

Cynhaliwyd asesiad yn erbyn y Cod ym mis Ebrill 2021, ynghyd ag asesiad pellach a gynhaliwyd yn rhan o'r Arolwg o Effeithiolrwydd Pwyllgorau ym mis Ebrill 2022. Ni nodwyd/adroddwyd am unrhyw achosion o wyro oddi wrth y Cod Llywodraethu Corfforaethol yn ystod y flwyddyn.

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15.13 Adolygiad o Effeithiolrwydd

Fel Swyddog Atebol, rwyf yn gyfrifol am adolygu effeithiolrwydd y system rheolaeth fewnol. Mae fy adolygiad o'r system rheolaeth fewnol wedi'i seilio ar waith archwilwyr allanol, a'r swyddogion Gweithredol o fewn y sefydliad sy'n gyfrifol am ddatblygu a chynnal y fframwaith rheolaeth fewnol, a sylwadau a wnaed gan archwilwyr allanol yn eu llythyr archwilio ac mewn adroddiadau eraill.

Ffynonellau Mewnol	Ffynonellau Allanol
• Adroddiadau rheoli perfformiad • Adroddiadau rheoli newid gwasanaethau • Arolygon a gwybodaeth am y gweithlu • Meincnodi • Adroddiadau archwilio mewnol a chlinigol • Adroddiadau'r Bwrdd a'r Pwyllgorau • Gwaith Atal Twyll Lleol • Asesiadau Safonau Iechyd a Gofal • Rhawdiau Diogelwch Aelodau Gweithredol ac Aelodau Annibynnol • Canlyniadau Adroddiadau ar Ymchwiliadau Mewnol a Digwyddiadau Difrifol • Pryderon a Chanmoliaeth • Chwythu'r Chwiban a'r Falf Diogelwch • Adroddiadau ar atal a rheoli heintiau • Hunanasesiad y pecyn cymorth llywodraethu gwybodaeth • Arolygon ac adroddiadau ynghylch profiadau cleifion • Cydymffurfio â deddfwriaeth (ee Deddf Iechyd Meddwl/Iechyd a Diogelwch, Diogelu Data)	• Gwybodaeth am Iechyd y Boblogaeth • Archwilio Cymru • Adroddiadau asesu Cronfa Risg Cymru (WRP). • Adroddiadau Arolygiaeth Gofal Iechyd Cymru (AGIC). • Ymweliadau Cynghorau Iechyd Cymuned ac adroddiadau craffu • Adborth gan bartneriaid gofal iechyd a'r trydydd sector • Ymweliadau'r Coleg Brenhinol a'r Ddeoniaeth • Cyrff rheoleiddio, trwyddedu ac arolygu • Meincnodi allanol ac ystadegau • Cynlluniau Achredu • Archwiliadau cenedlaethol • Adolygiadau gan gymheiriaid • Adborth gan ddefnyddwyr gwasanaeth • Rhwydweithiau lleol (ee, rhwydweithiau canser) • Adroddiadau ac adborth Llywodraeth Cymru

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Nodir ffynonellau sicrwydd pellach yn fframwaith rheoli perfformiad a sicrwydd y Bwrdd ei hun, ac maent yn cynnwys y canlynol, ymhlith eraill:

- Sicrwydd uniongyrchol gan reolwyr ynghylch gweithrediad rheolaethau mewnol tuag at i fyny drwy'r gadwyn atebolrwydd.
- Perfformiad a aseswyd yn fewnol yn erbyn y Safonau Iechyd a Gofal
- Canlyniadau swyddogaethau cydymffurfio mewnol, gan gynnwys Atal Twyll Lleol, Dilysu Ar Ôl Talu, a rheoli risg.
- Adroddiadau am gydymffurfiaeth drwy Gronfa Risg Cymru ynghylch safonau hawliadau ac unrhyw safonau eraill sy'n ymwneud â maes arbenigol penodol a adolygwyd dros y cyfnod.
- Adolygiadau a gwblhawyd gan gyrff rheoleiddio ac arolygu allanol, gan gynnwys Archwilio Cymru ac Arolygiaeth Gofal Iechyd Cymru (AGIC).

Caiff effeithiolrwydd y system rheolaeth fewnol ei gynnal a'i adolygu gan Bwyllgorau'r Bwrdd o ran y sicrwydd a gafwyd. Cefnogir hyn hefyd gan FfSB, gyda'r risgiau uchel yn cael eu monitro'n agos gan y Bwrdd a'r Pwyllgorau perthnasol.

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Llywodraethu, Arweinyddiaeth ac Atebolrwydd

15.14 Effeithiolrwydd y Bwrdd a'r Pwyllgorau

Mae monitro effeithiolrwydd y Bwrdd a'i Bwyllgorau'n rheolaidd yn hollbwysig er mwyn sicrhau llywodraethu cryf ac effeithiol o fewn strwythur llywodraethu'r Bwrdd Iechyd. O dan ei Reolau Sefydlog, mae'n ofynnol i'r Bwrdd gyflwyno proses hunanasesu reolaidd a thrwyadl, a gwerthuso ei weithrediadau a'i berfformiad ei hun a gweithrediadau a pherfformiad ei Bwyllgorau a Grwpiau Cynghori. Yn ychwanegol at hynny, a lle bo'n briodol, efallai y bydd y Bwrdd yn penderfynu y gellid cynnal gwerthusiad o'r fath yn annibynnol.

Er mwyn gwerthuso a dangos effeithiolrwydd y Bwrdd, a Phwyllgorau'r Bwrdd, cymerwyd y camau canlynol yn ystod 2021-2022:

- Bydd Cadeirydd y Bwrdd a Chadeirydd pob Pwyllgor yn adolygu effeithiolrwydd cyfarfodydd unigol yn rhan o'r agenda ym mhob cyfarfod perthnasol.
- Lluniodd holl Bwyllgorau'r Bwrdd Adroddiad Blynyddol, a gaiff ei adolygu gan bob Pwyllgor cyn ei gyflwyno i'r Bwrdd Cyhoeddus ym mis Mawrth. Bydd Cadeirydd pob Pwyllgor yn cymeradwyo'r Adroddiadau Blynyddol, a bydd yr adroddiadau hynny'n rhoi sicrwydd i'r Bwrdd bod y Pwyllgorau wedi cyflawni eu Cylch Gorchwyl.

- Cynhelir adolygiad o hunaneffeithiolrwydd gan Aelodau Pwyllgorau, Mynychwyr Pwyllgorau ac Aelodau'r Bwrdd. Cynhaliwyd yr adolygiadau hyn ychydig ar ôl i'r flwyddyn ariannol ddod i ben, a dangosir crynodeb isod o'r canlyniadau (gweler paragraff 15.15).

15.15 Arolwg o Effeithiolrwydd y Pwyllgorau

Cynhaliodd y Bwrdd Iechyd adolygiad blynyddol o effeithiolrwydd ei Fwrdd a'i Bwyllgorau ym mis Ebrill 2022 drwy ddefnyddio cwestiynau arolwg a ddeilliai o ganllawiau arfer gorau, gan gynnwys Llawlyfr y GIG, a defnyddio'r egwyddorion a ganlyn:

- yr angen i is-bwyllgorau gryfhau trefniadau llywodraethu'r Bwrdd Iechyd a chynorthwyo'r Bwrdd i gyflawni'r amcanion strategol;

- yr angen am strwythur Pwyllgorau sy'n cryfhau rôl y Bwrdd wrth wneud penderfyniadau strategol, ac sy'n cefnogi rôl cyfarwyddwyr anweithredol wrth herio gweithredoedd rheolwyr Gweithredol.

- sicrhau'r gwerth mwyaf o fewnbwn cyfarwyddwyr anweithredol, ac ystyried na allant ymrwymo llawer o amser,

- cynorthwyo'r Bwrdd i gyflawni ei rôl, ac ystyried natur ac ehangder agenda'r Bwrdd Iechyd.

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Gellir gweld canfyddiadau'r Arolwg Blynyddol o Effeithiolrwydd Pwyllgorau 2021-2022 yma - https://cavuhb.nhs.wales/files/board-and-committees/audit-assurance-committee-2022-23/12522-audit-public-final-boardbookpdf/ - (gweler eitem 7.2 ar yr agenda). Caiff y canlyniadau a'r cynlluniau gweithredu, lle bont yn berthnasol, eu cyflwyno gerbron pob Pwyllgor ac wedyn gerbron y Bwrdd.

Roedd y canfyddiadau'n gadarnhaol ar y cyfan ac yn datgelu rhai gwelliannau yn dilyn arolygon y llynedd, gan roi sicrwydd bod y trefniadau llywodraethu a'r strwythur Pwyllgorau yn effeithiol, a bod y Pwyllgorau yn effeithiol wrth gefnogi'r Bwrdd i gyflawni ei rôl.

15.16 Trefniadau Uwchgyfeirio ac Ymyrryd

Gweler adran 13.2 o'r DLlB.

16. Archwilio Mewnol

Mae'r Adran Archwilio Mewnol yn rhoi llif o sicrwydd i mi fel Swyddog Atebol, ac i'r Bwrdd drwy'r Pwyllgor Archwilio, ynghylch y system rheolaeth fewnol. Rwyf wedi comisiynu rhaglen o waith archwilio gan Bartneriaeth Cydwasanaethau GIG Cymru sydd wedi'i chyflawni'n unol â safonau archwilio mewnol y sector cyhoeddus. Cytunir ar gwmpas y gwaith hwn â'r Pwyllgor Archwilio a Sicrwydd, ac mae'n canolbwyntio ar feysydd risg o bwys a blaenoriaethau gwella lleol.

Mae barn gyffredinol y Pennaeth Archwilio Mewnol ynghylch llywodraethu, rheoli risg a rheolaeth yn rhan o'r rhaglen archwilio hon sy'n seiliedig ar risg, ac mae'n cyfrannu at y darlun o sicrwydd sydd ar gael i'r Bwrdd wrth adolygu effeithiolrwydd a chefnogi ein hymgyrch am welliant parhaus.

Mae'r angen i ymateb i bandemig COVID-19 wedi amharu ar y rhaglen, gyda rhai archwiliadau wedi'u gohirio, eu canslo neu eu cwtogi wrth i'r sefydliad ymateb i'r pandemig. Mae'r Pennaeth Archwilio Mewnol yn fodlon y bu cwmpas archwiliadau mewnol yn ddigonol yn ystod y cyfnod adrodd i'r Pennaeth Archwilio Mewnol ffurfio Barn Flynyddol. Wrth ffurfio'r Farn, mae'r Pennaeth Archwilio Mewnol wedi ystyried effaith yr archwiliadau nad ydynt wedi'u cwblhau'n llawn.

16.1 Barn y Pennaeth Archwilio Mewnol

Yn unol â Safonau Archwilio Mewnol y Sector Cyhoeddus, mae'n ofynnol i'r Pennaeth Archwilio Mewnol roi barn flynyddol, yn seiliedig ar y gwaith a gyflawnwyd, ac ar y gwaith hwnnw'n unig, ynghylch digonolrwydd ac effeithiolrwydd fframwaith llywodraethu, rheoli risg a rheolaeth y Bwrdd Iechyd. Cyflawnir hyn drwy gynllun archwilio sy'n canolbwyntio ar feysydd risg strategol a gweithredol allweddol, a chyfleoedd gwella hysbys, y cytunwyd arnynt â rheolwyr Gweithredol ac a gymeradwywyd gan y Pwyllgor archwilio a Sicrwydd, a ddylai roi lefel briodol o sicrwydd.

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Oherwydd effaith sylweddol COVID-19 ar y Bwrdd Iechyd, bu'n rhaid i'r cynllun archwilio mewnol fod yn ystwyth ac yn ymatebol, fel bo modd ymdrin â risgiau datblygu allweddol. O ganlyniad i'r dull hwn, a chyda chefnogaeth swyddogion ac aelodau annibynnol ar draws y Bwrdd iechyd, mae'r cynllun wedi cael ei gyflawni i raddau sylweddol yn unol â'r amserlen gytunedig a'r newidiadau fu angen yn ystod y flwyddyn, fel y'u cymeradwywyd gan y Pwyllgor Archwilio a Sicrwydd (y 'Pwyllgor'). Yn ogystal â hynny, mae adroddiadau cynnydd archwilio rheolaidd wedi cael eu cyflwyno gerbron y Pwyllgor. Er bod newidiadau wedi'u cyflwyno i'r cynllun yn ystod y flwyddyn, gallaf gadarnhau fy mod wedi cyflawni gwaith archwilio digonol yn ystod y flwyddyn i allu rhoi barn gyffredinol yn unol â gofynion Safonau Archwilio Mewnol y Sector Cyhoeddus.

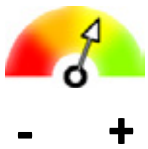
Cafodd y Cynllun Archwilio Mewnol ar gyfer blwyddyn 2021/22 ei gyflwyno'n wreiddiol gerbron y Pwyllgor ym mis Ebrill 2021. Cyflwynwyd newidiadau i'r cynllun yn ystod y flwyddyn, ac mae'r newidiadau hyn wedi cael eu hadrodd gerbron y Pwyllgor yn rhan o'n hadroddiadau rheolaidd ar gynnydd.

Fel yn y blynyddoedd blaenorol, cynhelir archwiliadau gan Bartneriaeth Cydwasanaethau GIG Cymru, Iechyd a Gofal Digidol Cymru, Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru, a Phwyllgor Gwasanaethau Ambiwlans Cymru, sy'n cefnogi barn gyffredinol cyrff iechyd GIG Cymru.

Mae ein Hasesiad Ansawdd Allanol diweddaraf, a gynhaliwyd gan y Sefydliad Siartredig yr Archwilwyr Mewnol (yn 2018), a'n Rhaglen Sicrwydd a Gwella Ansawdd blynyddol ein hunain, y naill a'r llall, wedi cadarnhau bod ein gwaith archwilio mewnol

yn parhau i 'gydymffurfio'n gyffredinol' â gofynion Safonau Archwilio Mewnol y Sector Cyhoeddus ar gyfer 2021/22. Ar gyfer eleni, fel 2020/21, rhoddodd ein Rhaglen Sicrwydd a Gwella Ansawdd ystyriaeth benodol i effaith COVID-19 ar ein dull a'n rhaglenni archwilio. Gallwn ddatgan bod ein gwasanaeth 'yn cydymffurfio â safonau proffesiynol Sefydliad yr Archwilwyr Mewnol a Safonau Archwilio Mewnol y Sector Cyhoeddus.'

Nodir isod farn y Pennaeth Archwilio Mewnol ynghylch digonolrwydd ac effeithiolrwydd cyffredinol fframwaith llywodraethu, rheoli risg a rheolaeth y Bwrdd Iechyd.

Sicrwydd Rhesymol		Gall y Bwrdd fod â **'sicrwydd rhesymol'** bod trefniadau i ddiogelu llywodraethu, rheoli risg a rheolaeth fewnol, yn y meysydd hynny a adolygir, wedi'u dylunio mewn modd addas a'u rhoi ar waith yn effeithiol. Mae angen i reolwyr roi sylw i rai materion, o ran cydymffurfiaeth neu ddyluniad mesurau rheoli, gyda lefel isel i ganolig o effaith ar gysylltiad gweddilliol â risg nes i'r materion hynny gael eu datrys.

Wrth ddod i'r farn hon, mae'r Pennaeth Archwilio Mewnol wedi nodi bod mwyafrif yr adolygiadau a gynhaliwyd yn ystod y flwyddyn wedi arwain at gasgliad cadarnhaol, gyda threfniadau rheoli cadarn ar waith mewn rhai meysydd.

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O'r barnau a roddwyd yn ystod y flwyddyn, pennwyd Sicrwydd Sylweddol yn achos saith, Sicrwydd Rhesymol yn achos deuddeg, a Sicrwydd Cyfyngedig yn achos saith. Ni chafwyd unrhyw farn 'dim sicrwydd' mewn unrhyw adroddiad. Yn ogystal â hynny, cafodd tri adroddiad cynghorol neu heb farn yn gysylltiedig â'r canlynol:

- Trefniadau i gefnogi darpariaeth Gwasanaethau Iechyd Meddwl - Bwrdd Clinigol Iechyd Meddwl.
- Cynllun Cyfalaf Mawr – YAC II
- Datblygu Cynlluniau Archwilio Integredig

Ar adeg llunio'r Adroddiad Blynyddol, roedd tri archwiliad yn dal ar y gweill, ond nid oeddent wedi'u datblygu'n ddigonol i bennu'r sicrwydd yn ddibynadwy.

16.2 Sicrwydd Cyfyngedig

Yn ystod y flwyddyn cyhoeddodd yr Adran Archwilio Mewnol saith adroddiad archwilio â chasgliad sicrwydd cyfyngedig. Roeddent yn cynnwys:

Llywodraethu uwchsain y Bwrdd Clinigol Diagnosteg a Therapiwteg

Yn yr adroddiad archwilio nodwyd diffyg cyfathrebu ynghylch y fersiwn ddiwygiedig y Polisi a'r Weithdrefn Rheoli Risg Uwchsain Meddygol. Casglwyd hefyd bod angen adolygu'r trefniadau llywodraethu Uwchsain.

Mewn ymateb i'r argymhellion, rhoddodd y Bwrdd Iechyd gynllun gweithredu ar waith a oedd yn cynnwys y camau a ganlyn:

(i) Hyrwyddo'r Polisi a'r Weithdrefn Rheoli Risg Uwchsain Meddygol drwy'r grwpiau priodol o fewn y Bwrdd Iechyd.

(ii) Cynnal Grŵp Llywodraethu Clinigol Uwchsain wedi'i gadeirio gan y Cyfarwyddwr Gweithredol Therapïau a Gwyddorau Iechyd, gan gasglu aelodau o'r Grŵp o bob Cyfarwyddiaeth sy'n defnyddio uwchsain. Byddai'r Cylch Gorchwyl ar gyfer y Grŵp yn cael ei adolygu i sicrhau ei fod yn cynnwys trefniadau llywodraethu priodol.

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Archwilio Clinigol

Roedd y sgôr sicrwydd cyfyngedig yn adlewyrchu'r gwelliannau sydd eu hangen i strwythurau a threfniadau llywodraethu Archwilio Clinigol y Bwrdd Iechyd. Mae'r meysydd allweddol y mae'n rhaid i'r Bwrdd Iechyd roi sylw iddynt yn ymwneud â (i) datblygu a chyflwyno Strategaeth, Polisi a Gweithdrefnau Archwilio Clinigol, a (ii) datblygu adnoddau a systemau i fonitro'r holl weithgarwch Archwilio Clinigol yn effeithiol.

Cytunodd y Bwrdd Iechyd ar y camau canlynol i ymdrin â'r argymhellion a wnaed yn yr adroddiad Archwilio.

(i) Datblygu Strategaeth Archwilio Clinigol, Polisi Archwilio Clinigol a Gweithdrefn ddilynol, a gorfodi'r staff i weithredu'r rheiny'n gyson.

(ii) Sicrhau bod system reoli'n cael ei darparu i fonitro ac olrhain archwiliadau clinigol.

Pum Cam at Lawfeddygaeth Ddiogelach

Roedd y sgôr sicrwydd cyffredinol yn adlewyrchu'r gwelliannau yr oedd eu hangen i systemau a phrosesau'r Bwrdd Iechyd er mwyn sicrhau cydymffurfiaeth â'r Pum Cam at Lawfeddygaeth Ddiogelach, a bod modd rhoi tystiolaeth o gydymffurfiaeth.

Yn yr Adroddiad Archwilio Mewnol, nodwyd mai'r meysydd allweddol yr oedd yn rhaid i'r Bwrdd Iechyd fynd i'r afael â hwy oedd: (i) rhoi mecanweithiau ar waith i gofnodi dau o'r Pum Cam at Lawfeddygaeth Ddiogelach (yn enwedig cam un - briffio, a cham pump - ôl-drafodaeth), a (ii) sicrhau bod ffeiliau cleifion yn cael eu cwblhau'n llawn i roi tystiolaeth o' Pum Cam at Lawfeddygaeth Ddiogelach (Camau 2, 3 a 4).

Roedd cynllun gweithredu cytunedig y Bwrdd Iechyd i ymdrin â'r argymhellion a wnaed yn cynnwys: -

(i) datblygu (mewn cydweithrediad â thrydydd parti) meddalwedd gweithredu'r theatr er mwyn i'r feddalwedd gofnodi pob un o'r 5 cyfnod yn y '5 Cam at Lawfeddygaeth Ddiogelach' yn electronig; a

(ii) sicrhau bod staff yn ymwybodol o'r newid i'r broses, a darparu unrhyw hyfforddiant angenrheidiol.

Rheoli Gwasanaethau TG (ITIL)

Canfu'r archwiliad fod mesurau rheolaeth ar gyfer swyddogaeth y Ddesg Gwasanaethau TG yn wael. Cydnabuwyd yn yr adroddiad fod y Bwrdd Iechyd yn cynllunio gwelliannau mawr drwy weithredu system trin galwadau

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newydd, ailstrwythuro adran y ddesg wasanaeth a chyflwyno ffyrdd newydd o weithio yn seiliedig ar Fframwaith ITIL.

Cyfarwyddeb Systemau Rhwydwaith a Gwybodaeth

Nododd yr archwiliad nifer fach o fesurau ar gyfer gwella, o ran y Fframwaith Seiberasesu. Mae'r Bwrdd Iechyd yn mynd ati'n weithredol i ymdrin â'r mesurau hynny.

Ar adeg llunio'r Adroddiad Blynyddol hwn, roedd y Bwrdd Iechyd newydd dderbyn adroddiadau archwilio a roddai sicrwydd cyfyngedig yn gysylltiedig â'r canlynol:

Banc Nyrsys (Adran Staffio Dros Dro)

Ni roddodd yr asesiad cyffredinol ar gyfer yr archwiliad hwn ond sicrwydd cyfyngedig oherwydd diffyg gwytnwch o fewn strwythur presennol yr Adran Staffio Dros Dro, sy'n effeithio ar effeithiolrwydd gweithredol y Banc Nyrsys. Nodai'r archwiliad hefyd broblemau'n gysylltiedig â recriwtio i'r Banc Nyrsio, taliadau i asiantaethau a diffyg ymgysylltiad â defnyddwyr gwasanaeth yn gyffredinol.

System TG ChemoCare

Nodwyd yn yr adroddiad archwilio fod fframwaith i gadw rheolaeth ar system ChemoCare, a bod rhai meysydd lle ceir arfer da, ond nododd hefyd rai meysydd i'w gwella. Mae hyn yn cynnwys diweddaru rhai fersiynau o'r feddalwedd a oedd wedi dyddio, cryfhau gwendidau o fewn y Cynllun Parhad Buses, Trefniadau Lletya ac Wrth Gefn a'r polisi cyfrineiriau. Ceir hefyd ddiffyg mecanwaith ffurfiol i fonitro perfformiad cyflenwyr.

Nid oedd unrhyw feysydd a archwiliwyd lle cafodd y Bwrdd Iechyd sgôr asesu "Dim sicrwydd".

17. Archwilio Allanol - Archwilio Cymru

- Archwilydd Cyffredinol Cymru yw Archwilydd Allanol statudol y Bwrdd Iechyd ac mae Swyddfa Archwilio Cymru yn cynnal archwiliadau ar ei ran. Ers 1 Ebrill 2020 adwaenir Archwilydd Cyffredinol Cymru a Swyddfa Archwilio Cymru gyda'i gilydd fel Archwilio Cymru.
- O dan Ddeddf Archwilio Cyhoeddus (Cymru) (2004), mae'n ofynnol i Archwilydd Cyffredinol Cymru:
- archwilio ac ardystio'r cyfrifon a gyflwynwyd iddo gan y Bwrdd Iechyd, a'u gosod gerbron y Senedd;
- ei fodloni ei hun fod gwariant ac incwm wedi'u cymhwyso i'r dibenion a fwriadwyd ac yn unol ag awdurdodau; ac
- ei fodloni ei hun fod y Bwrdd Iechyd wedi gwneud trefniadau priodol i sicrhau darbodusrwydd, effeithlonrwydd ac effeithiolrwydd wrth ddefnyddio adnoddau.

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17.1 Adroddiad Archwilio Blynyddol 2021

Mae rhaglen waith flynyddol Archwilio Cymru yn y Bwrdd Iechyd wedi'i hamlinellu yn y Cynllun Archwilio. Cymeradwywyd Cynllun Archwilio Archwilio Cymru 2021 gan y Pwyllgor Archwilio a Sicrwydd ar 9 Chwefror 2021.

Caiff adroddiadau a gynhyrchir gan Archwilio Cymru yn unol â'r Cynllun Archwilio eu cyflwyno i'r Pwyllgor Archwilio a Sicrwydd. Caiff Ymateb gan y Rheolwyr ei baratoi ar gyfer adroddiadau sy'n cynnwys argymhellion. Caiff pob argymhelliad wedyn ei gofnodi ar yr Olrheinydd Argymhellion Archwilio Allanol. Darperir Adroddiad Olrhain i bob Pwyllgor Archwilio a Sicrwydd i roi sicrwydd ynghylch gweithredu.

Cyflwynwyd yr adroddiadau canlynol, sy'n ymwneud yn uniongyrchol â gwaith y Bwrdd Iechyd, i'r Pwyllgor Archwilio a Sicrwydd:

Adroddiad	Mis
Adroddiadau archwilio ariannol	
Cronfeydd Elusennol (Cyfrifon 2020-21) - Adroddiad Archwilio Datganiadau Ariannol	Ion 2022
Adroddiad ar yr Archwiliad o Ddatganiadau Ariannol	Meh 2021
Barn ar y Datganiadau Ariannol	Meh 2021
Atodiad i'r Adroddiad Archwilio Datganiadau Ariannol	Awst 2021
Adroddiadau archwilio perfformiad	
Ei Wneud yn Wahanol, Ei Wneud yn Iawn? (Asesiad Strwythuredig 2020 Themâu, gwersi a chyfleoedd Cymru gyfan yn gysylltiedig â llywodraethu'r GIG yn ystod COVID-19	Ion 2022
Asesiad Strwythuredig Bwrdd Iechyd Prifysgol Caerdydd a'r Fro 2021: Cam 1 Trefniadau Cynllunio Gweithredol	Ebrill 2021
Trefniant Llywodraethu Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru	Mai 2021
Gweithredu rhaglen frechu COVID-19 yng Nghymru	Meh 2021
Gofalu am y Gofalwyr? (Asesiad Strwythuredig 2020 Themâu, gwersi a chyfleoedd Cymru gyfan yn gysylltiedig â llesiant staff y GIG yn ystod COVID-19)	Hyd 2021
Gwasanaethau Radioleg Bwrdd Iechyd Prifysgol Caerdydd a'r Fro: Y Diweddaraf am Gynnydd	Rhag 2021
Asesiad Strwythuredig Bwrdd Iechyd Prifysgol Caerdydd a'r Fro 2021: Cam 2 Trefniadau Llywodraethu Corfforaethol a Rheoli Ariannol	Rhag 2021
Arall	
Adroddiad Archwilio Blynyddol 2021 (ceir copi llawn o'r adroddiad hwn yn - https://www.audit.wales/sites/default/files/publications/cardiff_vale_health_board_annual_audit_report_2021_welsh.pdf	Ion 2022
Cynllun Archwilio 2022	Ebrill 2022

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Mae'r Pwyllgor Archwilio a Sicrwydd hefyd yn adolygu canlyniadau adolygiadau cenedlaethol ar draws y sector yn y cyfarfod cynharaf posibl ar ôl iddynt gael eu cyhoeddi.

Yn Adroddiad Archwilio Blynyddol 2021 ni nodwyd unrhyw wendidau o bwys yn rheolaethau mewnol y Bwrdd Iechyd (a oedd yn berthnasol i'r archwiliad). O ran gwaith archwilio perfformiad, casglodd yr Adroddiad Archwilio Blynyddol:

- er bod y rhaglen Profi, Olrhain a Diogelu wedi'i chael hi'n anodd ymdopi â phegynau cynharach yn nhrosglwyddiad y feirws, yr oedd wedi dangos y gallu i ddysgu ac esblygu'n gyflym mewn ymateb i'r heriau oedd o'i blaen.
- Mae rhaglen frechu COVID-19 yng Nghymru wedi cael ei chyflwyno ar gyflymder sylweddol gyda phartneriaid lleol, cenedlaethol ac o'r DU yn cydweithio i frechu cyfran sylweddol o boblogaeth Cymru. Mae angen cynllun clir bellach ar gyfer yr heriau sydd o'n blaen.
- O ran Trefniadau Llywodraethu Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru, mae'r trefniadau llywodraethu, rheoli a chynllunio wedi gwella, ond oherwydd effaith COVID-19 bydd bellach angen strategaeth glir i adfer gwasanaethau, a byddai'n dal yn fuddiol adolygu'r trefniadau llywodraethu ehangach ar gyfer gwasanaethau arbenigol, yn unol â'r ymrwymiadau yn 'Cymru Iachach'.
- Mae holl gyrff y GIG wedi cadw ffocws clir ar lesiant staff drwy gydol y pandemig, ac wedi gweithredu ystod eang o fesurau i gefnogi iechyd corfforol a llesiant meddyliol eu staff yn ystod yr argyfwng. Mae'n hanfodol adeiladu ar y gweithgareddau hyn, a bod llesiant y staff yn dal i fod yn flaenoriaeth greiddiol i gyrff y GIG wrth iddynt ymdrin â chyfuniad o heriau - adfer gwasanaethau, parhau i ymateb i bandemig COVID-19 a rheoli pwysau tymhorol.
- Mewn perthynas â'r casgliadau a gafwyd yn Asesiad Strwythuredig Archwilio Cymru, gweler paragraff 17.2 isod.

Er na nodwyd unrhyw wendidau o bwys yn rheolaethau mewnol y Bwrdd Iechyd yn yr adroddiad archwilio, roedd yn tynnu sylw at effaith Cyfarwyddyd Gweinidogol i Ysgrifennydd Parhaol Llywodraeth Cymru, yn ei chyfarwyddo i gyllido rhwymedigaethau treth pensiwn clinigwyr y GIG a ysgwyddwyd gan gyrff GIG Cymru mewn perthynas â blwyddyn ariannol 2019-20.

Roedd cyfrifon y Bwrdd Iechyd ar gyfer 2020-21 wedi'u paratoi mewn modd priodol ac yn gywir ym mhob ffordd berthnasol, ac arweiniodd hynny at farn archwilio ddiamod ar y cyfrifon. Fodd bynnag, er bod y Bwrdd Iechyd wedi mantoli'r cyfrifon ar gyfer ei wariant cyfalaf dros y cyfnod o dair blynedd hyd at 31 Mawrth 2021, ni wnaeth fantoli'r cyfrifon ar gyfer ei wariant refeniw dros yr un cyfnod, gan greu diffyg o £9.724 miliwn dros yr un cyfnod. Arweiniodd hyn at farn amodol ar reoleidd-dra trafodion ariannol yng nghyfrifon y Bwrdd Iechyd ar gyfer 2020-21. Ar wahân i fethiant y Bwrdd Iechyd i fantoli ei wariant refeniw, nid oedd unrhyw

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elfennau o bwys o ran incwm na gwariant nad oedd gan y Bwrdd Iechyd yr awdurdod i'w derbyn neu eu hysgwyddo.

Yn unol â Chyfarwyddyd Gweinidogol a gyhoeddwyd ar 18 Rhagfyr 2019, mae Llywodraeth Cymru wedi cymryd camau i gefnogi amgylchiadau lle bo rheolau treth pensiynau yn effeithio ar staff clinigol sydd am weithio oriau ychwanegol, ac wedi penderfynu:

- gall staff clinigol sy'n aelodau o Gynllun Pensiwn y GIG ac sydd, o ganlyniad i waith a wnaed ym mlwyddyn dreth 2019-20, yn wynebu gorfod talu treth ar dwf eu buddion pensiwn GIG, ddewis talu'r dreth honno drwy Gynllun Pensiwn y GIG, gan dderbyn gostyngiad i'w pensiwn wrth ymddeol.
- Ar ran BIP Caerdydd a'r Fro, bydd Llywodraeth Cymru yn talu i'r aelodau sy'n dewis cael ad-daliad o'u pensiwn, swm cyfatebol wrth ymddeol, gan sicrhau eu bod wedi'u digolledu'n llwyr am effaith y didyniad.
- Arhosodd y cyfnod hawlio yn agored yn 2020-21 a datgelwyd rhwymedigaeth wrth gefn yng Nghyfrifon Blynyddol 2020/21. Gan hynny, rhoddodd Swyddfa Archwilio Cymru bwyslais ar y mater hwn yn 2020/21.
- Daeth cyfnod hawlio'r cynllun i ben ar 31 Mawrth 2022 ac mae darpariaeth o £2.193m mewn perthynas â hyn wedi'i chodi yng Nghyfrifon 2021/22.
- Mae Swyddfa Archwilio Cymru wedi cadarnhau ei barn bod hyn yn cynrychioli gwariant afreolaidd gan y Bwrdd Iechyd ac wedi gosod amod rheoleidd-dra yn gysylltiedig â'r cyfrifon yn unol â hynny.

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Cyflwynwyd y Cynllun Archwilio Blynyddol ar gyfer 2022 i'r Pwyllgor Archwilio a Sicrwydd ar 5 Ebrill 2022. Mae'r Cynllun Archwilio yn cynnwys amserlen gychwynnol ar gyfer cwblhau gwaith archwilio Archwilio Cymru. Fodd bynnag, ac ystyried yr ansicrwydd parhaus yn gysylltiedig ag effaith COVID-19 ar y sector, efallai y bydd angen ailystyried rhannau ohoni. Adroddir wrth y Pwyllgor Archwilio a Sicrwydd am unrhyw newidiadau, fel bo'n briodol.

17.2 Bwrdd Iechyd Prifysgol Caerdydd a'r Fro - Asesiad Strwythuredig

Mae Asesiad Strwythuredig Archwilio Cymru ar gyfer 2021 yn rhoi asesiad o drefniadau corfforaethol y Bwrdd Iechyd ar gyfer sicrhau bod adnoddau'n cael eu defnyddio'n effeithlon, yn effeithiol ac yn ddarbodus.

Cynhaliwyd Asesiad Strwythuredig Archwilio Cymru mewn dau gam yn ystod 2021/22.

Yng Ngham 1 ystyriwyd y trefniadau cynllunio gweithredol ym Mwrdd Iechyd Prifysgol Caerdydd a'r Fro.

Yng Ngham 2 ystyrir sut mae trefniadau llywodraethu corfforaethol a rheoli ariannol wedi cael eu haddasu dros y 12 mis diwethaf.

Dyma ganfyddiadau'r Asesiad Strwythuredig ar gyfer 2021:

- Ar y cyfan, mae trefniadau'r Bwrdd Iechyd ar gyfer datblygu cynlluniau gweithredol yn effeithiol, ond erys cyfleoedd i atgyfnerthu trefniadau ar gyfer monitro ac adrodd ar gyflawniad

cynlluniau gweithredol. Er mwyn cryfhau ein trefniadau ar gyfer monitro ac adrodd ar gyflawniad cyffredinol ein Cynllun Blynyddol a Chynlluniau Canolig Integredig y dyfodol, gwnaed argymhelliad yn yr Asesiad Strwythuredig ynghylch sicrhau bod y cynlluniau hynny'n cynnwys crynodebau clir o gamau gweithredu/cyflawniadau allweddol, amserlenni a mesurau i gefnogi monitro ac adrodd effeithiol.

- Mae gan y Bwrdd Iechyd drefniadau effeithiol o ran y Bwrdd a'r Pwyllgorau, a danategir gan systemau sicrwydd sy'n aeddfedu, ond erys cyfleoedd i gryfhau tryloywder busnes y Bwrdd i'r cyhoedd. Gwnaed sawl argymhelliad yn gysylltiedig â thryloywder busnes y Bwrdd i'r cyhoedd. Roedd y rhain yn cynnwys sicrhau bod holl recordiadau cyfarfodydd y Bwrdd a'r Pwyllgorau'n cael eu huwchlwytho i wefan y Bwrdd Iechyd yn brydlon ar ôl pob cyfarfod, a rhestru'r materion i'w trafod yn breifat gan y Pwyllgorau ar agenda eu cyfarfodydd cyhoeddus.

- Mae'r Bwrdd yn cadw goruchwyliaeth gadarn dros gyllid y Bwrdd Iechyd. Nododd y Bwrdd Iechyd rai gwendidau yn y rheolaethau ariannol yn gysylltiedig â chaffael a gwariant ar brosiectau cyfalaf mawr, ac mae'n mynd i'r afael â hyn.

- Mae'r pandemig yn dal i achosi i risg i allu'r Bwrdd Iechyd i fantoli'r cyfrifon.

Gellir gweld yr Asesiad Strwythuredig drwy ddilyn y dolenni canlynol:

Cam 1

https://audit.wales/sites/default/files/publications/cvuhb_sa.pdf

Cam 2

https://www.audit.wales/sites/default/files/publications/cardiff_vale_health_board_structured_assessment_2021_phase_two_welsh_1.pdf

18. Deddf Caethwasiaeth Fodern 2015 – Tryloywder mewn Cadwyni Cyflenwi

Cyhoeddwyd Cod Ymarfer Llywodraeth Cymru: Cyflogaeth Foesegol mewn Cadwyni Cyflenwi ym mis Mai 2017 i dynnu sylw at yr angen, ym mhob cam o'r gadwyn gyflenwi, i sicrhau bod arferion cyflogaeth da ar waith i bob gweithiwr, yn y DU ac mewn gwledydd tramor. Disgwylir i holl sefydliadau GIG Cymru yn ymrwymo i'r Cod.

Mae'r Bwrdd Iechyd yn cefnogi egwyddorion a gofynion y Cod a Deddf Caethwasiaeth Fodern 2015 yn llawn, ac wedi ymrwymo i chwarae ei ran fel cyflogwr o bwys yn y sector cyhoeddus, i gael gwared ag arferion cyflogaeth anghyfreithlon ac anfoesegol yn gysylltiedig â:

- Sathru ar Hawliau Dynol a Chaethwasiaeth Fodern;
- Cadw cofrestrau/rhestrau gwaharddedig;
- Hunangyflogaeth ffug;
- Defnydd annheg o gynlluniau ambarél a chontractau dim oriau; a
- Thalu'r cyflog byw.

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Mae'r camau canlynol wedi'u sefydlu sy'n bodloni ymrwymiadau'r Cod:

- Mae gennym Bolisi Rhannu Pryderon (Chwythu'r Chwiban), sy'n rhoi proses deg a thryloyw i'w gweithlu, i'w grymuso a'u galluogi i rannu amheuon ynghylch unrhyw fath o gamarfer naill ai gan ein staff neu ein cyflenwyr/contractwyr sy'n gweithio ar eiddo'r Bwrdd Iechyd;

- Rydym wedi gosod targed i dalu ein cyflenwyr cyn pen 30 diwrnod ar ôl derbyn anfoneb ddilys;

- Rydym yn cydymffurfio â chwe gofyniad gwirio cyn cyflogi y GIG, er mwyn cadarnhau bod ymgeiswyr yn bodloni'r rhag-amodau ar gyfer y rôl y maent yn ymgeisio amdani. Mae hyn yn cynnwys gwirio'r hawl i weithio;

- Rydym wedi cyflwyno prosesau IR35 cadarn i sicrhau ymgysylltiad teg a phriodol â phob gweithiwr, sydd hefyd yn atal unigolion rhag osgoi talu cyfraniadau Treth ac Yswiriant Gwladol;

- Nid ydym yn defnyddio nac yn cyflogi staff neu weithwyr ar gontractau dim oriau;

- Rydym wedi sefydlu Polisi Cydraddoldeb ac Amrywiaeth sy'n sicrhau na chaiff unrhyw ddarpar ymgeisydd, cyflogai na gweithiwr a ddefnyddir ei roi dan anfantais ddiangen mewn unrhyw ffordd yn nhermau cyflog, hawliau cyflogaeth, cyfleoedd cyflogaeth neu yrfa;

- Rydym hefyd yn gofyn am sicrwydd gan gyflenwyr, drwy'r broses dendro na fyddant yn gwneud defnydd o gosbrestrau/rhestrau gwaharddedig. Gallwn hefyd gael cadarnhad a sicrwydd na fyddant yn defnyddio gwybodaeth oddi ar gosbrestrau/rhestrau gwaharddedig;

- Yn unol â Rheoliadau Trosglwyddo Ymgymeriadau (Diogelu Cyflogaeth), bydd unrhyw aelodau o staff y Bwrdd Iechyd y gallai fod angen iddynt drosglwyddo i drydydd parti yn cadw Telerau ac Amodau Gwasanaeth y GIG;

- Rydym yn defnyddio olrheinydd cydymffurfiaeth y Ddeddf Caethwasiaeth Fodern (2015) drwy gontractau a gafaelir drwy Bartneriaeth Cydwasanaethau GIG Cymru (PCGC) ar ran y Bwrdd Iechyd. Mae PCGC wedi ymrwymo i'r un graddau i sicrhau bod gweithgarwch caffael a gynhelir ar ran GIG Cymru yn cael ei gyflawni mewn modd moesegol. Ar ein rhan, maent yn sicrhau bod gweithwyr o fewn y cadwyni cyflenwi a ddefnyddir gennym i gyrchu ein nwyddau a'n gwasanaethau yn cael eu trin yn deg, yn unol â Chod Ymarfer Llywodraeth Cymru ar gyfer Cyflogaeth Foesegol mewn Cadwyni Cyflenwi.

Mae'r Bwrdd Iechyd yn parhau i weithio mewn partneriaeth â rhanddeiliaid perthnasol a phartneriaid mewn undebau llafur i ddatblygu a rhoi camau ar waith sy'n dangos ein hymrwymiad i sicrhau y gweithredir, ac y cedwir at egwyddorion cyflogaeth foesegol o fewn ein cadwyni cyflenwi.

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19. Casgliad

Fel Swyddog Atebol, ar sail y broses sicrwydd a amlinellwyd uchod, rwyf wedi adolygu'r dystiolaeth berthnasol a'r sicrwydd mewn perthynas â rheolaeth fewnol. Gallaf gadarnhau bod y Bwrdd a'i Gyfarwyddwyr Gweithredol yn effro i'w cyfrifoldebau mewn perthynas â rheolaeth fewnol.

Yn ystod 2021-2022, rydym wedi mynd ati'n rhagweithiol unwaith eto i nodi meysydd sydd angen eu gwella, ac wedi gofyn i'r Adran Archwilio Mewnol gynnal asesiadau manwl er mwyn rheoli a lliniaru risgiau cysylltiedig. Mae nifer o adroddiadau a gyhoeddwyd gan yr Adran Archwilio Mewnol yn cyd-fynd â'n barn ac maent felly wedi rhoi argymhellion clir i'r Bwrdd Iechyd sicrhau bod rheolwyr yn gweithredu camau manwl ar frys i fynd i'r afael â diffygion a nodwyd. Caiff y camau hyn wedyn eu monitro drwy'r Bwrdd a'i Bwyllgorau i sicrhau y gellir rhoi sicrwydd priodol. Roedd Asesiadau Strwythuredig 2021 y Bwrdd Iechyd a gynhaliwyd gan Archwilio Cymru yn rhoi darlun cadarnhaol o drefniadau'r sefydliad mewn perthynas â Llywodraethu Corfforaethol, Rheoli Ariannol a'r trefniadau cynllunio sy'n sail i ddatblygu'r Cynllun Gweithredol. Nododd y Bwrdd Iechyd hefyd broblemau'n gysylltiedig â chynlluniau cyfalaf a gwariant, yn enwedig o ran gwaith caffael, llywodraethu a monitro ariannol ar gyfer cynlluniau cyfalaf a gwariant cyfalaf. Cynhaliwyd adolygiad gan y Bwrdd Iechyd a rhoddwyd cynllun gweithredu ar waith i sicrhau bod gwersi'n cael eu dysgu ac na fyddai rheolau'n cael eu torri yn y dyfodol.

Fel y nodwyd drwy'r holl ddatganiad hwn a'r Adroddiad Blynyddol, parhawyd i lywodraethu'n effeithiol drwy gydol y pandemig, gyda threfniadau llywodraethu a chraffu priodol dros y broses benderfynu drwy gydol Pandemig COVID-19. Ar ddechrau'r flwyddyn ariannol newydd, symudodd y Bwrdd Iechyd tuag at sefyllfa adfer, gyda'r trefniadau Llywodraethu yn dychwelyd i 'fusnes fel arfer'. Fodd bynnag, ac ystyried natur cyflym-newidiol ac annarogan y pandemig, gwnaethom barhau i adolygu ein trefniadau Llywodraethu i sicrhau eu bod yn parhau i fod yn hyblyg i ymaddasu i unrhyw sefyllfa a allai godi.

Mae'r angen i gynllunio ac ymateb i bandemig COVID-19 wedi cael effaith sylweddol ar y sefydliad, y GIG ehangach a chymdeithas yn gyffredinol. Bu'n rhaid mabwysiadu ymateb deinamig sydd wedi cynnig nifer o gyfleoedd yn ogystal â chreu risgiau. Bydd angen i'r sefydliad a'r gymdeithas yn ehangach barhau i adfer ar ôl y pandemig drwy gydol 2022-2023 a thu hwnt. Byddaf yn sicrhau bod ein Fframwaith Llywodraethu yn ystyried yr angen hwn ac yn ymateb iddo.

Rwy'n hyderus bod ein systemau rheolaeth fewnol wedi parhau'n gadarn drwy gydol y pandemig, ac wrth inni nawr fynd drwy'r cyfnod gwella, ac rwyf wedi fy sicrhau na chododd unrhyw faterion o bwys yn gysylltiedig â llywodraethu na rheolaeth fewnol yn ystod 2021-22.

I grynhoi, mae fy adolygiad yn cadarnhau bod gan y Bwrdd systemau rheolaeth fewnol cadarn ar waith i gefnogi cyflawniad nodau polisi a'n hamcanion corfforaethol, ac nad oes unrhyw faterion o bwys i adrodd amdanynt yng nghyswllt rheolaeth fewnol na llywodraethu ar gyfer 2021-2022.

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Llofnodwyd gan: .....

Suzanne Rankin
Prif Weithredwr a Swyddog Atebol

Dyddiad: 14 Mehefin 2022

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Atodiad 1

Aelodaeth a Phresenoldeb y Bwrdd a'r Pwyllgorau 2021-2022

Enw	Swydd a dyddiadau	Maes Arbenigol /Rôl Cynrychiolydd	Aelodaeth Pwyllgorau'r Bwrdd a Chofnod Presenoldeb	Rolau Hyrwyddwyr
Yr Athro Charles Janczewski	Cadeirydd 1 Ebrill 2021 hyd heddiw	Cadeirydd	• Y Bwrdd 11/11 • Bwrdd yr Ymddiriedolwyr 3/3 • Taliadau a Thelerau Gwasanaeth 6/6	Gweithio i Wella Deddf Llesiant Cenedlaethau'r Dyfodol
Yr Athro Ceri Phillips	Is-Gadeirydd 1 Ebrill 2021 hyd heddiw		• Y Bwrdd 10/11 • Bwrdd yr Ymddiriedolwyr 2/3 • Archwilio 6/7 • ADPh 3/4 • Strategaeth a Chyflawni 2/4 • Pwyllgor Deddfwriaeth Iechyd Meddwl 4/4 • Iechyd a Diogelwch 1/2 • Pwyllgor Cronfeydd Elusennol 1/1 • IGDd 1/1 • Taliadau a Thelerau Gwasanaeth 6/6	Iechyd Meddwl
Yr Athro Gary Baxter	Aelod Annibynnol 1 Ebrill 2021 hyd heddiw	Prifysgol	• Y Bwrdd 11/11 • Bwrdd yr Ymddiriedolwyr 2/3 • ADPh 6/6 • IGDd 3/3 • Strategaeth a Chyflawni 4/6 • Llunio Ein Hysbytai i'r Dyfodol 4/4	Pobl Hŷn

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Michael Imperato	Aelod Annibynnol 1 Ebrill 2021 hyd heddiw	Cyfreithiol	• Y Bwrdd 9/11 • Bwrdd yr Ymddiriedolwyr 1/3 • Pwyllgor Deddfwriaeth Iechyd Meddwl 3/3 • Archwilio 4/7 • IGDd 3/3 • Llunio ein Hysbytai i'r Dyfodol 3/4 • Cyllid 4/8	
David Edwards	Aelod Annibynnol 1 Ebrill 2021 hyd heddiw	Technoleg Gwybodaeth a Chyfathrebu	• Board 9/11 • Board of Trustee 1/3 • MHCL 3/3 • Audit 4/7 • DHIC 3/3 • SoFH 3/4 • Finance 4/8	
Cynghorydd Susan Elsmore	Aelod Annibynnol 1 Ebrill 2021 hyd heddiw	Awdurdod Lleol	• Y Bwrdd 9/11 • Bwrdd yr Ymddiriedolwyr 1/3 • Cronfeydd Elusennol • ADPh 5/6 • Taliadau a Thelerau Gwasanaeth 2/6	Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru)
Akmal Hanuk	Aelod Annibynnol 1 Ebrill 2021 hyd heddiw	Y Gymuned Leol	• Y Bwrdd 9/11 • Bwrdd yr Ymddiriedolwyr 3/3 • Cronfeydd Elusennol 4/4 • Iechyd a Diogelwch 3/3 • Pwyllgor Deddfwriaeth Iechyd Meddwl 0/4 • ADPh 2/4 • Taliadau a Thelerau	Atal a Rheoli Heintiau

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Sara Moseley	Aelod Annibynnol 1 Ebrill 2021 hyd heddiw	Y Trydydd Sector (Gwirfoddol)	• Y Bwrdd 9/11 • Bwrdd yr Ymddiriedolwyr 1/3 • Cronfeydd Elusennol 2/4 • Pwyllgor Deddfwriaeth Iechyd Meddwl 2/4 • Strategaeth a Chyflawni 6/6 • IGDd 1/2	Cydraddoldeb
Dr Rhian Thomas	Aelod Annibynnol 1 Ebrill 2021 hyd heddiw	Cyfalaf ac Ystadau	• Y Bwrdd 11/11 • Bwrdd yr Ymddiriedolwyr 3/3 • Iechyd a Diogelwch 1/1 • Taliadau a Thelerau Gwasanaeth 6/6 • Strategaeth a Chyflawni 6/6 • Iechyd a Diogelwch 1/1 • Llunio ein Hysbytai i'r Dyfodol 4/4 • Cyllid 11/12	Plant a Phobl Ifanc
John Union	Aelod Annibynnol 1 Ebrill 2021 hyd heddiw	Cyllid	• Y Bwrdd 10/11 • Bwrdd yr Ymddiriedolwyr 3/3 • Archwilio 7/7 • Taliadau a Thelerau Gwasanaeth 4/6 • Cyllid 12/12 • Llunio ein Hysbytai i'r Dyfodol 3/4	

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Mike Jones	Aelod Annibynnol 1 Ebrill 2021 hyd heddiw	Undeb Llafur	• Y Bwrdd 11/11 • Bwrdd yr Ymddiriedolwyr 1/3 • Iechyd a Diogelwch 3/3 • ADPh 5/6 • Pwyllgor Cronfeydd Elusennol 4/4 • Archwilio 7/7	Mynegi Pryderon
Sam Austin	Aelod Cyswllt 1 Ebrill 2021 hyd heddiw	Cadeirydd, Grŵp Cyfeirio Rhanddeiliaid	• Y Bwrdd 9/11	
Lance Carver	Aelod Cyswllt 1 Ebrill 2021 hyd heddiw	Cyfarwyddwr Gwasanaethau Cymdeithasol, Bro Morgannwg	• Y Bwrdd 5/11	
Len Richards	Y Prif Weithredwr Ebrill 2021 hyd 30 Medi 2021		• Y Bwrdd 5/5 • Archwilio 0/5 • Cyllid 4/6 • Llunio ein Hysbytai i'r Dyfodol 0/2 • Taliadau a Thelerau Gwasanaeth 3/3	
Dr Stuart Walker	Prif Weithredwr Dros Dro 1 Hydref 2021 hyd 31 Ionawr 2022 Dirprwy Brif Weithredwr 1 Mawrth 2021 hyd 30 Medi 2021 ac 1 Chwefror 2022 hyd 18 Chwefror 2022		• Y Bwrdd 5/5 • Archwilio 0/2 • Cyllid 6/10 • Llunio ein Hysbytai i'r Dyfodol 1/3 • Taliadau a Thelerau Gwasanaeth 2/3	

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Suzanne Rankin	1 Chwefror 2022 hyd heddiw		• Y Bwrdd 2/2 • Cyllid 1/2 • Taliadau a Thelerau Gwasanaeth 1/1	
Catherine Phillips	Cyfarwyddwr Gweithredol Cyllid 1 Ebrill 2021 hyd heddiw	Cyllid	• Y Bwrdd 10/11 • Bwrdd yr Ymddiriedolwyr 1/3 • Archwilio 7/7 • Cyllid 9/12 • Strategaeth a Chyflawni 3/6 • Llunio ein Hysbytai i'r Dyfodol 4/4	
Dr Stuart Walker	Cyfarwyddwr Meddygol Gweithredol Ebrill 2021 hyd 30 Medi 2021	Meddygol / Ansawdd a Diogelwch	• ADPh 3/5 • Pwyllgor Deddfwriaeth Iechyd Meddwl 0/3 • Llunio ein Hysbytai i'r Dyfodol 1/1 • Y Bwrdd 6/6	
Yr Athro Meriel Jenney	Cyfarwyddwr Meddygol Gweithredol Dros Dro 1 Hydref hyd heddiw	Meddygol / Ansawdd a Diogelwch	• Y Bwrdd 4/6 • ADPh 3/3 • Pwyllgor Deddfwriaeth Iechyd Meddwl 0/1 • Archwilio 1/1 • Strategaeth a Chyflawni 1/1 • Llunio ein Hysbytai i'r Dyfodol 0/3	Caldicott

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Ruth Walker	Cyfarwyddwr Gweithredol Nyrsio 1 Ebrill hyd heddiw	Nyrsio / Ansawdd a Diogelwch	• Y Bwrdd 11/11 • Bwrdd yr Ymddiriedolwyr 1/3 • Cronfeydd Elusennol 4/4 • ADPh 5/6 • Pwyllgor Deddfwriaeth Iechyd Meddwl 3/4 • Cyllid 4/12 • Strategaeth a Chyflawni 1/6	Plant a Phobl Ifanc Gweithio i Wella
Steve Curry	Prif Swyddog Gweithredu (1 Ebrill hyd 31 Rhagfyr 2021) Dirprwy Brif Weithredwr Dros Dro 1 Hydref hyd 31 Rhagfyr 2021	Gweithrediadau	• Y Bwrdd 8/8 • Pwyllgor Deddfwriaeth Iechyd Meddwl 2/3 • ADPh 3/5 • Cyllid 7/8 • Archwilio 1/7 • Strategaeth a Chyflawni 2/4 • Cyllid 7/8	Oedran fel Nodwedd Warchodedig
Caroline Bird	Prif Swyddog Gweithredu Dros Dro (1 Ionawr 2022 hyd heddiw)	Gweithrediadau	• Y Bwrdd 3/3 • Pwyllgor Deddfwriaeth Iechyd Meddwl 2/2 • ADPh 0/2 • Cyllid 4/4 • Strategaeth a Chyflawni 1/2	

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Abigail Harris	Cyfarwyddwr Gweithredol Cynllunio Strategol 1 Ebrill 2021 hyd heddiw Dirprwy Brif Weithredwr Dros Dro 1 Ionawr – 31 Ionawr 2021	Ystadau a Chynllunio	• Bwrdd 11/11 • Bwrdd yr Ymddiriedolwyr 0/3 • Strategaeth a Chyflawni 5/6 • ADPh 1/6 • Cyllid 8/12 • Llunio ein Hysbytai i'r Dyfodol 4/4 • Iechyd a Diogelwch 0/3	Cynllunio ar gyfer Argyfwng
Dr Fiona Jenkins	Cyfarwyddwr Gweithredol Therapïau a Gwyddorau Iechyd 1 Ebrill 2021 hyd heddiw	Therapïau a Gwyddorau Bywyd	• Y Bwrdd 11/11 • Bwrdd yr Ymddiriedolwyr 3/3 • Cronfeydd Elusennol 3/4 • ADPh 5/6 • Strategaeth a Chyflawni 1/1 • Iechyd a Diogelwch 0/3	Y Lluoedd Arfog a Chyn-filwyr
Rachel Gidman	Cyfarwyddwr Dros Dro Pobl a Diwylliant 1 Ebrill 2021 hyd 2 Mai 2021 Cyfarwyddwr Gweithredol Pobl a Diwylliant 3 Mai 2021 hyd heddiw	Y Gweithlu	• Bwrdd 7/11 • Bwrdd yr Ymddiriedolwyr 1/3 • Iechyd a Diogelwch 2/3 • Archwilio 6/7 • Pwyllgor Cronfeydd Elusennol 0/4 • Taliadau a Thelerau Gwasanaeth 4/6 • Cyllid 4/12 • Strategaeth a Chyflawni 5/6	Diogelwch Tân Trais ac Ymddygiad Ymosodol Y Gymraeg

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Fiona Kinghorn	Cyfarwyddwr Gweithredol Iechyd Cyhoeddus 1 Ebrill 2021 hyd heddiw	Iechyd y Cyhoedd	• Y Bwrdd 11/11 • Bwrdd yr Ymddiriedolwyr 2/3 • ADPh 2/6 • Iechyd a Diogelwch 2/3 • Strategaeth a Chyflawni 5/6	Rhyw fel Nodwedd Warchodedig

Enw	Swydd	Maes Arbenigol / Rôl Cynrychiolydd	Aelodaeth Pwyllgorau'r Bwrdd a Chofnod Presenoldeb	Rolau Hyrwyddwyr
Yn bresennol-Aelodau				
Nicola Foreman	Cyfarwyddwr Llywodraethu Corfforaethol 1 Ebrill 2021 hyd heddiw	Bwrdd	• Llywodraethu 11/11 • Bwrdd yr Ymddiriedolwyr 3/3 • Cronfeydd Elusennol 2/4 • Iechyd a Diogelwch 2/3 • Pwyllgor Deddfwriaeth Iechyd Meddwl 4/4 • ADPh 5/6 • Archwilio 7/7 • IGDd 3/3 • Taliadau a Thelerau Gwasanaeth 6/6 • Strategaeth a Chyflawni 6/6 • Llunio ein Hysbytai i'r Dyfodol 4/4 • Cyllid 10/12	
David Thomas	Cyfarwyddwr Iechyd a Gwybodaeth Ddigidol 1 Mehefin 2021 hyd heddiw	Digidol	• Y Bwrdd 10/11 • IGDd 3/3 • Strategaeth a Chyflawni 3/5	
Allan Wardaugh	Prif Swyddog Gwybodaeth Glinigol 1 Ebrill 2021 hyd 31 Mai 2021	Digidol	• Y Bwrdd 1/1	

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Atodiad 2

Dyddiadau cyfarfodydd y Bwrdd a Phwyllgorau a gynhaliwyd yn ystod 2021-2022

Mae Tabl 1 yn amlinellu dyddiadau cyfarfodydd y Bwrdd a Phwyllgorau a gynhaliwyd yn ystod 2021-2022 a Thabl 2 yn amlinellu dyddiadau cyfarfodydd Grwpiau Cynghori a gynhaliwyd yn ystod 2021-2022, gan nodi unrhyw gyfarfodydd lle nad oedd cworwm:

Tabl 1 - Dyddiadau cyfarfodydd y Bwrdd a Phwyllgorau a gynhaliwyd yn ystod2021-2022

Bwrdd/Pwyllgor	Ebrill	Mai	Mehefin	Gorffennaf	Awst	Medi	Hyd	Tach	Rhag	Ion	Chwef	Mawrth
Y Bwrdd	*29*	*27*	*10 a 24 Y ddau'n Arbennig*	*29*	*26 (Bwrdd Preifat yn unig)*	*30*	*X*	*25*	*16*	*27*	*24*	*31*
Bwrdd yr Ymddiriedolwyr				*15 Arbennig*			*12*			*20*		
Pwyllgor Archwilio	*06*	*13 Gweithdy*	*10 Arbennig*	*06*		*07*		*09*			*08*	
Cronfeydd Elusennol			*29*			*21*			*07*			*01*
Iechyd Digidol a Gwybodaeth			*01*				*05*				*01*	
Cyllid	*28*	*26*	*23*	*28*	*25*	*29*	*27*	*24*	*30*	*05 a 26*	*16*	*23*
Iechyd a Diogelwch				*27*			*12*			*25*		*30*
Deddfwriaeth Iechyd Meddwl a'r Ddeddf Galluedd Meddyliol	*20*			*20*			*19*				*09 Heb gwor-wm*	
Ansawdd, Diogelwch a Phrofiad	*13*		*15*			*15*	*26 Arbennig*		*14*		*22*	
Taliadau a Thelerau Gwasanaeth		**25**		**14**		**15**			**16**	**27**	**09**	
Strategaeth a Chyflawni		**11**		**13**		**14**		**16**		**01**		**15**
Llunio Ein Hysbytai i'r Dyfodol				**21**			**13**			**12**		**09**

Agenda Item 4.1 - Appendix 1 - 12:16:50

Cafwyd cworwm yn yr holl gyfarfodydd, ac eithrio yng nghyfarfod y Pwyllgor Deddfwriaeth Iechyd Meddwl a'r Ddeddf Galluedd Meddyliol a gynhaliwyd ar 9 Chwefror 2022.

Lle nad oedd cworwm mewn cyfarfodydd, roedd trefniadau uwchgyfeirio ar waith i sicrhau bod modd cyfeirio unrhyw bryderon o bwys, na ellid eu dwyn gerbron y Pwyllgor, i sylw Cadeirydd y Bwrdd Iechyd.

Tabl 2 - Dyddiadau cyfarfodydd y Grŵp Cynghori a gynhaliwyd yn ystod2021-2022

Grwpiau Cynghori	Ebrill	Mai	Mehefin	Gorffennaf	Awst	Medi	Hyd	Tach	Rhag	Ion	Chwef	Mawrth
Cyfeirio Rhanddeiliaid		25		27		29		23		25		22
Fforwm Proffesiynol Gofal Iechyd												
Fforwm Partneriaeth Lleol	22		17		18		21		01		17	

Cynrychiolwyd y Bwrdd Iechyd hefyd ar y Cydbwyllgorau a ganlyn:

- Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
- Pwyllgor Gwasanaethau Ambiwlans Brys (PGAB)

Caiff adroddiadau/bwletinau sicrwydd gan y Pwyllgorau uchod eu cynnwys ar agenda'r Bwrdd yn ôl yr angen.

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Atodiad 3

Cyfarwyddydau Gweinidogol

Cyfarwyddydau Gweinidogol (CGau)	Dyddiad/ Blwyddyn Mabwysiadu	Camau i ddangos gweithred/ymateb
2021. Rhif 41 – Cyfarwyddydau i Fyrddau Iechyd Lleol ynghylch Cyfarwyddydau Datganiad o Hawliau Ariannol (Diwygio) 2021	Ebrill 2021	Mae'r Cyfarwyddyd Gweinidogol hwn wedi'i gyflawni.
2021. Rhif 59 – Cyfarwyddydau i Fyrddau Iechyd Lleol ac Ymddiriedolaethau'r GIG yng Nghymru ar Gyflenwi Gwasanaethau Awtistiaeth 2021	Gorffennaf 2021	Cyflawnir y Cyfarwyddyd hwn drwy Wasanaeth Awtistiaeth Integredig y Bwrdd Iechyd - Ceir gwasanaeth Anhwylder Niwroddatblygol pwrpasol i blant a phobl ifanc.
2021. Rhif 65 – Cyfarwyddydau Gofal Sylfaenol (Cynllun Imiwneiddio COVID-19 Brechlyn PfizerBioNTech) 2021	Gorffennaf 2021	Mae'r Cyfarwyddyd Gweinidogol hwn wedi'i gyflawni.
2021. Rhif 70 – Cyfarwyddydau Gofal Sylfaenol (Gwasanaethau wedi'u Contractio: Imiwneiddio)2021	Awst 2021	Mae'r Cyfarwyddyd Gweinidogol hwn wedi'i gyflawni.
2021. Rhif 75 – Cyfarwyddydau i Fyrddau Iechyd Lleol ynghylch y Datganiad o Hawliau Ariannol (Diwygio) (Rhif.2) 2021	Medi 2021	Mae'r Cyfarwyddyd Gweinidogol hwn wedi'i gyflawni.
2021. Rhif 77 – Cyfarwyddydau'r Gwasanaeth Iechyd Gwladol (Gwasanaethau Meddygol Cyffredinol – Costau Mangre Cylchol yn ystod Pandemig COVID-19) (Cymru) (Dirymu) 2021	Medi 2021	Mae'r Cyfarwyddyd Gweinidogol hwn wedi'i gyflawni.
2021. Rhif 83 – Cyfarwyddydau Gwasanaethau Fferyllol (Ffioedd am Geisiadau) (Cymru) 2021	Hydref 2021	Mae'r Cyfarwyddyd Gweinidogol hwn wedi'i gyflawni.
2021. Rhif 84 – Y Cyfarwyddydau i Fyrddau Iechyd Lleol ynghylch Cyfarwyddydau Datganiad o Hawliau Ariannol Gwasanaethau Deintyddol Personol (Diwygio) 2021	Hydref 2021	Mae'r Cyfarwyddyd Gweinidogol hwn wedi'i gyflawni.

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2021. Rhif 85 – Y Cyfarwyddydau i Fyrddau Iechyd Lleol ynghylch Cyfarwyddydau Datganiad o Hawliau Ariannol y Gwasanaethau Deintyddol Cyffredinol (Diwygio) (Rhif 2) 2021	Hydref 2021	Mae'r Cyfarwyddyd Gweinidogol hwn wedi'i gyflawni.
2021. Rhif 88 – Y Cyfarwyddydau i Fyrddau Iechyd Lleol ynghylch y Cyfarwyddydau Datganiad o Hawliau Ariannol Gwasanaethau Deintyddol Cyffredinol (Diwygio) (Rhif 3) 2021	Hydref 2021	Mae'r Cyfarwyddyd Gweinidogol hwn wedi'i gyflawni.
2021. Rhif 89 – Y Cyfarwyddydau i Fyrddau Iechyd Lleol ynghylch y Cyfarwyddydau Datganiad o Hawliau Ariannol Gwasanaethau Deintyddol Personol (Diwygio) (Rhif 3) 2021	Hydref 2021	Mae'r Cyfarwyddyd Gweinidogol hwn wedi'i gyflawni.
2021. Rhif 90 – Cyfarwyddydau Gwasanaethau Meddygol Sylfaenol (Cynllun Imiwneiddio rhag y Ffliw ac Imiwneiddio Niwmococol) (Gwasanaethau Ychwanegol Dan Gyfarwyddyd) (Cymru) (Rhif 2) (Diwygio) 2021	Tachwedd 2021	Os bydd contractwyr Gofal Sylfaenol yn bwriadu darparu'r brechlyn ceir Fframwaith ar gyfer hynny.
2021. Rhif 93 – Cyfarwyddydau i Fyrddau Iechyd Lleol ynghylch y Datganiad o Hawliau Ariannol (Diwygio) (Rhif.3) 2021	Rhagfyr 2021	Mae'r Cyfarwyddyd Gweinidogol hwn wedi'i gyflawni.
2021. Rhif 97 – Cyfarwyddydau Gofal Sylfaenol (Gwasanaethau wedi'u Contractio: Imiwneiddio) (Diwygio) 2021	Rhagfyr 2021	Os bydd contractwyr Gofal Sylfaenol yn bwriadu darparu'r brechlyn ceir Fframwaith ar gyfer hynny.
2022. Rhif 06 – Cyfarwyddydau Gwasanaethau Fferyllol (Gwasanaethau Clinigol) (Cymru) 2022	Mawrth 2022	Mae'r Cyfarwyddyd Gweinidogol hwn wedi'i gyflawni.

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2022. Rhif 13 – Cyfarwyddydau Cynllun Cymorth Gwaed Heintiedig Cymru (Diwygio) 2022	Mawrth 2022	Amh - i'w gweithredu gan Ymddiriedolaeth GIG Prifysgol Felindre.

Cyfarwyddydau'r Gwasanaeth Iechyd Gwladol ar ofal iechyd trawsffiniol ac ad-dalu costau triniaethau yn yr UE (WHC/2021/005)

Cylchlythyrau Iechyd Cymru

Caiff holl Gylchlythyrau Iechyd Cymru eu hadolygu a'u brysbennu i'r Arweinwyr Gweithredol a Gweithredu o fewn y sefydliad. Caiff y cynnydd a gyflawnir yn erbyn pob cylchlythyr ei olrhain gan Dîm Risg a Rheoleiddio'r Bwrdd Iechyd, a'i adrodd yn gyfnodol mewn Cyfarfodydd Swyddogion Rheoli Gweithredol.

Cyfarwyddydau Gweinidogol/Dyddiad Cydymffurfio	Dyddiad/ Blwyddyn Mabwysiadu	Gweithred i Ddangos Gweithrediad/ Ymateb
Cyfarwyddydau'r Gwasanaeth Iechyd Gwladol ar ofal iechyd trawsffiniol ac ad-dalu costau triniaethau yn yr UE (WHC/2021/005)	06 Ebrill 2021	Cylchlythyr wedi'i rannu ag Arweinydd Gweithredol a'i raeadru i gydweithwyr.
Protocol ar gyfer ymdrin â thrais ac ymddygiad ymosodol tuag at staff y GIG (WHC/2021/012)	22 Ebrill 2021	Cylchlythyr wedi'i rannu ag Arweinydd Gweithredol a'i raeadru i gydweithwyr.
2021/2022 Canllawiau Ffurflenni Monitro Ariannol Misol i Fyrddau Iechyd Lleol, Awdurdodau Iechyd Arbennig ac Ymddiriedolaethau Iechyd WHC/2021/011	23 Ebrill 2021	Wedi'i rannu â rheolwyr a staff allweddol a'i drafod mewn cyfarfod priodol.
Cerdyn triniaeth steroid cenedlaethol diwygiedig (WHC/2021/008)	27 Mai 2021	Cylchlythyr wedi'i rannu â'r arweinydd Gweithredol a chydweithwyr priodol. Y cerdyn triniaeth newydd yn cael ei ddefnyddio ar draws y Bwrdd Iechyd, ac fe'i trafodwyd yn rhifyn Awst 2021 o Gylchlythyr Diogelwch Meddyginiaethau y BIP.

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Rhaglen genedlaethol imiwneiddio rhag y ffliw 2021 i 2022 (WHC/2021/019)	04 Awst 2021	Mae'r camau gweithredu y manylir arnynt yn y Cylchlythyr wedi'u cyfeirio i sylw'r Cyfarwyddwr Gweithredol Iechyd Cyhoeddus a'i Thîm. Adroddwyd
Cyflwyno Shingrix® ar gyfer unigolion ag imiwnedd gwan o fis Medi 2021 (WHC/2021/021)	01 Medi 2021	Cylchlythyr wedi'i gyfeirio at sylw'r Arweinydd Gweithredol a chydweithwyr er mwyn gweithredu - O fis Medi 2021 rheolwyr y camau gweithredu gan Bractisau Meddyg Teulu.
Cyfraniad GIG Cymru tuag at sector cyhoeddus sero net erbyn 2030 (WHC/2021/024)	08 Medi 2021	Cylchlythyr wedi'i rannu â'r Arweinydd Gweithredol a Rheolwr y Rhaglen Datgarboneiddio i wneud cynnydd cysylltiedig yn unol â chynlluniau Datgarboneiddio'r Bwrdd Iechyd.
Llwybr Syndrom Twnnel y Carpws Cymru Gyfan (WHC 2021/025)	15 Medi 2021	Cylchlythyr wedi'i rannu a llwybr wedi'i weithredu a'i gymeradwyo gan lawfeddygon a meddygon teulu arweiniol. Adborth wedi'i rannu â Llywodraeth Cymru ynghylch y llwybr atgyfeirio.
Adolygiad o reolau sefydlog, a chadw a dirprwyo pwerau (WHC/2021/010)	16 Medi 2021	Cylchlythyr wedi'i rannu â'r Cyfarwyddwr Llywodraethu Corfforaethol a'r Pennaeth Llywodraethu Corfforaethol, sydd wedi rhoi'r newidiadau angenrheidiol ar waith.
Cyhoeddi'r fframwaith ansawdd a diogelwch (WHC/2021/022)	17 Medi 2021	Cylchlythyr wedi'i rannu â chydweithwyr Gweithredol a'i raeadru i'r tîm nyrsio Corfforaethol i sicrhau bod y ddogfen a'r argymhellion wedi'u cynnwys mewn cynlluniau i ehangu Fframwaith y Bwrdd Iechyd
Penderfyniadau gofal ar gyfer dyddiau olaf bywyd (WHC/2021/023)	23 Medi 2021	Cylchlythyr wedi'i rannu â'r arweinydd Gweithredol a'i raeadru i gydweithwyr clinigol.
Heintiau sy'n Gysylltiedig â Gofal Iechyd a Nodau Gwella Gwrthficrobaidd (WHC/2021/028)	27 Medi 2021	Cylchlythyr wedi'i rannu â'r arweinydd Gweithredol a'i raeadru i gydweithwyr clinigol ac Arweinwyr Atal a Rheoli Heintiau.
Cynllun iechyd gwaed GIG Cymru (WHC/2021/027)	27 Medi 2021	Cylchlythyr wedi'i rannu ag Arweinwyr Gweithredol a'i raeadru i arweinwyr a meysydd clinigol i'w adolygu a'i weithredu.
Cymhwystra ymwelwyr tramor i dderbyn gofal sylfaenol am ddim (WHC/021/026)	06 Hydref 2021	Cylchlythyr wedi'i rannu ag Arweinwyr Gweithredol a'i raeadru i arweinwyr gweithredu priodol i'w adolygu a'i weithredu.

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Fframwaith Cynllunio GIG Cymru 2022 i 2025 (WHC/2021/031)	09 Tachwedd 2021	Cylchlythyr wedi'i rannu â'r Arweinydd Gweithredol a'i raeadru i'r arweinwyr cynllunio i'w adolygu a'i ymgorffori ym mhrosesau CTCI y Bwrdd Iechyd.
Role and provision of dental public health in Wales (WHC/2021/032)	16 Tachwedd 2021	Cylchlythyr wedi'i rannu ag Arweinwyr Gweithredol a'i raeadru i arweinwyr a meysydd clinigol i'w adolygu a'i weithredu.
Rôl a darpariaeth llawdriniaethau'r geg yng Nghymru (WHC/2021/033)	14 Rhagfyr 2021	Cylchlythyr wedi'i rannu ag Arweinwyr Gweithredol a'i raeadru i arweinwyr a meysydd clinigol i'w adolygu a'i weithredu. Mae adborth a dderbyniwyd yn cadarnhau bod cyfeiriad y gwasanaeth deintyddol o fewn y Bwrdd Iechyd yn gyson â Llunio ein Gwasanaethau Iechyd i'r Dyfodol.
Dyraniadau byrddau iechyd 2022 i 2023 (WHC/2021/034)	09 Chwefror 2022	Cylchlythyr wedi'i dderbyn a'i rannu â'r Arweinwyr Gweithredol.
Cofnodi codau darllen dementia (WHC/2022/007)	15 Chwefror 2022	Cylchlythyr wedi'i rannu ag Arweinwyr Gweithredol a'i raeadru i arweinwyr a meysydd clinigol i'w adolygu a'i weithredu.
Canolfan Gwerth mewn Iechyd Cymru: gofynion data (WHC/2022/005)	24 Mawrth 2022	Cylchlythyr wedi'i rannu ag Arweinwyr Gweithredol a'i raeadru i arweinwyr a meysydd clinigol i'w adolygu a'i weithredu.
Fframwaith Profi Cleifion – Canllawiau wedi'u diweddaru (WHC/2022/011)	24 Mawrth 2022	Rhannwyd copi o'r Cylchlythyr drwy e-bost i holl gydweithwyr y Bwrdd Iechyd gael golwg arno.
Brechlynnau ad-daladwy a charfannau cymwys ar gyfer rhaglen frechu rhag ffliw tymhorol (ffliw) y GIG 2022 i 2023 (WHC/2022/010)	29 Mawrth 2022	Cylchlythyr wedi'i rannu ag Arweinwyr Gweithredol a'i raeadru i arweinwyr a meysydd clinigol i'w adolygu a'i weithredu.

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Rhan 2b

Adroddiad ar Daliadau a Staff

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20. Adroddiad ar Dadliadau a Staff

20.1 Niferoedd y Staff

Mae proffil gweithlu'r Bwrdd Iechyd yn dangos bod tua 76% o'r gweithlu yn fenywod. Nid yw hyn yn cynrychioli'r gymuned leol lle mae ychydig dros hanner y boblogaeth yn fenywod. Dyma oedd nifer y dynion a'r menywod o blith y cyfarwyddwyr, y rheolwyr a'r gweithwyr ar 31 Mawrth 2022:

	Menywod	Dynion	Cyfanswm
Cyfarwyddwr	12	9	21
Rheolwr	167	99	263
Gweithiwr	12548	3852	16403
Cyfanswm	**12727**	**3960**	**16687**

20.2 Cyfansoddiad y Staff

Mae gennym weithlu amrywiol o bron i 16,000 o staff yn gweithio mewn llawer o wahanol fathau o rolau, ac ynghyd â gwirfoddolwyr, cydweithwyr ym maes gofal cymdeithasol a gofalwyr, rydym yn cael effaith aruthrol ar ein poblogaeth. Mae'n rhaid inni wybod a deall siâp ein gweithlu os ydym am fonitro a diwygio'n llwyddiannus y cynlluniau sy'n arwain at y gweithlu cywir ar yr adeg gywir, gan alluogi a grymuso'r gweithlu i weithio ar 'ben uchaf eu trwydded' neu gwmpas ymarfer. Yn ogystal â'r heriau a gafwyd yn sgil y pandemig a'r cyfnod adfer angenrheidiol, mae'r Cynllun Pobl a Diwylliant yn cydnabod ein bod ni, ynghyd â'r GIG ehangach yng Nghymru, yn wynebu newidiadau cymdeithasol, economaidd, technolegol a demograffig. O ganlyniad i hyn mae angen i ddemograffeg ein gweithlu hefyd newid, ac mae'n rhaid inni addasu'r ffordd rydym yn recriwtio, yn cadw ac yn cefnogi ein pobl.

Mae'r siartiau isod yn dangos yr heriau canlynol wrth ystyried sut i wneud y defnydd gorau o'r gweithlu presennol, a gweithlu'r dyfodol, a sut i ystyried cyflenwad y dyfodol yn erbyn blaenoriaethau gwasanaeth:

- Mae gan y Bwrdd Iechyd weithlu sy'n heneiddio a'r categorïau oedran mwyaf yw 31-35 oed (2,193 o staff) a 51-55 oed (2,122 o staff). Mae'n allweddol bod Byrddau Clinigol sy'n cynllunio'r gweithlu lleol yn ystyried effaith gweithwyr sy'n ymddeol o feysydd gwasanaeth tyngedfennol.
- Y categorïau gradd mwyaf yw staff ym Mandiau 2, 5 a 6 yr Agenda ar gyfer Newid. Mae'n bwysig adolygu'r gymysgedd o sgiliau a ffyrdd newydd o weithio yn barhaus er mwyn sicrhau cyflenwad digonol o sgiliau i'r dyfodol, yn y man cywir ac ar y radd gywir. Mae angen moderneiddio'r gweithlu ymhellach hefyd, gan greu rolau newydd ac ymestyn sgiliau, a gwella gwybodaeth am y gweithlu a sgiliau cynllunio'r gweithlu i gefnogi hynny. Mae hyn yn cynnwys datblygu mesurau effeithlonrwydd a chynhyrchiant priodol sy'n helpu i hwyluso meincnodi a dangos gwerth wrth i siâp ein gweithlu barhau i newid.
- Mae mwyafrif y gweithlu yn fenywod (76%) gydag ymraniad cyfartal o fewn y grŵp hwn rhwng gweithwyr amser llawn (39%) a rhan-amser (37%). Mae'n hanfodol ein bod yn defnyddio ein polisïau cyflogaeth, fel y Polisi Gweithlu Addasadwy a'r Weithdrefn Gweithio Hyblyg, er mwyn cadw talent a chadw ymroddiad staff.

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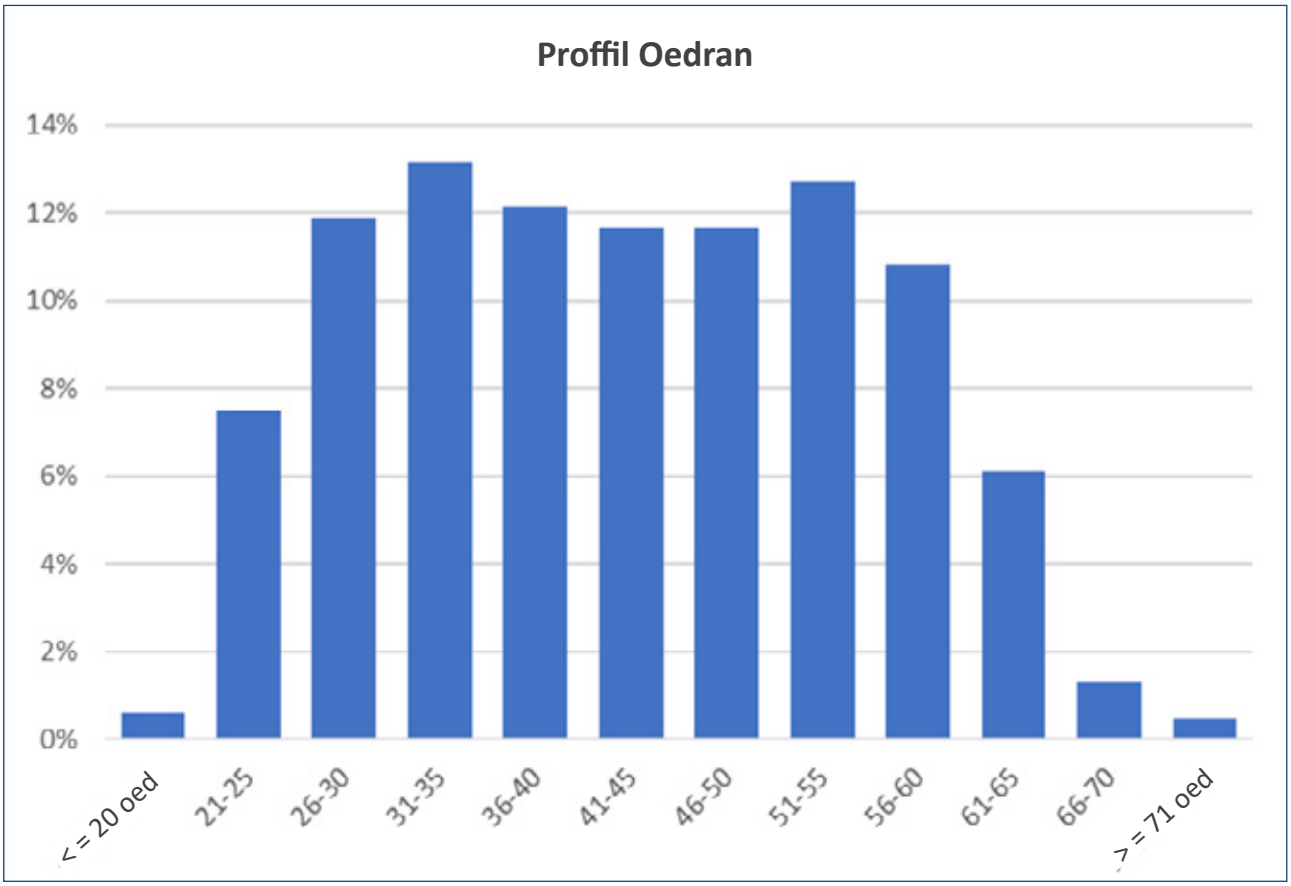
- Mae mwyafrif y gweithlu yn wyn (77%) gydag 11% mewn categorïau Du a Lleiafrifol Ethnig a 12% heb ddatgan eu hethnigrwydd. Ceir nifer o gamau ynn y Cynllun Cydraddoldeb Strategol i barhau i adolygu ein gweithlu yn hyn o beth, er mwyn sicrhau ei fod yn ymdrechu i adlewyrchu'r boblogaeth leol, lle bo'n berthnasol ee, mewn arferion recriwtio.
- Staff nyrsio a bydwreigiaeth cofrestredig a staff nyrsio anghofrestredig sydd i gyfrif am ychydig dros 42% o gyfanswm y gweithlu. Ac ystyried bod prinder cenedlaethol cydnabyddedig o nyrsys cofrestredig, mae'r Bwrdd Iechyd wedi rhoi blaenoriaeth uchel i gynaliadwyedd nyrsys ar agenda ei weithlu. Er na allwn ddylanwadu ar gyflenwad gwirioneddol y gweithlu cofrestredig yn y tymor byr, gallwn ganolbwyntio ein hymdrechion ar ddenu pobl drwy wella brand y Bwrdd Iechyd gan hyrwyddo manteision gweithio yma, a thargedu grwpiau penodol mewn cymdeithas.

Dengys gwybodaeth am broffil y gweithlu a gasglwyd i'r BIP ym mis Mawrth 2022 fod 5% o staff yn ystyried bod ganddynt anabledd, ond nid yw'r wybodaeth hon yn hysbys ar gyfer nifer sylweddol o'r staff (31%).



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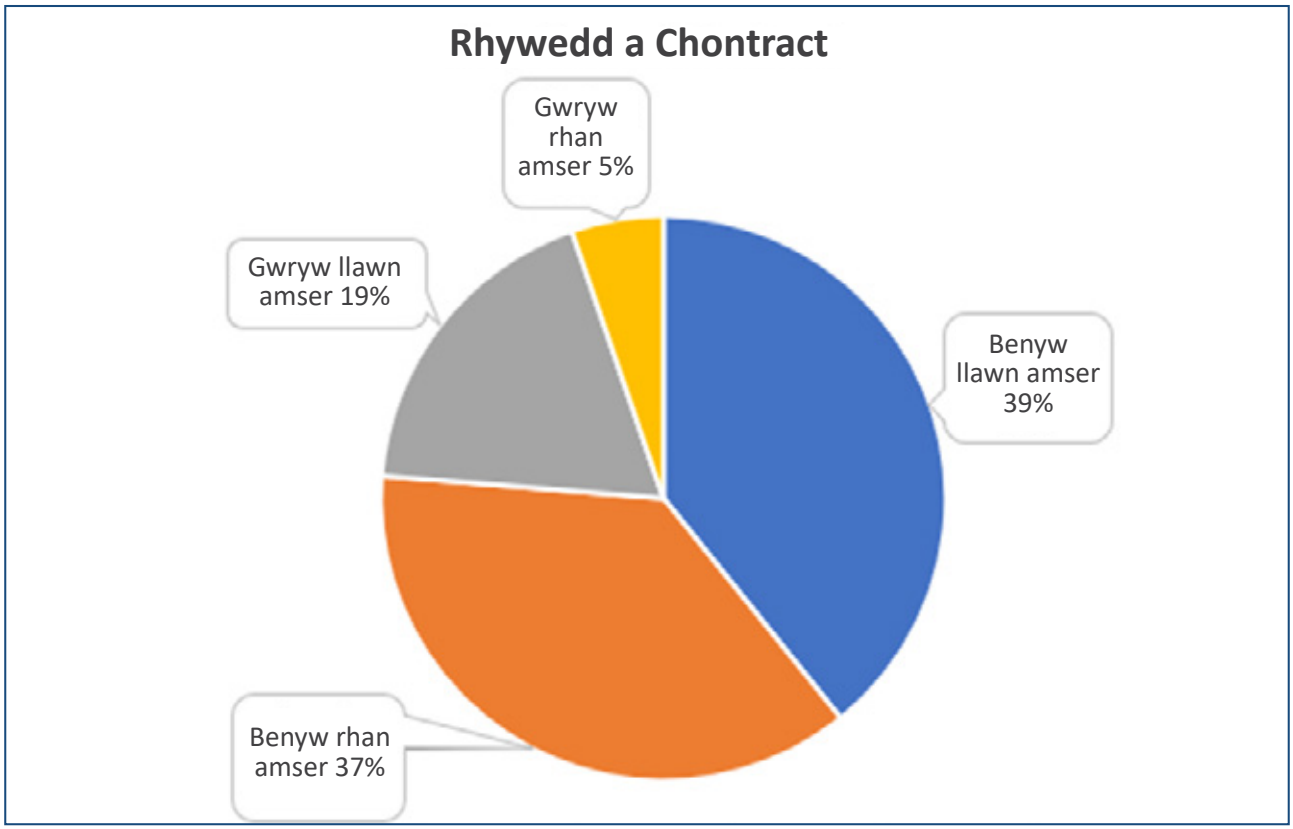

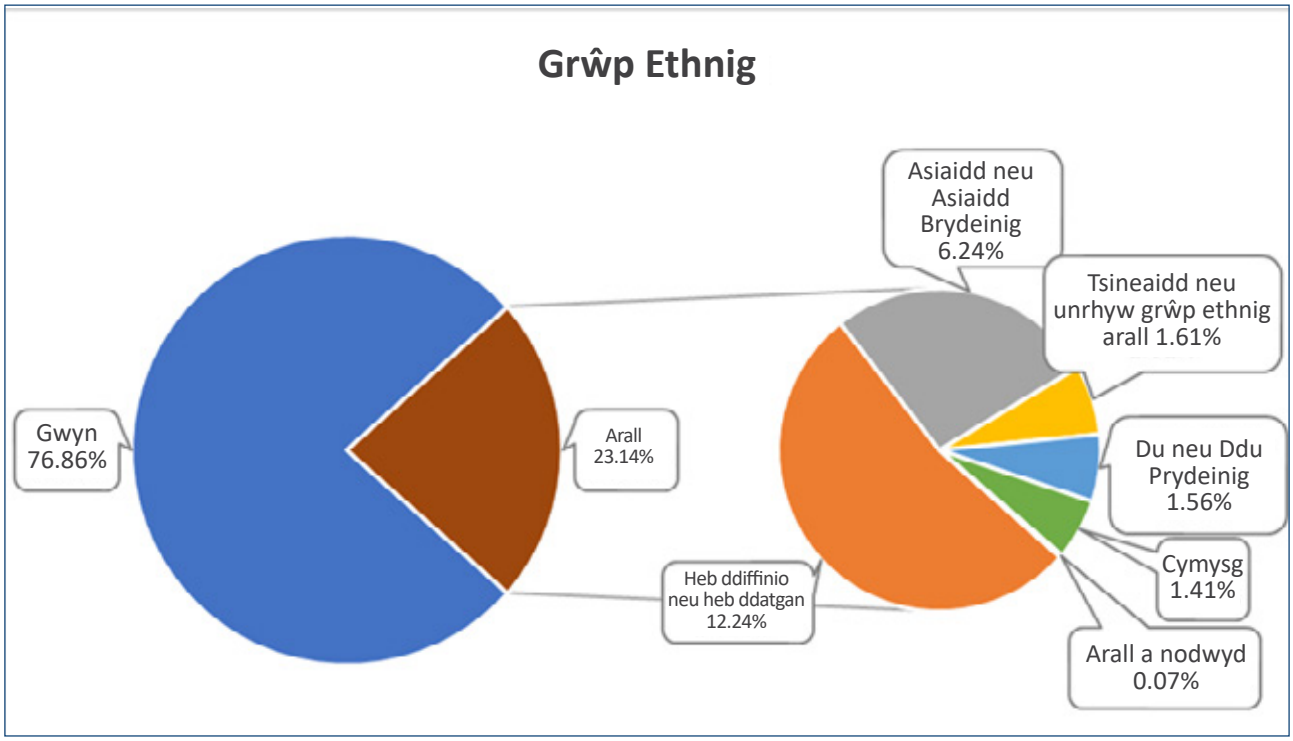

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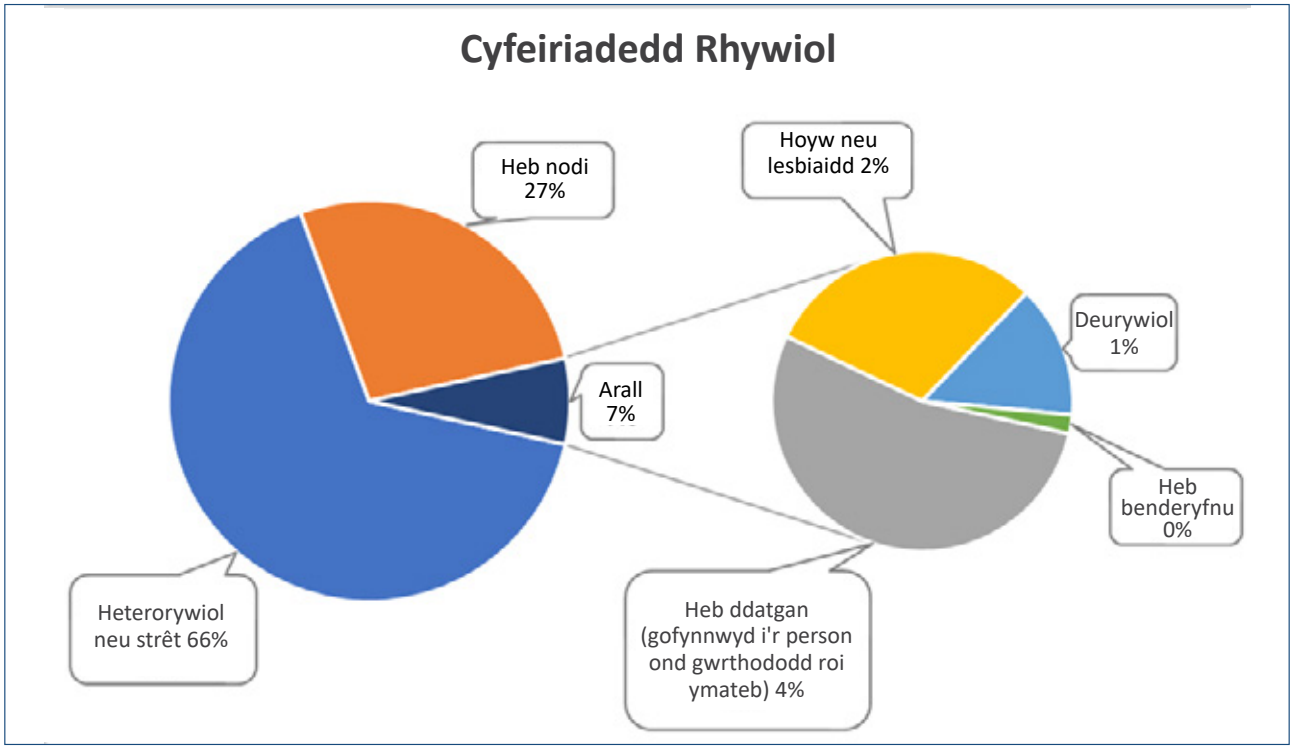

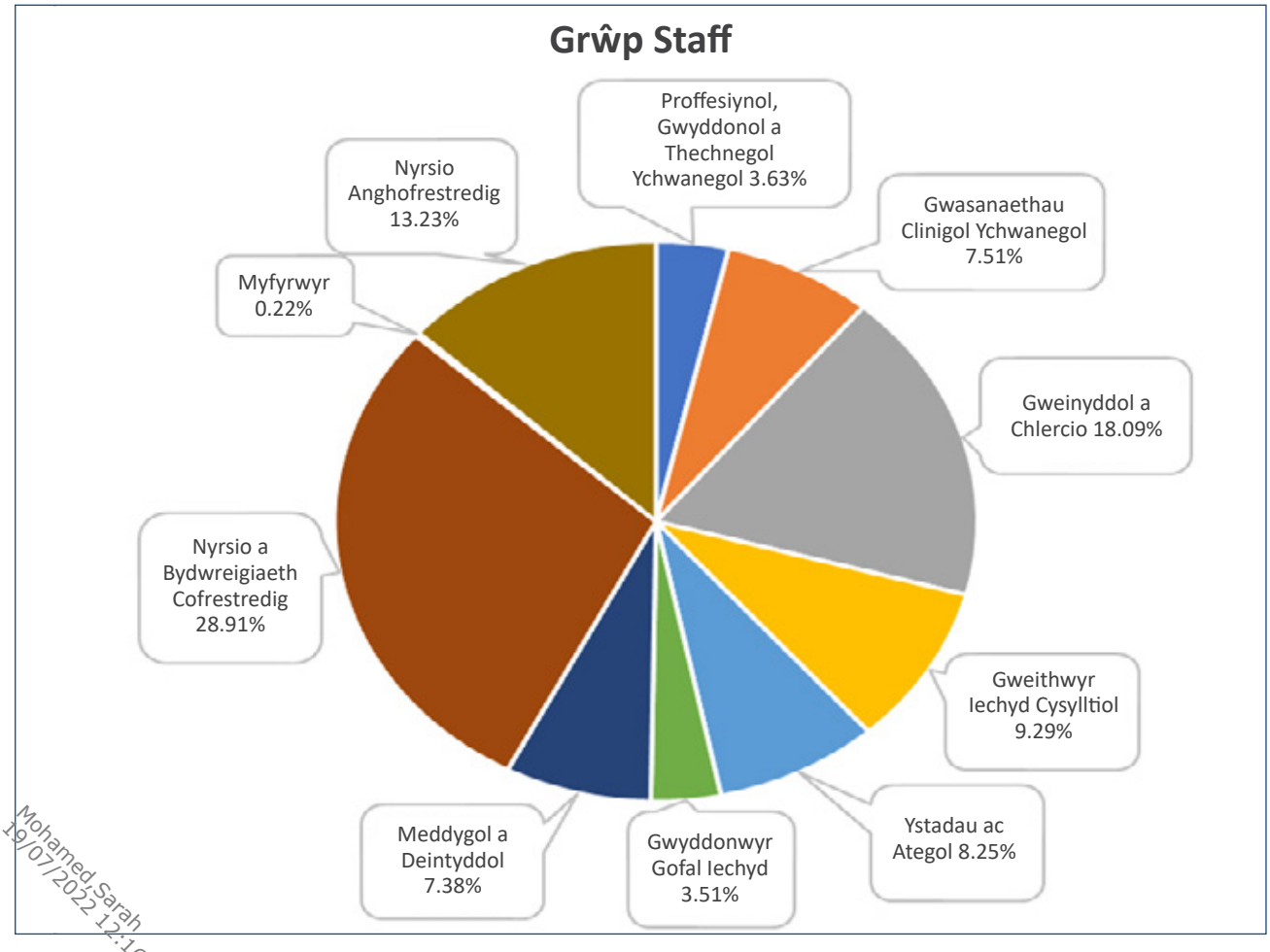

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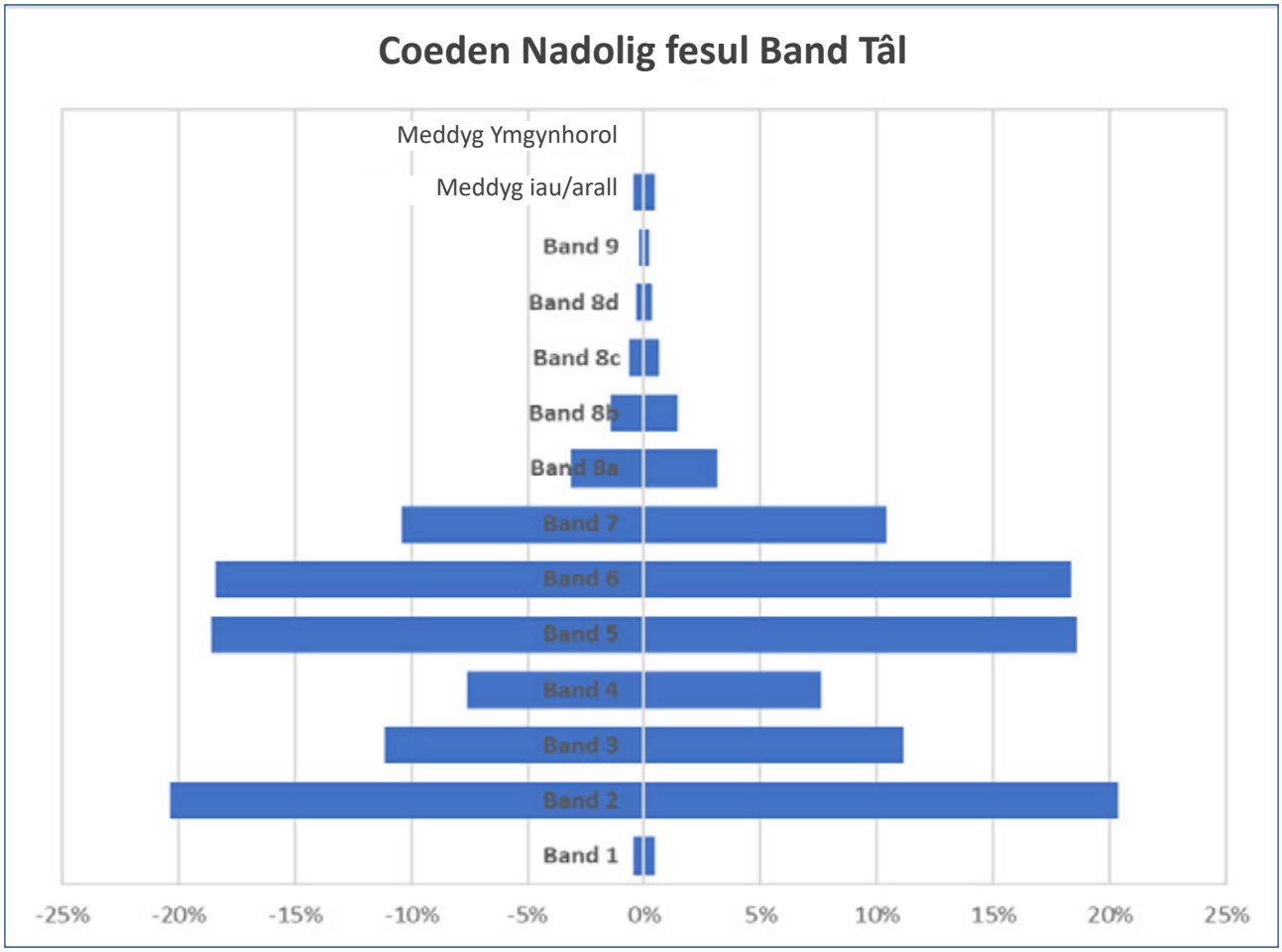
Coeden Nadolig fesul Band Tâl
Meddyg Ymgynhorol
Meddyg iau/arall
Band 9
Band 8d
Band 8c
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Band 6
Band 5
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-25%
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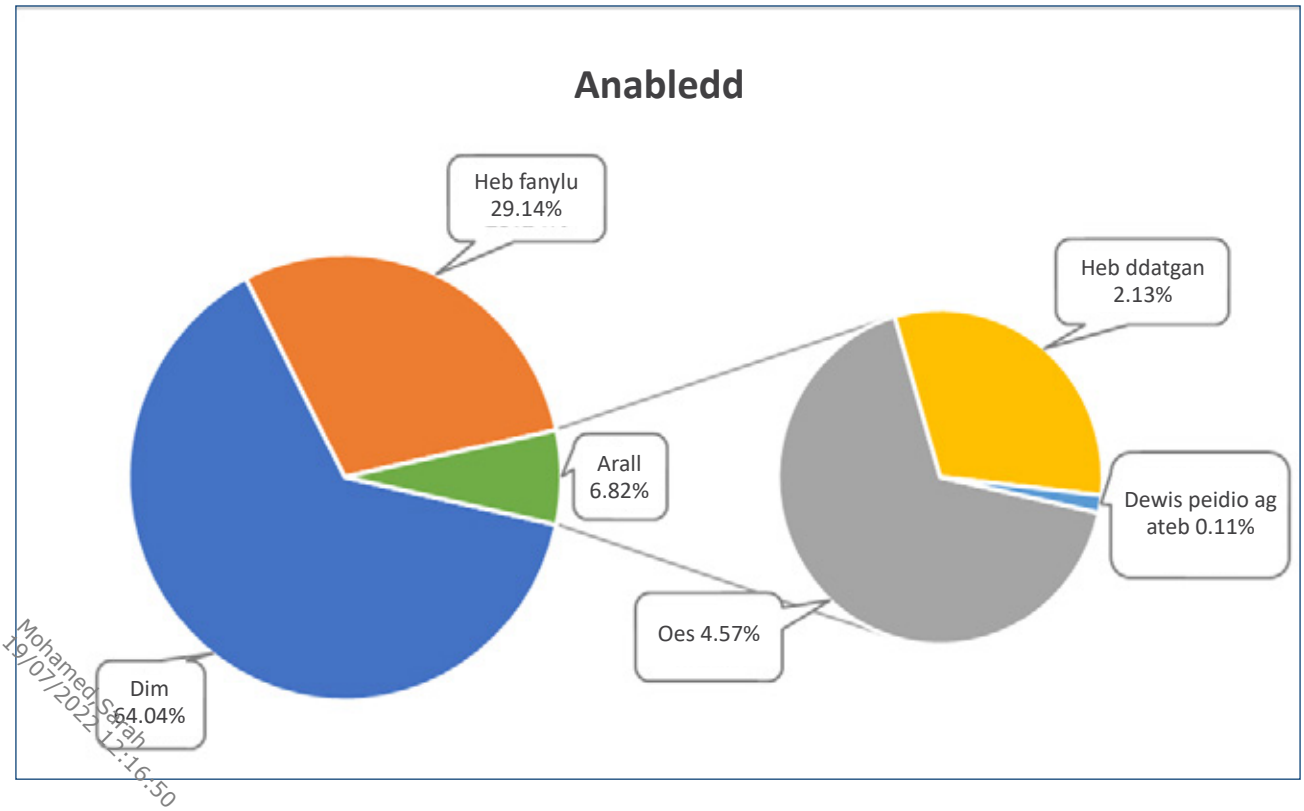
Anabledd
Heb fanylu 29.14%
Heb ddatgan 2.13%
Arall 6.82%
Dewis peidio ag ateb 0.11%
Oes 4.57%
Dim 64.04%
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20.3 Data Absenoldeb Salwch

Mae iechyd a llesiant staff y Bwrdd Iechyd o'r pwys mwyaf, yn enwedig ar yr adeg ddigynsail hon, ac mae llawer o'r gwaith a gyflawnwyd yn 2021/22 wedi'i ddisgrifio yn yr Adroddiad ar Berfformiad.

Mae **absenoldeb salwch** yn parhau i fod yn flaenoriaeth i'r Bwrdd Iechyd. Y gyfradd salwch gronnus ar gyfer y cyfnod o 12 mis hyd at ac yn cynnwys mis Mawrth 2022 yw 6.92% sydd 2.32% yn uwch na tharged diwedd blwyddyn 2021-22 o 4.60%. Mae 12.57% o gyfanswm y salwch a gofnodwyd wedi'i briodoli i COVID-19.

Roedd 70% o'r salwch hwn i'w briodoli i absenoldeb hirdymor a 30% i absenoldeb byrdymor. Y prif resymau a gofnodwyd ar gyfer absenoldeb o fewn y Bwrdd Iechyd yn ystod 2021-22 oedd Gorbryder/Straen a Phroblemau'r Frest ac Anadlu.

Dengys y tabl isod wybodaeth am nifer y diwrnodiau a gollwyd oherwydd salwch yn ystod 2020-21 a 2021-22.

	2021-22	2020-21
	Nifer	Nifer
Dyddiau a gollwyd (hirdymor)	247,568.4	213,428.31
Dyddiau a gollwyd (byrdymor)	101,921.9	83,687.6
Cyfanswm y dyddiau a gollwyd	349,490.38	297,115.98
Cyfanswm blyny-ddoedd y staff	13828.4	13,560.93
Dyddiau gwaith a gollwyd ar gyfartaledd	15.78	13.68
Cyfanswm y staff a gy-flogwyd yn ystod y cyf-nod (nifer y gweithwyr)	15,915	15,580
Cyfanswm y staff a gyflogwyd yn ystod y cyfnod heb unrhyw absenol-deb (nifer y gweithwyr)	6,274	7,602
Canran y staff heb absenoldeb salwch	39.42%	47.49%

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20.4 Polisïau Staff

Yn y Bwrdd Iechyd mae gennym 6 o Bolisïau Cyflogaeth Bwrdd Iechyd Lleol:

- Recriwtio a Dethol
- Gweithlu Addasadwy
- Iechyd a Llesiant Gweithwyr
- Dysgu, Addysg a Datblygu
- Polisi Cydraddoldeb, Cynhwysiant a Hawliau Dynol
- Absenoldeb Mamolaeth, Mabwysiadu, Tadolaeth ac Absenoldeb Rhiant a Rennir

Mae'r rhain yn nodi ein hymrwymiadau fel sefydliad, a'r hyn rydym yn anelu i'w gyflawni. Cefnogir pob un ohonynt gan nifer o Weithdrefnau sy'n disgrifio'r prosesau i'w dilyn, y rolau a'r cyfrifoldebau, ac unrhyw hawliau neu rwymedigaethau. Mae hyn yn golygu bod llai o ddyblygu, mwy o dryloywder a gwybodaeth sy'n haws ei deall. Mae'r rhain yn ychwanegol at Bolisïau CYMRU GYFAN sy'n berthnasol i ni ac i bob Bwrdd Iechyd arall yng Nghymru

Mae'n ofynnol cael dau awdur ar gyfer yr holl bolisïau, gweithdrefnau a chanllawiau cyflogaeth, a'r polisïau, y gweithdrefnau a'r canllawiau cysylltiedig ynghylch Adnoddau Dynol a'r Gweithlu a Datblygu Trefniadol, hy, cynrychiolydd y rheolwyr a'r staff, a chynnal proses ymgynghori gadarn ar y dogfennau hynny. Mae hyn yn cynnwys cyhoeddi'r dogfennau ar fewnrwyd y Bwrdd Iechyd am isafswm o 28 diwrnod a'u hystyried yn Is-Grŵp Polisïau Cyflogaeth y Fforwm Partneriaeth Lleol.

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Fel cyflogwr rydym wedi ymrwymo i roi cyfle cyfartal a chynhwysiant ystyrlon i bob gweithiwr, waeth beth fo'i nodweddion gwarchodedig (hy, hunaniaeth rhywedd, statws priodasol, hil, tarddiad ethnig, statws mamolaeth, cenedligrwydd, tarddiad cenedlaethol, rhyw, anabledd, cyfeiriadedd rhywiol , crefydd neu oedran), fel y dangosir yn ein **Polisi Cydraddoldeb, Cynhwysiant a Hawliau Dynol**. Mae ei gylch gwaith yn mynd y tu hwnt i gydymffurfio'n llwyr â'r gyfraith ac yn gweithredu fel man cyfeirio os bydd unrhyw anghydfodau dilynol.

Mae'r Bwrdd Iechyd wedi ymrwymo i sicrhau bod y broses o recriwtio a dethol staff yn cael ei chynnal mewn modd systematig, gynhwysfawr a theg, gan hyrwyddo cyfle cyfartal bob amser, dileu gwahaniaethu a hyrwyddo cysylltiadau da rhwng pawb. Mae'r **Polisi Recriwtio a Dethol** yn esbonio sut y byddwn yn denu, yn penodi ac yn cadw staff cymwys â chymhelliant, â'r sgiliau a'r profiad cywir i sicrhau bod gwasanaeth o ansawdd yn cael ei ddarparu, gan gefnogi gwerthoedd y polisi. Ategir hyn gan nifer o weithdrefnau gan gynnwys y Weithdrefn Recriwtio a Dethol, Gweithdrefn Contract Cyfnod Penodol a Gweithdrefn Cofrestru Proffesiynol. Recriwtio, Denu a Chadw gweithwyr yw un o themâu'r Cynllun Pobl a Diwylliant. Mae'r gallu i ddarparu gofal tosturiol o ansawdd uchel yn dibynnu ar y gallu i recriwtio a chadw unigolion sydd â'r sgiliau, y galluoedd, y gwerthoedd a'r profiadau cywir. Mae hyn wedi datblygu'n fwyfwy anodd yn dilyn y pwysau ar wasanaethau a'r effaith ar wytnwch y gweithlu yn gysylltiedig â'r pandemig. Mae'r hinsawdd bresennol wedi creu prinder ymgeiswyr addas mewn llawer o broffesiynau, ac mae angen inni feddwl

yn wahanol am sut rydym yn denu ac yn recriwtio ein gweithlu presennol a gweithlu'r dyfodol, gan gynnwys gweithio gyda phartneriaid gofal cymdeithasol i ddatblygu gweithlu integredig, ac i gefnogi gweithlu amrywiol a diwylliant cynhwysol. Fodd bynnag, ni allwn ddibynnu ar y gallu i ddenu pobl newydd i'n gweithlu yn unig; mae angen inni wella'r modd yr ydym yn cadw, yn rheoli, yn datblygu ac yn gofalu am lesiant y gweithlu sydd gennym eisoes.

- Sefydlu Tîm Adnoddau'r Gweithlu newydd
- Datblygu prosesau recriwtio 'llwybr carlam' ar gyfer rhai swyddi
- Cyhoeddi Arolwg Bodlonrwydd Cyflogaeth ('arolwg dechreuwyr') ar gyfer nyrsys newydd gymhwyso
- Creu cysylltiadau â'r ganolfan waith ar gyfer pobl sydd wedi bod yn ddi-waith ers cyfnod hir
- Trefnu 3 diwrnod o ffug-gyfweliadau yn Ysgol Uwchradd yr Eglwys Newydd ym mis Chwefror 2022
- Cynnal trafodaethau i wella prosesau recriwtio Staff Swyddfa Dros Dro
- Datblygu Strategaeth/Cynllun Cadw Drafft
- Cysylltu â Wallich, sefydliad sy'n cefnogi'r digartref a Shelter Cymru i roi cefnogaeth i'w cleientiaid gael swydd.
- Cynnal cyfarfod â'r Bartneriaeth Newid Gyrfa i helpu cyn-filwyr i gael gwaith. (Digwyddiad gyrfaoedd Bryste wedi'i gynllunio ar gyfer Mehefin 22).
- Cymryd rhan mewn 2 ffair recriwtio 'Into Work' a 4 arall wedi'u harchebu

Mae'r Bwrdd Iechyd wedi ymrwymo i gyfle cyfartal wrth recriwtio, ac yn dangos hyn drwy arddangos y Symbol Hyderus o ran Anabledd (sy'n disodli'r cynllun 'dau dic') ym mhob hysbyseb, yn ogystal â symbolau Cadarnhaol ynghylch Oedran, Cyflogwr Ystyriol a Stonewall Cymru.

Mae'r Bwrdd Iechyd wedi ymrwymo i gefnogi ei weithwyr a'u cadw'n iach. Y **Polisi Iechyd a Llesiant Gweithwyr** sy'n nodi ein hymrwymiad i annog a grymuso gweithwyr i gymryd cyfrifoldeb personol dros eu ffordd o fyw, a'u hiechyd a'u llesiant, ac i roi cyfleoedd i reolwyr ynghylch eu rolau a'u cyfrifoldebau.

Yn dilyn ailasesiad yn nhymor yr hydref 2021, mae'r Bwrdd Iechyd wedi cadw'r **Safonau Iechyd Corfforaethol** Aur a Phlatinwm ac wedi'i gydnabod fel sefydliad enghreifftiol.Bydd y dyfarniad hwn yn weithredol dros y 12 mis nesaf, gydag asesiad llawn wedi'i aildrefnu ar gyfer hydref 2022. Mae'r Grŵp Strategaeth Llesiant sydd

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bellach wedi'i sefydlu yn goruchwylio'r gwaith o gyflawni'r blaenoriaethau a'r camau gweithredu sy'n deillio o'r Safon Iechyd Gorfforaethol, a gwnaed llawer o gynnydd dros y flwyddyn ddiwethaf, gan gynnwys gweithredu gorsafoedd hydradu, a gefnogir gan yr Elusen Iechyd, a datblygu cymorth cymheiriaid.

Mae **Polisi Rheoli Absenoldeb yn y Gwaith** GIG Cymru yn cynorthwyo rheolwyr i gefnogi staff pan fyddant yn sâl, i reoli eu habsenoldeb a'u helpu i ddychwelyd i'r gwaith yn amserol, mewn modd tosturiol. Mae'r polisi'n rhagweithiol drwy osod cyfrifoldeb ar reolwyr llinell i adnabod eu staff ac i ganolbwyntio ar eu hiechyd a'u llesiant i'w cadw'n iach ac yn y gwaith.

Mae'r Polisi Rheoli Presenoldeb yn y Gwaith yn cynnwys nifer o becynnau cymorth. Mae un o'r rhain yn ymdrin ag addasiadau rhesymol/wedi'u teilwra – mae'n atgoffa rheolwyr o'n dyletswydd gyfreithiol i wneud addasiadau rhesymol i sicrhau nad yw gweithwyr ag anableddau, neu amhariadau iechyd corfforol neu feddyliol, o dan anfantais wrth gyflawni eu swydd neu yn ystod y broses recriwtio. Nodir yn y Polisi nad yw pob salwch yn anabledd, ond os yw gweithiwr yn gofyn am gymorth gyda chyflwr iechyd a llesiant, mae'n well darparu'r cymorth a geisir, gan dybio bod gwneud hynny'n weithred gymesur. Ceir llawer o fanteision yn gysylltiedig â hyn, gan gynnwys helpu'r gweithiwr i ddychwelyd i'w waith a'u helpu i aros yn y gwaith.

Cafodd tîm arbenigol Rheoli Presenoldeb yn y Gwaith ei ffurfio ym mis Rhagfyr 2021 mewn ymateb i'r pwysau gweithredol ar y gweithlu, gan gynnwys pwysau oherwydd COVID-19 a phwysau'r gaeaf. Pwrpas y tîm oedd rhoi cyngor arbenigol a chefnogaeth i reolwyr a chydweithwyr ar bob mater yn gysylltiedig â rheoli presenoldeb. Amcanion y tîm oedd adolygu pob achos o salwch hirdymor, rheoli prosesau adleoli, adolygu achosion Covid hir gan ganfod rolau eraill lle bo modd, a gweithio gyda'r Tîm Iechyd a Llesiant i gefnogi'r strategaeth llesiant er mwyn helpu i atal salwch. Mae'r tîm wedi cefnogi a hyfforddi rheolwyr, yn ystod cyfnod anodd ac annarogan wrth adfer ar ôl COVID-19. Mae hyfforddiant Rheoli Presenoldeb yn y Gwaith wedi cael ei gyflwyno'n rhithiol i 90 o reolwyr, gyda sesiynau rheolaidd wedi'u cynllunio wyneb yn wyneb ac yn rhithiol yn 2022. Mae staff sy'n absennol am gyfnod hir gyda salwch syndrom ôl-COVID-19 wedi cael eu cefnogi gan reolwyr ac wedi cael eu cyfeirio at yr adnoddau sydd ar gael i'w cynorthwyo i wella. Mae absenoldeb cyffredinol yn y Bwrdd Iechyd wedi bod yn lleihau yn sgil dull penodol ac ymroddedig y Tîm Rheoli Presenoldeb yn y Gwaith.

Mae'r **Weithdrefn Adleoli** yn nodi'r broses ar gyfer chwilio am swydd arall i weithwyr os nad ydynt yn ddigon iach i gyflawni dyletswyddau eu swydd gyfredol, neu os nad ydynt yn gallu cyflawni'r dyletswyddau hynny, naill ai ar sail dros dro neu barhaol. Gall hyn fod am nifer o resymau, gan gynnwys iechyd. Mae'n bwysig bod staff a rheolwyr yn glir ynghylch eu cyfrifoldebau a'r broses i'w dilyn i sicrhau bod pawb yn cael eu trin yn deg ac yn gyfartal. Un newid pwysig oedd nad yw unigolion y mae angen eu hadleoli oherwydd eu hiechyd yn dibynnu ar gyngor y Gweithlu a Datblygu Sefydliadol i gael gwybod am swyddi gwag, nac yn gorfod gwneud cais am swydd wag wedi iddi gyrraedd y cam hysbysebu. Mae staff y mae angen rolau eraill arnynt yn cael eu cynnwys yn system recriwtio Trac ac yn

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cael gwybod yn awtomatig am swydd a allai fod yn addas iddynt cyn caniatáu i'r cais swydd wag symud ymhellach drwy'r system. Er bod y broses o ganfod cyfle adleoli yn cael ei chydgysylltu i ddechrau gan yr Adran Adnoddau Dynol, rhennir y cyfrifoldeb dros gamau gweithredu, a'r berchnogaeth ar hynny, rhwng yr unigolyn dan sylw a'i reolwr llinell ar y pryd. Mae disgwyl i'r naill a'r llall gymryd pob cam posibl i ganfod cyfleoedd addas. Mae'r Weithdrefn wedi cryfhau atebolrwydd rheolwyr nad ydynt yn derbyn ymgeisydd addas ar gyfer cyfnod prawf adleoli. Nod y Weithdrefn yw sicrhau bod cyngor, cefnogaeth ac arweiniad clir yn cael ei roi i reolwyr a gweithwyr ynghylch eu rôl(au) wrth reoli sefyllfaoedd lle mae angen trosglwyddo gweithwyr i swyddi eraill addas.

Drwy wneud addasiadau rhesymol i staff ag anableddau rydym wedi gallu cadw nifer o weithwyr gwerthfawr yn eu rôl barhaol. Mae'r newidiadau nodweddiadol yn cynnwys adolygu llwythi achosion, newid offer a ddefnyddir, prynu offer arbenigol ac addasu eu gweithleoedd. Rydym wedi gweithio gyda sefydliadau fel Mynediad at Waith i gefnogi ein gweithwyr anabl.

Cafodd **Canllawiau Cefnogi Gofalwyr** eu datblygu ym mis Medi 2021. Mae'r Bwrdd Iechyd yn cydnabod y gallai fod ar weithwyr â chyfrifoldebau gofalu fod angen trefniadau byrdymor i ofalu am blentyn neu ddibynnydd, neu gael 'hawl i wneud gwaith' am drefniadau gwaith hyblyg ar gyfer gofynion tymor hwy. Gallai'r cyfrifoldebau gofalu effeithio ar allu aelod o staff i wneud ei swydd.

Pwrpas y Canllawiau yw helpu'r staff i daro cydbwysedd cadarnhaol rhwng gwaith/bywyd gyda chyfrifoldebau gofal, fel eu bod yn debygol o deimlo wedi'i gwerthfawrogi'n fwy, ac felly'n fwy cynhyrchiol a bodlon yn y gwaith. Mae'n sicrhau nad yw staff o dan anfantais annheg oherwydd cyfrifoldebau o'r fath a'u bod yn gallu cyfuno eu gwaith â'u cyfrifoldebau gofalu yn llwyddiannus. Mae'r sefydliad yn gwerthfawrogi pob unigolyn ac yn ymdrechu i gadw staff a darparu ar gyfer eu hamgylchiadau newidiol lle bo modd, tra'n cydbwyso anghenion y gwasanaeth.

Mae'r canllawiau hyn yn nodi ystod o opsiynau byrdymor a hirdymor sydd ar gael i staff drwy gytundeb â'u rheolwr llinell. Amlinellir cyfrifoldebau'r rheolwr llinell, yr aelod staff, y Gweithlu a Datblygu Sefydliadol a Chynrychiolydd yr Undebau Llafur yn y canllawiau. Gall aelod o staff â chyfrifoldebau gofalu a'i reolwr llinell lenwi cynllun gofalwr. Gall y cynllun fanylu ar y cyfrifoldebau gofalu a'r trefniadau y cytunodd y naill ochr a'r llall arnynt ar gyfer y tymor byr a'r tymor hir. Cymhwysir y canllawiau hyn yn unol ag egwyddorion Polisi Cydraddoldeb, Cynhwysiant a Hawliau Dynol, Polisi Absenoldeb Arbennig a Gweithdrefn Gweithio Hyblyg y Bwrdd Iechyd.

Mae'r Bwrdd Iechyd wedi manteisio ar y cyfle i ddatblygu dull partneriaeth ar y cyd â **DFN Project Search**. Rhaglen flwyddyn o hyd i baratoi am gyflogaeth yw DFN Project Search, a gynhelir yn gyfan gwbl o fewn y gweithle. Bydd hyn o gymorth i sicrhau'r deilliannau cyflogaeth gorau i oedolion ifanc o ddarparwyr addysg AAA ag anableddau dysgu ac/neu awtistiaeth ar draws Caerdydd a'r Fro, sydd wedi'u tangynrychioli o fewn y gweithlu. Bydd hyn o gymorth i gyflawni rhan o'r agenda ehangu mynediad i gyflogaeth. Eleni, cafwyd 7 o interniaid, y mae 2 ohonynt bellach wedi cael swydd o fewn Caerdydd a'r Fro, ac rydym ar ganol recriwtio tua 12 o interniaid ar gyfer y flwyddyn nesaf.

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Oherwydd y tirlun economaidd presennol yn sgil COVID-19, mae llawer o bobl yn ddi-waith. Mae cyfran fawr o'r unigolion hyn yn bobl ifanc. Mae'r llywodraeth wedi lansio cynllun arloesol newydd, sef **KICKSTART** sy'n rhoi dyfodol sy'n llawn cyfle i bobl ifanc 16-24 oed sy'n derbyn Credyd Cynhwysol drwy greu swyddi o ansawdd uchel drwy gymhorthdal gan y Llywodraeth ar draws y DU. Llwyddodd Caerdydd a'r Fro i ddod yn gyflogwr uniongyrchol ym mis Ionawr 2020. Bydd lleoliadau Kickstart yn chwe mis o hyd, ac yn ystod y cyfnod hwn bydd yr unigolyn yn ennill sgiliau cyflogadwyedd ychwanegol ac yn cael ei fentora i'w helpu i lwyddo i gael cyflogaeth hirdymor. Mae'r Bwrdd Iechyd wedi recriwtio cyfanswm o 162 o unigolion i'r sefydliad, ac o'r rhain, mae 2 wedi symud ymlaen i gynlluniau prentisiaeth, 32 wedi ennill rolau o fewn y Bwrdd Iechyd, 66 yn dal i fod ar y cynllun, a'r 62 sy'n weddill bellach wedi gorffen eu lleoliadau gyda ni. Daeth y cynllun i ben ar 31 Mawrth 2022.

Dros y flwyddyn ddiwethaf mae'r **Academi Brentisiaethau** wedi parhau i gynyddu rhywfaint o fomentwm wrth inni adfer o effeithiau'r pandemig. Rydym wedi llwyddo i recriwtio 8 prentis arall ac mae 1 wedi cwblhau'r brentisiaeth ac wedi llwyddo i gael swydd yn yr adran a oedd yn ei gynnal. Mae trafodaethau cadarnhaol yn cael eu cynnal ym maes Ystadau, Cofnodion Iechyd a Digidol ac rydym yn disgwyl recriwtio i'r swyddi hyn yn nhymor y gwanwyn. Rydym hefyd yn cynnal trafodaethau cynnar â'n cydweithwyr o fewn Proffesiynau Perthynol i Iechyd, Cyllid, Nyrsio Deintyddol, Profiad Cleifion a pheirianneg Adsefydlu gan fod cymwysterau a llwybrau dilyniant bellach ar gael i gefnogi'r rhannau hyn o'r gweithlu. Rydym yn parhau i adolygu cymwysterau wrth iddynt ddod ar gael ac yn targedu'r meysydd lle gellir defnyddio'r rhain. Mae cyflwyno prentisiaid Gweithiwr Cymorth Gofal Iechyd yn dal i fod yn gadarn ar yr agenda ac mae sgyrsiau'n parhau â chydweithwyr nyrsio ynghylch sut y gellir cyflwyno'r rhain a'r cymorth sydd ei angen. I gefnogi ein prentisiaid presennol a'n cyn brentisiaid rydym wedi'u gwahodd i ymuno â Rhwydwaith Arweinwyr y Dyfodol. Cefnogir y Rhwydwaith i ddechrau gan y Cyfarwyddwr Gweithredol Pobl a Diwylliant, ond y grŵp ei hun fydd yn arwain y Rhwydwaith yn y pen draw, gan lywio'r agenda wrth symud ymlaen. Bydd y rhwydwaith hwn yn rhoi cymorth a datblygiad ychwanegol iddynt i'w galluogi i ffynnu a dod yn Arweinwyr y Dyfodol ar gyfer y Bwrdd Iechyd.

Mae nifer y staff presennol sy'n manteisio ar brentisiaethau wedi cynyddu'n sylweddol ers haf 2021 gyda 236 o ddechreuwyr newydd yn cwmpasu pynciau fel rheolaeth, iechyd, Gweinyddu Busnes a Defnyddwyr TG. Yn ystod y cyfnod hwn, mae 134 o staff presennol wedi cwblhau eu cymwysterau. Drwy gydol y pandemig mae ein staff presennol a phrentisiaid lefel mynediad wedi cael cymorth i gwblhau eu cymwysterau. Gweithio gyda darparwyr hyfforddiant, i gynnig dulliau asesu amgen. Rydym hefyd wedi cytuno ar seibiannau dysgu gydag unigolion i sicrhau nad ydynt yn cael eu rhoi dan unrhyw anfantais dros y cyfnod digynsail hwn.

20.5 Cyflog a Hawliau Pensiwn Uwch Reolwyr 2021-2022

Rhoddir manylion llawn taliadau uwch reolwyr ar gyfer 2021-22 yn y tablau archwiliedig a ganlyn:

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ADRODDIAD TALIADAU BWRDD IECHYD LLEOL PRIFYSGOL CAERDYDD A'R FRO 2021-22

Cyflogau Uwch Reolwyr

	31-Mar-2022						
Enw a theitl	**Cyflog Cyfwerth â Blwyddyn Lawn (bandiau o £5,000)**	**Cyflog (bandiau o £5,000)**	**Taliadau Eraill (bandiau o £5,000)**	**Taliadau Bonws (bandiau o £5,000)**	**Buddion mewn nwyddau (Talgrynnwyd i'r £00 agosaf)**	**Buddion Pensiwn (Talgrynnwyd i'r £000 agosaf)**	**Cyfanswm (bandiau o £5,000)**
	£000	**£000**	**£000**	**£000**	**£00**	**£000**	**£000**
Bwrdd Iechyd Lleol Prifysgol Caerdydd a'r Fro							
Swyddog Aelodau							
Suzanne Rankin, Prif Weithredwr (1)	215-220	35-40	0	0	14	0	35-40
Leonard Richards, Prif Weithredwr (1)	230-235	115-120	0	0	0	59	170-175
Dr Stuart Walker, Prif Weithredwr Dros Dro (1)	255-260	95-100	0	0	0	39	135-140
Dr Stuart Walker, Cyfarwyddwr Meddygol Gweithredol (5)	235-240	115-120	0	0	0	51	165-170
Ruth Walker, Cyfarwyddwr Gweithredol Nyrsys	145-150	145-150	0	0	0	0	145-150
Steve Curry, Prif Swyddog Gweithredol (1) a (2)	155-160	115-120	0	0	0	75	190-195
Caroline Bird, Prif Swyddog Gweithredol Dros Dro (2)	135-140	30-35	0	0	0	110	140-145
Abigail Harris, Cyfarwyddwr Gweithredol Cynllunio Strategol (1)	135-140	135-140	0	0	0	59	195-200
Catherine Phillips, Cyfarwyddwr Gweithredol Cyllid	175-180	175-180	5-10	0	4	198	380-385
Rachel Gidman, Cyfarwyddwr Gweithredol Pobl a Diwylliant (3)	135-140	135-140	0	0	3	369	505-510
Dr Fiona Jenkins, Cyfarwyddwr Gweithredol Therapïau a Gwyddor Iechyd (4)	70-75	70-75	0	0	0	109	180-185
Fiona Kinghorn, Cyfarwyddwr Gweithredol Iechyd y Cyhoedd	125-130	125-130	0	0	0	52	175-180
yr Athro Meriel Jenney, Cyfarwyddwr Meddygol Gweithredol Dros Dro (5)	180-185	80-85	0	0	0	0	80-85
Cyfarwyddwyr Eraill							
Nicola Foreman, Cyfarwyddwr Llywodraethu Corfforaethol	110-115	110-115	0	0	0	35	145-150
Allan Wardhaugh, Prif Swyddog Gwybodaeth Glinigol (6)	140-145	20-25	0	0	0	7	30-35
David Thomas, Cyfarwyddwr Deallusrwydd Digidol ac Iechyd (6)	115-120	95-100	0	0	7	19	115-120
Aelodau Annibynnol (AA)							
Charles Janczewski, Cadeirydd	65-70	65-70	0	0	0	0	65-70
Ceri Phillips, Is-gadeirydd (7)	55-60	55-60					55-60
Michael Imperato, AA - Cyfreithiol	15-20	15-20	0	0	0	0	15-20
John Union - AA - Cyllid	15-20	15-20	0	0	0	0	15-20
David Edwards, AA - Cyfathrebu Gwybodaeth a Thechnoleg (8)	15-20	15-20	0	0	0	0	15-20
Yr Athro Gary Baxter, AA - Prifysgol	0	0	0	0	0	0	0
Sara Moseley, AA - Trydydd Sector (Gwirfoddol)	15-20	15-20	0	0	0	0	15-20
Y Cynghorydd Susan Elsmore, AA - Awdurdod Lleol	15-20	15-20	0	0	0	0	15-20
Akmal Hanuk, AA - Cymuned Leol	15-20	15-20	0	0	0	0	15-20
Rhian Thomas, AA - Cyfalaf ac Ystadau	15-20	15-20	0	0	0	0	15-20
Mike Jones, AI - Undeb Llafur	0	0	45-50	0	0	0	45-50
Aelodau Cyswllt							
Sam Austin, Cadeirydd, Grŵp Cyfeirio Rhanddeiliaid	0	0	0	0	0	0	0
Lance Carver, Aelod Cyswllt - Awdurdod Lleol	0	0	0	0	0	0	0

Nid yw'r buddion pensiwn yn swm sydd wedi'i dalu i unigolyn gan y BIP yn ystod y flwyddyn, ond yn gyfrifiad sy'n defnyddio gwybodaeth o'r tabl buddion pensiwn. Gall llawer o ffactorau ddylanwadu ar y ffigurau hyn e.e. newidiadau yng nghyflog person, p'un a yw'n dewis gwneud cyfraniadau ychwanegol i'r cynllun pensiwn o'i gyflog ai peidio, a ffactorau prisio eraill sy'n effeithio ar y cynllun pensiwn yn ei gyfanrwydd.

Roedd gan Stuart Walker ddwy rôl fwrdd yn ystod y flwyddyn - mae ei gyflog cyfunol yn rhan o'r band 210-215, gyda chyfanswm cyflog gan gynnwys buddion pensiwn yn dod o dan band 305-310.

Yn ystod 2021-22, cyflwynwyd gofyniad adrodd newydd y dylai'r Bwrdd Iechyd Ddatgan cyflog cyfwerth â Blwyddyn Lawn ar gyfer unrhyw unigolyn sydd ond yn aelod o'r bwrdd am ran o'r flwyddyn ariannol. Felly, mae colofn ychwanegol wedi'i chynnwys uchod ac yn nhabl 2020-21. Sylwer bod cyfanswm ffigurau'r Taliadau Cydnabyddiaeth yn seiliedig ar y symiau a dalwyd mewn gwirionedd yn y flwyddyn, nid cyflog y Flwyddyn Lawn.

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CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD REMUNERATION REPORT 2021-22

Cyflogau Uwch Reolwyr

	31-Mar-2021						
Enw a theitl	**Cyflog Cyfwerth â Blwyddyn Lawn (bandiau o £5,000)**	**Cyflog (bandiau o £5,000)**	**Taliadau Eraill (bandiau o £5,000)**	**Taliadau Bonws (bandiau o £5,000)**	**Buddion mewn nwyddau (Talgrynnwyd i'r £00 agosaf)**	**Buddion Pensiwn (Talgrynnwyd i'r £000 agosaf)**	**Cyfanswm (bandiau o £5,000)**
	£000	**£000**	**£000**	**£000**	**£00**	**£000**	**£000**
Bwrdd Iechyd Lleol Prifysgol Caerdydd a'r Fro							
Swyddog Aelodau							
Leonard Richards, Prif Weithredwr	210-215	210-215	0	0	0	54	265-270
Ruth Walker, Cyfarwyddwr Gweithredol Nyrsys	140-145	140-145	0	0	0	0	140-145
Steve Curry, Prif Swyddog Gweithredol	140-145	140-145	0	0	0	39	180-185
Abigail Harris, Cyfarwyddwr Gweithredol Cynllunio Strategol	130-135	130-135	0	0	0	36	170-175
Robert Chadwick, Cyfarwyddwr Gweithredol Cyllid	175-180	85-90	0	0	0	0	85-90
Christopher Lewis, Cyfarwyddwr Gweithredol Cyllid Dros Dro	140-145	70-75	0	0	0	0	70-75
Catherine Phillips, Cyfarwyddwr Gweithredol Cyllid	170-175	10-15	0	0	0	5	15-20
Martin Driscoll, Cyfarwyddwr Gweithredol y Gweithlu a Datblygu Sefydliadol	150-155	140-145	0	0	0	32	170-175
Rachel Gidman, Cyfarwyddwr Gweithredol Dros Dro y Gweithlu a Datblygu Sefydliadol	130-135	10-15	0	0	0	1	10-15
Dr Fiona Jenkins, Cyfarwyddwr Gweithredol Therapïau a Gwyddor Iechyd	90-95	90-95	0	0	0	89	180-185
Dr Stuart Walker, Cyfarwyddwr Meddygol Gweithredol	225-230	225-230	0	0	0	85	310-315
Fiona Kinghorn, Cyfarwyddwr Gweithredol Iechyd y Cyhoedd	120-125	120-125	0	0	0	33	155-160
Cyfarwyddwyr Eraill							
Nicola Foreman, Cyfarwyddwr Llywodraethu Corfforaethol	105-110	105-110	0	0	0	28	135-140
Jonathon Gray, Cyfarwyddwr Trawsnewid a Gwybodeg	155-160	35-40	0	0	0	4	40-45
Allan Wardhaugh, Prif Swyddog Gwybodaeth Glinigol	135-140	95-100	0	0	0	7	105-110
Aelodau Annibynnol (AA)							
Charles Janczewski, Cadeirydd	65-70	65-70	0	0	0	0	65-70
Michael Imperato, AI - Is-gadeirydd Dros Dro	55-60	55-60	0	0	0	0	55-60
John Union - Cyllid	15-20	15-20	0	0	0	0	15-20
Eileen Brandreth, AI - Cyfathrebu Gwybodaeth a Thechnoleg	15-20	15-20	0	0	0	0	15-20
Yr Athro Gary Baxter, AA - Prifysgol	0	0	0	0	0	0	0
Sara Moseley, AA - Trydydd Sector (Gwirfoddol)	15-20	15-20	0	0	0	0	15-20
Y Cynghorydd Susan Elsmore, AA - Awdurdod Lleol	15-20	15-20	0	0	0	0	15-20
Akmal Hanuk, AA - Cymuned Leol	15-20	15-20	0	0	0	0	15-20
Rhian Thomas, AA - Cyfalaf ac Ystadau	15-20	15-20	0	0	0	0	15-20
Dawn Ward, AI - Undeb Llafur	40-45	0	35-40	0	0	0	35-40
Mike Jones, AI - Undeb Llafur	40-45	0	0-5	0	0	0	0-5
Aelodau Cyswllt							
Richard Thomas, Cadeirydd, Grŵp Cyfeirio Rhanddeiliaid	0	0	0	0	0	0	0
Geoffrey Simpson, Cadeirydd Dros Dro, Grŵp Cyfeirio Rhanddeiliaid	0	0	0	0	0	0	0
Sam Austin, Cadeirydd, Grŵp Cyfeirio Rhanddeiliaid	0	0	0	0	0	0	0
Susan Bailey, Cadeirydd, Fforwm Gweithwyr Iechyd Proffesiynol	85-90	0	75-80	0	0	0	75-80
Lance Carver, Aelod Cyswllt - Awdurdod Lleol	0	0	0	0	0	0	0

Nid yw'r buddion pensiwn yn swm sydd wedi'i dalu i unigolyn gan y BIP yn ystod y flwyddyn, ond yn gyfrifiad sy'n defnyddio gwybodaeth o'r tabl buddion pensiwn. Gall llawer o ffactorau ddylanwadu ar y ffigurau hyn e.e. newidiadau yng nghyflog person, p'un a yw'n dewis gwneud cyfraniadau ychwanegol i'r cynllun pensiwn o'i gyflog ai peidio, a ffactorau prisio eraill sy'n effeithio ar y cynllun pensiwn yn ei gyfanrwydd.

Nid yw bonws y cynllun cydnabyddiaeth ariannol ar gyfer gweithwyr y GIG a gofal cymdeithasol o £735 i wobrwyo staff cymwys wedi'i gynnwys yng nghyfrifiadau adroddiad Taliadau'r GIG. Nid taliad cytundebol yw'r taliad bonws hwn, ond taliad untro i wobrwyo staff cymwys am eu hymrwymiad a'u hymdrechion diflino dan yr amgylchiadau mwyaf heriol.

Yn ystod 2021-22, cyflwynwyd gofyniad adrodd newydd y dylai'r Bwrdd Iechyd Ddatgan cyflog cyfwerth â Blwyddyn Lawn ar gyfer unrhyw unigolyn sydd ond yn aelod o'r bwrdd am ran o'r flwyddyn ariannol. Felly, mae colofn ychwanegol wedi'i chynnwys uchod ac yn nhabl 2021-22. Sylwer bod cyfanswm ffigurau'r Taliadau Cydnabyddiaeth yn seiliedig ar y symiau a dalwyd mewn gwirionedd yn y flwyddyn, nid cyflog y Flwyddyn Lawn.

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CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD REMUNERATION REPORT 2021-22

Hawliau Cyflog a Phensiwn Uwch Reolwyr

Nid yw Mike Jones yn cael ei dalu fel Aelod Bwrdd, ond mae'n gyflogai i'r Bwrdd Iechyd a dangosir ei gostau cyflog yn y golofn Taliadau Eraill.

Roedd Suzanne Rankin, Catherine Phillips, Rachel Gidman a David Thomas yn aelodau o gynllun budd Cyflog Car Prydlesu GIG Cymru yn ystod y flwyddyn ariannol, sy'n agored i holl gyflogeion y BIP. Mae elfen o gyflog cyflogai yn cael ei 'chyfnewid' am ddefnyddio car newydd. Yn y tabl Taliadau Cydnabyddiaeth ar gyfer 2020-21 mae'r swm o £10,627 a gyfnewidwyd at ddefnydd y car wedi'i gynnwys yn y golofn Cyflog fel a ganlyn:
S Rankin £608
C Phillips £3,419
R Gidman £3,928
D Thomas £2,672

Mae'r Cyfarwyddwr Cyllid wedi cael £8,000 o dreuliau adleoli ac mae'r swm hwn wedi'i gynnwys yn y golofn Taliadau Eraill ar gyfer tabl Taliadau Cydnabyddiaeth 2021-22.

Newidiadau i Aelodaeth y Bwrdd yn 2021-22

(1) Suzanne Rankin dechrau fel Prif Weithredwr 1 Chwefror 2022. **Len Richards** ddaeth ei rôl i ben ar 30 Medi 2021. **Stuart Walker** oedd y Prif Weithredwr Dros Dro rhwng 1 Hydref 2021 a 31 Ionawr 2022 ac yna gadawodd y bwrdd iechyd ar 18 Chwefror 2022, rhannwyd ei gyflog i adlewyrchu'r ddwy rôl bwrdd a gyflawnodd yn ystod y flwyddyn.
Stuart Walker oedd y Dirprwy Brif Weithredwr tan 30 Medi 2021. **Steve Curry** oedd y Dirprwy Brif Weithredwr rhwng 1 Hydref 2021 a 31 Rhagfyr 2021. **Abigail Harris** oedd y Dirprwy Brif Weithredwr rhwng 1 a 31 Ionawr 2022. **Stuart Walker** oedd y Dirprwy Brif Weithredwr rhwng 1 Chwefror 2022 a 18 Chwefror 2022.

(2) **Steve Curry** ddaeth ei rôl yn Brif Swyddog Gweithredu i ben 31 Rhagfyr 2021. **Caroline Bird** a ddechreuodd fel Prif Swyddog Gweithredu Dros Dro 1 Ionawr 2022.

(3) **Rachel Gidman** a ddechreuodd fel Cyfarwyddwr Dros Dro Pobl a Diwylliant 1 Mawrth 2021 ac fe'i penodwyd yn barhaol i'r rôl o 3 Mai 2021.

(3) Mae **Fiona Jenkins** wedi bod yn gweithio fel Cyfarwyddwr Gweithredol Dros Dro Therapïau a Gwyddor Iechyd Bwrdd Iechyd Cwm Taf Morgannwg ers 2 Tachwedd 2020, daeth y trefniadau hyn i ben ar 31 Mawrth 2022. Mae ei hamser wedi'i rannu'n gyfartal rhwng y ddau Fwrdd Iechyd. Ymddeolodd **Fiona Jenkins** ar 31 Mawrth ac wedi dychwelyd i gyflogaeth ar 2 Ebrill o dan ddarpariaethau cynllun Pensiwn y GIG.

(5) **Stuart Walker,** daeth e rôl fel Cyfarwyddwr Meddygol i ben ar 30 Medi 2021. **Meriel Jenney,** dechreuodd fel Cyfarwyddwr Meddygol Dros Dro 1 Hydref 2021.

(6) **Allan Wardhaugh,** gadawodd y bwrdd ar 31 Mai 2021, ond mae'n dal i gael ei gyflogi gan y BILI. **David Thomas,** dechreuodd fel aelod o'r bwrdd ar 1 Mehefin 2021.

(7) **Ceri Phillips,** dechreuodd ar 1 Ebrill 2021.

(8) **David Edwards** dechreuodd ar 1 Ebrill 2021.

Perthynas â'r Taliadau

Adroddir ar fanylion y Berthynas Taliadau yn adran 9.6 o'r Datganiadau Ariannol.

Gofyniad newydd i'r adroddiad staff a thaliadau ar gyfer 2021-22 yw i'r BILI gyflwyno datgeliadau o ran y 25fed a 75fed cymhareb canradd a hefyd y newid canrannol yng nghyflog y cyfarwyddwr â'r cyflog uchaf a chyflogeion yr endid yn ei gyfanrwydd. Mae'r datgeliadau newydd hyn wedi'u cynnwys yn adran 9.6 o'r Datganiadau Ariannol.

Mohamed,Sarah
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Buddion Pensiwn

Enw a theitl	Cynnydd gwirioneddol mewn pensiwn yn ôl oedran pensiwn (bandiau o £2,500) £000	Cynnydd gwirioneddol mewn cyfandaliad pensiwn ar oedran pensiwn (bandiau o £2,500) £000	Cyfanswm y pensiwn cronedig ar oedran pensiwn ar 31/03/22 (bandiau o £5,000) £000	Cyfandaliad ar oedran pensiwn sy'n gysylltiedig â phensiwn cronedig ar 31/03/2022 (bandiau o £000	Gwerth Trosglwyddo sy'n Gyfwerth ag Arian Parod ar 31 Mawrth 2022 £000	Gwerth Trosglwyddo sy'n Gyfwerth ag Arian Parod ar 31 Mawrth 2021 £000	Cynnydd (gostyngiad) gwirioneddol mewn Gwerth Trosglwyddo sy'n Gyfwerth ag £000	Cyfraniad y cyflogwr at bensiwn cyfranddeiliaid I'r £100
Leonard Richards, Prif Weithredwr Daeth i ben 30/09/21.	2.5-5	(7.5)-(5)	55-60	135-140	1,285	1,209	53	0
Steve Curry - Prif Swyddog Gweithredol	2.5-5	5-7.5	65-70	160-165	1,482	1,364	94	0
Caroline Bird - Prif Swyddog Gweithredol Dros Dro	0-2.5	2.5-5	40-45	80-85	736	619	24	0
Abigail Harris - Cyfarwyddwr Gweithredol Cynllunio	2.5-5	2.5-5	50-55	95-100	913	833	56	0
Rachel Gidman - Cyfarwyddwr Gweithredol Pobl a Diwylliant	15-17.5	42.5-45	40-45	95-100	786	449	315	0
Catherine Phillips - Cyfarwyddwr Gweithredol Cyllid	10-12.5	10-12.5	70-75	160-165	1,401	1,247	120	0
Dr Fiona Jenkins - Cyfarwyddwr Gweithredol Therapïau a Gwyddor Iechyd (Nodyn 2)	10-12.5	30-32.5	70-75	210-215	0	0	0	0
Fiona Kinghorn - Cyfarwyddwr Gweithredol Iechyd y Cyhoedd	2.5-5	2.5-5	45-50	100-105	1,009	928	58	0
Stuart Walker - Prif Swyddog Gweithredol Dros Dro 1/10/21 i 31/01/22. Cyfarwyddwr Meddygaeth Weithredol tan 30/09/21.	5-7.5	2.5-5	80-85	185-190	1,639	1,505	95	0
Nicola Foreman - Cyfarwyddwr Llywodraethu Corfforaethol	2.5-5	0	25-30	0	314	277	6	0
David Thomas, Cyfarwyddwr Deallusrwydd Digidol ac Iechyd	0-2.5	0	0-5	0	62	30	11	0
Allan Wardhaugh - Prif Swyddog Gwybodaeth Glinigol	0-2.5	0-2.5	50-55	95-100	1,008	936	8	0

Nodyn 1 - Nid yw Suzanne Rankin yn aelod o gynllun Pensiwn y GIG ac felly ni adroddir unrhyw ffigurau pensiwn.

Nodyn 2 - Mae Fiona Jenkins dros yr Oedran Ymddeol Arferol ar gyfer cynllun Pensiwn y GIG ac felly ni adroddir ar unrhyw werthoedd trosglwyddo sy'n gyfwerth
Er bod ei hamser wedi'i rannu'n gyfartal rhwng Bwrdd Iechyd Caerdydd a'r Fro a Bwrdd Iechyd Cwm Taf ers 02/11/20, sylwer bod y tabl uchod
yn adlewyrchu ei buddion pensiwn llawn ac nid yw wedi bod ar sail pro-rata.

Nodyn 3 - Mae Ruth Walker, Cyfarwyddwr Nyrsio Gweithredol wedi ymddeol a dychwelodd yn ystod 2019/20 ac felly ni adroddir ar unrhyw ffigurau pensiwn.

Nodyn 4 - Mae Meriel Jenney wedi ymddeol a dychwelyd ac felly ni adroddir unrhyw ffigurau pensiwn.

Gan nad yw aelodau nad ydynt yn Swyddogion yn derbyn tâl pensiynadwy, ni fydd unrhyw gofnodion mewn perthynas â phensiynau ar gyfer aelodau nad ydynt y

Gwerthoedd Trosglwyddo sy'n Gyfwerth ag Arian Parod

Gwerth Trosglwyddo sy'n Gyfwerth ag Arian Parod yw gwerth cyfalaf buddion y cynllun pensiwn a gronnwyd gan aelod ar adeg benodol, a asesir gan actiwari. Y buddion y rhoddir gwerth iddynt yw buddion cronedig yr aelod ac unrhyw bensiwn priod dibynnol sy'n daladwy o'r cynllun. Mae Gwerth Trosglwyddo sy'n Gyfwerth ag Arian Parod yn daliad a wneir gan gynllun neu drefniant pensiwn i sicrhau buddion pensiwn mewn cynllun neu drefniant pensiwn arall pan fydd yr aelod yn gadael cynllun ac yn dewis trosglwyddo'r buddion a gronnwyd yn ei gynllun blaenorol. Mae'r ffigurau pensiwn a ddangosir yn ymwneud â'r buddiannau y mae'r unigolyn wedi'u cronni o ganlyniad i gyfanswm ei aelodaeth o'r cynllun pensiwn, nid dim ond ei wasanaeth mewn swydd uwch y mae'r datgeliad yn berthnasol iddo. Mae ffigurau'r Gwerth Trosglwyddo sy'n Gyfwerth ag Arian Parod a'r manylion pensiwn eraill yn cynnwys gwerth unrhyw fuddion pensiwn mewn cynllun neu drefniant arall y mae'r unigolyn wedi'i drosglwyddo i gynllun pensiwn y GIG. Maent hefyd yn cynnwys unrhyw fuddion pensiwn ychwanegol a gronnwyd gan yr aelod o ganlyniad i brynu blynyddoedd ychwanegol o wasanaeth pensiwn yn y cynllun ar ei gost ei hun. Cyfrifir Gwerthoedd Trosglwyddo sy'n Gyfwerth ag Arian Parod o fewn y canllawiau a'r fframwaith a ragnodir gan Sefydliad a Chyfadran Actiwarïaid.

Cynnydd Gwirioneddol mewn Gwerthoedd Trosglwyddo sy'n Gyfwerth ag Arian Parod

Mae hyn yn adlewyrchu'r cynnydd mewn Gwerthoedd Trosglwyddo sy'n Gyfwerth ag Arian Parod a ariennir yn effeithiol gan y cyflogwr. Mae'n ystyried y cynnydd mewn pensiwn cronedig oherwydd chwyddiant, cyfraniadau a dalwyd gan y cyflogai (gan gynnwys gwerth unrhyw fuddion a drosglwyddwyd o gynllun neu drefniant arall) ac mae'n defnyddio ffactorau prisio'r farchnad gyffredin ar ddechrau a diwedd y cyfnod.

Mohamed Hanif
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20.6 Gwariant ar Ymgynghori

Fel y datgelwyd yn nodyn 3.3 ei gyfrifon blynyddol, gwariodd y Bwrdd lechyd £7.479m ar wasanaethau ymgynghori yn ystod 2021-22 o gymharu â £5.562m yn ystod 2020-21. Aeth y rhan fwyaf o'r gwariant hwn at brosiectau a anelai i sicrhau deilliannau clinigol gwell, ac arbedion effeithlonrwydd.

20.7 Sicrwydd treth ar gyfer penodeion oddi ar y gyflogres

Yn berthnasol i'r holl ymgysylltiadau hyd at 31 Mawrth 2022, ar gyfer mwy na £245 y Dydd

Nifer yr ymgysylltiadau presennol ar 31 Mawrth 2022	18
O'r rhain:	
Nifer sydd wedi bod yn bodoli am lai na blwyddyn ar adeg yr adroddiad	18
Nifer sydd wedi bod yn bodoli am un hyd at ddwy flynedd adeg yr adroddiad	0
Nifer sydd wedi bod yn bodoli am ddwy hyd at dair blynedd ar adeg yr adroddiad	0
Nifer sydd wedi bod yn bodoli am dair hyd at bedair blynedd ar adeg yr adroddiad	0
Nifer sydd wedi bod yn bodoli am bedair blynedd a mwy ar adeg yr adroddiad	0

Er nad yw'r BIP yn gyfrifol am ddidynnu treth ac yswiriant gwladol yn berthnasol i weithwyr asiantaeth, rydym wedi ysgrifennu at yr asiantaethau dan sylw gan ddatgan ein bod yn credu bod ein perthynas â'r staff yn berthynas gyflogaeth ac felly, dylent dalu'r cyflogeion hyn gan ddidynnu treth ac yswiriant gwladol.

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Nifer yr ymgysylltiadau newydd rhwng 1 Ebrill 2021 a 31 Mawrth 2022.

Nifer yr ymgysylltiadau newydd, rhwng 1 Ebrill a 31 Mawrth 2022	56
Nifer a aseswyd fel rhai sy'n dod o dan IR35	0
Nifer a aseswyd fel rhai nad ydynt yn dod o dan IR35	56
Nifer yr ymgysylltwyd â hwy'n uniongyrchol (trwy gontractau gwasanaethau proffesiynol wedi'u contractio i'r adran) ac sydd ar gyflogres yr adran	0
Nifer yr ymgysylltiadau a gafodd eu hailasesu at ddibenion cysondeb/sicrwydd yn ystod y flwyddyn	0
Nifer yr ymgysylltiadau y cafodd eu statws IR35 ei newid yn dilyn adolygiad cysondeb	0

Ar gyfer unrhyw ymgysylltiadau cyflogres gan aelodau'r bwrdd a/neu uwch swyddogion â chyfrifoldeb ariannol sylweddol, rhwng 1 Ebrill 2021 a 31 Mawrth 2022

Nifer yr ymgysylltiadau oddi ar y gyflogres gan aelodau'r bwrdd a/neu uwch swyddogion â chyfrifoldeb ariannol sylweddol, yn ystod y flwyddyn ariannol	0
Nifer yr unigolion yr ystyriwyd eu bod yn y categori "aelodau'r bwrdd a/neu uwch swyddogion â chyfrifoldeb ariannol sylweddol", yn ystod y flwyddyn ariannol	0

Sylwer bod y BIP yn ystyried mai ei Aelodau Bwrdd yw'r unig swyddogion sydd â chyfrifoldeb ariannol sylweddol yn y Bwrdd Iechyd.

Mohamed Farah
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Rhan 2c

Adroddiad Atebolrwydd Seneddol ac Archwilio

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21. Rhan 2c Adroddiad Atebolrwydd Seneddol ac Archwilio

21.1 Rheoleidd-dra Gwariant

Fel y nodwyd uchod, mae gan y bwrdd Iechyd ddyletswydd ariannol i fantoli'r cyfrifon dros gyfnod o dair blynedd. Cyflawnwyd hyn ar gyfer y cyfnod 2019-20 i 2021-22, gyda thanwariant o £380k o'r terfyn adnoddau ar gyfer y tair blynedd. Ystyrir felly fod hyn yn rheolaidd.

Rhwng mis Mawrth 2020 a mis Mawrth 2022, cafodd proses y Cynllun Tymor Canolig Integredig (CTCI) ei hatal oherwydd pandemig COVID-19. Yn lle'r gofyniad am CTCI cymeradwy, roedd angen cyflwyno cynlluniau chwarterol r gyfer 2020-2021 a chynllun blynyddol ar gyfer 2021-2022.

Bydd y BILl yn dychwelyd i'r cylch cynllunio tair blynedd yn unol â chyfarwyddebau Llywodraeth Cymru o 2022-2025.

Ysgwyddodd y bwrdd Iechyd wariant afreolaidd o £2.193 miliwn yn 2021-22, a rhoddodd yr Archwilydd Cyffredinol amod ar gyfer hyn yn gysylltiedig â'i farn ynghylch rheoleidd-dra, fel y nodir ar dudalen 168.

21.1.1 Cynlluniau Gwariant Hirdymor 2017 – 2022

Perfformiad yn Erbyn y Terfyn Adnoddau Refeniw

	2017/18	2018/19	2019/20	2020/21	2021/22
	£'000	£'000	£'000	£'000	£'000
Costau gweithredu net am y flwyddyn	919,484	964,633	1,043,916	1,220,369	1,228,135
Tynnu gwariant gwasanaethau offthalmig cyffredinol a gwariant heb derfyn arian parod arall	(19,396)	(18,186)	(17,276)	(13,386)	(14,237)
Tynnu canlyniadau refeniw o ddod â chynlluniau MCP i SoFP	(1,028)	(1,028)	(1,028)	(1,028)	(222)
Cyfanswm y gwariant gweithredol	899,060	945,419	1,025,612	1,205,955	1,213,676
Dyrannu Adnoddau Refeniw	872,207	935,547	1,025,670	1,206,045	1,213,908
Tanwariant/Gorwariant yn erbyn Dyraniad	**(26,853)**	**(9,872)**	**58**	**90**	**232**

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Mae'r BILl wedi cyflawni ei ddyletswydd ariannol i adennill costau yn erbyn ei Derfyn Adnoddau Refeniw dros y 3 blynedd o 2019-20 i 2021-22.

Ni chafodd y Bwrdd Iechyd unrhyw gymorth ariannol ad-daladwy yn 2021-22.

Perfformiad yn Erbyn y Terfyn Adnoddau Cyfalaf

	2017/18	2018/19	2019/20	2020/21	2021/22
	£'000	£'000	£'000	£'000	£'000
Gwariant cyfalaf gros	55,936	49,349	61,333	103,182	72,477
Ychwanegu: Colledion wrth waredu asedau a roddwyd	0	4	13	14	287
Tynnu GAN o eiddo, offer a chyfarpar ac asedau anniriaethol a waredwyd	(2,297)	(310)	(2,167)	(7,020)	(316)
Tynnu grantiau cyfalaf a gafwyd	0	0	0	(536)	(126)
Tynnu rhoddion a gafwyd	(6,606)	(630)	(1,109)	(297)	(1,374)
Tâl yn erbyn Dyraniad Adnoddau Cyfalaf	**47,033**	**48,413**	**58,070**	**95,343**	**70,948**
Dyraniad Adnoddau Cyfalaf	**47,121**	**48,487**	**58,159**	**95,447**	**70,989**
Gorwariant/tanwariant yn erbyn Dyraniad Adnoddau Cyfalaf	**88**	**74**	**89**	**104**	**41**

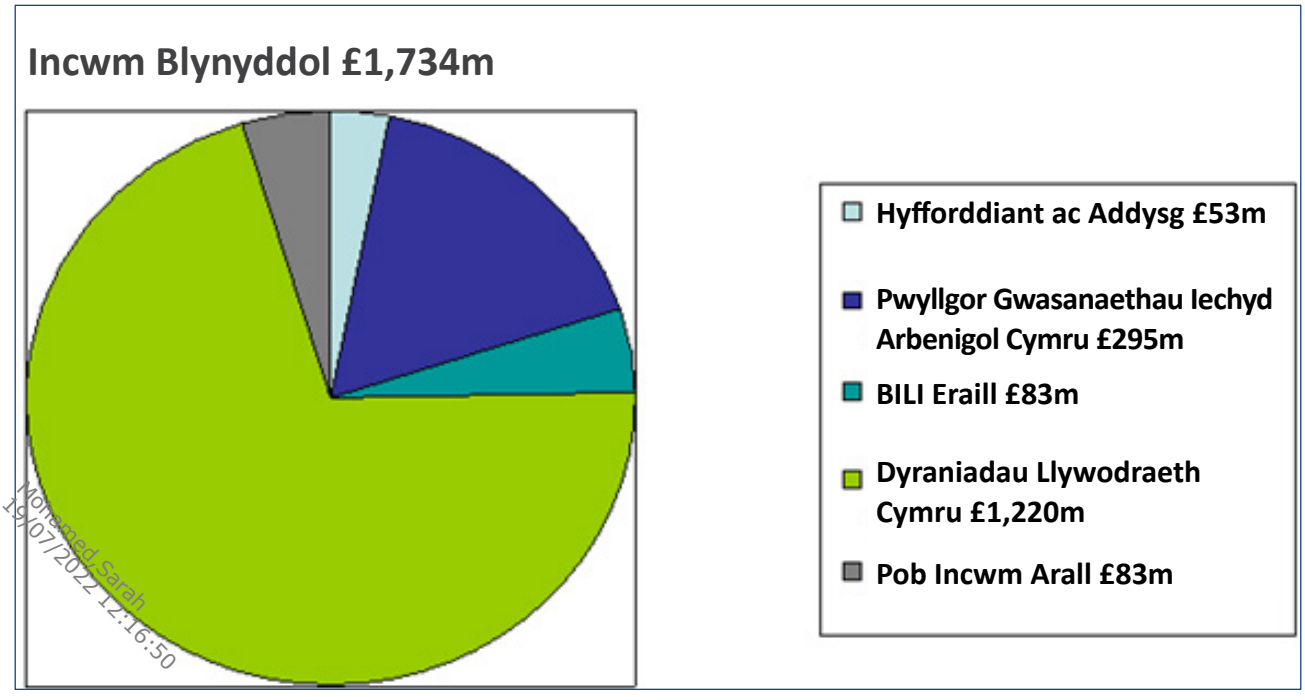
Mae'r BILl wedi cyflawni ei ddyletswydd ariannol i fantoli'r gyllideb yn erbyn ei Derfyn Adnoddau Cyfalaf dros y 3 blynedd rhwng 2019-20 a 2021-22.

Cynlluniau Gwariant Hirdymor (Parhad)

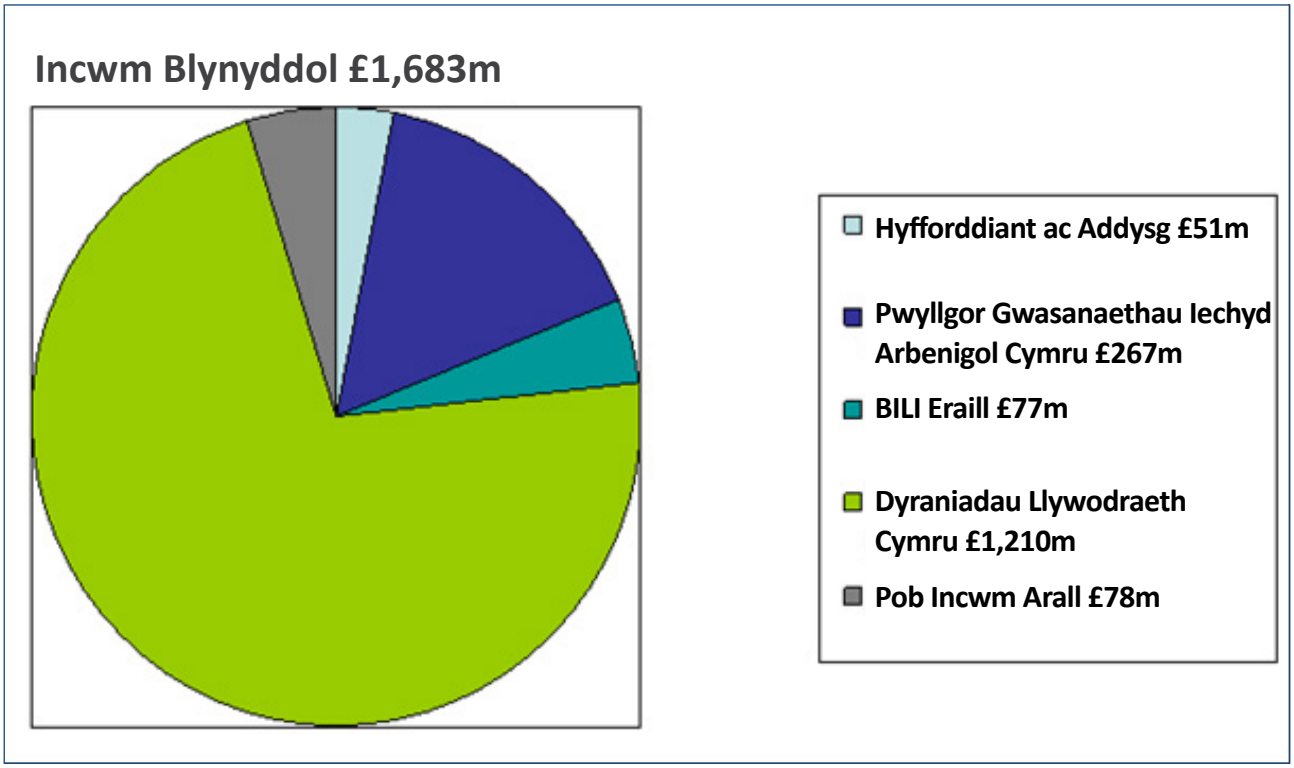
Sut mae'r BIP wedi derbyn ei Gyllid Refeniw

GRAFFIAU INCWM: 2016/17 i 2020/21

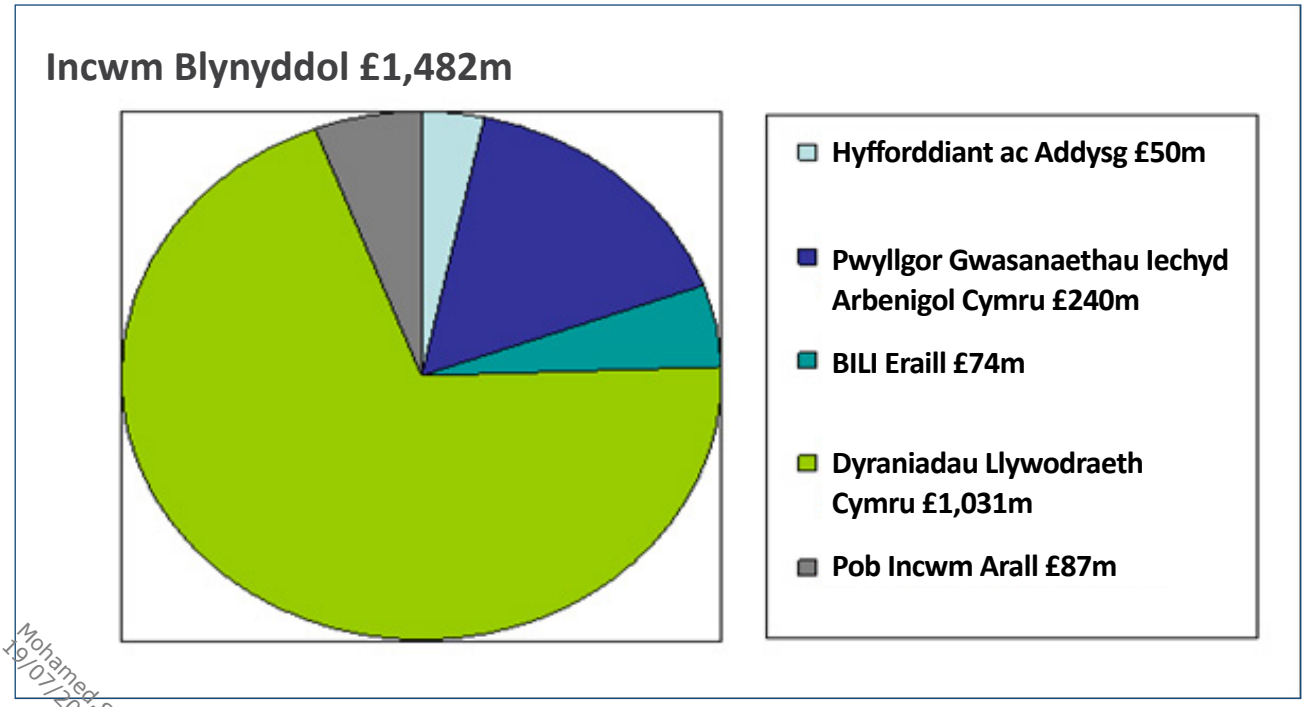
2021/22



2020/21



2019/20



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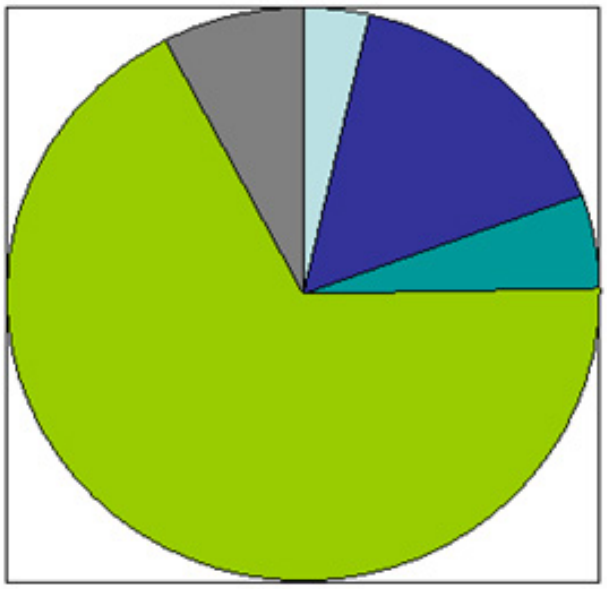
2018/19

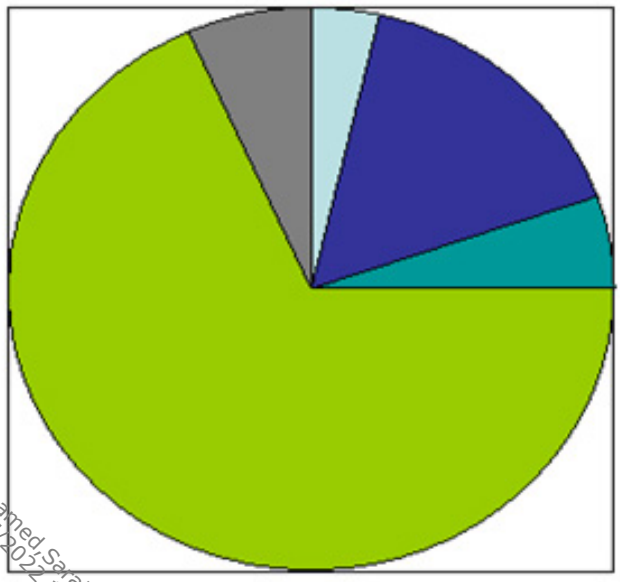
Incwm Blynyddol £1,389m



- Hyfforddiant ac Addysg (gan gynnwys AaGIC) £49m
- Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru £222m
- BILI Eraill £71m
- Dyraniadau Llywodraeth Cymru £940m
- Pob Incwm Arall £107m

2017/18

Incwm Blynyddol £1,280m



- Hyfforddiant ac Addysg £47m
- Pwyllgor Gwasanaeth Iechyd Arbenigol Cymru £204m
- BILI Eraill £69m
- Dyraniadau Llywodraeth Cymru £875m
- Pob Incwm Arall £85m

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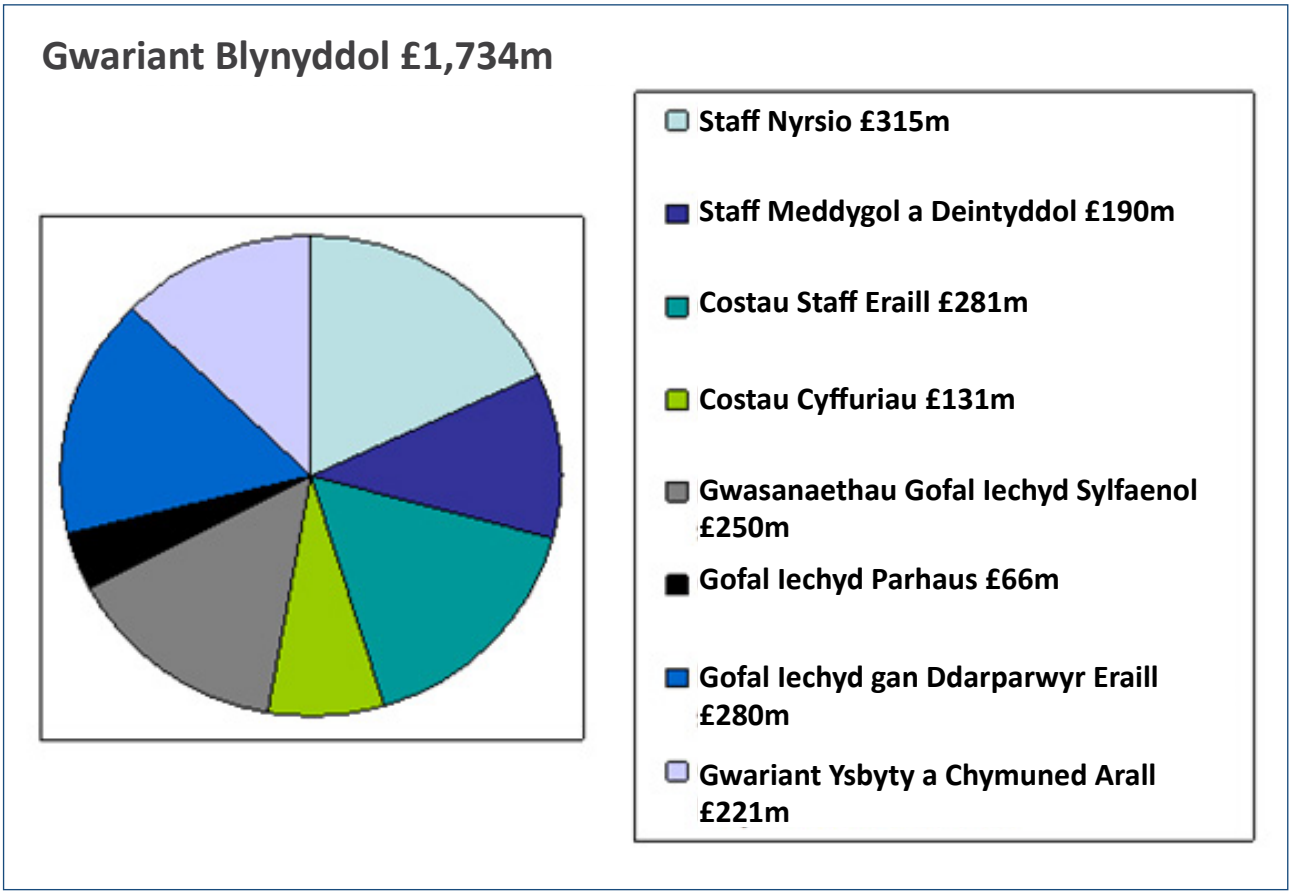
Fel y datgelwyd yn y tabl dyletswydd perfformiad yn erbyn adennill costau uchod, caniateir i'r Bwrdd Iechyd Lleol ddileu rhai elfennau o wariant (y mae'n eu hysgwyddo ond nad oes ganddo reolaeth lwyr drostynt) wrth gymharu ei wariant â'i derfyn adnoddau refeniw blynyddol. At ddibenion cymhariaeth ystyrlon o incwm a chst, mae hyn wedi'i drin fel incwm tybiannol yn yr uchod. Felly dangosir y ffigurau gwariant a ddangosir isod yn gros (heb dynnu unrhyw wariant).

Cynlluniau Gwariant Hirdymor (Parhad)

Sut mae'r BIP wedi defnyddio ei Gyllid Refeniw

2021/22



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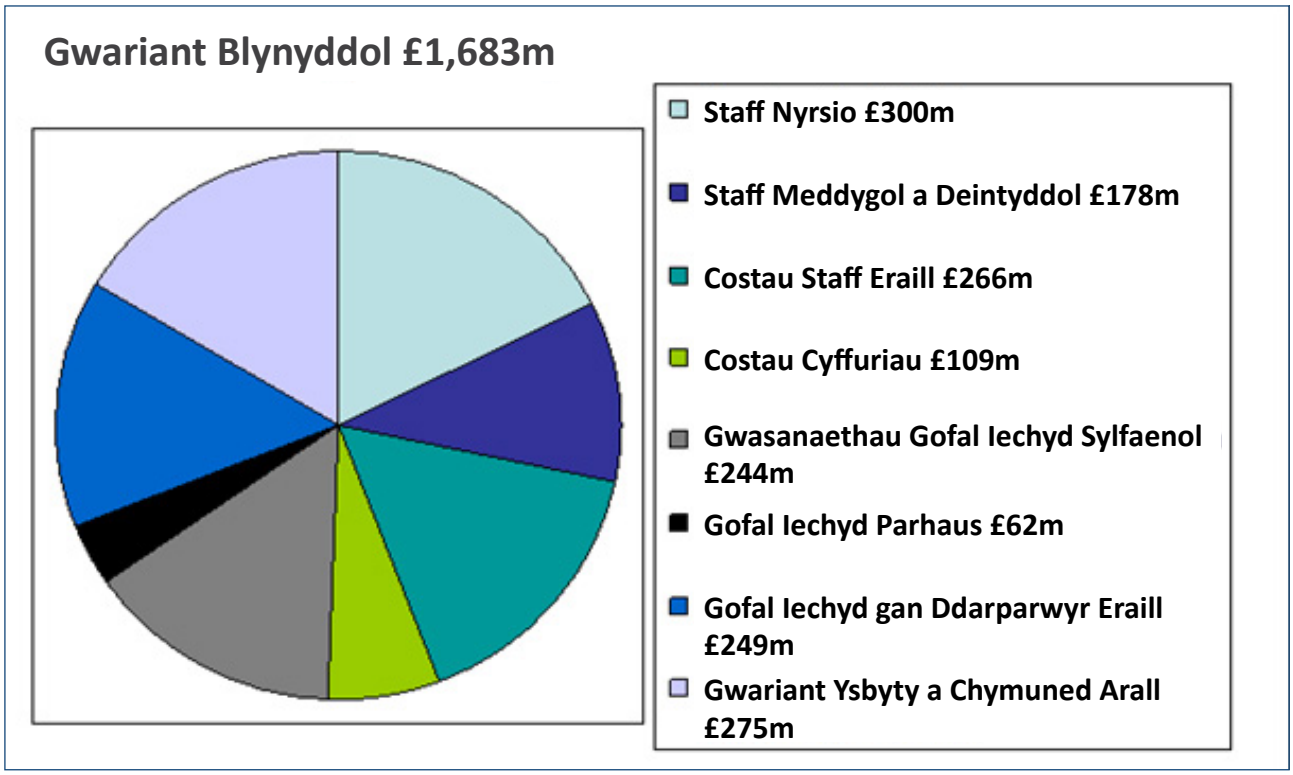
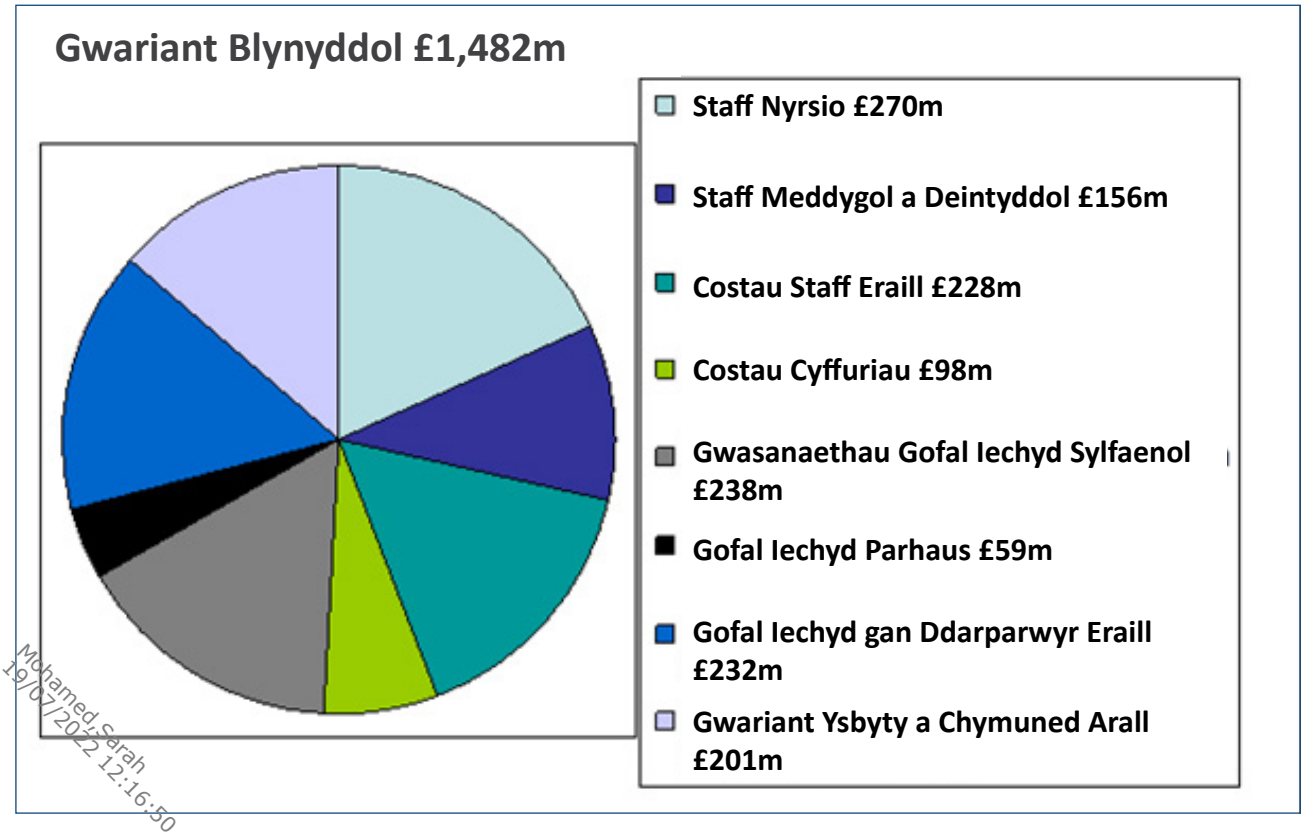
2020/21



2019/20



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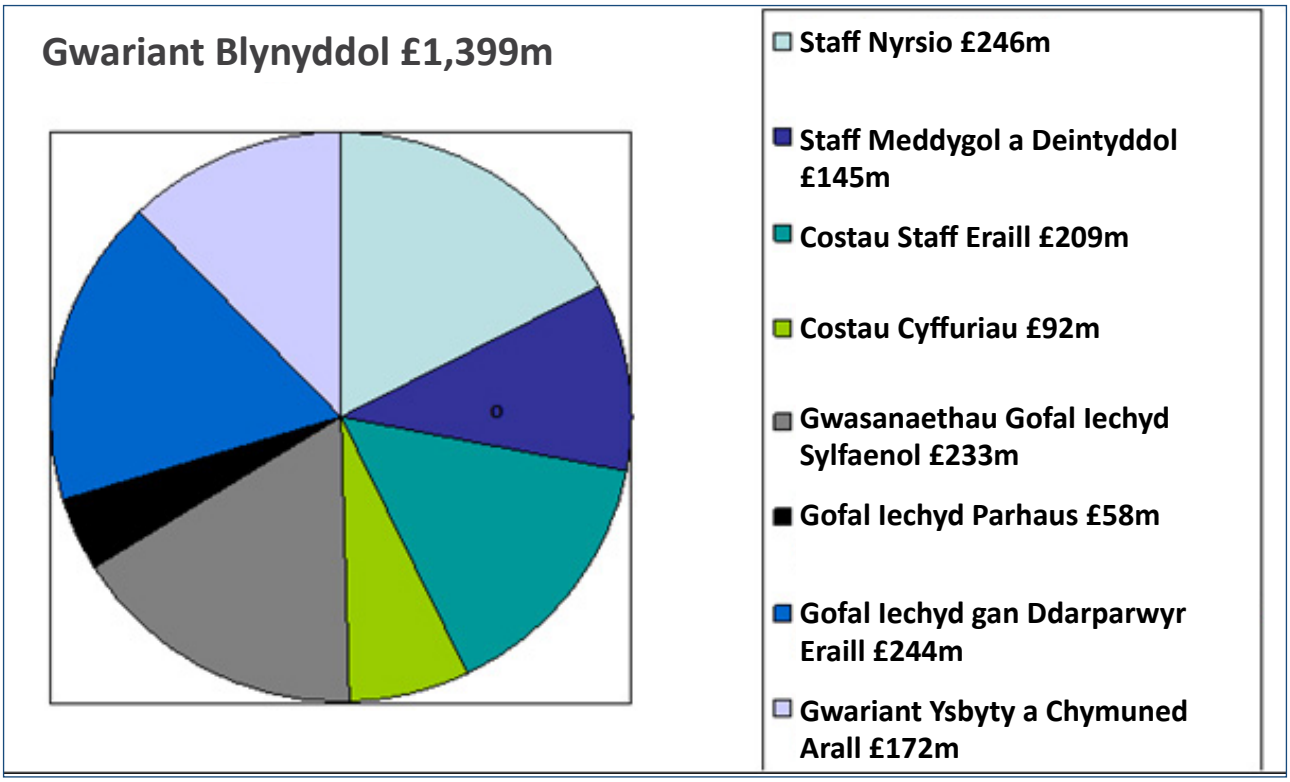
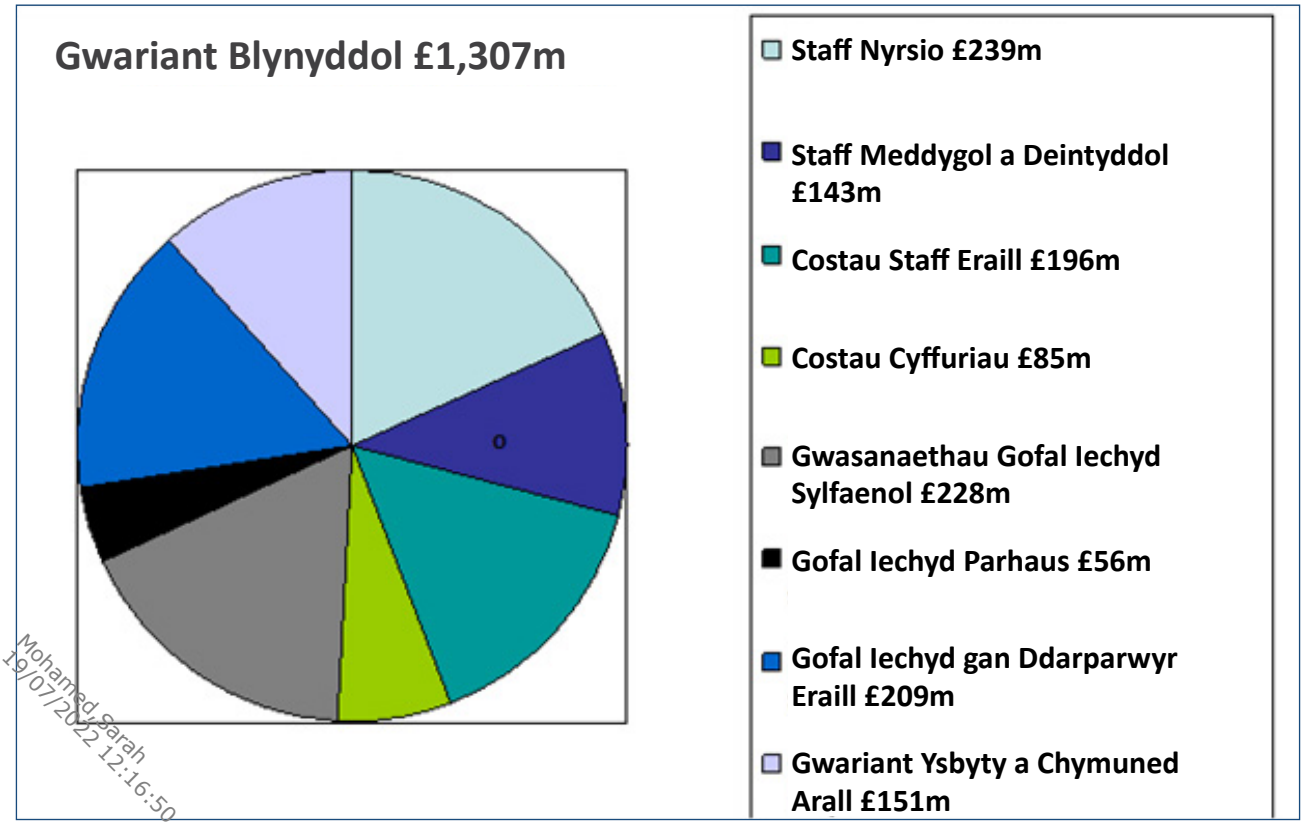
2018/19



2017/18



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21.2 Ffioedd a thaliadau

Mae'r Bwrdd Iechyd yn codi taliadau neu ffioedd ar ei gleifion mewn nifer o feysydd. Os bydd y Bwrdd Iechyd yn codi taliadau neu ffioedd o'r fath, bydd yn gwneud hynny'n unol â Chylchlythyrau Iechyd Cymru neu ganllawiau codi tâl perthnasol.

Codir taliadau fel arfer ar sail cost lawn. Does yr un o'r eitemau y codir taliadau amdanynt yn berthnasol i'r BILl ar eu pen eu hunain, ond mae manylion rhai o'r eitemau mwy (Ffioedd Deintyddol, Incwm Preifat a Chleifion o Wledydd Tramor) wedi'u datgelu yn Nodyn 4 y Cyfrifon Blynyddol.

21.3 Rheoli arian cyhoeddus

Dyma'r Datganiad gofynnol ar gyfer Deiliaid Gwybodaeth y Sector Cyhoeddus fel y cyfeirir ato yn Adran 10.1.7 (tudalen 72) o Adroddiad y Cyfarwyddwyr. Yn unol â chyrff eraill y GIG yng Nghymru, mae'r BIP wedi datblygu Cyfarwyddyd Ariannol Sefydlog sy'n gorfodi'r egwyddorion a amlinellir yn nogfen Trysorlys EM ar Reoli Arian Cyhoeddus. O ganlyniad i hyn, dylai'r BIP fod wedi cydymffurfio â gofynion dyrannu costau a chodi tâl y cyfarwyddyd hwn, ac nid yw'r BIP wedi cael gwybod am unrhyw achosion o ddiffyg cydymffurfio yn hynny o beth.

21.4 Rhwymedigaethau Amodol Perthnasol Pell

Fel y datgelwyd yn nodyn 21.2 o'i gyfrifon blynyddol, roedd gan y Bwrdd Iechyd rwymedigaethau pell wrth gefn net o £0.155m ar 31 Mawrth. Mae a wnelo hyn â hawliadau Esgeulustod Clinigol ac Anafiadau Personol yn erbyn y Bwrdd Iechyd, lle mae ein cynghorwyr cyfreithiol wedi dweud wrthym nad yw'n debygol y bydd yr hawlwyr yn llwyddo.

21.5 Tystysgrif ac adroddiad archwilydd annibynnol Archwilydd Cyffredinol Cymru i Senedd Cymru

Barn ar y Datganiadau Ariannol

Ardystiaf fy mod wedi archwilio datganiadau ariannol Bwrdd Iechyd Prifysgol Caerdydd a'r Fro ar gyfer y flwyddyn a ddaeth i ben ar 31 Mawrth 2022 o dan Adran 31 o Ddeddf Archwilio Cyhoeddus (Cymru) 2022. Mae'r rhain yn cynnwys y Datganiad o Wariant Net Cynhwysfawr, y Datganiad o'r Sefyllfa Ariannol, y Datganiad o Lif Arian, y Datganiad o Newidiadau mewn Ecwiti Trethdalwyr a'r nodiadau cysylltiedig, gan gynnwys crynodeb o bolisïau cyfrifyddu arwyddocaol. Y fframwaith adrodd ariannol a gymhwyswyd wrth eu paratoi yw'r gyfraith berthnasol a safonau cyfrifyddu rhyngwladol a fabwysiadwyd gan y DU, fel y cawsant eu dehongli a'u haddasu yn Llawlyfr Adroddiadau Ariannol Trysorlys EM.

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Yn fy marn i mae'r datganiadau ariannol:

- yn rhoi darlun cywir a theg o sefyllfa Bwrdd Iechyd Prifysgol Caerdydd a'r Fro ar 31 Mawrth 2022 ac o'i gostau gweithredu net ar gyfer y flwyddyn honno a ddaeth i ben;
- wedi'u paratoi'n briodol yn unol â safonau cyfrifyddu rhyngwladol a fabwysiadwyd gan y DU, fel y cawsant eu dehongli a'u haddasu yn Llawlyfr Adroddiadau Ariannol Trysorlys EM; ac
- wedi'u paratoi'n briodol yn unol â Deddf Gwasanaeth Iechyd Gwladol (Cymru) 2006 a chyfarwyddiadau Gweinidogion Cymru yn sgil y Ddeddf honno.

Barn ar reoleidd-dra

Yn fy marn i, heblaw am y mater a ddisgrifir yn yr adran Sail ar gyfer barn amodol ar reoleidd-dra o'm hadroddiad , ym mhob ffordd berthnasol, defnyddiwyd y gwariant a'r incwm yn y datganiadau ariannol at y dibenion a fwriadwyd gan y Senedd ac mae'r trafodion ariannol a gofnodwyd yn y datganiadau ariannol yn cydymffurfio â'r awdurdodau sy'n eu llywodraethu.

Sail ar gyfer barn amodol ar reoleidd-dra

Rwyf wedi gosod amod yn gysylltiedig â'm barn ar reoleidd-dra datganiadau ariannol Bwrdd Iechyd Prifysgol Caerdydd a'r Fro gan fod y datganiadau hynny'n cynnwys darpariaeth o £2.193 miliwn yn gysylltiedig â'r rhwymedigaeth amcangyfrifedig sy'n deillio o'r Cyfarwyddyd Gweinidogol dyddiedig 18 Rhagfyr 2019 ar bensiynau uwch glinigwyr. Yn fy marn i, mae'r gwariant hwn yn afreolaidd ac yn berthnasol ei natur.

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Ceir rhagor o fanylion yn fy Adroddiad ar dudalennau 167 i 168.

Sail y farn

Cynhaliais fy archwiliad yn unol â chyfraith berthnasol a Safonau Rhyngwladol ar Archwilio yn y DU a Nodyn Ymarfer 10 'Archwiliad o Ddatganiadau Ariannol Endidau'r Sector Cyhoeddus yn y Deyrnas Unedig'. Disgrifir fy nghyfrifoldebau o dan y safonau hynny ymhellach yng nghyfrifoldebau'r archwilydd ar gyfer archwilio'r adran datganiad ariannol yn fy adroddiad. Rwyf yn annibynnol ar y Bwrdd yn unol â'r gofynion moesegol sy'n berthnasol i fy archwiliad o'r datganiadau ariannol yn y DU, gan gynnwys Safon Foesegol y Cyngor Adroddiadau Ariannol, ac rwyf wedi cyflawni fy nghyfrifoldebau moesegol eraill yn unol â'r gofynion hyn. Credaf fod y dystiolaeth archwilio rwyf wedi'i sicrhau yn ddigonol ac yn briodol er mwyn darparu sail ar gyfer fy marn.

Casgliadau perthnasol i fusnes gweithredol

Wrth archwilio'r datganiadau ariannol, rwyf wedi casglu bod defnydd o'r sail gyfrifyddu busnes gweithredol wrth baratoi'r datganiadau ariannol yn briodol.

Ar sail y gwaith rwyf wedi'i gyflawni, nid wyf wedi canfod unrhyw ansicrwydd o bwys yn gysylltiedig â digwyddiadau neu amodau sydd, yn unigol neu gyda'i gilydd, yn creu amheuaeth sylweddol ynghylch gallu'r corff i barhau i fabwysiadu'r sail busnes gweithredol ar gyfer cyfrifyddu am gyfnod o ddeuddeg mis o leiaf o'r dyddiad pan fydd y datganiadau ariannol yn cael eu hawdurdodi i'w cyhoeddi.

Mae fy nghyfrifoldebau i, a chyfrifoldebau'r Cyfarwyddwyr, o ran busnes gweithredol, wedi'u disgrifio yn adrannau perthnasol yr adroddiad hwn.

Gwybodaeth Arall

Mae'r wybodaeth arall yn cynnwys yr wybodaeth a geir yn yr adroddiad blynyddol ar wahân i'r datganiadau ariannol a'm hadroddiad archwilio i arnynt. Mae'r Prif Weithredwr yn gyfrifol am yr wybodaeth arall yn yr adroddiad blynyddol. Nid yw fy marn i ar y datganiadau ariannol yn cynnwys yr wybodaeth arall ac, ac eithrio i ba raddau y nodir yn benodol fel arall yn fy adroddiad, nid wyf yn mynegi unrhyw ffurf ar gasgliad sicrwydd arnynt. Fy nghyfrifoldeb i yw darllen yr wybodaeth arall ac, wrth wneud hynny, ystyried a oes unrhyw anghysondeb o bwys rhwng yr wybodaeth arall a'r datganiadau ariannol neu'r wybodaeth a gafwyd wrth gynnal yr archwiliad, neu sydd fel arall yn ymddangos fel pe bai'n cynnwys camddatganiad o bwys. Os byddaf yn canfod unrhyw anghysondebau o bwys neu'r hyn sy'n ymddangos fel camddatganiad o bwys, mae'n ofynnol imi benderfynu a yw hyn yn creu camddatganiad o bwys yn y datganiadau ariannol eu hunain. Os wyf yn dod i'r casgliad, ar sail y gwaith yr wyf wedi'i gyflawni, fod yr wybodaeth arall hon yn cynnwys camddatganiad o bwys, mae'n ofynnol imi adrodd y ffaith honno.

Nid oes gennyf unrhyw beth i'w adrodd yn hyn o beth.

Adrodd yn ôl ar ofynion eraill

Barn ar faterion eraill

Yn fy marn i, mae'r rhan o'r adroddiad ar dâl sydd i'w harchwilio wedi cael ei pharatoi'n briodol yn unol â Deddf Gwasanaeth Iechyd Gwladol (Cymru) 2006 a'r Cyfarwyddydau a wnaed gan Weinidogion Cymru yn sgil y Ddeddf honno.

Yn fy marn i, yn seiliedig ar y gwaith a wnaed fel rhan o'm harchwiliad:

- mae'r wybodaeth a roddir yn y Datganiad Llywodraethu ar gyfer y flwyddyn ariannol y mae'r datganiadau ariannol wedi'u paratoi ar ei chyfer yn gyson â'r datganiadau ariannol ac mae'r Datganiad Llywodraethu wedi cael ei baratoi yn unol â chyfarwyddyd Gweinidogion Cymru; ac

- mae'r wybodaeth a roddwyd yn yr Adroddiad ar Berfformiad a'r Adroddiad Atebolrwydd ar gyfer y flwyddyn ariannol y mae'r datganiadau ariannol wedi'u paratoi ar ei chyfer yn gyson â'r datganiadau ariannol ac mae'r Adroddiad ar Berfformiad a'r Adroddiad Atebolrwydd wedi cael eu paratoi'n unol â chyfarwyddyd Gweinidogion Cymru.

Materion yr wyf yn adrodd yn ôl arnynt ar sail eithriad

Yng ngoleuni'r wybodaeth am y Bwrdd a'i amgylchedd a'r ddealltwriaeth o hyn a sicrhawyd yn ystod fy archwiliad, nid wyf wedi canfod unrhyw gamddatganiadau o bwys yn yr Adroddiad ar Berfformiad na'r Adroddiad Atebolrwydd.

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Nid oes gennyf unrhyw beth i'w adrodd ar y materion sy'n dilyn, y byddwn yn adrodd arnynt petawn i o'r farn:

- na chadwyd cofnodion cyfrifyddu digonol, neu nad oedd y manylion gan ganghennau na fu fy nhîm yn ymweld â hwy yn ddigonol ar gyfer fy archwiliad;
- nad yw'r datganiadau ariannol a'r rhan o'r Adroddiad Tâl Cydnabyddiaeth a Staff i'w harchwilio, yn cyd-fynd â'r cofnodion cyfrifyddu a'r ffurflenni;
- nad yw'r wybodaeth a fanylwyd gan Drysorlys EM neu Weinidogion Cymru ynghylch taliadau a thrafodion eraill wedi'i datgelu; neu
- nad wyf wedi derbyn yr holl wybodaeth a'r esboniadau sydd eu hangen arnaf ar gyfer fy archwiliad..

Cyfrifoldebau

Cyfrifoldebau'r Cyfarwyddwyr a'r Prif Weithredwr am y datganiadau ariannol

Fel yr esboniwyd yn llawnach yn y Datganiad o Gyfrifoldebau'r Cyfarwyddwyr a'r Prif Weithredwr, mae'r Cyfarwyddwyr a'r Prif Weithredwr yn gyfrifol am baratoi datganiadau ariannol sy'n rhoi darlun cywir a theg. Maent hefyd yn gyfrifol am sicrhau rheolaeth fewnol sydd, ym marn y Cyfarwyddwyr a'r Prif Weithredwr, yn angenrheidiol fel bo modd paratoi datganiadau ariannol sydd yn rhydd rhag unrhyw gamddatganiadau perthnasol, boed hynny drwy dwyll neu wall.

Wrth baratoi'r datganiadau ariannol, mae'r Cyfarwyddwyr a'r Prif Weithredwr yn gyfrifol am asesu gallu'r Bwrdd i barhau fel busnes gweithredol, gan ddatgelu materion perthnasol sy'n gysylltiedig â'r busnes, ac sy'n gysylltiedig â defnyddio sail gyfrifyddu busnes gweithredol oni thybir bod hynny'n amhriodol.

Cyhoeddus-Sarah
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Cyfrifoldebau'r archwilydd am yr archwiliad o'r datganiadau ariannol

Fy amcanion yw cael sicrwydd rhesymol ynghylch a yw'r datganiadau ariannol yn gyffredinol yn rhydd o gamddatganiad o bwys, boed oherwydd twyll neu gamgymeriad, a chyhoeddi adroddiad archwilydd sy'n cynnwys fy marn. Mae sicrwydd rhesymol yn lefel uchel o sicrwydd ond nid yw'n gwarantu bod archwiliad sydd wedi'i gynnal yn unol ag ISAs (UK) bob amser yn canfod camddatganiad o bwys os yw'n bodoli. Gall camddatganiadau godi o dwyll neu gamgymeriad ac maent yn cael eu hystyried yn gamddatganiadau o bwys os gellir disgwyl yn rhesymol iddynt, yn unigol neu gyda'i gilydd, ddylanwadu ar benderfyniadau economaidd defnyddwyr a wneir ar sail y datganiadau ariannol hyn.

Mae afreoleidd-dra, gan gynnwys twyll, yn achosion o ddiffyg cydymffurfio â chyfreithiau a rheoliadau. Rwyf yn dylunio gweithdrefnau'n unol â'r cyfrifoldebau, a amlinellwyd uchod, i ganfod camddatganiadau o bwys yn gysylltiedig ag afreoleidd-dra, gan gynnwys twyll.

Roedd fy ngweithdrefnau'n cynnwys y canlynol:

- Holi rheolwyr, y pennaeth archwilio mewnol, a'r rhai sy'n gyfrifol am lywodraethu, gan gynnwys casglu ac adolygu dogfennau ategol sy'n

gysylltiedig â pholisïau a gweithdrefnau Bwrdd Iechyd Prifysgol Caerdydd a'r Fro sy'n ymwneud â:

- nodi, gwerthuso a chydymffurfio â chyfreithiau a rheoliadau, ac a oeddent yn ymwybodol o unrhyw achosion o ddiffyg cydymffurfio;
- canfod ac ymateb i risgiau o dwyll ac a oedd ganddynt unrhyw wybodaeth am unrhyw dwyll gwirioneddol neu honedig, neu amheuaeth o dwyll; a'r
- rheolaethau mewnol a sefydlwyd i liniaru risgiau'n gysylltiedig â thwyll neu ddiffyg cydymffurfio â chyfreithiau a rheoliadau.
- Ystyried fel tîm archwilio sut ac ymhle y gallai twyll ddigwydd yn y datganiadau ariannol, ac unrhyw ddangosyddion twyll posibl. Yn rhan o'r drafodaeth hon, gwelais botensial am dwyll yn y meysydd canlynol: cydnabod refeniw, postio cyfnodolion anarferol; a
- Chael dealltwriaeth o fframwaith awdurdod Bwrdd Iechyd Prifysgol Caerdydd a'r Fro, yn ogystal â fframweithiau cyfreithiol a rheoleiddio eraill y mae Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yn gweithredu ynddynt, gan ganolbwyntio ar y cyfreithiau a'r rheoliadau hynny a oedd yn cael effaith uniongyrchol ar y datganiadau ariannol, neu a oedd yn cael effaith sylfaenol ar weithrediadau Bwrdd Iechyd Prifysgol Caerdydd a'r Fro.

Yn ogystal â'r uchod, roedd fy ngweithdrefnau i ymateb i'r risgiau a nodwyd yn cynnwys y canlynol:

- adolygu datgeliadau'r datganiad ariannol a phrofi dogfennau ategol i asesu cydymffurfiaeth â chyfreithiau a rheoliadau perthnasol a drafodir uchod;
- holi rheolwyr, y Pwyllgor Archwilio a Sicrwydd a chynghorwyr cyfreithiol ynghylch achosion cyfreithiol a hawliadau posibl;
- darllen cofnodion cyfarfodydd y rhai sy'n gyfrifol am lywodraethu a'r Bwrdd; ac
- wrth fynd i'r afael â'r risg o dwyll wrth i reolwyr ddiystyru rheolaethau, profi priodolrwydd cofnodion mewn dyddiaduron ac addasiadau eraill; asesu a yw'r farn a ffurfiwyd wrth lunio amcangyfrifon cyfrifyddu yn arddangos tuedd bosibl; a gwerthuso sail busnes resymegol unrhyw drafodion o bwys sy'n anghyffredin neu sydd y tu hwnt i drywydd busnes arferol.

Bûm hefyd yn esbonio cyfreithiau a rheoliadau perthnasol a nodwyd, a risgiau posibl o dwyll wrth yr holl dîm archwilio, gan gadw'n effro i unrhyw arwydd o dwyll neu ddiffyg cydymffurfio â chyfreithiau a rheoliadau drwy gydol yr archwiliad.

Mae'r anawsterau cynhenid wrth ganfod afreoleidd-dra, effeithiolrwydd rheolaethau Bwrdd Iechyd Prifysgol Caerdydd a'r Fro, a natur, amseriad a maint y gweithdrefnau archwilio a gyflawnwyd yn effeithio ar y graddau y gall fy ngweithdrefnau ganfod afreoleidd-dra, gan gynnwys twyll.

Mohamed,Sarah
19/07/2022 12:16:50

Ceir disgrifiad pellach o gyfrifoldebau'r archwilydd am archwilio'r datganiadau ariannol ar wefan y Cyngor Adroddiadau Ariannol www.frc.org.uk/auditorsresponsibilities. Mae'r disgrifiad hwn yn rhan o'm hadroddiad fel archwilydd.

Cyfrifoldebau am reoleidd-dra

Mae'r Prif Weithredwr yn gyfrifol am sicrhau rheoleidd-dra'r trafodion ariannol.

Mae'n ofynnol imi gasglu tystiolaeth ddigonol i roi sicrwydd rhesymol bod y gwariant a'r incwm wedi cael eu defnyddio i'r dibenion a fwriadwyd gan y Senedd a bod y trafodion ariannol yn cydymffurfio â'r awdurdodau sy'n eu llywodraethu.

Adroddiad

Gweler fy Adroddiad ar dudalennau 167 i 168, ynghylch fy marn amodol ar reoleidd-dra a'r Cyfarwyddyd Gweinidogol a gyhoeddwyd ar 18 Rhagfyr 2019 i Ysgrifennydd Parhaol Llywodraeth Cymru.

Adrian Crompton
24 Heol y Gadeirlan, Caerdydd, CF11 9LJ
Archwilydd Cyffredinol Cymru

17 Mehefin 2022

Mohamed,Sarah
19/07/2022 12:16:50

21.6 Adroddiad yr Archwilydd Cyffredinol i'r Senedd

Cyflwyniad

O dan Ddeddf Archwilio Cyhoeddus Cymru 2004, rwy'n gyfrifol am archwilio, ardystio ac adrodd ar ddatganiadau ariannol Bwrdd Iechyd Prifysgol Caerdydd a'r Fro (y BIL). Rwyf yn cyflwyno adroddiad ar y datganiadau ariannol hyn ar gyfer y flwyddyn a ddaeth i ben 31 Mawrth 2022 i dynnu sylw at un mater sy'n allweddol i'm harchwiliad. Y mater yw'r amodi fy marn ynghylch 'rheoleidd-dra', o ran y gwariant a gydnabuwyd o ganlyniad i'r cyfarwyddyd gweinidogol ar bensiynau uwch glinigwyr. Nid wyf wedi gosod amod yn gysylltiedig â'm barn 'cywir a theg' mewn perthynas â'r mater hwn.

Cyfarwyddyd gweinidogol ar bensiynau uwch glinigwyr

Nid yw cynllun pensiwn y GIG na deddfwriaeth treth pensiynau wedi'u datganoli i Gymru. Roedd newidiadau Trysorlys EM i'r trefniadau ar gyfer trethu cyfraniadau pensiwn yn y blynyddoedd diwethaf yn cynnwys gostwng terfyn y Lwfans Blynyddol o dros £200,000 yn 2011-12 i £40,000 yn 2018-19. O ganlyniad i hynny, mewn achosion lle bydd cyfraniadau pensiwn unigolyn yn uwch na therfynau lwfans cyfraniad pensiwn blynyddol ac/neu oes, bydd eu holl gyfraniadau'n denu cyfradd uwch o dreth, gan greu cynnydd mawr i'r atebolrwydd treth.

Mewn Datganiad Ysgrifenedig ar 13 Tachwedd 2019, roedd y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol wedi nodi bod cyrff y GIG yng Nghymru: 'yn adrodd yn rheolaidd nad oedd staff clinigol

uwch yn barod i dderbyn gwaith na sesiynau ychwanegol oherwydd y gosb bosibl o ran atebolrwydd treth'. Mewn rhai amgylchiadau gallai hyn arwain at daliadau treth ychwanegol a oedd yn uwch nag unrhyw incwm ychwanegol a fyddai'n cael ei ennill.

Ar 18 Rhagfyr 2019, cyhoeddodd y Prif Weinidog (gan adlewyrchu camau gweithredu cynharach gan yr Ysgrifennydd Gwladol dros Iechyd a Gofal Cymdeithasol yn Lloegr) Gyfarwyddyd Gweinidogol i'r Ysgrifennydd Parhaol fwrw ymlaen â chynlluniau i ymrwymo i wneud taliadau i staff clinigol er mwyn adfer gwerth eu pecynnau buddion pensiwn. Pe bai clinigwyr y GIG yn dewis defnyddio'r cyfleuster 'Y Cynllun yn Talu' i setlo taliadau treth lwfans blynyddol sy'n deillio o'u cynilion pensiwn GIG 2019-20 (h.y. setlo'r tâl drwy dderbyn llai o bensiwn blynyddol, yn hytrach na gwneud taliad untro yn y fan a'r lle), byddai eu cyflogwyr o fewn y GIG yn talu am effaith y taliadau treth hynny ar eu pensiwn wrth iddynt ymddeol.

Roedd angen y Cyfarwyddyd Gweinidogol oherwydd gallai Cyllid a Thollau EM ystyried bod y datrysiad hwn yn gyfystyr â chynllunio ac, o bosib, osgoi treth, gan beri bod y gwariant yn afreolaidd. Yn Rheoli Arian Cyhoeddus Cymru (sy'n adlewyrchu'r ddogfen gyfatebol yn Lloegr) nodir yn benodol 'na ddylai sefydliadau'r sector cyhoeddus ymwneud ag ... efadu treth, osgoi treth na chynllunio treth'.

Nid yw Cyfarwyddyd Gweinidogol yn troi'r hyn a fyddai fel arall yn afreolaidd yn rheolaidd, ond mae'n symud atebolrwydd dros benderfyniadau o'r fath oddi wrth y Swyddog Cyfrifyddu i'r Gweinidog sy'n rhoi'r cyfarwyddyd.

Llofnodwyd: Sarah Sumner
19/07/2022 12:16:50

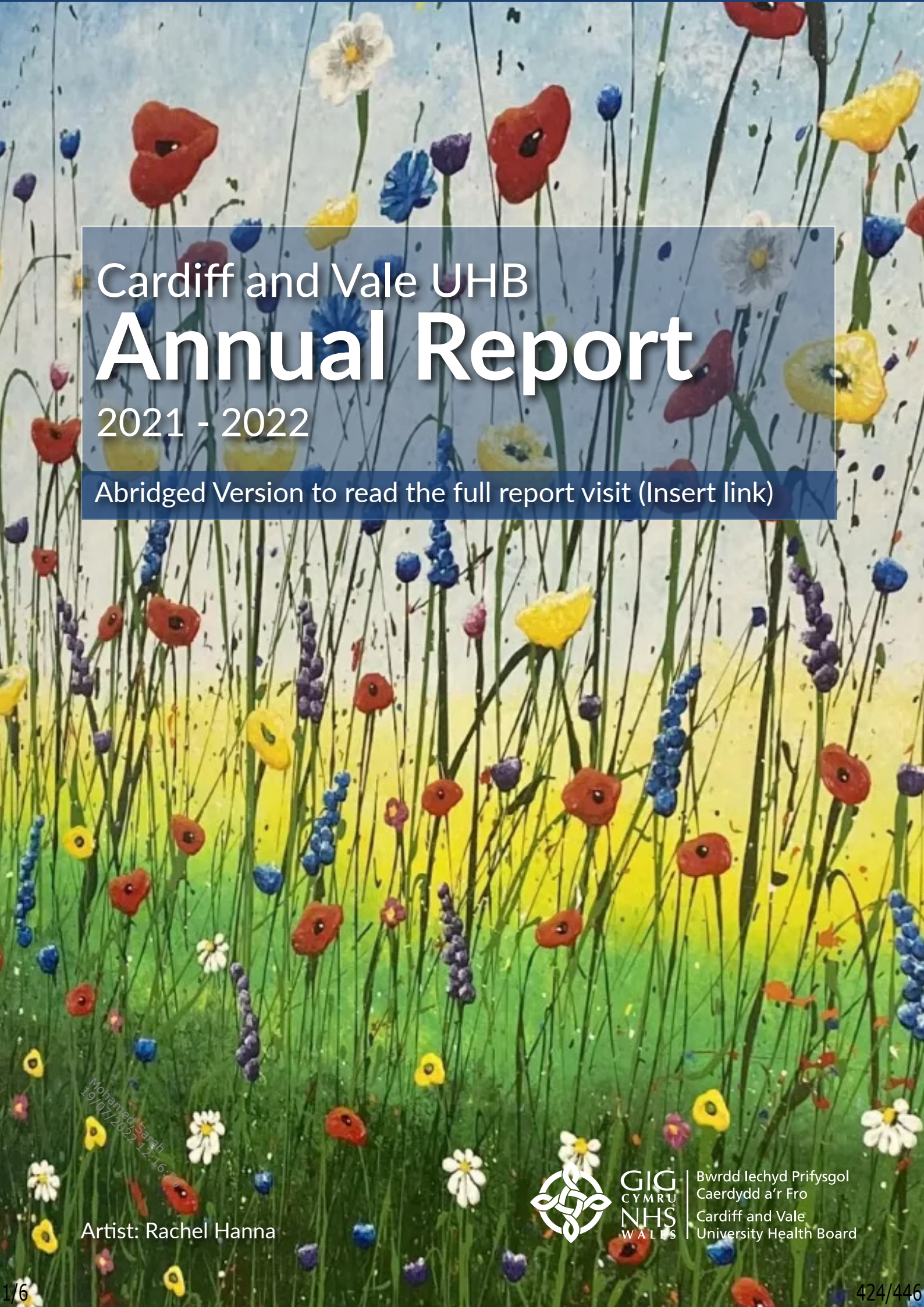
Nid yw'r datrysiad ond yn berthnasol i daliadau treth lwfans blynyddol sy'n deillio o gynnydd i'r buddion a gronnwyd yng Nghynllun Pensiwn y GIG yn ystod y flwyddyn dreth a ddaeth i ben ar 5 Ebrill 2020. Ar gyfer y flwyddyn dreth a ddaeth i ben ar 5 Ebrill 2021, cynyddodd y Canghellor y trothwyon ar gyfer y lwfans blynyddol taprog ac, o ganlyniad i hynny, rhagwelir y bydd y risg i'r cyflenwad o staff clinigol wedi'i lliniaru.

Mae'r BILl wedi derbyn digon o wybodaeth yn ystod y flwyddyn i gyfrifo a chydnabod amcangyfrif o gostau posibl digolledu uwch staff clinigol am fuddion pensiwn y byddent fel arall wedi'u colli, drwy ddefnyddio trefniant 'Y Cynllun yn Talu'. O ganlyniad i hyn, mae'r gwariant wedi'i gydnabod fel darpariaeth, fel y dangosir yn nodyn 20 y datganiadau ariannol.

Ni fydd unrhyw gyrff o fewn y GIG yn atebol am effaith y Cyfarwyddyd Gweinidogol, ond yn fy marn i, mae'r trafodion sydd wedi'u cynnwys yn natganiadau ariannol y BILl i gydnabod yr atebolrwydd hwn yn afreolaidd ac yn berthnasol eu natur. Mae hyn oherwydd bod y taliadau'n groes i baragraff 5.6.1 o Reoli Arian Cyhoeddus ac yn gyfystyr â ffurf ar gynllunio treth, a fydd yn peri bod y Canghellor ar ei golled. Nid yw cyfarwyddyd y Gweinidog ynddo'i hun yn rheoleiddio'r cynllun. Ar ben hynny, mae'r trefniadau'n newydd a chynhennus, a gallent greu cynsail. O ganlyniad i hynny, rwyf wedi gosod amod yn gysylltiedig â'm barn ar 'reoleidd-dra' ar gyfer 2021-22.

Adrian Crompton
Archwilydd Cyffredinol Cymru

17 Mehefin 2022



Cardiff and Vale UHB

Annual Report

2021 - 2022

Abridged Version to read the full report visit (Insert link)

Mohamed Sarah
19/07/2022 12:16:50

Artist: Rachel Hanna

GIG CYMRU NHS WALES

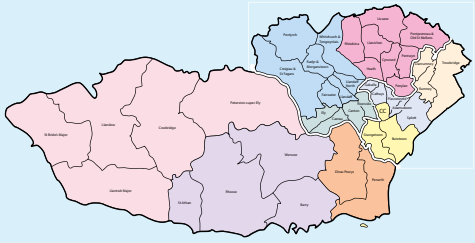
Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Introduction:

Cardiff and Vale University Health Board is one of the largest NHS organisations in Europe.

We employ approximately **16,000 staff.**

We spend around **£1.7 billion** every year on providing health and wellbeing services across 11 different sites to a population of around **472,400** people living in **Cardiff and the Vale of Glamorgan.**



We are a teaching Health Board with close links to the university sector, and together we are training the next generation of healthcare professionals, while working on research that will hopefully unlock the cures for today's illnesses.

Our Services include:

- **Primary and community-based services:** GP practices, Dentists, Pharmacy and Optometry and a host of community led therapy services via community health teams.
- **Acute services through our two main University Hospitals and Children's Hospital:** providing a broad range of medical and surgical treatments and interventions.
- **Public Health:** we support the communities of Cardiff and Vale with a range of public health and preventative health advice and guidance.
- **Tertiary centre:** we also serve a wider population across Wales and often the UK with specialist treatment and complex services such as neuro-surgery and cardiac services.

Our mission is "Caring for People, Keeping People Well", and our vision is that a person's chance of leading a healthy life should be the same wherever they live and whoever they are and to create a sustainable healthcare system with a greater focus on:

- Care closer to home
- Illness prevention
- Enhanced health and wellbeing
- Empowering people and delivering outcomes that matter to the
- An improved quality of life.

In order to achieve this vision, the Health Board works in partnership with Cardiff Council and the Vale of Glamorgan Council, the third sector and wider public service partners to deliver plans to improve the health and wellbeing of our local communities.

Mohamed Sabry
19/07/2022 12:16:50

COVID Response and Recovery:

The pandemic continued to have a significant and sustained impact on the delivery of services during 2021/22.

The Health Board continued to utilise its COVID-19 operating model which provided the framework for quick decision making and flexibility to coordinate services for both Covid and Non-Covid patient groups.

At the heart of the operating model is the need to remaining "COVID ready" and we ensured this approach was closely correlated with the NHS Wales COVID Control Plan.

At all stages of the pandemic the Health Board has responded quickly to clinically redesign the delivery of services, repurpose and reconfigure the footprint and create the capacity needed to maintain access to essential services and provide more routine services when safe to do so.

Our success in establishing testing services at the start of the pandemic has continued during the last year through close partnership with our two local authorities in Cardiff and the Vale of Glamorgan.

The roll out of the Mass Immunisation Programme across Cardiff and Vale was a true example of what can be achieved through focused and collaborative partnership working.

Mohamed Shah 19/07/2022 12:16:58

Throughout the pandemic the Health Board has maintained access to urgent and emergency essential services including urgent and emergency surgery, eye care, cancer treatments, unscheduled care and mental health.

- New outpatient activity is at 90% of pre-Covid levels
- Elective inpatient admissions and day cases are at 80% of pre-Covid levels
- Radiology activity has recovered to over 100% of pre-Covid levels
- Endoscopy activity is at over 120% of pre-Covid levels

The recovery and redesign phase has given us the opportunity to transform patient care, learn from patient and staff feedback over the last year and lock in operational improvements to make access easier.

Our ambitious draft IMPT for 2022-2025 aims to accelerate our journey of transforming services and address the back log of people waiting for planned treatment.

People:

There were times during the past 2 years where providing enough staff to maintain safe levels of care was very challenging. However, the amount of effort by those working in and managing these areas ensured everything was done to keep our patients safe, whilst also maintaining the safety of our staff.

This was achieved by Identifying and Training Staff to Undertake New Roles Healthcare Support Worker (HCSW), New HCSW roles, A new Kickstarter role called "the Patient Environment Support Worker", The Overseas Nurses Programme, The Future Nurse and Midwife Standards, Preceptorship Programme, Skills training and Leadership and management development.

The Health Board is passionate about caring for the wellbeing of its staff members.

After a successful bid to the Health Charity in November 2020 the Health 48 Intervention Team (HIT) was established in March 2021. The two-year team consists of four professionals drawn together to promote and integrate a proactive approach to wellbeing within the organisation.

The Strategic Wellbeing Group set up in 2020 and chaired by the Executive Director of People and Culture, has worked well to highlight where the Health Board focuses its attention when responding to our staff wellbeing needs.

Examples of actions taken forward by the group which are currently in development include:

- Introduction of additional peer support in pilot areas, e.g. Schwartz Rounds
- Collaborative work with the Recovery and Wellbeing College to enhance Peer Support
- Increased capacity of Employee Wellbeing Service for staff
- Investment in additional water stations across hospital sites
- Enhanced leadership and management development and support
- Staff room refurbishments and improvements to staff nursery facilities
- Wellbeing retreats for staff at risk of, or experiencing, symptoms of burnout
- Equality, Diversity and Inclusion awareness raising, education and development sessions.

Mohamed,Sarah
19/07/2022 12:16:50

This year has also seen the development and launch of the Health Board's 'People and Culture Plan', setting out the overarching themes and actions we will take over the next three years, with a clear focus on improving the wellbeing, inclusion, capability and engagement of our workforce.

People and Culture plan - Rachel Gidman

The Plan is built around 7 themes which are based on the themes set out in the Workforce Strategy for Health and Social Care, and aims to ensure a workforce that is happy, healthy and supported, so that they can in turn, support the wellbeing of the people in their care.

The Staff Benefits Group explores and co-ordinates discounts and benefits offered by external organisations for Health Board employees. The Group ensures and agrees 'best deals' for staff and reports their work to the Charitable Funds Committee and the Local Partnership Forum.

The current Strategic Equality Plan (SEP), Caring about Inclusion 2020-2024, has a number of key delivery objectives and demonstrates our commitment to embedding equality, diversity, human rights, and Welsh Language into the Health Board's business processes.

Quality and Safety:

During the pandemic we have developed our five-year Quality Safety Experience Framework with our frontline staff, patients, carers, relatives and external regulators. Our focus on quality, safety and the patient experience extend across all settings where healthcare is provided.

This includes our responsibility as a commissioner of services from a wide range of providers to have the necessary assurances in place where care is being provide by others for our population.

As an integrated healthcare organisation, our focus on quality, safety and the patient experience must extend across all settings where healthcare is provided as we look to be one of the safest organisations in the NHS.

Mohamed Sarfraz
19/07/2022 12:16:50

We have eight key enablers in our revised QSE Framework for the next five years:

These are:

- Safety Culture
- Leadership for QSE
- Patient Experience and Involvement
- Patient Safety learning and communication
- Staff engagement and Involvement
- Data and Insight
- Professionalism of QSE
- Quality Governance

What really matters for our patients' carers and people in our communities must be central to our decision making, so that we can use our time, skills and other resources more wisely.

Sustainability:

In January 2020, the Health Board declared a climate emergency, and gave a commitment to redoubling our efforts to reduce our carbon footprint.

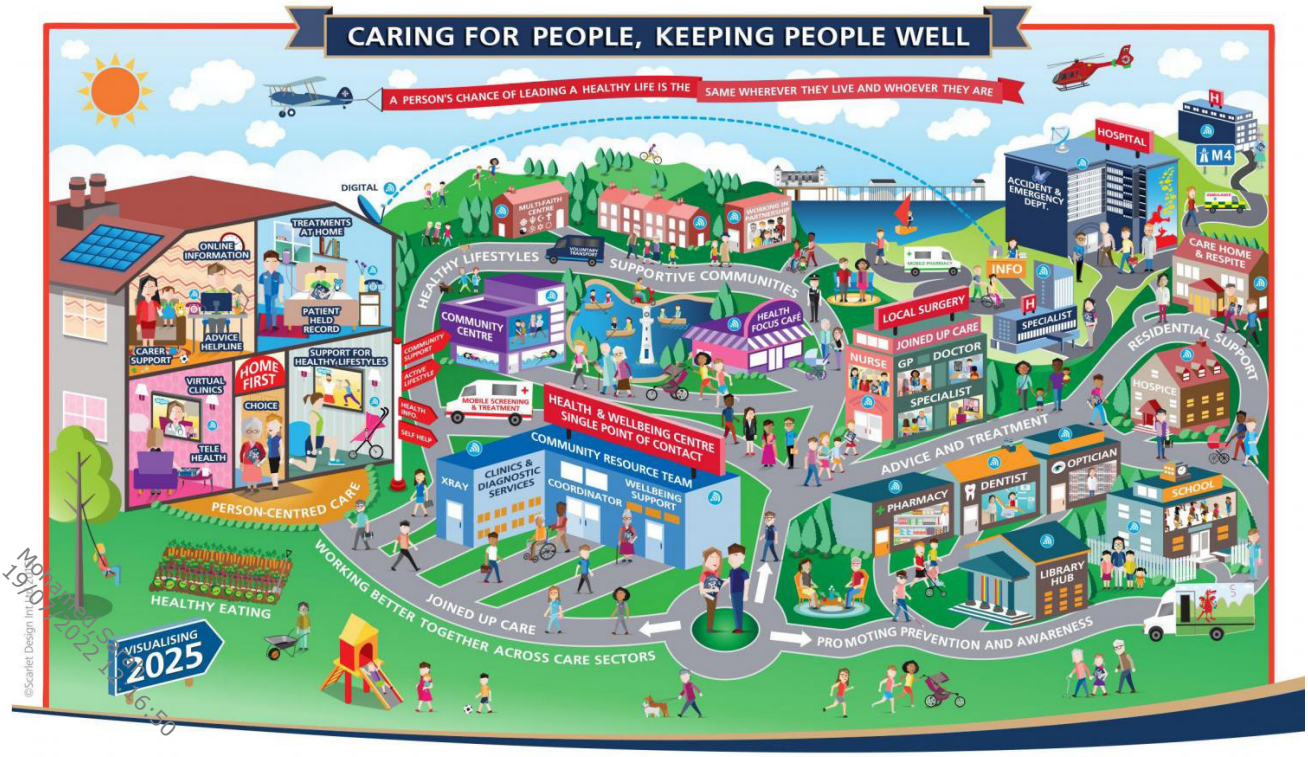
We produced our first sustainability action plan which set out the actions we would take to significantly reduce our carbon use. Following the publication of the Welsh Government Decarbonisation Strategy, with the commitment to reach carbon zero by 2030, we refreshed the Sustainability Action Plan and approved the revised plan at our Board meeting in November 2021.

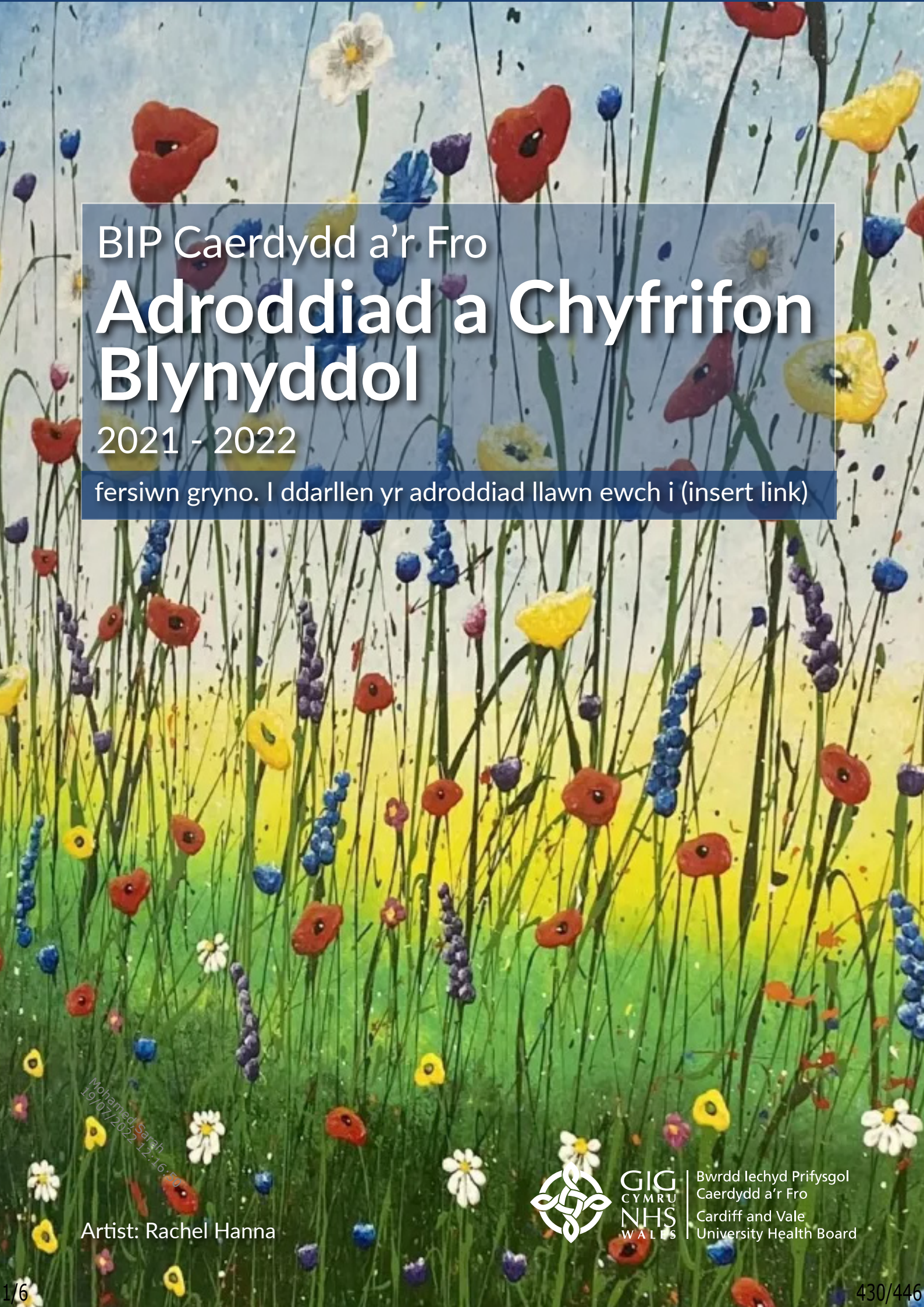
This latest plan uses the NHS Wales Decarbonisation Strategic Delivery Plan as a base plus builds upon the learning from the first Action Plan in order to challenge the Health Board to further mature its reaction to the Climate Crisis.

We now report annually on progress with our carbon reduction plan, and an Executive level oversight group is being established to ensure that key milestones are delivered on time.

Financial overview

For financial statements and annual accounts, see pages 176-272 of the full report.





BIP Caerdydd a'r Fro

Adroddiad a Chyfrifon Blynyddol

2021 - 2022

fersiwn gryno. I ddarllen yr adroddiad llawn ewch i (insert link)

Mohamed Sarah
19/07/2022 12:16:50

Artist: Rachel Hanna

GIG CYMRU NHS WALES

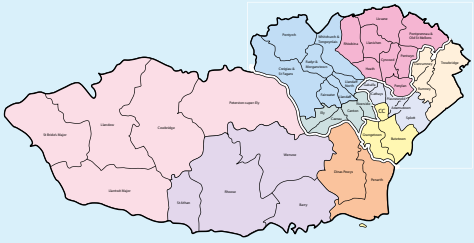
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Cyflwyniad:

Mae Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yn un o'r sefydliadau GIG mwyaf yn Ewrop.

Rydym yn cyflogi tua **16,000 o staff.**

Rydym yn gwario tua **£1.7 biliwn** bob blwyddyn ar ddarparu gwasanaethau iechyd a lles ar draws 11 safle gwahanol i boblogaeth o oddeutu **472,400** o bobl sy'n byw yng Nghaerdydd a'r Fro.



Rydym yn Fwrdd Iechyd Addysgu sydd â chysylltiadau agos â sector y brifysgol, a gyda'n gilydd rydym yn hyfforddi'r genhedlaeth nesaf o weithwyr gofal iechyd proffesiynol, wrth weithio ar ymchwil a fydd, gobeithio, yn datgloi'r atebion i iacháu afiechydon heddiw.

Mae ein gwasanaethau'n cynnwys y canlynol:

- **Gwasanaethau sylfaenol ac yn y gymuned:** Practisau meddygon teulu, deintyddion, fferylliaeth ac optometreg a llu o wasanaethau therapi eraill dan arweiniad y gymuned, drwy gyfrwng timau iechyd cymunedol.
- **Gwasanaethau acíwt drwy ein dau brif Ysbyty Athrofaol ac Ysbyty Plant:** gan ddarparu ystod eang o driniaethau ac ymyriadau meddygol a llawfeddygol.
- **Iechyd y cyhoedd:** rydym yn cefnogi cymunedau Caerdydd a'r Fro gydag ystod o gyngor ac arweiniad ar iechyd y cyhoedd a mesurau iechyd ataliol.
- **Gofal trydyddol:** rydym hefyd yn cynnig gwasanaethau i boblogaeth ehangach Cymru, a'r DU yn aml, gan gynnig triniaeth arbenigol a gwasanaethu cymhleth fel niwrolawdriniaeth a gwasanaethau cardiaidd.

Ein cenhadaeth yw "Gofalu am Bobl, Cadw Pobl yn Iach", a'n gweledigaeth yw y dylai siawns unigolyn o gael byw bywyd iach fod yr un peth ble bynnag y mae'n byw neu bwy bynnag ydyw, ac i greu system gofal iechyd gynaliadwy gyda mwy o bwyslais ar:

- Gofal yn agosach at gartref
- Atal salwch
- Gwell iechyd a lles
- Grymuso pobl a darparu canlyniadau sy'n bwysig iddynt
- Gwell ansawdd bywyd

Er mwyn cyflawni'r weledigaeth hon, mae'r Bwrdd Iechyd yn gweithio mewn partneriaeth â Chyngor Caerdydd a Chyngor Bro Morgannwg, y trydydd sector a phartneriaid gwasanaethau cyhoeddus ehangach i gyflawni cynlluniau i wella iechyd a lles ein cymunedau lleol.

Mohamed Shah
19/07/2022 13:16:00

Ymateb ac Adferiad ar ôl COVID:

Parhaodd y pandemig i gael effaith sylweddol a pharhaus ar ddarparu gwasanaethau yn ystod 2021/22.

Bu'r Bwrdd Iechyd yn parhau i ddefnyddio ei fodel gweithredu COVID-19 a ddarparodd y fframwaith ar gyfer gwneud penderfyniadau cyflym a'r hyblygrwydd i gydlynu gwasanaethau ar gyfer grwpiau cleifion COVID a'r rhai nad oedd ganddynt COVID.

Wrth wraidd y model gweithredu, y mae'r angen i barhau i fod yn "barod ar gyfer COVID" a gwnaethom sicrhau bod y dull hwn yn cydberthyn yn agos â Chynllun Rheoli COVID GIG Cymru.

Ym mhob cam o'r pandemig, mae'r Bwrdd Iechyd wedi ymateb yn gyflym i ailgynllunio'r ffordd y darperir gwasanaethau yn glinigol, aildrefnu ac ail-lunio'r ôl-troed, gan greu'r capasiti sydd ei angen i gynnal mynediad at wasanaethau hanfodol a darparu gwasanaethau mwy rheolaidd pan fydd yn ddiogel i wneud hynny.

Mae ein llwyddiant wrth sefydlu gwasanaethau profi ar ddechrau'r pandemig wedi parhau yn ystod y flwyddyn ddiwethaf drwy bartneriaeth agos â'n dau awdurdod lleol yng Nghaerdydd a Bro Morgannwg.

Roedd cyflwyno'r Rhaglen Imiwneiddio Torfol ar draws Caerdydd a'r Fro yn enghraifft o'r hyn y gellir ei gyflawni drwy waith partneriaeth cydweithredol, sydd â ffocws clir.

Published Cabinet 15/07/2022 12:16:59

Drwy gydol y pandemig, mae'r Bwrdd Iechyd wedi parhau i gynnal mynediad at wasanaethau hanfodol a brys, gan gynnwys llawfeddygaeth frys, gofal llygaid, triniaethau canser, gofal heb ei drefnu ac iechyd meddwl.

- Mae gweithgarwch cleifion allanol newydd ar 90% o'r lefelau cyn COVID
- Mae derbyniadau dewisol i gleifion mewnol ac achosion dydd ar 80% o'r lefelau cyn COVID
- Mae gweithgarwch radioleg wedi adfer i dros 100% o'r lefelau cyn COVID
- Mae gweithgarwch endosgopi ar dros 120% o'r lefelau cyn COVID

Mae'r cyfnod adfer ac ail-ddylunio wedi rhoi'r cyfle i ni drawsnewid gofal cleifion, dysgu o adborth cleifion a staff dros y flwyddyn ddiwethaf a sefydlu gwelliannau gweithredol i wella mynediad.

Nod ein IMPT drafft uchelgeisiol ar gyfer 2022-2025 yw cyflymu ein taith o drawsnewid gwasanaethau a mynd i'r afael â'r ôl-groniad o bobl sy'n aros am driniaeth wedi'i chynllunio.

Pobl:

Roedd adegau yn ystod y ddwy flynedd ddiwethaf lle roedd darparu digon o staff i gynnal lefelau diogel o ofal yn heriol iawn. Fodd bynnag, roedd yr ymdrech gan y rhai sy'n gweithio yn y meysydd hyn ac yn eu rheoli yn sicrhau bod popeth yn cael ei wneud i gadw ein cleifion yn ddiogel, gan gynnal diogelwch ein staff ar yr un pryd.

Cyflawnwyd hyn drwy ganfod a hyfforddi staff i ymgymryd â rolau Gweithwyr Cymorth Gofal Iechyd (HCSW) newydd, rôl Kickstarter newydd o'r enw "Gweithiwr Cymorth Amgylchedd y Cleifion", y Rhaglen i Nyrsys Tramor, Safonau Nyrsys a Bydwragedd y Dyfodol, Rhaglen Diwtoriaeth, Hyfforddiant Sgiliau a Datblygu Arweinyddiaeth a Rheolaeth.

Mae'r Bwrdd Iechyd yn angerddol am ofalu am les ei aelodau staff.

Ar ôl cais llwyddiannus i'r Elusen Iechyd ym mis Tachwedd 2020 sefydlwyd y Tîm Ymyrraeth Iechyd (HIT) ym mis Mawrth 2021. Mae'r tîm dwy flynedd yn cynnwys pedwar gweithiwr proffesiynol a dynnwyd at ei gilydd i hyrwyddo ac integreiddio ymagwedd ragweithiol at les yn y sefydliad.

Mae'r Grŵp Lles Strategol a sefydlwyd yn 2020 ac sy'n cael ei gadeirio gan y Cyfarwyddwr Gweithredol Pobl a Diwylliant, wedi gweithio'n dda i dynnu sylw at ble mae'r Bwrdd Iechyd yn cyfeirio ei sylw wrth ymateb i anghenion lles ein staff.

Dyma rai enghreifftiau o gamau gweithredu sydd ar y gweill gan y grŵp, sy'n cael eu datblygu ar hyn o bryd:

- Cyflwyno cefnogaeth ychwanegol gan gymheiriaid mewn meysydd peilot, e.e. rowndiau Schwartz
- Gwaith ar y cyd â'r Coleg Adfer a Lles i wella Cymorth gan Gymheiriaid
- Gwella capasiti y Gwasanaeth Lles Gweithwyr ar gyfer staff
- Buddsoddi mewn gorsafoedd dŵr ychwanegol ar draws safleoedd ysbytai
- Datblygu a chefnogi arweinyddiaeth a rheolaeth well
- Adnewyddu ystafelloedd staff a gwella cyfleusterau meithrinfa'r staff
- Safleoedd lles ar gyfer staff sydd mewn perygl o gael eu gorlethu, neu sy'n profi symptomau o'r fath
- Sesiynau codi ymwybyddiaeth, addysg a datblygiad Cydraddoldeb, Amrywiaeth a Chynhwysiant

Mohamed Sarah
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Eleni hefyd gwelwyd datblygiad a lansiad 'Cynllun Pobl a Diwylliant' y Bwrdd Iechyd, gan nodi'r themâu a'r camau gweithredu cyffredinol y byddwn yn eu cymryd dros y tair blynedd nesaf, gan ganolbwyntio'r glir ar wella lles, cynhwysiant, gallu ac ymgysylltiad ein gweithlu.

Cynllun Pobl a Diwylliant - dolen fideo Rachel Gidman

Mae'r Cynllun yn deillio o saith thema sy'n seiliedig ar y themâu a nodir yn Strategaeth y Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol, a'i nod yw sicrhau gweithlu sy'n hapus, yn iach ac yn cael ei gefnogi fel y gall, yn ei dro, gefnogi lles y bobl yn eu gofal.

Mae'r Grŵp Buddion Staff yn archwilio ac yn cydlynu gostyngiadau a buddion a gynigir gan sefydliadau allanol i weithwyr y Bwrdd Iechyd. Mae'r Grŵp yn sicrhau ac yn cytuno ar y 'bargeinion gorau' i staff ac yn rhoi gwybod am eu gwaith i'r Pwyllgor Cronfeydd Elusennol a'r Fforwm Partneriaeth Lleol.

Mae gan y Cynllun Cydraddoldeb Strategol (SEP) presennol, Rhoi Sylw i Gynhwysiant 2020-2024, nifer o amcanion cyflawni allweddol ac mae'n dangos ein hymrwymiad i ymgorffori cydraddoldeb, amrywiaeth, hawliau dynol a'r Gymraeg ym mhrosesau busnes y Bwrdd Iechyd.

Ansawdd a Diogelwch:

Yn ystod y pandemig rydym wedi datblygu ein Fframwaith Ansawdd, Diogelwch a Phrofiad pum mlynedd gyda'n staff rheng flaen, cleifion, gofalwyr, perthnasau a rheoleiddwyr allanol. Mae ein ffocws ar ansawdd, diogelwch a phrofiad y claf yn ymestyn ar draws pob lleoliad lle darperir gofal iechyd.

Mae hyn yn cynnwys ein cyfrifoldeb fel comisiynydd gwasanaethau gan ystod eang o ddarparwyr i gael y sicrwydd angenrheidiol yn ei le lle mae gofal yn cael ei ddarparu gan eraill ar gyfer ein poblogaeth.

Fel sefydliad gofal iechyd integredig, rhaid i'n ffocws ar ansawdd, diogelwch a phrofiad y claf ymestyn ar draws pob lleoliad lle darperir gofal iechyd wrth i ni geisio bod yn un o'r sefydliadau mwyaf diogel yn y GIG.

Mohamed Sarah 19/07/2022 12:16:50

Mae gennym wyth o hwyluswyr allweddol yn ein Fframwaith QSE diwygiedig ar gyfer y pum mlynedd nesaf:

Ymhlith y rhain mae:

- Diwylliant Diogelwch
- Arweinyddiaeth ar gyfer QSE
- Profiad y Claf a Chynnwys Cleifion
- Dysgu a chyfathrebu Diogelwch Cleifion
- Ymgysylltu â Staff a'u Cynnwys
- Data a Mewnwelediad
- Proffesiynoldeb QSE
- Llywodraethu Ansawdd

Rhaid i'r hyn sy'n wirioneddol bwysig i ofalwyr ein cleifion a phobl yn ein cymunedau fod yn ganolog i'n penderfyniadau, fel y gallwn ddefnyddio ein hamser, ein sgiliau a'n hadnoddau eraill yn fwy doeth.

Cynaliadwyedd:

Ym mis Ionawr 2020, datganodd y Bwrdd Iechyd argyfwng hinsawdd, ac ymrwymo i ddyblu ein hymdrechion i leihau ein hôl troed carbon.

Lluniwyd ein cynllun gweithredu cynaliadwyedd cyntaf a oedd yn nodi'r camau y byddem yn eu cymryd i leihau ein defnydd o garbon yn sylweddol. Yn dilyn cyhoeddi Strategaeth Ddatgarboneiddio Llywodraeth Cymru, gyda'r ymrwymiad i gyrraedd carbon sero-net erbyn 2030, gwnaethom adnewyddu'r Cynllun Gweithredu Cynaliadwyedd a chymeradwyo'r cynllun diwygiedig yng nghyfarfod ein Bwrdd ym mis Tachwedd 2021.

Mae'r cynllun diweddaraf hwn yn defnyddio Cynllun Cyflenwi Strategol Datgarboneiddio GIG Cymru fel sylfaen ac mae'n adeiladu ar yr hyn a ddysgwyd o'r Cynllun Gweithredu cyntaf er mwyn herio'r Bwrdd Iechyd i ddatblygu ei ymateb i'r Argyfwng Hinsawdd ymhellach.

Rydym bellach yn adrodd ar gynnydd yn flynyddol gyda'n cynllun lleihau carbon, ac mae grŵp goruchwylio ar lefel Weithredol yn cael ei sefydlu i sicrhau bod cerrig milltir allweddol yn cael eu cyflawni ar amser.

Trosolwg ariannol:

Am ddatganiadau ariannol a chyfrifon blynyddol, gweler tudalennau 176-272 yr adroddiad llawn.

Annual Accounts 2021/22

Financial Outlook 2022/23

Catherine Phillips
Executive Director of Finance

Mohamed Sadah
19/07/2022 12:16:50

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale University Health Board

Annual Accounts 2021/22

Financial Duties – Revenue & Capital Resource

The UHB has two primary financial duties set for it under the National Health Services Finance Act 2014 :

- A duty to ensure that its Revenue and Capital expenditure does not exceed the combined funding allocated to it over a period of 3 years

- A duty to prepare and obtain approval from the Welsh Ministers a plan (IMTP) which achieves the rolling 3 year position

Mohamed.Sarah
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Annual Accounts 2021/22

Financial Duties – Revenue Resource

- The LHB's Integrated Medium Term Plan for the period 2019/20 -2021/22 was approved by the Welsh Ministers

- Due to the pandemic the planning process for 2020/21 – 2022/23 was paused in March 2020 and a quarterly planning arrangement was put on place for 2020/21

  As the approval process was not completed, the approval status remained extant

  (i.e. the UHB has an approved IMTP for the period covered by the accounts)

Mohamed Sarah
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Annual Accounts 2021/22

Financial Duties – Revenue Resource

The approved IMTP aimed to achieve a year-end balanced out-turn position in each year of the plan

- The financial performance for the year, as contained in the accounts was a year-end surplus of £0.232m for 2021/22
- The UHB had a surplus of £0.058m in 2019/20 and a surplus of £0.090m in 2020/21
- This means that over the three-year period the combined surplus was £0.380m

Mohamed Sarah
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<u>The UHB therefore, achieved its financial duty under both section 175(1) and 175(2a)</u>

Annual Accounts 2021/22

Financial Duties – Capital Resource

The Health Board also has a duty to ensure capital expenditure remains with in the Welsh Government Capital Resource Allocation over the same three year period

- In 21/22 the UHB effectively managed its capital allocation and delivered a small surplus of £0.041m against the Capital Resource Limit of £70.989m
- The UHB had a surplus of £0.089m in 2019/20 and a surplus of £0.104m in 2020/21 against its Capital Resource Limit
- This means that over the three-year period the combined surplus is £0.234m

Mohamed.Sarah
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<u>Therefore, the UHB has also met its financial duty to break-even against its Capital Resource Limit over the three years 2019/20 to 2021/22</u>

Annual Accounts 2021/22

Performance – 19/20 to 21/22

	2019-20	2020-21	2021-22	**Total**
	£000	£000	£000	**£000**
Net operating costs for the year	1,043,916	1,220,369	1,228,135	**3,492,420**
Less general ophthalmic services expenditure and other non-cash limited expenditure	(17,276)	(13,386)	(14,237)	**(44,899)**
Less revenue consequences of bringing PFI schemes onto SoFP	(1,028)	(1,028)	(222)	**(2,278)**
Total operating expenses	1,025,612	1,205,955	1,213,676	**3,445,243**
Revenue Resource Allocation	1,025,670	1,206,045	1,213,908	**3,445,623**
Under /(over) spend against Allocation	58	90	232	**380**

	2019-20	2020-21	2021-22	**Total**
	£000	£000	£000	**£000**
Gross capital expenditure	61,333	103,182	72,477	**236,992**
Add: Losses on disposal of donated assets	13	14	287	**314**
Less NBV of property, plant and equipment and intangible assets disposed	(2,167)	(7,020)	(316)	**(9,503)**
Less capital grants received	0	(536)	(126)	**(662)**
Less donations received	(1,109)	(297)	(1,374)	**(2,780)**
Charge against Capital Resource Allocation	58,070	95,343	70,948	**224,361**
Capital Resource Allocation	58,159	95,447	70,989	**224,595**
(Over) / Underspend against Capital Resource Allocation	89	104	41	**234**

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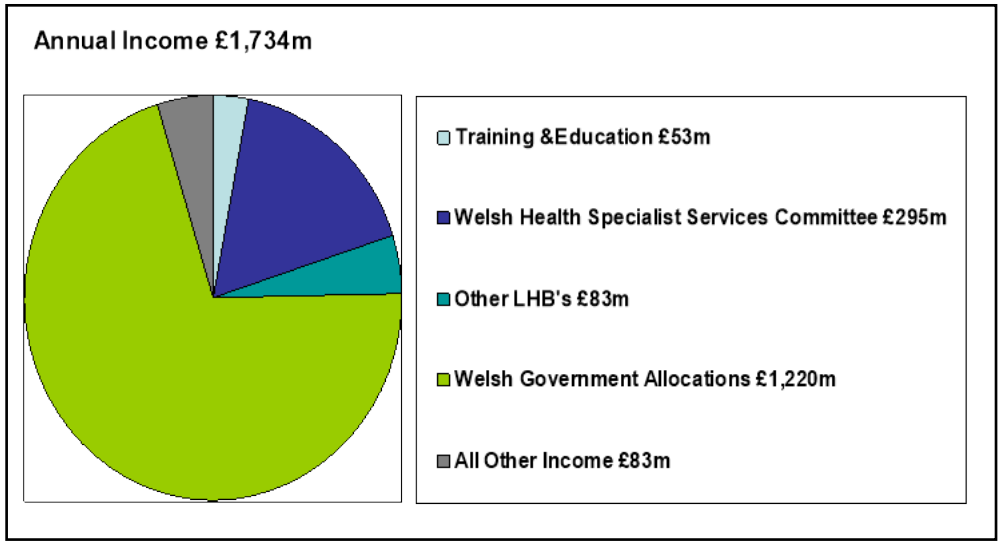
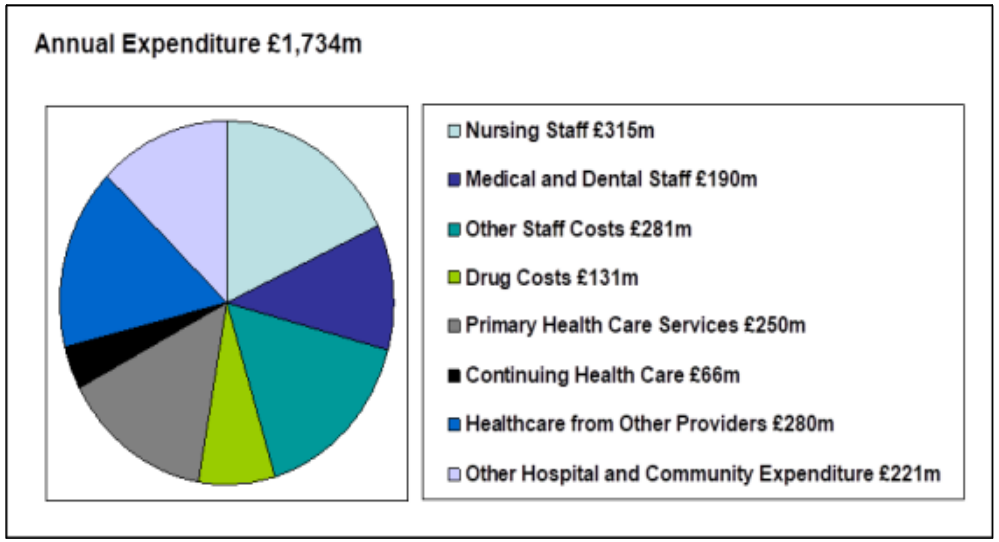
Annual Accounts 2021/22

Income and Expenditure





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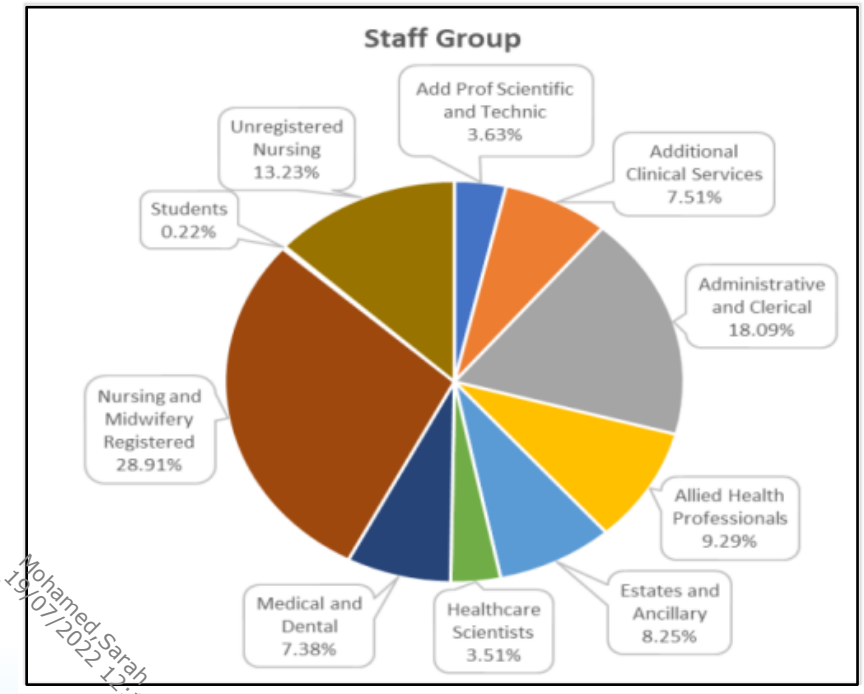
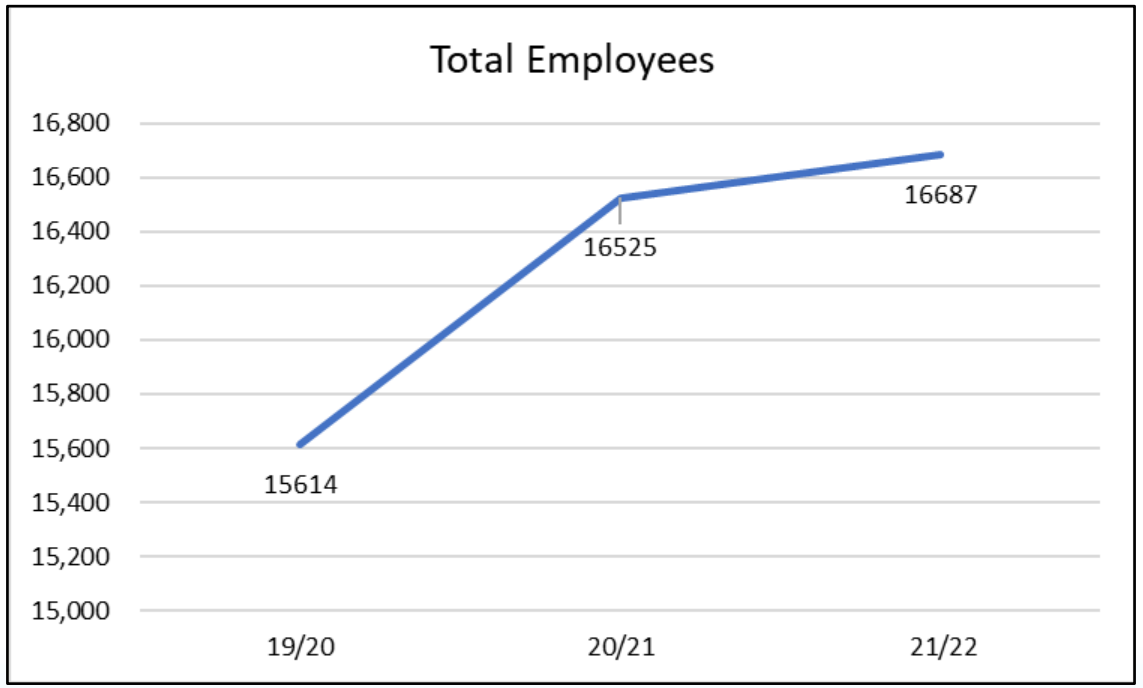
Annual Accounts 2021/22

Staff Numbers

Total Employees 16,687





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Annual Accounts 2021/22

Assurance and Outcome

Assurance on the accuracy of the Annual Accounts can be taken from:

- The work and review carried out by the Audit and Assurance Committee throughout 2021/22
- The work completed by Audit Wales and summarised in their ISA 260 Report
- The response given to the audit enquiries to those charged with governance, and management and the letter of representation provided to Audit Wales
- The work carried out by Internal Audit and Counter Fraud throughout 2021/22
- The Accounts were approved by the UHB Board on 14 June 2022

Audit Outcome

Mohammed Sarah 19/07/2022 12:16:50

Overall an unqualified audit opinion was given by Audit Wales on the 2021-22 financial statements

- The financial statements are fairly and appropriately presented without any identified exceptions and incompliance with accounting guidelines and free from material misstatement

Financial Outlook 2022/23 – Revenue

- The pandemic impacted on the UHB's ability to deliver it's savings target during 2020-21 and 2021-22. The UHB has submitted a financial plan to Welsh Government that projects a £17.1m deficit at in 2022-23

- The UHB is developing long term plans to address this deficit

- This position assumes ongoing Welsh Government support for local Covid response costs, national Welsh Government Covid Programmes and exceptional cost increases such as energy

- The 2022-23 Integrated Medium Term Plan, including the financial plan, continues to be discussed with Welsh Government

Mohamed Sarah
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Annual Accounts 2021/22 and Financial Outlook 2022/23

Happy to receive questions

Mohamed Sarah
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