

Bundle Audit & Risk Assurance Committee 29 May 2019

3.1

Draft Overview & Performance Report (Section of HDdUHB Annual Report)

Presenter: Sarah Jennings

SBAR Overview and Performance Chapters ARAC May 2019

Annual Report and Accounts - Overview and Performance Chapters 2018/19 draft v1



PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 May 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda University Health Board Draft Overview and Performances Chapters of Annual Report and Accounts 2018-19
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Jennings, Director of Partnerships and Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Alexandra Williams-Fry, Senior Communications Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report is intended to share the draft Overview and Performances Chapters of the Hywel Dda University Health Board Annual Report and Accounts 2018/19 for discussion and to request feedback on the document in order that it reflects, in line with guidance in the NHS Wales Manual for Accounts 2018-19, the main business, performance, accountabilities and key achievements and successes of the organisation between April 2018 and March 2019.

The Audit & Risk Assurance Committee (ARAC) is also requested to delegate authority to its Chair to action sign-off of the final version prior to approval by the Board at its 25th July 2019 meeting.

Cefndir / Background

All NHS bodies are required to publish, as a single document, an Annual Report and Accounts following strict guidance set out by Welsh Government in the NHS Wales Manual for Accounts 2018-19 (Chapter 3).

The Annual Report and Accounts is a suite of reports and includes:

- A Performance Report which must include an overview of performance in 2018/19 and a more detailed performance analysis against a number of balanced scorecard indicators within seven domains – Staying Healthy, Safe Care, Dignified Care, Effective Care, Timely Care, Individual Care and Our Staff and Resources;
- An Accountability Report which must include a Corporate Governance Report, Annual Governance Statement, a Remuneration and Staff Report and a National Assembly for Wales Accountability and Audit Report;
- A full set of audited accounts to include the primary financial statements and notes;
- In addition, an Annual Quality Statement must be produced separately from the main Annual Report and Accounts as a public-facing document.

The above suite of documents is ratified independently through the University Health Board and its Committees.

The final publication comprises the entire suite of documents and must be made available at the University Health Board's Annual General Meeting to be held in July 2019.

Asesiad / Assessment

The various elements of the full Annual Report and Accounts have been compiled as follows:

- The audited Annual Accounts and Accountability Report are to be discussed at an Extraordinary Public Board meeting on 29th May 2019.
- The Performance Report has been compiled by the Performance and Communications Departments and is subject to change once the Sustainability data is received by 31st May 2019. The final version of the report will then be submitted for consideration to HSSG Finance and Wales Audit Office on 31st May 2019.
- The public-facing Annual Quality Statement is being produced separately and arrangements are being made for it to be ratified, designed and published as per the legal requirements.
- The full Annual Report and Accounts will be approved by the Health Board at its Annual General Meeting and submitted to Welsh Government by 1st July 2019.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to:

- Discuss and provide feedback on the document;
- Approve draft content subject to feedback;
- Send any feedback on inaccuracies or omissions to Alexandra.williams-fry@wales.nhs.uk by Friday 31st May 2019;
- Delegate authority to the Chair of ARAC to action sign-off of the final version prior to submission to Welsh Government on 1st July 2019.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	10.5.1
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound

	financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS Wales 2018/19 Manual for Accounts
Rhestr Termau: Glossary of Terms:	Included in the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	<ul style="list-style-type: none"> • The audited Annual Accounts and Accountability Report is to be discussed at a special Public Board meeting on 29 May 2019 and submitted to HSSG Finance by the Wales Audit Office on 31 May 2019. • The Performance Report has been compiled by the Performance and Communications Departments. The final version of the report will then be submitted for consideration to HSSG Finance and Wales Audit Office on 31 May 2019. • The public-facing Annual Quality Statement is being produced separately and arrangements being made for it to be ratified, designed and published as per the legal requirements. • The full Annual Report and Accounts will be approved by the Health Board at its Annual General Meeting and submitted to Welsh Government by 1st July 2019.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Cost of translation of report (circa £1200). Additional costs for design and publication of Annual Quality Statement as a legal requirement.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Associated risk is non compliance should the report not be ready for audit in May or final copies produced in time for the Annual General Meeting in July, due to unforeseen circumstances and tight deadlines. The process is being actively managed to minimise risks.
Cyfreithiol: Legal:	Associated legal impact is non compliance with statutory duty to produce annual report in time for the Annual

	General Meeting in July, due to unforeseen circumstances and tight deadlines. The process is being actively managed to minimise risks.
Enw Da: Reputational:	Potential for media interest once the Annual Report is published.
Gyfrinachedd: Privacy:	Not applicable – statutory requirement. Relevant consent obtained for previous publicity purposes (e.g. photographs).
Cydraddoldeb: Equality:	Equalities section included in the report. Alternative format versions to be provided on request.

FRONT PAGE

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 2018/19 and how we will improve next year. It also explains how important it is to work with you and listen to you to deliver better services that meet your needs and are provided as close to you as possible.

Our priorities are shaped by our [Interim Annual Plan](#) which sets out our objectives and plans until 2019. You can read this and find out more about us at www.hywelddahb.wales.nhs.uk. Our Annual Report for 2018/19 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 and is available here: [LINK WHEN READY](#)

Our Public Health Report

The Health Board is taking a different approach to the publication of the Director of Public Health Annual Report in 2019. The 2018 and 2019 reports will be combined into one report with the first part looking back on the year 2018 and the second part looking forward to the journey we are embarking upon for the next 20 years in respect of the long term hopes and aspirations we have as a Board. This will be published in September 2019 here <http://www.wales.nhs.uk/sitesplus/862/page/62040>

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

How to contact us

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www.facebook.com/BwrddlechydyHywelDda

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Chapter 1

Welcome from our Chair and Chief Executive

This year has seen the Health Board take huge strides in moving our organisation from one in turnaround to one of transformation. For too long we have made well-meaning efforts to balance the books, but we cannot live beyond our means any longer. Our Big NHS Change provided a once in a lifetime opportunity to make health services better for everyone, to provide the highest quality care, with excellent outcomes that improve health and well-being and provide a good experience wherever you live and receive your care.

We'd like to thank everyone who participated in this 12 week consultation and challenged us to get it right. Our engagement won't stop there. We have committed to a shared vision, three new strategic goals and to long-term outcomes for our population and to do this through continuous engagement with our key stakeholders, namely our patients, our staff, our clinicians and our partners' especially social care and the third sector.

Our Health and Care Strategy: A Healthier Mid and West Wales sets out for the first time a strategic vision for services that are *safe, sustainable, accessible and kind* for current and future generations across Hywel Dda. The strategy is based on the implementation of an integrated social model of health. It signals a shift from our current focus on hospital-based care and treatment toward a focus on prevention and building the resilience of people and communities, as described above, and establishes a parity of esteem between physical health, mental health and learning disabilities across the age span.

In the next year we will be looking to scope out how many of our services, through quality and pathway improvements, could work towards shorter waiting times, including improved access to therapy services and diagnostic services. The introduction of the single cancer pathway will be a key driver for this, and will bring a step change in the improvement of cancer treatment.

Our county and locality planning is, and will be supported further to become, the bedrock of safe, sustainable, accessible and kind care. Our [Interim Annual Plan](#) shows key interventions at county and locality level, strengthening prevention and care closer to home, which will really make a difference to people living with long-term chronic conditions.

We recognise that we still have much more to do to stabilise our services, in particular our workforce challenges and thereby, stabilise and improve our finances. We also acknowledge the need to continue to significantly improve upon waiting time performance and financial performance.

Brexit preparedness has also been a significant priority for the past year and as an organisation we have been planning for a potential no-deal scenario, risk assessing potential impact to service delivery and business continuity across the Health Board.

Hand in hand with this, we will support our EU staff so they can remain working with Hywel Dda University Health Board and in the UK. We value every home-grown, EU and International member of staff that makes up Team Hywel Dda, who all put our patients at the heart of everything they do. Thank you for your on-going dedication, commitment and integrity.



Mrs Bernardine Rees
OBE, Chair
(until 28 February 2019)



Mrs Judith Hardisty
Acting Chair
(from 1 March 2019)



Mr Steve Moore
Chief Executive

About us

Hywel Dda University Health Board (the Health Board) is the planner and provider of NHS healthcare services for people in Carmarthenshire, Ceredigion, Pembrokeshire and its bordering counties. Our 9,715 members of staff provide primary, community, in-hospital, mental health and learning disabilities services for around 384,000 people across 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 in Aberystwyth, Glangwili in Carmarthen, Prince Philip in Llanelli and Withybush in Haverfordwest;
- Seven community hospitals: Amman Valley and Llandovery in Carmarthenshire; Tregaron, Aberaeron and Cardigan in Ceredigion; and Tenby and South Pembrokeshire Hospital Health and Social Care Resource Centre in Pembrokeshire;
- 48 general practices (4 of which are managed practices), 47 dental practices (including 3 orthodontic), 99 community pharmacies, 44 general ophthalmic practices (43 providing Eye Health Examination Wales and 34 low vision services) and 17 domiciliary only providers and 11 health centres;
- Numerous locations providing mental health and learning disabilities services;
- Highly specialised and tertiary services commissioned by the Welsh Health Specialised Services Committee, a joint committee representing seven health boards across Wales.

Our Mission Statement

- Prevention and early years intervention is the key to our long term mission to provide the best health care to our population and this will be further strengthened by our continued collaboration and partnership working with other organisations, stakeholders and the public
- 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

How we will do this

In terms of performance and finances, in 2018/19, the Health Board has made substantial improvement in patient waiting times for planned care, such that by the end of the year we will have no patient waiting over 36 weeks for treatment and we will have no one waiting over 8 weeks for access to diagnostics.

Our deficit has reduced to £35.5m and we recognise that we still have much more to do to stabilise our services, in particular our workforce challenges and thereby, stabilise and improve our finances. Our Integrated Performance Assurance Report evidencing how we track our performance across a range of quality and waiting times targets can be found here

<http://tiny.cc/p2ls6y> and our financial performance here <http://tiny.cc/l6ls6y>.

However, we know we have to significantly improve upon waiting times performance and financial performance even further, and, in the [2019/20 Interim Annual Plan](#) we will be looking to scope out

how many of our services, through Quality and Pathway improvements, could work towards 26 week waits, and for access to therapy services below 14 weeks and for diagnostics waits to become even shorter, so moving the organisation even further forward in the delivery of our Mission Statement. The introduction of the single cancer pathway during 2019/20 will make us strive for this, and will bring a step change in the improvement of cancer treatment.

At the same time that we are developing services in primary and community care, the [Interim Annual Plan](#) describes how we will deliver the following:

- Performance Improvement - hold waiting time performance for medical and surgical treatments, with patients waiting no more than 36 weeks from referral to treatment. In addition, holding current performance for Cancer, Stroke, and Mental Health services. Our improvement focus, which we need community and primary care step-up and step-down service developments to help us deliver, will be on Unscheduled Care, in particular Accident and Emergency (A&E) waiting times performance, improving discharge and reducing unnecessary hospital admissions and length of stay (LOS);
- Finance – deliver an agreed and improved financial position, with robust Turnaround actions and plans;
- Quality – defining Quality and Patient Pathway Improvement Plans which progress our 5 quality goals;
- Service Change – as explained, our focus will be on the development of our Population Health, Primary and Community Services in line with ‘A Healthier Wales’; and finally,
- Evidencing, where appropriate for an [Interim Annual Plan](#), our alignment to the key Cabinet Secretary and Welsh Government priorities of the NHS Wales Planning Framework 2019/22.

We acknowledge that because of the significant financial challenges within our current clinical model, we cannot pay as much attention to the prevention agenda as we should. However, in our planning for 2019/20 we have signalled a step change in the way in which we do business and to that end we have brought in the Integrated Pathway for All People which very clearly lays down the marker for a far more proactive whole-system approach, including prevention. It is equally important for all of our services to get involved in the first step, ‘help me to choose and age well’, as it is to be involved in the step in which they may operate as the main deliverer of care, for example, in ‘Good hospital care’, and our [2019/20 Interim Annual Plan](#) describes the key actions we need to take to do this.

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

The Health Board’s health and care strategy was approved in November 2018. This is the first time we have set out a vision for services fit for current and future generations. Health and care services are only one part of a complex system that needs to work better together to improve health and well-being outcomes for our population. Our vision has been developed from the shared ambitions of our partners as set out in the well-being plans of Carmarthenshire, Ceredigion and Pembrokeshire Public Services Boards. It seeks to empower communities to work together in areas they care about, and feel enabled to contribute to each other.

We recognise we are at the beginning of a long journey toward achieving our vision and strategic goals. We want to be ambitious. We want to deliver excellent clinical services (medical, nursing, therapeutic and others) for our population. We also want to maximise the contribution we make to the wider system, with partners and people, in tackling the causes of ill-health through promotion of health and well-being, prevention and early intervention. There are many milestones in our 20-year journey, however we must first develop the building blocks for success. Creating a movement for change through continuous involvement of our staff, patients, people in our communities and those delivering, or interested in, health, care and well-being will be fundamental

to win hearts and minds. This is how we will support a change of culture moving to a wellness system, which involves every part of life that affects our health and well-being (a social model for health).

Our strategy signals this shift of focus. We know health and care services make an important contribution to overall health and well-being. Being only part of the picture it's important to recognise that other factors, such as education, housing, employment and leisure, together play a bigger part. To help achieve the strategic goals we set out in our long term vision, we will endeavour to influence and maximise the role the health service can play in keeping people well. A social model for health presents enormous opportunities for us to think and act differently in the way we deliver health and care services in collaboration with key partners such as the people who live and work in the Health Board area.

Since board approval, we have moved with pace to plan the delivery of the strategy. This has included: scoping a portfolio of programmes and enabling groups; developing programme documentation; planning a 'check and challenge' process; and considering the necessary governance arrangements and resourcing requirements for delivering a strategy of such magnitude.

For more information visit this web page that provides you with the strategy, called 'A Healthier Mid and West Wales: Our future generations living well', in different formats to meet your needs www.hywelldahb.wales.nhs.uk/healthiermidandwestwales. Here you can also find out more about what we are trying to do, how we intend to do it and how you can get involved.

Key achievements and developments

Pilot for online testing of STI's Chlamydia and Gonorrhoea

A pilot e-STI testing service was launched in late 2018 as a collaborative project between Public Health Wales, the Health Board and Signum Health, funded by Welsh Government.

The results after the first six months have shown 931 questionnaires have been completed. Of the kits returned, 8% of those tested positive for Chlamydia and 0% positive for Gonorrhoea. The pilot service has also generated a 100% positive response by its users and as a result has been extended for a further 6 months.

Further information can be found here: <http://www.friskywales.org/chlamydia-and-gonorrhoea-home-testing-pilot.html>

Funding for MRI scanner at Bronglais

Patients across mid Wales have been given a boost following an agreement by Welsh Government to provide nearly £5m for the purchase of a new Magnetic Resonance Imaging (MRI) Scanner at Bronglais General Hospital with the new scanner to be provided by 2020.

111 rolled out across Health Board region

On 31 October 2018 the 111 phone service was rolled out to Ceredigion and Pembrokeshire, following its implementation in Carmarthenshire in 2017. The free-to-call phone number provides access to the GP Out of Hours service and NHS Direct Wales - making it easy to get the advice, support or treatment that is right for them all in one place.

Obstetric and Neonatal facilities investment

Work began in October 2018 on the £25.2 million obstetric and neonatal facilities project at Glangwili Hospital. The second phase of redevelopment will increase the capacity of the facilities at the hospital. This will include high dependency cots; special care cots and parent overnight stay rooms, as well as increase the number of birthing rooms, operating theatres and resuscitation bays. Plans are also in place for an additional 45 car parking spaces.

Use of mobile and landline messaging

The Health Board is adding to the ways that it communicates by introducing mobile and landline messaging services to improve the patient experience and reduce the chances of you missing a scheduled appointment.

We are constantly working to reduce waiting times for our patients and use a text messaging service for anyone who has registered their mobile phone with us and who is currently on a waiting list, to ask whether they wish to remain on it or not. Patients are able to opt-out of text messaging at any time.

The Health Board has also launched a new Outpatients SMS reminder service to ensure that patients are aware of any pending appointments, and to cut down on the number of missed appointments which currently cost the Health Board around £4 million a year.

Social prescribing pilot

Patients in the Llanelli area have been taking part in an innovative scheme which allows primary care professionals to 'prescribe' non-clinical treatments.

Social prescribing is when primary care professionals refer patients with social, emotional or practical needs to a range of local and non-clinical services such as group therapy, physical exercise, wellbeing practices and community activities.

Social Prescribers work across six surgeries, offering support to patients through one-to-one and group sessions.

£12m programme to transform delivery of health, care and support in West Wales

£12m of Welsh Government funding was announced in March 2019 for an ambitious programme to modernise and improve health and social care in west Wales.

The money will support a range of initiatives that shift services from hospital to people's homes and communities making it easier for people to access the care they need, stay well and keep their independence.

Led by the Regional Partnership Board, the west Wales programme is the latest to receive funding from the Welsh Government's £100m Transformation Fund. The Fund has been created to support key actions from the Welsh Government's long term plan for health and social care, *A Healthier Wales*.

Pharmacy Walk-in Centres

A number of community pharmacies across Carmarthenshire, Ceredigion and Pembrokeshire became known as Pharmacy Walk-in Centres on 1 March 2019.

As a minimum, the centres will provide the common ailments service, which allows the pharmacist to provide treatments to patients for a range of conditions from hay fever to head lice and eye infections to back pain. This service is provided by 93 community pharmacies in the Hywel Dda area.

Centres will also offer emergency hormonal contraception, emergency supply of medication, smoking cessation, patient sharps return service, flu vaccinations, and medicine reviews.

To see where your nearest Pharmacy Walk-in Centre is visit

www.hywelddahb.wales.nhs.uk/communitypharmacy

Our award winning staff and services

Our staff are what make our NHS and we are really proud of the achievements they have made this year. Later in the report (see page xx) there is a wealth of information about our staff, but here we celebrate just some of the awards won during 2018/19 by individuals and teams.

RCN Wales Nurse of the Year 2018 – Eve Lightfoot

Eve Lightfoot, district nursing sister, was given the highest accolade at the RCN Wales Nurse of the Year Awards 2018, RCN Wales Nurse of the Year. She was also the winner of the Community Nursing Award category.

Eve said she became increasingly concerned there was no education for staff about sepsis or the early recognition of deterioration in patients in the community.

She began to raise awareness of the issue, started a research internship and undertook a research project. Her work is now leading to sustainable change not just locally but also on a national level.

She wrote a teaching package as part of her study, incorporating patient stories. She delivered this to over 100 community nurses with the aim of empowering them to make appropriate decisions.

As a result of her work, a Community Situation, Background, Assessment Recommendation (SBAR) template and National Early Warning Score (NEWS) are being introduced into GP admission criteria.

In addition, an out-of-hospital rapid response to acute illness learning group has been set up in Hywel Dda and the education programme on sepsis recognition is being provided to care homes.

Nursing stars shine at RCN Wales Nurse of the Year 2018 awards

For her work focusing on diminishing the effects of long term illnesses and preventing complications, Claire Hurlin, strategic head of community and chronic conditions management, was named joint winner of the Improving Individual and Population Health Award.

An experienced community and palliative care nurse, Rachel Griffiths, advanced nurse practitioner, was awarded the Older People's Commissioner for Wales Award for her role in supporting the Amman Gwendraeth cluster with a focus on frail elderly patients in care homes.

Congratulations also go to Emma Booth, core midwife, runner up for the Mentorship Award; Janet Edmunds, lead nurse looked after children, runner up for Safeguarding Award; and Ginny Chappell, primary care advanced nurse practitioner runner up for the Primary Care Nurse Award.

To find out more about their fantastic work please visit:

www.rcn.org.uk/wales/getinvolved/awards/award-winners-2018

Queen's Birthday Honours 2018

Dr Gareth Collier, was appointed MBE for services to lung cancer treatment in Wales in the Queen's birthday honours 2018. Dr Collier, consultant respiratory physician at Glangwili, Prince Philip and Withybush hospitals, has worked in Hywel Dda since 2008 and has collaborated with colleagues to improve cancer services.

Queen's New Years Honour's List 2019

Jennifer Ladd, a former Emergency Nurse Practitioner at Cardigan's Minor Injuries Unit, and Mike

Ponton, a former Independent Member were both recognised in the Queen's New Years Honours List 2019. Jennifer is the recipient of the British Empire Medal (BEM) for services to Ceredigion and Hywel Dda, while Mike becomes a Member of the Most Excellent Order of the British Empire (MBE) for services to healthcare.

MediWales Innovation Awards 2018

The Health Board received two awards at the Medi Wales Innovation Awards. Our achievements were recognised in the NHS Collaboration with Industry Award Category for our Pulmonary Rehabilitation Team, who have developed the Virtual Pulmonary Rehabilitation (VIPAR) service to connect standard lung rehabilitation services to local village halls and community independent living centres via video conferencing.

The second award, Research Excellence in NHS Wales was won by our Research and Development Team who developed the LungCAST study, which has the largest cohort in the world looking at the immediate and long-term impact of continued smoking and quitting of patients after a lung cancer diagnosis on survival, quality of life and treatment complications.

Royal College of Psychiatry (RCPsych) award

The Health Board received a Royal College of Psychiatry (RCPsych) award for its dedication to improve adult mental health services in mid and west Wales. The RCPsych Awards mark the highest level of achievement in psychiatry and recognise the work being carried out by teams working in mental health care.

The project team were awarded the 'Team of the Year: Outstanding Commitment to Sustainable Service Development' award, for the Transforming Mental Health Services 'Journey to Recovery' project.

National success for Research team at the Support and Delivery Service Research Impact Awards 2019

The Hywel Dda team were joint winners of the public award at the Health and Care Research Wales Research Impact Awards 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.

National award for Hywel Dda Midwife

Amman Valley Hospital based Midwife, Emma Thomas has been named as Emma's Diary Mums' Midwife of the Year 2019 for the Wales region.

Emma was described by nominating mum Emma Rees as being "one in a million" providing the perfect combination of compassion, professionalism, knowledge and support to her during her complicated pregnancy that resulted in the birth of twins.

NHS Wales Award success for Hywel Dda

A project on "Developing a virtual pulmonary rehabilitation (VIPAR) service model to improve health and wellbeing and reduce health inequalities" won the Improving Health And Wellbeing and Reducing Inequalities award, supported by Welsh Local Government Association, at the NHS Wales Awards 2018.

Involving local people, partners and communities

Hywel Dda's Big NHS Change

We undertook a period of public consultation during the summer of 2018 for 12 weeks. During this time there was an unprecedented level of activity, including 17 public drop-in events reaching over 1,400 people, 44 staff events involving over 1,100 staff members and 77 meetings with community groups with over 1,300 attendees. In addition to this there were 17 independently run public and 7 staff workshops, reaching 261 and 43 people respectively. Our activity was successful in generating a very positive response rate, with 5,395 formal consultation responses and 17 easy read versions.

We wanted to give people every opportunity to get involved and share their views so we used a range of methods to ensure as wide an audience as possible could contribute. This included face to face meetings, using existing groups, poster campaigns, advertising, print and broadcast media and an unprecedented level of digital communication. We committed to meeting people where they felt most comfortable, a mix of existing groups and meetings were attended and also specific activities were organised in public and community venues.

We focused significant resource around seldom heard groups, working on the principle that if services take into account the needs of the most vulnerable, they are of a better standard for all.

To support the consultation and reach as many as possible, we developed a wide range of materials for multiple platforms, including:

- A formal consultation document and questionnaire in Welsh and English
- Alternative versions in easy read, large print, braille and an audio version
- A summary version in the form of a short animation, which was also available in alternative formats, including British Sign Language (BSL), audio and Polish.

The animated version was particularly beneficial for our online audience, people with low literacy and younger people. We used the animation on our dedicated TCS website and Health Board social media channels, but also with non-digital audiences at events, on screens in health settings and in smaller groups.

We committed to listening and reviewing our approach based on what we heard throughout the consultation and so adapted our activity or expanded where necessary to ensure that all views were being heard.

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 over 1,000 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 and Hywel Dda Community Health Council developed the Framework for Continuous Engagement and Consultation and this was agreed by the Board in January 2019. This is a significant and positive commitment to continuous engagement in the future. This approach is underpinned by an ethos of openness, honesty, clear communication, a commitment to equality and diversity, and the Welsh language.

Our strategic partnerships

Our ambition is to become a population health organisation, and key to this is our role in key strategic partnerships and collaborations with both public service organisations, stakeholders, staff, patients and the public. There are a number of key strategic partnerships which drive joint

working and integration of services and the Health Board is an active partner in these. They include:

- **Public Services Boards (PSBs)** were established in Carmarthenshire, Ceredigion and Pembrokeshire as part of the Well-being of Future Generations (Wales) Act 2015 with the aim of sustainably improving economic, cultural, social and environmental well-being for local people. Having published an assessment of local well-being in May 2017, each PSB has been developing a Well-being Plan to set out the key priorities for joint collaborative working.
- **The University Partnership Board** comprises membership from the Health Board, Aberystwyth and Swansea Universities and the University of Wales Trinity St David. Our three year agreement aims to improve the health and well-being of local people by working together and pooling resources and ideas in areas of mutual benefit to achieve the highest possible standards of care, innovation, education and training.
- **The Mid Wales Healthcare Collaborative** was formed to implement the 12 recommendations of the Mid Wales Healthcare Study and to deliver high quality and sustainable services for people in mid Wales. It comprises membership from the 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 'The population of Mid Wales is provided with equitable access to high level, safe, sustainable, bilingual and high quality integrated health and care services'.
- Established by the **Mid Wales Healthcare Collaborative, Rural Health and Care Wales** (previously the 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.
- **The West Wales Regional Partnership Board (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. It published the first West Wales Population Needs Assessment and partners have been working together to develop an area plan for west Wales, setting out how health and social services will be delivered to meet the needs identified.
- The **NHS Wales Health Collaborative**, hosted by Public Health Wales, 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.
- **A Regional Collaboration for Health (ARCH)** is 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 between us, Abertawe Bro Morgannwg University Health Board and Swansea University covering six local authority areas and working with social care, voluntary and other public bodies. It aims to improve healthcare through research, innovation and skills across the region.

- **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 Abertawe Bro Morgannwg 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 in the short and medium terms.
- **Hywel Dda Community Health Council** – the Health Board, through our Executive team, contributes to the Community Health Council 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.

The total income for Hywel Dda Health Charities in 2018/19 was **£1,455,012**.

Insert graph when accounts are complete

Hywel Dda Health Charities is a grant-making body, providing grants to support and enhance the services provided by Hywel Dda University Health Board. During 2018/19 Hywel Dda Health Charities' expenditure on charitable activities was **£1,049,586**.

Insert graph when accounts are complete

Full details of the charity's activities during 2018/19 will be available in the Hywel Dda Health Charities Annual Report and Accounts for 2018/19, following audit during autumn 2019. The report will be published at www.hywelddahealthcharities.org.uk/publications.

Equality, diversity and human rights

During 2018/19, 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 remains one of our main priorities and 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 achieved "good practice" in the Consultation Institute's quality assurance process in relation to our formal consultation "*Hywel Dda's Big NHS Change*". This involved engagement with 45 groups representing protected characteristics, in addition to a range of individuals across protected groups attending public events and completing the associated survey.

We have refreshed our Induction session delivered to all new staff to encourage a pro-active and collaborative approach towards creating an inclusive environment and delivering equitable services now and in the future.

Our Annual Report for 2018/19 provides examples of work towards meeting our equality objectives: <http://www.wales.nhs.uk/sitesplus/862/page/61233/>

Looking to the future, we have established a collaborative multi-agency approach to engaging on the review of our Strategic Objectives 2020-2024.

Research and Development

The Research and Development (R&D) department has been involved with many changes during 2018-2019, both within the department itself and nationally. Some Key highlights are detailed below.

Research Delivery Team

The Research Delivery teams (Research Nurses, Research Officers and Research Assistants) have lost some staff but this has created new opportunities for different bands of research staff to develop in their roles, and has provided a more diverse skill mix. The key highlights in 2018-19 include:

- Exceeding Health and Care Research Wales (HCRW), Welsh Government's annual target for the number of Clinical Research Portfolio studies opened.
- Being jointly awarded the HCRW Public Award for outstanding recruitment of patients into some national research studies.
- Being recognised as the best Health Board in Wales for recruiting patients into stroke research studies.
- Various Research Nurses have been involved in teaching nursing degree students at the University of Wales Trinity Saint David, Carmarthen.

Research Management

Nationally, research management is going through a number of important changes which Hywel Dda is actively involved in developing. The key changes include:

- Implementation of a new national R&D information system to facilitate the management of research studies.
- Development of a new national clinical research approvals process through the Health Research Authority and HCRW.
- The need to demonstrate compliance with the All Wales NHS R&D Finance Policy, including enhanced 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) Administrator joined Hywel Dda in June 2018 and is helping to develop research projects linking the Health Board and Universities.
- The Grants and Innovation Manager helps staff to develop their research skills and facilitates external research grant applications.
- A new Researcher Development Support Manager post is planned from April 2019 to assist staff in the development of their own research projects.
- With support from the Bevan Commission, the Hwyl Innovation Hub was launched in July 2018 and is designed to foster a culture of innovation within Hywel Dda UHB.

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

The Health Board's organisational values and behaviours have now been in place for over two years. The values were developed to support the organisational mission and vision. The 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.

Michael West, Professor of Work and Organisational Psychology, describes three main influences that build an organisational culture

- the founding values of the organisation
- the early experiences and thereby acquired values, norms and behaviours of those joining the organisation
- the behaviour of its leaders

These influences are where the Organisational Development (OD) team have been concentrating efforts in developing a culture that is compassionate and aligned to the values. West also describes the benefits that compassionate leadership can offer "where leaders model a commitment to high-quality and compassionate care, this has a profound effect on:

- Clinical effectiveness
- Patient safety
- Patient experience
- The efficiency with which resources are used
- The health, wellbeing and engagement of staff

The OD team, who lead on the cultural change and embedding values, have delivered 30 bespoke values sessions across acute and community sites over the last year. These sessions are designed to outline the values and bring to the attention of all participants the explicit framework of behaviours. The session also conveys the need for psychological safety and that staff experience is vital for the organisation to progress and develop into an 'Employer of Choice'.

Leadership Programmes

The behaviour of leaders is integral to the embedment of the values. The leaders in the Health Board should not only be ensuring that all team members are behaving to expectations but should be role models within the organisation. It has been recognised that there are some inconsistencies within the

leadership and to bring some uniformity there has been a thorough review of leadership programmes which are now aligned with NHS Wales's leadership competencies.

The need for further skills regarding effective appropriate leadership styles have led to the 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 Hywel Dda.

NHS Wales Staff Survey

The results of the 2018 NHS Wales staff survey continue to show positive improvements since the 2016 survey, and the organisation is above the overall NHS Wales scores on many questions. Many of the improvements this time round are significant.

Of the 59 comparable questions (1 of which was a comments question), the Health Board saw an improvement in 49, of which 31 were on or above the NHS Wales average. The remaining questions saw one result the same as the 2016 survey and 18 below – although most of these were less than 5 points below.

- 79% of staff agree or strongly agree that the organisation has a clear set of values that they understand. This may demonstrate the work being completed in embedding the values in all that the organisation does.
- 67% of respondents would recommend the Health Board as a place to work, +4% on 2016 and +1% on Wales average.
- There was also a 7% increase in staff claiming they were proud to say they worked for the Health Board from the previous survey and this was in line with NHS Wales's average.
- All scores in the questions around line management have improved since 2016, some drastically with 10% increases in staff claiming they can talk openly around flexible working (from 67% to 77%).
- A 12% increase in respondents said that their line managers provide clear feedback on their work (up from 54% to 66%).
- There was +8% increase in responses saying their managers showed genuine care and concern for employees and +10% increase in staff claiming that their line managers demonstrated a positive approach to work and led by example.
- The Health Board saw an impressive increase in the Engagement Index Score which rose to 3.85 from 3.68 in 2016, this was above the national average of 3.65. These scores highlight the positive progress that the organisation is achieving in employee engagement and effective, compassionate leadership.

Long Service Awards

The Health Board organised two events in 2018 to celebrate colleagues who had achieved 40+ years of dedicated service in the NHS. The events were held in Glangwili Hospital and comprised of thank you videos from the Health Board and from some fellow team mates for their commitment and service. Over 50 attendees were presented with a glass award and card from the Chair in recognition of their contribution to the Health Board and NHS Wales.

These events were only small tokens of appreciation that the organisation wanted to offer to inspirational colleagues who have spent the majority of their careers caring for patients.

Volunteering for Health

Volunteering for Health is the Health Board's volunteer service 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.

During this year we have continued to work with the MacMillan Cancer Information Service to recruit volunteers for this service within our hospitals and have been involved in the Green Health Initiative in Withybush Hospital.

Another exciting development has seen Volunteer Forums get up and running in Pembrokeshire and Carmarthenshire with Ceredigion in the pipeline. This enables volunteers to meet other volunteers and feed their views, concerns and ideas into the Health Board.

During this year some of our volunteers have been successful getting places in university to study medicine, nursing or other disciplines. We had 80 new volunteers who started volunteering with us during this year.

Of those volunteers who left us

- 4 entered university to study medicine
- 13 entered university to study nursing
- 1 volunteers were employed by the Hywel Dda University Health Board
- 14 volunteers moved onto other employment

Investing In Our Estates and Services

The Health Board's 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 the Health Board's Transforming Clinical Service themes.

Short/Medium/Long Term Business Continuity needs (Business Continuity & 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 relate to a focused in house maintenance approach where this is 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. Should the investment requirement be in excess of that possible from discretionary capital funding the work would 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 TCS and Major Infrastructure/Ward Refurbishment Plan referred to below.

Discretionary Capital Programme

The Health Board continued to invest in its estate and total capital investment in 2018/19 was £30.893 million.

Key investments from Welsh Government central funding in 2018/19 included:

- Completion of the work to refurbish existing Theatres together with the provision of a new Fire Evacuation Lift for Theatres/Intensive care Unit at Bronglais General Hospital (full capital value £5.32m).
- Commencement of the building of the new Cardigan Integrated Care Facility (£23.8m).
- Commencement of the refurbishment work to provide Aberaeron Integrated Care Centre facility (£3.0m)
- Commencement at Withybush General Hospital to refurbish Wards 9 & 10 (£3.5m)
- Commencement of the Women's & Children Phase 2 Project at Glangwili General Hospital (£25.3m)
- Commencement of the project to replace the MRI scanner at Bronglais General Hospital (£4.9m)
- Refurbishment of Fishguard Surgery (£0.646m)
- Investment in IT to improve a range of areas including Wi-Fi provision and cyber security projects (£1.8 million).

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

Carmarthenshire	
PPH Replacement Anaesthetic Machines	£139,276
PPH Replacement Ventilators	£201,077
PPH Replacement Ophthalmology Field Analyser	£34,172
GGH Ophthalmology Biometry Machine	£50,888
GGH Replacement Cardiac Scanners	£143,883
PPH Replacement Cardiac Scanner	£62,415
GGH Replacement Scopes	£67,852
Ceredigion	
BGH Replacement Breast Scanner	£36,171
North Road Clinic Ophthalmology IOL Biometry Machine	£50,888
BGH Replacement Central Patient Monitoring CMU	£119,898
Pembrokeshire	
WGH Replacement Breast Scanner	£36,171
WGH Ophthalmology IOL Biometry Machine	£50,888
WGH Replacement scopes	£38,996
WGH Replacement Washer Disinfectors	£291,217

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 IMTP and emerging 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 fund amounting to £40 million over the next three years to address the much needed investment in refurbishment, redevelopment and new build schemes across Wales.

Work has already 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 pipeline includes the following schemes:

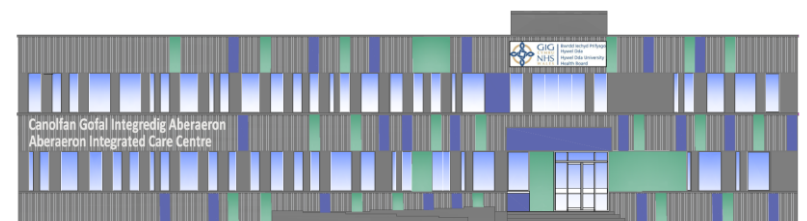
Cardigan Integrated Care Centre, Cardigan



Funding approved and work has commenced to provide a new integrated care centre, located in Cardigan, will provide 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 will be delivered by the Health Board, GP's, the third sector, local authority and partner organisations. The new facility will replace the existing Cardigan Hospital and Cardigan Health Centre and is due for completion in December 2019.

Aberaeron Integrated Care Centre – Refurbishment

Funding has been approved as part of the All Wales Pipeline for Primary and community care projects. Following the purchase of the Minaeron property from Ceredigion County Council in 2016/17, the refurbishment of this building has commenced to provide replacement community, social and primary care services in Aberaeron. The facility will replace Aberaeron Hospital and the GP surgery and is due for completion in August 2019.



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

This was approved as part of the All Wales Pipeline for primary and community care projects. The project has addressed immediate pressures around service sustainability and the merger of two GP practices. A two room extension is planned with minor refurbishment to the existing premises to accommodate the needs of the population served. Works were completed by early March 2019.

Cross Hands Integrated Care Centre – New Build

An outline business case is being developed 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 before December 2021.

Cylch Caron Integrated Resource Centre, Tregaron

The full business case is in progress. The project is a joint project between the Health Board and Ceredigion County Council, being managed by the Ceredigion Local Service Board. 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. Capital funding has been approved to develop Penlan and relocate services by 2020/21.

As part of the redevelopment of the Penlan site to improve service delivery for Community Services. Works have commenced on phase I of the project to address deficiencies in the external envelope of the building which is due to complete in December 2018. 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 initial phase of the condition review of our four acute facilities in order to produce a programme business case (PBC) for consideration by Welsh Government is now complete. Following discussion with Welsh Government a further piece of work is now underway to review the impact of the emerging Transforming Clinical Services Programme on this PBC.

Women and Children's, Phase 2, Glangwili Hospital, Carmarthen (£25.3m)

The full business case for this scheme was approved by Welsh Government in April 2018 and works are well underway on site with foundations, main frame, and floor structures nearing completion. Works to construct the new two storey office facility for relocation of the Information Technology Service are also well advanced. The first phase of this multi phased scheme is due to handover early 2021.

Withybush Hospital Wards 9 & 10

Having secured circa £2.5million works commenced in June 2018 on the scheme to refurbish Ward 10 to form a Specialist Palliative Care, Haematology and Oncology Ward comprising 18 inpatient beds and a Discharge Lounge.

To enable this work the scheme also includes the redevelopment of Ward 9 to allow the Ward 10 project to progress and to provide an additional 14 beds on Ward 9 thus creating a decant facility and capacity to mitigate future winter pressures.

Other planned / proposed projects include: -

- MRI Unit Bronglais;
- MRI Scanner at Withybush;
- Chemotherapy Day Unit at Bronglais;

Mental Health and Learning Disabilities (MHLD)

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 WG. It is expected that a Programme Business Case (PBC) will need to be developed 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

The business case for this scheme is currently under review following the Transforming Access to Medicines (TRAM's) review of delivery of Specialist Aseptics Services across Wales. A revised option appraisal process is currently underway to evaluate alternative options. The time line for business case submission and delivery of the revised scheme is to be established.

Other Discretionary capital projects

- External Fabric Repair, Penlan. Carmarthen.
- Installation of Additional Power and Medical Gas, Coronary Care Unit. Withybush Hospital.
- Minor Refurbishment Ward 3. Withybush (ongoing) Hospital.
- Provision of Patient Toilet, Coronary Care Unit. Withybush Hospital.
- Provision of Medicines Room, Coronary Care Unit. Withybush Hospital.
- Provision of Office Accommodation. Block 2, Prince Philip Hospital.
- Refurbishment at the Education Centre. Withybush Hospital.
- Refurbishment and Enabling Work, X-Ray Replacement. Glangwili Hospital.
- Refurbishment and Alterations, Iorwerth Ward. Bronglais Hospital
- Replacement of Endoscope Washers and Refurbishment – HSDU. Withybush Hospital.

Infrastructure/statutory projects

- Air Handling Unit Replacement. Bronglais and Withybush Hospitals.
- Cooling Unit Replacement. Bronglais and Withybush Hospitals.
- Female Toilets Refurbishment, Outpatient Department. Glangwili Hospital.
- Fire Code Improvement, Phase 1. Glangwili Hospital.
- Heating Pipe Replacement, Hafan Derwen
- Legionella Compliance Works. Withybush Hospital.

Charitable funded schemes

- Ty Bryngwyn Hospice, Llanelli

Health Board estate performance

Property performance

Key facts

Current backlog within the estate is £59 million

(high & significant backlog totals £39.9 million)

57% of our estate is over 35 years old

Average running cost for facilities management services is circa
£171/m² per annum

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.

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:

- Aberaeron Hospital – Linked to the development of the Minaeron site.
- Tregaron Hospital – Linked to the development of the Cylch Caron scheme.
- Cardigan Hospital & Health Centre – Linked to the new Cardigan development.
- Pond Street Clinic – Linked to the re-development of Penlan.
- Cross Hands Health Centre – Linked to the proposed Cross Hands Integrated Care Resource Centre

Acquisitions

Leasehold Acquisitions – 2018/19:

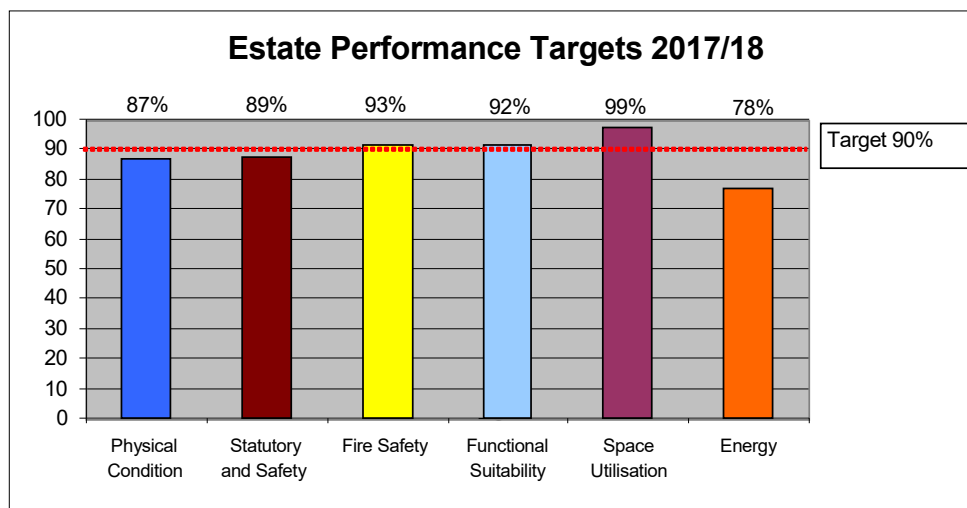
- Blk.14 St David's Park Carmarthen – Procured to accommodate the centralisation of the Finance Department.

Planned Leasehold Acquisitions – 2018/19:

- Blk.01 St David's Park, Carmarthen – to accommodate the Integrated Autism Service.

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, as noted in the table below:



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 £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

Operational Delivery

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 – decontamination, medical gases, heating, electrical, fire safety, asbestos etc;
- 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 that compliance and risk fundamental to estate management:

- Compliance with statutory requirements and standards for better health;
- Compliance with the Health Act 2006;
- Provision of a safe and appropriate patient environment;
- Reduce hospital acquired infection;
- 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.

Operational Facilities Management and Compliance

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 FM 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 - Catering

Food Hygiene Inspections ratings

All of the Health Board's main premises have been awarded the highest possible score rating of 5.

Pembrokeshire County Council is now 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. A Vegan menu was introduced in the last twelve months

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 2018- 2019 in excess of 4.75 million pieces were processed.

4.7 million within the Health Board;

0.25 million external NHS Health Boards (Renal Dialysis and Welsh Ambulance Services);

0.4 million Private Health Organisations;

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 / bulky items.

Health, safety and security

This Health, Safety and Security section provides assurances in respect of the work that has been undertaken by the department during the previous financial year. An action plan is in place and underway, primarily against the targets and aims set out in the Health and Safety and Emergency Planning Sub-Committee's Annual Work Plan.

Work Undertaken in 2018/19

The Annual Work Plan includes sections relating to specific specialties including the following:

- Health and Safety
- Security
- Violence and Aggression
- Moving and Handling

Review of Health and Safety Conditions within Community Premises

During 2018/19, 25 community premises received a health and safety inspection with findings reported back to Estates and local management teams. Actions plans are developed and are underway.

Review of COSHH compliance across the Health Board

The Health Board has implemented an Annual Work Plan, which:

- Produces the COSHH Policy and seek approval at Health and Safety & Emergency Planning Sub-Committee. This was achieved with the COSHH Policy approved by the Health and Safety & Emergency Planning Sub-Committee in May 2018;
- Undertake visits to assess whether COSHH risk assessments are in place for each department where high volumes of harmful substances are used;

Display Screen Equipment (DSE) E-Learning

The roll-out of mandatory DSE E-learning module has been completed. The next stage is for the team to liaise with Learning & Development to identify 'Users' for the module to be assigned to all identified display screen users.

Policies / Procedures

The following Health and Safety Policies/Procedures were written/reviewed during 2018/19:

- COSHH Policy & Procedure – approved May 2018
- Violence & Aggression Policy – approved May 2018
- First Aid at Work Procedure – approved May 2018
- New & Expectant Mothers Procedure – approved November 2018
- Lockdown Policy – approved January 2019
- Health and Safety Policy – approved March 2019

First Aid Training

A business case and options appraisal for the provision of Emergency First Aid at Work training within the Health Board was completed in August 2018, approved by the Health and Safety & Emergency Planning Sub-Committee in May 2018 and submitted to the Learning & Development to appoint the Health Board's First Aid trainer.

Security Management

Prevent strategy

In relation to the Government's strategy on Counter Terrorism the Health Board's Security and Case 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 during 2017 of which the Health Board is an active member.

Reporting internal concerns and potential formal referrals to the Local Authority managed Channel Panels have now been embedded within the Health Boards existing safeguarding arrangements and the Safeguarding Team has contributed to the Channel Panel meetings throughout 2018/19.

The Regional CONTEST Board also 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 2018/19, the Moving and 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. This has involved reducing the number of classroom updates with trainers spending one day per week in the workplace with the ward based assessors. This improved level of support has increased the number of workplace assessments being undertaken and in turn reduced the need for the projected number of classroom updates to be provided. There has also been feedback from clinical staff that the increased presence of the manual handling trainers in the ward environments have reduced the incidence of poor manual handling practices that were previously being reported and has also significantly reduced the loss of hours that staff are away from the clinical area to attend classroom training.

The Annual Work plan included a target to achieve 85% compliance in both level 1 and level 2 manual handling training and to provide classroom manual handling training to staff groups who do not have access to a workplace assessor. At the start of 2018, level 2 manual handling training compliance stood at 36%. This figure has risen each month until March 2019 where it has now reached 47%. There have been a number of reasons for not meeting the planned target, most significantly the number of agency staff working in clinical areas which has made carrying out workplace assessments with substantive staff more challenging than anticipated; a vacancy and long-term sickness within the team has also compounded the situation. The Moving and Handling 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 2019/20 identifies the areas to be targeted to improve compliance to achieve the 85% compliance in both level 1 and level 2.

Emergency preparedness

The Health Board has a well-established major incident plan that is reviewed and ratified by the Board on an annual basis. The plan meets the requirements of all relevant guidance and has been consulted upon by partner agencies and assurance reviewed by the Welsh Government's Health Resilience Branch. Together with our other associated emergency plans, it details 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 health 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 are also represented on the multi-agency Dyfed Powys Local Resilience Forum (LRF) and work as a core partner to train and exercise staff to ensure preparedness for emergency situations.

During 2018/2019, key achievements include:

- Brexit – planning for a potential no-deal scenario, risk assessing potential impact to service delivery and business continuity across the Health Board. Engagement in local, regional and national work streams at strategic, tactical and operational levels to develop, and test, appropriate contingencies to prevent potential disruption.
- Review of our major incident response arrangements, referencing the updated Mass Casualty Incident Arrangements for NHS Wales;
- Delivery of bespoke major Incident training package to silver/tactical level for hospital managers with responsibility for running a hospital co-ordination centre;
- Continued significant progress on business continuity planning development and review across the Health Board;
- Planning for, and delivering, as part of the All Wales NHS Training Group:
 - Health Prepared Wales 2018 symposium focused on health resilience at mass gatherings and preparedness for the unexpected. A number of high profile key note speeches enabled delegates to consider the complex nature of the risks associated with mass gathering events and the impact on NHS and multi-agency response.
 - Further development and facilitation of trained Medical Emergency Response Incident Team (MERIT) capability. We currently have 41 trained MERIT Nurses with another 8 scheduled to participate this year.

PERFORMANCE REPORT TITLE PAGE FOR DESIGN

Key facts for 2018/19

Members of staff



Employed by the Health Board
on 31st March 2018*

Operations



Performed at our hospitals

Mental health



Outpatient attendances

Emergency attendances



At our accident & emergency
departments / minor injury units

Day cases



Patients treated at
one of our hospitals

Therapies



Outpatient attendances*

Emergency admissions



Patients admitted to one of our
hospital for emergency care

Outpatients



Attendances (new or follow up)
at one of our clinics

Radiology



Total referrals

Ambulances



Patients arrived by ambulance

Did not attend



Patients did not attend their
outpatient appointment

GP Managed Practices



as at 31st March 2019

* includes new and follow-up appointments for Dietetics, Occupational Therapy, Physiotherapy, Podiatry and Speech & Language Therapy

Chapter 2: Our performance report

Performance overview

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 [Interim Annual Plan 2018/19](#) was unable to evidence financial balance and should therefore be considered as strategic direction for the Health Board and as an interim position only. Further work has continued locally and with Welsh Government to bridge the financial gap through our Turnaround programme and Transforming Clinical Services (TCS) programme to ensure sustainable high quality services. This work is core to our [Interim Annual Plan 2019/20](#).

Our plan for 2018/19 represented a staging post on our 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. Our strategic objectives, as set out in our Integrated Medium Term Plan (IMTP) 2016/17 remained the same because the need assessments upon which they were based have not changed.

We also remained committed to our mission - the difference we intend to make as an organisation in the delivery of services:

- 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.

These 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.

During 2018/19, we concentrated on three key areas - pursuing in-year improvements in waiting times for treatment experienced by our residents, turning around our financial position through a comprehensive Turnaround programme, and looking forward, securing clinical services in the medium to longer term that are safe, sustainable, accessible and kind through our TCS Programme, leading to the [A Healthier Mid and West Wales Programme](#) endorsed by our Board in March 2019. 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.

Too many people still wait too long for treatment but the numbers have fallen. We have met the majority of our 2018/19 [Interim Annual Plan](#) targets across all key indicators and, with the benefit of additional funding for elective treatment times, we achieved our target having no patient waiting over 36 weeks for treatment and no one waiting over 8 weeks for access to diagnostics.

All of this improved performance is down to the sheer hard work of our fantastic staff whose dedication is something for which we continue to be hugely grateful.

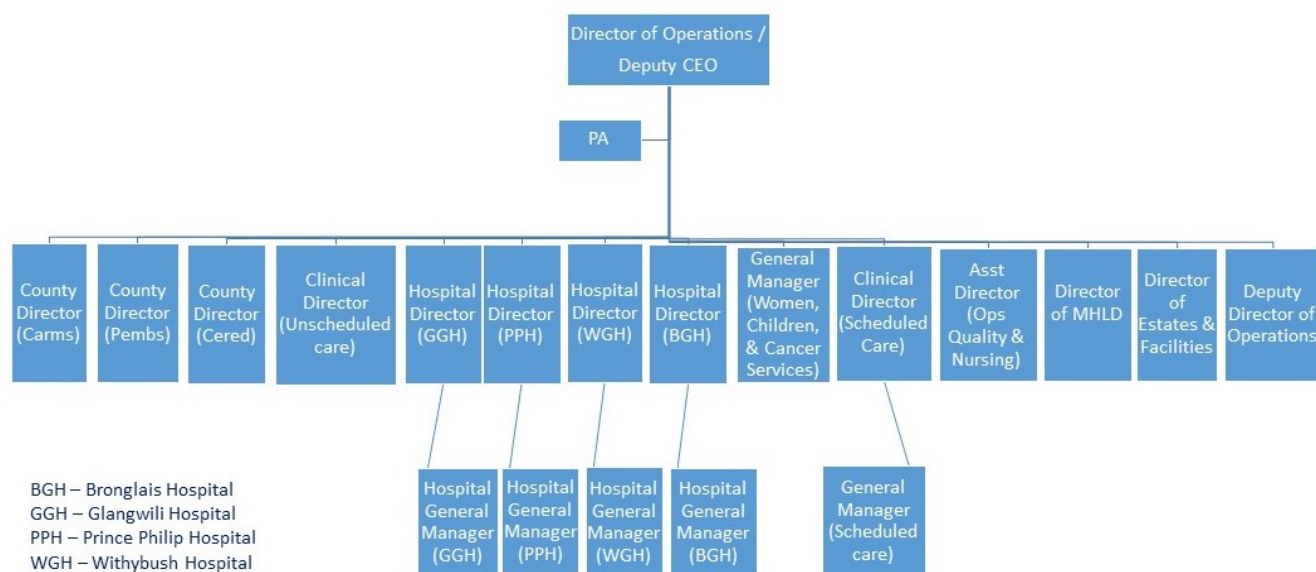
Our focus during 2018/19 has been to work jointly with our staff, service users, carers and other key stakeholders, ensuring a process of continuous engagement, appropriate consultation and monitoring. We aim to ensure that no-one is disadvantaged when accessing our services or in our employment and 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.

Every year, we produce a suite of annual reporting documentation that describes 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. Our Annual Report provides information about our performance, what we have achieved in 2018/19 and how we will improve next year.

Our priorities are shaped by our [Interim Annual Plan](#) which sets out our objectives and plans until 2019. You can read this and find out more about us at www.hywelddaHealth Board.wales.nhs.uk.

How we operate our business

The diagram below illustrates the structure of our operational directorate and the leadership team for operational services in the University Health Board as at May 2019. Our aim being to have in place an organisational structure that is clinically led. Whilst some of these roles are hospital based, we have worked hard to ensure we continue to work as one health board and across hospital services wherever this is best for our patients.



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 page XX).

Capacity to handle risk

We acknowledge that delivery of healthcare services carries inherent risk which, if not properly managed, can impact on our key performance indicators (KPIs), resulting in a lesser service for patients.

More information on our risk management is available in our Annual Governance Statement within the Accountability Report ([see page xxxx](#)).



The Board assurance framework (<http://tiny.cc/cm2q6y>) is the key source of evidence that links strategic objectives ([see page X](#)) to risks and assurances, and is the main tool that the Board should use in discharging its overall responsibility for internal control. It sets out the strategic objectives, identifies risks in relation to each strategic objective and maps out both the key controls that should be in place to manage those objectives and confirm the Board has gained sufficient assurance about the effectiveness of these controls. We have also produced a legislative assurance framework to ensure we comply with the relevant legal obligations, as described in the Annual Governance Statement ([see page XX](#)).

Performance summary

The NHS Wales Delivery Framework contributes towards the goals of the Public Health Outcomes Framework for Wales and aims to ensure that 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](#). The table below demonstrates that 2018/19 performance overall has improved with six of the seven domains demonstrating an upward trend. Of the 66 measures, the Health Board has improved performance in 38 measures.

↑ 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	2 measures	0 measures	1 measures	↑
Safe care I am protected from harm & protect myself from harm	9 measures	0 measures	7 measures	↑
Dignified care I am treated with dignity & respect & treat others the same	2 measures	0 measures	1 measures	↑
Effective care I receive the right care & support as locally as possible & I contribute to making that care successful	5 measures	0 measures	2 measures	↑
Timely care I have timely access to services based on clinical need & am actively involved in decisions about my care	9 measures	0 measures	12 measures	↓
Individual care I am treated as an individual, with my own needs & responsibilities	3 measures	0 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	8 measures	0 measures	3 measures	
Summary	38 measures	0 measures	28 measures	

Many improvements were made in 2018/19 but there is still a lot we want to do to further enhance services and conditions for our patients and staff. The 'Performance analysis' section below describes where our efforts will be focused in the coming year. Three key areas for us in 2019/20 will be:

- Reducing the number of patients waiting over 12 hours in our Accident and Emergency departments / Minor Injury Units;
- Reducing the number of patients waiting too long for a follow-up outpatient appointment;
- Reducing health care acquired infections.

Our delivery against finance and workforce plans

The Health Board ended the 2018/19 financial year with a deficit of £35.44m (2017/18 – deficit £69.43m). This is marginally ahead of the forecast agreed with Welsh Government at the beginning of the financial year. The savings delivery in year was £26.6 million which exceeds that delivered in 2016-17 (£25.1 million).

For 2018/19 it was agreed with Welsh Government that as a three year Integrated Medium Term Plan (IMTP) was unlikely to be approved given the financial challenges, the Health Board consider developing an annual plan instead. Our Annual Plan was presented to the Board in March 2018 setting out a forecast year-end deficit of £62.55m. During the year Welsh Government awarded the Health Board additional recurring funding of £27 million because of the unique set of challenges it faces in relation to its demography and scale that contribute to the continuing financial position resulting in a revised forecast year-end deficit of £32.55m. The savings required to deliver this forecast was £30.7m. This level of savings was much higher than we have delivered in recent years. During the year the turnaround programme strengthened the internal processes with fortnightly holding to account meetings with directorates, 60-day cycle meetings to identify new areas of efficiencies and a new escalation process with the Chief Executive for directorates that failed to deliver.

The Annual Accounts for 2018/19 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 2015/16 to 2017/18 or 2016/17 to 2018/19.

Successes were also seen in non-pay where increased standardisation of medical and surgical consumables mainly in Theatres resulted in reduced costs. In non-clinical areas energy performance schemes continued to show benefits however in year increases in utility tariffs offset the benefits. Medicines management savings also delivered in the areas being targeted.

The work undertaken by directorates and supported via Turnaround resulted in £26.6m of savings delivery. However, cost pressures were noticeable in 'no cheaper stock obtainable' primary care drugs, surge capacity in unscheduled care, care packages in continuing health care and the outsourcing of aseptic services as a result of the closure of the Health Board's own facilities.

Capital spend totalled £30.9m during the year. The main projects related to the Cardigan Integrated Care Centre and Women and Children Phase II Scheme, Glangwili, this represented almost a third of the in-year total. Other areas of significance included almost £3.4m on information technology and £3.0m on medical equipment.

Looking ahead into 2019/20 the Health Board has again prepared an Annual Plan. The plan was agreed by the Board in March 2019 and sets out a forecast deficit of £29.8m. This is dependent on achieving £24m of savings gross. Subsequent to the Board approving the Annual Plan, Welsh Government provided the Health Board with a Control Total of £25m. The implications of the Control Total are that the savings requirement is increased to £28.8m.

The Turnaround programme will build on the approach and methodology adopted in 2018/19 to drive the overall delivery savings across the organisation. This will focus around the established three elements - the corporate plans; holding to account and 60 day cycles. The 60 day cycle will include 10 Executive Director led delivery programmes.

Performance analysis

Staying Healthy

I am well informed and supported to manage my own physical and mental health

Indicator	Annual Report Trend Target	Latest Data period	Actual performance	Trend	National Target	National Target attained
% of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)	Annual improvement	2018	23.20%	↑	Annual improvement	✓
Childhood vaccination - 2 doses of the MMR vaccine by age 5	4 quarter improvement trend	Oct to Dec 2018	91.0%	↑	95%	✗
% children 10 days old accessed by a health visitor as part of the Healthy Child Wales Programme	4 quarter improvement trend	Oct to Dec 2018	91.1%	↓	4 quarter improvement trend	✗

Smoking in pregnancy

Performance trend has improved during 2018/19 and the target has been met due to:

- Refresher Carbon Monoxide (CO) monitor training, brief advice and Making Every Contact Count training provided to all Midwives;
- Opt out referral pathways have been introduced to ensure that all pregnant women, regardless of smoking status, are CO validated at the first antenatal appointment. All women with a CO reading above 4 parts per million (ppm) are referred to the Hywel Dda Hospital Smoking Cessation Service.

For 2019/20 improvements will be made to the pace of change and greater ownership of the behaviour change agenda within clinical teams, data collection in Myrddin as part of National Improvement Programme and Specialist Smoking Cessation Advisor for Maternity Services to target women in some of the harder to reach population groups.

Childhood vaccinations

Overall uptake of childhood immunisations remained stable in 2018 and the performance trend improved. Uptake of 6 in 1 vaccine by age 1 has increased in Carmarthenshire Local Authority (LA) to greater than 95% target for the first time in the past year, and uptake of 2 doses of MMR has increased in all 3 LAs to between 90-95%. This is partly due to improvements in data quality, and ongoing data cleansing. Scrutiny and analysis of data locally has also led to a better understanding of fluctuations in uptake at a very local level, and initiatives have been targeted to meet areas of need including bespoke immunisation clinics for MMR. This is intensive in both time and resource, but has been well received by families who have found these sessions more accessible. Results from the pilot will be audited fully, before a decision is reached whether to 'roll-out' this programme Health Board wide. The pressure to increase uptake of the Influenza

vaccine each year can detract from a focus on childhood immunisations. A robust Childhood Immunisation Delivery Plan, similar to that produced for 'Flu' each year, may resolve some of this issue by facilitating a focused and targeted approach to Childhood Immunisations and Vaccinations. The aim for 2019/20 is to see continued improvements in uptake of childhood immunisations, to meet Welsh Government target, and to improve public health and wellbeing. The uptake in vaccination measures will improve, to protect and prevent infection and support children to have a healthy start to life.

Healthy Child Wales Programme

The Health Visiting team have strived to meet the 10-14 day visit and the service developed a skill mix model of working. The percentage compliance has improved since June 2017 where the compliance was reported at 62% and during the last 4 quarters, compliance has been over 90% and narrowly missed the 4 quarter improvement target. However, the data that is currently reported is not robust. Staff shortages have meant a reduction on what can be undertaken. However, a skill mix model of working is being developed, and more Band 5s are being recruited to support the Health Visitors within the service. These Band 5s will be given the opportunity to train as Specialist Community Public Health Nurses (SCPHN) and qualify as Health Visitors. During 2019/20, a better reporting system will be developed for key contacts for Health Visiting that is uniform across Wales to aid comparisons.

Influenza vaccination

More influenza vaccinations were given in the Health Board than ever before (n=111,615). Uptake in children, where the evidence for direct and indirect protection is strong and vaccine efficacy is highest, was encouraging; uptake in children aged 2-3 years increased by 1.5% to 44.6% with 19 GP practices exceeding 50% (including 4 of the 5 Health Board managed practices). This was achieved through targeted communications using the 'Superprotector' brand, regular monitoring of progress and sharing of data, letters to parents and engagement with pre-school settings via the Healthy Pre-Schools scheme. Uptake in school-aged children (Reception class to year 6) reached 73.8%, the second highest in Wales. This was achieved, with two extra year groups added to the eligible cohort this year, through repeated recall of parents to obtain written or verbal consents. A total of 6,990 vaccinations were given in community pharmacies, an increase of 36% on the previous season. This was achieved through provision of training for pharmacists, peer support visits, bespoke brief intervention materials for counter staff, and collaborative working with GP practices.

Large increases in patients eligible for the >65 years old cohort (5.5%, n=5,100) and <65 years old at risk (16.3%, n=7,348) compared to the previous season presented a challenge in terms of maintaining percentage uptake. Limitations around access and delivery of new types of vaccine at the start of the season hampered planned initiatives for these cohorts. Uptake in Health Board staff as reported to Public Health Wales was lower than in the previous season although more vaccinations were given. This was due to Hywel Dda being one of the first Health Boards to adopt a new method of calculating uptake through the Electronic Staff Record (ESR) system.

The campaign in 2019/20 seeks to engage settings, geographical communities and communities of interest in the shared ambition of a flu-free Hywel Dda. Building on the 'Superprotectors' brand, flu-free Hywel Dda seeks to promote vaccination as a strength and an asset that protects the community. Increasing uptake in children, under 65s at risk and Health Board staff will be priorities in line with the Chief Medical Officer's recommendations. For children, the Health Board will build on what has worked this year and explore alternative settings for vaccinating 2-3 year-olds. For <65 year olds at risk we will seek to expand access to vaccination through specialist nurse practitioner clinics. For Health Board staff we will seek engagement with senior and middle management to further embed influenza vaccination as a cultural norm.

Smoking

The [Welsh Government's Tobacco Control Delivery Plan \(2017\)](#) sets out key recommendations for Health Board to reduce smoking prevalence among adults, young people and pregnant women. These recommendations continue to be implemented within Hywel Dda Health Board and include a reduction in exposure to second-hand smoke, increased support for those wanting to quit smoking through the provision of smoking cessation services in secondary care and community settings, and action to help prevent the uptake of smoking amongst young people. The performance trend for both adults attempting to quit and those validated as quit after 4 weeks has improved during 2018/19. Insight research was commissioned to understand the barriers to behaviour change for smoking cessation services by pregnant women to improve the uptake. The findings of this study will be implemented in 2019/20.

During 2019/20, the aim is to reduce smoking prevalence in the population through raising awareness of the long-term harm associated with smoking and increase the number of people accessing smoking cessation support to meet the Welsh Government Targets. We will:

- Continue to commission the secondary care smoking cessation service;
- Continue to commission the pharmacy level 3 smoking cessation service;
- Continue to work with partners across the Health Board to ensure smoking cessation (and tobacco control) actions are included in all Together for Health Delivery Plans;
- Continue to develop an early years smoking cessation service to ensure full implementation of NICE Guidance including CO monitoring, Brief Intervention training, raising awareness of local referral pathways and service evaluation/audit;
- Continue to work with partners in the statutory and non-statutory sectors to reduce inequalities through targeting specific service user groups (mental health, limiting conditions) and communities (most deprived fifths) where smoking prevalence remain high.

Safe Care

I am protected from harm and I protect myself from harm.

Self harm, mortality, patient safety and incidents

Indicator	Annual Report Trend Target	Latest Data period	Actual performance	Trend	National Target	National Target attained
Number of hosp admissions with any mention of self harm for child/young people per 1,000 pop	Annual reduction	2018	3.13	↑	Annual reduction	✓
Number of potentially preventable hospital acquired thrombosis	4 quarter reduction trend	Q3 2018/19	8	↓	4 quarter reduction trend	✗
Number Patient Safety Solutions Wales Alerts & Notices not assured within the agreed timescales	4 quarter reduction trend	Q3 2018/19	1	↓	0	✗
Of the Serious incidents due for assurance, the % which were assured within the agreed timescales	12 month reduction trend	Mar-19	31.3%	↓	90%	✗
Number of new Never Events	12 month reduction trend	Mar-19	0	↑	0	✓
Number of grade 3, 4 & unstageable healthcare acquired pressure ulcers reported as SIs	12 month reduction trend	Mar-19	6	↑	12 month reduction trend	✓
Number of administration, dispensing & prescribing medication errors reported as SIs	12 month reduction trend	Mar-19	1	↓	12 month reduction trend	✗
Number of patient falls reported as SIs	12 month reduction trend	Mar-19	3	↑	12 month reduction trend	✓

Self harm admissions

The target was met to reduce admissions resulting from self harm in children and young people. The Choice and Partnership Service Model for Specialist Children and Adolescent Mental Health Services (SCAMHS) is fully implemented and embedded within the service. This ensures that there is a collaborative approach in meeting children and young peoples' presenting mental health needs with the involvement of significant others and in a timely manner. For routine referrals there is a 28-day window from acceptance of referral to assessment. Urgent referrals are assessed within 48 hour as per Welsh Government requirements. Out of SCAMHS working hours, there are links with Adult Mental Health Services to ensure that timely assessments of young people take place when they present at out of hours services.

Hospital acquired thrombosis

The number of potentially preventable hospital acquired thrombosis (HAT) is reported as 8 in quarter 3 (Q3), an increase from 2 in Q2 and 6 in Q1. The increase is the result of a decision from Thrombosis Committee that one missed dose of thrombo-prophylaxis constitutes an avoidable HAT. From Q3, training is being provided on the new standard and it is anticipated that performance will return to previous quarter levels when the standard is understood and the learning is embedded across all acute sites. The Health Board aims to recognise and support the need for additional resources to achieve compliance with National Institute for Health and Care Excellence guidelines that a root cause analysis is completed for all admissions.

Patient safety alerts and notices

In 2018 3 patient safety notices were not completed within the agreed timescales. These are continuously reviewed and actions taken to improve compliance. Each Patient Safety Alert and Notice is allocated to a group or committee to oversee the compliance. Non-compliant Patient Safety Alerts and Notices are regularly reported to the Quality Safety Experience and Assurance Committee (QSEAC).

Serious incidents

Of the Serious Incidents (SI) due for assurance within 30 days, the HEALTH BOARD has not met the 12 month improvement target. This was recognised as a priority for 2018/19 and a targeted approach was taken to support improvement. A panel was formulated, chaired by the Executive Director of Nursing, with the Medical Director and the Director of Therapies also panel members. Services not meeting the required improvement target were asked to attend the panel meeting and to advise on why the SI closure had not been met. These monthly panels ran alongside weekly SI meetings, which were again chaired by the Executive Nurse Director. It has been noted that not meeting the Welsh Government target is multi-factorial, these can include pressures in the services and the complexity of incidents that require reviews. The Health Board aims to improve compliance to 60% during 2019/20.

During 2018/19 the number of grade 3, 4 and unstageable healthcare acquired pressure ulcers and the number of falls reported as serious incidents has shown an improvement with fewer incidents of this nature occurring in the Health Board. There are a number of quality improvement initiatives underway in both of these areas, and these will continue to be evaluated throughout 2019/20. There was one administration, dispensing and prescribing medication error reported as a serious incident within the year. The Medication events review group continues to review all medicine management issues to support wider learning. The assurance, safety and improvement team continue to meet with senior members of the service to highlight the importance of reporting and support the learning from incidents.

Never events

The Health Board has reported no never events since October 2018 and two during 2018/19, all have been reported and managed in line with due process. The Health Board aims to have no Never Events during 2019/20.

Amenable mortality

Amenable mortality is a measure of the number of deaths for where an effective cure exists; a higher rate indicates a less effective system. Within the Health Board the amenable mortality per 100,000 of the European standardised population has improved from 136.6 in 2015 to 119.9 in 2016. The Health Board is second in Wales for this measure and performs better than the All Wales figure of 140.6.

Infection control and medicines management

Indicator	Annual Report Trend Target	Latest Data period	Actual performance	Trend	National Target	National Target attained
% in-patients who have received 'Sepsis Six' 1st hour care bundle <1 hour of positive screening	12 month improvement trend	Mar-19	86.4%	↑	12 month improvement trend	✓
% ED patients who have received 'Sepsis Six' first hour care bundle <1 hour of positive screening	12 month improvement trend	Mar-19	88.2%	↓	12 month improvement trend	✗
Total antibacterial items per 1,000 STAR-Pus	4 quarter reduction trend	Oct to Dec 2018	314.0	↑	4 quarter reduction trend	✓
Fluoroquinolone, cephalosporin, clindamycin & co-amoxiclav as % total items dispensed in community	4 quarter reduction trend	Oct to Dec 2019	9.1%	↓	A quarterly reduction of 10% against a baseline of April 2017 – March 2018	✗
Cumulative rate of C.difficile cases per 100,000 population	Annual Improvement	Mar 18 (12 mths ending) to Mar 19 (12 mths ending)	37.48	↑	<= 26 cases / 100,000 pop.	✗
Cumulative rate of S.aureus cases per 100,000 population	Annual Improvement	Mar 18 (12 mths ending) to Mar 19 (12 mths ending)	34.09	↓	<= 20 cases / 100,000 pop.	✗
Cumulative rate of E.coli cases per 100,000 population	Annual Improvement	Mar 18 (12 mths ending) to Mar 19 (12 mths ending)	91.09	↑	<= 67 cases / 100,000 pop.	✗
NSAIDs average daily quantity per 1,000 STAR-Pus	4 quarter reduction trend	Oct to Dec 2017	1,385	↑	4 quarter reduction trend	✓

Sepsis

The Sepsis Six Bundle applied < 1 hr in wards has met the 12-month improvement trend from 82.76% in April 2018 to 86.36% in March 2019. However, there was a 2.2% decline in compliance for the admissions units, from 90.38% in April 2018 to 88.16% in March 2019 and the target was not met. The main areas of non-compliance were 1-2 hr delays in intravenous antibiotics and fluids. A robust training programme is in place that provides Sepsis education at induction, during annual mandatory resuscitation updates and at weekly ward based session to all nursing and medical teams. The aim is to increase all 4 admission units' compliance to above 90% throughout 2019/20.

Fluoroquinolone, cephalosporin, clindamycin and co-amoxiclav (4C) antibacterial prescribing

The Health Board's continued aim is to reduce 4C prescribing dispensed in the community, however over the last 4 quarters the performance trend deteriorated and the National target was not met. Hywel Dda continues to be the 2nd highest 4C prescribing Health Board within Wales and is above the all Wales average. Reduction has been achieved through the employment of a Primary Care Antimicrobial Pharmacist who has been working with GPs to improve the appropriateness of their antibiotic prescribing, looking specifically at Co-amoxiclav, Quinolone and Cephalosporin prescribing.

Antibacterial items prescribed

The Health Board has surpassed the national target of a 5% reduction against the target baseline year of 2016/17 for the first three quarters of 2018/19 and showed a downward trend in the prescribing of antibiotics. This was achieved through the employment of a Primary Care

Antimicrobial Pharmacist who worked with practices to improve the appropriateness of their prescribing. The Health Board continues to be the 3rd highest antibiotic prescribing within Wales and is above the all Wales average.

As there is only one whole time equivalent Primary Care Antimicrobial Pharmacist employed within the Health Board, targeted work undertaken with certain GPs provided in-depth reports on appropriateness of prescribing and individual prescribing practices enabling these GPs to improve the appropriateness of their prescribing. However due to time constraints all practices within the Health Board have not been able to take advantage of the expertise of the Primary Care Antimicrobial Pharmacist. The aim for 2019/20 is to continue with the reduction in antimicrobial prescribing and employ more Antimicrobial Pharmacists to work within Primary Care so that all practices within the Health Board can have targeted interventions on antimicrobial prescribing.

Clostridium difficile (C.diff)

A reduction of 6% (10 cases) was achieved at end of year, compared to the previous year. This was despite a difficult start to the year following a busy Influenza season and a change in laboratory testing with an increase in sensitivity reported at 20%. The connection of ICNet to the Health Board Patient Administration System has meant that the Infection Prevention Team is notified of C.diff patients being readmitted allowing for immediate review. There was an initial high number of cases related to antibiotic usage following the Influenza season. Changes to the Health Board Antibiotic Guidelines were delayed during the year but have now been consulted on. There were 25 cases of relapse identified some of which we would have hoped to consider for Faecal Microbiota Transplant (FMT) but the service took longer than expected to establish. The 2019/20 aim is:

- For services (including clinicians) to have strengthened ownership of their infection data and action plans;
- To establish the FMT service to be offered to all cases of relapse;
- To work with GPs and community on Quality Improvement tool;
- To establish a follow up for patients that are C.diff carriers.

Escherichia coli (E.coli)

A reduction of 22% was achieved by end of year; this equates to 101 fewer cases than the previous year. This was achieved through the extensive work being done with management of Urinary Tract Infections (UTI) across the community in GP practices, care homes and with the district nursing teams. Work has progressed well in the community but surveillance has identified that Emergency and Admission Units are not fully aware of catheter passports and overly rely on urine dipstick results. The 2019/20 aim is for:

- Services (including clinicians) to have strengthened ownership of their infection data and action plans;
- County Infection Prevention Nurses to work with Emergency and Admission Units on management of urine infections and use of catheter passports;
- Acute hospitals to progress work to reduce catheter associated UTI.

Staphylococcus aureus (S.aureus)

A 4% increase (5 cases) was noted at end of year, this was despite a 50% decrease in peripheral line related blood stream infections. The purchase of vascular access trolleys in Worthybush General Hospital and the good practice around management of peripheral cannulas is being replicated across the other acute sites. While we did have a reduction in cannula related cases we continued to see number of contaminated samples testing positive and therefore being included in our numbers. An increasing amount of cases are admitted from the community with blood stream infections which we are not fully addressing. The 2019/20 aim is:

- For services (including clinicians) to have strengthened ownership of their infection data and action plans;

- To roll out Vascular Access Trolleys across all acute sites
- A review of community cases to look for themes and areas of improvement.

Non-steroidal anti-inflammatory drugs (NSAIDs)

The performance trend is improving and for the 3rd quarter 2018 and the Health Board made further progress to reduce the level of prescribing of NSAIDs. This was achieved by sharing good practice with clinicians working across the Health Board. Despite a reduction in prescribing of NSAIDs, the Health Board remains in 5th place out of the 7 Welsh Health Boards, as all Welsh Health Boards reduced their prescribing of NSAIDs. The aim for 2019/20 is to continue to reduce the prescribing of NSAIDs in line with the lowest prescribing Welsh Health Boards.

Dignified Care

I am treated with dignity & respect & treat others the same

Indicator	Annual Report Trend Target	Latest Data period	Actual performance	Trend	National Target	National Target attained
Number procedures postponed either on the day or day before for specified non-clinical reasons	Annual improvement	2017/18	1858	↓	A reduction of no less than 5% of the total number of the health board's postponements for the previous financial year	X
Number patients aged 75+ with AEC of 3 or more items on repeat, as a % of all patients	4 quarter reduction trend	Oct to Dec 2018	5.90%	↑	4 quarter reduction trend	✓
% concerns had final reply (Reg 24)/interim reply (Reg 26) <30 working days of concern received	4 quarter improvement trend	Q4 2018/19	66.5%	↑	75%	X

Postponed procedures

The number of Hospital Initiated Cancellations (HICs) within 24 hours for a specified non-clinical reason has not shown an annual improvement or met the Welsh Government target of reducing by 5%. When benchmarked against the rest of Wales the Health Board ranks third. Emergency demand pressures, lack of rebooking capacity and a reduction in beds at Glangwili General Hospital (GGH) have all impacted on performance. A number of actions are being taken to reduce the risk of HICs:

- Daily and weekly meetings to facilitate patient flow for existing and incoming patients;
- Plans are being developed to reconfigure planned care bed capacity and increase day case capacity at GGH;
- Unscheduled care improvement plans are being progressed for each hospital site and will include steps to reduce length of stay, avoid unnecessary admissions, reduce delayed transfers of care and target rehabilitation of patients.

The unscheduled care improvement plan actions and supporting Winter Plan are intended to deliver improvement in patient flow and discharge planning throughout 2019/20.

Anticholinergic Effect on Condition (AEC)

The National reduction target has been met for the percentage of patients aged 75+ with an Anticholinergic Effect on Condition (AEC) of 3 or more for items on their active repeat medication list and a decrease seen compared from Q4 2017/18 to Q3 2018/19. A high proportion of the older population are exposed to multiple medicines with low anticholinergic activity and the cumulative burden of these medicines over many years may be associated with accelerated cognitive decline and mortality. The AEC scale was developed to illustrate the negative anticholinergic effects of drugs on cognition. It is good practice to use medicines with AEC scores

of zero and to avoid those scored 1, 2 or 3 combined with regular polypharmacy medication reviews with the aim of de-prescribing supports this work. We are always striving to improve our performance position and remain the best performing Health Board in Wales.

Responding to service user experience

A significant amount of work has been undertaken on engagement and co-production of our services, regarding transformation of our services and development of our Health and Social Care Strategy. Work has continued on the transformation of Mental Health services and within Women and Children's services. The Health Board's engagement and involvement scheme 'Siarad Iechyd/Talking Health' has over 1,000 members who help to inform the Health Board's work. Members from this scheme also take part in a readers' panel to review information and provide feedback on information for patients, such as patient leaflets about conditions and planned treatments. A range of focus groups were held on a range of topics to inform development in specific areas; and a number of patient participation groups have been established both in Secondary and Primary Care. However, the ways in which individual patient feedback is sought and the opportunities for providing comments have been fairly limited. A new patient experience charter and associated programme will be launched in 2019/20 and will include the commissioning of a new patient experience electronic system and expansion of the friends and family text across all areas. This will see an expansion of the ways in which patients and users of services can provide feedback which will be used to improve our services.

Responding to concerns raised

The Health Board has seen an overall continued improvement in the number of concerns settled within 30 working days, which has been achieved by implementing new guidance documents, improved reporting systems and regular audits within the Complaints Investigation Team, as well as enhancing the Datix complaints module. Our aim for 2019/20 is to meet the national target.

The public's satisfaction with our health services

During the last year, significant work has been undertaken with staff and local populations to better understand the needs of our local population. This has resulted in a new strategy (A Healthier Mid and West Wales Strategy); and a new framework for health & wellbeing (Our Future Generations Living Well). Many new innovative services have been introduced based on the principles of these documents and by looking at different ways to provide care.

The impact has been positive on both outcomes and experiences of patients and their families/carers. As reported by the National Survey for Wales, there is a lower number of patients who strongly felt that they had been treated with dignity and respect, which had been a similar response to previous years. We monitor fundamental standards of care such as dignity and respect and whenever issues and concerns are identified, actions are taken to address these. In 2019/20, the Health Board will be undertaking a quality improvement project on improving communication with patients and families and ensuring everyone is treated with dignity and respect. A patient experience charter will be introduced during 2019/20 confirming to patients and users of our services, what they can expect when accessing care and treatment in our Health Board. Ensuring everyone is treated with dignity, respect and fairness is one of the Health Board's core values which will underpin the charter.

Patient satisfaction with the care provided by our GPs

The National Survey undertaken in Wales for 2017/18 with a sample size of 4,000 shows the Health Board at 86% of responders stating they were either fairly or very satisfied with the care received from the GP. The Health Board is ranked 3rd (out of 7) in Wales; 86% of people in Wales were very/fairly satisfied with the care received at their last appointment. Across Wales there is a shortage of GPs and time pressure is often a factor associated with a reduced level of care. The Health Board is working closely with GP practices to understand the pressures they

face, and how the Health Board is best placed to support them. GP clusters play a crucial role in reviewing services, and looking at opportunities to work collaboratively. The National Survey gives us a limited insight into the population's perception, and we continue to work with GP practices, leads and clusters to address local concerns.

Patient satisfaction with their care received at our hospitals

The Health Board understands that access to appointments and treatment services in a timely way has been of considerable concern to our patients. As at 31st March 2019, the Health Board achieved zero breaches against the referral to treatment target of 36 weeks. For some specialities, such as Orthodontics and Ophthalmology, it is acknowledged that waiting times are longer than we would like, and we are commissioning waiting list initiatives to ensure that patients are seen within the recommended time frames. It is recognised that follow up appointments and waiting times in our emergency departments are of concern. These will be priority areas for the Health Board to address in the coming year. In 2019/20 the service will also be improving the way in which patients and users/carers can provide feedback to us and engage in the design and transformation of our services going forward. The Health Board will use this feedback to prioritise service improvements and make necessary changes to improve the patient experience.

People registered with a GP and diagnosed with dementia

The most recent Hywel Dda diagnostic rate for patients aged over 65 registered as having dementia at their GP practice is 46.2%. Whilst this means that the Health Board is ranked 6th of the 7 Health Boards in Wales, there has been ongoing improvement over the past five years. In order to increase the pace of improvement, a range of initiatives are being implemented utilising funding allocated to support delivery of the Dementia Action Plan for Wales. These include.

- Appointment of 3 additional Advanced Nurse Practitioners to improve the capacity of the Memory Assessment Service;
- Procurement of iPads and software licences to establish robust dementia screening in community services;
- Establishing a network of practitioners equipped to support both people living with dementia and their carers, providing care co-ordination to facilitate effective wrap around care;
- Awareness raising for the general population and training for GPs to aid early identification.

In addition, the diagnostic pathway in the Memory Assessment Service has been modified to improve effectiveness and efficiency and an ongoing work plan is in place to extend this improvement more broadly e.g. development of a dementia pathway in the acute hospitals.

Dementia training for NHS staff

The latest information from the Dementia training monitoring return for 2018/19 indicates that 82.4 % of NHS staff have completed dementia training at an informed level (October 2018 – March 2019). This is an improvement compared to 45.7% in 2017. Staff being released for training, IT access and staff sickness have impacted on the ability of the service to meet the target. To improve performance the Health Board is communicating training user guides, facilitating drop in e-learning sessions and supporting staff who experience difficulties accessing the systems. The implementation of the Dementia Action Plan for Wales includes a number of schemes that will broaden staff understanding of the need to be dementia aware and will also increase the number of skilled practitioners available to provide expert advice and coaching. The Health Board aims to reach target over the next few months and subsequently maintain target going forward.

Dementia training for our GP practice staff

The Mental Health Direct Enhanced Services (DES) is available to all practices in the Health Board. For 2018/19, 10 practices undertook the training but none of these practices selected the Dementia training topic. Uptake for this training component of the DES has been low historically in recent years but represents only one component of the work underway at ground level. Since

2013 a total of 17 practices across Hywel Dda have completed this training, representing 35% of practices, many having selected Dementia as the study topic in 2013/14. Progress on increasing this uptake has slowed to a halt and practices are citing other priorities relating to sustainability and the payments as the main reasons they have not participated in the DES. Work is ongoing to support practices to code individuals with Dementia in order to improve data quality in practice disease registers. This work has included a focus at Cluster level to standardise the recording of diagnoses and to peer review prevalence data. Practices have been encouraged to work in partnership with local and community groups at ground level on the development of dementia friendly communities and memory cafes. Practices undertaking Carers Awards have had a particular focus on the elderly and frailty services. Dementia Friendly communities exist in many localities. Frailty services run by the clusters are available in Carmarthenshire and Ceredigion. Clusters have also focussed on Advanced Care Planning which is now firmly established in many teams. The aim for 2019/20 is to continue to support and promote improved training and wider appropriate diagnoses through practices engaging in cluster and locality-based projects, while continuing to encourage practices to undertake the DES.

Effective Care

I receive the right care & support as locally as possible & I contribute to making that care successful.

Indicator	Annual Report Trend Target	Latest Data period	Actual performance	Trend	National Target	National Target attained
Number of health board non mental health DToC	Annual improvement	Mar-17 to Mar-18	489	↓	A reduction of no less than 5% of the total number of the health board's delay for the previous financial year	X
Number of health board mental health DToC	Annual improvement	Mar-17 to Mar-18	108	↓	A reduction of no less than 10% of the total number of the health board's delay for the previous financial year	X
% of universal mortality reviews undertaken within 28 days of a death	Annual improvement	Mar-19	87.1%	↑	95%	X
Crude hospital mortality (<= 74 years of age)	12 month reduction trend	Dec-18	0.71%	↑	12 month reduction trend	✓
% comp of completed level 1 IG (Wales) training element of Core Skills & Training Framework	12 month improvement trend	Dec-18	78.60%	↑	85%	X
% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend	Dec-18	84.1%	↑	95%	X
% clinical coding accuracy attained in the NWIS national clinical coding accuracy audit prog	12 month improvement trend	2018/19	89.7%	↑	Annual improvement	✓
All new meds must be made available no later than 2 months after NICE and AWMSG appraisals	4 quarter improvement trend	Oct to Dec 2018	99.4%	↑	100%	X

Delayed Transfers of Care: Non- Mental Health

The annual Delayed Transfers of Care (DToC) improvement target has not been met with the number of patients increasing from 381 in 2017/18 to 489 in 2018/19. The main challenges include availability of domiciliary care provision/re-ablement, availability of appropriate out of hospital placements/placements acceptable to the family, access to therapy and reduction in over prescription of care. The Health Board continues to work collaboratively with patients, families, partner agencies and organisations to minimise DToC cases, minimise distress to patients and families, minimise bed days lost and improve the discharge rate for all patients. Joint commissioning and workforce planning remain key strategic areas. The aim for 2019/20 is to reduce the number of DToCs to no more than 31 per month by March 2020. To achieve this the Health Board will:

- build on the existing close links with Independent and third sector providers to develop new models of care;

- reduce admissions to hospital through the development and successful implementation of a fast and responsive crisis home based service;
- share best practice and work collaboratively with all partners ensuring that there is equitable access to services for patients irrespective of where they live.

Delayed Transfers of Care: Mental Health

The annual improvement target has not been met with the number of adult mental health patients having DTOC increasing from 76 in 2017/18 to 108 in 2018/19. However, a new SharePoint system is now in place to assist the Older Adult Mental Health wards to speedily identify DTOC patients and enable placements to be identified in a timelier manner. Some localities have low numbers of specialist provision places which impacts on the DTOC position. Similarly, some patients identified as a DTOC, particularly with a Learning Disability, require bespoke Packages Of Care (POC) that can be difficult to source. The service looks to place individuals as close to their localities as possible and that involves a lot of one to one work with providers to tailor the accommodation and care needs. The Health Board is committed to working closely with Local Authority colleagues in order to strengthen the provision and range of accommodation available. A number of Integrated Care Fund bids have been put forward to strengthen local provision, particularly supported accommodation, to allow a recovery focussed approach to POC with an associated range of step down and step up facilities and allow individuals to live as independently as possible. In 2019/20 we aim to reduce the number of mental health DTOCs to no more than 5 per month.

Universal Mortality Reviews

The percentage of Stage 1 universal mortality reviews undertaken within 28 days of death has improved consistently throughout the year due to a new process of undertaking Mortality reviews being implemented. Compliance with this measure has improved from 34.1% in April 2018 to 87.1% in March 2019 and has consistently been above 80% since September 2018. Whilst not meeting the 95% target the Health Board is confident that the work being undertaken on its Mortality Review processes will result in achievement of the Welsh Government 95% target throughout 2019/20.

Crude Mortality

The crude hospital mortality for patients under 75 years of age has shown a 12 month improvement declining from 0.75% in January 2018 to 0.71% in December 2018.

Clinical coding

The 2018/19 NHS Wales Informatics Service (NWIS) audit showed that that clinical coding accuracy exceeded the recommended rate in 3 of the 4 areas: secondary diagnosis ($\geq 80\%$), primary procedure ($\geq 90\%$) and secondary procedure ($\geq 80\%$), whilst narrowly missing the primary diagnosis ($\geq 90\%$). The Health Board achieved the national target, and showed improvement with 89.72% compared to 89.55% in the previous year. Currently the only assurance of the quality of the clinical coded data at Hywel Dda is the annual audit carried out by the NHS Wales Classifications and Terminology Team. The aim in 2019/20 is to continue to improve in the next NWIS audit against the National target; achieve the recommended accuracy rate in the four areas of assigned codes and to re-establish the internal clinical coding audit programme.

Despite the Health Board being unable to achieve the 95% national target during the year, the performance trend has improved and there are some positives with both Bronglais and Withybush General Hospitals achieving the 95% target on a number of occasions. The lack of coders (estimated 5.0 Whole Time Equivalent) makes the 95% target unachievable on a monthly basis. The predominant issues are in Glangwili and Prince Philip Hospitals where the number of coders is insufficient to manage the level of monthly coding activity. The aim in 2019/20, with current staffing levels, is for the Health Board to regularly achieve around 80% to 85% on a monthly basis

with Bronglais and Wthybush Hospitals to continue at 95% and improve Community Hospital coding to 95%. For Glangwili and Prince Philip Hospitals, more realistic targets are 70% and 85% respectively.

Availability of new medicines

When the New Treatment Fund (NTF) was introduced the methodology for reporting was evolving and the inclusion of Highly Specialised Technologies was not confirmed until July 2017 by which point Migalastat had exceeded the 60 day limit for making a new medicine available to patients. The performance metric continues to include this missed medicine, which reduces compliance. The Health Board is over 99% compliant with the NTF target of 100%. When more than 175 medicines have been recommended as part of the NTF, the percentage compliance will be $\geq 99.5\%$. No patient had treatment delayed.

Health and care research studies

New research permissions and governance systems and processes were developed with Health and Care Research Wales in 2018/19 and will be adopted in 2019/20. Grant applications increased across disciplines in 2018/19 with aims to increase this further in 2019/20. An action plan for increasing the number of Chief and Principal Investigators was also developed in 2018/19. A Research Quality Management System, including a suite of Standard Operating Procedures, will continue to be developed in 2019/20.

Timely Care

I have timely access to services based on clinical need & am actively involved in decisions about my care

Primary care and mental health

Indicator	Annual Report Trend Target	Data period	Actual performance	Trend	National Target	National Target attained
% of GP practices open during daily core hours or within 1 hour of the daily care hours	Annual improvement	2018 to 2017	80.4%	↑	Annual improvement	✓
% of GP practices offering appointments between 17:00 and 18:30	Annual improvement	2018 to 2017	90.0%	↑	Annual improvement	✓
% of MH assessments undertaken within 28 days from the date of receipt of referral	12 month improvement trend	Mar-19	91.9%	↓	80%	✓
% of therapeutic interventions started within 28 days following an assessment by LPMHSS	12 month improvement trend	Mar-19	81.5%	↓	80%	✓
% qualifying patients who first had contact with an IMHA within 5 working days of their request	4 quarter improvement trend	Q4 2018/19	100.0%	↓	100%	✓

Out of hours

The GP out of hours service successfully integrated all areas of the Health Board into the new 111 system which provides access to urgent and unscheduled care out of hours. The service has collaborated with the Welsh Ambulance Service which has introduced Advanced Paramedic Practitioners into the clinical workforce. This has provided some resilience to the service especially across the Pembrokeshire and Carmarthenshire localities. There are challenges maintaining a robust service due to some reductions in the availability of sessional GPs. In 2019/20 the service aims to stabilise the current workforce, invest in non-medical clinicians to augment the GP workforce, improve the relationship with daytime practices and continue providing GP managed/supervised care.

Dental care

The Health Board invested in additional dental services during 2018/19 which increased access for an additional 8,000 patients to be seen over a two year period. The Health Board improved urgent access for dental patients through the provision of additional weekend sessions in south Ceredigion and Llanelli areas. The Health Board's 2018/19 plan for the provision of new contracts in south Ceredigion and Amman Valley were unsuccessful due to business sustainability and recruitment issues. The funding set aside for these areas was used to provide Orthodontic Service waiting list initiatives to improve access for patients, however, access to Orthodontic Services is not reflected in the key deliverable target. In addition to this, the Health Board had reduced access to dental services due to recruitment and retention issues. The aim for 2019/20 is to improve the key deliverable target from 46% to 48%. This will be achieved through further additional investment and a review of the Health Board's procedure for the Management of Dental Contracts.

Mental health

Both Local Primary Mental Health Support Services targets have been met consistently throughout 2018/19. The Health Board aims to continually improve during 2019/20 with a view to maintaining the expected standard of performance against these targets.

Patient contact with an Independent Mental Health Advocacy

In 2018/19, 100% of qualifying patients had contact with an IMHA within five working days. Emphasis is placed on the attainment of this target as it allows patients to access independent advocacy in a timely manner. The service will continue to work to attain and maintain the 100% target in 2019/20.

GP appointments and opening hours

The performance continued to improve in 2018 because of the work undertaken by the Health Board in liaison with the GP practices to improve access for our patients. The General Medical Service (GMS) contract does not prescribe the provision of core hours or appointments after 5pm, but rather allows practices the flexibility to decide for themselves what is appropriate for their population. In 2016 the Health Board ranked 7th (out of 7) and at 2018 our current ranking is 4th, therefore the position is better than anticipated. To maintain current levels of performance, the Minister for Health and Social Services announced a new set of standards around access to GMS, which is intended to raise and improve the level of service for patients in Wales from their GP practices. The Health Board will be reviewing the new standards in due course to establish what improvements are required going forward.

The National Survey undertaken in Wales for 2017/18 with a sample size of 3,600 shows the Health Board at 35% of responders stating appointments were either fairly or very difficult to obtain. The Health Board ranked 2nd (out of 7) in Wales, and 42% of people in Wales found it very/fairly difficult to get an appointment at a convenient time. The national shortage of GPs continues to be a factor in appointment availability, therefore the Health Board's aim is to be more proactive in both its monitoring and support of vulnerable practices.

Referral to treatment, diagnostics, therapies and follow ups

Indicator	Annual Report Trend Target	Data period	Actual performance	Trend	National Target	National Target attained
% of patients waiting less than 26 weeks for treatment	Annual improvement	Mar-19	91%	↑	95%	✗
Number of patients waiting more than 36 weeks for treatment	Annual improvement	Mar-19	0	↑	0	✓
Number of patients waiting more than 8 weeks for a specified diagnostic	Annual improvement	Mar-19	0	↑	0	✓
Number of patients waiting more than 14 weeks for a specified therapy	12 month improvement trend	Mar-19	0	↑	0	✓
Number OP follow ups (booked/not booked) delayed past target date planned care specs	12 month reduction trend	Mar-19	16,629	↓	12 month reduction trend	✗

Referral to treatment

The number of patients waiting over 36 weeks from referral to treatment reduced from 1,725 in April 2018 to zero in March 2019. This was achieved as a result of:

- the commitment and focus on delivery from specialty management teams, clinical teams and a broad range of supporting services and departments;
- improved planning and delivery of core and additional activity / capacity across the year
- a continuous review of increased efficiency & productivity opportunities
- effective utilisation of targeted supporting funding from Welsh Government;

In 2019/20 the Health Board aims to consolidate waiting time improvements achieved during 2018/19 and sustain the delivery of zero breaches from end Quarter 1 onwards.

Diagnostics

The number of patients waiting more than 8 weeks for a specific diagnostic reduced to zero for all specialties in March 2019. To meet the target a variety of outsourcing and extra sessions were utilised to supplement core capacity. Challenges included shortages in workforce and ongoing equipment issues. In 2019/20 the service aim to maintain the position of zero breaches, reduce the requirement to outsource and develop in house solutions to meet demand with capacity.

Therapies

All therapy services delivered a year-end position of no patients waiting more than 14 weeks for assessment and treatment. This was achieved through new referral management processes focusing on patient education and empowerment in some areas plus a temporary increase in capacity to meet the demand. Additional capacity was made possible through targeted funding from the Welsh Government. The aim is to maintain zero breaches for 2019/20; however, this will remain a significant challenge for some services. To support this, the Health Board is resourcing increased staffing to meet the service demand. Additionally, the therapy services will consolidate the new referral management systems introduced and integrate further with partners to deliver appropriate patient education and support.

Outpatient follow-up appointments

The number of outpatient delayed follow ups (booked and not booked) delayed past their target date increased over the year from 15,376 in April 2018 to 16,629 in March 2019. However, it is notable that this growth related those in the longest waiting category (100% delayed past their target date) whilst the number of patients who experienced shorter delays showed an overall reduction year-to-date which indicates that improvement work to change follow-up practice in various specialties is having a positive effect. During the past year, the Health Board did not meet the Welsh Government improvement target. The volume of reported delayed follow-up appointments is inflated by data accuracy challenges which reflect a range of clinical,

administrative and service transformation priorities. The increase in reported delayed follow-ups partly reflects 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. Through a number of parallel work streams and actions relating to administrative validation, clinical validation, informatics improvements, removal of duplicate records and modernisation of clinical practice (to move away from traditional model of follow-up care), the Health Board aims to reduce the number of delayed follow ups in 2019/20. Positive early progress is being achieved in several specialties, including Gynaecology, Paediatrics and Respiratory Medicine. The delayed follow-up improvement plan for 2019/20 is designed to support an approximate 20%% reduction in the longest waiting follow-ups by March 2020.

Stroke and cancer

Indicator	Target	Data period	Actual performance	Trend	National Target	National Target attained
Stroke -Direct admission to an acute stroke unit (<4 hrs)	12 month improvement trend	Mar-19	68.5%	↑	60.2% Jul 18- Sep 18 (SSNAP UK National quarterly average)	✓
Stroke - CT scan within (<1 hour)	12 month improvement trend	Mar-19	84.6%	↑	54.3% Jul 18 - Sep 18 (SSNAP UK National quarterly average)	✓
Stroke - Assessed by a stroke consultant (<24 hours)	12 month improvement trend	Mar-19	98.5%	↓	84.2% Jul 18- Sept 18 (SSNAP UK National	✓
Stroke - Thrombolysed with a door to needle time (<= 45 mins)	12 month improvement trend	Mar-19	33.3%	↓	12 month improvement trend	✗
% newly diagnosed with cancer, not via urgent route, started def treat <31 days of diagnosis	12 month improvement trend	Mar-19	95.8%	↓	98%	✗
% newly diagnosed with cancer, via urgent route, started def treat <62 days of referral	12 month improvement trend	Mar-19	84.2%	↓	95%	✗

Stroke

The national stroke targets for CT scan within 1 hour, admission to a stroke unit within 4 hours and assessed by a stroke consultant within 12 hours were all met. Special funding enabled multidisciplinary support to be provided to patients in their own home, facilitating earlier discharge. Withybush General Hospital achieved the first 'A' grade ever awarded to a stroke unit in Wales. While the thrombolysis performance compares well with other Welsh Health Boards, the target was not met and improvements need to be made to the door to needle times, particularly out of hours. Work is underway to redesign stroke services across the Health Board in line with the new quality improvement measures. This will focus on the provision of an early supported discharge service, better therapy provision and consideration of psychology services.

Cancer

Whilst the timeliness of treatments offered to newly diagnosed patients with cancer in Hywel Dda via the urgent suspected cancer (USC) and non-urgent suspected cancer (NUSC) routes have generally compared well with other Health Boards across Wales, performance has shown a decline during Quarter 4 due to the impact of treatment delays in the tertiary cancer centres and local capacity pressures within key diagnostic services. To improve performance a variety of actions are being progressed including recruitment to key vacancies (both in Hywel Dda and in the

tertiary centres), commissioning of additional activity to supplement existing capacity (eg Dermatology) and continued escalation of delays with tertiary centre providers. In 2019/20 the service aims to re-establish performance levels in excess of 90% for the USC pathway and 98% for the NUSC pathway. In addition, the Health Board will also implement a new Single Cancer Pathway which will be monitored in parallel with existing USC & NUSC pathways during the next 12 months.

Unscheduled care

Indicator	National target	Latest Data period	Actual performance	Trend	National Target	National Target attained
% of emergency responses to red calls arriving within 8 mins	12 month improvement trend	Mar-19	62.9%	↓	65%	X
Number ambulance handovers over one hour	12 month improvement trend	Mar-19	407	↓	0	X
% of patients spend < 4 hours in emergency care from arrival until admit, transfer or discharge	12 month improvement trend	Mar-19	81.7%	↓	95%	X
Number patients spent >=12 hrs in emergency care from arrival until admit, transfer or discharge	12 month improvement trend	Mar-19	948	↓	0	X
% survival within 30 days of an emergency admission for a hip fracture	12 month improvement trend	Dec-18	81.3%	↑	12 month improvement trend	✓

Ambulance responses to red calls

Welsh Ambulance Service Trust (WAST) red performance at 8 minutes has been inconsistent and did not meet the National improvement target, which does reflect the rural nature of the Health Board area. However, the 9 and 10 minute red response has consistently been above the 65% target month on month. The development of the Advanced Paramedic (AP) Practitioners rotation scheme working through the Health Board Out of Hours Service (OOH) has provided added resilience and support for GPs and the service. The clinical support and mentoring given to the APs by GPs has expanded their clinical knowledge and confidence, which is then brought back into practice within WAST. This model allows the APs to rotate not only through OOHs and WAST operations, but also within the Trust's Clinical Contact Centre (CCC). The Health Board has funded two additional AP posts. This model of collaboration ensures that working across clinical boundaries has become a reality, the results of which are being closely watched by other Health Boards. In 2019/20 the aim is to stabilise red 8-minute performance, to ensure that this target is met month on month. WAST are looking to further develop and accelerate the Advanced Practitioner programme to support this.

Ambulance Handovers over 1 hour

For the first 9 months of 2018/19, the performance trend improved against March 2018, however since January 2019 performance declined resulting in the non-achievement of the target. Prince Philip Hospital showed significant improvement in their ambulance handovers over 1 hour with a cumulative reduction of 47 handovers, 32% compared to 2017/18. Glangwili General Hospital also showed an improvement over the winter period, October to March 2019, with a cumulative reduction of 98 handovers, 16% compared to 2017/18. For 2019/20 the Health Board's aim is to reduce the number of patients waiting over 1 hour from 407 in March 2019 to 109 in March 2020.

4 hour waits in Accident and Emergency (A&E) & Minor Injury Unit (MIU)

Performance continued to be above the all Wales performance trend during 2018/19, with 2 months, December and February where the Health Board was the best performing in Wales. However there is still some way to go to achieve the target of 95%. For 2019/20 the Health Board's aim is to improve on 2018/19 performance reaching 87% or above, by March 2020.

12 hour waits in A&E & MIU

Performance remains a significant challenge, with demand increasing and performance deteriorating. This is a direct consequence of insufficient capacity within hospitals, inappropriate waiting times in A&E/MIU. Insufficient capacity within Social Care continues to be a challenge across all three counties, with high numbers of medically optimised patients remaining in acute beds. By March 2020 the Health Board's aim is to not exceed 431 patient breaches compared to 948 in March 2019.

The Health Board's unscheduled care system remains extremely challenged. Overall performance measures have shown some improvement but with significant challenges remaining to achieve the standards that are aspired to and that our patients should expect.

In delivering improvement there are a number of challenges which need to be overcome:

- Workforce availability and capacity across the whole of the unscheduled care system;
- Whilst there has been capital estates investment within the A&E departments, there remain key environmental challenges. All major A&E departments were planned on much smaller numbers of attendances which continue to increase annually;
- High conveyance rates within Carmarthenshire compared to other areas within the Health Board and Wales;
- Availability of out of hospital capacity which compromises our ability to implement agreed discharge standards and increases length of acute hospital stay;
- Increased age and acuity of patients presenting with multiple co-morbidities and families/residential homes sending patients to A&E when they can no longer cope.

Work will continue to develop fewer but more fundamental actions across the unscheduled care system;

- Roll out of a single patient plan which will follow the patient, a staged approach developing on stay well – anticipatory – advance care plans;
- Embed a culture of *Think AEC first* and *Home First*, developing a standard for Ambulatory Emergency Care (AEC) and developing current AEC services on all four sites;
- Development of front door pit stop model, collaborative approach with therapies;
- Refocus on embedding *SAFER* patient bundle, board rounds, 4 questions and *Red2Green* across all wards on all sites, commencing with medical wards;
- Development of 24/7 rapid access community services in Ceredigion and Pembrokeshire to provide consistent access to services across the Health Board;
- Working with the Delivery Unit on pilot project *Right Sizing Community Services*, mapping our regional model based to fully understand community demands on discharge;
- Developing the Intermediate Care offer for the region;
- Development of the standard for End of Life Care, defining what good looks like and subsequent improvement actions, working in partnership with Community, Social Care & Third Party organisations.

Hip fracture survival

The percentage of patients who survived beyond 30 days following an emergency admission for a hip fracture improved from January 2018 to December 2018. In December 2018 compliance stood at 80%.

Individual Care

I am treated as an individual, with my own needs & responsibilities

Indicator	Annual Report Trend Target	Latest Data period	Actual performance	Trend	National Target	National Target attained
Number of calls to the MH helpline CALL by Welsh residents per 100,000 of population	4 quarter improvement trend	Q4 2018/19	133.0	↓	4 quarter improvement trend	X
Number calls to Wales dementia helpline by Welsh res per 100,000 of population (age 40+)	4 quarter improvement trend	Q4 2018/19	13.7	↑	4 quarter improvement trend	✓
Number of calls to the DAN 24/7 helpline by Welsh residents per 100,000 of population	4 quarter improvement trend	Q4 2018/19	25.8	↑	4 quarter improvement trend	✓
% of HB residents in receipt of secondary MH services (all ages) who have a valid CTP	12 month improvement trend	Mar-19	91.1%	↓	90%	✓
% of HB residents sent their outcome assessment report within 10 working days after assessment	12 month improvement trend	Mar-19	100.0%	↑	100%	✓

Equality and good relations

The service achieved “good practice” in the Consultation Institute’s quality assurance process in relation to the formal consultation “*Hywel Dda’s Big NHS Change*”. This involved engagement with 45 groups representing protected characteristics, in addition to a range of individuals across protected groups attending public events and completing the associated survey. A refreshed staff induction session was developed and now delivered to all new staff, to encourage a pro-active and collaborative approach towards creating an inclusive environment and delivering equitable services now and in the future. A collaborative multi-agency approach was established for engaging on the review of our Strategic Equality Objectives 2020-2024. More work is required to analyse and utilise Workforce equality data to inform meaningful actions to promote diversity and inclusion. In 2019/20, we will be working to embed equality considerations as part of the check and challenge process that is being developed to support the delivery of the Health and Care Strategy and the programmes of transformation.

Homeless and vulnerable groups

The Service continued to engage with the county and regional forums on homelessness, armed forces and Syrian refugees. Some key pieces of work are now ongoing such as: the development of a homelessness discharge protocol; evaluation of the implementation of the armed forces priority policy; and streamlining of interpretation services to improve access and reduce delays.

We intend convening an internal group to oversee the development, delivery and performance management of a homeless and vulnerable groups health action plan during 2019/20. This will need to take account of external developments, for example, how the Supporting People programme will be advanced across the region during the same time interval.

Communications for people with sensory loss

The Health Board has continued to commission services for the Deaf community via our communication support with the Wales Council for Deaf People. Work has also been on-going to streamline access to BSL interpretation services. Sensory loss awareness month provided an opportunity to increase our links to the Council for Blind, Macular Society, The Wales Council for Deaf People (WCDP) and other partners. During 2019/20 we plan to work on an initiative with Language Line called Interpreter on Wales to provide access to online interpretation in emergency or out-patient clinic settings. We will also be refreshing our sensory loss standards for Wales action plan, and reviewing our progress alongside the Wales Audit Office recommendations “Speak my Language.”

‘More Than Just Words’

The Health Board continues to implement the Bilingual Skills Strategy, which includes community profiles of Welsh speakers on a county basis. Best practice is shared within the organisation through the staff newsletter ‘Hywel’s Voice’ and Health Board meeting papers. The Health Board has plans in place to support staff to learn or improve their Welsh Language skills. This has been achieved by working collaboratively with University of Wales Trinity St David.

Calls to helplines (CALL, dementia helpline and DAN)

Although there has been an improved performance in the rate of Welsh resident calls to the Drug and Alcohol (DAN) helpline and Wales Dementia helpline, there has been a reduction trend in the rate of calls to the Community Advice and Listening Line (CALL). The CALL helpline is promoted by staff working within the Service to those individuals who are assessed as well as those who are referred to the mental health service. This may be attributable to the presence of an Unscheduled Care Service across a 24-hour period so access is more readily available.

Mental health

Performance has been maintained in respect of Part 2 and Part 3 of the Mental Health (Wales) Measure. The aim is to continually improve during 2019/20.

Our Staff and Resources

I am treated as an individual, with my own needs & responsibilities

Did not attend, biosimilar medicines, do not do and caesarean section

Indicator	Annual Report Trend Target	Data period	Actual performance	Trend	National Target	National Target attained
% of patients who did not attend a new OP appointment	12 month reduction trend	Dec-18	8.1%	↑	12 month reduction trend	✓
% of patients who did not attend a follow-up OP appointment	12 month reduction trend	Dec-18	9.7%	↓	12 month reduction trend	✓
Quantity of biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	Quarter on quarter improvement target	Oct to Dec 2018	73.50%	↑	Quarter on quarter improvement target	✓
Number procedures do not comply NICE 'Do Not Do' guidance (list agreed by P.Care Board)	12 month reduction trend	Dec-18	1	↓	0	✗
Elective caesarean section rate	Annual reduction	2018	13.80%	↑	Annual reduction	✓

Patients who did not attend (DNA)

By the end of the 2018/19 financial year, both metrics have shown a significant improvement with the percentage of patients who did not attend an appointment reduced to 6.6% for new appointments and 7.6% for follow ups. Additionally both metrics met the Welsh national target of showing a 12 month reduction trend. Success has been achieved with the implementation of the Health Board's pilot text reminder service and through the Scheduled Care Efficiency and Productivity programme, there is a key focus on the improvement of DNA work through access policy rules awareness, sharing of DNA rates with clinical teams and e-referral roll out. Challenges in meeting target are due to the complex variety of reasons patients do not attend appointments. The Health Board is focusing on this area to implement improvements and reduce DNA rates in 2019/20.

Biosimilar medicine

The use of biosimilars increased from 67% to 74% at quarter 3 2018/19. This is the best compliance in Wales and the improvement target has been met. This is due, in part, to the

introduction of biosimilar adalimumab, rituximab and trastuzumab but also to the efforts of consultants and specialist nurses using biosimilars in new patients and continuing to switch new patients with the support of the Pharmacy Homecare Team. Advanced planning and engagement with clinicians for rituximab and trastuzumab was critical in achieving prompt switches. Progress in adopting biosimilars has been steady and few patients have remained on the originator product. This was achieved through a non-formulary mechanism being available. The rate of switching patients to biosimilar adalimumab is likely to be slow in gastroenterology patients due to the lack of specialist nurses in the speciality. The aim is to increase the number of patients using biosimilar products. Compliance of 100% will not be obtainable; this is because there will always be a small number of patients unable to tolerate biosimilars. Therefore, a reasonable target would be 90-95%.

Do not do

During 2018 the number of procedures undertaken that did not comply with the NICE 'do not do' guidance for procedures with limited effectiveness throughout the year was 21, which was the same as the previous year. This is an average of less than 2 a month. The Health Board continues to minimise any such procedures, except for exceptional reasons.

Caesarean sections

The elective caesarean section rate has reduced from 13.5% in 2017 to 13.4% in 2018 and the reduction target has been met.

Staff satisfaction, training and appraisals

Indicator	Annual Report Trend Target	Latest Data period	Actual performance	Trend	National Target	National Target attained
% of headcount who have had a PADR/medical appraisal in previous 12 months	12 month improvement trend	Dec-18	75.1%	↑	85%	X
% compliance for all completed Level 1 comps within Core Skills & Training Framework	12 month improvement trend	Dec-18	78.6%	↑	85%	X
% staff had a performance appraisal who agree it helps them improve how they do their job	Annual Improvement	2018	53%	↑	Improvement	✓
Overall staff engagement score	Annual Improvement	2018	3.85	↑	Improvement	✓
% of staff who would be happy with care by their organisation if friend/relative needed treatment	Annual Improvement	2018	71%	↑	Improvement	✓
% sickness absence rate of staff	12 month reduction trend	Jan to Dec 2018	4.94%	↓	12 month reduction trend	X

Staff performance appraisals

The percentage of staff who have had a Performance Appraisal and Development Review (PADR) has shown a 12 month improvement. The main reasons being the review of service/teams compliance rates and performance monitoring processes. There remains ongoing focus through training and support mechanisms. The time taken to undertake the process effectively is the main challenge, especially with leaders of large teams. There is also limited training available for managers with the Managers Passport being the only recognised programme offering PADR training. The service continues to support all areas but it is ultimately the managers' responsibility to undertake meaningful PADRs with staff. The organisation has not met the required Welsh Government target of 85% for 2018/19 but the Health Board is continuing to improve and review support mechanisms to try and build on the improving position and help the organisation achieve the 85% target in 2019/20.

Core skills and training

The percentage of staff that have completed all Level 1 competencies within the Core Skills Training Framework has improved considerably over the past 12 months. This is due to a number of support mechanisms; such as the production of easy-to-follow written guides. Consultants' mandatory training attendance has improved due to face to face study days. The service is reliant on the Electronic Staff Record (ESR) which unfortunately suffered a major fault in the early part of this year. The fault continued for over two weeks which subsequently impacted on staff being able to complete online training modules. In 2019/20, the Health Board's aim is to reach target and then roll out level 2 face to face training.

Helpful appraisals for staff

The percentage of staff who undertook a performance appraisal (PADR) who agreed it help them improve how they did their job improved from 51% in 2016 to 53% in 2018.

Staff engagement

The overall staff engagement score has improved from 3.68 in 2016 to 3.85 in 2018.

Care for friends and family

The percentage of staff that would be happy with the care provided by their organisation if a friend or relative needed treatment improved from 67% in 2016 to 71% in 2018.

Staff sickness

From January to December 2018 the sickness rate target was not met. However, the rate improved each month from July until December 2018 and as at December 2018 the Health Board rate was just above the target of 4.79%. The Health Board continued to demonstrate improvement until the end of March 2019 and ended up with the lowest sickness rates of the larger Health Boards in Wales. Improvement has been attained, in part, by implementing the new All Wales Attendance Policy which emphasises a more compassionate approach to the management of attendance but also due to the vigilance by managers and the Workforce team in terms of auditing and the provision of training and support. In addition, the performance assurance process is continuing to maintain a focus on sickness. Training in the new All Wales sickness policy is ongoing. It is anticipated that the rolling 12 month rate will continue to decrease. In 2019/20 the Health Board is anticipating reporting an improved absence rate in comparison to 2018/19.

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 2014/15 to 2018/19 within the main programme areas of:

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

Programe Area	2014/15 £000s	2015/16 £000s	2016/17 £000s	2017/18 £000s	2018/19 £000s
Primary healthcare services	172,710	172,740	172,928	183,962	185,316
Healthcare from other providers	173,091	179,320	188,980	197,462	200,169
Hospital and	435,040	457,847	500,923	506,430	534,120

community health services					
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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:

	2014/15 £000s	2015/16 £000s	2016/17 £000s	2017/18 £000s	2018/19 £000s
Miscellaneous income	53,436	51,698	52,934	54,345	57,187

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

	2014/15 £000s	2015/16 £000s	2016/17 £000s	2017/18 £000s	2018/19 £000s
Under/(Over) performance against Revenue Resource Limit	(7,475)	(31,199)	(49,613)	(69,430)	(35,438)

Responding to complaints and compliments

We welcome feedback from our patients and their families and take seriously any concerns that are raised, as part of any feedback received. We do our utmost to address them as quickly and as effectively as possible. This year we continued to strengthen the Patient Advice and Liaison Service (PALS) throughout our hospitals and will continue to do so in all areas to address any concerns or immediate issues at the point they arise. The 'Learning from Feedback approach' has been reinforced throughout the Health Board.

We received 13% less formal complaints for investigation than we did in 2017/18 and hope that by strengthening the local resolution, and advice and support available, this will further improve. We know that not all of our concerns are responded to in the most timely way but this year has seen a continued improvement in the number of concerns settled within 30 working days and we continue to work hard to maintain and improve this further.

We are pleased to see an increase of compliments received, along with a volume of informal 'thank you' messages, such as cards and notes.

Anti-corruption and anti-bribery

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 workplan which is devised and agreed with the Director of Finance and Audit and Risk Committee annually. The workplan 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 workplan. The Counter Fraud Specialists report to the Director of Finance regularly and to the

Audit Committee providing updates on work completed against the agreed workplan 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 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 Health Board was inspected by the NHS Counter Fraud Authority on Prevent & Deter and Hold to Account Standards in 2018/19 with Green Ratings upheld for all standards in these areas.

A further self assessment for 2018/19 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: <https://bit.ly/2JexqKJ>

Well-being of Future Generations (Wales) Act 2015

The [Wellbeing of Future Generations \(Wales\) Act 2015](#) establishes both individual and statutory responsibilities for the Health Board. On a collective basis, the Health Board works as a statutory partner on Public Services Boards (PSBs). PSBs are aligned to each local authority area in Wales and bring together a collection of public bodies and other partner organisations working together to improve the economic, social, environmental and cultural wellbeing of our area.

During 2018/19, the Health Board worked collaboratively to develop and publish a PSB Well-being Plan for each area. The three PSB Well-being Plans were endorsed by the Health Board at its meeting on 29 May 2018 and set out local well-being objectives and the actions that we will take jointly to add value as a result of working in partnership. The PSB Well-being Objectives and actions fall broadly into four key themes which focus on:

- Living healthy lives
- Living in a healthy environment
- Prosperous people, communities and places
- Participation and co-production

During the year, the Health Board has actively engaged with the project groups which have been established. We have lead on discussions to drive forward actions on a regional basis that support social and green prescribing, which aligns with our mission to reframe the focus and understanding of health and well-being from looking at the absence of disease or the treatment of illness, to actions that address the wider determinants of health.

The Health Board published a Well-being Statement and Objectives on 30 March 2017 and has defined its Well-being Objectives as:

- Improve population health through prevention and early intervention
- Support people to live active, happy and healthy lives
- Improve efficiency and quality of services through collaboration with people, communities and partners
- Ensure a sustainable, skilled and flexible workforce to meet the changing needs of the modern NHS

We published our Well-being Objectives Annual Report on 31 May 2018 outlining our progress made during 2017-18 to meet our well-being objectives and evidence of our contribution to achieving the national well-being goals.

The Health Board has not made any changes to its own Well-being Objectives as they continue to have strategic relevance to our vision and mission to become a population health focused organisation. We are committed to combined partnership actions addressing the wider determinants of health, to achieve longer term sustainable outcomes, and in particular improvements in health and well-being; the goal of achieving “A Healthier Wales”.

The Health Board's health and care strategy - A Healthier Mid and West Wales – Our future generations living well – sets out a strategic vision for services that are safe, sustainable, accessible and kind for current future generations. The strategy is based on the implementation of an integrated social model of health and signals a shift from our current focus on hospital based care and treatment towards a focus on prevention and building the resilience of people and communities.

In addition to developing a health and care strategy we have also published Our Future Generations Living Well: A wellbeing framework for Hywel Dda. This acknowledges that our role is to improve the public's health but highlights that health care services can have as little as 10% influence on our health, so acting alone will have little impact. This is why our strategy places people and communities at the heart of everything we do and makes a commitment that we will work closely and collectively with others across all sectors and services and our population – the “whole system” – in order to maximise the positive impact that our health services can make on the health and well-being of local people.

To provide a catalyst for change we developed two “check and challenge” tools; one for the whole system and the other for individual services and teams. Both tools are designed to help us put on a pair of glasses with health and well-being lenses and encourage a different conversation, shifting it from illness towards individual and community well-being.

The five ways of working are particularly evident in the significant programme of work which we undertook during the year to establish our health and care strategy. Our strategy sets out a 20 year vision and makes clear that integrated approaches to the delivery of health and care is required, but also acknowledges the need to work in collaboration with our patients, carers, communities, the wider public, statutory and voluntary sector partners. We involved a wide range of stakeholders during our formal public consultation on our future model of services analysing feedback from both a public consultation survey as well as individual conversations with staff, patients and the public. This gives us confidence that our vision for services that are safe, sustainable, accessible and kind will be contributing to the achievement of our duties under the Well-being of Future Generations (Wales) Act 2015.

During 2018-19 we have undertaken two self-evaluations co-ordinated by the Future Generations Commissioner. The first was a self-reflection of our progress with implementing our well-being goals and the second was a response to the Commissioner's “Art of the Possible” programme where we self-assessed our progress against the 80 simple changes published by the Commissioner in autumn 2018. This has given us a fresh insight into our progress towards meeting our well-being objectives and has reinforced that a small number of specific well-being objectives provide a helpful focus for action in order to maximise our contribution towards the well-being goals for Wales.

Further information about our Well-being Statement and Objectives, the PSB Well-being Plans and our Well-being Objectives Annual Report can be found at the following link:

<http://www.wales.nhs.uk/sitesplus/862/page/85517>

Sustainability Report *(editor's note: sections below highlighted blue is subject to change once the data is received by 31 May 2019)*

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

The Health Board 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 subcommittee. Action is delivered inline 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

A focus on efficiencies and continual improvement has allowed the Health Board to deliver on some key objectives. Our recycling rate has improved for the 10th consecutive year, now at 46%, as we begin to introduce source segregated recycling in line with the Environment (Wales) Act. A priority for future improvement is the volume of waste we dispose of, building on the action being taken to minimise, reuse and recycle surplus furniture and equipment.

Overall consumption of utilities has decreased this year although expenditure increased, mainly due to utility unit rate increases but also a temporary reliance on secondary supplies, oil instead of biomass and grid electricity instead of on site generation. Feasibilities covering the introduction of solar panels and the decarbonisation of Glangwili Hospital have been undertaken, and a Phase II Energy and Carbon Reduction project has been approved in principle subject to funding.

More efficient means of business travel (e.g. pool cars) have been developing successfully however mileage has been increasing, particularly in clinical staff groups. A focus moving forward will be the use of alternatives to travel, such as video conferencing and conference calls.

Greenhouse Gas Emissions

Overall, energy consumption decreased this year (1%). We used less mains and liquid petroleum (LPG) gas however the use of grid electricity increased as we generated less electricity on our acute hospital sites through Combined Heat and Power (CHP) units. Renewable generation, although still small scale, has doubled due to the solar panels located at the new Minaeron development.

Our CO₂e emissions reduced this year, reflecting the source of grid electricity (increased renewables and nuclear, less gas and coal) as well as our reduced energy consumption. This counteracted increases in transport related emissions and the addition of emissions relating to biomass consumption (e.g. from transport).

New cycle and showering facilities to support active travel have been introduced at Witherby and Glangwili Hospitals respectively. The organisations pool car scheme is also continuing to grow, with 137,000 miles travelled in fuel efficient cars. This is expected to continue, which will improve the carbon performance of our business travel however business mileage has increased by 8%.

Greenhouse Gas Emissions		2016-17	2017-18	2018-19
Non Financial Indicators (1000 tCO ₂ e)†	Total Gross Emissions	24.272	23.621	TBC
	Gross Emissions Scope 1 from Gas and Oil	15.346	15.528	TBC
	Gross Emissions Scope 2 & 3 from electricity and business mileage	8.926	8.093	TBC
Related Energy Consumption (million KWh)	Electricity: Non Renewable	15.19*	16.04*	TBC
	Electricity: Renewable	0.015	0.033	TBC
	Gas	63.57*	60.09	TBC
	LPG	0.211	0.181	TBC
	Oil	13.4	16.14	TBC
	Biomass	6.61	5.56	TBC
Financial Indicators	Expenditure on Energy	£4,160,182*	£4,498,985*	TBC
	CRC License Expenditure	£258,968	£297,265**	TBC
	Expenditure on official business travel	£3,038,985	£3,280,784	TBC

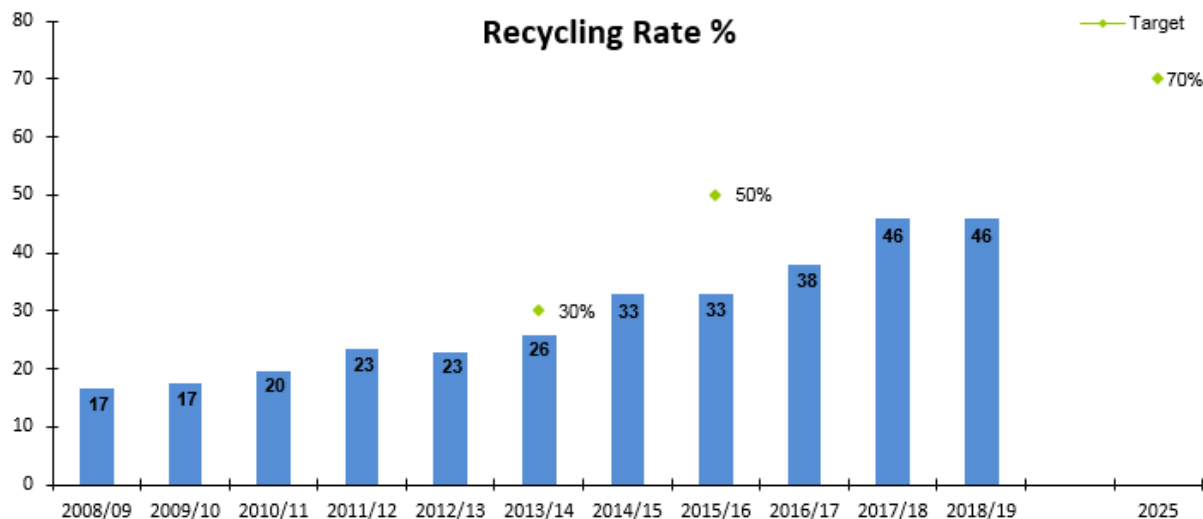
*these figures include estimated data for a small number of sites

†use DEFRA 'Greenhouse Gas Emissions for Company Reporting' calculations for carbon emissions for 2017

**estimate pending submission of annual CRC report

Waste Management

Increases in waste disposal and expenditure were kept to a minimal 1% in 2018/19. This is the smallest increase in waste disposal for over 5 years and we aim to decrease the total volume of waste produced in the future by building upon this year's efficiency and recycling projects. We have increased the amount we recycle to just short of 700 tonnes and have maintained a recycling rate of 46%. Although our disposal to landfill has increased, the volume of waste sent as clinical waste for treatment has decreased.



Following on from the success of source segregated recycling at Bronglais General Hospital, the project was extended to Prince Philip Hospital in November 2018 where the recycling rate increased by over 7% in the final months of the year.

Waste		2016-17	2017-18	2018-19
Non Financial Indicators (tonnes)	Total Waste	2342	2465	2487
	Landfill (Black Bag)	858	793	833
	Reused/Recycled	383	435	452
	Composted*	151	250	247
	Landfill (Hygiene Bag)	313	322	322
	Alternative Treatment (Clinical)	491	517	484
	Incinerated with energy recovery**	146	148	149
	Incinerated without energy recovery	0	0	0
Financial Indicators	Total Disposal Cost	£751,590	£618,749	£628,000
	Landfill (Black Bag)	£169,408	£152,929	£163,000
	Reused/Recycled	£70,239	£62,585	£65,132
	Composted*	£15,223	£22,301	£28,868
	Landfill (Hygiene Bag)	£115,174	£104,549	£104,000
	Alternative Treatment (Clinical)	£257,592	£191,936	£182,000
	Incinerated with energy recovery**	£123,954	£84,449	£85,000
	Incinerated without energy recovery	0	0	0

*includes Anaerobic Digestion

**provides steam to a nearby facility

Use of resources

Water costs have increased this year due to the annual rate rise of 5% and an increased consumption of 3%. The latter has been due to leaks and unexpected consumption at a number of acute hospital sites, which were identified, addressed and monitored via a new Welsh Water online system, Watercore.

A focus this year has been an estate wide review of waste consumption, resulting in a tender exercise and appointment of a specialist contractor, to implement water efficiency measures. The project plan will commence in early 2019/20.

Finite Resource Consumption			2016-17	2017-18	2018-19
Non Financial Indicators (m³)	Water Consumption (Office)*	Supplied	278,399	271,957	TBC
		Abstracted	22,593	8220	TBC
		Per FTE**	34.51	33.63	TBC
	Water Consumption (Non -Office)***	Supplied	30,216	29,213	TBC
		Abstracted	0	0	TBC
Financial Indicators	Water Supply Costs (Office)*		£328,458	£354,694	TBC
	Sewerage Costs (Office)*		£417,064	£442,286	TBC
	Water Supply Costs (Non - Office)***		£26,915	£26,274	TBC
	Sewerage (Non -Office)***		£33,872	£32,436	TBC

*All estate with the exception of the main laundry at Glangwili and the Bryntirion Central Production Unit until 2016/17

** WTE Staff at 31st March 2018.

*** Main laundry at Glangwili and the Bryntirion Central Production Unit only

In July 2018 the Health Board signed up to use Warp IT, an online furniture and equipment reuse platform. To date, over 350 staff have signed up to share no longer needed items, avoiding waste disposal of nearly 11 tonnes and preventing 37 tonnes of CO₂ emission.

Environmental Management System (EMS) - Implementation

We continue to manage our environmental obligations 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.

This year we have further embedded the management of environmental risks and compliance within the organisations corporate systems, bringing increased awareness of key obligations linked to utility consumption activities, carbon emissions and disposal in line with the waste hierarchy.

A gap analysis has been completed to identify areas for further improvement. These will be compiled into an action plan to be delivered in 2019/20, when the Health board will also undergo recertification to the ISO 14001 (2015) standard.

Other Sustainability Initiatives

The Health Board is progressing with new developments and is keen to make these as environmentally considerate as possible. This has included high efficiency equipment, controls and insulation at the new Minaeron Resource Centre, which will also switch from Oil to LPG for heating. Cardigan is being built to the BREEAM excellent standard, including a substantial PV array. We are in the development phase for Cross Hands and are working with partners to develop low carbon initiatives, considering innovative solutions where ever possible in line with Welsh Government aspirations for the public sector to be carbon neutral by 2030.

There has been a growing focus on the use of green space at our sites, with staff led projects to benefit the natural environment as well as patients and staff well being. This has including sensory gardens and landscaped planting and seating areas. Grant funding was obtained to develop an initiative at Withybush Hospital and also produce a wider green infrastructure site report and planting plan. These projects will be used to help develop and deliver a Biodiversity Action Plan for the organisation in 2019/20.