

Aneurin Bevan University Health Board

Accountability Report 2016/17

1. Introduction

Aneurin Bevan University Health Board is required to publish, as part of our annual reporting, an Accountability Report. The purpose of the Accountability Report section of the annual report has been designed to demonstrate the ways in which the Health Board is meeting its key accountability and reporting requirements.

This Accountability Report has three sections:

- **Corporate Governance Report**
This explains the composition of the Health Board, its governance structures and arrangements and how the Health Board seeks to achieve its objectives and responsibilities to meet the needs of the people we serve.
- **Remuneration and Staff Report**
This section contains information about the staff of the organisation, particularly focusing on the remuneration of its Board and senior management, fair pay ratios and other staff information such as sickness absence rates.
- **Parliamentary Accountability and Audit Report**
This section contains a range of disclosures on the regularity of expenditure, fees, charges, compliance with cost allocation and charging requirements set out in HM Treasury guidance, material remote contingent liabilities and long-term expenditure trends.

2. Corporate Governance Report

As a minimum, the corporate governance report includes:

- The Directors' report
- The statement of Accounting Officer's responsibilities
- The Annual Governance Statement.

2.1 Directors' Report

This section of the report sets out details of the directors of the Health Board in 2016/17. This information is outlined in the Annual Governance Statement of the Health Board and can be found in detail in the Annual Governance Statement (AGS) on pages 12 to 14. Details of the membership of the Board and its Committees, including the Audit Committee, are also shown in this section of the AGS.

2.2 Board Members' Interests

The following table shows details of directorships of other organisations or other interests that have been declared by the members of the Board of Aneurin Bevan University Health Board, as at the 31st March 2017. This information is available on the Health Board Internet site and can be accessed by following this link

<http://www.wales.nhs.uk/sitesplus/866/page/86105>

2.3 Information Governance

This section covers information relating to data related incidents where they have been formally reported to the Information Commissioner's Office. It also includes information relating to personal data related incidents, including 'serious untoward incidents'. This information is available in the Health Board's Annual Governance Statement (AGS) and can be found on page 25 to 27 of the AGS.

2.4 Information on Environmental, Social and Community Issues

This section provides information on environmental, social and community issues. The Board has a Wellbeing of Future Generations Steering Group which covers a broad agenda including Energy, Waste, Water and Sustainability. It is co-chaired by the Director for Public Health and Board Secretary. The group is charged with taking forward the sustainability agenda of the organisation. Reporting to the group is the Environmental Management Steering Group that takes forward the improvements in

energy, water and waste management by developing and reporting against targets. In addition the group includes other representatives responsible for developing sustainable procurement, IT and travel initiatives.

Environmental public health issues are dealt with in liaison with Public Health Wales Environmental Health and the Health Protection Agency in England. Environmental public health incidents reports are made to the Public Health and Partnerships Committee of the Board.

The Health Board has a Carbon Management Strategy which reflects the current priorities, drivers and opportunities for the Health Board. It examines how overall carbon management in the organisation could be made more effective, with best practice, technology and innovation. This includes a challenging target for carbon reduction of 3% year on year for 5 years, the performance of which is currently being independently assessed and reviewed by the Carbon Trust.

The Health Board continues to work towards introducing more sustainable and resource efficient methods of processing the waste generated from health care activities. Recycling facilities are embedded at all main hospital sites and stream off co-mingled mixed recyclates for onward sorting and reprocessing into new products and materials. Cardboard is separated and baled at the two main hospital sites within the Health Board and processing into mill size bales.

The Segregation of Infectious waste is continually evaluated and where possible in line with guidance and best practice items are removed and diverted into a lower cost disposal option.

The Health Board continues to work towards implementing a zero to landfill approach. This includes exploring the options to divert residual waste to energy or a waste plant.

The Health Board continues to operate a third party certified Environmental Management System (EMS) to the international standard ISO 14001.

The EMS has developed to become the focal point for driving forward continual environmental improvement. It provides a joined up approach for the management of waste minimisation initiatives, recycling, energy and carbon management, sustainable procurement and green travel initiatives.

Certification ensures that we not only comply with legislation but go above and beyond this implementing best practice in our role as an exemplar NHS organisation in the area of healthcare waste and environmental management.

The organisation places high importance on continued certification to ISO 14001 and the assurance it provides to the Board and our stakeholders.

The Health Board has lead a 'world first' project on the recycling of polypropylene instrument wrap from the Hospital Sterilisation and Disinfection Unit (HSDU) for recycling.

Before the introduction of the recycling initiative all the polypropylene wrap from HSDU was being collected into Orange Hazardous Waste bags and consigned as Infectious Waste at considerable cost and environmental impact.

The Health Board can demonstrate a number of benefits in relation to the diversion of material from the clinical waste stream (currently 2 tonnes per month), while producing a commercial polymer with a commodity value.

Further plans are in process for collaboration with a major established Healthcare Supplier to use 3D printing technology to create healthcare consumables directly from the hospitals own "plastic waste", therefore creating a closed loop recycling model which benefits the circular economy.

The Health Board has received widespread publicity and recognition for this project which included featuring on a headline slot on the BBC Wales Today programme on Friday 2nd December 2016.

The Health Board has also been selected as a finalist in the 'Innovation Category' of the NHS Sustainability Awards 2017.

2.5 Sickness Absence Data

The Health Board sickness absence rates for 2016/017 have slightly increased from 5.23% in 2015/2016 to 5.29% in 2016/2017. The increase was mainly within the winter period where sickness was higher than normal due to higher levels of Gastroenteritis. Over 75% of sickness absences is long term sickness, and the main reasons for absence continue to be stress and anxiety, and long term musculo-skeletal problems and coughs, colds and influenza and Gastroenteritis for short-term.

Sickness absence is a high priority for the year ahead, extensive work has been undertaken to review sickness absence across the Health Board to find patterns of sickness, new ways to tackle absence and evaluate our underlying demographics and the impact this has on sickness levels.

To help our managers manage sickness more effectively, ESR business intelligence reports have been developed to identify sickness trends, costs of absence, PADR, Staff in Post etc and enable triangulation of data. Training courses have been running targetting areas with the aim of helping them manage sickness absence in a timely fashion and providing posters to raise staff awareness. The Health Board is now able to report on its sickness absence earlier, due to the roll out of ESR self service.

	2016/17	2015/16
Days lost (Short term)	53,097	61,261
Days lost (Long term)	147,711	144,562
Total days lost	200,808	205,823
Total staff years	880	902
Average working days lost	14.20	14.70
Total staff employed in period (headcount)	14,155	14,020
Total staff employed with no absence (headcount)	5,803	4,919
Percentage staff with no sick leave	41%	40%

2.6 Statement of the Accountable Officer's Responsibilities

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to Aneurin Bevan University Local 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.

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

As Accountable Officer, I confirm that, as far as I am aware, there is no relevant audit information of which the Health Board's Auditors are unaware, and I have taken all the steps that ought to have been taken to make myself aware of any relevant audit information and that the Health Board's auditors are aware of that information.

As Accountable Officer, I confirm that the Annual Report and Accounts as a whole are fair, balanced and understandable and that I take personal responsibility for the Annual Report and Accounts and that the judgements required for determining that they are fair, balanced and understandable.

Name Judith Paget

Date 31/5/17

Judith Paget, Chief Executive

2.7 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 LHB and of the income and expenditure of the LHB for that period.

In preparing those accounts, the directors are required to:

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

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

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

By Order of the Board

Signed:

Chairman:  Dated: 31 May 2017

Chief Executive:  Dated: 31 May 2017

Director of Finance:  Dated: 31 May 2017

2.8 Annual Governance Statement

The Annual Governance Statement of the Health Board is provided as a separate document.

3. Remuneration and Staff Report

3.1 Directors' Remuneration Report

This report provides remuneration for those persons in senior positions within the Health Board, who have authority and responsibility for directing or controlling the major activities of the Health Board as a whole. These are provided in the table below.

Salary and Pension entitlements of Senior Managers Remuneration

Name	Title	2016-17				2015-16			
		Salary (bands of £5,000)	Benefits in kind (to nearest £100)	Pension Benefits	Total (bands of £5,000)	Salary (bands of £5,000)	Benefits in kind (to nearest £100)	Pension Benefits	Total (bands of £5,000)
Executive Directors									
Judith Paget	Chief Executive	195 - 200	0	28	220 - 225	195 - 200	0	141	335 - 340
Alan Brace	Director of Finance / Deputy Chief Executive (Until 09.09.16)	65 - 70	0	14	80 - 85	150 - 155	0	92	245 - 250
Glyn Jones	Interim Director of Finance (Since 10.09.16)	70 - 75	6	41	110 - 115	0	0	0	0
Allan Davies	Interim Director of Planning and Performance (Until 04.01.16)	0	0	0	0	95 - 100	0	131	225 - 230
Nicola Prygodzicz	Director of Planning and Performance (Since 01.12.16) / Interim Director of Planning and Performance (Since 01.12.15 until 30.11.16)	105 - 110	0	275	380 - 385	35 - 40	0	39	75 - 80
Denise Llewellyn	Nurse Director (Until 23.09.16)	60 - 65	0	0	60 - 65	125 - 130	0	18	140 - 145
Linda Slater	Interim Nurse Director (Since 24.09.16 Until 31.12.16)	30 - 35	0	73	105 - 110	0	0	0	0
Bronagh Scott	Nurse Director (Since 01.01.17)	30 - 35	0	3	30 - 35	0	0	0	0
Anne Phillimore	Director of Workforce and Organisational Development (Until 30.11.15)	0	0	0	0	80 - 85	0	4	85 - 90
Geraint Evans	Director of Workforce and Organisational Development (Since 01.12.15)	125 - 130	0	201	325 - 330	40 - 45	0	(3)	35 - 40
Dr Gill Richardson *	Director of Public Health	120 - 125	0	17	135 - 140	125 - 130	0	129	255 - 260
Dr Paul Buss	Medical Director / Deputy Chief Executive (Since 01.10.16)	190 - 195	0	0	190 - 195	185 - 190	0	4	190 - 195
Alison Shakeshaft	Director of Therapies and Health Sciences	100 - 105	0	50	150 - 155	95 - 100	0	36	135 - 140
Jamie Marchant	Interim Chief Operating Officer (Until 26.07.15)	0	0	0	0	35 - 40	2	(4)	35 - 40
Nick Wood	Chief Operating Officer (Since 01.07.15)	140 - 145	0	28	165 - 170	105 - 110	0	22	125 - 130
Richard Bevan	Board Secretary	90 - 95	0	23	115 - 120	95 - 100	0	22	115 - 120

Non-Executive Directors

David Jenkins OBE	Chairman	65 - 70	5	0	70 - 75	65 - 70	0	0	65 - 70
Prof. Siobhan McClelland **	Vice Chair (Until 31.03.16)	0	0	0	0	75 - 80	0	0	75 - 80
Philip Robson	Vice Chair (Since 01.04.16) / Independent Member (Community) (Until 31.03.16)	55 - 60	3	0	55 - 60	15 - 20	2	0	15 - 20
Wendy Bourton OBE	Independent Member (Third/Voluntary Sector) (Until 31.03.16)	0	0	0	0	15 - 20	0	0	15 - 20
Katija Dew	Independent Member (Third/Voluntary Sector) (Since 01.04.16)	15 - 20	1	0	15 - 20	0	0	0	0
Jane Carroll	Independent Member (Trade Union) (Until 12.02.16)	0	0	0	0	10 - 15	0	0	10 - 15
Prof. Helen Houston	Independent Member (University) (Until 31.03.16)	0	0	0	0	15 - 20	0	0	15 - 20
Prof. Dianne Watkins	Independent Member (University) (Since 07.11.16)	5 - 10	0	0	5 - 10	0	0	0	0
Chris Koehli	Independent Member (Finance)	15 - 20	0	0	15 - 20	15 - 20	0	0	15 - 20
Clr Brian Mawby	Independent Member (Local Authority)	15 - 20	2	0	15 - 20	15 - 20	1	0	15 - 20
Joanne Smith	Independent Member (Community)	15 - 20	0	0	15 - 20	15 - 20	0	0	15 - 20
Frances Taylor	Independent Member (Community)	15 - 20	0	0	15 - 20	15 - 20	1	0	15 - 20
Dr Janet Wademan	Independent Member (ICT)	15 - 20	2	0	15 - 20	15 - 20	1	0	15 - 20
Mark Gardner	Associate Independent Member (Chair of Stakeholder Group) (Until 22.07.15)	0	0	0	0	0	0	0	0
Lorraine Morgan	Associate Independent Member (Chair of Stakeholder Group) (Since 23.09.15)	0	0	0	0	0	0	0	0
Liz Majer	Associate Independent Member (Director of Social Services) (Until 30.09.16)	0	0	0	0	0	0	0	0
Claire Marchant	Associate Independent Member (Director of Social Services) (Since 01.10.16)	0	0	0	0	0	0	0	0
Dr Sue Greening	Associate Independent Member (Chair of Health Professionals Forum) (Until 22.07.15)	0	0	0	0	0	0	0	0
Colin Powell	Associate Independent Member (Chair of Health Professionals Forum) (Since 23.09.15)	0	0	0	0	0	0	0	0

	2016-17	2015-16
Band of Chief Executive's Total Remuneration £000	195 - 200	195 - 200
Median Total Remuneration £	27,230	26,064
Ratio	7.3	7.6
	2016-17	2015-16
Band of Highest paid Director's Total Remuneration £000	195 - 200	195 - 200
Median Total Remuneration £	27,230	26,064
Ratio	7.3	7.6

* Dr Gill Richardson 2016-17 salary is within the band £125k - £130k, the reported amount has reduced due to recovery of overpayment relating to previous years.

** The remuneration for Professor Siobhan McClelland for 2015/16 also included additional remuneration for the role of Chair of the Emergency Ambulance Services Committee (EASC).

The amount of pension benefits for the year which contributes to the single total figure is calculated using a similar method to that used to derive pension values for tax purposes and is based on information received from NHS BSA Pensions Agency.

The value of pension benefits is calculated as follows:

(real increase in pension * x20) + (real increase in any lump sum) – (contributions made by member)

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

This is not an amount which has been paid to an individual by the Health Board 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 person's 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.

Salary and Pension entitlements of Senior Managers Pension Benefits

Name	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 31 March 2017 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2017 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2017 £000	Cash Equivalent Transfer Value at 31 March 2016 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension £00
Judith Paget	Chief Executive	0.0 - 2.5	5.0 - 7.5	85 - 90	265 - 270	1,800	1,702	98	0
Alan Brace	Director of Finance / Deputy Chief Executive (Until 09.09.16)	0.0 - 2.5	2.5 - 5.0	60 - 65	185 - 190	1,174	1,180	(2)	0
Glyn Jones	Interim Director of Finance (Since 10.09.16)	2.5 - 5.0	0.0 - 0.0	10 - 15	0 - 0	181	118	35	0
Nicola Prygodzicz	Director of Planning and Performance (Since 01.12.16) / Interim Director of Planning and Performance (Since 01.12.15 until 30.11.16)	12.5 - 15.0	30.0 - 32.5	35 - 40	95 - 100	525	331	194	0
Denise Llewellyn	Nurse Director (Until 23.09.16)	0.0 - 2.5	0.0 - 2.5	55 - 60	170 - 175	0	1,111	0	0
Linda Slater	Interim Nurse Director (Since 24.09.16 Until 31.12.16)	2.5 - 5.0	10.0 - 12.5	35 - 40	115 - 120	912	622	79	0
Bronagh Scott	Nurse Director (Since 01.01.17)	0.0 - 2.5	0.0 - 2.5	35 - 40	110 - 115	732	706	7	0
Geraint Evans	Director of Workforce and Organisational Development	7.5 - 10.0	27.5 - 30.0	55 - 60	175 - 180	0	1,154	0	0
Dr Gill Richardson	Director of Public Health	0.0 - 2.5	5.0 - 7.5	40 - 45	125 - 130	834	774	60	0
Dr Paul Buss *	Medical Director / Deputy Chief Executive (Since 01.10.16)	0.0 - 0.0	0.0 - 0.0	70 - 75	215 - 220	1,458	1,458	0	0
Alison Shakeshaft	Director of Therapies and Health Sciences	2.5 - 5.0	2.5 - 5.0	35 - 40	100 - 105	661	603	59	0
Nick Wood	Chief Operating Officer	0.0 - 2.5	0.0 - 0.0	15 - 20	0 - 0	192	163	29	0
Richard Bevan	Board Secretary	0.0 - 2.5	0.0 - 0.0	35 - 40	100 - 105	631	593	37	0

* Figures stated for Dr Paul Buss remain the same as 2016-17 due to cessation of pension contributions.

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

3.2 Membership of the Remunerations and Terms of Service Committee (RATS)

The Remuneration and Terms of Service Committee advises the Board on remuneration and terms and conditions matters. The membership of this Committee is published as part of the Annual Governance Statement (AGS). The information is published on pages 12 to 14 of the AGS.

The remuneration policy of the Health Board for the current and future financial years is set by Welsh Government and guidance and requirements are provided to the Health Board. The remuneration levels of senior decision makers within the Health Board are determined in line with national pay scales and Welsh Government approved proposed salary levels for very senior staff, who are not covered by the Agenda for Change pay scales.

All senior managers within the Health Board are subject to annual appraisal and the Health Board's PADR process. This process sets objectives for staff throughout the year and assesses individual achievement against these objectives.

In relation to contracts and tenure of Board Members, the Chair, Vice-Chair and Independent Members can be appointed up to 4 year terms, which can be extended to a maximum of eight years in any one NHS organisation. Executive Members of the Board are appointed to permanent contracts in line with Welsh Government contractual guidance and requirements and as a result are required to provide three months' notice of termination of employment.

3.3 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the Chief Executive who is also the highest-paid director in the LHB for the financial year 2016-17 was £195k - £200k (2015/16, £195k - £200k). This was 7.3 times (2015/16, 7.6) the median remuneration of the workforce, which was £27,230 (2015/16, £26,064).

Remuneration for staff ranged from £16k to £281k (2015/16 £16k to £261k).

In 2016/17, 16 employees (2015/16, 13 employees) received remuneration in excess of the highest-paid director. Remuneration for staff ranged from £16k to £281k (2015/16 £16k to £261k).

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 or benefits-in-kind which due to the value are not material.

There has been a 4.5% increase in the median remuneration of the workforce due to the increase in the number of staff earning more than the median salary.

The highest paid director banded remuneration has remained the same as 2015/16 and continues to be the Chief Executive.

Whilst the remuneration banding in which the highest paid director falls has remained the same as 2015/16, the ratio between the median remuneration of the workforce and the highest paid director decreased by 0.3 due to the increase in the median remuneration.

3.4 Staff Report

3.4.1 Staff Numbers:

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Total	2015-16 Restated
	Number	Number	Number	Number	Number
Administrative, clerical and board members	1,944	14	3	1,961	1,910
Medical and dental	956	7	54	1,017	1,023
Nursing, midwifery registered	3,546	1	69	3,616	3,586
Professional, Scientific, and technical staff	637	1	8	646	614
Additional Clinical Services	1,838	0	8	1,846	1,844
Allied Health Professions	684	8	23	715	684
Healthcare Scientists	344	0	7	351	344
Estates and Ancillary	1,107	0	19	1,126	1,108
Students	0	0	0	0	0
Total	11,056	31	191	11,278	11,113

The 2015/16 figures have been restated to exclude staff on outward secondment and the impact of the Health Boards benefits in kind schemes in line with the manual for accounts.

3.4.2 Staff Composition

The table above provides the breakdown of staff numbers per discipline and professional group within the Health Board.

The gender breakdown for all staff groups is provided below:

	Female	Male	Total
All Staff Groups (excluding Board Members)	8769	2298	11067
Board Members	10	9	19
Total	8779	2307	11089

3.4.3 Sickness Absence data

This information is provided above.

3.4.4 Staff Policies applied in the Year

The Health Board has a policy framework in place, which covers all policies, procedures and guidance that apply to the Health Board, our staff and those who work in partnership with the organisation or are contracted to work for the Health Board. These policies also include policies relevant to the protected characteristics of age, disability, gender reassignment, race, religion or belief, sex, and sexual orientation to ensure that the Health Board is fair, open and equal to all members of staff and to those who apply to work for the organisation. These policies include open and accessible training programmes, which promote equality of opportunity and raise awareness of the needs of all staff, but particularly those with protected characteristics.

3.4.5 Expenditure of Consultancy

Customer	Details	Amount £000
Andrew Scowcroft Consultancy LTD	Consultancy fees for phase 2 of working with management team of cardiology during June and July 2016	2
BK Reeves	Statistical support for National Stroke and Neurological Conditions Studies	5
BWB Consulting LTD	Consultancy services provided re Nevill Hall traffic management	38
Castor Business Consulting LTD	Consultancy work undertaken to review Chepstow PFI contract	23
Cardiff University - ABCi	ABCi Consultancy - Operational Research Modelling	170
Dewis Centre for Independent Living	Independent advocacy service Gwent carers project - phase 1 implementation costs	24
Docte Consulting LTD	SCCC Project consultants re project launch workshop	3
Deloitte LLP	VAT compliance reviews	23
Deloitte LLP	PAYE review including GP out of Hours review	33

Customer	Details	Amount
Deloitte LLP	Fees for work associated with SCCC Business Case	66
GP Fire & Security	Security Infrastructure review	4
Health & Safety Executive Books HSE	Advise and assessment provided regarding changes required on an all Wales NHS basis to ensure compliance with the new EU legislation regarding Health & Safety	1
Imperial College	On-going improvement work re patient flow focusing on unscheduled care	61
Key Forensic Services LTD	Forensic Science Report	2
Multiple Sclerosis Society	Wales Neurological Alliance awareness raising project	40
Pacec Ltd	Evaluation of the 111 Wales pathfinder	52
Ruby Bay Consulting	Consultancy Fees incurred on the 111 project	2
Stills Works LTD	Design and Develop animation content for website for child psychology services	9
Virtus Consult LTD	Carbon Reduction Survey of 51 freehold sites within ABUHB	10
OEE Consulting	External consultancy providing support to the division on implementing a continuous improvement team.	38
2016/17 Total Consultancy costs		606

3.4.6 Off Payroll Engagements

Tax assurance for off-payroll appointees template tables

The following tables should be completed:

Table 1: For all off-payroll engagements as of 31 March 2017, for more than £220 per day and that last for longer than six months

31 of these engagements relate to staff seconded in from other NHS Wales organisations or Welsh Universities and Local Authorities

No. of existing engagements as of 31 March 2017	33
Of which...	
No. that have existed for less than one year at time of reporting.	9
No. that have existed for between one and two years at time of reporting.	12
No. that have existed for between two and three years at time of reporting.	2
No. that have existed for between three and four years at time of reporting.	1
No. that have existed for four or more years at time of reporting.	9

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2016 and 31 March 2017, for more than £220 per day and that last for longer than six months

12 of these engagements relate to staff seconded in from other NHS Wales organisations or Welsh Local Authorities

No. of new engagements, or those that reached six months in duration, between 1 April 2016 and 31 March 2017	12
No. of the above which include contractual clauses giving the department the right to request assurance in relation to income tax and National Insurance obligations	0
No. for whom assurance has been requested	12
Of which...	
No. for whom assurance has been received	9
No. for whom assurance has not been received	3
No. that have been terminated as a result of assurance not being received.	0

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2016 and 31 March 2017

There have been no off-payroll engagements of board members, and/or senior officials with significant financial responsibility between 1 April 2016 and 31 March 2017

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. This figure should include both off-payroll and on-payroll engagements.	0

3.4.7 Exit Packages

The exit packages identified below disclose exit packages agreed in the year. The data identified here is therefore presented on a different basis to other compensation schemes – exit packages (note 5.5) to the main accounts which has been completed on a cash basis.

Reporting of other compensation schemes - exit packages

	2016-17	2016-17	2016-17	2016-17	2015-16
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	1	1	0	2
£10,000 to £25,000	0	0	0	0	3
£25,000 to £50,000	0	2	2	0	2
£50,000 to £100,000	0	0	0	0	1
£100,000 to £150,000	0	1	1	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	4	4	0	8

	2016-17	2016-17	2016-17	2016-17	2015-16
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
	£'s	£'s	£'s	£'s	£'s
less than £10,000	0	1,034	1,034	0	10,648
£10,000 to £25,000	0	0	0	0	50,025
£25,000 to £50,000	0	69,933	69,933	0	63,894
£50,000 to £100,000	0	0	0	0	99,438
£100,000 to £150,000	0	9,494	9,494	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	80,461	80,461	0	224,005

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Exit costs in this note are accounted for in full in the year of departure. 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.

This disclosure reports the number and value of exit packages taken by staff leaving in the year. Note: The expense associated with these departures may have been recognised in part or in full in previous years. In relation to those marked with an * accruals were made for a lesser amount in 2015/16 than the actual payment made in 2016/17 and hence the amount shown represents the additional element.

4 Parliamentary Accountability and Audit Report

4.1 Remote Contingent Liabilities

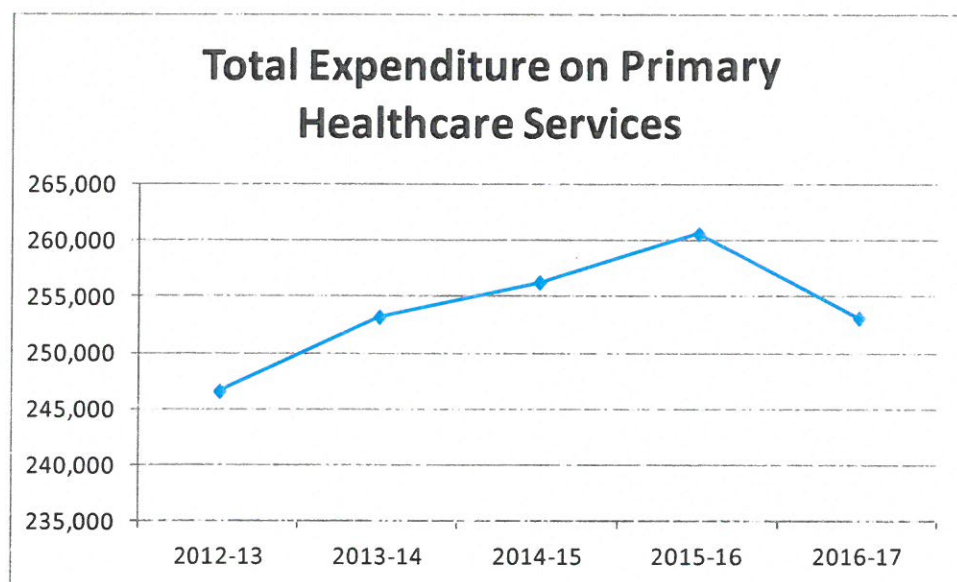
This disclosure was introduced for the first time in 2015-16. It shows those contingent liabilities that are deemed to be extremely remote and have not been previously disclosed within the normal contingent liability note within the accounts. It relates to 5 medical negligence cases and 2 personal injury cases in 2016/17 (7 - 2015/16 medical negligence cases). For 2016/17 it also includes £20K in relation to the change in the personal injury discount rate from +2.25% to minus 0.75%.

4.2 Long Term Expenditure Trends

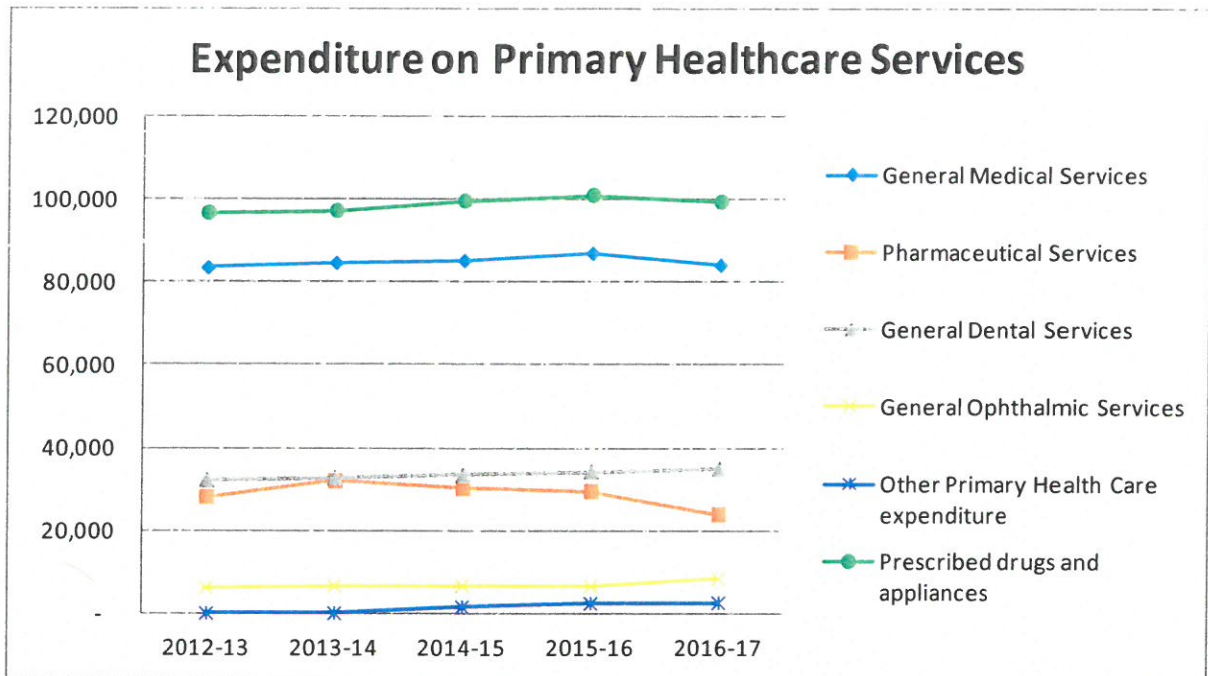
The below graphs highlight the key expenditure on Primary Healthcare services, Expenditure on Healthcare from Other Providers and Expenditure on Hospital and Community Health Services as identified in note 3.1, 3.2 and 3.3 to the main accounts.

The graphs demonstrate the spending patterns on the key programme areas and major policy areas for the last five years (2012/13 to 2016/17)

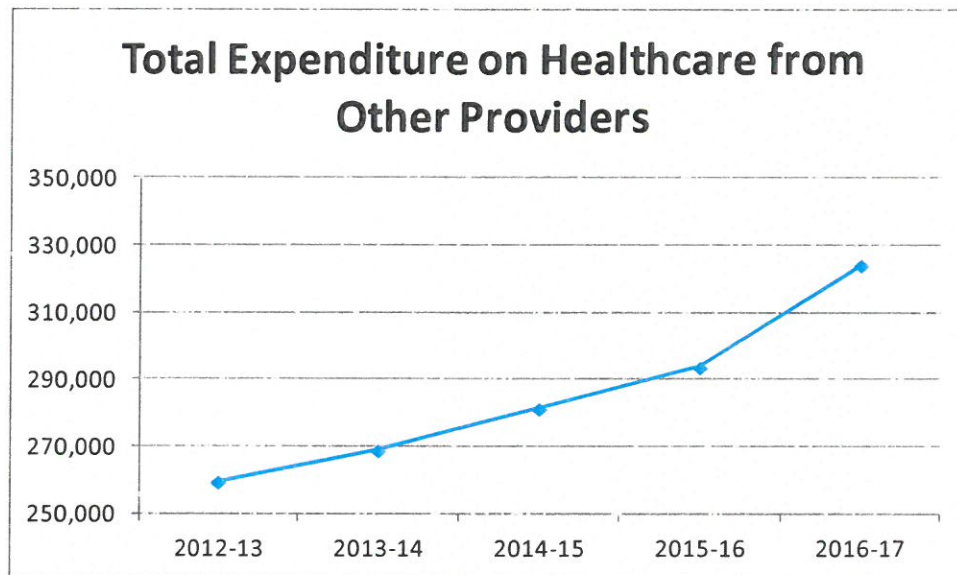
4.3 Total Expenditure on Primary Healthcare Services (note 3.1 to the main accounts)



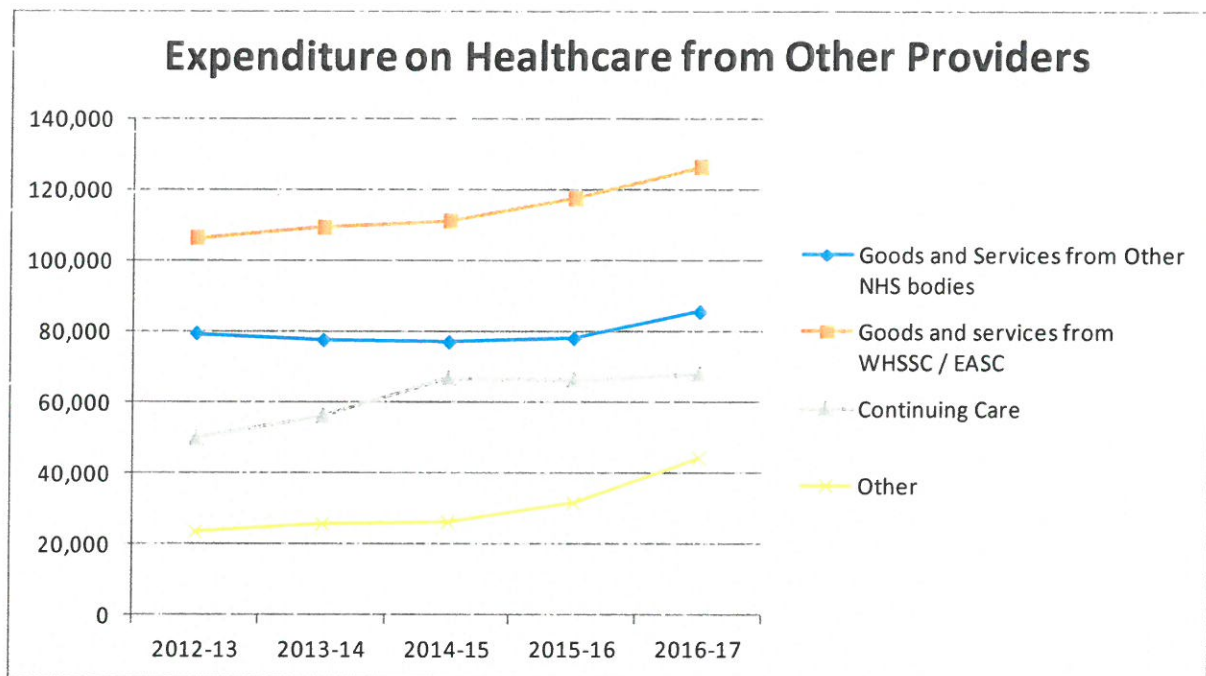
Broken down by area of spend



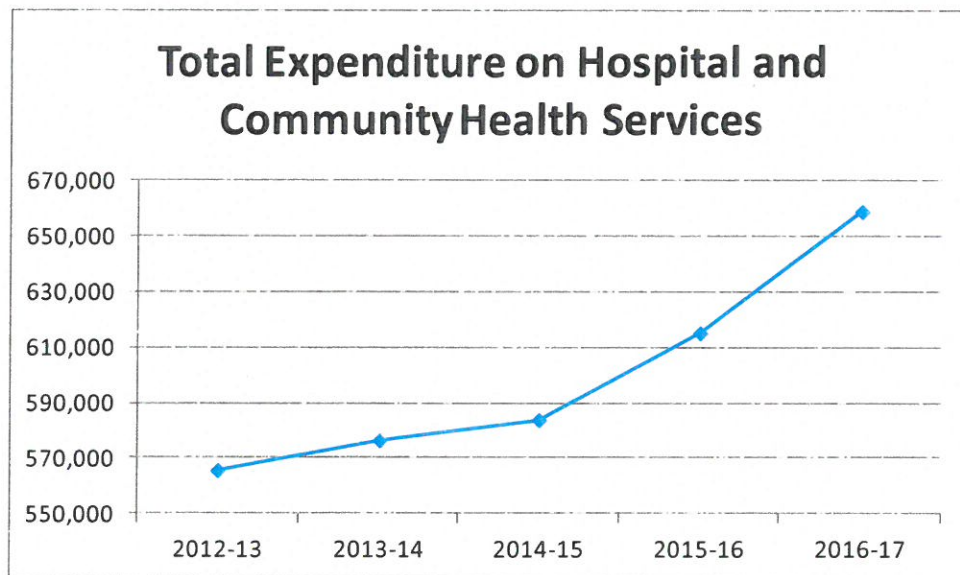
4.4 Total Expenditure on Healthcare from Other providers (note 3.2 to the main accounts)



Broken down by area of spend

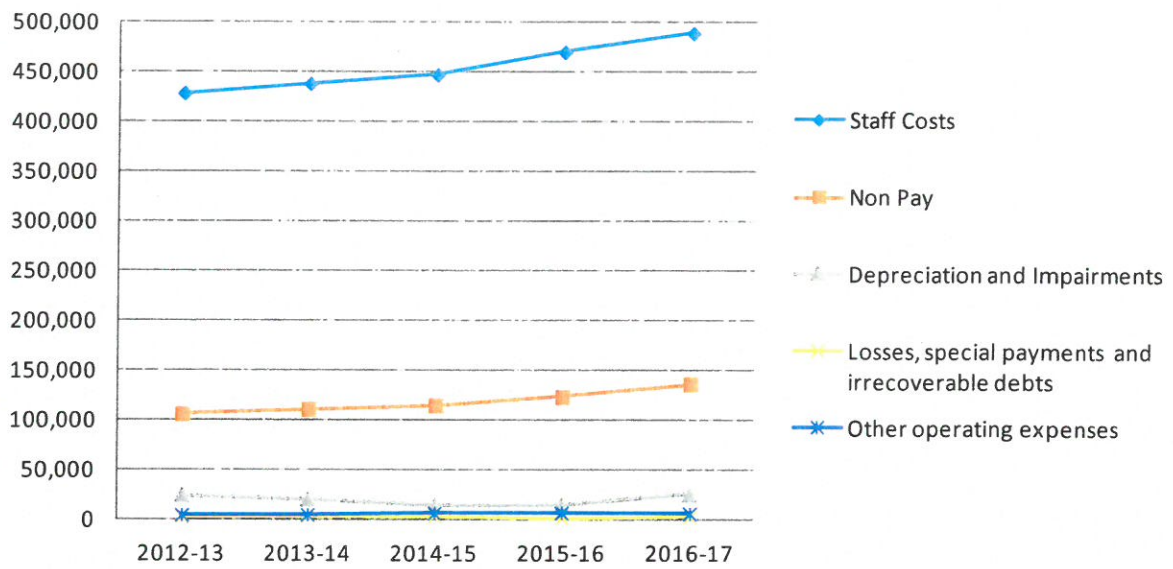


4.5 Total Expenditure on Hospital and Community Health Services (Note 3.3 to the main accounts)



Broken down by area of spend

Expenditure on Hospital and Community Health Services



ANEURIN BEVAN UNIVERSITY HEALTH BOARD

ANNUAL ACCOUNTS 2016/17

The maintenance and integrity of the Aneurin Bevan University Health Board website is the responsibility of the Accounting Officer; the work carried out by auditors does not involve consideration of these matters and accordingly auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.