



Hywel Dda University Health Board

Annual Report and Accounts 2019/2020

What will this Annual Report tell you?

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 2019/20 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 priorities were shaped by the 2019/20 Annual Plan, which sets out our objectives and plans. You can read this and find out more about us at <https://hduhb.nhs.wales/>.

Our Annual Report for 2019/20 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; including our Annual Governance Statement (AGS) which provides information about how we manage and control our resources and risks, and comply with governance arrangements.

Our summarised **Financial Statements** which detail how we have spent our money and met our obligations under The National Health Service Finance (Wales) Act 2014.

Our Annual Quality Statement

Published at the same time as the Annual Report, our Annual Quality Statement (AQS) provides details on actions we have taken to improve the quality of our services, see: www.wales.nhs.uk/sitesplus/862/page/75118

Our Public Health Report

In October 2019 our Director of Public Health published her first Annual Report. The report focuses on the Health Board's commitment to a change in direction towards prevention and a social model of health. The Director of Public Health Annual Report 2018/2019 can be accessed:

www.wales.nhs.uk/sitesplus/862/page/62040

COVID-19

At the time of writing a COVID-19 pandemic has been declared by the World Health Organisation (see page 7 for details). As a result, this report is not as comprehensive as we had planned and our March 2020 performance data is not available. However, it is important to recognise the real progress we made before the COVID-19 pandemic and the challenges we now face.

How to contact us

If you require any of these publications in printed or alternative formats / languages please contact us using the details below:

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* Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board.

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Chapter 1

Performance Report

Welcome from our Chair and Chief Executive

Our Annual Report for 2019/20 has been prepared at a time that all of us are contending with the impact of the COVID-19 pandemic. It has already had a massive impact on our staff and services and we expect that this will continue well into 2020/21. As an organisation we are rising to the challenge of COVID-19 and we will do so for as long as is needed. Based on guidance from Welsh Government, our response to the COVID-19 pandemic can be summarised into seven key areas:

- Suspension of all non-urgent elective activity across the Health Board.
- From Board level down, many internal processes for assurance, performance management and financial turnaround have been scaled down or suspended.
- External performance review processes, reviews by inspectorates/regulators and external audits have similarly been scaled back or suspended.
- A number of workforce procedures have been changed, suspended or significantly scaled back to rapidly recruit the staff needed to support our response.
- Reconfiguring each of our hospitals to respond to COVID-19. Each has divided itself into COVID and non-COVID areas with separate Emergency Department entrances.
- Establishing field hospital provision in nine locations (two co-located) across the three counties to accommodate the 900+ additional beds that may be required based on planning assumptions.
- All staff have been categorised according to their roles into front line (including front line support functions) and those who can work from home to avoid unnecessary travel wherever possible.

However, through 2019/20 we have continued to make significant progress in delivering our health and care strategy (A Healthier Mid and West Wales), our vision for services that are safe, sustainable, accessible and kind.

In the next year, and as described in our Annual Plan for 2020/21, we have committed to make a shift from a system focused almost exclusively on treatment and diagnosis to one where preventing ill health is a core activity and that embraces consideration of people's wellbeing. We believe we should see and treat you in the context of your lives and ask what matters to you rather than 'what's the matter with you'.

Beyond this, we have recognised our important role in partnership working with neighbouring health boards, our three local authorities – Carmarthenshire, Ceredigion and Pembrokeshire, public service partners, the third sector and local community organisations, local businesses and local communities to improve, not only the services we deliver, but the conditions we grow up in, live in, work, play and age within. Indeed, this has only been strengthened during the current health crisis we face, and we will learn from the situation to improve our services and their provision as we move forward.



Maria Battle
Chair



Steve Moore
Chief Executive

About us

Hywel Dda University Health Board plans and provides NHS healthcare services for Carmarthenshire, Ceredigion, Pembrokeshire and its bordering counties. Our 11,200 members of staff provide primary, community, in-hospital, mental health and learning disabilities services for a quarter of the landmass of Wales. We do this in partnership with our three local authorities and public, private and third sector colleagues, including our volunteers, through:

- **Four** main hospitals: Bronglais General in Aberystwyth, Glangwili General in Carmarthen, Prince Philip in Llanelli and Withybush General in Haverfordwest;
- **Five** community hospitals: Amman Valley and Llandoverly in Carmarthenshire; Tregaron in Ceredigion; and Tenby and South Pembrokeshire Hospital Health and Social Care Resource Centre in Pembrokeshire;
- **Two** integrated care centres, Aberaeron and Cardigan in Ceredigion;
- **48** general practices (**four** of which are Health Board managed practices), **49** dental practices (including **three** orthodontic), **99** community pharmacies, **44** general ophthalmic practices (**44** providing Eye Health Examination Wales and **23** low vision services), domiciliary only providers and health centres;
- Numerous locations providing mental health and learning disabilities services;
- Highly specialised services commissioned by Welsh Health Specialised Services Committee.

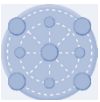
The population we serve



Population growth: The total population of Hywel Dda is estimated at 385,600 and is predicted to rise to 425,000 by 2033.



Ageing population: The average age of people in Hywel Dda is increasing steadily. The current number of over 65 year olds is predicted to increase from 88,200 (2013) to 127,700 in 2033. Currently, 3.2% are aged 85+ (second highest in Wales). The number of people providing unpaid care for family members is also increasing.



Changing patterns of disease: As our population ages there are an increasing number of people in our area with diabetes and dementia. The number of people with more than one long-term illness is also increasing. Cancer, cardiovascular disease, musculoskeletal conditions, mental health and substance misuse are the main causes of death in Wales.



Tobacco: Almost one in 5 adults (18.7%) in our area smoke. While this number continues to fall, tobacco use remains a significant risk factor for many diseases, including cardiovascular disease and lung cancer, and early death.



Food: Two in every three people in our area do not eat enough fruit and vegetables, and more than 3 in 5 people are overweight or obese.



Physical activity: Over 40% of adults in our area do not take enough regular physical activity to benefit their health. Almost one third of our population are inactive.



Social isolation and loneliness: 16.2% of our population report feeling lonely.



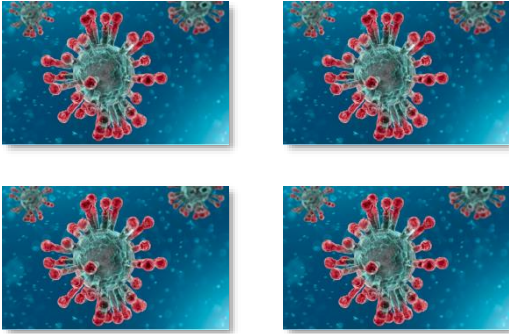
Welsh language: The proportion of Hywel Dda residents of all ages who can speak Welsh is 46.6%.



Health inequalities: Variation in healthy behaviours leads to variation in health outcomes, this is also influenced by levels of deprivation. For example, whilst smoking prevalence in Hywel Dda has declined, there are some deprived communities where smoking rates have not changed.

COVID-19

The COVID-19 pandemic has already had a massive impact on our staff and services which will continue well into 2020/21, and as such fundamentally impacts what was set out in our 2020/21 Annual Plan. As an organisation we are rising to the challenge and will do so for as long as is needed.



Rapid recruitment

At the end of March we, along with other NHS organisations, launched an extensive recruitment campaign to hire more nurses, porters, health care support workers, cleaners, semi-skilled technicians and catering assistants. Our aim was to employ more than 1,000 staff members in 2 weeks to help care for the additional patients expected over the coming weeks and months. We achieved this.

Reorganising our services

A huge amount of planning has taken place across the health board to rapidly reorganise our existing sites and to create additional beds for Coronavirus patients.

- Our hospitals have blocked off wards to create designated areas for coronavirus patients whilst keeping other wards separate for patients who are free of the virus but need hospital care for other conditions e.g. heart attack, stroke, diabetes.
- Across Carmarthenshire, Ceredigion and Pembrokeshire we have worked with our local authorities and other partners to identify buildings that can be converted into temporary coronavirus wards to collectively provide more than 1,000 extra beds for our patients.

Our staff

Despite being worried and anxious, our staff members have shown extreme commitment, flexibility, compassion and kindness to work together to serve our population, reconfigure services, employ new staff and provide training. Our priority is to ensure staff and patients stay as protected and safe as possible during this pandemic.

Learning from others

We have been fortunate to have time to prepare. Every time the virus has hit a new country or healthcare system, health professionals have been sharing their learning via emails, video links and phone calls. We have acted upon this and will continue to do so to help us provide the best care we can for patients across Hywel Dda.

Leading the way

Hywel Dda staff have been working with academia, industry and Government agencies to rapidly develop novel medical devices and initiate research aimed at gaining important scientific insights into COVID-19. Two of the most advanced examples of this work are the on-going clinical trial of a new MHRA approved CPAP machine in COVID-19 patients across south and west Wales and a collaboration between Hywel Dda and government scientists to better understand the immune response to COVID-19.

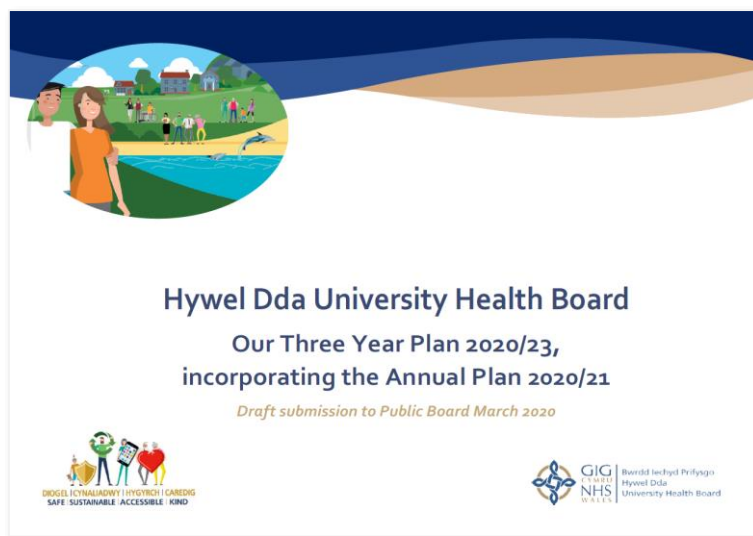
Moving forward

The impact COVID-19 will have on our services and patients into 2020/21 is unknown. However, we are committed to working together across the organisation and with our partners to provide the best care we can whilst planning how we will reconfigure services to support and treat patients when the pandemic has subsided.

Our Mission Statement

Our objectives remain at our core and drive what we do and, at a time when the NHS faces significant challenges related to workforce, demographic change and tight financial settlements our mission through 2019/20 remained as:

- Prevention and early years intervention is the key to our long term mission to provide the best healthcare to our population;
- We will be proactive in our support for our local population, particularly those living with health issues, and carers who support them;
- If you think you have a health problem, rapid diagnosis will be in place so that you can get the treatment you need, if you need it or move on with your day-to-day life;
- We will be an efficient organisation that does not expect you to travel unduly or wait unreasonably; is consistent, safe and of high quality, and, has a culture of transparency and learning when things go wrong.



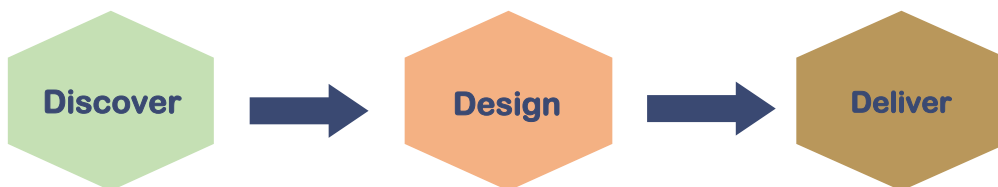
For further details see our [2020/23 Three Year Plan 2020/21 \(incorporating the Annual Plan 2020/21\)](#); which is currently paused due to the COVID19 pandemic.

How we will do this

The [2020/23 Three Year Plan 2020/21 \(incorporating the Annual Plan 2020/21\)](#) describes the next three years of our strategic transformation journey. It describes our key operational actions and performance targets for the year ahead, setting out expectations in line with the Welsh Government bespoke Annual Plan guidance. As noted previously, what as a Health Board we had articulated within our 2020/21 Annual Plan will be significantly impacted by the COVID-19 pandemic. However, we will still use the 2020/21 Plan as a baseline for the development of our future plans; and will also ensure we learn the lessons from the pandemic and understand / capture the scale, scope and nature of changes happening across the Health Board as a result of it.

It is important not to lose sight of what the Three Year Plan set out with regards to our clear strategic vision for the delivery of our strategy as the longer term solution to the long standing sustainability challenges, particularly relating to workforce and financial sustainability, irrespective of the impact of COVID-19. This does however mean that for the immediate future the very challenging operational context for our finances, workforce sustainability, and performance remain. This is set out in more detail in our annual plan which sits within the Three Year Plan and satisfies the requirements of our bespoke guidance with Welsh Government. The financial plan for the year ahead projects a year-end deficit of £25m and a significant cost improvement programme will need to be delivered to achieve this target.

Variable, or expensive premium pay for locum and agency staff is running at £55m, and demonstrates the continued workforce sustainability pressures, and, there are plans to invest in our infrastructure to deliver significant improvements to this over the next 3 years. Workforce pressures impact directly on our service performance and particularly unscheduled care where the plan describes the key challenges and the integrated way in which improvements are being planned. 2020/21 will see further clinical discussions relating to the on-going pressures on urgent emergency care services and the planning of any interim operational measures to ensure the delivery of safe and sustainable patient care. The plan does not assume funding is available to maintain waiting times at 2019/20 levels.













As part of the wider unscheduled care pathway redesign we will re-design our Emergency Department model. This will be achieved using the ‘Discover, Design and Deliver’ approach adopted during our Transforming Clinical Services programme work. It is recognised that there are significant pressures in unscheduled care, which impacts on our elective services, and causes unacceptable cancellations for our patients. We will examine what service changes are required in the shorter term, whilst we plan for our longer-term reconfiguration of our unscheduled care services.

A Healthier Mid and West Wales: Our Future Generations Living Well

Our strategic design assumptions

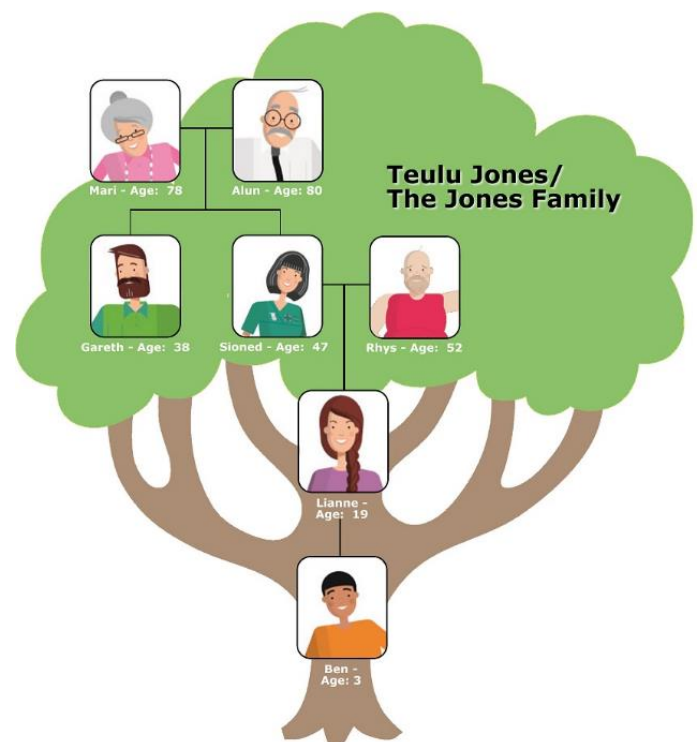
The future model of care set out in our 10-year clinical strategy, [A Healthier Mid and West Wales: Our Generations Living Well](#), is underpinned by the following strategic design assumptions:

<p>Population</p>  <p>Impact of increase in the population over 7 years (to 2024/25)</p>	<p>Site changes</p>  <p>Flow of patients to nearest site providing required service*</p>	<p>Admission avoidance</p>  <p>40%</p> <p>Reduction to existing levels of emergency admissions for ACS conditions</p>	<p>Bed discharge</p>  <p>Reduction in lengths of stay to the median of the peer group</p>	<p>Outpatient change</p>  <p>25%</p> <p>Reduction in follow-up outpatient appointments</p>
<p>A&E/MIU change</p>  <p>4.3%</p> <p>Reduction in overall level of A&E & MIU attendance <small>(net 0% change against demographic growth over 7 years)</small></p>	<p>A&E/MIU proportions</p>  <p>30%</p> <p>Attendances currently presenting at A&E will present at MIUs instead</p>	<p>Acute to community step-down – beds</p>  <p>50%</p> <p>Patients in an acute bed will step down to a community bed within 72 hours of admission</p>	<p>Acute to community step-down – outpatients</p>  <p>90%</p> <p>New and follow-up appointments will take place in a community setting</p>	<p>Daycase community hub shift</p>  <p>50%</p> <p>Daycases for medical specialties will take place in a community setting</p>

Re-introducing Teulu Jones

Teulu Jones, the Jones Family, is our mid and west Wales family that we created during an early stage of our work on the strategy to test and challenge our ideas and models of health and care. It is not a real family, but we had real people living in our communities in mind when they were created. They have been designed using information about health and well-being across the Hywel Dda area and they are typical of many people in our population. In a way, we are all Teulu Jones. There are seven family members, spanning each of the key life phases. We developed Teulu Jones to test what different changes to our health and care system could mean for families living in our area.

Considerable progress has been made in 2019/20 to make improvements for Teulu Jones (see below).



Progress in Transforming our Communities for Teulu Jones

Roll-out the Choose Pharmacy platform as part of the national campaign to promote and inform people what community pharmacy can offer

Extend the Community Resource Team in Ceredigion to prevent unnecessary admissions and support timely discharge



**WE SAID
WE WOULD.....**



Develop plans for health and well-being centres in South Pembrokeshire; a coastal community network in North Pembrokeshire and same day & urgent care in East Pembrokeshire

Develop and offer a range of preventative services in Carmarthenshire including Carmarthenshire's United Support Project

WE DID.....

- Community Triage and Treat in 25 practices with 111 staff trained
- Created a series of videos demonstrating the services and support offered by community pharmacies
- Multi-disciplinary working in 11 out of 13 GP practices in Pembrokeshire to provide an integrated approach to care
- Community Resources Team in South Ceredigion extended to North Ceredigion
- Development of a joint prevention strategy for Carmarthenshire focused on early intervention & independence
- Successful recruitment of community connectors from the Transformation Fund to support moving from 5 to 6 Integrated Community Networks
- NOSDA (No One Should Die Alone) project successfully piloted in 3 care homes, Withybush Hospital, Sunderland Ward and Cleddau River Day Unit - 114 hours of emotional support provided to 39 people
- Delta Well-being expansion to deliver CONNECT prevention programme Health Board wide
- Successful amalgamation of Goodwick and Fishguard surgeries to provide a health & well-being centre

Progress in Transforming Mental Health & Learning Disabilities for Teulu Jones

Provide accessible services 24 hours a day to enable people and their supporters to “walk-in” to a community mental health centre to discuss their needs



Move away from hospital admission and treatment to hospitality and “time-out” in a supportive environment



**WE SAID
WE WOULD.....**



Support older people with a mental health presentation and co-existing acute medical issues in a joined up way in our general hospital environments

Redesign our model for Learning Disability care and support responding what matters most to people with a learning disability, including community, hospital and residential experiences

WE DID.....

- 24/7 drop-in service commenced at the Gorwelion Community Mental Health Centre in Aberystwyth including a designated Section 136 place of safety
- Opening of the Llanelli Twilight Sanctuary providing a safe and supportive environment for support and advice. Opening hours are 6pm till 2am Thursday to Sunday. We have continued to operate during COVID, providing a phone and Facebook/Messenger service as opposed to a drop in.
- Launch of a collaborative care pilot model in Bronglais Hospital to bring together the acute and mental health teams for older people with a mental health and acute medical presentation
- Development of a mental health practitioner for 2 GP practices in Pembrokeshire to improve earlier access to assessment
- Intensive Learning Disability support team pilot underway as part of the Bevan Exemplar programme to test the provision of increased level of support for at risk individuals in the community

Progress in Transforming our Hospitals for Teulu Jones

Work with staff and partners to develop a vision for the future of Bronglais General Hospital as a centre of excellence for rural acute care



Invest in our Cancer care, Coronary Care and Ambulatory care services in Withybush General Hospital to improve facilities and patient experience



**WE SAID
WE WOULD.....**



Facilitate rapid assessment at our emergency departments to prevent inappropriate admission for our frail, older patients

Progress our whole-system stroke pathway redesign considering short, medium and long term opportunities to improve stroke care

WE DID.....

- £3 million refurbishment of Wards 9 and 10 in Withybush Hospital for cancer care and frailty
- Improvements to the coronary care unit and Ward 3 (surgical) completed in Withybush Hospital including development of an ambulatory care unit
- New MRI scanner provided for Bronglais Hospital to improve access to diagnostics
- Health Board sign off of the Bronglais Strategy and delivery planning started
- Implementation of frailty support workers on Cadog, Clinical Decision Unit and Teifi wards in Glangwili Hospital to ensure mobilisation
- Evidence based stroke pathway designed for check and challenge, and signed off by the Health Board
- Provision of Same Day Emergency Care model in Glangwili Hospital as an initial pilot for evaluation
- Provision of ring-fenced “treat and repatriation” cardiology beds (Acute Coronary Syndrome Unit) to improve patient pathway with Swansea Bay UHB

Key achievements and developments

My Health Passport

In January 2020 we launched the 'My Health Passport'. This is a new way for children and young people with learning disabilities or complex health needs to share important information about themselves when accessing care in our Health Board. My Health Passport is a simple but important document that empowers children and young people and their families to communicate their needs, wishes and values to those caring for them.

Sunday pharmacy support for Out of Hours Service

Three pharmacies in Llandeilo and Cross Hands opened their doors to the public on Sundays to support the Out of Hours Service. The pharmacies involved already offered a triage and treat programme for common and minor ailments.

Day case hip replacement surgery

In December 2019, a Pembrokeshire resident became the first patient in Hywel Dda University Health Board to undergo day case hip replacement surgery. This was followed by a second and third patient in February 2020. With the introduction of day case hip replacement surgeries, it means eligible patients are able to return home much sooner and begin recovery with the support of the Acute Response Team.

Your well-being matters

A trial survey of 'Your Well-being Matters' was launched in January 2020 for all our nurses, midwives and healthcare support workers to take part in, with the intension of rolling this out to other staff groups.

Off duty Porter and Infection Control Nurse saved neighbour's life

In December 2019 Arfon Rees a Porter in Glangwili Hospital and Rachel Baxter an Intensive Care Nurse saved the life of their neighbour by using CPR and a community based defibrillator in Cwmdwyfran.

"Midwife calling"

We received a special delivery of new standardised homebirth bags. We were the only Health Board in Wales taking part in a trial of these standardised equipment bags for homebirths thanks to charity Baby Lifeline.



Senior doctors praise medical leadership approach

Senior doctors at the Health Board commended the approach to medical leadership within the organisation, highlighting its commitment to developing the leadership capability of medics across Carmarthenshire, Ceredigion and Pembrokeshire. The Health Board's approach is focused on engaging and enabling the workforce to improve the quality of its services. Using a whole system approach to quality improvement the collaborative programme features activities that give staff knowledge, skills and confidence to recognise and make changes which add value to the care received by patients, service users, their families and their carers.

Nyrsys - New S4C series celebrating nursing

A new S4C six part series, featuring some of our wonderful nurses was broadcast in January 2020. The series celebrates the profession, following nursing staff and the next generation of students in a variety of specialisms, dealing with every level of healthcare in hospitals, clinics and patients' homes across Wales.

Nursing apprentices

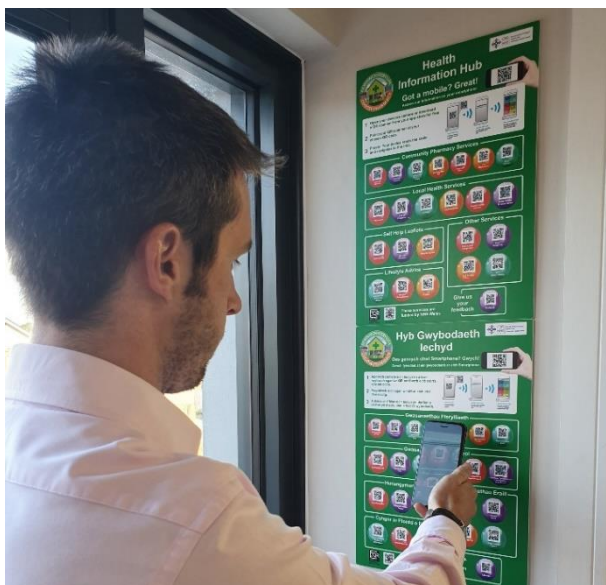
Hywel Dda's first healthcare apprentices began their journey into becoming fully qualified nurses. As at 31st March 2020 there were 45 apprentices in Hywel Dda.

Two new Integrated Care Centres opened

In October 2019, Aberaeron's flagship new Integrated Care Centre opened to the public, bringing joined-up health and social care to local communities for the first time. The project was funded with the support of over £3m of capital funding from the Welsh Government as part of the first phase of projects included in the Primary Care Pipeline, launched by the Health & Social Services Minister in December 2017. Following on from this, in December a new Integrated Care Centre in Cardigan was opened providing a modern, fit for purpose healthcare service including a GP practice, dental service and pharmacy that host a range of other clinics and services.

Health information QR code hubs

Community pharmacies across Carmarthenshire, Ceredigion and Pembrokeshire are using QR codes on 'Health Information Hubs' to share the most up to date health advice and information with their patients. The hubs allow patients with smart phones to download information leaflets directly to their devices using QR code technology and view health related information such as the Common Ailments Scheme as well as links to self-help leaflets for chronic diseases.



Dyma Fi/This Is Me conference

We co-hosted our first Dyma Fi/This Is Me conference in partnership with Swansea Bay UHB to celebrate and raise awareness of diversity and inclusion within the NHS workforce.



Mental Health Twilight Sanctuary launched in Llanelli

The Twilight Sanctuary, the first of its kind in Wales, was launched in Llanelli in October 2019. This is an out of hours service open Thursday to Sunday from 6pm to 2am, to offer a place of sanctuary for adults at risk of deteriorating mental health when other support based services are closed.

Outpatients direct booking system

We adopted a new direct booking process as part of our quality improvement work. This new approach will help ensure outpatient clinics are efficiently utilised by patients.

Sore throat 'Test and Treat' scheme

A new service to determine if a patient requires antibiotics for sore throat symptoms was made available at 18 of our pharmacies. The Sore Throat Test and Treat scheme allows patients to call into their local pharmacy and be tested by a trained pharmacist using a quick and pain free test. Following a consultation and assessment, antibiotics are supplied where required.

Nurses go digital to improve patient experience

Withybush Hospital's Ward 11 has been chosen to pilot the first phase of a national project established to transform nursing documentation and create a digital way of working.

Our award winning staff and services

Research Impact Awards 2019

There was nationally recognised success for our Research team at the Support and Delivery Service Research Impact Awards 2019. The team were joint winners of the public award which acknowledges the valuable research delivery achievements made by teams and individuals to increase opportunities for patients and the public to participate in and benefit from, safe ethical research, regardless of geographical locations.

BEST Awards for Education



General Practitioner (GP), Dr Jenny Boyce was declared joint winner at the BEST Awards for Education, Supervision and Training ceremony.

Health Board staff receive a Royal invitation

Lee Waters AM nominated Sister Marlene Thomas and Dr Helen Fielding from Ty Bryngwyn to attend a Royal Garden Party at Buckingham Palace in recognition of their work at the hospice. Welsh Language Services Manager, Enfys Williams was also invited to attend in honour of her contribution to Welsh Language.

Patient Safety Awards 2019

The Health Board's patient safety team attended the Health Service Journal – Patient Safety Awards 2019 as finalists in Patient Safety Team of the Year category.

Iolanthe Midwifery Trust award

Lisa-Jayne Rose, Midwife at Bronglais General Hospital won an Iolanthe Midwifery Trust award in September 2019. Her award will be used to fund an 'Appropriate Skills and Appropriate Places' workshop to improve home birth services for herself and colleagues working in the North Ceredigion Community Midwifery Team.

Advancing Healthcare Awards 2019

Primary Care Antibiotic Pharmacist, Meryl Davies was awarded Pharmacist of the Year award sponsored by the Welsh Pharmaceutical Committee.

Investors in Carers Awards - Mental Health

- South Pembrokeshire Community Mental Health Team were awarded a Gold Investors in Carers Award – our first Gold Award
- Cwm Seren/PICU achieved their Silver Investors in Carers Award
- Community Mental Health Team Swyn Y Gwynt received their Bronze Award
- Our Electroconvulsive Therapy (ECT) team achieved their Bronze Award.

NHS Wales Awards 2019

We won three NHS Wales Awards in 2019:

- Delivering higher value health and care - Implementing Healthy Footsteps a Partnership Approach with Podiatry and the Education Programme for Patients (EPP) in Hywel Dda
- Empowering people to co-produce their care - The Learning Disabilities Dream Team
- Working seamlessly across the public and third sector - Working Collaboratively to Improve Vocational Outcomes for Individuals Accessing The Early Intervention in Psychosis Service (with MIND Cymru and the Department of Work and Pensions)

New Year's honours

Nigel Miller, Head of Therapies and Learning Disabilities was honoured with an MBE in the Queen's New Year's honour for services to people with learning disabilities.



Shortlisting for RCM awards

Jane Whalley and Cate Langley have been shortlisted in Excellence in Perinatal Mental Health Award category. Becky Westbury has been shortlisted in the RCM Leadership Award category. Winners will be announced in May 2020.

Involving local people, partners and communities

Siarad Iechyd/Talking Health involvement and engagement scheme

We continue to provide members with up-to-date information and opportunities to shape health services through this scheme. We have almost 1,100 members and are keen to recruit more. For further information, or to join us, please visit www.siaradiechyd.wales.nhs.uk, telephone 01554 899056 or write to FREEPOST Hywel Dda Health Board.

Continuous engagement

The Health Board has continued its continuous engagement across the Hywel Dda area, on a range of different themes and services including engagement around Major Trauma, and the patient experience charter in addition to ongoing support on capital projects such as Cross Hands, Bronglais CDU and Ward 10 and the Patient Experience Charter. A regional community of practice for continuous engagement, including all the public sector partners and third sector will agree a strategic approach to continuous engagement so we engage smartly with existing resources and avoid duplication has been developed. The community of practice identified the need for a digital tools to improve stakeholder management and online engagement and these have been commissioned to support our traditional methods of engagement. We have been seeking to improve how we hear and act on the voice of children and young people and this work has included working with our partners to make sure we do this effectively. We have been working closely with the Office of Police and Crime Commissioner for Dyfed Powys Police and Hafan Cymru to gather the views of a cross section of young people including the quieter voices around the themes of crime, health and wellbeing to inform and influence our future work.

Our strategic partnerships

We are committed to developing strong partnerships with our patients, public, stakeholders and partner organisations from the statutory, voluntary and independent sector. Partnership working, whether internally amongst our own directorates and teams or externally with other agencies, can play a vital role in maximising health and well-being outcomes for our population.

Our strategic partnership focus is to facilitate and support collaboration and integration of services, both internally and externally, by:

- Nurturing relationships with key strategic partnerships to drive needs-led, outcome focussed planning, activity and participation.
- Ensuring alignment between well-being plans and strategies between the health board and partners.
- Leading corporate planning and commissioning of information, advice and assistance for unpaid Carers to meet their needs in an equitable way across our area.
- Leading and supporting and contributing to a range of multi-agency projects for vulnerable groups in order to create a pace of change and support service improvement.
- Delivering publication of the UHBs Well-being Objectives and Annual Report
- Providing a range of awareness raising opportunities and targeted training to increase staff knowledge, understanding and competency in key legislative responsibilities and how to provide equitable services and inclusive working environment.

Our key strategic partnerships which drive joint working and integration of services include:

The West Wales Regional Partnership Board (RPB)

The RPB was established to implement the Social Services and Well-being (Wales) Act 2014. Its membership includes the Health Board, Carmarthenshire, Ceredigion and Pembrokeshire County Councils as well as third sector care providers, carers and people with care needs. The RPB has strategic responsibility for delivering health and social care integration across the region. Partners have been working together to establish an ambitious programme for transformation of health and care in West Wales in response to A Healthier Wales. This work compliments a range of initiatives across the region that are supported from sources including Integrated Care Fund (ICF), Cluster Funding, Mental Health Transformation funding, Supporting People, Carers' funding, Dementia funding, Children and Communities Grant, Families First and Flying Start, alongside core budgets of partner agencies.

Key achievements over the past year have included:

- Launch of three strategic change programmes under the banner of 'A Healthier West Wales', supported through £12m from the Welsh Government's Transformation Fund:
 - The national flagship Connect programme, delivered in partnership with Llesiant Delta Wellbeing, which provides a proactive call service to some of our most vulnerable residents and a rapid response to any problems before they need a more acute intervention.
 - Crisis response provision across the region providing medical and social support to people with short-term medical needs within their own homes.
 - The Connecting People, Kind Communities programme promoting active citizenship and delivering a 'Connecting to Kindness' initiative approach across West Wales which encourages and supports communities to look after each other.
- Continued delivery of a wide range of initiatives through the Integrated Care Fund including front of hospital services helping avoid unnecessary admissions to hospital, third-sector led schemes aimed at helping people leave hospital sooner and return to their homes with intermediate support and the roll-out of the ground-breaking Learning Disability Charter, developed by people with learning disabilities and setting out what people want in relation to their rights, community, relationships, social life, support, health, independence and communication.
- Agreement of a professional development framework and programme of learning for commissioners across partner agencies.

Public Services Boards (PSBs)

The Well-being of Future Generations (Wales) Act 2015 establishes a statutory board, known as a Public Services Board (PSB), in each local authority area in Wales. The PSB is a collection of public bodies working together to improve the well-being of our county. We are a statutory member of each of PSB within Carmarthenshire, Ceredigion and Pembrokeshire, working with PSB partners to improve the economic, social, environmental and cultural well-being of our area. The health board has worked collaboratively on a range of projects including:

- The development of a digital information system project, working across all three PSBs in the Hywel Dda area, together with the Regional Partnership Board. The work commissioned will support the development of local well-being assessments, project plans and annual reports enhancing data sharing and providing live data and information;
- The Foundational Economy Challenge Fund which seeks to take forward the Carmarthenshire Public Sector Food Procurement project work. The project was formally launched on 7th November 2019 and part of this work there will include a new procurement methodology focused on supporting local and community wealth from public sector spending;
- A regional Strategic Asset Review was undertaken to inform collaboration and partnership working in the use of public sector estates, promoting integration and partnership working;

- Several projects which address the green health agenda. For example, a regional Social and Green Solutions for Health Summit lead by the Health Board's Director of Public Health on behalf of the three PSBs and the Regional Partnership Board took place in January 2020 involving over 100 participants across public sector, third sector, community and not-for-profit organisations. This work builds on the Health Board's Framework for Well-being and move towards a population health and well-being approach. With PSB partners in Pembrokeshire, the Health Board supported NHS Sustainability Day 2020 which included the launch of 10 Sustainable Parenting Actions by the Maternity Service, and the planting of 1,200 trees (representing a tree for each Pembrokeshire child born during the year).

University Partnership Board (UPB)

Comprises membership from the Health Board, Aberystwyth University, Swansea University and the University of Wales Trinity St David. The UPB has been pooling resources and ideas in areas of mutual benefit to achieve the highest possible standards of care, innovation, education and training. In November 2019 the UPB agreed revised governance arrangements under the auspices of a University Partnership Group (UPG) to meet on a bi-annual basis with each University and Pembrokeshire College to scope areas of mutually beneficial activities, building on their unique strengths to improve services for our population. These areas of work will culminate in an annual meeting bringing together the products of the joint work throughout the year.

Mid Wales Healthcare Collaborative

Formed to implement the 12 recommendations of the Mid Wales Healthcare Study and deliver high quality and sustainable services for people in mid Wales. Membership includes our health board, Betsi Cadwaladr University Health Board, Powys Teaching Health Board and the Welsh Ambulance Services NHS Trust. In 2018/19, the Collaborative transitioned into the Mid Wales Joint Committee for Health and Care, the vision of which is to ensure our population 'is provided with equitable access to high level, safe, sustainable, bilingual and high quality integrated health and care services'.

Rural Health and Care Wales

Established by the Mid Wales Healthcare Collaborative, the Rural Health and Care Wales (previously Centre for Excellence in Rural Health and Social Care) is a focal point for the development and collation of high quality research into rural health and well-being; improving the training, recruitment and retention of professional workforces in rural communities and being an exemplar in rural health and well-being on an international stage.

NHS Wales Health Collaborative

Hosted by Public Health Wales and aims to improve joint working between NHS Wales bodies, NHS Wales and its stakeholders and manage defined clinical networks operating across NHS Wales. Its governance group is the NHS Wales Collaborative Leadership Forum comprising the chairs and chief executives from all NHS Wales organisations. We are working, with partners where appropriate, to implement the priorities of the NHS Wales Collaborative including the trauma network; participating in the national endoscopy programme; and working towards the Sexual Assault Referral Centre for south-west Wales.

A Regional Collaboration for Health (ARCH)

Health, education and science working together to improve the health, wealth, skills and well-being of the people of south west Wales. It is a partnership with Swansea Bay University Health Board and Swansea University covering six local authority areas and working with social care, voluntary and other public bodies. There have been significant developments and progress relating to regional research and innovation endeavours, including the UHB's active involvement with the multi-million Accelerate Programme, overseen by the Life Science Hub, which is translating innovative ideas into new technology, products, and service for the health

and care sector quickly. Local companies and the health board are benefitting. COVID-19 has also resulted in a significant increase in research and innovation activity within the region, including the rapid development and testing of breathing devices, participation in drug trials that have led to international breakthroughs, and complex and unique studies looking at the immune response to the disease. Finally, several steps forward have been made in developing new research and innovation capabilities, aligned to the regional partnership board agenda and transformation fund projects.

We aim to improve healthcare through research, innovation and skills and have so far achieved:

- Cardiology work programme signed off by Regional Cardiology Working group;
- Repatriation of routine Bradycardia to HDdUHB implementation plan and timeline agreed;
- Functional Neurological Disorder (FND) Business Case development is underway;
- Work is underway to develop an Interventional Radiology (IR) Regional Services model;
- We are developing a case for a Regional Hyper Acute Stroke Unit (HASU);
- We have submitted to Welsh Government a Strategic Outline Case for a Regional Pathology Centre;
- Assessment of the regional footprint for informatics services and the alignment of work programmes.

Joint Regional Planning and Delivery Committee (JRPDC),

To build on the good relationships and foundations of joint working already agreed through the ARCH programme, the JRPDC is a partnership with Swansea Bay University Health Board to ensure there is alignment with the longer term transformational plans being progressed through the ARCH Service Transformation programme and short term deliverables, with a specific aim to drive forward a rolling programme of work to support planning, delivery and service improvement. Progress has been made in the development of work programmes in the following clinical areas: orthopaedics, cardiac catheterisation, endoscopy, vascular, pathology and dermatology.

Hywel Dda Community Health Council (CHC)

Through our Executive team we contribute to the CHC Strategy and Planning Committee.

Hywel Dda Health Charities

Hywel Dda Health Charities is the official charity of Hywel Dda University Health Board. Our charity's aim is to make a positive difference to our local NHS services across Carmarthenshire, Ceredigion and Pembrokeshire. The continued generosity of our patients, their families and our local communities enables us to support a wide range of services and activities, above and beyond what NHS funding allows, for the benefit of our local population. Examples of expenditure include purchasing the latest medical equipment or items for additional patient comforts, creating more welcoming surroundings and investing in our staff through learning and development opportunities.



Full details of the charity's activities during 2019/20 will be available in the Hywel Dda Health Charities Annual Report and Accounts for 2019/20, following audit during autumn 2020. The report will be published at www.hywelddahealthcharities.org.uk/publications. Details of the donations received in response to the COVID pandemic can be accessed <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-agenda-and-papers-23rd-june-2020/> (item 4.1).

Equality, diversity and human rights

During 2019/20, we have continued to work collaboratively with our staff, service users, their carers and families, and other key stakeholders, aiming to ensure that no-one may be disadvantaged when accessing our services or in our employment.



Ensuring that our population has equitable access to services and information to improve health and well-being has remained one of our main priorities. Our work towards changing the way we deliver our services illustrates where the voices of our communities have influenced the way in which service models are developing

We established a collaborative multi-agency approach to engaging on the review of our Strategic Objectives 2020-2024. Our Strategic Equality Plan, Objectives and Annual Report can be found at: <http://www.wales.nhs.uk/sitesplus/862/page/61233>.

Research and Development (R&D)

The R&D department has undergone an organisational change in 2019/20 which has resulted in a better established Delivery Team at all four hospitals in the Health Board, with new leadership and a better skill mix of different grades of staff at each site. Despite the changes, the Delivery Team have maintained a good level of recruitment of patients into research studies, but not quite meeting the targets set by Health and Care Research Wales (HCRW). Commercial research has increased the number of studies open on the portfolio and has met the target number. The teams have different staff responsible for teaching nursing students at Trinity St David's in Carmarthen, sitting on the Wales REC 7 Ethics Committee and teaching health professionals participating in the research internship. The Delivery Team lead research within the Health Board and continually strive to engage with new clinical teams, thereby increasing the diversity of the research portfolio and encouraging new Principal Investigators to participate in research. The Delivery Team has been at the top of the recruitment leader board for an inflammatory bowel disease study for a large part of the year. The teams at each site have engaged with the public during global celebrations, such as International Clinical Trials Day and other Cancer Research UK public events to raise the profile of research.

Research Management

Nationally, research management has developed in a number of ways in which Hywel Dda is actively involved. Key developments include:

- The implementation of a new national R&D information system to facilitate the management of research studies and to ensure accurate data.
- The implementation of a new research approvals process ensuring parity throughout the UK.
- Increased financial scrutiny and oversight of investigators' research accounts.

Researcher Development

To help develop a culture of research both within the Health Board and with external partners, key achievements are listed below:

- The West Wales Academic Health Collaborative (WWAHC) has continued to support researchers and academics and is actively promoting Value Based Health Care
- The team helps staff to develop their research skills and facilitates external research grant applications, with over £3,500,000 of grants applied for in 2019/20.
- An introduction to research course has been run across the Health Board to promote research and provide training on research methods. In addition 50 licences for BMJ Research to Publication course have been awarded to support researchers to develop high quality publications.

- New secondments have been arranged with AgorIP to promote Intellectual Property and patenting and the team have been working with Bevan Commission to facilitate 'Adopt and Spread' Programme
- The team have been working with patients and public to develop new research and innovations and are ensuring patients are involved in the development of new studies

Research Quality Assurance

The Health Board has a responsibility to ensure all research is conducted in accordance with the relevant legislation and guidelines. Oversight of research activities is achieved by the Research Quality Management System, which includes the following:

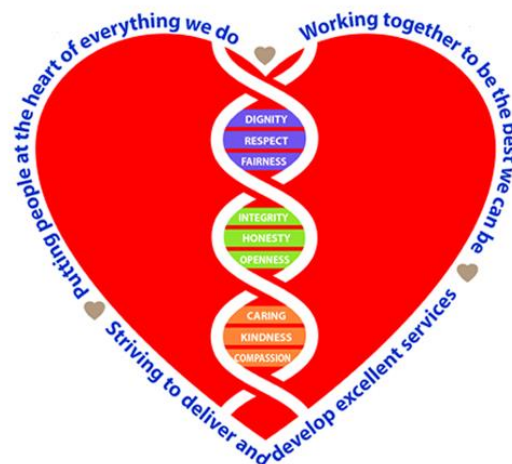
- The Quality Assurance Officer (Research) has oversight of staff training on Good Clinical Practice (GCP), the international ethical, scientific and practical standard to which all clinical research is conducted;
- The Quality Assurance (QA) team is producing and updating a suite of R&D Standard Operating Procedures (SOPs), Guidelines and Templates to help govern key research activities;
- The QA team conducts routine and triggered audits and monitors research studies to ensure GCP compliance, provides oversight of study progress and facilitates appropriate reporting e.g. safety reporting;
- The new Research Quality Management Group, chaired by the Deputy R&D Director, provides an independent process for reviewing and addressing research quality assurance issues.

Valuing our staff

Our [Values Framework](#) has been in place for over 3 years. It sets out our organisational values and provides the design principles for all that we do:

- Putting people at the heart of everything we do;
- Working together to be the best we can be;
- Striving to deliver and develop excellent service.

Our values are the driving change of organisational culture and bring a consistent level of leadership to the Health Board. This shift in cultural change and leadership capabilities has impacted positively in employee experience and increased staff engagement. It is recognised that higher levels of staff engagement impacts positively on quality, financial, performance and patients' outcomes. In 2019/20 we continued to concentrate efforts in developing a culture that is compassionate and aligned to these values.



Leadership programmes

The behaviour of leaders is integral to the values. Our leaders should not only be ensuring team members are behaving to expectations but should be role models within the organisation. The need for further skills regarding effective appropriate leadership styles have led to our Organisation Development (OD) team designing and facilitating modules on Living the Values; Effective Communication; Conflict Management; Hubris; Psychological Safety; and Compassionate Leadership. The feedback from the new programmes has been excellent and will further enhance the excellence standards of behaviours outlined in the values framework and build compassionate leaders throughout the Health Board.

Empowering our clinicians

Our clinical strategy commits us not only to continuous engagement with the public, but also that the organisation is clinically-led. The best functioning organisations have the most empowered clinicians working for them and with them. We are starting to take steps to empower our clinicians as follows:

- Information about practice of clinicians routinely shared at specialty/Directorate Level (e.g. Length of Stay, new/follow-up rates and volumes). Clinicians utilising performance related outcome measures (PROMs), and, benchmarked information about their own practice, to change practice in line with improved performance/patient outcome and activity data;
- To further develop and build on the successes of leadership programmes and scale to all clinical disciplines;
- Established and tested clinical leadership structures. Local ownership and decision making to improve patient and service outcomes;
- A review of working arrangements for clinicians that allow for staff attendance and involvement within the core work-streams of our clinical strategy in 2020/21.
- Clinical leadership of quality improvement (QI) projects to improve outcomes for patients and staff. To promote a 'spread & scale' culture for our clinicians and to work closely with QI colleagues to ensure ownership and potential benefits of service improvement are enabled. This includes alignment with the Enabling Quality Improvement in Practice/Value Based HealthCare programmes and supporting change projects.

Volunteering

Volunteering for Health is the Health Board's volunteer service which has continued to help improve the health care experience of our patients through recruiting and supporting local people to volunteer in all of our acute and community hospitals.

The majority of our volunteers act as Volunteer Patient Befrienders on our wards bringing a social aspect to the patients stay. However, there is a suite of other volunteer roles local people can get involved in including; Meet and Greet at hospital receptions, Children Ward Volunteers, Maternity volunteers, A&E, Pharmacy volunteers, Shop Trolley Volunteers, Library Trolley Volunteers and Volunteer Gardeners.

At the end of March 2020, due to COVID-19 pandemic, we suspended all of our volunteers who were active. At that point, we were preparing to process 567 offers from the community and were working on new COVID-19 volunteer roles for them. However, before we suspended our volunteers we had 302 active and 80 going through induction



In October 2019, NHS volunteers past and present attended a special event to celebrate a decade of volunteering in Hywel Dda. Our Chair, Maria Battle, thanked every volunteer for their dedication and commitment: "Volunteers bring so much to our NHS and make a real difference to the experience of our patients and visitors. It has been truly wonderful to celebrate those who have given their time freely to Volunteering for Health over the last decade and hope our volunteers continue to receive an enriching, rewarding and inspiring experience at Hywel Dda".

The future role of our volunteers is very much focused on helping wards and departments across our hospitals to support our patients. This may involve continuing to recruit for areas where volunteers are established or developing new roles if appropriate. We are also very keen to see our volunteers develop personally and/or professionally through their involvement and to ensure that they have a rewarding time with us; so our work in addition to improving patient experience will continue to be to improve the experiences for our volunteers.

Investing in our estates and services

Our capital investment plans will prioritise both capital developments and backlog maintenance. This investment strategy covers projects that address both business continuity, risk and service development drivers. A summary of these projects are included within this Estate plan and where in many cases aligned with our Transforming Clinical Service themes.

Business continuity needs (risk driven)

Whilst we are currently developing many longer term strategic investments in our estate, the current challenges we face will require action at differing levels of urgency in order to maintain business continuity. In order to facilitate this, the Health Board is working to structure investment plans into short, medium and long term needs. This approach is as follows:

- Short term investment needs to relate to a focused in house maintenance approach where possible with low level discretionary capital. This may be simply making the situation safe or undertaking some targeted work to enable clinical services to continue in the short term.
- Medium term investments will require investment in capital/resources which is beyond that possible by our in house teams. This will involve predominately bids to the Discretionary Capital Programme which will be supported by operational services priorities. If the required investment is in excess of that possible from discretionary capital funding, the work will need to move to the long term plan. Mitigating plans will be put in place to manage any residual risk.
- Long term plans will be linked to the Transforming Clinical Service plans and Major Infrastructure/Ward Refurbishment Plan referred to below.

Discretionary Capital Programme

We continued to invest in our estate, with a total capital investment in 2019/20 of £40.942 million.

Key investments from Welsh Government central funding included:

- Completion of building the new Cardigan Integrated Care Centre (£23.8 million);
- Completion of refurbishment work to Aberaeron Integrated Care Centre (£3.0m);
- Completion of refurbishment to Wards 9 & 10 at Withybush General Hospital (£3.5m);
- Continuation of the Women & Children Phase 2 Project at GGH (£25.3m);
- Completion of the project to replace the MRI scanner at BGH (£4.9m);
- Commencement of Replacement Radiology Equipment at Glangwili General Hospital, Prince Philip Hospital and Withybush General Hospital (£4.5m);
- Investment in Information and Communications Technology to improve areas including Wi-Fi provision and cyber security projects (£1.3 million);
- Additional funding for Statutory Compliance and Medical Equipment Replacement £2.8m.

The key elements of the expenditure from our Discretionary Capital Programme are set out below:

Carmarthenshire	
GGH: Replacement Autoclaves	£900,000
PPH: Replacement Orthopaedic Theatre Instruments	£95,000
GGH: Endoscopy Equipment	£156,00
Ceredigion	
BGH: Replacement Orthopaedic Theatre instruments	£78,000
Pembrokeshire	
WGH: Replacement Ventilators ICU	£212,600
WGH: Replacement Orthopaedic Theatre Instruments	£152,000

Capital Projects

Community and Primary Care Pipeline Developments

There are significant infrastructure issues and concerns around the current community and primary care estate in terms of providing modern, fit for purpose accommodation with the capacity to serve as an enabler to the provision of future health needs outlined in the Health Board's Three Year Plan and Clinical Strategy. The condition and functional suitability of many existing premises to meet a growing population with changing clinical needs is hampering service developments across primary, community and secondary care.

In addition to issues relating to the existing infrastructure, sustainability concerns around the future of a number of GP practices within the Health Board. To address the significant shortfalls in the community and primary care sectors the Welsh Government have allocated a pipeline of funding to address the much needed investment in refurbishment, redevelopment and new build schemes across Wales. Work continues to be progressed within the health board to secure funding to develop the community and primary care estate with the development of a prioritised list of schemes to address the current shortfalls. The primary care investments to date include:

Cardigan Integrated Care Centre, Cardigan



The completion of a new integrated care centre, located in Cardigan, provides a modern, fit for purpose healthcare service for the local population, bringing care closer to home and in the community. A wide range of integrated health and social care services are now being delivered by the Health Board, GPs, the third sector, local authority and partner organisations. The new facility replaces the former Cardigan Hospital and Cardigan Health Centre and became operational in December 2019.

Aberaeron Integrated Care Centre – Refurbishment



Now fully operational the Aberaeron Integrated Care Centre provides community, social and primary care services within a modern environment and has replaced the former Aberaeron Hospital.

Fishguard Health Centre/Integrated Care Centre – Refurbishment (Phase I) and New Build (Phase II)

The project has addressed immediate pressures around service sustainability and the merger of two GP practices. A two room extension has been completed along with minor refurbishment works to the existing premises to accommodate the needs of the population served.

Cross Hands Integrated Care Centre – New Build

An outline business case has been submitted to Welsh Government for scrutiny as part of the All Wales Pipeline for community and primary care projects. The project offers the opportunity to develop true integration and co-location of community and primary care services in Cross Hands and the surrounding area. A multi-agency, partnership approach to the project is being developed led by the Health Board including GPs, Carmarthenshire County Council, Dyfed Powys Police and third sector organisations. The project provides the opportunity to provide a range of services to improve the health and well-being of the locality. The new facility will replace Cross hands Health Centre and two GP surgeries and is due for completion in 2022/23.

Cylch Caron Integrated Resource Centre, Tregaron

The full business case is in progress. The project is a joint project between Ceredigion County Council (project lead), the Health Board and Mid and West Wales Housing Association. It brings together primary and community health care services, social care and housing services in a very rural part of Ceredigion. The new facility will replace Tregaron Hospital and the Tregaron GP surgery.

Pond Street Clinic and Penlan Redevelopment Carmarthen

Planning is ongoing to relocate services from the Pond Street clinic due to immediate concerns relating to the existing poor physical condition, functionality and the sustainability of community services. The property has been identified for disposal and plans are being progressed to relocate services to Penlan, a freehold Health Board facility located near the existing facility. As part of the redevelopment of the Penlan site to improve service delivery for Community Services, phase I of the project to address deficiencies in the external envelope of the building has now been completed. The second phase of works will enable the internal reconfiguration of the existing premises to provide improved Learning & Disabilities accommodation as well as the development of suitable accommodation for Sexual Health, Podiatry and Community Dental Services.

Acute and other Project Developments

Major Infrastructure and Ward Refurbishment Programme Business Case

The development of the Healthier Mid and West Wales process and the emergence of a clear direction for the future of our Estate has allowed the Health Board to develop a structured Programme Business Case to set out the investment necessary to align with future estate changes particularly at Glangwili General Hospital and Withybush General Hospital.

The Programme Business Case will be submitted to Welsh Government to seek endorsement. This will allow the Health Board to draw down the necessary resources to support the technical work needed to develop a portfolio of more detailed Business Cases to support prioritised investment plans.

Withybush Hospital Wards 9 & 10

Completion of the Ward 9 & 10 refurbishments which included a 14 bedded decant ward and Specialist Palliative Care, Haematology and Oncology Ward comprising of 16 inpatient beds and a Discharge Lounge opening in April 2020.



MRI Unit at Bronglais General Hospital

Completion of the Magnetic Resonance Imaging (MRI) Scanner New Build Development at Bronglais General Hospital which was fully operational in January 2020.



Other planned/proposed projects include:

- MRI Scanner at Withybush;
- Fire Code Improvement Works at Withybush;
- Pathology Services Refurbishment at Glangwili;
- Proposed Fluoroscopy Room at Glangwili;
- HSDU Refurbishment at Prince Philip;
- Refurbishment & Alteration Works at South Pembrokeshire Hospital;
- Chemotherapy Day Unit at Bronglais.

Mental Health and Learning Disabilities (MHL D)

The Transforming Mental Health (TMH) Programme is now firmly established in the implementation stage. Following Board approval in January 2018 a Mental Health Implementation Group (MHIG) has been set up. The estate requirements to support in the delivery of the programme are as follows:

- A Central Assessment Unit to be built on existing Morlais site (Carmarthen);
- A Central Treatment Unit in Llanelli to be developed on Bryngofal site (Llanelli);
- A 24/7 Pembrokeshire Community Mental Health Centre (CMHC) to be developed on Bro Cerwyn site, with hospitality beds;
- A 24/7 Ceredigion CMHC to be developed in Aberystwyth town, with hospitality beds;
- A 24/7 Llanelli CMHC to be developed in Llanelli town, with hospitality beds;
- A 12 hr CMHC to be developed in Carmarthen town, with no beds;
- Alignment with Transforming Clinical Services Programme e.g. potential of CMHC in Glangwili hub, the co-located assessment and treatment unit on site of new hospital.

The Health Board will be discussing the programme and funding envelope with Welsh Government. A Programme Business Case (PBC) has been developed and submitted to Welsh Government for scrutiny to support the delivery of each project in line with the service brief requirements.

The Learning Disability (LD) service is currently reviewing a number of strategic plans across the Health Board that will require estate development. As part of this review the service are developing plans to develop a south Pembrokeshire base for LD services. Llanion House located in Pembroke Dock will become the new base for an integrated wellbeing centre for people with learning disabilities. This will be led by people who use services in terms of unmet need around, health, socialising, housing, training and work opportunities etc. It is an innovative project that meets strategy aims and puts people with Learning Disabilities and carers at the centre of shaping future services. It will provide a unique provision in Pembrokeshire that provides an integrated hub for the existing range of services and allows opportunities to develop new facilities and services.



Llanelli – Wellness Village

The proposal is that Health and Care Services delivered within the Llanelli Wellness and Life Science Village will form part of the integrated service network both in Carmarthenshire and more widely through neighbouring counties and Health Boards and with national networks. The ethos will be to change life chances by improving health at as early an age as possible. The clinical services to be delivered on site are those which are evidenced to provide best outcomes when delivered in a community setting through a multidisciplinary team approach. It is envisaged that the clinical services will include links across health, social care, business and the third sector as appropriate. The option to develop Community Mental Health Centre (CMHC) in the Wellness Centre is also being explored as part of the Transforming Mental Health Programme.

Endoscopy, Prince Philip Hospital

A review of endoscopy services across the Health Board as part of Joint Advisory Group Accreditation (JAG) has identified a requirement for improved facilities at Prince Philip Hospital. The business case is currently being developed.

Aseptic & Radio Therapy Suite

An informal Strategic Outline Case (SOC) has been submitted to Welsh Government to develop a new Aseptic Unit costing in the region of £10m for the preparation of key medicines for Hywel Dda University Health Board patients. The SOC aligns with the Transforming Access to Medicines (TRAM's) review of Specialist Aseptics Services across Wales. An option appraisal has been undertaken which generated a preferred option of a new build on the Withybush Hospital site. Initial timelines have been prepared which estimate just over 2 years is required from formal SOC submission to build completion/operational opening.

Other Discretionary capital projects

- Refurbishment Works at Gorwelion, Aberystwyth – MHLD Project
- Enlli Ward Alterations & Refurbishment Work at Bronglais
- Junior Doctors Residential Refurbishment at Glangwili
- X-Ray Replacement Projects at Prince Philip & Withybush
- Remedial Works at Llanion House – MHLD Project
- Post Graduate Alteration Works at Prince Philip
- Pharmacy Improvement Works at Withybush
- Aseptic Unit Refurbishment at Bronglais
- Radiology Department Improvement Works at Bronglais
- Pathology Services Upgrade at Prince Philip
- HSDU Refurbishment at Glangwili
- Improvement Works at Amman Valley Hospital

Infrastructure/statutory projects

- Fire Review & Advanced Improvement Works at Withybush
- Fire Code Improvement, Phase 2 at Withybush
- Heavy Oil Infrastructure Project at Glangwili

Charitable funded schemes

- Planned Project: Mynydd Mawr Garden Project at Prince Philip Hospital.

Health Board Estate Performance

Our estate

Our Health Board estate continues to evolve and adapt to the changes in healthcare requirements ensuring that we keep pace with the changing face of current healthcare needs. As it stands the current estate covers circa 52 hectares across Carmarthenshire, Ceredigion and Pembrokeshire, equating to a land mass of approximately a quarter of Wales. Healthcare services at present are provided via 57 freehold and leasehold properties with a total gross internal floor area equivalent to 187,977m².

Key facts

- Current backlog within the estate is £59.4 million (high & significant backlog totals £40.2 million)
- 57% of our estate is over 35 years old
- Average running cost for facilities management services is circa £173/m² per annum

Estate acquisitions and disposals

To ensure the evolution of our estate continues to adapt and evolve to meet current healthcare requirements, a proactive approach has been adopted to develop the estate accordingly. This approach also attempts to address some of the concerns highlighted as a consequence of the overall age profile of the estate.

Future Disposals

As a consequence of considerable investment within community type facilities as well as the impact of the Transforming Clinical Services agenda it is likely that further disposals/acquisitions will be necessary over the intermediate years. This investment programme will result in the disposal of some of the Health Boards older

estate and will provide a significant reduction in the Health Boards overall backlog total.

The premises identified for disposal include:

- Tregaron Hospital - linked to the development of the Cylch Caron scheme
- Pond Street Clinic - linked to the re-development of Penlan
- Cross Hands Health Centre - linked to the proposed Cross Hands Integrated Care Resource Centre

Pending Disposals (April 2020)

- Cardigan Memorial Hospital
- Cardigan Health Centre
- Neyland Health Centre

Completed Disposal

- Aberaeron Hospital – Linked to the development of the Minaeron site.

Acquisitions

Leasehold Acquisitions – 2019/20:

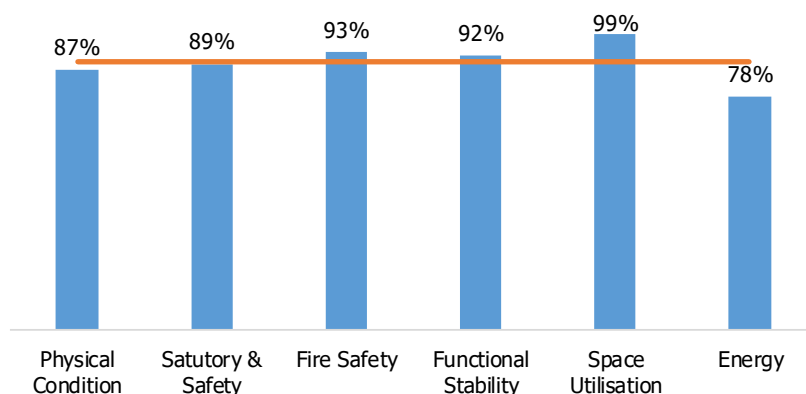
- Blk.01 St David's Park Carmarthen - procured to accommodate the Integrated Autism Service.
- Llanion House, Pembroke Dock - procured to accommodate the Pembrokeshire Adult Mental Health & Learning Disabilities team.

Planned Leasehold Acquisitions – 2020/21:

- Blk.08 St David's Park Carmarthen - accommodation required for the Healthier Mid & West Wales team

Estate performance indicators

Estates performance is measured against the All Wales average on six national performance indicators, as reported via the Estates, Facilities and Performance Measurement System. Overall, the Health Board is closely aligned to the All Wales average position, although as noted previously, energy performance and fire safety remains a challenge (see graph).



Estate operating costs

Comprehensive and accurate information is vital for an organisation to monitor and manage the performance of its estate. Cleaning, catering and energy management represent the most significant spend. The overall facilities average premise running cost across the estate translates to £173/m² (£171/m² in 2017/18, £159/m² in 2016/17, £151/m² in 2015/16, £153m² in 2014/15, £156m² in 2013/14) although costs per location will vary depending on occupancy and activity.

Operational facilities management and compliance

The current approach to estate and facilities management is locally based operational teams at each acute hospital supported by centrally based corporate teams that deliver on wider strategic aims such as property and environmental management, capital project delivery and Compliance. The Health Board recognises its legal obligations in the provision of effective soft and hard FM services and adheres to best practice guidance in the form of:

- Health Technical Memoranda – guidance for the design, management and maintenance of healthcare engineering systems e.g. decontamination, medical gases, heating, electrical, fire safety, asbestos;
- Health Building Notes – design guidance on healthcare environments including best practice design principles for all functions, resilience planning, Estatecode, infection control etc;
- Soft facilities management (Hotel Services) documents linked to cleaning standards, waste management, security, nutrition and catering etc.

In summary this framework of support will ensure compliance with statutory requirements and standards for better health, compliance with the Health Act 2006, provision of a safe and appropriate patient environment, reduction of hospital acquired infection and an effective operational service to support frontline delivery.

The duty of care necessary in operational performance contributes to the overall efficiency and safety of a healthcare organisation. These requirements are managed through a network of standards and audits and are most effective when working collaboratively with key stakeholders within the patient environment. In order to demonstrate that investment is prioritised to areas of greatest risk a well-developed risk register/prioritisation process in line with corporate processes and a comprehensive backlog database has been developed to manage risk and support bids from the discretionary capital programme and central funded capital.

Work continues to enhance the working partnership between soft and hard Facilities Management teams to continue to improve the patient experience by:

- Continuing our efforts to ensure the built environment is fit for purpose;
- Continually improving the standards of cleanliness monitoring and scoring across the Health Board in line with the national Standards for cleaning in NHS Wales;

The service continues to develop a number of initiatives to support nursing teams to deliver an improved patient experience. The Credits for cleaning (C4C) software is continually utilised to establish scores for the stakeholders. The system provides accurate and timely information regarding the cleanliness of the environments in all in patient areas.

The facilities managers continue to be represented on the national framework group for C4C and are also part of the group looking at the National Standards of cleanliness for Wales. This will ensure the Health Board continues to work to best practice guidelines.

The integration of operational staff on both hard and soft Facilities Management functions is proving to be successful in enhancing the standard of ward cleanliness. The facilities teams work closely with the senior ward staff to ensure access is granted at the most suitable time for the wards. Rapid response teams continue to ensure bed turnaround is kept to a minimum; to assist in ensuring patient flow is maintained.

The facilities function will continue to focus attention in the very high risk and high risk clinical and patient areas to ensure that standards of environmental cleanliness are maintained in order to minimise the risk of health care acquired infections.

Specialist services

Food Hygiene Inspections ratings

All of the Health Board's main premises have been awarded the highest score rating of 5 except two which were awarded a 4. Pembrokeshire County Council remains the Unitary Authority for the Health Board providing support and advice to the Health Board

All Wales Menu Framework (AWMF)

Compliance in relation to the AWMF has continued to progress incrementally with three out of the four acute hospital sites being fully compliant with the in-house patient menus. Withybush Hospital still remains not fully compliant due to ongoing recruitment issues

Catering Services

The Health Board continues to produce in excess of 23,000 patient meals per week and over 1million patient meals per annum Health Board wide. Catering services are responsible for meeting the diverse needs of patients, staff and visitors while meeting a range of national standards. Operationally catering services continue to work towards the All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients and the All Wales Menu Framework, the latter underpinning ongoing improvement in catering across NHS Wales, while supporting best value. The patient experience and quality of meals in Hywel Dda are usually rated highly. Recent patient feedback was 95% either good/very good or excellent

Laundry Services

The 'In House' Laundry based on the Glangwili Site provides a comprehensive linen service across the whole of the Health Board and to external Health organisations. In the financial year 2019- 2020 in excess of 4.4 million pieces were processed including 45,000 items to the private sector. In addition to this the Laundry department provides a staff uniform and curtain manufacturing service within the 'Carmarthenshire' locality and free ad hoc deliveries across the Health Board of large and bulky items.

Security Management

Prevent strategy

In relation to the Government's strategy on Counter Terrorism the Health Board's Security Manager continues to represent the Health Board at the three Local Authority CONTEST and Channel Panel meetings. In addition to the Local Authority Governance arrangements, a Regional CONTEST Board has been established since 2017 of which the Health Board is an active member and is represented by the Director of Public Health. The Board is also represented at the NHS Wales Prevent Forum Chaired by WG/NHS by our Security Manager. Reporting internal concerns and potential formal referrals to the Local Authority Channel Panels are now embedded within the Health Boards existing safeguarding arrangements and the Safeguarding Team continue to contribute to the Channel Panel meetings throughout 2019/20. Both the Local and Regional CONTEST Board discusses serious and organised crime matters. As part of this extended agenda, the Health Board has been requested to provide data linked to Serious Organised Crime topics including, gangs or drug networks, child sexual exploitation, child criminal exploitation and human trafficking or modern slavery. The data sharing will aid and improve Serious Organised Crime Profiles held for each county.

Manual handling training

During 2019/20, the Manual Handling Team continued with the Workplace Assessor model to improve training compliance rates and to provide improved support and supervision to the workplace assessors and clinical staff. The compliance in level 1 manual handling training across the Health Board has risen to 80%, level 2 manual handling training compliance reached 60% in March 2020. The team are working closely with senior nurses and ward managers to ensure that access to workplace assessments for substantive staff is increased. The annual work plan for 2020/21 identifies the areas to be targeted to improve compliance to achieve the 85% compliance in both level 1 and level 2 training.

Health & Safety Executive (HSE) Inspection Report

Manual handling was identified as one of the key themes in the HSE report, the team have been part of the working groups who are in the process of developing evidence to assure the Health Board and the HSE that action is being taken to resolve the matters identified including:

- Trolleys to Transport Medical Records;
- Bespoke training for patient handling in theatres;
- Specific risk assessments

Key achievements 2019/2020

- Increase in numbers of active workplace assessors;
- Provision of three, one day courses in care of the bariatric patient for Health Board staff;
- Delivered training model at national IOSH conference;
- Improved working relationships with Social Care colleagues to share knowledge and experience when working with patients with complex handling needs;
- Delivering bespoke training for community staff;
- Provision of advice and guidance in the development of the business case to support the purchase of low beds across the HB to reduce severity of injury from falls from bed in conjunction with the falls policy.

Emergency preparedness/civil contingencies

We have a well-established Major Incident Plan which is reviewed and ratified by our Board on an annual basis. The Major Incident Plan meets the requirements of all relevant guidance and has been consulted upon by partner agencies and assurance reviewed by the WG's Health Emergency Planning Unit. This plan, together with our other associated emergency plans, detail our response to a variety of situations and how we meet the statutory duties and compliance with the Civil Contingencies Act 2004. Within the Act, the Health Board is classified as a Category One responder to emergencies. This means that in partnership with the Local Authorities, Emergency Services, Natural Resources Wales and other NHS bodies, including Public Health Wales, we are the first line of response in any emergency affecting our population. In order to prepare for such events, local risks are assessed and used to inform emergency planning.

We continue to ensure that our Executive Directors are appropriately skilled to lead the strategic level response to any major incident via Gold Command Training with additional senior managers/nurses trained in tactical and operational major incident response.

The Health Board is also represented on the multi-agency Dyfed Powys Local Resilience Forum, (LRF) which sits at the apex of Dyfed Powys's local civil protection arrangements. Its overall purpose is to ensure that there is an appropriate level of preparedness to enable an effective multi-agency response to emergencies which may have a significant impact on the communities of Dyfed Powys. A number of working groups and standing sub groups have been formed to assist the LRF to meet its requirements under the Civil Contingencies Act.

The Risk is one such example, which has undertaken a robust risk assessment process based on the UK National Risk & Threat Assessment which identifies risks and threats across our community and rates them according to a number of factors to give a risk score (low, medium, high, very high) and a preparedness rating.

The Severe Weather Group focuses on responses to Flooding, Severe Winter Weather, Heat Wave and Drought events and the effects of climate change underpins this work. The Dyfed Powys LRF Severe Weather Arrangements Plan was first developed in 2011 and is now reviewed on a biennial basis.

The LRF also publishes a Community Risk Register (<http://bitly.ws/8ulc>) which highlights the effects of climate change and informs the public about the potential risks we face such as pandemic influenza, transport & industrial incidents and flooding/severe weather events and encourages them to be better prepared. As part of the LRF we also work as a core partner to train and exercise staff to ensure preparedness for emergency situations.

During 2019/20, key achievements include:

- Annual review of our Major Incident response arrangements, referencing the Mass Casualty Incident Arrangements for NHS Wales;
- Ongoing progress on Business Continuity development and review across the HB, including significant planning for the consequences of no-deal Brexit;
- Preparations for COVID-19 pandemic.

Members also noted the approach taken by the organisation in terms of the use of business continuity planning for all contingency arrangements in the event of a no-deal Brexit scenario.

COVID-19

Towards the end of the reporting period, we started to work with local, regional and national partners to prepare for the COVID-19 pandemic. The welfare and well-being of our patients and staff are our top priority and all resources are being targeted towards dealing with this pandemic challenge. Based on Welsh Government guidance, our response to the COVID-19 pandemic can be summarised:

1. Suspension of all non-urgent elective activity across the Health Board.
2. From Board level down, many internal processes for assurance, performance management and financial turnaround have been scaled down or suspended.
3. External performance review processes, reviews by inspectorates/regulators and external audits have similarly been scaled back or suspended.
4. A number of workforce procedures have been changed, suspended or significantly scaled back to rapidly recruit the staff needed to support our response.
5. Establishing field hospital provision in 9 locations (2 co-located) across the 3 counties to accommodate the additional beds that may be required based on planning assumptions.
6. Each of the existing hospitals has undertaken significant work over the last month to reconfigure themselves in order to respond to COVID-19. Each has divided itself into COVID and non-COVID areas with separate Emergency Department entrances.
7. Staff have been categorised according to their roles into Front Line (including front line support functions) and those who can work from home to avoid unnecessary travel wherever possible.

Although decisions on the clinical model will in practice need to be made rapidly by the newly established command and control structure, there are decisions that cannot be formally delegated. Therefore, the Board will need to be kept informed of changes that are being made and either approve these, or ratify them, and therefore will meet on a monthly basis during the pandemic to aid this process. The command and control structure must at all times continue to work within the Board approved Standing Orders and Standing Financial Instructions and refer appropriate decisions to the Board for approval and ratification.

Brexit

In 2019/20, there was a high level of uncertainty about the future of the relationship between the UK and the European Union (EU). We spent much of the year continuing to prepare for a no-deal Brexit situation with the UK and Welsh Governments, the LRFs and other health and social care organisations across Wales, to ensure patients and services would not be affected. Whilst the UK formally left the EU on 31 January 2020, there remains uncertainty about what the future relationship will look like, which will need to be worked out during the transition period that comes to an end on 31 December 2020. Therefore planning and continuity arrangements will continue through the Health Board's Brexit Steering Group, to ensure services are protected, as much as possible, from any disruption. Areas of work will include medicines management, procurement and workforce, amongst others. Prior to COVID-19, the Health Board planned to undertake a review of the political situation, including trade deals, and whether the implementation period will be extended beyond 31 December 2020, to ensure the highest level of preparedness.

Tuberculosis (TB) Outbreak

During 2019/20, the Health Board also continued to manage a localised outbreak of Tuberculosis in the community. This involved a screening programme to identify any current active TB and latent TB cases in the local population in order that affected individuals could be treated. The Health Board's response plan included dedicated TB clinics being held for patients that required further investigation and the treatment of patients identified with latent TB, a BCG vaccination programme for individuals under the age of 35 with negative results, and a phase 2 targeted screening exercise. The Health Board established an operational group, chaired by the Executive Director of Public Health, engaged with the Outbreak Control Team, to direct and manage the delivery of the management programme and use of resources.

Performance review

The NHS Finance (Wales) Act 2014 requires us to prepare a plan which sets out our strategy for complying with the three year financial duty to breakeven. Our Annual Plan 2019/20 was unable to evidence financial balance and should therefore be considered as strategic direction for the Health Board. Further work has continued locally and with Welsh Government to bridge the financial gap through our Turnaround programme and our health and care strategy – *A Healthier Mid and West Wales* - to ensure sustainable high quality services. This work is core to our Three Year Plan 2020/23, incorporating the Annual Plan for 2020/21. Our plan for 2019/20 represented the continuation of our transformation journey to becoming a population health organisation focused on keeping people well, developing services in local communities and ensuring our hospital services are safe, of high quality and efficient in their running. We also remained committed to our mission (see page 8 for details).

Key areas for improvement

Some of the key things we concentrated on in 2019/20 included:

- Pursuing in-year improvements in waiting times for treatment experienced by our residents.
 - We aimed to ensure no patient waited over 36 weeks from referral to treatment, over 8 weeks for a diagnostic test or more than 14 weeks for a therapy. We were on track to achieve these improvements by 31st March 2020. However, due to the COVID-19 pandemic, in March 2020 this priority had to be put on hold to free up beds and services to treat people affected by the Coronavirus.
 - We also made a commitment to reduce the number of delayed follow up outpatient appointments and made considerable progress with the total number of delayed appointments reducing from 37,403 in April 2019 to 33,402 in February 2020 (more than a 10% reduction).
- Turning around our financial position through a comprehensive Turnaround programme.
- Reducing healthcare acquired infections.
 - The number of patients acquiring healthcare related clostridium difficile infection reduced from 19 in April 2019 to 12 in February 2020.
 - Similarly, the number of healthcare acquired cases of S.aureus infections reduced from 13 in April 2019 to 9 in February 2020.
 - However, the number of cases of healthcare acquired E.coli infections increased from 23 in April 2019 to 28 in February 2020.
- Looking forward, securing clinical services in the medium to longer term that are safe, sustainable, accessible and kind.

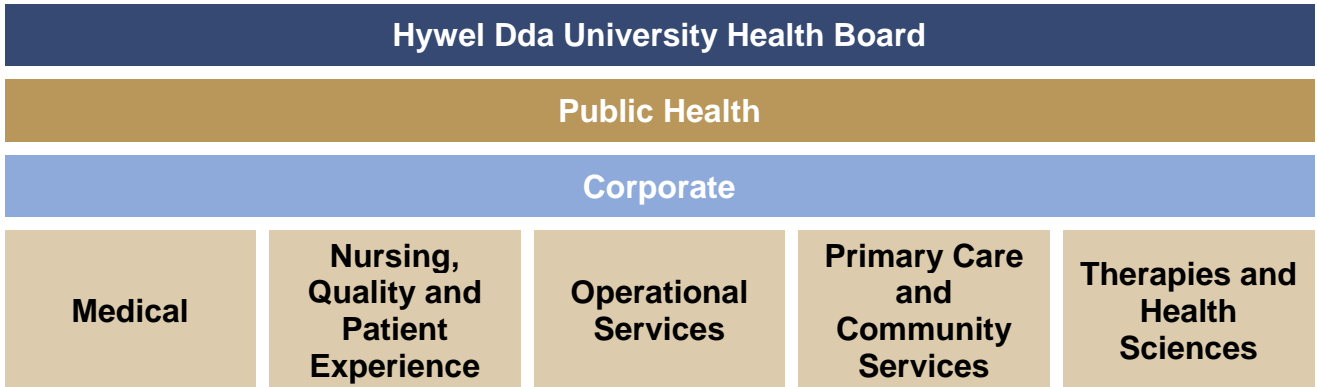
Joint working

Regional working with partner organisations and Health Boards is of increasing importance in the planning and delivery of our services and this has been strengthened through the year and reflected in work programmes and joint statements in both Integrated Medium Term Plans and Annual Plans.

Our continued focus during 2019/20 has been to work jointly with our staff, service users, carers and other key stakeholders, ensuring a process of continuous engagement, appropriate consultation and monitoring. We aim to ensure that no-one is disadvantaged when accessing our services or in our employment and one of our main priorities is to ensure that our population has equitable access to services and information to improve their health and wellbeing. Our Transforming Mental Health Services and Transforming Clinical Services programmes illustrate where the voices of our communities have influenced the way in which service model options have been developed, and will continue to influence the path of future developments.

How we operate our business

The diagram below illustrates the key components of our structure. Our aim is to be an organisation that is clinically led and that ensures our services always aspire to be safe, sustainable, accessible and kind.



Our Board’s role and responsibilities

All our Board members share corporate responsibility for formulating strategy, ensuring accountability, monitoring performance and shaping culture, together with ensuring that the Board operates as effectively as possible. The Board, which comprises individuals from a range of backgrounds, disciplines and areas of expertise, has during the year provided leadership and direction, ensuring that sound governance arrangements are in place. The principal role of the Board is described in more details in our Annual Governance Statement (see chapter 2).

Capacity to handle risk

Delivering healthcare through our current clinical model in a large, rural geographical area presents significant challenges to the Health Board. The majority of the Health Board’s risks relate to fragile services, poor patient flows, poor environments and aging equipment mainly as a result of staffing and funding (capital and revenue) challenges. The effective management of our risks helps to ensure our healthcare services provide safe, quality care for patients.

The achievement of our strategy ‘A Healthier Mid and West Wales’ will help the Health Board to address these risks, and therefore we need to ensure we manage the risks that impact on the achievement of our objectives and take action to increase our likelihood of success.

More information on how we manage risk is available in our Annual Governance Statement within the Accountability Report (see chapter 2).

Our delivery against finance and workforce plans

The Health Board ended the 2019/20 financial year with a deficit of £34.9million (2018/19 – deficit £35.4m). This excludes the costs for COVID-19 that were incurred in March 2020 which totalled £2.6m that was fully funded by Welsh Government (WG).

At its meeting in March 2019, the Board agreed to submit a 'draft interim' Annual Plan for 2019/20, which concentrated on finance, performance, service change and quality, noting the WG expectation that the UHB should submit an annual plan for 2019/20 as opposed to a 3 year Integrated Medium Term Plan (IMTP) for 2019/22. The Annual Plan for 2019/20 outlined an initial forecast deficit of £29.8m. However, WG subsequently provided some conditional additional funding of £10 million and set a control total of £15m. The control total was not met with a revised end of year forecast deficit of £25m, £10m higher than the control total requirement.

Consequently the £10m contingent funding was withdrawn resulting in the Health Board's outturn position of £34.9m. The deterioration in the position was due to operational cost pressures mainly within unscheduled care, especially in the latter part of the year; primary care prescribing also caused significant pressures common with the rest of Wales and failure to deliver the savings required of £25.2m to meet the control total, the actual savings delivery in year being £18.3m.

During the year the turnaround programme continued with 'Holding to Account' meetings chaired by the Chief Executive for directorates at an escalated status due to the assessed risk of them delivering their financial plans with Turnaround Director Holding to Account meetings for those directorates assessed as being on track with delivery. Executive Director led delivery programmes were also established.

WG commissioned KPMG to undertake an external review of finances during the year. The work looked at 4 areas within the Health Board namely – Financial grip & control; Review of the 2019/20 Financial Plan; Validation and identification of the drivers of the underlying deficit; and Opportunities to improve the deficit and achieve financial stability. The UHB has progressed outputs from the KPMG review, which have placed it in a better position to enter the planning round for 2020/21 and strengthen the governance and oversight arrangements.

The Annual Accounts for 2019/20 have been qualified as the Health Board did not meet the statutory requirement to achieve break even against its Revenue Resource Limit over the three year period ending 2019/20.

Capital spend totalled £41.7m during the year. The main projects were the Cardigan and Aberaeron Integrated Care Centres, Bronglais MRI and Women and Children Phase II Scheme, Glangwili, which represented 60% of the in-year total. Other significant areas were information technology and medical equipment. Some schemes were unable to be delivered due to COVID-19 with capital of £1.0m handed back to WG which will be re-provided in 2020/21. Additionally, £0.4m of capital costs were incurred on COVID-19 that were funded by WG.

During 2019/20, the Health Board acknowledged that whilst it would not be in a position to submit an IMTP for 2020/23 given the current financial position and three year forecast, it still intended to submit a 3 year plan for 2020/23, which outlined the first 3 years of the Health and Care strategy, incorporating a robust and detailed Annual Plan focusing on 2020/21 actions.

In March 2020, the WG took the decision to pause the IMTP and annual plan process to enable NHS Wales' organisations to focus their attention on the immediate planning and preparations to deal with the COVID-19 pandemic. However, the Health Board Three Year Plan for 2020/23 incorporating the Annual Plan 2020/21 was approved for submission at the Public Board on 26th March 2020. It was recognised that the Annual Plan was developed prior to the pandemic and that in light of COVID-19, the plan will change and will be resubmitted once WG planning guidance is reissued.

Performance summary

The NHS Wales Delivery Framework aims to ensure the health and well-being of people living in Wales is improved, as part of the Well-being of Future Generations (Wales) Act 2015. The framework provides an annual view of the impact health services are having on improving population outcomes and is supported by a delivery framework. Detailed performance reports are reported routinely to every Board meeting and are available on the Board's website (<https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020>) or our monitoring performance web page (<http://www.wales.nhs.uk/sitesplus/862/page/99899>).

Complete performance data for the organisation has been presented for the first three quarters of 2019/20 only. The remaining quarter (January 2020 to March 2020) was impacted by the pandemic and the suspension of performance monitoring mid-March. Performance trends have been assessed using the April 2019 to December 2019 period. Only those measures which have an absolute monthly / quarterly target for December 2019 or quarter 3 2019/20 have been included in the 'Targets achieved' column on the scorecard below. It can be seen that during the first 9 months of 2019/20, performance overall has declined with three of the seven domains demonstrating an upward trend. Of the 64 measures, the Health Board has improved performance in 24 measures. However, before the COVID pandemic we were on target to make improvements by 31st March 2020 in additional measures including referral to treatment, diagnostics and therapies.

↑ improved performance ↓ decline in performance ↔ sustained performance

	Improved performance	Sustained performance	Decline in performance	Target summary
Staying healthy I am well informed & supported to manage my own physical & mental health	3 measures	0 measures	2 measures	↑
Safe care I am protected from harm & protect myself from harm	10 measures	0 measures	5 measures	↑
Dignified care I am treated with dignity & respect & treat others the same	1 measures	0 measures	1 measures	→
Effective care I receive the right care & support as locally as possible & I contribute to making that care successful	3 measures	0 measures	5 measures	↓
Timely care I have timely access to services based on clinical need & am actively involved in decisions about my care	3 measures	1 measures	20 measures	↓
Individual care I am treated as an individual, with my own needs & responsibilities	2 measures	1 measures	2 measures	→
Our staff & resources I can find information about how the NHS is open & transparent on use of resources & I make careful use of them	2 measures	0 measures	3 measures	↓
Summary	24 measures	2 measures	38 measures	↓

Performance analysis

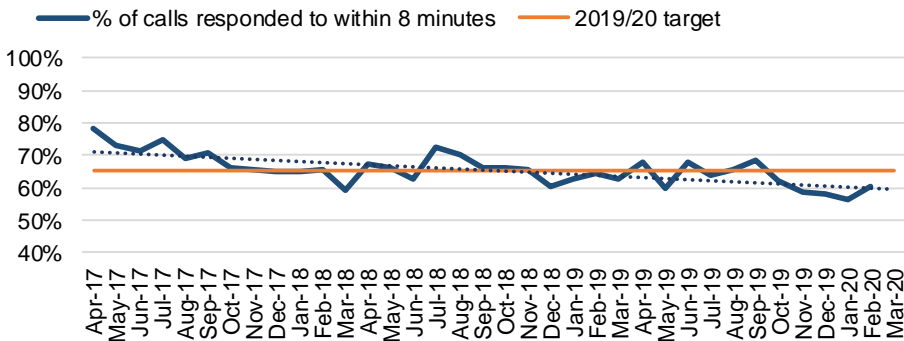
The need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to risks. The need to respond and recover from the pandemic will continue both for the organisation and wider society throughout 2020/21 and beyond.

The charts below show performance for some of our key deliverable indicators. Please note, due to the COVID-19 pandemic, we have provided local management information and narrative on the delivery and achievements throughout the final quarter of 2019/20 in the absence of official performance data.

Ambulance responses to life threatening calls

A faster response time to a patient suffering an immediate life threatening condition can reduce the risk of death and increase the potential for a positive health outcome.

Ambulance responses to life threatening calls

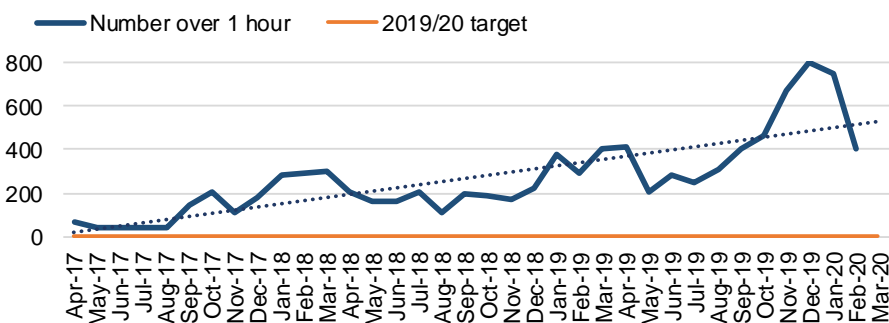


We commission the Welsh Ambulance Service Trust (WAST) to provide high quality ambulance services for our patients. Performance is usually around the 65% national target but this did deteriorate towards the latter end of 2019/20. A plan is in place to improve performance in 2020/21, once the COVID-19 pandemic has subsided, and includes improving patient pathways in the community to reduce the number of patients needing to go into hospital and recruiting additional paramedics.

Ambulance handovers

When ambulances take patients to hospital, it is essential patients are moved promptly into the hospital so that they can receive the best care in the right environment. This also ensures the ambulance crew is released to provide a safe and efficient service to the local community. Delays in ambulance patient handover are often linked with patient flow blockages across the health and social care pathway.

Ambulance handovers taking over 1 hour

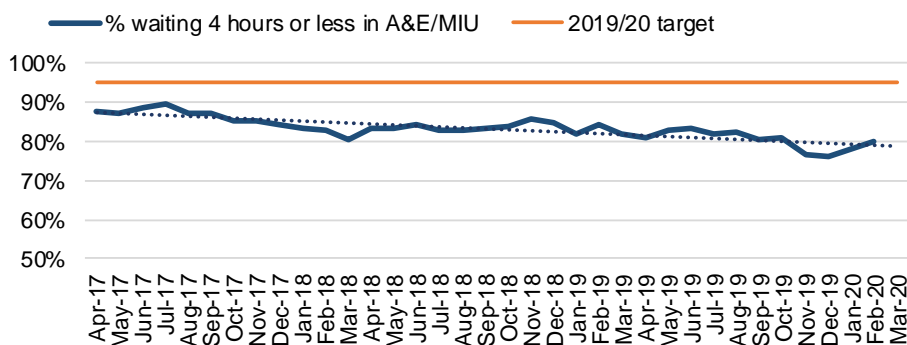


The number of delayed ambulance handovers has increased considerably over the past 3 years. However, performance improvements were started to be made in January/February 2020 and these have continued during the COVID period. This focus will be resumed after the COVID-19 pandemic has subsided in 2020/21. To assist with this we will be developing a same day emergency care pathway as an alternative to enable some patients to bypass Accident and Emergency (A&E) departments.

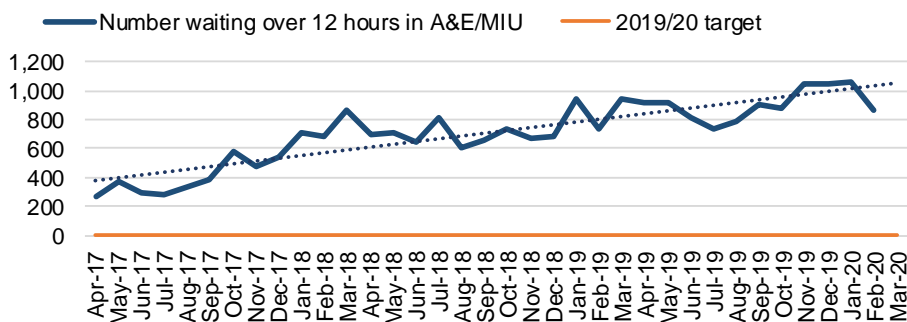
Accident and emergency (A&E) and minor injury unit (MIU) waiting times

Patients attending our emergency departments (A&E and MIU) should be seen and treated, admitted, transferred or discharged in a timely manner. To enable this to happen we need to provide efficient and effective services, whilst educating patients to make the best use of alternative NHS services. Patients waiting over 12 hours is an indicator of patient experience and the health board is required to implement actions to continuously improve the flow of patients through A&E/MIU whilst maintaining services that are effective and safe.

Patients spending 4 hours or less in an emergency department



Patients spending over 12 hours in an emergency department

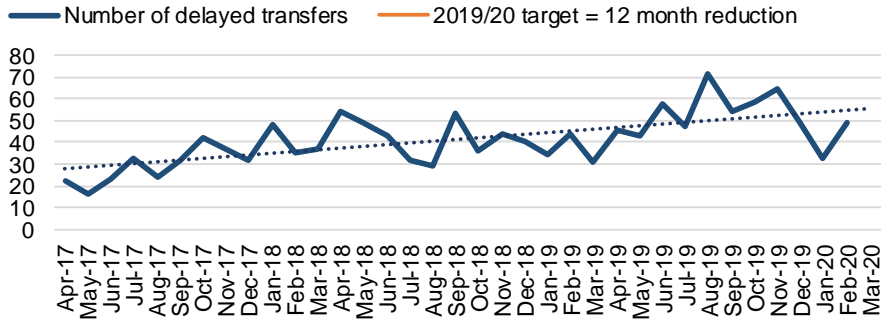


Over the last 3 years patients have gradually spent longer than 4 hours in A&E/MIU and the national target of 95% has not been met. The number of patients waiting over 12 hours has increased, however, improvements were made in January/February 2020. To improve performance and patient experience, we will prioritise the development of a sustainable GP out of hours service and implementation of SAFER NHS improvement bundles to improve patient flow and patient discharge to recovery and assess pathways agreed with our partners.

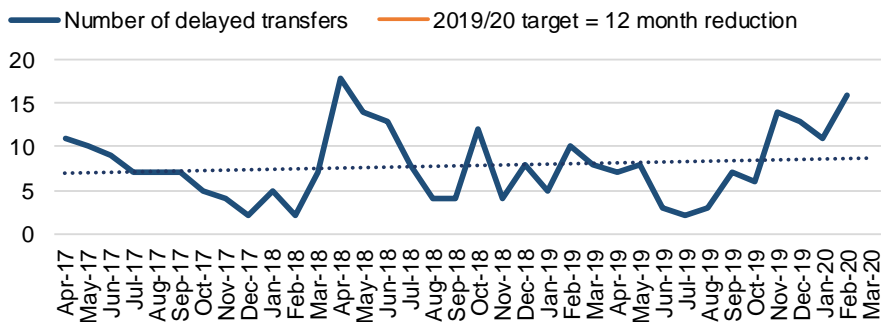
Delayed transfers of care

A delayed transfer of care occurs when a patient is safe to be discharged to a suitable aftercare setting but is still occupying a hospital bed. Delays can be minimised through effective discharge planning and joint working between health and care services to avoid the negative impact upon scheduled and unscheduled care services.

Delayed transfer of care: non-mental health



Delayed transfer of care: mental health

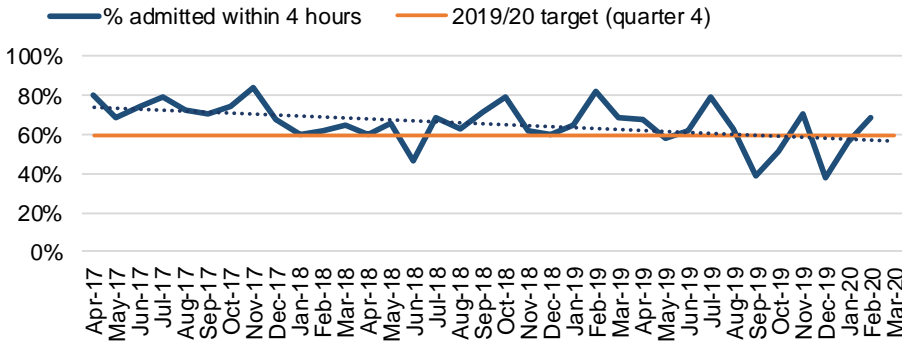


Delayed transfers have increased across both non-mental health and mental health hospitals and the national reduction targets have not been met. Improvement was seen during the winter at non-mental health hospitals but February 2020 was challenging due to depleted nursing home/community hospital beds and long waits for reablement and long term care packages. Mental Health patient delays have increased since the summer and have faced similar challenges to non-mental health delays. We are agreeing discharge to recover and assess pathways with our partners to supporting early discharge planning. Communicating these pathways to the patient/family with an estimated date of discharge, a clinical criteria for discharge and a recovery plan. Reducing waits for longer-term packages of care and providing more timely access to home care & reablement packages.

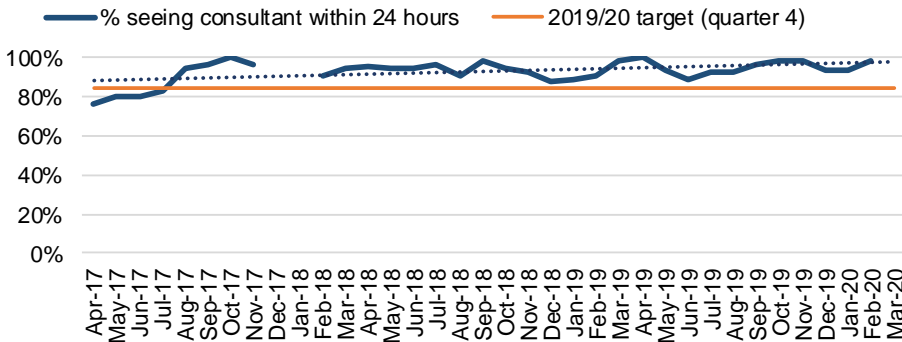
Stroke

To prevent complications, all patients who have had a stroke should be directly admitted to a stroke unit within 4 hours of arrival at A&E and receive an assessment within 24 hours by a stroke specialist consultant. Communication and swallowing problems are common after a stroke. To minimise the impact of these difficulties and to improve the patient's well-being, speech and language therapy is a key part of the patient's recovery programme.

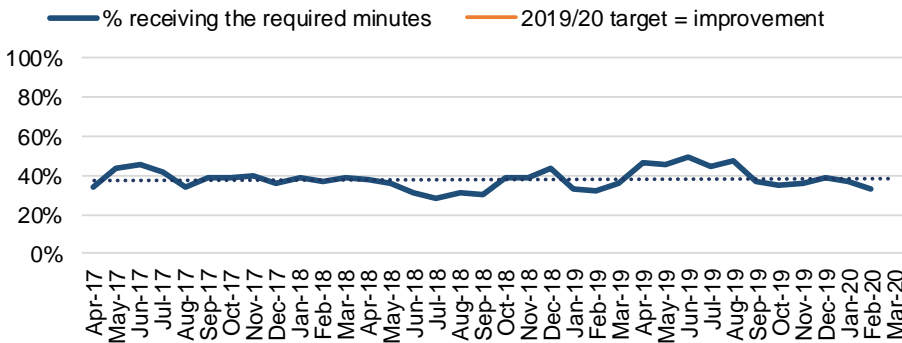
Stroke patients admitted to a stroke unit within 4 hours



Stroke patients assessed by a stroke specialist within 24 hours



Stroke patients receiving speech and language therapy

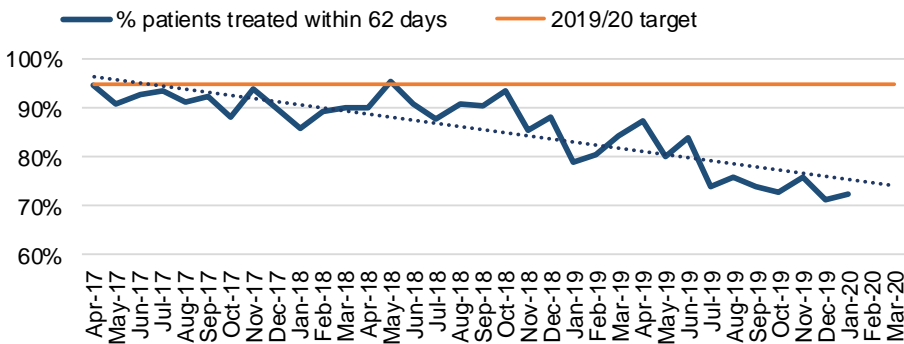


The percentage of patients admitted to a stroke unit within 4 hours has fluctuated during the year and has not always met the national target of 59.8%. This has been due to lack of suitable care packages and therefore discharge delays and lack of inpatient beds. Of those patients admitted an increased percentage were seen by a specialist consultant within 24 hours and performance has been above the 84.2% national target. Speech and language therapy remains generally consistent at 30%- 40%, but is not achieving an annual improvement trend. In 2020/21 we will complete the proposed redesign of our stroke services and gain approval from the Board to implement. The stroke services review will include an early supported discharge/community neuro-rehabilitation service and a review of inpatient stroke beds.

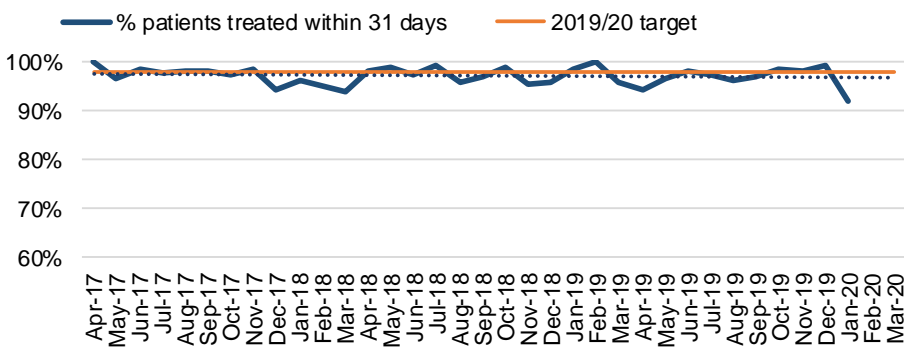
Cancer

Early diagnosis and treatment of cancer increases a patient's chance of survival and reduce harm to the patient's health and quality of life. Therefore, we aim to treat patients who are diagnosed with cancer as promptly as possible.

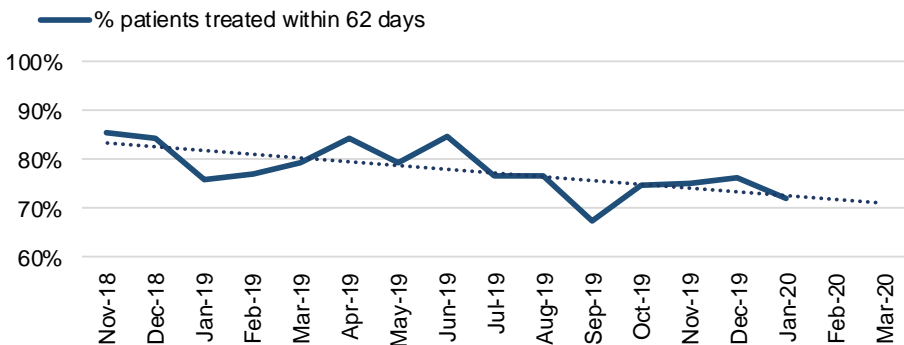
Urgent suspected cancer



Non-urgent suspected cancer



Single cancer pathway (with clinical suspensions)

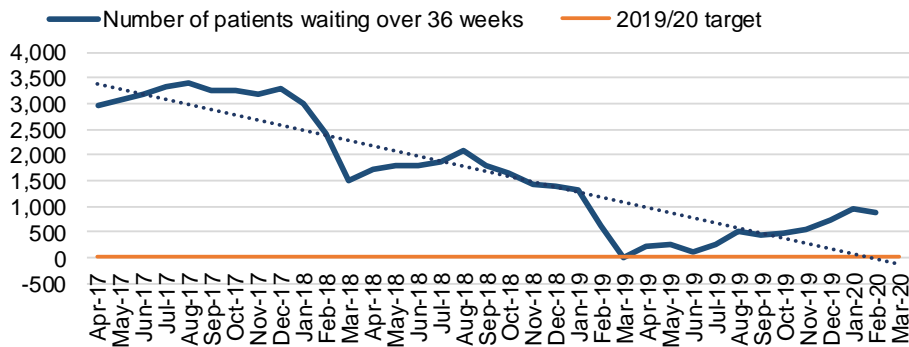


The percentage of patients treated within 62 days for urgent suspected cancer has declined since Winter 2018/19, although the rate of deterioration has slowed in the last 6 months. Performance for patients treated within 31 days for non-urgent suspected cancer has remained relatively stable over the same period.. Data in respect of the Single Cancer Pathway is illustrative as reported monthly performance has been subject to changes in data definitions over the period. Performance in respect of the various cancer pathways is compromised due to complex cancer pathway delays, tertiary centre capacity at Swansea Bay Health Board (SBUHB) and capacity pressures within our diagnostic centres. Plans to improve performance in these areas include refining processes to ensure that all cancer referrals are reviewed and prioritised within 24 hours. To address tertiary capacity issues SBUHB have appointed additional oncologists and a gynaecology cancer surgeon. We have secured recurrent investment from Welsh Government to invest in key diagnostic capacity and cancer tracking.

Referral to treatment

Referral to Treatment (RTT) targets ensure patients have timely access to services.

Time patients wait from referral to treatment



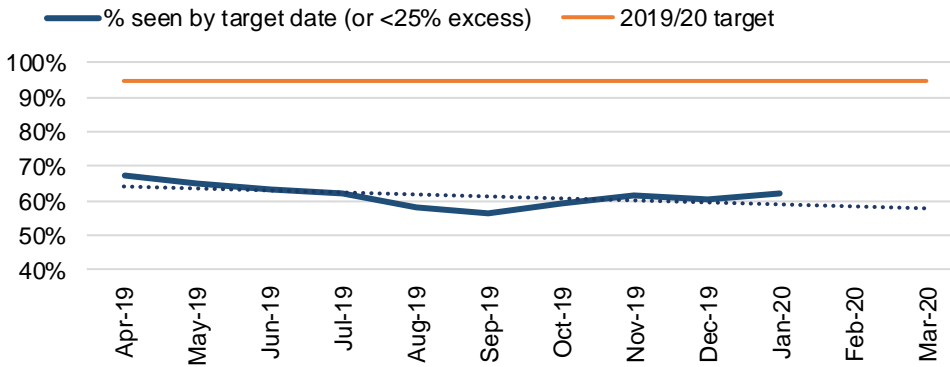
RTT within 36 weeks has improved from 2,965 in April 2017 to 883 in February 2020 and the percentage being treated within 26 weeks has shown an upward trend since April 2017. Both improvements are as a result of: improved booking processes, reviewing unfilled slots and cancellation reasons, focusing on community integrated services to prevent illness and improve wellbeing, improving our innovation and transforming the way we deliver care, standardising best practice across all care pathways, and progressing delivery plans across all specialties.

Throughout 19/20 RTT delivery has been impacted cancellations due to unscheduled care pressures and vacancies in key specialties. Notwithstanding these pressures, the Health Board did expect to achieve zero breaches waiting greater than 36 weeks by 31st March 2020. However, the unprecedented impact of the Coronavirus pandemic on elective planned care procedures since March 2020 has severely affected reported performance and this is expected to continue during the remainder of 2020/21. Additionally, the annual plan does not assume funding is available to maintain RTT performance and is subject of further discussions with Welsh Government.

Eye care

For certain eye conditions, patients need regular treatment and reviews to ensure that their sight is improved and the risk of avoidable blindness is minimised. This measure was introduced to reduce the number of high risk (R1) patients waiting in excess of 25% of their agreed date for a clinical appointment.

High risk eye care patients



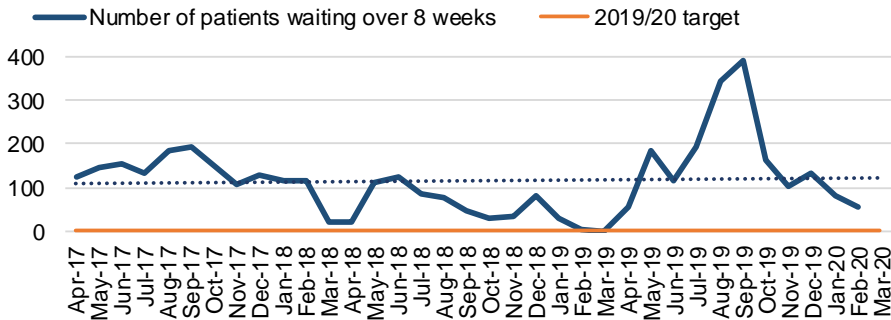
Since September 2019, performance for R1 ophthalmology patients waiting no more than 25% over their clinical appointment target date was steadily improving. However, the combined impact of capacity issues, (a shortage of Ophthalmology Consultants and cover is required for emergency eye care services) and the impact of the coronavirus outbreak in March 2020 has limited further progress towards the 95% target. Our eye care service is improving the cataract referral pathway to enable a direct surgery listing process as well as increasing the number of glaucoma patients who can be reviewed by a community optometrist.

Diagnosics and therapies

Diagnosics

Diagnostic tests and investigations provide vital information to ensure the right clinical decisions can be made. Early detection can enable pain reduction/prevention and decrease the scale and cost of treatment.

Diagnostic test waits

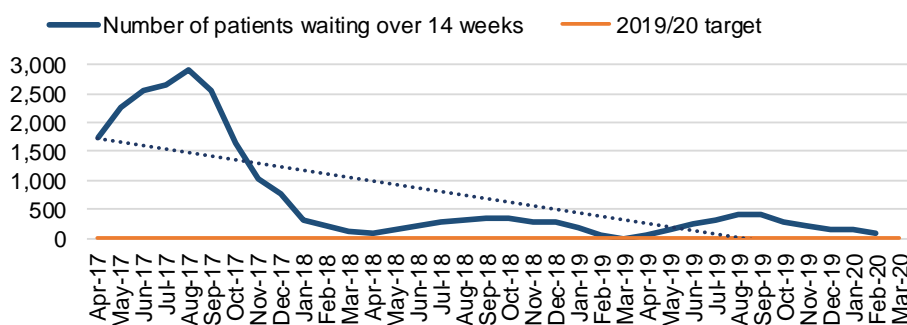


In September 2019 we saw a sharp rise in the number of patients (391) waiting in excess of 8 weeks for a diagnostic service. These breaches were primarily due to sonographer and physiologist capacity issues, increasing demand, the need for additional acute cross cover and staff shortages. Breaches reduced to 54 in February 2020 and further planned improvement activities were underway to reduce breaches to zero by 31st March 2020, including revised booking processes, regular review of unfilled appointments, outsourcing, clinical validation, recruitment and revising pathways. However, Coronavirus will have a negative impact on breaches with our resources being required to focus on COVID-19 and emergency patients.

Therapies

Patients who receive timely access to a specified therapy should experience improved outcomes. Reducing the time that patients wait for their therapy service reduces the risk of their condition deteriorating and alleviates symptoms sooner.

Therapy waits

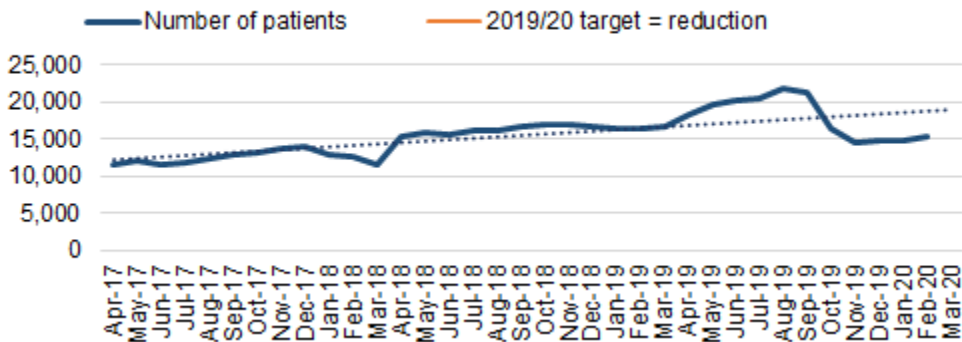


The majority of patients waiting over 14 weeks were for physiotherapy and podiatry services. Significant work was undertaken to reduce breaches including weekly validation of patients waiting, redeployment of staff from existing teams, and utilising agency. Prior to the COVID-19 pandemic we were on track to reach the target of 0 patient breaches by March 2020. Further actions to maintain performance during 2020/21 include use of a demand and capacity tool across all therapy services, development of integrated community based education and rehabilitation programs, plan to over-recruit against annual graduate cohort to 'front load' clinical workforce and to optimise the use of digital technology to deliver care closer to home e.g. review by telephone, email, video call.

Delayed follow-ups outpatient appointments

Throughout the NHS, capacity has been unable to meet demand as the number of patients waiting for a follow-up outpatient appointment increases year on year. We need to improve service planning and clinical pathways to reduce waiting lists to a manageable level.

Delayed follow up appointments (5 planned care specialties)

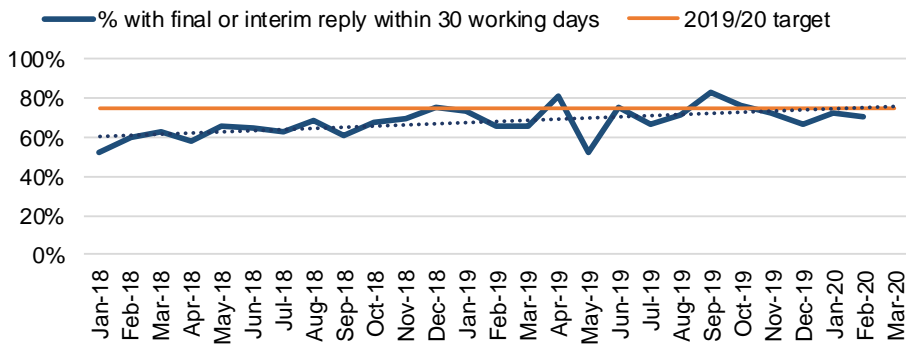


The number of outpatient delayed follow ups outpatient appointments delayed past their target date for Trauma & Orthopaedics, Ear, Nose & Throat, Urology, Dermatology and Ophthalmology improved from 18,199 in April 2019 to 15,299 in February 2020. The longest waiting (100% past target date) also reduced from 12,665 in April 2019 to 9,007 in February 2020. The volume of reported delayed follow-up appointments is inflated by data accuracy challenges, the prioritisation of outpatient clinic capacity for new appointments and limited administrative capacity to validate follow-up waiting lists to accurately reflect the changing circumstances of patients. The continuing impact of the coronavirus outbreak is expected to significantly affect improvement trajectories during 2020/21. Improvement plans continue to focus on improvements to administrative validation, clinical validation, removal of duplicate records and modernisation of clinical practice.

Concerns and complaints

We aim to provide the best care and treatment, however sometimes things can go wrong. When a concern is raised we need to investigate and make necessary improvements to prevent recurrence. We try to resolve concerns immediately and aim to respond within 30 working days. Where concerns are more complex an interim reply should be provided detailing when a final response should be expected.

Concerns and complaints

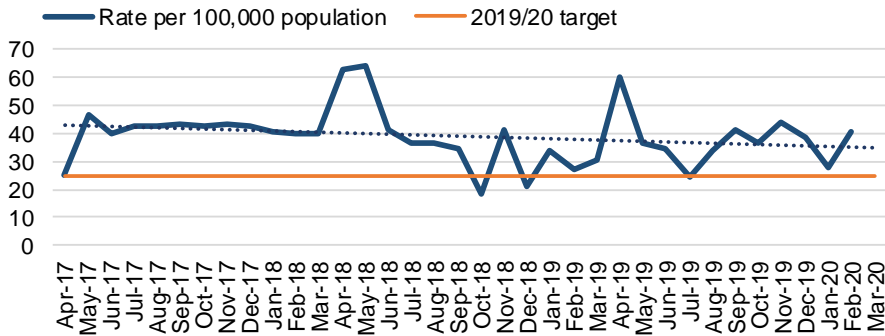


The percentage of complaints that have received a final or interim reply within 30 working days has been improving over the past 3 years. Although the target was not met in recent months, February 2020 saw an increase in cases managed via Early Resolution. Prior to the Covid-19 pandemic, workshops were being arranged to train staff members how to manage and respond to a complaint and to raise awareness of putting things right (PTR) regulations. Additionally, all cases involving significant learning are now reviewed by the Listening and Learning Sub-Committee to ensure appropriate actions are taken, to prevent repeated incidents occurring.

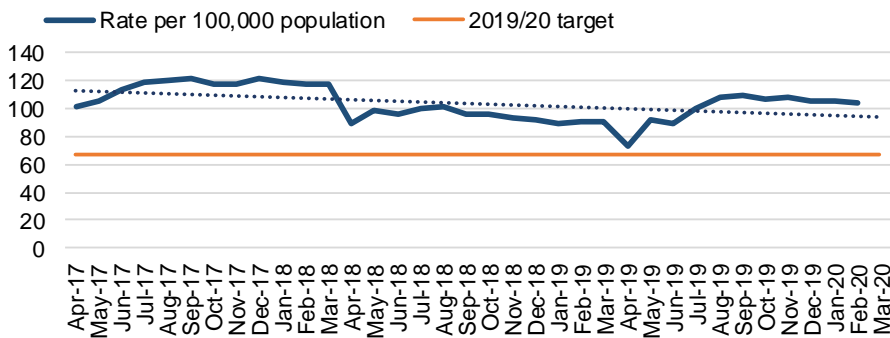
Healthcare associated infections

Patients who acquire a healthcare associated infection will develop additional complications that require further treatment and in some cases may cause death. The Health Board will have responsibility for the financial costs of diagnosing, treating the infection and implementing preventative measures. It is impossible to eliminate healthcare associated infections completely, however, through better application of existing knowledge and improved practices some can be prevented. Whilst we did not meet the national reduction rate target for the number of cases, the rate per 100,000 population has reduced,

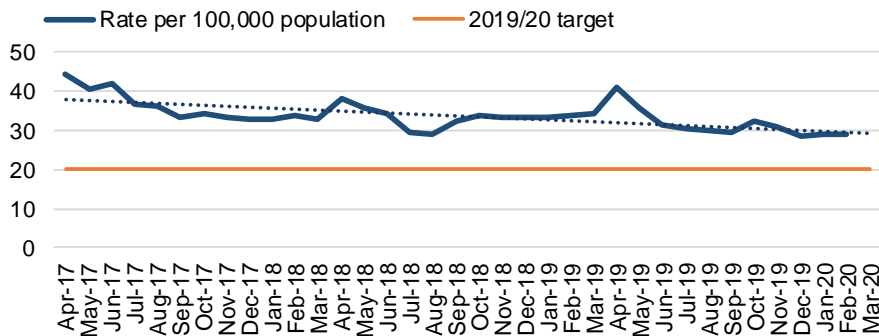
Clostridioides difficile (C.diff) infections



Escherichia coli (E.coli) infections



Staphylococcus aureus (S.aureus) infections



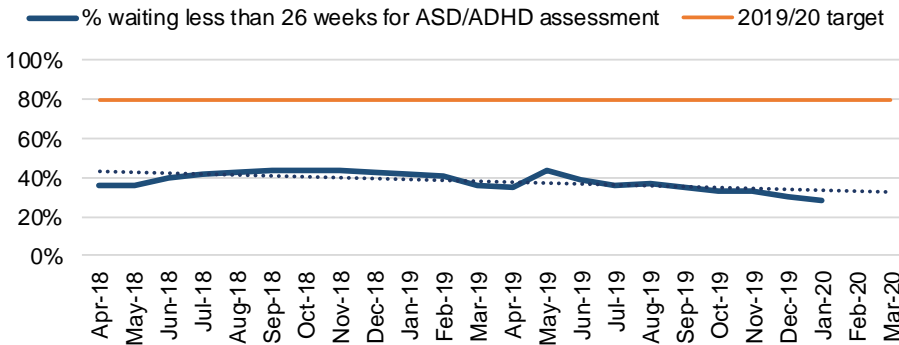
Over the last 3 years, population infection rates have been decreasing up to February 2020. Infection Prevention colleagues are focussing on COVID-19 at this time, this has led to reduced scrutiny of these infections which is now being resumed. This will be done through a strengthened infection prevention improvement plan concentrating on health promotion and infection prevention, population infections rates are expected to improve during 2020/21.

Mental health

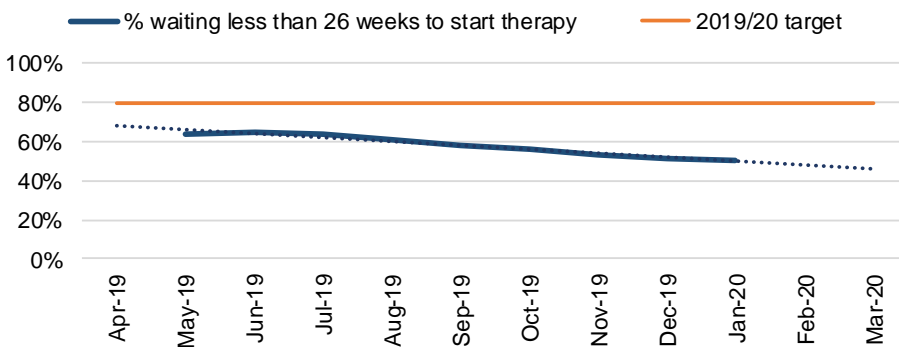
Performance measures for children, young people and adults were introduced to ensure improvement in the timely delivery of emotional and mental health services in Wales, with timely access to assessment and treatment to support their continued social and personal development.

80% of children and young people should wait no longer than 26 weeks for neurodevelopment assessments and 80% of adults should wait no longer than 26 weeks to start physiological therapy.

Neurodevelopment assessments for children and young people



Psychological therapies for adults

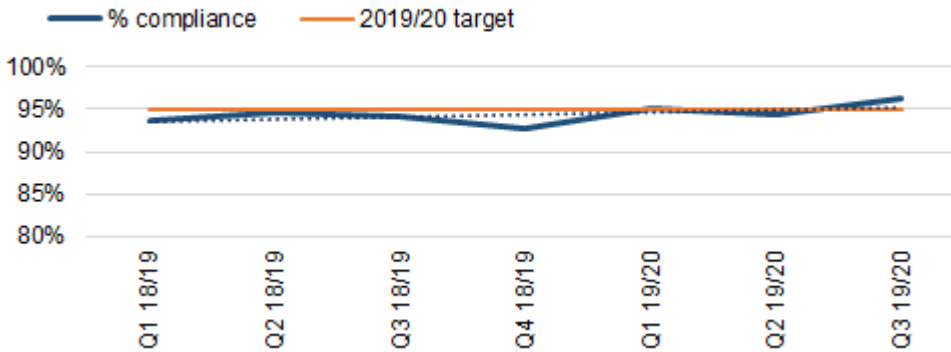


The Health Board has not achieved the 80% target for either of the measures since April 2019. The percentage of patients assessed within 26 weeks for autistic spectrum disorder (ASD) and attention deficit disorder (ADHD) has decreased in recent months and this is the same for psychological therapy. The increase in patient demand for both services and capacity issues are causing increasing delays. A number of improvement plans are underway as part of our Transforming Mental Health Services programme including the development a Single Point of Contact, a central assessment unit and a central treatment unit. For children and young people, our mental health service team is working with the all Wales Performance Delivery Unit to undertake demand and capacity exercises. For adult physiological therapies a new service model is being developed.

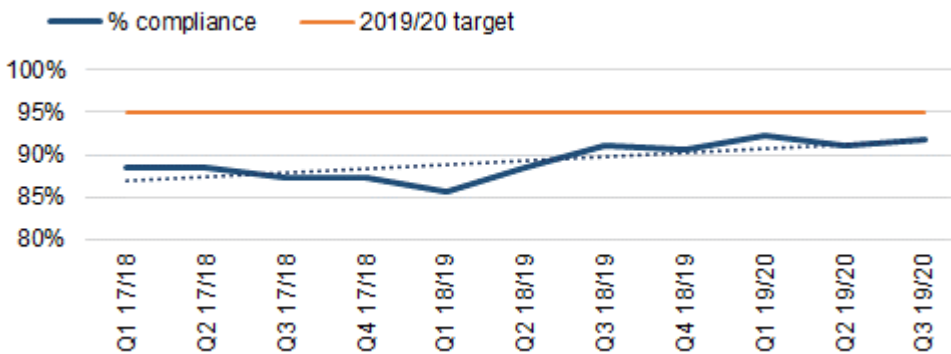
Childhood immunisations

Vaccines are responsible for the control of many infectious diseases that were once common: Diphtheria, Hepatitis B, Haemophilus Influenza Type B Tetanus and Whooping Cough. A complete course of 3 doses of the '6 in 1' vaccine and 2 doses of the Measles, Mumps and Rubella vaccine will protect children from these diseases and prevent them from circulating in the community.

Children receiving 3 doses of '6 in 1' vaccine by age 1



Children receiving 2 doses of MMR vaccine by age 5



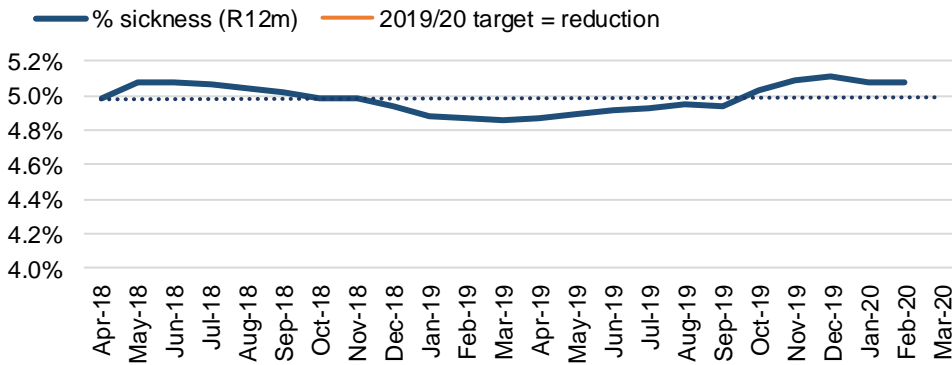
Between July and Sept 2019, 94.5% of children had received 3 doses of the '6 in 1' vaccine by their first birthday, consistent with uptake in the previous quarter (95.1%) and just under the national target of 95%. 91.0% of children received 2 doses of the MMR vaccine by their 5th birthday, compared to 92.2% in the previous quarter, not achieving the national target of 96% however performance has been improving over the last year. The Health Board plans to build capacity and capability within our children's services for transformational change with a focus on prevention and tackling health inequalities to support measures that try to reduce the impact of childhood poverty alongside work regionally, through the Children's Task Force, to develop a plan for change to improve outcomes for children and young people and lay the foundations for change.

Workforce

Staff sickness absence

We recognise that by reducing sickness absence rates through effective management processes we can improve the quality of the services and reduce variable pay costs.

Staff sickness absence

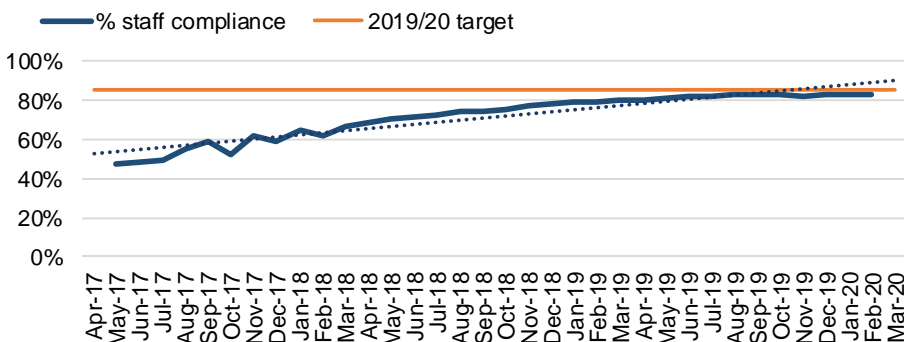


The Health Board has continued to perform well in comparison to the rest of Wales in terms of its approach to the management of attendance. During the period the 12 month period March 2019 to February 2020, 5.08% of full time equivalent staff days were lost due to sickness. However, improvement was demonstrated in-month for February 2020 and also in comparison to the corresponding rate for February 2019. The Health Board are continuing to monitor and manage sickness closely throughout the organisation. Sickness auditing and training is targeted to the wards and departments with the highest levels of absence. The specialist Workforce Advisors continue to work alongside Line Managers to help them improve their management of attendance. Improvement strategies also include: further development of a suite of leadership & management programmes spanning the whole organisation and increasing Organisational Development interventions including compassionate leadership, quality improvement programmes and leadership development.

Core Skills

A minimum standard is required to ensure new staff have the appropriate statutory and mandatory training for their role in the Health Board and for existing staff to maintain and develop their skills.

Core skills training for staff

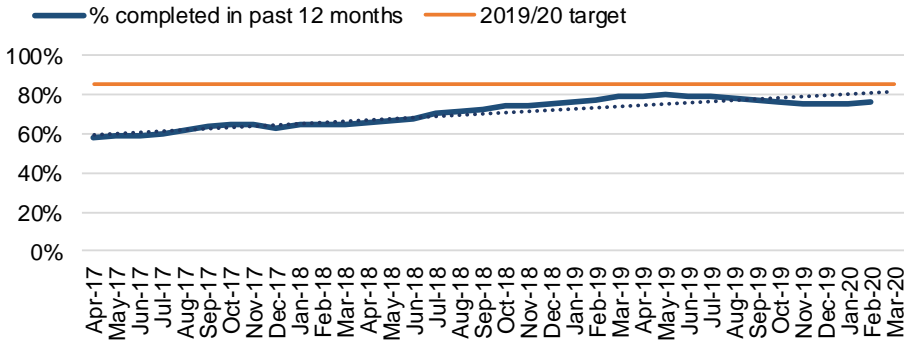


Compliance has significantly improved since April 2017 and we are very close to meeting the target of 85%. 83.2% of our staff have completed their level 1 training which consists of the UK Core skills mandatory training modules such as manual handling, safeguarding and information governance. Classroom based Level 1 face to face Fire Training has been identified as not sufficiently accessible, and a board decision has been made to re-introduce the all wales e-learning module as the level 1 which is expected to improve compliance levels.

Personal and development review

Provision of personal and development reviews (PADR) supports and engages our staff in delivering high quality, person centred and safe services.

Staff who have had a personal and developmental review (PADR)



The percentage of staff who received a PADR has improved over the last three years with 76% completion rate achieved in February 2020. The implications of the COVID 19 outbreak has seen this percentage fall 5% to 71% for May 2020. Achieving the PADR target requires managers to overcome conflicting demands on their leadership roles and have adequate knowledge and skills to complete the performance review effectively. The shifting dynamics of the COVID9 outbreak are providing challenges in how Organisational Development offer leadership support. The team are sending out communications reminding leaders of the importance of regular performance conversations. The communications highlight the positive impacts that these conversations have on the workforce, reinforcing wellbeing and ensuring colleagues feel valued. This is never more significant than during an unprecedented challenge of rapidly changing priorities and objectives due to the pandemic.

The team are now in the process of reviewing suitable software to design and facilitate virtual classrooms. The team believe with the current IT developments this training should be rolled out across the organisation from August 2020. It is believed that with these actions and new innovations the organisation should start to recover its PADR compliance rate and achieve Welsh Government standards.

↑ improved performance ↓ decline in performance ↔ sustained performance

achieved in target compliance

not achieved in target compliance

Staying healthy

	3 Quarter Trends			
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend
% of children who received 2 doses of the MMR vaccine by age 5	92.2%	91.0%	91.7%	↓
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95.1%	94.5%	96.3%	↑
% children 10 days old who accessed 10-14 days health visitor component of Healthy Child Wales Programme	90.7%	93.3%	96.2%	↑
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales**	440.1	447.5	423.0	↑
Annual Trends				
	2018	2019	Trend	
% of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)*	23.3%	22.1%	↓	

* taken from Jan-20 merged data set ** taken from April APC refresh

Safe care

	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
Of the Serious Incidents due for assurance within the month, % which assured in agreed timescales***	25.0%	7.1%	50.0%	36.8%	61.5%	34.6%	38.1%	41.2%	66.7%	↑
Number of new Never Events***	0	0	0	0	0	0	0	1	0	↓
% of in-patients who have received 'Sepsis Six' first hour care bundle within 1 hour of positive screening	92.3%	90.6%	94.1%	91.2%	88.6%	92.6%	97.0%	97.4%	90.0%	↑
% ED patients who have received 'Sepsis Six' first hour care bundle within 1 hour of positive screening	90.7%	82.0%	89.2%	87.4%	88.1%	84.3%	89.8%	88.8%	87.5%	↑
3 Quarter Trends										
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend						
Opioid average daily quantities per 1,000 patients	4,991.19	5,028.81	5,031.45	↓						
Number of patients aged 65+ prescribed an antipsychotic	1,209	1,244	1232	↓						
Total antibacterial items per 1,000 STAR-PU's	274	263	313	↓						
Fluoroquinolones, Cephalosporins, Clindamycin & Co-amoxiclav per 1,000 patients	14.3	13.8	13.5	↑						
Number of Patient Safety Solutions Wales Alerts & Notices not assured within the agreed timescales	2	1	0	↑						
Annual Trends										
	2018	2019	Trend							
Number of hospital admissions with any mention of self harm for children/young people per 1,000 pop*	3.55	3.13	↑							
	Dec-18 (9mths ending)	Dec-19 (9mths ending)	Trend							
Cumulative rate of C Difficile cases per 100,000 of the population**	39.78	38.66	↑							
Cumulative rate of S.Aureus Bacteraemia cases per 100,000 of the population**	33.21	28.30	↑							
Cumulative rate of E.coli cases per 100,000 of the population**	92.70	105.61	↓							
Cumulative number of Klebsiella sp cases**	65	62	↑							
Cumulative number of Aeruginosa cases**	34	23	↑							

* taken from March APC refresh ** data is provisional *** data as at 29/04/2020

Effective care

	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
Crude hospital mortality (<= 74 years of age) rolling 12 months ending *	0.70%	0.69%	0.69%	0.69%	0.70%	0.70%	0.71%	0.71%	0.71%	↓
% of episodes clinically coded within one reporting month post episode discharge end date	65.7%	72.6%	74.7%	75.7%	82.0%	86.1%	83.5%	84.4%	86.7%	↑
% comp of completed level 1 IG (Wales) training element of Core Skills & Training Framework	79.0%	79.3%	79.8%	81.3%	82.0%	80.8%	80.9%	79.2%	78.5%	↓
Number of health board non mental health DToC	46	43	58	47	72	54	59	65	49	↓
Number of health board mental health DToC	7	8	3	2	3	7	6	14	13	↓
% universal mortality reviews undertaken within 28 days of a death	84.8%	86.4%	89.5%	81.9%	88.7%	94.8%	87.6%	90.6%	85.7%	↑
	3 Quarter Trends									
	Q1 2019/20	Q2 2019/20	Q3 2019/20							Trend
New medicines must be made available no later than 2 months after NICE and AWMMSG appraisals	99.5%	99.5%	99.1%							↓
	Annual Trends									
	2018/19	2019/20								Trend
% clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	89.7%	90.9%								↑

* Taken from April CHKS refresh

Dignified care

	3 Quarter Trends			
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend
% complaints that had final reply (Reg 24)/interim reply (Reg 26) <30 working days of concern received	75.5%	75.1%	72.5%	↓
	Annual Trends			
	Dec-18 (9mths ending)	Dec-19 (9mths ending)		Trend
Number procedures postponed either on the day or day before for specified non-clinical reasons*	1,214	1,087		↑

* Taken from April refresh

Timely care

	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
% survival within 30 days of an emergency admission for a hip fracture***	77.3%	81.3%	79.5%	74.0%	81.0%	74.4%	85.7%	75.0%	74.4%	↓
% of patients waiting less than 26 weeks for treatment	89.4%	89.0%	89.8%	89.3%	87.8%	86.5%	87.5%	87.6%	86.5%	↓
Number of patients waiting more than 36 weeks for treatment	213	246	122	264	506	452	476	564	726	↓
Number of patients waiting more than 8 weeks for a specified diagnostic	56	185	115	192	345	391	164	102	129	↓
Number of patients waiting more than 14 weeks for a specified therapy	41	138	262	297	424	426	277	224	146	↓
Number of patients waiting for a follow-up outpatient appointment	37,403	39,425	40,627	41,742	43,405	84,384	78,718	77,481	77,971	↓
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	24,806	26,683	27,793	28,358	29,379	29,411	20,227	17,322	17,926	↑
% compliance with stroke QIM Direct admission to an acute stroke unit (<4 hrs)*	68.3%	60.0%	59.2%	76.1%	63.6%	42.9%	50.0%	70.4%	37.7%	↓
Assessed by a stroke consultant (<24 hours)**	100.0%	93.5%	89.2%	92.3%	92.9%	96.2%	98.1%	98.3%	93.5%	↑
Patients receiving the required minutes for SALT	46.1%	45.5%	49.6%	44.3%	47.7%	37.2%	35.1%	36.3%	38.4%	↓
% of emergency responses to red calls arriving within 8 mins	67.9%	59.9%	67.8%	63.9%	65.5%	68.5%	61.9%	58.2%	58.0%	↓
Number ambulance handovers over one hour	417	204	284	251	313	406	465	670	799	↓
% of patients spend < 4 hours in emergency care from arrival until admit, transfer or discharge	81.3%	82.8%	83.5%	82.1%	82.2%	80.3%	81.1%	76.8%	76.0%	↓
Number of patients spent >=12 hrs in emergency care from arrival until admit, transfer or discharge	924	920	816	732	793	910	882	1,053	1,054	↓
% newly diagnosed with cancer, not via urgent route, started def treat within 31 days of diagnosis	94.5%	96.8%	98.3%	97.6%	96.4%	97.1%	98.5%	98.3%	99.3%	↑
% newly diagnosed with cancer, via urgent suspect route, started def treat within 62 days of referral	87.5%	80.0%	83.9%	74.0%	75.7%	73.9%	72.8%	75.9%	71.4%	↓
% of patients starting first definitive cancer treatment within 62 days from point of suspicion	84.3%	79.5%	84.7%	76.7%	76.7%	67.2%	74.6%	75.0%	76.2%	↓
% of MH assessments undertaken within 28 days from the date of receipt of referral	93.4%	87.3%	94.3%	85.8%	82.3%	91.3%	93.6%	88.6%	90.3%	↓
% of therapeutic interventions started within 28 days following an assessment by LPMHSS	89.9%	86.3%	88.0%	90.6%	87.0%	83.6%	84.9%	86.0%	85.8%	↓
% of patients waiting less than 26wks to starts a psychological therapy	63.3%	63.6%	64.6%	63.5%	60.5%	57.9%	56.3%	53.3%	51.0%	↓
% of children/young people waiting less than 26 wks to start ADHD or ASD neurodevelopment assessment	35.3%	43.2%	39.1%	35.9%	36.5%	34.6%	33.0%	33.3%	30.2%	↓
% R1 ophthalmology patients waiting within target date or within 25% beyond target date for an OP appointment	67.5%	64.9%	62.4%	62.5%	58.3%	56.1%	59.3%	61.8%	60.6%	↓
	3 Quarter Trends									
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend						
% of qualifying patients who first had contact with an IMHA within 5 working days of their request	100.0%	100.0%	100.0%	→						
	Annual Trends									
	2018	2019	Trend							
% GP practices offering appointments between 17:00 and 18:30 on 5 days a week	90.2%	89.6%	↓							

* Target used is the SSNAP Oct-19 to Dec-19 UK average of 53.3%

** Target used is the SSNAP Oct-19 to Dec-19 UK average of 84.1%

*** Taken from April CHKS refresh

Individual care

	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
% of HB residents in receipt of secondary MH services (all ages) who have a valid CTP	90.9%	91.0%	91.6%	92.0%	94.5%	92.7%	93.9%	93.0%	94.8%	↑
% of HB residents sent their outcome assessment report within 10 working days after assessment	100.0%	100.0%	100.0%	100.0%	100.0%	64.3%	100.0%	85.7%	80.0%	↓
	3 Quarter Trends									
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend						
Number of calls to the MH helpline CALL by Welsh residents per 100,000 of population	134.6	117.2	144.4	↑						
Number of calls to the Wales dementia helpline by Welsh residents per 100,000 of population (age 40+)	3.6	9.1	3.6	→						
Number of calls to the DAN 24/7 helpline by Welsh residents per 100,000 of population	34.0	23.1	19.4	↓						

Our staff and resources

	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
% of headcount who have had a PADR/medical appraisal in previous 12 months	79.6%	80.6%	80.0%	79.7%	78.7%	77.8%	76.9%	76.1%	76.5%	↓
% compliance for all completed Level 1 competencies within Core Skills & Training Framework	80.7%	81.5%	82.1%	83.0%	84.1%	83.3%	83.4%	83.1%	83.1%	↑
% staff sickness absence (rolling 12 months)	4.87%	4.89%	4.92%	4.93%	4.95%	4.94%	5.04%	5.09%	5.11%	↓
	3 Quarter Trends									
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend						
% adult dental patients in the HB pop re-attending NHS primary dental care between 6 & 9 mths	35.3%	34.7%	34.1%	↑						
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	22.3%	18.9%	30.7%	↓						

Long term expenditure trend

The Health Board is required to report on long term expenditure trends and detailed below is the expenditure incurred over the last five years from 2015/16 to 2019/20 within the main programme areas of:

- hospital and community health services;
- primary healthcare services;
- healthcare from other providers.

Programme Area	2015/16 £000s	2016/17 £000s	2017/18 £000s	2018/19 £000s	2019/20 £000s
Primary healthcare services	172,740	172,928	183,962	185,316	191,967
Healthcare from other providers	179,320	188,980	197,462	200,169	211,453
Hospital and community health services	457,847	500,923	506,430	534,120	587,107

Where we undertake activities that are not funded directly by the Welsh Government, we receive income to cover our costs which will offset the expenditure reported under the programme areas above. When charging for this activity, we have complied with the cost allocation and charging requirements as set out in HM Treasury guidance. The miscellaneous income received for the last five years is as follows:

	2015/16 £000s	2016/17 £000s	2017/18 £000s	2018/19 £000s	2019/20 £000s
Miscellaneous income	51,698	52,934	54,345	57,187	61,806

Performance against Revenue Resource Limit for the past 5 years has been as follows:

	2015/16 £000s	2016/17 £000s	2017/18 £000s	2018/19 £000s	2019/20 £000s
Under/(Over) performance against Revenue Resource Limit	(31,199)	(49,613)	(69,430)	(35,438)	(34,943)

Anti-corruption and anti-bribery

NHS bodies in Wales must implement anti-fraud, bribery and corruption measures in accordance with Welsh Government directions on counter fraud measures and the service agreement under section 83 of the Government of Wales Act 2006. We have a counter fraud work plan which is devised and agreed with the Director of Finance and Audit and Risk Committee annually. The work plan actions are built around the identified fraud, bribery and corruption risks for the organisation.

We employ two full-time Counter Fraud Specialists to operationally deliver the counter fraud work plan. The Counter Fraud Specialists report to the Director of Finance regularly and to the Audit Committee providing updates on work completed against the agreed work plan and also providing updates on emerging fraud, bribery and corruption risks.

As well as the Welsh Government directions, NHS bodies are also obliged to demonstrate compliance with the NHS Counter Fraud Authority's Counter Fraud Standards for NHS Bodies (Wales). A self-assessment against each of these standards is completed on an annual basis using a RAG rating system. The Health Board's submissions are then tested periodically by the NHS Counter Fraud Authority's Quality Assessment Inspector. The self-assessment for 2019/20 against the NHS counter fraud standards has been completed and the Health Board achieved an overall green rating.

Our website contains information and advice on counter fraud: www.hduhb.nhs.wales.

Responding to complaints and compliments

The Patient Support Contact Centre was expanded in 2019 and has received and handled over 6000 telephone calls. Of the complaints received, 73% were closed within 30 working days of receipt. Work continues to achieve the national target of 75% by improving performance through staff training and regular audits.

Formal compliments recorded on Datix tripled to 980 during 2019/20. It is widely recognised that this is still only a small proportion of the total number of actual compliments that are received by the Health Board. We aim to continue to improve reporting in 2020/21 with the introduction of new systems to capture and report compliments at source in the wards and departments where they are received.

Well-being of Future Generations (Wales) Act 2015

The Well-being of Future Generations (Wales) Act 2015 is multi-layered and requires individual organisation actions as well as collaborative working with Public Services Boards (PSBs) and wider partners. The Act also sets out where change needs to happen within seven corporate functions of an organisation: corporate planning; workforce planning; performance management; financial planning; risk; assets, and, procurement. These are the parts of the organisation that should be seeking to do things differently as they affect the rest of the organisation's services. In order to further embed this work, our Well-being of Future Generations Act Task and Finish group have been reviewing our organisational approach to agree ways of strengthening our governance and reporting arrangements.



We have refreshed our well-being objectives for 2019/20 onwards and recognised that we need to increase the scale and pace of our work to support de-carbonisation and bio-diversity. Our well-being objectives are:

- Plan and deliver services to increase our contribution to low carbon.
- Develop a skilled and flexible workforce to meet the changing needs of the modern NHS
- Promote the natural environment and capacity to adapt to climate change
- Improve population health through prevention and early intervention, supporting people to live happy and healthy lives.
- Offer a diverse range of employment opportunities which support people to fulfil their potential
- Contribute to global well-being through developing international networks and sharing of expertise
- Plan and deliver services to enable people to participate in social and green solutions for health. Encouraging community participation through the medium of Welsh.
- Transform our communities through collaboration with people, communities and partners

In 2020/21 we will be linking our objectives to specific Executive Director Portfolios of work; workforce planning and development; environment and climate change; early intervention and prevention; and collaboration, involvement and integration.

Further information about our Well-being Objectives and our Annual Report can be found at the following link: <http://www.wales.nhs.uk/sitesplus/862/page/85517>.

Sustainability report

Introduction

Sustainable Development (SD) is a 'central organising principle' of the Welsh Government. Although not directly applicable to devolved governments, the Welsh Government request public bodies in Wales who report under the FReM to produce a Sustainability Report. Accordingly, this section of our annual report covers the environmental performance of the organisation, written in line with public sector requirements set out in the FReM and supplementary HMT Guidance 'Sustainability Reporting in the Public Sector'.

Description of organisation

HDUHB has an estate covering circa 52 hectares containing 57 freehold and leasehold premises totalling circa 187,977m². This includes 4 acute hospitals, 7 community hospitals and administration, health centre and clinic, mental health and accommodation facilities.

Environmental Management Governance

Board assurance on environmental and sustainability performance is provided via the Business Planning and Performance Assurance Committee, with work coordinated by the Estates, Capital and IM&T sub-committee. Action is delivered in-line with the environmental management standard 'ISO 14001'. A monitoring system is in place to gather the data required for sustainability reporting. This system is audited annually by the NHS Wales Shared Services Partnership Audit and Assurance Services and periodically as part of ISO 14001 audits.

Summary of Performance

The Health Board has made some significant improvements over the last year in a number of areas including energy efficiency projects, reuse schemes and more focus on the use of fuel efficient pool car fleet.

'Total Waste' produced has decreased this year but due to resource changes in the team reduced the ability to introduce schemes to improve the recycling rate which decreased by 2%. Source segregation projects at Glangwili and Withybush Hospital were not progressed in 19/20 as planned but will be a key objective in 20/21. Resource efficiency through the procurement of goods and services and encouraging the use of 'WARP IT' will continue to be a key objective.

Expenditure on utilities has increased, due mainly to the impact of volatile energy markets and underperformance of the CHP's and Biomass. Electricity and oil consumption has also increased due to the underperformance of the CHP's and Biomass, however, overall consumption and emissions have decreased slightly primarily due to the decrease in gas consumption and the reduction in the emission factor used to calculate electricity emissions. Business mileage and associated costs have decreased primarily due to expansion to the pool car scheme. It is worth noting that due to technical issues with the software collating Business mileage emissions the 'unknown average' emissions factor has been utilised from the DEFRA 'Greenhouse Gas Emissions for Company Reporting' for calculating carbon emissions for 2019. Although not fully comparable to previous years, the decrease in emissions reflects a decrease in business mileage.

Electric charging points for both staff and the public remains on the agenda of the transport unit although progress made since last year was limited to commencing a review of electric charging point providers and commissioning of surveys for all Health Board owned sites. This has yet to be concluded however will be a priority for 2020/21. The number of points installed will be dependent upon the outcome of these site surveys and wider review with public sector partners.

Water costs have decreased this year primarily due to rates being reduced by 2.5% and a decrease in consumption by 3.6% mainly from measures introduced through the Aquafund scheme. By end of March 2020 the Health Board saved circa £53k, 47,000M3 and 22.5tCo2e.

The Environmental Team has continued to maintain the Environmental Management System in line with the ISO 14001 standard and is well placed to achieve accreditation in 2020/21.

The Health Board is progressing a number of other sustainability initiatives in 2020/21 including various Capital schemes, focusing on the use of green space, improving Biodiversity and developing a 'Decarbonisation Strategy'.

The level of performance data available on the staff intranet has improved but still needs additional work to ensure staff are receiving up to date information. The Environment team had aimed to launch an environmental performance internet page for the public to keep up to date with our contribution to Wales' sustainability aspirations last year but due to other priorities this has not yet been achieved. This will be a priority in 2020/21.

Greenhouse Gas Emissions

Overall CO₂ emissions have decreased by 0.37% from last year due primarily to the reduction in emission factors used for calculating electricity. Due to under performance of the Combined Heat and Power (CHP) units and Biomass there has been an increase in the use of grid electricity and a reduction in Gas consumption as we generated less electricity on our acute hospital sites through CHP's and an increase in Oil consumption due to under performance of the biomass. This is also reflected in the increase in overall energy costs compared to the previous year by 12% as Electricity and Oil per KWh is considerably more expensive than Gas.

The amount of liquid petroleum (LPG) gas used this year is just over double the amount used last year due to the purchase of Minaeron Resource Centre in August which uses LPG as their main source of heating fuel. Renewable electricity generation increased this year, as solar panels that had been disconnected during refurbishment works at Minaeron Resource Centre in 18/19 were reconnected. Renewable Energy Generation will increase further next year following the delivery of the first of a number of proposed schemes the Health Board had planned to deliver by the end of March 2020 to reduce its carbon footprint and contribute to Welsh Government's 2030 net carbon neutral ambition. Phase 1 projects includes the installation of roof mounted Photovoltaic Panels (PV) across three community sites. These sites are;

- Elizabeth Williams Clinic (EWC);
- Amman Valley Hospital (AVH);
- Tenby Cottage Hospital (TCH);

In total the three schemes are estimated to save approximately 77,379 Kwh of electricity and £12.5K per annum. All three projects were intended to be completed by March 2020 but were delayed due to Covid 19. Phase 1 projects are now expected to be commissioned in Summer 2020/21. Carbon savings from these projects are expected to be approx. 76 tCo2e over the life time of the project payback period (8 years).

Business mileage this year has reduced from over 8 million miles per annum in 18/19 to approximately 7.5 million miles per annum. An increase in the number of fuel efficient fleet vehicles has meant fewer journeys are made in staff owned vehicles. Electric charging points for both staff and the public remains on the agenda of the transport unit although progress made since last year was limited to commencing a review of electric charging point providers

and commissioning of surveys for all Health Board owned sites. This has yet to be concluded however. The number of points installed will be dependent upon the outcome of these site surveys. Due to technical issues with the software collating Business mileage emissions the unknown average emissions factor has been utilised from †use DEFRA 'Greenhouse Gas Emissions for Company Reporting' for calculating carbon emissions for 2019. This means that emissions could not be calculated based on the vehicle make, model and fuel type as in previous years, instead an average emissions factor has been used. The emissions are therefore not fully comparable but are an established form of calculating emissions and reflect a decrease in line with a decrease in business mileage.

Greenhouse Gas Emissions			
Non-Financial Indicators (1000 tCO₂e)†	2017-18	2018-19	2019-20
Total Gross Emissions	23.621	21.5	21.42
Gross Emissions Scope 1 from Gas and Oil	15.528	14.05	14.08
Gross Emissions Scope 2 & 3 from electricity and business mileage	8.093	7.45	7.34**
Related Energy Consumption (million KWh)	2017-18	2018-19	2019-20
Electricity: Non Renewable	16.04	17.82*	18.81*
Electricity: Renewable	0.033	0.016	0.020*
Gas	60.09	55.98*	53.14*
LPG	0.181	0.171	0.393*
Oil	16.14	13.92	16.47*
Biomass	5.56	5.35	4.31*
Financial Indicators	2017-18	2018-19	2019-20
Expenditure on Energy	£4,498,985	£4,954,845*	£5,603,324*
CRC License Expenditure	£297,265	£206,445	N/A
Expenditure on official business travel	£3,280,784	£3,393,732	£3,360,330.

*estimated data based on end of year meter readings have been used where actual data is not available.

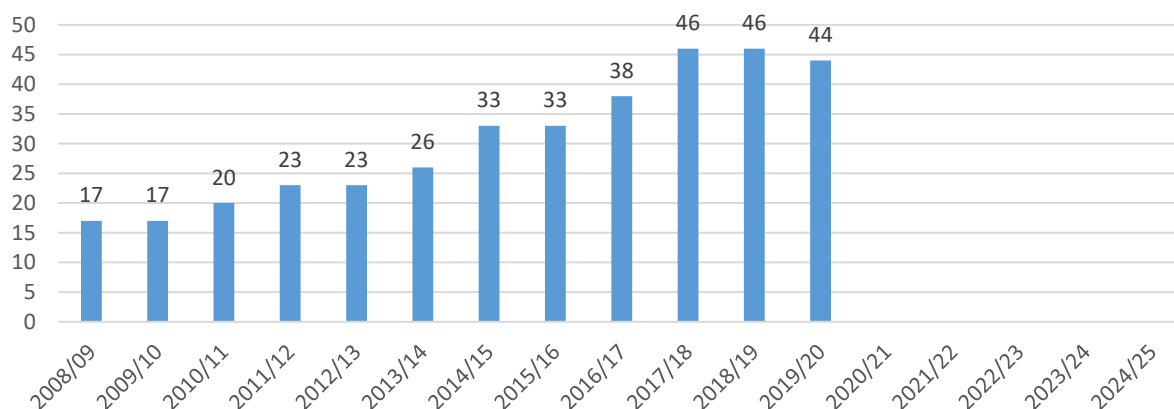
** Due to technical issues with the software collating Business mileage emissions the unknown average emissions factor has been utilised from †use DEFRA 'Greenhouse Gas Emissions for Company Reporting' calculations for carbon emissions for 2019

Waste Management

Recycling has decreased by 2%. This has resulted from changes within in the team and planned source segregation projects at Glangwili and Wthybush hospital not being progressed in 19/20 as planned. We aim to roll out source segregation recycling in Glangwilli and Wthybush hospitals in 20/21 which we expect to significantly increase recycling rates, on a similar level to the increase seen from introducing source segregated recycling on the other acute sites (Bronglais and Prince Phillip) in 2017/18 and 2018/19

The volume of waste recycled is now circa 650 tonnes bringing the recycling rate to 44%. Waste to landfill has remained approximately the same as last year but clinical waste sent for heat treatment has decreased by 3%. This is reflected in the 'Total waste' produced showing a 2% decrease this year compared to the previous year. There has been a small increase in overall waste costs primarily due to rate increases and landfill charge increases.

Recycling Rate %



Waste			
Non-Financial Indicators (tonnes)	2017-18	2018-19	2019-20
Total Waste	2465	2487	2433
Landfill (Black Bag)	793	833	837
Reused/Recycled	435	452	403
Composted*	250	247	249
Landfill (Hygiene Bag)	322	322	325
Alternative Treatment (Clinical)	517	484	470
Incinerated with energy recovery**	148	149	149
Incinerated without energy recovery	0	0	0
Financial Indicators	2017-18	2018-19	2019-20
Total Disposal Cost	£618,749	£630,237	£645,903
Landfill (Black Bag)	£152,929	£164,434	£175,002
Reused/Recycled	£62,585	£65,132	£73,542
Composted*	£22,301	£28,868	£29,476
Landfill (Hygiene Bag)	£104,549	£103,792	£104,006
Alternative Treatment (Clinical)	£191,936	£182,845	£177,171
Incinerated with energy recovery**	£84,449	£85,166	£86,706
Incinerated without energy recovery	0	0	0

* includes Anaerobic Digestion

** provides steam to a nearby facility

Use of resources

Water costs have decreased this year primarily due to rates being reduced by 2.5% and a decrease in consumption by 3.6% mainly from measures introduced through the Aquafund scheme. Over the last year the Health Board has appointed a specialist contractor who has been reviewing water consumption, leaks, metering infrastructure and tariffs as well as implementing water efficiency measures such as urinal controls. At the end of March the Health Board confirmed savings of circa £53k, 47,000M3 and 22.5tCo2e. From the revenue returned to the AquaFund Scheme, by saving water, they donate 1% of the value of the saving to Water Aid. Through this initiative the Health Board has helped transform lives in rural Mozambique, by bringing fresh water to 49,072 people.

Finite Resource Consumption			
Non-Financial Indicators (m³)	2017-18	2018-19	2019-20
Water Consumption (Office)*			
Supplied	271,957	290,317	274,453*
Abstracted	8220	0	0
Per FTE**	33.63	34.45	31.43***
Water Consumption (Non-Office)***			
Supplied	29,213	28,373	29,527*
Abstracted	0	0	0
Financial Indicators			
2017-18			
2018-19			
2019-20			
Water Consumption (Office)*			
Water Supply Costs	£354,694	£395,083	£348,733*
Sewerage Costs	£442,286	£476,374	£395,015*
Water Consumption (Non-Office)***			
Water Supply Costs	£26,274	£26,517	£25,937**
Sewerage Costs	£32,436	£31,446	£32,382**

*All estate except the main laundry at Glangwili

** FTE Staff at 31st March 2020.

*** Main laundry at Glangwili

In July 2018 the Health Board signed up to use Warp IT, an online furniture and equipment reuse platform. To date over 955 staff have committed to reusing no longer needed items, avoiding waste disposal of nearly 42 tonnes and preventing 165 tonnes of CO_{2e} emissions.

Environmental Management System (EMS) - Implementation

The Environmental Team has continued to maintain the Environmental Management System in line with the ISO 14001 standard, including the production of annual Objectives and Targets and presenting a Management Review of performance via formal committee.

The Health Board is well placed to achieve the accreditation to the new standard in 2020/21. A gap analysis was completed on 16th & 17th April 2020 (further audits to follow) to identify areas for further improvement. Four minor non-conformances were raised. These along with any identified in future audits will be compiled into an action plan for the Health Board to address pending certification to ISO14001:2015 standard.

Other Sustainability Initiatives

The Health Board is progressing with new developments and is keen to make these as environmentally considerate as possible. Projects planned for delivery in 20/21, but subject to structural surveys and available government funding on existing assets include;

- **Roof mounted PV panels** on 3 community sites – South Pembrokeshire Hospital (SPH)/Bro Cerwyn, Wellfield Road and Llandoverly;
- **LED Lighting Projects** on 4 community premises (Elizabeth Williams Clinic, Wellfield Rd, Swn Y Gwynt, and SPH) and Bronglais Hospital site;
- **Ground Mounted Solar Farm Project** at Hafan Derwen site – 440KW;
- **LPG Project** at Glangwili to service one large lead boiler;

There has been a growing focus on the use of green space at our sites via staff led projects to benefit the natural environment and the wellbeing of patients and staff.

The grant funded initiative at Withybush Hospital to renovate the court yard by Costa Coffee is well underway. The Health Board has utilised the valuable skills of volunteers and staff to make this project a success. This is nearing completion. Other projects being progressed in 2020/21 include the 'Magnificent Meadows project' which is focusing on a managed approach to leaving areas of grassland on the site grow wild to encourage biodiversity.

As part of a Capital scheme the Dementia garden in Prince Philip Hospital is being re-designed to improve the outdoor space for patients and to encourage biodiversity in 2020/21.

In February this year to comply with the WFGA S6 requirements, the Health Board commissioned an ecology specialist to complete a Biodiversity report covering Health Board owned assets. As part of the Environmental Management System Targets and Objectives the Health Board will be exploring opportunities via planned schemes to deliver site based biodiversity improvements in line with the ecology report recommendations and best practice.

The level of performance data available on the staff intranet has improved but still needs additional work to ensure staff are receiving up to date information. The Environment team had also aimed to launch an environmental performance internet page for the public to keep up to date with our contribution to Wales' sustainability aspirations last year but due to other priorities this has not yet been achieved. Improving communication of performance data to both staff and the public will be a priority in 2020/21.

Finally, Shared Services are reviewing the HB's carbon footprint by July 2020 and developing an 'All Wales Decarbonisation strategy' with recommendations and targets by summer 2020. Following on from this the Health Board aim to develop their own 'Decarbonisation Strategy' in line with any 'All Wales Decarbonisation Strategy' targets.