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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Annual Report and Accounts 2017/18

we have achieved much *together* we will make a difference

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 2017/18 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 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 2017/18 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: <https://bit.ly/2sFIRSw>

Our Public Health Annual Report

Our Public Health Annual Report 2017/18 provides further detail on the actions we have taken to improve the health and well-being of our local communities and is available here: <https://bit.ly/2M67OgR>

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

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[Cover page: features some of our Employees of the Month recognised during the year]

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Chapter 1

Welcome from our Chair and Chief Executive

Throughout 2017/18 we have achieved many successes across Hywel Dda University Health Board that we are immensely proud of and, though it was also a year of real challenge in some ways, we've embraced many opportunities to improve too.

It's right to pay tribute to our staff early on in this report as, without their commitment and hard work, we couldn't achieve everything we do. Across the organisation our staff have continued to work incredibly hard throughout the year to ensure our patients receive the care they need, often above and beyond their normal roles and particularly at times of significant pressure, for example, during in the winter months. Despite this, many of our staff and teams have still managed to achieve even more, with their work recognised in a variety of national awards. We are incredibly humbled and proud to be part of such a committed and talented team.

During the year, despite huge focus and effort, we have not been able to achieve the financial stability we had hoped for, mainly because of the rising demand for healthcare services and the increasing costs to provide those services. We recognise our significant financial challenges and we are doing everything we can now and in planning for the future to address these and get us back to a stronger financial footing. We are working towards our first approved Integrated Medium Term Plan (IMTP) for 2019/20 and much of our effort in 2018/19 will be on securing this important milestone for the organisation, so until this is achieved, we will have an Annual Plan for 2018/19. We welcomed the support provided by Welsh Government as part of our 'targeted intervention' status and the opportunities that has created, such as our Turnaround programme, which involves staff working hard to identify efficiencies so that we can maximise our spend on delivering safe healthcare for our patients. We continue to work closely with Welsh Government to improve our financial position for the future.

Our reliance on temporary and agency staff to maintain services, whilst not unusual in the NHS, has been a particular issue in our largely rural area. In 2017/18, we ran a number of varied recruitment campaigns for clinical staff and, as a result, we have had some success in our workforce, attracting new nurses, doctors and clinical staff from across the UK and overseas, and working with our universities to employ newly-qualified staff.

We are an improving organisation, constantly making efforts to better our performance across all areas of healthcare. In the last year, we have improved or sustained performance in the majority of our indicators, particularly in waiting times for elective treatment, therapies and diagnostics. We do, however, acknowledge that we have much more to do and so we remain focused on improving those areas where we need to do better.

Looking ahead to 2018/19, our focus now is our journey together to change our local NHS for the better to ensure our health and care services are safe, sustainable, accessible and kind in the future, as well as being affordable. With every one of us - staff, patients, families, carers and our wider communities – often feeling the impact of struggling services, we all have an interest in urgently changing the way we do things within our NHS in west Wales.

We need to reorganise our services to make the most of technology, employ skilled people to work in the right settings and locations, and make the best possible use of every pound we spend, so that what we do is more efficient, represents good value for money and better meets the changing health needs of our population.

Key to this is the design of our services. Like the whole of the NHS in the UK, many of our current services are fragile and cannot continue unchanged. We have a number of challenges which give us a huge imperative to transform the way we support the health and well-being of our local communities, including our geography and changing demographics, advances in medicine, our workforce and estate, the finance and resources available to us and ensuring that the quality of services is equitable across our three counties.

So, during summer 2017, we engaged widely with patients, staff, partners and the public through our 'Big Conversation' about the future direction of our health system – known as our 'Transforming Clinical Services' programme. We then used this feedback to test, refine and narrow down potential options, designed by clinicians and other professional staff, in response to what the public have said, as well as the clinical challenges they face on a daily basis, by considering safety, healthcare standards, accessibility and affordability.

Following formal consultation with our public in spring 2018 on the options that we think are safe, viable and an improvement on what we currently have, our Board will take time to consider all that has been heard and make a decision later on in 2018 on the best solution for the future of the NHS in west Wales.

This annual report also showcases many of our new developments, innovations and award-winning successes, including many firsts in Wales. In 2017/18, we invested £16.9m in improving our hospital and community services.

In January, we began the implementation phase of our award-winning Transforming Mental Health Services programme (www.hywelldahb.wales.nhs.uk/mentalhealth), which aims to help change adult mental health services for the better across Carmarthenshire, Ceredigion and Pembrokeshire. This followed our comprehensive public consultation, which closed in September 2017 and was awarded 'best practice' status by the Consultation Institute. We will continue our engagement and co-production going forward, aligning this with our Transforming Clinical Services programme.

We now have more than 1,000 members in [Siarad Iechyd/Talking Health](#) and we have recruited 161 new health volunteers and increased the number of bronze and silver Investors in Carers awards with our GP surgeries, pharmacies and health settings.

We have achieved a great deal across all our acute, primary, community, mental health and learning disabilities services through yet another very busy year and this is testament to the incredible passion, commitment and dedication of our staff, volunteers, partners and all our stakeholders, who work so hard for the benefit of our patients and our population as a whole. By continuing to live and breathe our organisational values, which are pivotal to our daily business, we are working together to be the best we can be, striving to develop and deliver excellent services and putting people at the heart of everything we do.

We look forward to embracing the next year together and all it has to offer for our future – we have achieved much together and together we can make a difference.



Mrs Bernardine Rees OBE
Chair



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;
- 51 general practices, 46 dental practices (including 1 orthodontic), 99 community pharmacies, 64 general ophthalmic practices (43 providing Eye Health Examination Wales and 34 low vision services) 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 vision is to deliver a world class healthcare system of the highest quality with improved outcomes. Our mission, the difference we intend to make for people, is:

- We will prevent ill health and intervene in the early years. This is crucial to our long term mission to provide the best healthcare to our population.
- We will be proactive in our support for local people, particularly those living with health issues and the 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 daily life.
- We will be an efficient organisation that does not expect you to travel unduly or wait unreasonably; is consistent, safe and high quality; and with a culture of transparency and learning when things go wrong.

To do this, we have set ourselves 10 strategic objectives, as follows:

	Our 10 Strategic Objectives: 1 To encourage and support people to make healthier choices for themselves and their children and reduce the number of people who engage in risk taking behaviours .	
	2 To reduce overweight and obesity in our local population.	
	3 To improve the prevention, detection and management of cardiovascular disease in the local population.	
	4 To increase survival rates for cancer through prevention, screening, earlier diagnosis, faster access to treatment and improved survivorship programmes.	
	5 To improve the early identification and management of patients with diabetes , improve long term wellbeing and reduce complications.	
	6 To improve the support for people with established respiratory illness , reduce acute exacerbations and the need for hospital based care.	
	7 To improve the mental health and wellbeing of our local population through improved promotion, prevention and timely access to appropriate interventions.	
	8 To improve early detection and care of frail people accessing our services including those with dementia specifically aimed at maintaining wellbeing and independence.	
	9 To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners	
	10 To deliver, as a minimum requirement, Outcome and Delivery Framework Targets and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to a sound financial footing over the lifetime of this Plan.	

How will we do this?

The NHS Wales Planning Framework 2018/21 sets out the Welsh Government's expectation for the delivery of an Integrated Medium Term Plan (IMTP) for 2018/19 to 2020/21 which describes a health board's strategic vision, objectives and plans for the next three years. We had hoped that 2017/18 would have been our last Annual Plan. During 2017/18, our new clinical leaders have helped shape the foundations for the future through our first ever clinical strategy. We hope that this work will lead to the Health Board's first approved IMTP in 2019/20 and much of our effort in 2018/19 will be on securing this important milestone for the organisation, so until this is achieved, we have worked to produce an [Annual Plan for 2018/19](#) as a result. The development of our detailed clinical strategy is at the centre of our revised plan this year and a great deal of focus is being applied to how it can be developed in conjunction with our public sector partners, stakeholders and communities.

This plan for 2018/19 continues 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, sustainable, accessible and kind, as well as efficient in their running. We are planning to meet the needs of our existing population, whilst also looking forward as we plan our services to meet the needs of future generations. Our 10 strategic

objectives remain the same because the needs assessments upon which they are based have not changed and we continue to endorse the values that underpin our organisation.

We have made significant progress in developing the integration of service planning and delivery at a locality level, although we recognise this needs to be a key area of focus for 2018/19. Our aim is to be able to evidence clear planning connections from our health plans at general practice (GP) cluster level, through to community locality, county, regional plans and strategic partnership plans such as the Public Service Boards' well-being plans. We are moving towards co-produced integrated locality plans through the development and agreement of a framework which will allow cohesive working between primary care, community health services, the third sector and social services and for these to be more systematic.

Generally, our waiting times performance for a range of major treatments continues to improve and we are in a significantly better position in 2017/18 for elective or planned care referral to treatment times. Our ambulance delays show an improvement month on month and, whilst emergency department waits have been a challenge, we have still held our position on an all-Wales basis.

Our finances have continued to prove more of a challenge to turnaround. Our key priority remains to stabilise the workforce, bringing in newly trained nurses, attracting medical staff to the area and working closely with our universities and this has worked to some degree by halting the rise in 'variable pay' (that part of our pay bill made up of premium locum, agency and overtime costs). Looking at the year ahead, we continue to set ourselves the goal of balancing the finances within the year so that we end the year with a deficit no larger than at the start. We also wish to secure performance that continues our journey of improvement.

We continue to work collaboratively with our patients and users of services to deliver patient-centred care and continue to strengthen our partnership with local authorities, especially social services, and will for the first time pool and co-ordinate relevant services.

The relationship between Hywel Dda University Health Board and Abertawe Bro Morgannwg University Health Board has been strengthened through the mechanisms and opportunities provided by ARCH ([A Regional Collaboration for Health](#)) and the Joint Regional Planning and Delivery Committee (JRPDC), securing together our longer term strategy for regional collaboration between university health boards and with our university partner, Swansea University. The focus for the JRPDC is on shorter term priorities and delivery, whilst ARCH focuses on the medium to long term.

Increasingly, many of our services are being planned and delivered on a regional basis so that patients in the Hywel Dda area benefit from the specialist clinical expertise and/or capacity available at neighbouring health boards. Our focus has been on our common challenges and maximising the impact of working together where there are opportunities for improving care through collaborative working. We have a rolling programme of work to support planning, delivery and service improvement in the short and medium terms, as well as working towards a set of joint regional planning and delivery intentions.

During 2017/18, the Mid Wales Healthcare Collaborative (MWHC) led on the implementation of the findings and recommendations of the Mid Wales Healthcare Study, which has now been succeeded by the Mid Wales Joint Committee for Health & Social Care from March 2018. The Committee will build upon the strengths and learning from the MWHC arrangements for 2018/19 to: identify annual/three-year key priorities for service development; work collectively to implement agreed key service developments; develop and implement

clear mechanisms for engagement, involvement and consultation, communication with the relevant population, and community/stakeholder groups; and ensure mechanisms are developed that enable close working with, and engagement of, other key vehicles for improving health and well-being and delivering integrated services.

Key achievements and developments

Dedicated resource for diabetes patients at Prince Philip Hospital

We opened a dedicated resource for diabetes patients in Llanelli in July 2017 at a newly-refurbished building on the Prince Philip Hospital site. The Meurig Williams Community Diabetes Centre houses a number of services including Diabetic Eye Screening Wales, vascular podiatry, leg ulcer clinics, diabetes nurse specialist clinics, chronic conditions, clinical psychology, dietetics, insulin pump and antenatal clinics. For the first time in Wales, all these services for diabetes patients have been located in the same building.

Vintage day rooms allow patients to step back in time

Patients on a ward in Withybush Hospital, Haverfordwest now have their own 'therapeutic time machine' thanks to the fundraising efforts of staff and the local community. Patients, staff and visitors were treated to a vintage tea party to officially open a reminiscence/activity room on Ward 12 in April 2017. The old day room was transformed into a reminiscence therapy area, providing patients with dementia and frailty the perfect environment in which to relax and reminisce. The room features objects and furnishings similar to those from a 1950s home including a kitchen area, a traditional fireplace and a lounge. The ward also now has vintage hairdressing equipment, allowing patients to have some relaxation time and a sense of normality. This non-clinical room is also used for patient activities such as arts and music therapy.



Thanks to the fundraising efforts of staff and the local community, patients on a ward in South Pembrokeshire Hospital can now take a trip down memory lane. Later in the year, an old meeting room on Sunderland Ward was transformed into a memory room, providing patients with dementia and frailty the perfect environment in which to relax and reminisce.

Conference puts dementia awareness top of agenda

Over 250 health and social care workers from across Wales came together to increase their awareness of dementia at a special event at Withybush Hospital in November. The annual conference, the biggest of its kind in Wales, provided an opportunity for those involved in the care of dementia patients to increase their knowledge of specific care requirements, share best practice and learn about new therapies in dementia care. The conference was held at a critical time for dementia care in the Hywel Dda area, with the number of people in Wales developing the condition set to rise dramatically over the next decade.

Hywel Dda patients become Wales' first to have new blood test for bacterial infection

Intensive care patients in Carmarthen and Llanelli became the first in Wales to undergo a new laboratory blood test helping doctors to manage antibiotic treatment in serious bacterial infections and sepsis. Dr Igor Otahal, Consultant Anaesthetist/Project Lead worked collaboratively with Dr Peter Havalda, Consultant Anaesthetist and Dr Sian Hancock, Consultant Clinical Scientist on Procalcitonin (PCT) testing. The test, which had been trialled at Glangwili and Prince Philip hospitals, was then only available at a few other locations in the UK. Hywel Dda was the first health board in Wales to offer it to intensive care patients potentially suffering from sepsis, with a view to potentially rolling it out across other intensive care units.



Tenby's Nurse Led Walk-In Centre

A new nurse-led walk-in centre at Tenby Cottage Hospital opened in July 2017 to provide treatment for urgent minor illness and minor injuries. This year round service will enable patients to be seen by an emergency nurse practitioner who can provide care and treatment directly, or refer to other appropriate services where necessary.

New sexual health pilot scheme launched

In June, we launched a three-month 'Test and Go' pilot so that patients living in Carmarthenshire, Ceredigion and Pembrokeshire could check if they have any sexual health worries without having to see a doctor or nurse. The scheme is a minimal contact service for people who do not have any symptoms or concerns, but who would like to take a sexual health test for peace of mind. Patients who request the service will be invited to a specialist clinic and given a pack with instructions to test for chlamydia and gonorrhoea. Blood tests for HIV and syphilis can also be carried out at this time if requested.

Welsh Government approves funding for Cardigan Integrated Care Centre

Plans to build a brand new integrated care centre in Cardigan were given the green light by the Health Secretary, Vaughan Gething in December. A turf-cutting ceremony marked the start of building on the old Bathhouse site at the end of March, with the centre expected to open in late 2019 due to £23.8m funding from the Welsh Government. As well as providing a modern, fit for purpose healthcare service for the local population including a GP



practice, dental service and pharmacy, the new centre will bring care closer to home and in the community. A wide range of improved integrated health and social care services will be delivered by Hywel Dda UHB, the third sector, local authority and partner organisations.

Plans for new Aberaeron Integrated Care Centre gathering pace

Plans to provide patients in Aberaeron with much-needed new health and social care facilities gathered pace after the Welsh Government committed to helping Hywel Dda deliver an Integrated Care Centre at Minaeron. The Health Board submitted a business case to Welsh

Government in January 2018 for the refurbishment of Minaeron in order to provide integrated and sustainable health and social care services to the town and local area.

Plans to develop Withybush Hospital's Ward 10 progress



This year, proposed plans to develop Withybush Hospital's existing Ward 10 area into a modern, purpose built, fit for the future inpatient facility were outlined in a business case submitted to Welsh Government for consideration. The facility, which will be designed to care for oncology and haematology patients admitted to hospital, along with those needing complex palliative care; will provide a mix of en-suite beds, single and multiple bedded bays; an improved overnight facility for relatives, plus a dedicated day room. The former Ward 9 area will

serve as a temporary ward enabling the Ward 10 work to take place and then as a fully functioning 14 bedded medical ward in the future. Building works are anticipated to start in 2018. We want to say a big thank you to our Pembrokeshire community who, through our local charities and fundraisers, continue to give tremendous support in helping to improve the patient environment, and particularly Elly's Ward 10 Flag Appeal for helping to support cancer patients on Ward 10.

First joined-up cancer services plan for south west Wales

In January 2018, health leaders in south west Wales unveiled the first custom-made cancer services plan for people across the entire region. Together with Abertawe Bro Morgannwg University Health Board and with Swansea University, we have designed an integrated and strategic way forward for non-surgical cancer services for the region's million people over the next decade. It covers all aspects of cancer services - apart from surgery - from the provision of oncology, chemotherapy and radiotherapy treatments to emotional support and post-cancer care. It is designed to improve access to care which will cut waiting times; reduce unnecessary travel by providing much more cancer care in local communities; make best use of latest technology, and offer greater patient access to emerging new cancer drugs and treatments, and improve patients' overall experience. It will also grow, support and train the future clinical cancer workforce. The development is one of the first major service transformation projects resulting from ARCH (A Regional Collaboration for Health), a unique partnership of the three organisations.

New local mental health website launched

March 2018 saw the launch of a new local website providing information and self-help guides for people with mild to moderate mental health problems. Our Local Primary Mental Health Support Services team announced the launch of the new website at the Mental Health Conference, hosted by Dyfed-Powys Crime & Police Commissioner in Carmarthen on 1 March 2018. Developed in partnership with West Wales Action for Mental Health, service users and staff, the website is a fully bilingual resource, with further developments planned for the future. The website can be accessed at: <http://www.iawn.wales.nhs.uk>.

Staff support new standard for NHS Wales diabetes services

A new all-Wales standard for all diabetes services in Wales was introduced in March to help young people as they leave paediatric services and start to receive care for adult diabetes service. The standard promotes best practice from around Wales and members of our paediatric and adult diabetes teams have been exploring ways to improve the experience of moving between paediatric and adult services. The All-Wales Standard for People with Diabetes Moving from



Paediatric to Adult Services in NHS Wales has been published online at: <https://bit.ly/2FiRV20>. A video outlining the importance of improving the move from paediatric to adult services has also been produced at: https://youtu.be/IWDPnA_K1kU

Give your heart an MOT

During the year, residents of south Pembrokeshire aged 40 to 64 were invited to attend a healthy heart check as part of a pilot being run in the county. Eligible patients across a number of GP practices in south Pembrokeshire received an invitation to attend a short appointment with a healthcare professional. The national programme, supported by the Welsh Government, aims to improve the lives and well-being of people across Wales; it offers a one-to-one cardiovascular risk assessment health check and ongoing support for people to improve their health through diet and exercise, address risky behaviours such as smoking and excessive drinking, and to identify and manage early signs of disease in our communities.



New improved Medical Day Unit at Withybush Hospital

In May this year, the newly refurbished and relocated Medical Day Unit at Withybush Hospital became available to Pembrokeshire patients. The new unit, located on the first floor of the hospital, provides day case medical care to patients over five days of the week, preventing hospital admission and enabling patients to maintain personal and/or work commitments. Care is also provided closer to home for patients who may have previously needed to travel to tertiary centres to receive their treatments, such as infusion therapies (rheumatology, gastroenterology, haematology) radiological procedures, respiratory treatments/ procedures, endocrinology test procedures and other clinical interventions that may be managed on a day case basis.



Prince Philip Hospital staff praised as new care model smashes performance targets

Staff and clinicians in Prince Philip Hospital's Acute Medical Assessment and Minor Injuries Units were praised for their efforts in exceeding performance targets and leading the way in modern medicine after it became the only acute site in Wales to hit a national NHS target of treating 95 per cent of patients within four hours, including during the difficult winter period. The Acute Medical Assessment Unit (AMAU) and Minor Injuries Unit (MIU) opened the previous year as part of the Health Board's Welsh Government-funded £1.4m Front of House project. The successful project has attracted visits from colleagues all over the UK eager to understand how the new clinical care pathways are benefiting patients.



Bronglais Hospital best in Wales and England in Emergency Laparotomy Audit

For the third year running, Bronglais Hospital in Aberystwyth came out as the top hospital in Wales for the quality of care provided for patients undergoing an emergency laparotomy, according to the National Emergency Laparotomy Audit (NELA). report also shows for the third year running, Bronglais was the only hospital in Wales to be highly rated for carrying out postoperative assessments by a specialist in patients over the age of 70 and the only Welsh

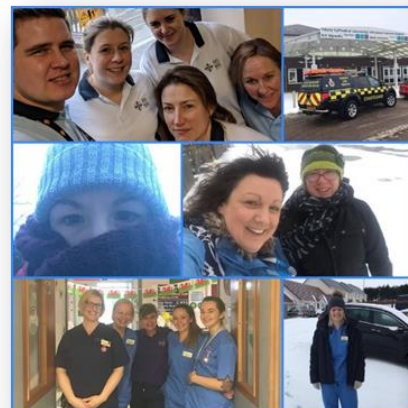
hospital to be highly rated for its preoperative review process by a consultant surgeon and anaesthetist when the risk of death is greater than 5%. These results mean Bronglais is now the only hospital in England and Wales to have been highly rated in all nine key standard areas.

Hywel Dda heralds Designed to Smile initiative the most successful in Wales

Following implementation of the National Designed to Smile initiative across the Hywel Dda region, the Oral Health Promotion Team announced that the region saw the most significant decrease in tooth decay across the whole of Wales. Statistics from the Welsh Oral Health Improvement Unit showed that Designed to Smile has contributed to a reduction of the percentage of five year olds with tooth decay by 21.1% in Hywel Dda.

'Snow angels' keep services going

We were amazed by our many snow angels who helped to transport our staff to work and for the offers of food and accommodation during the recent cold spell. Across our three counties, members of the public gave up their time to help staff get to work using 4x4 vehicles and many staff walked to work, braving cold conditions. Local people also offered overnight accommodation for staff who could not get home. Staff who were able to get to work pulled together to run essential services for patients, with some staff helping out other departments. Many worked longer hours, additional shifts and some stayed overnight to help services keep going. Thank you, you are all heroes!



Our award winning staff and services

Success for Hywel Dda UHB at the Clinical Teacher of the Year Awards

Two of our consultant psychiatrists won prestigious awards from the British Medical Association (BMA). Dr Justin Cressey-Rogers and Dr Matthew Sargeant came first in their respective categories in Teaching and Learning Innovation and Outstanding Achievement at the BMA Cymru Wales/BMJ Clinical Teacher of the Year Awards for 2017.



Dr Cressey-Rogers, a consultant in psychiatry of substance misuse, has been involved in teaching medical students from Cardiff and Swansea universities, and teaching junior doctors in west Wales and Swansea.

Cambridge-educated Consultant Psychiatrist Dr Matthew Sargeant was winner of the Outstanding Achievement award having held a number of consultant posts in Wales over the last 20 years.

Success for NHS Wales paediatric teams at UK Diabetes awards

Later in the year, the Children and Young People's Wales Diabetes Network, which supports paediatric diabetes teams across Wales, won a Quality in Care (QiC) Diabetes Award for SEREN, the all-Wales structured education programme. QiC Diabetes Awards recognise, reward and share innovative practice demonstrating quality in diabetes management, education and services for people with diabetes and/or their families. SEREN (a national diabetes education programme) won the Empowering People with Diabetes –

Children, Young People and Emerging Adults prize - two members of our paediatric team, Yvonne Davies, Paediatric Diabetes Specialist Nurse and Karen Thomas, Dietitian, played a key role in developing SEREN over recent years.

Baby-friendly is best for Hywel Dda University Health Board

Our Health Visiting Service was awarded the prestigious Baby Friendly Award and won international recognition from Unicef (United Nation's Children's Fund). We joined forces with Unicef UK's Baby Friendly Initiative to increase breastfeeding rates and to improve care for all mothers in Carmarthenshire, Ceredigion and Pembrokeshire. The Baby Friendly Initiative works with public services to protect, promote, and support breastfeeding and to strengthen mother-baby and family relationships.



Mental health transformation project picks up national award



Our project 'Working Hand in Hand to Transform Mental Health' won the Citizens at the Centre of Service Redesign and Delivery Award (supported by Wales Council for Voluntary Action) at the NHS Wales Awards in September 2017. This prestigious award recognised the commitment, forward-thinking and collaborative approach shown by our staff, service users, partners and the public in improving our mental health services for the future.

Hywel Dda Nurses Shine at RCN Nurse of the Year Awards

It was another year of success for our nursing team, with two winners and two runners up at this year's RCN Wales Nurse of Year Awards 2017. The awards celebrate nurses who demonstrate excellence in practice, a passion for the nursing profession and exemplify distinction in care, leadership, service and innovation.

This year saw Bethan Andrews, Nurse at Withybush Hospital win The Older People's Commissioner for Wales Award; and Ann Robins, Nurse at Prince Philip Hospital, win the Registered Nurse (Adult) Award. Runners-up included Iris Williams, Nurse at Glangwili Hospital in the Clinical Nurse Specialist category and Carys Stevens, Nurse in Ceredigion Community Services in the Community Nursing category.





Hywel Dda doctors recognised at BEST awards

This year we were also proud to see Dr Swe Lynn win this year's prestigious BEST Award in the category 'Outstanding Contribution to Raising the Profile of their Specialty in Wales' and Surgical Speciality Doctor, Sujatha Udayasankar awarded the 'Staff and Associate Specialist Award for Clinical Service Innovation'.

Staff nurse wins 'Hospital Champion' Award

Tammy Bowen, Staff Nurse and Learning Disability Link Nurse for critical care at Glangwili Hospital, won the 'Hospital Champions' Award at the Paul Ridd Foundation Learning Disability Awards in December. The award recognised Tammy's relentless efforts to educate and disseminate information about learning disabilities and her caring approach to patients who are in needs of her specialist knowledge and expertise.



West Wales nurse graces Buckingham Palace

Rowena Jones has been awarded the Member of the Order of the British Empire (MBE) in the 2018 New Year's Honours list for her service to sick and disabled children, and particularly for her contribution to the setting up of a service to allow children at the end of their life to be cared for at home. Rowena works as a paediatric oncology outreach specialist nurse for Hywel Dda University Health Board, caring for hundreds of children and supporting their families from all corners of Carmarthenshire, Ceredigion and



Pembrokeshire. She has been a nurse for over 40 years, working in the community and in Bronglais and Glangwili hospitals, as well as working closely with the Children's Cancer Unit in Cardiff.

Catering managers' training achievement

Our catering managers are responsible with their respective teams for the safe provision of catering services to all of our patients and customers on a daily basis 365 days a year. We were delighted to see them all recognised for their hard work in successfully completing their HABC Level 3 Award in Education and Training, which means that they are all now qualified to deliver Food Safety and Food Hygiene Training in accordance with our statutory obligations.



Public health team #BeatFlu success

Our Public Health Team were awarded the 2018 Most Innovative #BeatFlu Award for their resource encouraging people to #haveaword about flu. Congratulations also to midwife Emma Carter crowned #beatflu Champion for going above and beyond to promote flu vaccine.

Nursing staff accepted on 'Inspire Improvement' programme

Two of our nursing staff, Helen Furneaux, Health Visitor Team Leader and Sian Perry, Senior Sister, Paediatric Ambulatory Care were accepted onto the prestigious Inspire Improvement programme run by the Foundation of Nursing Studies (FoNS). The 12 month programme enables fellows to develop their skills as facilitators, explore and enable the use of effective strategies for creating person-centred workplace cultures and to promote/lead continuous improvement practices from within their teams. They also refine their facilitation and problem solving skills, promote reflective practice and share the outcomes of their learning across the organisation to help develop best practice.



Corporate Health Standard – platinum and gold level

We are continually building on the work that saw us retain both gold and platinum accreditation for the prestigious Corporate Health Standard in 2017. We hold regular meetings of our Health and Well-Being Steering Group, which last year developed and implemented physical activity guidelines across the organisation.

Improving patient care and services

Working with our local population

Integrated proactive care event

Building on the success of previous conferences, the 2017 programme challenged and supported how we work in partnership with colleagues and partners. The conference explored how we can work together across boundaries, supporting patients to help them bring about long term sustainable improvements not only in their condition but also their overall health and well-being, through active participation in their care.

GMS access

The percentage of practices in Hywel Dda open for less than 80% of weekly total hours has dropped to 2%, while other targets have remained more challenging (<https://gov.wales/docs/statistics/2018/180321-gp-access-wales-2017-en.pdf>). This reflects sustainability challenges felt across the area. Hywel Dda was one of a few health boards offering extended access after 6.30pm and four practices participated in 2017-18.

GP appointments

Due to sustainability problems the gains made in GP access in 2016, including the range of appointment and opening hours in practices, have diminished slightly in 2017 as GPs struggle to provide the same level of service with a reduced workforce across the Health Board. There was a decrease from 43% to 39% of practices opening for all of the core hours (weekdays 8am – 6.30pm) and a decrease from 68% to 67% of those opening for 95% of core hours; half day closures remain at 2%.

Premises improvements

During 2017-18 the Primary Care Directorate invested over £197,000 in 20 GP premises improving patient access to premises, increasing the clinical space available, addressing infection control issues, providing better car parking facilities, and generally improving the patient experience. The Primary Care Directorate has also supported 11 practices by funding

the first year costs of the Shared Services Partnership Patient Medical Record Storage and Scan on Demand service.

Primary care information management and technology

My Health Online (MHOL) provides patients with the opportunity to book GP appointments, order repeat prescriptions and update their general details such as change of address, 24/7 all from the convenience of their own computer/device. MHOL is available to all practices. Refresher training is offered to practices.

As at July 2017:

- 20/51 practices offer patients the option to book GP Appointments via MHOL;
- 43/51 practices offer patients to order repeat prescription via MHOL.

GP Test Requesting (GPTR) is an application which allows staff at a General Practice to electronically request patient tests from their local hospital laboratory, and then electronically view the results. A total of 34,728 pathology tests were requested by GPTR from April 2017 – March 2018. In March 2018, a total of 3,836 tests were requested, which represents 10.2% of pathology requests from GP practices.

My Health Text (MHT) is a texting service that practices can use to send appointment reminders and other messages to their patients. The service is being provided free of charge to the practice – with each practice allocated two text messages per patient, per year.

Number of EMIS* Practices (*Egton Medical Information System)	11
Number of Vision Practices	40
Total Number of GP Practices	51
Number of EMIS practices actively using MHT	6
Number of Vision Practices actively using MHT	29
Total Number of Practices actively using MHT	35
Total Number of My Health Text Messages Sent 2015-2016	27,302
Total Number of My Health Text Messages Sent 2016 - 2017	114,551
Total Number of My Health Text Messages Sent 2017-2018	205,363

Clinical Governance Practice Self Assessment Tool (CGPSAT)

This collaborative approach has contributed to an increase in GP practices self assessing at a higher level.

Primary Care Support Team - Pacesetter

The information below briefly summarise the key benefits of the Primary Care Support Team Pacesetter work during the period April 2017 through March 2018. Some greater detail on the areas found to be most fruitful can also be found below, and summarises the future role of the Primary Care Support Team.

Diversification of the primary care workforce

- 4.4 WTE (whole time equivalent) pharmacists providing 30 sessions per week over four sites, now seeking to second into 1.0 WTE lower grade pharmacy technician role;
- 0.25 WTE (7 days per month, with some flexibility based on Welsh Ambulance Service NHS Trust (WAST) rota availability);

- During 2017/18, Llanelli cluster occupational therapy service with a mental health focus operated across two sites, Ty Elli and Avenue Villa, with 1.0 WTE occupational therapist taking direct referrals and making house visits. Feedback from both practices positive with Ty Elli seeking to directly appoint this role.

Advanced paramedic practitioner (APP) role in partnership with WAST

WAST APP provision into the team has experienced some changes with two APPs leaving and one newly qualified APP joining the team. The latter offers the Primary Care Support Team the opportunity to support and develop the skills and competences most suitable to meet the needs of our local population.

Occupational therapy pilot

For the period 18 December 2017 to 27 March 2018, there were 123 referrals to the pilot service - 62 from Ty Elli and 58 from Avenue Villa.

Referrals from:

GP	65
Practice nurses	17
Palliative care nurse	3
Social worker	1
Family / self	4
Admin / reception staff / practice manager	13 (All at Avenue Villa)
Frequent attenders list	14
CMHT OT	1
Pharmacist	1
Practice healthcare assistant	2

Recruitment

An overseas GP commenced in February 2018 and a fast track 'medical performers list' inclusion process is being trialled. There will be ongoing advertisement of GP roles (salaried and zero hours contracts) for the Primary Care Support Team. A practice-based paramedic is being appointed into the team to ensure continuity of service provision in a practice currently undergoing some partnership and ownership changes resulting in only short term contract being offered.

Practice-based pharmacists are in role and supporting practices with re-authorising repeat medications and ensuring the appropriate clinical checks and tests take place in a timely manner. More detailed work on medication and prescribing practice policies and procedures are also being undertaken as and when needed. A secondment opportunity for a 1.0 WTE pharmacy technician is being created to support this work in practices, thereby freeing up the higher grade pharmacists to develop patient-facing clinics, as well as developing a pool of primary care skilled staff.

This pacesetter work has been invaluable in creating opportunities to test and prove the value of diversified roles in primary care. This has delivered the benefit of supporting the sustainability of practices and developing the staff involved along the journey. A GP consultant event is taking place in summer 2018 looking at how this model of service can be developed in practice.

Self management support for people with long term conditions

Throughout 2017/18 the education programme for patients has continued to support people and their carers to attend health and well-being course across the seven GP clusters.

The Expert Patients Programme (EPP) team provides a menu of options relating to self management programmes. There are currently eleven options including:

- Introduction to Health and Well-being;
- COPD +Education and Activity sessions together;
- Diabetes Self Management Programme (DSMP).

Oral health services

General dental services (GDS)

During 2017/18, the Health Board has maintained the 2016/17 access level of 46% to NHS Dental Services. There remains a challenge in terms of recruitment and retention. In 2016/17 the Health Board invested £141k in order to improve access for those patients waiting for NHS Dental Services and £80k in a Minor Oral Surgery Services waiting list initiative. The Health Board currently has three dental practices taking part in the All Wales General Dental Contract Reform Programme and this will increase to five practices in 2018/19.

Orthodontics

2017/18 has once again been a challenging year for orthodontic services with the demand on services being greater than the commissioned services. This has meant that the average time patients are waiting for treatment to commence has increased from four years to four and a half years. In 2017/18 the Health Board took the decision to merge the orthodontic treatment and orthodontic assessment contracts into one treatment contract, meaning that an additional 41 patients will start their orthodontic treatment in 2018/19.

Oral health promotion

Designed to Smile

The Designed to Smile (D2S) team were provided with a new Welsh Index of Multiple Deprivation list in July 2017; this dictated a further expansion into the third quintile of deprivation. In numbers this meant an additional 80+ schools and preschools were to be approached and taken on. The D2S team hit the ground running in September 2017 and it is expected that by December 2018 all targeted school settings will be tooth brushing daily. A new fluoride varnish protocol has been developed by the Oral Health Promotion Manager and this is going to be piloted in September 2018. This will ensure that all school pupils within the D2S programme will have fluoride varnish applied twice a year.

1000 Lives Campaign

The Oral Health Promotion (OHP) Team has made some fantastic headway with the delivery of training in hospitals.

Gwen am Byth – Improving mouth care for adults in care homes

As of April 2018, the OHP team had piloted the programme with 18 care homes. 87% of eligible care home staff have been trained and 507 residents had an up-to-date mouth care plan in place and delivered daily. The team will work to expand into a further 22 homes by April 2019.

Community pharmacy services

Emergency supply of medication

In March 2016, the emergency supply of medication service was set up in 27 pharmacies. This service provides urgently required repeat medication to patients who are unable to obtain a GP prescription before they need to take their next dose. In 2016/17 the number of

pharmacies offering the service increased to 39. The aim for 2017/18 was to increase the number of pharmacies to 50.

Common ailment service

The roll out of the Choose Pharmacy IT platform began in Hywel Dda in February 2017. The platform is a NHS computer application developed by the NHS Wales Informatics Service (NWIS) to support the delivery of services by community pharmacies.

Anti-coagulant monitoring in community pharmacy

A pilot service was initiated at Burry Port Pharmacy Ltd in November 2017 and offers local testing for suitable patients which removes the need for them to travel to Prince Philip Hospital, Llanelli.

Our community pharmacies also provide smoking cessation and Influenza vaccination services as outlined in the 'Improving Health & Well-being' section below.

Community optometric services

Eye Health Examination Wales (EHEW)

EHEW is an extended eye care service, which enables patients to access eye care services closer to their home in their local optometry practice if they have an eye problem they feel needs urgent attention, rather than attending a GP practice, A&E department or an eye department in a hospital. The Health Board had 42 accredited practices in 2016/17, increasing to 48 practices during 2017/18. Activity has increased by 24% when compared to the 2016/17 activity levels. All Wales growth for the same period is 13%.

Low Vision Service Wales (LVSW)

In 2017/18 a total of 1,255 low vision assessments were carried out by accredited low vision practitioners in primary care opticians (and in some cases in the patients' own home) in the Hywel Dda area. There are currently 33 practices offering the service across the area with a thriving domiciliary service also in place.

Sensory loss

One of the areas that we are particularly recognised for is the provision of communication support for the D/deaf community. British sign language (BSL) and other support is provided by the Wales Council for D/deaf People, with the uptake increasing year on year by over 20%. Each year, we have provided support to over 200 appointments and the highly cost effective model has been recognised nationally also by the Wales Audit Office Good Practice Team. We have also won national awards during 2017/18. The combined Wales Councils for D/deaf People and Blind five star awards are based entirely on nominations from patients.

Other developments

Prince Philip Hospital consultant at heart of study to improve diabetes self-management

This year, a small pilot study found that watching short health information films online, via smartphone or tablet, can help patients with type 2 diabetes reduce their blood glucose level. A series of short films were 'prescribed' to people newly diagnosed with type 2 diabetes, alongside standard treatments, by a GP or practice nurse at two GP practices within Hywel Dda University Health Board and Abertawe Bro Morgannwg University Health Board. They included titles such as 'What is diabetes?'; 'What can I eat?'; 'Diabetes and weight'; 'Looking after your feet'; 'Stopping smoking'; and 'Medication and monitoring'.

After just 3 months, routine tests showed a clinically significant improvement in HbA1c – an established marker of diabetes control. In contrast, no reduction in HbA1c was observed in the non-watchers. The study was undertaken by Swansea University in collaboration with Hywel Dda, Abertawe Bro Morgannwg and Cardiff & Vale university health boards, and supported by Diabetes UK.

New free-to-call 111 number for Carmarthenshire patients

In 2017, the new free-to-call 111 number to access the GP out of hours service and NHS Direct Wales became available for patients living in Carmarthenshire. The scheme – which is being run in partnership between the Health Board, Welsh Ambulance Service and Welsh Government – was implemented in Carmarthenshire initially, with plans to roll it out across Pembrokeshire and Ceredigion in the future.



Get up, get dressed, be active

In September 2017, our staff across Hywel Dda University Health Board helped to support a national campaign aimed at helping patients recover quicker when staying in hospital.

The #EndPjparalysis campaign has been adopted by NHS organisations across the UK and has some very simple messages for patients; 'Get up, dressed and moving'; 'eat meals away from beds'; and visit day rooms'. #EndPjparalysis is all about encouraging

patients to get dressed and mobile as soon as they can to help maintain their dignity and to help them recover quicker.

Health and Care Standards: Fundamentals of Care

As in previous years, we have continued to work to make improvement in our performance against the Fundamentals of Care in the Health and Care Standards. The 2017 audit to review the care we provide our patients across our services concluded that, for most areas under scrutiny, we achieved the set target. There is still work to do in some aspects of patient care and over the coming 12 months we will continue improvement work around communication, pressure sore prevention, foot care, oral hygiene, continence care and record keeping. We will also carry out focused work on rest and sleep, as well as health promotion.

Patient feedback shows that we get it right most of the time, although there are times when we don't and this is where we need to focus our efforts to improve care. Last year was a challenging year for us and this is reflected in the staff survey feedback which shows that although staff strive to achieve a high standard of care to patients, they don't feel that this is always possible due to time and staffing constraints. Over the coming 12 months we will continue to work with our staff to ensure that they are supported during the difficult times; have opportunities to raise concerns; be involved in any decisions about service changes and feel valued within the organisation.



Significant progress in research and development

Over the last year, our Research & Development Team has had its highest activity level on record, as well as successfully appointing new staff to key posts. This has increased our portfolio research (2016-2017) and led to our biggest allocation of activity-based funding (ABF) from the Welsh Government at just over £1m for 2017-18. We are embedding across various clinical networks; Hywel Dda has more people in respiratory trials than any other health board in Wales (both government sponsored and commercial) and active teams in

diabetes and breast cancer. We are 'growing' new researchers especially in stroke and intensive care.

Key highlights this year so far include:

- more patients involved in commercial trials than ever, which is bringing state-of-the-art medications (not available on the NHS yet) as well as additional funding into the Health Board;
- close working with the Bevan Commission, with our staff as Bevan Exemplars, Fellows and Innovators all doing interesting projects across the Hywel Dda area;
- opening a new Innovation Centre in Llanelli (July 2018);
- exceedingly good performance in portfolio and cancer study recruitment in Worthybush Hospital;
- ongoing collaborations with Swansea, Aberystwyth and Trinity St David's universities from 3-D mask printing to biomarkers and apps;
- more collaborations with researchers across the UK, Europe and also now with Argentina with grants over £600k this year.

For more information about our research and development activities and progress, visit: www.hywelddahb.wales.nhs.uk/research.

Improving health and well-being

Smoking cessation and prevention

The 2012 Tobacco Control Action Plan for Wales set out targets to decrease adult smoking prevalence rates in Wales to 20% by 2016 and 16% by 2020. In the new 2017/20 Tobacco Control Delivery Plan for Wales, reducing smoking prevalence to 16% by 2020 continues to be a target. The 2016/17 national survey results for Wales show that smoking prevalence rates have fallen to 19%. During 2017/18, Public Health Wales launched Help Me Quit (HMQ), a new integrated brand for Wales that includes Stop Smoking Wales, all pharmacy level 3 schemes and all secondary care smoking cessation services. HMQ provides a single point of contact for smokers wanting to quit and ensures they are referred to the best service to meet their needs.

Forty-four of our community pharmacies now offer a one stop smoking cessation service, which is available to smokers aged 12 and above. The 12 week programme includes a free supply of nicotine replacement products, motivational support and CO monitor testing. So far during 2017/18 (over the first three quarters) we know that 405 smokers accessed this service in comparison to 334 smokers during 2016/17.

All district hospitals across the Hywel Dda area now provide smoking cessation support to inpatients during their hospital stay as well as to those wanting to quit. This is also a 12 week programme offering weekly CO monitoring, behavioural support and access to nicotine replacement therapy and providing support to outpatients. In the last year, an 'opt out' referral scheme has been piloted for patients accessing respiratory and podiatry services and those waiting

for elective surgery.

So far, over the first 9 months of 2017/18, we know that 429 smokers have been treated by this service. This is an improvement when compared to the same period in 2016/17 (260 treated smokers).

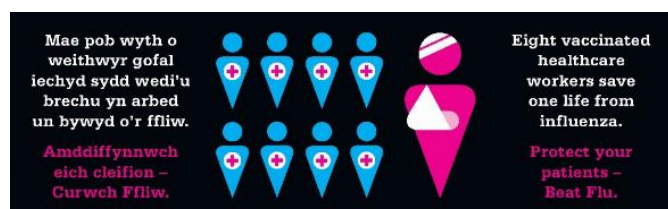
Support is also offered to pregnant women with midwives ensuring that mother and baby get the care they need by carrying out a CO breath test at the booking appointment. The 'Have a word about e-cigarettes' booklet, created by a member of the local public health team using recent e-cigarette



evidence and figures, provides school nurses with a wide range of information that can be delivered using a motivational interviewing and brief intervention style of conversation.

Immunisations and vaccinations

Our 2017/18 seasonal influenza vaccination campaign showed progress in most Welsh Government eligible target groups set against a background of increases across the board nationally. However, generally speaking the rate of improvement in some key areas locally requires additional work in particular amongst over 65 year olds and six months to 64 year olds in clinical risk groups. A number of innovations in planning, performance monitoring and practice have helped increase uptake rates, such as the extremely successful staff campaign in which the 60% vaccination rate was comfortably exceeded, showing a 13.6% increase on last year and the best improvement rate in Wales.



A hard copy booklet entitled 'Have a word about the influenza vaccine' was distributed to GPs and practice nurses in the area, providing guidance on effective conversations with patients using brief intervention/motivational interviewing techniques to promote opportunistic vaccination of eligible patients. The resource was extremely well received by colleagues and won the 'Most Innovative Campaign' category at the National Beat Flu awards this year.

Since the Welsh Government invited community pharmacies to take part in the provision of NHS influenza vaccinations for the over 65 year olds and those in at risk groups aged under 65 years, the service has grown with each subsequent year from 301 vaccinations in that first season to 5,155 in 2017/18.

Over the past year we have also made some progress in our uptake of vaccination in children with a rise in those aged four years being up-to-date with their routine immunisations. Similarly to all-Wales, our uptake of 2 does of MMR in children reaching their 5th birthday is below the 95% uptake required to achieve herd immunity and prevent local outbreaks of the diseases for which it offers protection. We are actively focusing efforts to address this. Our school nursing service continues to offer an effective vaccination programme, achieving uptake levels of par, and often exceeding, that of all-Wales uptake of school-based immunisations.

Overweight and obesity

Last year we undertook research with people working in maternity and early years services to find out more about how best to deal with overweight and obesity. This year we shared the findings with health visiting and school health nursing teams and worked together with health visitors to design and deliver a package of training and support materials focusing on healthy eating for the whole family. This is now being used on a daily basis with families.

Our evaluation of 'Baby Let's Move' (exercise programme for mums to-be) showed us that it was effective but only for a small number of women. We need to reach more women so our resources are now being used to promote staying active and healthy before, during and after pregnancy in a range of ways, including walking and swimming.

Lifestyle advocates: promoting health in practice

2017/18 was the third year of the Lifestyle Advocates Programme where primary care staff learned effective skills to encourage patients to adopt a healthy lifestyle through behaviour change techniques. It encourages patients to make positive choices around issues such as tobacco, alcohol, physical activity healthy eating and mental well-being. In addition to the 60

already existing advocates across the Hywel Dda area, a number of primary care settings took on a 'whole surgery approach' where a wider range of staff participated in a training programme aimed to ensure that no matter which member of staff the public come into contact with, they receive lifestyle information in a positive and timely manner.

A further 27 members of staff from a variety of disciplines were trained to deliver Making Every Contact Count (MECC) type messages. Staff included nurses, practice managers, reception staff and pharmacy dispensers and as in previous years, those involved in the 15 hour training programme reported it impacting on their own lifestyle choices as well as their patients. Bespoke training for each participating practice was also arranged covering topics such as alcohol, dementia and mental health issues. The annual celebration event also incorporated a successful networking event with over 15 partner organisations and 20 advocates in attendance and it was clear that there continued to be an appetite for the programme moving forward.

Social prescribing

There is a range of activity across Hywel Dda University Health Board that falls within the 'social prescribing' umbrella. We have engagement and investment from GP clusters within each county and established partnership working that is embedding a range of 'alternatives to prescription' within primary care, social care, community, and voluntary organisations. Innovative evaluation methods such as 'most significant change' are being implemented with support from Swansea University, and research into the role of the link worker is underway with Aberystwyth University. The local public health team are developing a 'community of practice' to support evaluation, training, funding, sharing of best practice and resources, as well as the development of peer support networks across geographical and organisational boundaries.

Involving local people, partners and communities

Continuous engagement

We have a statutory duty to continuously engage and consult around changes to health services. In 2017/18, we continued to engage with staff, patients, carers, stakeholders and citizens in different ways. We invited people from across Carmarthenshire, Ceredigion and Pembrokeshire to our 'Big Conversation' events. Together with Hywel Dda Community Health Council, we held workshops to ask your views on our Transforming Clinical Services (TCS) programme in June 2017 and held a 12 week 'Big Conversation' listening and



engagement exercise to describe the case for change and to gather people's views.

We held more than 80 meetings and events and received around 400 responses from a wide range of groups including our staff, patients, public and our partners. There were dozens of events, attended by nearly 400 people including doctors and other clinicians, wider staff members, organisations we work with to deliver care, and patient representatives (including Siarad Iechyd/Talking Health members, some of whom are active health campaigners; Hywel Dda Community Health Council; patient representative groups, and members of the third sector) in the option development stage to test thinking and narrow down and refine proposals.

Following a detailed programme of co-production and continuous engagement, which had been worked on since 2015, we were able to present our co-designed model for mental health services (aimed at helping to change adult mental health services for the better across

Carmarthenshire, Ceredigion and Pembrokeshire) as part of our consultation process. Consultation took place between June and September 2017. We led and attended around 75 drop in, meetings and events to listen to people, over 1,171 people were directly engaged with and we received 323 completed questionnaires and 22 written submissions. The feedback we received was used to inform our decision making process and our final option was presented to board in January 2018 for decision. Our consultation process was awarded 'best practice' status by the Consultation Institute. We will continue our engagement and co-production going forward, aligning with our Transforming Clinical Services programme.

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.



**Siarad Iechyd
Talking Health**

Co-production

Co-production focuses on working with our stakeholders, local people, staff, statutory agencies, Hywel Dda Community Health Council, the third sector and others at every step when reviewing, planning, designing and evaluating services. This approach is underpinned by an ethos of openness, honesty, clear communication, a commitment to equality and diversity, and the Welsh language. Our Transforming Mental Health Services programme adopted a co-production approach to designing future services and following extensive engagement and consultation is continuing this approach in its implementation phase. We will also continue with this approach over the coming year as we develop our proposals for transforming our healthcare and support services across the Hywel Dda area.



Inaugural partnership conference showcases latest innovations in population health

Delegates came together in the summer to showcase how cutting edge innovation, education and research is contributing to the health of local people across Carmarthenshire, Ceredigion and Pembrokeshire. The first ever 'Inspiring Research and Innovative Practice Conference', opened by Vaughan Gething AM, Cabinet Secretary for Health, Well-being and Sport was organised by Hywel Dda University Health Board and its three partner universities Aberystwyth University, Swansea University and University of Wales

Trinity Saint David, celebrated how working together has led to improved patient experience and better health outcomes. It also provided the perfect opportunity for colleagues from across the health and education sectors to meet and share ideas as part of their ongoing professional development.

Transforming Mental Health Programme success

Our Transforming Mental Health Programme Group were finalists in this year's Patient Experience Network (PEN) national awards. These are the first patient experience awards in the UK, celebrating the delivery of outstanding patient experience by those involved in the health and social care industry and our 'Partnering for Person-Centred Mental Health' entry was shortlisted in the 'Championing the Public' category. This is the second award success for the programme which won an NHS Wales Award this year in the 'Citizens at the Centre of Service Redesign and Delivery' category.



Student supports local NHS recruitment campaign

Local Pembrokeshire College student, Charlie Humphreys, helped in our campaign to encourage potential healthcare employees to the area by creating a promotional video focusing on occupational therapist and physiotherapist roles, as part of our wider campaign to attract medical, nursing and other healthcare professionals to come and work in the NHS locally in west Wales.

Hywel Dda partners up with Scarlets rugby team to raise lung cancer awareness

A big thank you to the Scarlets rugby team from Robbie Ghosal, Royal College of Physicians Specialty Advisor for Respiratory Medicine in Wales and Consultant Physician, together with the rest of the Hywel Dda University Health Board team for supporting our lung cancer awareness campaign during the last year.



Success for Health Volunteers

Our Volunteering for Health service aims to improve patient healthcare experiences. Our volunteers act as patient friends on wards, as meet and greeters at hospital receptions, on children and maternity wards, in A&E, intensive care, stroke rehabilitation and pharmacy and as diabetes education meet and greeters and administration volunteers.



This year, we developed additional volunteer roles: the inpatients' Library Trolley service in Bronglais Hospital and The Shop Trolley service in Glangwili Hospital. We recruited 127 volunteers for all areas and 34 specifically for our community hospitals. Of those volunteers, six have been employed by Hywel Dda University Health Board, six went to university to study medicine, 12 to study nursing, three to study other courses and ten moved on to other employment.

We also worked with the MacMillan Cancer Information Service to recruit volunteers for the service and continued work with hospital radio stations and other third sector organisations. If you are interested in volunteering, please contact: Volunteering for Health Service, Hywel Dda University Health Board, 1 Penlan Road, Carmarthenshire, SA16 0BB.

Services recognised for supporting carers

Our Investors in Carers initiative is designed to help health, social care and community settings, such as GP practices, pharmacies, hospital wards and outpatient departments, improve carer awareness and enhance the support they give carers. Delivered in collaboration with local authorities in Carmarthenshire, Ceredigion and Pembrokeshire and third sector organisations, schools, colleges and other community settings are also applying for Investors in Carers awards. As at March 2018, a total of 7,339 carers were registered at their GP surgery, with 762 carers agreeing to be referred via the liC scheme to other local support services.

Throughout the year, several Investors in Carers awards were presented in recognition of the commitment and support provided to carers and their families - **(Silver)** Preseli GP Practice, north Pembrokeshire; plus many surgeries are having their bronze revalidated.

(Bronze) Boots Pharmacy, Fishguard; St Non Ward and CMHT Bro Cerwyn Hospital, Haverfordwest; Morlais Ward, Carmarthen; Gorwelion Resource Centre, Aberystwyth, Haven Way in Pembroke Dock; Specialist Children and Adolescent Mental Health Services (S-CAMHS) Primary Mental Health Team; Ty Helyg, Ceredigion; Canolfan Gwili, Carmarthen; Pre-Assessment Clinic in Withybush Hospital; Ysgol Bro Gwaun, Fishguard; Coedcae and Glanymor Schools in Llanelli, Penglais School in Aberystwyth, Coleg Ceredigion; Newport Community and Pembroke Dock Libraries; Carers Trust, Crossroads, Carmarthenshire; Workways+ community project and Norman Industries social enterprise in Pembrokeshire.



'More Than Just Words' showcase event

Our Board members won the Leadership award at the Welsh Government's 'More Than Just Words' showcase event in October 2017. The Board were awarded for leading by example in

terms of using and promoting the use of Welsh language within the workplace. Dr Andrew Goodall, Director General of Health and Social Services said: "Senior members of staff have a responsibility to establish a supportive culture that ensures that we embed language planning and make services accessible to Welsh speakers through strategic policy direction, recruitment processes, workforce planning, training programmes and continuing professional development."



Pembrokeshire Shwmae Awards

Betsan Ifans won the Pembrokeshire Shwmae Award for her fantastic work promoting the Welsh language with new parents. Betsan works with individual families as well as arranging group sessions for new parents - an opportunity to socialise and share experiences through the medium of Welsh. She plays a vital role in the development of children and we applaud her fantastic work.



Latest additions to the 'Give it a go' merchandise

A new mouse mat was produced for office based staff with a specific focus on emails: how to write an out-of-office response, useful opening and closing email phrases and how to include a bilingual email signature. This year, we also produced a video to emphasise the importance of Welsh language in healthcare. The video stars Siôn Davies, who was referred for therapy due to anxiety and whose first language is Welsh. It is shown to new staff at induction and at Welsh language awareness sessions to highlight the importance of language of choice.

Equality, diversity and human rights

Our focus during 2017/18 has been to work collaboratively with our staff, service users, their carers and families, and other key stakeholders. We are committed to ensuring that the way in which we plan, develop and deliver services involves a process of continuous engagement, appropriate consultation and monitoring.

We continue to work towards ensuring 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 is one of our main priorities. 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.

Through the process of service transformation, we have further developed our organisational understanding about the principles of Equality Impact Assessment (EqIA). We aim to ensure that as far as possible, our decision making, strategy and policy development and service delivery is fair, accountable and transparent, taking into account the needs and rights of all those who may be affected.

Our Annual Report for 2016/17 (published in 2018) provides examples of work towards meeting our equality objectives: <http://www.wales.nhs.uk/sitesplus/862/page/61233/> and our report covering April 2017 to March 2018 will be published by 31 March 2019.



Our strategic partnerships

Our ambition as a university health board 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.
- 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.
- **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

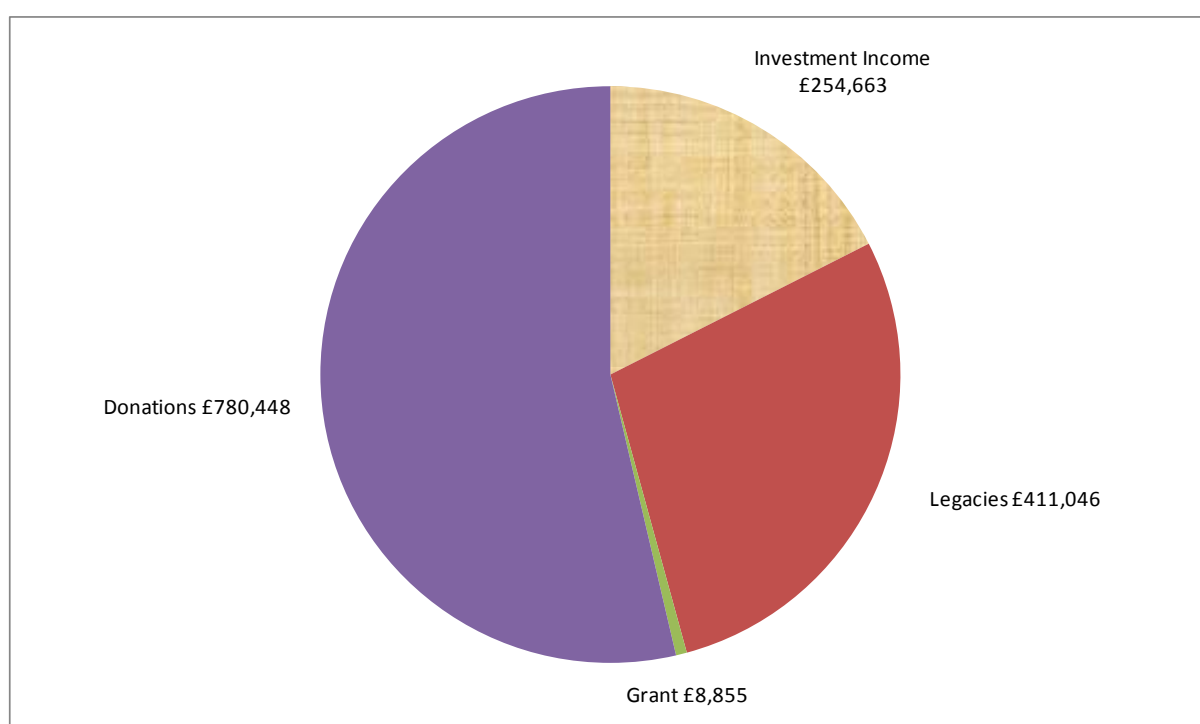
Hywel Dda Health Charities is a registered charity which supports patients, staff and services across our Health Board. It makes a difference to thousands of patients across the Hywel Dda area and beyond each year. The continued generosity of patients, families and local communities enables us to direct our charitable donations to support a wide range of services and activities, above what the NHS can provide, for the benefit of our patients.



Elusennau Iechyd Hywel Dda
Hywel Dda Health Charities
Rhif Elusen Gofrestredig: 1147863
Registered Charity Number: 1147863

Our income

The total income in 2017/18 was £1,455,012.

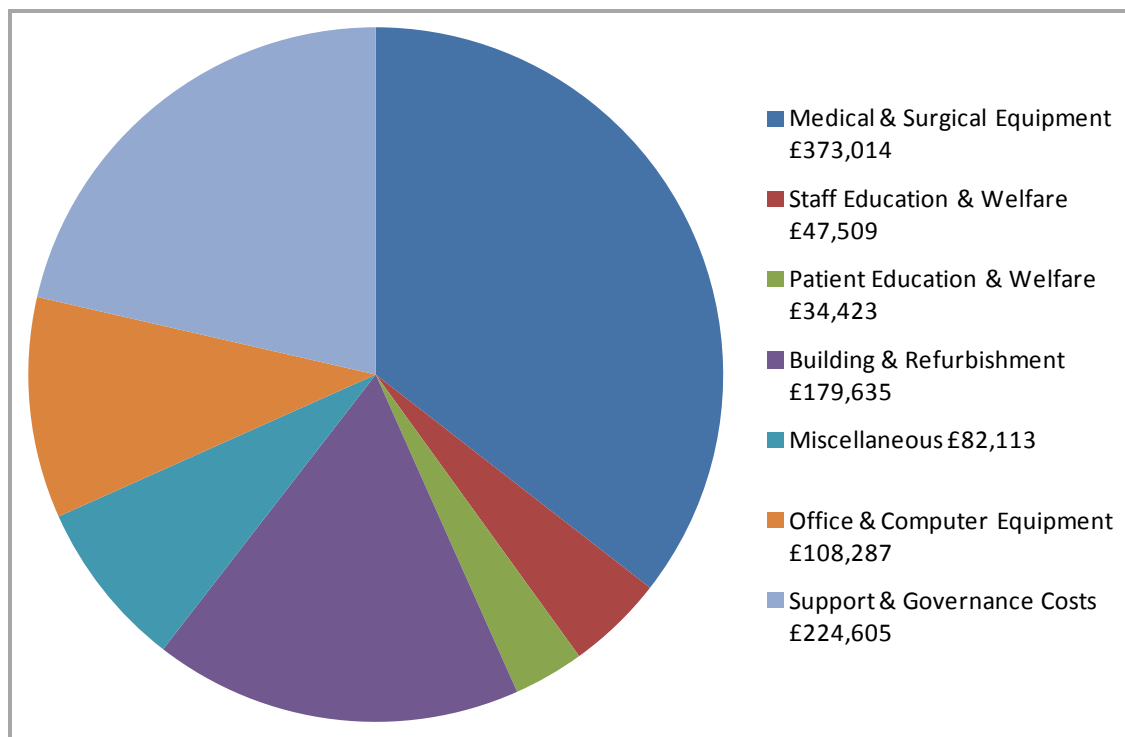


**Note: The figures quoted are subject to audit by Wales Audit Office in Sept/Oct 2018*

Our expenditure

Hywel Dda Health Charities is a grant-making body, providing grants to our UHB as a contribution to the cost of healthcare and adding value to what the NHS provides. Our charitable donations provide invaluable support on patient focused expenditure.

This year, expenditure on charitable activities was £1,049,586 supporting a wide range of charitable and health related activities.



**Note: The figures quoted are subject to audit by Wales Audit Office in Sept/Oct 2018*

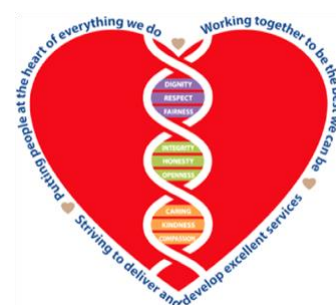
Full details of the charity's activities during 2017/18 will be available in the Hywel Dda Health Charities Annual Report and Accounts 2017/18, following audit during autumn 2018. The report will be available at www.hywelddahealthcharities.org.uk/publications.

Valuing our staff

Our organisational values

We launched our values and behaviours framework in July 2017. These were designed to incorporate all the personal values that our staff believed they should live and breathe and were complemented by our three organisational values:

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



Our behaviours framework outlines the behaviours we expect from our staff:

- **Core** – What we do day to day and is expected of all. It's integral to the DNA of the organisation.
- **Advanced** – How we change the way we work to create a positive experience. Demonstrates a positive impact on patients and services.
- **Excellence** – Values are embedded in our culture and become habit. We lead by example and evidence what we do.

Our Organisational Development Team have been facilitating ongoing bespoke values training sessions tailored to individual service requirements, allowing teams to develop a values charter for how they will live these values. They are also completing six month follow

up sessions for all new starters and attendees of leadership programmes to review its effectiveness and build trust so future concerns can be raised with them.

Our values and behaviours are now incorporated into the performance appraisal (PADR) process, with supporting guidance, and the feedback has been extremely positive.

Exit interviews are continuing to be completed with an increase in response rates and quarterly reports are provided to the Workforce and Organisational Development Sub Committee to identify any trends for leavers.

Chair's Employee/Team of the Month award scheme

2017/18 saw 62 individual staff members and teams from across the organisation receive recognition for going above and beyond the call of duty (some of whom feature in our front cover image). Recipients of the award are personally presented with a certificate of recognition by the Chair and photographs of the presentation publicised on social media, which are always extremely well received publicly.

National toolkits implementation

We have launched two employee toolkits as part of the national Health and Well-being Toolkit implementation; two of our staff were involved in the national group and the development of these tools. The toolkits are for all staff and include reflection logs and links to specific areas to support their health and well-being, as well as a number of best practice tips for services. We have also added a mandatory question into our appraisal documentation so that employees have an opportunity to discuss their health and well-being with their line manager.

Leadership programmes

Our leadership and management programmes have been reviewed and now have an increased focus on staff well-being and engagement. We have included a module on 'building a culture of well-being and resilience to equip managers with the skills to manage their own and their team's resilience, and a module on 'building a culture of well-being' to review what well-being is and how managers should role model behaviours and ensure that their team understand why health and well-being is so important.

NHS Wales staff survey results

Over the last year, we have been working hard to progress and complete actions arising from the 2016/17 NHS Wales staff survey, which was overall extremely positive for our Health Board and we are now preparing for the 2018/19 survey, which begins on 11 June for 6 weeks. Following this, we will review the data to assess trends from this and past surveys and develop actions plans as appropriate.

Staff benefits and rewards

We offer a range of benefits and rewards for all staff. These include salary sacrifice schemes to purchase home technology, lease cars, bicycles, leave and childcare vouchers. Staff also benefited from free promotional and 'work perk' samples. Volunteers are involved in the continuation of this popular staff reward initiative.

Staff well-being services

We have increased our focus on working proactively to enable managers and leaders to create the conditions needed for resilience and well-being at work. Our innovative "You Matter" Well-being Development Programme is being rolled out across all three counties to help build individual resilience and the input into induction ensures that we highlight the importance of staff well-being at the start of everyone's employment journey.

Throughout the past year the Occupational Health Service has focused on improving access, with many service users now using electronic systems to arrange and manage appointments and track progress of requests. The service has focused on providing more timely appointments to reduce waiting times across the Health Board, which are, on average, around three or four weeks for all Occupational Health clinicians.

Staff resourcing campaign

Our staff are the Health Board's most valuable resource and our key objective is to ensure that our services have the right staff in the right place with the right skills. 2017/18 has presented real challenges in recruiting sufficient numbers of doctors, nurses and therapy staff in some cases, due to national shortages across Wales and the UK as a whole.

Our recruitment team uses many innovative advertising schemes, including geographically targeted social media and London Transport advertising, as well as targeted recruitment events. Bilingual promotional materials have been produced, including videos and literature which are advertised on social media platforms nationally and internationally. The information produced is attached to vacancies on NHS Jobs to ensure easy access.

To ensure we continually provide high quality, relevant and contemporary recruitment information for our potential recruits, services across the organisation have worked closely with the Health Board's Recruitment Team over the last 12 months. This involved creating dedicated recruitment service web pages, videos, and testimonials, which are then promoted through our social media platforms. Campaigns undertaken in the last year can be viewed on our website here: www.hywelddahb.wales.nhs.uk/recruitment.

At the end of 2017 we had 28 more allied health professionals and 91 more registered nurses (the only health board in Wales to see an increase in the latter). We also appointed 65 senior medical staff which is double that of 2015.

All campaign materials produced are in line with the national #TrainWorkLive campaign and we have been commended by Welsh Government for our work. The Cabinet Secretary launched the next phase of the #TrainWorkLive GP campaign in October 2017. Social media plays a key part in our advertising strategy. All of our campaigns are produced bilingually and are publicised mainly through our online/social media platforms to ensure maximum exposure, including some geographically targeted advertising.

Investing in our estates and services

Hywel Dda University Health Board continued to invest in its estate and total capital investment in 2017/18 was £16.938 million.

Key investments from Welsh Government central funding in 2017/18 included:

- Continuation of the work to refurbish existing theatres, together with the provision of a new fire evacuation lift for Theatres/ICU at Bronglais Hospital (full capital value £5.32m).
- Funding for upgrades to patient accommodation in mental health facilities across the Health Board for point of ligature compliance (£2.0 million).
- Investment in IT to improve a range of areas including Wi-Fi provision and cyber security projects (£1.3 million).

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

Carmarthenshire	
Glangwili Hospital Replacement Scopes	£42,106
Glangwili Hospital Replacement Scope Washer	£93,596
Glangwili Hospital Bladder Scanners	25,230
Glangwili Hospital Replacement Ultrasounds	£255,291
Prince Philip Hospital Replacement Ultrasound	£67,605
Glangwili Hospital Upgrade of OPD Environment	£40,211
Glangwili Hospital Development of Minor Injuries Unit	£321,120
Ceredigion	
Bladder Scanners	£16,830
Replacement Ultrasound	£35,796
Relocation and Expansion of Sexual Health Clinic	£143,625
Replacement Echo Cardiac Machine	£76,000
Replacement Patient Monitoring for Stroke/Cardiac	£128,000
Pembrokeshire	
Replacement Patient Service Food Trolleys	£94,986
Equipment to support Bariatric Patients	£34,008
Bladder Scanners	£16,830
Replacement Scopes	£131,485
Replacement Anaesthetic Machines	£63,426
Replacement Ultrasound	£82,987
Development of Ambulatory Care Facility	£213,884
Mental Health	
Replacement ECT Machine	£19,606
Upgrade works in Ty Bryn	£69,000
Upgrade works to Patients Bedrooms & Bathrooms in St Caradog	£63,000

Major projects

Major Infrastructure and Ward Refurbishment Programme Business Case

We are currently undertaking a condition review of our four acute facilities in order to produce a programme business case (PBC) for consideration by Welsh Government.

The PBC will identify the key estate issues and provide a risk based investment programme to address over a number of future years. This work is not directly linked to the ongoing Transforming Clinical Services programme, however, the outcome will be flexible in order to respond to any future service delivery models.

Bronglais Hospital Front of House (£43.3m)

This project is nearing completion with the final refurbishment phase of the Main Theatres and the construction of the additional fire evacuation lift completing this summer.



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.

Cardigan Integrated Care Centre, Cardigan (£23.8m)

The full business case for this scheme was approved by Welsh Government in December 2017 and works commenced on site in early March 2018. Ground works, including foundation piling works, are currently underway on site. Construction works are due to complete in autumn 2019.



Women and Children, Phase 2 Glangwili Hospital

Funding of circa £25 million has recently been announced by Welsh Government for the redevelopment of women's and children's services at the site. Construction works are expected to start on site in autumn 2018.

Cardiac Catheter Scheme

Options are currently being assessed to increase elective angiography and pacing capacity. This is likely to be a short to medium term solution with the longer term solution being influenced by the outcome of the Transforming Clinical Services programme.

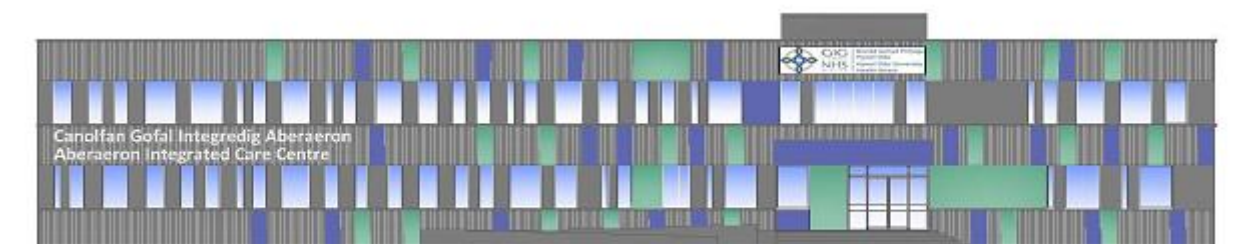
Aseptic Suite

We are currently moving forward with a business case based on relocating aseptic services to the Prince Philip Hospital site in Llanelli. The business justification case for this scheme will be submitted to Welsh Government in the autumn 2018.

Discretionary/Capital Projects

Business justification stage

- Aberaeron Integrated Care Centre – refurbishment and alterations at Minaeron;



Argraff Arlunydd / Artist's Impression

The Minaeron property was purchased by the Health Board from Ceredigion County Council in 2016/17 following confirmation of Welsh Government funding. Subsequently plans have been developed to refurbish the building to provide replacement community, social and primary care services in Aberaeron. Current services from Aberaeron Hospital, Felin Fach and Tanyfron Surgery will be relocated to the new facility. Accommodation will also be available for use by other service partners including WAST and the third sector. The project offers the opportunity to address the long-standing accommodation and access

issues at Aberaeron Hospital and will support the introduction of new integrated ways of working. A range of outpatient, GP, social care, health promotion and community health services will be based in the new facility along with the County Management Team. The business justification case has been approved. Commissioning plans are now being progressed by the project group with workshops to develop integrated working arrangements are continuing. Works mobilisation and construction commencement is scheduled for June 2018. Commissioned facility scheduled for May/June 2019.

- MRI replacement – phases 1 to 3 at Bronglais Hospital;
- Wards 9 and 10 refurbishment and alterations works at Withybush Hospital.

Discretionary capital projects

- New facility: Aberystwyth Sexual and Reproductive Healthcare Centre at Padarn Surgery site;
- New Minor Injuries Unit at Glangwili Hospital;
- New Medical Equipment Libraries at Bronglais and Glangwili hospitals;
- Dental Room refurbishment and new OPT facility at Elizabeth Williams Clinic;
- Points of ligature improvement works for mental health and learning disabilities services (MH&LD) – Health Board wide;
- Enablement works for automated dispensing units – Health Board wide;
- New facility: Meurig Williams Community Diabetic Centre at Prince Philip Hospital;
- New Ambulatory Care Unit at Withybush Hospital;
- Postgraduate/Lecture Theatre refurbishment works at Prince Philip and Withybush Hospitals;
- New office facilities at Canolfan Derwen, St David's Park.

Infrastructure/statutory projects

- Outpatients Department building fabric upgrade – Phases 4 to 6 at Glangwili Hospital;
- Drainage infrastructure works – Phase 2 at Glangwili Hospital;
- Hydrotherapy roof replacement project at Glangwili Hospital;
- Fire door replacement works at Prince Philip Hospital;
- Roof remedial and cladding work at Withybush Hospital;
- MH&LD improvement/refurbishment and upgrade works – Health Board wide.

Charitable funded schemes

- New 6 bed ward area at Y Banwy, Bronglais Hospital;
- Special care bedroom refurbishment works at Llandovery Hospital.

Health Board estate performance

Property performance

Key facts

Current backlog within the estate is £60.8 million
(high & significant backlog totals £42 million)

51% of our estate is over 32 years old

Average running cost for facilities management services
is circa £158/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 188,043m².

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. The ongoing identification of surplus premises for disposal and the acquisition of suitable premises either through capital purchases and or external lease arrangements have resulted in the disposal/acquisition of the following accommodation in 2017/18:

Disposals

Freehold Disposals:

- Bryntirion CPU, Heol Goffa, Llanelli.

This disposal has produced a capital receipt totalling circa £190k for the 2017/18 period.

Acquisitions

Leasehold Acquisitions:

- Unit 9 The Beacon, Dafen – Research and Development office accommodation;
- Padarn, Aberystwyth – Sexual Health and Reproductive Healthcare Centre.

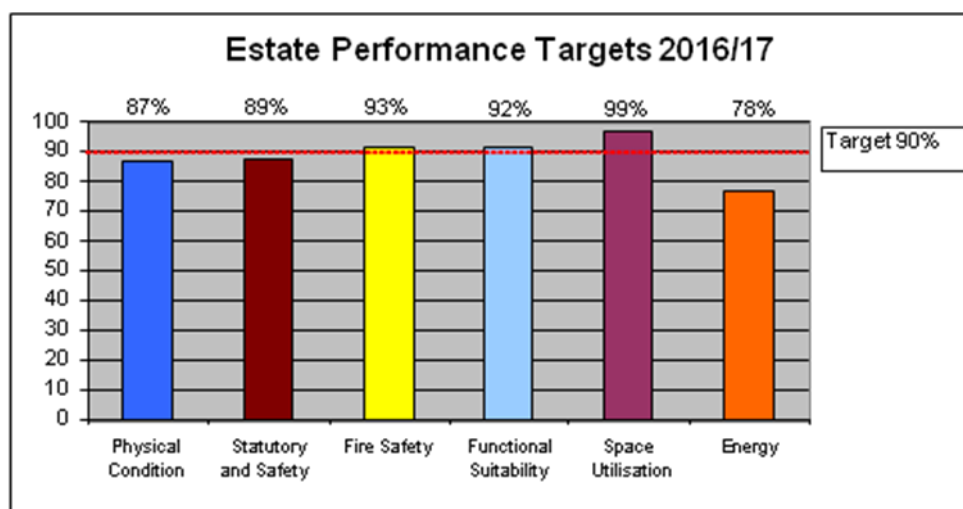
Freehold Acquisitions:

- Former Pembrokeshire County Council Offices, Minaeron, Aberaeron – purchased to develop an integrated care facility servicing the Aberaeron area and enable the disposal of the current Aberaeron Hospital site.

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 £158/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

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

- continuing our efforts to ensure the built environment is fit for purpose; and
- 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 new technology that has been introduced across the Health Board (mini i-Pads) capture the data to enable us to produce in-depth statistics on cleaning, nurse cleaning and estates. These are discussed and scrutinised in various forums throughout the Health Board. There is an improvement trend evident from this exercise and the system provides accurate and timely information regarding the cleanliness of the environments in all in patient areas.

Our 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 has further developed and is proving to be successful in enhancing the standard of ward cleanliness. The facilities teams work closely with our 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.

In addition, the Microfibre cleaning technology continues to be utilised to enhance the cleanliness of the built environment and has continued to be standardised across all sites.

Specialist services - catering

Food hygiene inspections/FSA ratings

The most recent round of food hygiene inspections have been undertaken by the Department of Environmental Health (EHO) in accordance with the revised Food Standards Agency Food Hygiene Rating Scheme. All of our Health Board premises have been awarded the highest possible score rating of 5.

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. Resources are being invested at Worthybush Hospital and compliance will be achieved in 2018/19.

Catering services

We currently produce in excess of 23,000 patient meals per week and over 1 million patient meals a year across the Health Board, at an average total patient meal cost of £4.29. In addition, we provide catering services for staff and visitors, generating in excess of £1.1 Million per annum (EFPMS 2016/17).

Catering services are responsible for meeting the diverse needs of patients, staff and visitors while meeting a range of national standards, guidance and directives in relation to the impact this catering has on health and well-being.

Additional work will be commissioned to extend the scope of the original August 2016 strategic outline case for future Health Board catering services in order to capture key qualitative information. This work will be undertaken in line with the Transforming Clinical Services outcomes.

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 (AWMF), the latter underpinning ongoing improvement in catering across NHS Wales, while supporting best value.

Despite our varied systems, overall patient experience and quality of meals across the Health Board is highly rated. Local evidence shows patient satisfaction is higher with conventional catering, increasing with meals plated at ward level and where the AWMF is fully implemented. Conversely, patient rated quality of meals at Prince Philip Hospital, following the change from in-house Central Production Unit cook-chill to bought-in cook-freeze meals, noticeably declined when introduced. This year, work has been undertaken to provide patient meals from Prince Philip Hospital's kitchen and patients on the Hafan Derwen site are now receiving some meals from Glangwili Hospital kitchen and quality has improved.

Food wastage

Significant improvements have been made in terms of capturing, monitoring and reporting wastage levels particularly in relation to unserved meals. Although more work is necessary to achieve the Welsh Government target of <5%. These reports are currently being received for scrutiny at our Menu Planning Group and at County Nutrition Groups. Managers are now undertaking monthly audits of waste at ward level and providing feedback to ward staff. It is also expected that the All Wales Catering IT Solution will help reduce waste.

Laundry services

Our Central Laundry Service based at Glangwili Hospital is currently participating in a Welsh Government initiated review of all laundry production units in Wales. This review has been commissioned to identify gaps in compliance and to determine the optimum number and configuration of production laundries for future provision across the principality. Staff briefings are being regularly held to keep staff appraised of the scheme.

Health, safety and security

In discharging this role, the Health & Safety and Emergency Planning Sub Committee is required to oversee and monitor the health and safety and emergency planning agenda for the Business Planning & Performance Assurance Committee in respect of its provision of advice to the Board, and ensure the implementation of that agenda against the areas of responsibility described below.

The Director of Nursing, Quality and Patient Experience chaired the HSE Control Group to ensure the actions identified in the Health Board's action plan were on target for completion. The improvement notice was officially complied with in May 2017 and further progress has been made to date with equipment librarians appointed, information and training improved, as well as having equipment libraries operating in all acute hospitals (by May 2018). Maintenance plans have been developed by the clinical engineering department and pressure relieving mattresses are now being maintained.

Violence and aggression restrictive physical intervention (RPI) training

The sub committee acknowledged the need for additional staff (healthcare support workers, nurses, therapists and facilities staff) to improve their skills with regard to the above. The Prevention and Management of Violence and Aggression (PAMOVA) Training team have developed two day training course for clinical staff and this will be formally presented to the Senior Nursing and Midwifery and Workforce and Organisational Development Forum for a training strategy approval. Improvements in RPI training for portering staff have been undertaken and the Health and Safety and Emergency Planning Sub Committee has monitored compliance with this area of work over the past 12 months.

Increase moving and handling training compliance project

The manual handling team introduced a new method of training delivery, by attending ward areas one day per week and support the ward based assessors. The aim was to improve patient and staff safety, increase training compliance rates and to provide improved support and supervision to the workplace assessors and all ward staff. The six month project resulted in the following improvements:

- Training compliance in project areas rose by 40%;
- 69 staff who had workplace competencies assessed did not need to attend classroom updates, resulting in a saving of 278 hours of nursing time;
- Appropriate completion and updating of patient handling assessment documentation has improved;
- Patient care and experience has improved due to patients having access to the expert knowledge and advice from the manual handling trainers on the ward.

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 2017/2018, key achievements include:

- Major review of our major incident response arrangements, referencing the new 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;
- Significant progress on business continuity planning development and review;
- Planning for, and delivering, as part of an All Wales NHS Training Group:
- Exercise Nightingale – NHS Wales table top exercise which considered how NHS Wales would manage its tactical response to a multi-sited, mass casualty incident;
- Health Prepared Wales 2017 symposium provided an opportunity to share lessons identified with colleagues involved in the health response to recent UK atrocities (Westminster, London Bridge and Manchester attacks);
- Further development and facilitation of trained Medical Emergency Response Incident Team (MERIT) capability. We currently have 28 trained MERIT Nurses with another 12 scheduled to participate this year.

Lockdown plans

Lockdown plans will be developed for each hospital site based on the Health Board's Lockdown Policy.

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 Hywel Dda University 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 our existing safeguarding arrangements and the Safeguarding Team has worked closely with our Health, Safety and Security Team during 2017/18.

The Regional CONTEST Board also discusses serious and organised crime matters. The CONTEST strategy reinforces the need for close collaboration across law enforcement, public, private and third sectors with local, multi-agency partnerships being the key to reducing the threat, risk and harm from serious and organised crime. As part of this extended agenda, the Health Board has been requested to produce a self assessment to establish our compliance with our responsibility under the Counter Terrorism and Serious Organised Crime Act. Our Director of Public Health, Ros Jervis, is reviewing the governance and reporting processes within the Health Board and brings experience from her previous role as Chair of a Local Authority CONTEST Board.

We continue to raise awareness of Prevent as part of the Manager's Passport Training Programme and via our intranet page.

We are proud to support the Counter Terrorism Policing's Action Counters Terrorism (ACT) Campaign (gov.uk/ACT) to encourage the public to help the police tackle terrorism and save lives by reporting suspicious behaviour and activity. In March 2018, we provided information and advice to staff in support of the ACT campaign, including raising awareness of the new 'CitizenAID' app. With the enduring terrorist threat, it is now more important than ever that everyone – including our staff – plays their part in tackling terrorism. Our actions could save lives.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Performance Report 2017/18

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 Annual Plan 2017/18 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 [Annual Plan 2018/19](#).

Our plan for 2017/18 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 2016/17 remained the same because the need assessments upon which they are 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, are more important than ever.

During 2017/18, 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.

Too many people still wait too long for treatment but the numbers have fallen. We have met the majority of our 2017/18 Annual Plan targets across all key indicators and, with the benefit of additional funding for elective treatment times, we achieved just under 1,500 36 week waits – our best performance for a number of years and a 79% reduction since August 2015, in particular seeing a reduction in those patients waiting over 52 weeks.

We are showing significant improvement against the 14 weeks therapy component waits standard with the number of breaches reducing from 2,910 in August 2017 to 116 in March 2018. We also continue to have no over 8 week waiters in diagnostics, a key objective in our mission statement and held a first in Wales position for a number of months.

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 2017/18 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 well-being. 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.

Through the process of service transformation, we have further developed our organisational understanding about the principles of Equality Impact Assessment (EqIA). We aim to ensure that as far as possible, our decision making, strategy and policy development and service delivery is fair, accountable and transparent, taking into account the needs and rights of all those who may be affected.

Examples of work towards meeting our equality objectives are described in our equality and diversity annual report here: <http://www.wales.nhs.uk/sitesplus/862/page/61233/>. Our report covering April 2017 to March 2018 will be published by 31 March 2019.



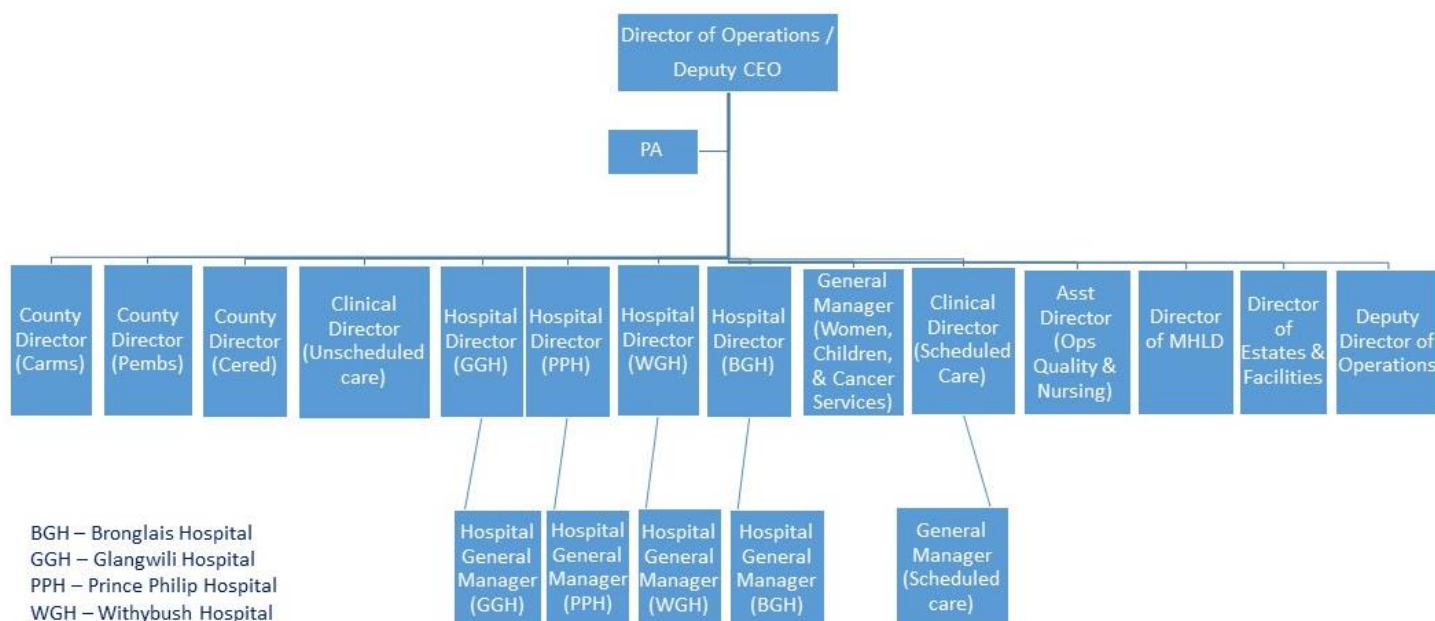
Every year, we produce a suite of annual reporting documentation that describes our organisation, the care we provide and what we do to plan, deliver and improve healthcare for you, in order to meet changing demands and future challenges. Our annual report provides information about our performance, what we have achieved in 2017/18 and how we will improve next year. Our priorities are shaped by our Annual Plan which sets out our objectives and plans until 2019. You can read this and find out more about us at www.hywelldahb.wales.nhs.uk. Our Annual Report for 2017/18 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.

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: <https://bit.ly/2sFIRSw>. Our Public Health Annual Report 2017/18 provides further detail on the actions we have taken to improve the health and well-being of our local communities and is available here: <https://bit.ly/2M67OgR>

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 September 2017. 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 during the year has been to exercise leadership, direction and control and this is described in more details in our Annual Governance Statement (see page 98).

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. During the year, risk management throughout the organisation has been further strengthened. We have introduced a Board approved risk management framework which sets out the components that provide the foundation and organisational arrangements for supporting risk management processes, with our risk management strategy and policy being an integral element of the framework. This is an essential component of successful clinical and corporate governance and we believe that, by approaching the control of risk in a strategic and organised manner, risk factors can be reduced to an acceptable and manageable level, resulting in better quality and safer care for patients and residents, and a reduction in unnecessary expenditure.

We have developed a new [Performance Management Assurance Framework](#) for 2018/19, which protects time for the Health Board's Executive Team to interrogate the risk register and ensure that plans are in place to mitigate risks and improve performance. More information on our risk management is available in our Annual Governance Statement within the Accountability Report ([see page 131](#)).

The Board assurance framework (<https://bit.ly/2M2f2m9>) is the key source of evidence that links strategic objectives ([see page 7](#)) 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 159](#)).

Performance outcomes

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 following table demonstrates that 2017/18 performance overall has improved.

	Improved performance	Sustained performance	Decline in performance	Target summary
Staying healthy I am well informed & supported to manage my own physical & mental health	5 measures	0 measures	8 measures	↓
Safe care I am protected from harm & protect myself from harm	12 measures	0 measures	2 measures	↑
Dignified care I am treated with dignity & respect & treat others the same	4 measures	0 measures	3 measures	↑
Effective care I receive the right care & support as locally as possible & I contribute to making that care successful	5 measures	0 measures	6 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	13 measures	↓
Individual care I am treated as an individual, with my own needs & responsibilities	2 measures	1 measures	3 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	9 measures	0 measures	2 measures	↑
Summary	46 measures	1 measures	37 measures	↑

Of the 84 measures, the Health Board has improved performance in 46 measures and held a sustained position in one. During this reporting period, three domains demonstrated an upward trend, whilst four deteriorated.

Within the **Staying Healthy** domain:

- We have achieved the required uptake of influenza vaccinations for pregnant women but not the other target groups (over 65s, under 65s in at risk groups and healthcare workers). A range of actions will be undertaken to boost vaccination levels for both patients and staff within acute, primary care, community and the voluntary sector;
- In both admissions and readmissions for the basket of 8 chronic conditions the Health Board witnessed an improving trend since the summer;
- There was a slight improvement witnessed for residents making a smoking quit attempt whereas those CO validated showed a slight decline. There is continued investment in smoking cessation to develop services;
- The number of pregnant women who gave up smoking has decreased. A group has been established as part of the National Improvement Review for Maternity Services to review and improve current data collection and a programme has been developed to support full implementation of the National Institute for Health and Care Excellence (NICE) guidance;
- There was deterioration in the percentage of children who received their scheduled vaccinations at one and five years of age but with an increased workforce coupled with improved data reporting and recording, the service aims to increase the number of children vaccinated going forward;
- The target has been met and further improvement was seen with children being seen by a health visitor as part of the Healthy Child Wales Programme;
- The adult population is still finding it difficult to make a convenient appointment with a GP. A programme of work is underway to improve sustainability, resilience and access.

For the **Safe Care** domain:

- There was an increase in the rate of hospital admissions for children and young people with any mention of self harm. In 2018/19 the Health Board will continue to work with key agencies, including Public Health Wales, to reduce the number of admissions by contributing to early intervention and prevention programmes;
- The latest figures (2015) show an improvement in performance for amenable mortality i.e. deaths in people under 75 that could potentially have been avoided;
- There was an improvement in performance in the number of preventable hospital acquired thrombosis. Each case has been analysed to determine the root cause(s) and ensure that lessons are learnt and corrective action is agreed;
- There was a decrease in the monthly population rate of *Clostridium difficile*, *Staphylococcus aureus* and *Escherichia coli* infections. In order to improve further, the Health Board is implementing a detailed recovery plan during 2018/19;
- The target has been met for non-steroidal anti-inflammatory drugs (NSAID). However, the target was not met for antibacterial prescribing;
- The Health Board monitors patient safety alerts and notices as and when required i.e. there are some months where no alerts are due for compliance which impacts on being able to demonstrate an improved performance. During 2017/18 the Health Board was compliant with all bar two patient safety alerts;
- The number of serious incidents assured within the agreed timescale has shown a significant improvement. Similarly, the numbers of serious incidents relating to pressure ulcers, medication errors and patient falls all reduced;
- There were two never events in 2017/18 which is an improvement to the previous year.

Within **Dignified Care**:

- There has been an annual improvement in the average rate given by the public for satisfaction with health services in the Hywel Dda area;
- The number of procedures postponed by the Health Board on more than one occasion and re-booked within 14 days has shown an improving trend. Work is underway to protect capacity for elective procedures during 2018/19 to mitigate the risk of short notice cancellations for patients;
- There has been a decline in the performance for patients aged 75+ with an anticholinergic effect on condition (AEC) of three or more items on active repeat;
- There has been a reduction of 1% in the percentage of adults satisfied with the care received at an NHS hospital. One of the main concerns that our patients have is around access, appointments and cancellations of procedures. Work is in progress to maximise effective utilisation of clinic and theatre capacity as well as reducing waiting times for all patients;
- The percentage of people with dementia (over 65) who are diagnosed has improved, along with the percentage of GP teams that have completed mental health direct enhanced services training in dementia care;
- However, there has been a decline in the percentage of adults who were satisfied with the GP care they received. Work is underway to support the development of GP practice networks to improve services.

Within **Effective Care**:

- Mental health delayed transfer of care (DTOC) rates have shown an improvement over the 12 month period; however, non-mental health DTOC rates have deteriorated, the aim is to reduce the numbers by the end of 2018/19. All three counties continue to work with patients, families, partner agencies and organisations to minimise DTOC cases, distress to patients/families and to minimise the loss of bed days;
- The Health Board has not achieved improvement in all of the key mortality measures over the last 12 months. A new clinical risk matrix will be developed in 2018/19 to ensure clear actions are identified and taken to address quality and safety issues;
- Meeting the target of clinical coding of consultant inpatient episodes has been a challenge due to capacity constraints. There are plans to code 98% of 2017/18 records by the end of June 2018. However, an audit by (NHS Wales Informatics Service (NWIS) has identified an improvement in the accuracy of clinical coding;
- The target was met for ensuring all new medicines are made available within two months of NICE and All Wales Medicines Strategy Group (AWMSG) appraisals;
- One of the four clinical research measures have demonstrated an improvement. The Grant and Innovation Manager will continue to work with clinicians and other collaborators to increase the number of successful research grant applications into Hywel Dda, which will lead to increased study activity and funding.

Whilst not achieving all the required targets that sit within the **Timely Care** domain, there have been successes:

- There is an annual improvement in GP practice opening hours and patients being prioritised through the GP out of hours service within 60 minutes. However, there was a decline in performance for patients being clinically assessed within 20 minutes of their call to the GP out of hours service being answered. A clinical advisory group has been established for the out of hours service with the aim of developing a sustainable service model;
- Patients treated by an NHS dentist have shown a declining trend over the past 24 months;
- At the end of March 2018, there were 1,494 patients who were not treated within the Welsh Government's 36 week target, the majority of these were orthopaedic patients.

However, an improvement trend is witnessed. The number of patients seen within the 26 week target has also improved. Plans are being developed to make further improvements to patient waiting times during 2018/19;

- The Health Board met the eight week diagnostic target of zero patients waiting more than eight weeks;
- The number of patients waiting for a follow-up appointment delayed past the target date increased. A number of parallel work streams are underway to make improvements to capacity within the system;
- There has been a decline in performance for the survival of patients within 30 days of an emergency admission for a hip fracture. A new clinical risk matrix is being developed to ensure relevant actions are identified and undertaken;
- The Health Board's performance against the Welsh Government stroke quality improvement measures has shown an improving trend for three of the four measures. Direct admission to a stroke unit within four hours was impacted by winter pressures. A stroke delivery plan is now in place which details actions required to deliver further improvements;
- Red call ambulance performance deteriorated at the end of the year but the target was met during the previous 11 months. Work is underway to increase capacity and it is expected that the target will be met throughout 2018/19;
- Whilst not achieving the ambulance handover and A&E targets, the Health Board has developed an unscheduled care programme to ensure that sustainable improvements are made to the entire integrated unscheduled care system;
- The non-urgent suspected cancer and urgent suspected cancer showed a decline in performance but were close to targets. Breaches were predominantly due to delays for specialist tertiary centre treatments. Tertiary pathway improvement projects are being developed;
- The Mental Health Local Primary Mental Health Support Services (LPMHSS) measure for assessments showed improvement whilst interventions deteriorated over the 12 month period. The management of the Adult and Child & Adolescent Mental Health LPMHSS have been separated to help each of the service areas to focus on delivery.

Within the **Individual Care** domain:

- There is an improvement in the rate of Welsh residents calling the drug and alcohol helpline but a reduction in the number of mental health calls to CALL and the dementia help lines.
- Residents in receipt of a secondary care mental health care and treatment plan (CTP) has improved whilst those sent their CTP outcome assessment has deteriorated. This is being closely monitored in 2018/19 to ensure improvements are made;
- The Health Board consistently ensured advocacy was available to all qualifying patients throughout 2017/18.

Within the **Our Staff and Resources** domain:

- There has been improvement in performance for new and follow-up outpatient did not attend (DNA) rates. A working group has been established to progress key actions (e.g. text reminder service) with the aim of further reducing the DNA rates;
- There has been an improvement in performance for the number of procedures undertaken that do not comply with NICE 'do not do' guidance for procedures with limited effectiveness;
- There has also been an improvement (reduction) in the elective caesarean rate;
- The percentage of medical staff having appraisals has been consistently above target throughout 2017/18 and non-medical staff appraisals have shown an improvement. A wide range of support is in place and ongoing, to support managers to undertake a PADR with

their staff. However, the percentage of staff who thought their appraisal helped them to improve how they do their job decreased;

- The overall staff engagement score has shown an upward trend;
- Compliance with the core skills and training framework for staff has improved;
- Improvements have been made in the prescribing of biosimilar medicines;
- The 12 month reduction target for staff sickness was met in 2017/18. The Health Board continues to closely monitor and manage sickness levels.

Our delivery against finance and workforce plans

The Health Board ended the 2017/18 financial year with a deficit of £69.43m. This was £10.5m greater than the forecast of £58.9m agreed at the beginning of the year. Although significant savings were made in-year there were also cost pressures that could not be contained within the original forecast.

For 2017/18 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 2017 setting out a forecast year-end deficit of £58.9m based on delivery of £32m savings plans. This level of savings was much higher than we have delivered in recent years. In recognition of this and learning from good practice elsewhere, a Turnaround Process to help savings delivery was introduced with the Turnaround Director taking up post in June 2017. Turnaround is focusing on three distinct but overlapping areas, namely 'corporate led savings' in areas such as efficiency and productivity, variable pay, medicines management, procurement and continuing healthcare; 'holding to account' where directorate cost improvement plans are scrutinised and '60-day improvement cycles' that take a more thematic approach to organisational wide or cross directorate issues that would benefit from a co-ordinated approach to tackling the problem. Two control groups around workforce and non-pay were also established.

The planned in-year figures were achieved in the early months of the year, but from month 5 onwards the position became more challenging being a combination of savings slippage and cost pressures. Following a review after the August financial position was known, a draft contingency plan was agreed by the Board in October to bring the position back in line. Unfortunately following detailed discussion at the Finance Sub-Committee of the Business Planning & Performance Assurance Committee (BPPAC), BPPAC and at Public Board, it became clear following a review of the November position that the forecast set out at the beginning of the year could not be achieved and, in the light of the additional pressures, the year-end forecast was amended to £69.601m deficit. The actual deficit at year end was £69.431m.

The Annual Accounts for 2017/18 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.

Key to delivering an improved position was addressing our premium rate variable pay spend and a lot of focus was put into this area. The following actions were taken in relation to medical, nursing and other main areas:

Medical - a medical recruitment plan was developed; adherence to the requirement for all agency doctors to take the legally required break dependent on the length of shift; doctors moved from agency onto the Health Board payroll; reduced hourly rates negotiated; developed exit strategies for the most expensive agency doctors that have been in place for the longest period; more rigorous approval process that requires executive approval to be

obtained, prior to an agency booking being made. The Health Board also negotiated a new contract for provision of Direct Engagement Services which reduced costs. The introduction of the cap on medical agency rates and move towards standardising of Internal Ad Hoc Locum rates has also been rigorously implemented and showed an impact.

Nursing – a nursing recruitment plan was developed; from 1st April 2017 new rates of pay for “on contract” agency workers were implemented but due to difficulties experienced during April 2017 in engaging Agency workers, a slight increase was agreed, on a temporary basis, to include some support for travel and accommodation but the final rate agreed was still a reduction on the previous rates. The temporary measure to overcome the issue of limited supply ended in September. Our use of ‘off contract’ agencies has been high compared with all Wales figures, therefore from the 1st November with limited exceptions for patient safety reasons, we have curtailed ‘off contract’ use. The number of ‘off contract’ shifts has reduced significantly. Unfortunately small increases were seen in the latter part of the year due to winter pressures. As we move forward we are examining the feasibility and impact both financially and in patient safety of fully ceasing the use of ‘off contract’ agencies. Some 89 newly qualified nurses took up substantive posts in September 2017 which together with other measures helped reduce agency reliance. However, vacancy rates remain challenging, particularly in Bronglais and Withybush hospitals and combined with service pressures agency costs have not reduced as much as planned.

From March 2017 the Health Board introduced a new process for all Allied Health Professionals (AHP)/Scientific agency bookings meaning this is now a VAT efficient process. All of the above actions resulted in a reduction in variable pay spend of £9m compared with 2016/17.

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. Medicines management savings also delivered in the areas being targeted.

The work undertaken by directorates and supported via Turnaround resulted in £29m of savings including accountancy gains being delivered. However, the underlying monthly spend did not improve sufficiently due to pressures for ‘no cheaper stock obtainable’ primary care drugs, medical staffing costs in maintaining rotas in Glangwili and Prince Philip hospitals, costs associated with developing our Transforming Mental Health and Transforming Clinical Services strategies and costs for maintaining waiting times positions through either outsourcing work or performing additional in-house clinics above budgeted levels.

Capital spend totalled £17.8m during the year. The main projects related to Bronglais Hospital front of house and the fire lift that represented almost a quarter of the in-year total. Other areas of significance included almost £2m on anti-ligature works; £3m on information management and technology, and £2.4m on medical equipment.

Looking ahead into 2018/19 the Health Board has again prepared an Annual Plan. The plan was agreed by the Board in March 2018 and sets out a forecast deficit of £62.550m. This is dependent on achieving £38m of savings gross. Having learned from the experience in 2017/18, we have identified in advance corporate actions that will help achieve a proportion of the total leaving a balance of £30.7m to find.

The Turnaround programme will continue to utilise the approach and methodology adopted in 2017/18 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 process will be strengthened in 2018/19 by enhancing the holding to account process with the Chief Executive chairing a single day of holding to account meetings to review high risk directorate plans. The 60-day cycle themes and process will be used to drive the key savings themes: continuing healthcare; patients with a current or emerging diagnosis of dementia and their pathway through the system; efficiency and productivity; theatres; outpatients; and patient communication. The overall process supported by a revised performance management framework which will go to the Board in May 2018.

Our performance analysis

Staying healthy domain

Smoking during pregnancy

2015/16	2016/17	Trend
Target – Annual improvement		
% of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)		
69.2	26.8	↓

Data source: Maternity Indicator Dataset (NWIS)

How are we doing?

Below the Welsh average and performance declined in 2016/17.

How will we deliver?

- A group led by the Health Board has been established as part of the National Improvement Review for Maternity Services to review and improve current data collection in Myrddin;
- A programme has been developed to support full implementation of the National Institute for Health and Care Excellence (NICE) guidance. This programme will include:
 - training in brief interventions;
 - providing every midwife with a CO monitor to ensure all pregnant women are CO validated at every antenatal appointment;
 - 'opt out' referral to smoking cessation services for those with a CO reading above 4ppm;
 - improving referral pathways to smoking cessation support and ensuring all midwives and smokers are aware of the full range of services available;
 - regular audit of maternity records to monitor compliance;
 - research to understand some of the barriers midwives have in asking about the smoking status and using a CO monitor;
 - research with pregnant women to understand barriers to smoking cessation.
- A proposal has been approved to establish an early year's service that will provide additional support to some of the harder to reach groups.

When will we deliver?

By March 2019.

Uptake of childhood scheduled vaccinations

Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Trend
Target – 95%				
% of children who received 3 doses of the 5 in 1 vaccine by age 1				
94.8	93.7	93.9	93.6	↓
% of children who received 2 doses of the MMR vaccine by age 5				
88.6	88.4	87.2	87.3	↓

Data source: Public Health Wales

How are we doing?

We are below the target for the measures and within 3% of the current all Wales uptake.

How will we deliver?

Two Band 5 Community Nurse Immunisers have been appointed to work with the vulnerable population and support existing immunisation clinics within the Health Board, subject to assessment of need etc. The Health Board has appointed a Support Manager to the Children's Public Health Nursing Team who will support the Immunisation Co-ordinator with business cases for trying different models of immunisation delivery within all sectors of the population, starting with childhood immunisation. Within the Childhood Immunisation Group, a task group is looking at data reporting, data recording and other data related issues, to cleanse the data to truly reflect the vaccination status of the population. This will allow the service to target GP practices who are most in need of bespoke support to minimise queues and offer immunisation in a timely manner.

When will we deliver?

During 2018/19, a childhood immunisation and vaccination plan is being developed with the involvement of relevant stakeholders which should facilitate a focused and targeted approach to childhood immunisation and vaccination. The uptake in vaccinations will improve, protect and prevent infection and support children to have a healthy start to life.

Healthy Child Wales Programme

Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Trend
Target – Annual improvement				
% of children who are 10 days old within the reporting period who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme				
71.6	62.2	85.0	90.6	↑

Data source: National Community Child Health Database (NCCHD)

How are we doing?

The target has been met for this measure and performance has improved.

Uptake of national Influenza vaccine

	Target	2015/16	2016/17	Trend
% uptake of the national influenza for the following groups:				
Over 65 years of age	75	63.9	63.4	↓
Under 65 years of age in at risk groups	75	43.2	42.3	↓
Pregnant women	75	66.7	87.5	↑
Healthcare workers	50	52.7	47.0	↓

Data source: Public Health Wales

How are we doing?

Uptake of influenza vaccination last season among eligible population groups in the Hywel Dda area remains suboptimal. The Health Board was the lowest performing health board for uptake of influenza vaccination in patients aged over 65 years and under 65 years at clinical risk despite an additional 639 vaccinations given in primary care this season. Cultural barriers to influenza vaccination uptake remain in large parts of the population and challenging and overcoming these barriers remains a long term process. These barriers extend to a sizeable proportion of the Hywel Dda workforce who are resistant to accepting the offer of a vaccination.

How will we deliver?

Throughout the 2016/17 season data on uptake performance in primary care settings has been regularly generated and disseminated at a GP practice level in order to support local action. Alongside this radio and press advertising has encouraged eligible populations to have their influenza vaccination and this information has been boosted by an insert in Health Board outpatient appointment letters from the Medical Director promoting uptake.

When will we deliver?

A range of actions will be undertaken to boost vaccination levels for both patients and staff within acute, primary care, community and the voluntary sector following a multi-disciplinary debrief session undertaken at the close of the season. In particular, strengthened communication and support for GP practices and enhanced data collection and monitoring systems for Health Board staff vaccination programmes will be developed for 2017/18.

Chronic Conditions

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 12 month reduction												
Rate of emergency hospital admissions within a year for a basket of 8 chronic conditions per 100,000 of the population												
1321	1292	1281	1260	1249	1242	1228	1203	1194	1175	1152	1087	↑
Rate of emergency hospital readmissions within a year for a basket of 8 chronic conditions per 100,000 of the population												
258	252	246	243	242	238	237	231	225	224	217	205	↑

How are we doing?

Both chronic condition measures have shown an improving trend from summer 2017.

Smoking cessation services

2016/17 (Q1-Q3)	2017/18 (Q1-Q3)	Trend
Target – 5%		
% of adult smokers who make a quit attempt via smoking cessation services		
1.62	1.95	↑
Target – 40%		
% of those smokers who are Carbon Monoxide (CO) validated as quit at 4 weeks		
56.92	56.85	↓

Data source: Smoking Cessation Services Data Collection (Welsh Government)

How are we doing?

- Marginal gains in quit attempt performance against the 5% target for 2017/18, however, while improvement is slow it is in line with performance at an all Wales level and when compared to other health board areas;
- CO validated quit rate at four weeks continue to be above the 40% target with the Health Board being one of the better performing health boards on this measure.

How will we deliver?

- Continued investment in and development of smoking cessation services in Hywel Dda. This investment will include:
 - Ongoing recruitment of pharmacists into the Pharmacy Level 3 Smoking Cessation Service. This will increase the availability and accessibility of services to smokers across the Hywel Dda area;
 - Development of the hospital smoking cessation service to ensure a targeted approach to those smokers with more complex needs;
 - Promotion of 'Help Me Quit' in all primary care settings;

- Improved integration of cessation services to ensure smokers are provided with consistent support;
- Support the development and implementation of the all Wales minimum data set and the all Wales service standards.

When will we deliver?

Improved position to 3% by March 2019.

Appointments with GP practices

2016/17	2017/18	Trend
Target – Annual improvement		
% of people (age 16+) who found it difficult to make a convenient appointment with a GP		
33.7	35.1	↓

Data source: National Survey for Wales (Welsh Government)

How are we doing?

This is reported from the National Survey for Wales and it is therefore not possible to align the satisfaction reported by patients to individual GP Practices. It is acknowledged that further work on this is needed however it needs to be noted that this is within the context of the increasing fragility and sustainability challenges faced by GP practices caused by declining medical workforce. This manifests in challenges accessing GP appointments in the same way, an introduction of triage and telephone consulting services and introduction of new clinical roles which may reduce the need to access a GP by not always the perception of need.

How will we deliver?

- A programme of work is underway to support the development of GP practice networks in order to stabilise services and improve sustainability, resilience and access;
- Information is being shared with the public to inform 'Choose Well' as well as enabling greater understanding of different professional roles and the benefits of telephone consulting;
- Further information is needed to support a growing understanding of the benefits of the whole clinical team and that access to a GP is not always the most appropriate pathway to care.

When will we deliver?

This is an ongoing programme of work, which will be reported on bi-annually.

Safe care domain

Self harm admissions

2015/16	2016/17	Trend
Target – Annual improvement		
Rate of hospital admissions with any mention of intentional self harm for children and young people (age 10-24 years), rate per 100,000 population		
3.75	4.14	↓

Data source: Patient Episode Database for Wales (via Public Health Wales)

How are we doing?

The data for the designated time period indicates that the number of admissions has slightly increased which is in line with the national statistics for increased demand on mental health services. The Health Board will continue to monitor trends and work with key agencies to address this, including further scrutiny via the Local Mental Health Partnership Board (LMHPB) and the Talk To Me 2 Delivery group, chaired by a service user, with representation from the mental health and learning disability (MHL), acute hospital, primary and community services.

How will we deliver?

The directorate will continue to monitor closely the number of admissions and assessments undertaken. All data on admissions for self harm is monitored and reported to the local safeguarding boards. The Specialist Child and Adolescent Mental Health Service (S-CAMHS) has developed a 24 hour/7 day community crisis service which is responsive to local agencies for assessment and intervention for acute mental health crisis and each county has an adult community home treatment team able to respond to mental health emergencies. The directorate is fully involved in the delivery and implementation of the national strategy: Talk To Me 2 for Suicide and Self harm Prevention Strategy for Wales 2015-20 and this is a key objective for the LMHPB.

When will we deliver?

Addressing self harm requires a multi-faceted approach and partnership working will continue with key agencies including Public Health Wales, to reduce the number of admissions by contributing to early intervention and prevention programmes. Delivering early intervention on emotional and mental health in schools is a key function of the S-CAMHS primary mental health team. A new initiative funded by the Welsh Government in Ceredigion targets all schools across Ceredigion in increasing teachers' awareness of mental health problems at an early age and improving their knowledge and skills which in turn will promote early intervention and prevention.

Amenable mortality

	Target	2015	2016	Trend
Amenable mortality per 100,000 of the European standardised population	Annual improvement	136.6	119.9	↑

Data source: Office for National Statistics (via Public Health Wales)

How are we doing?

The Health Board has shown improvement in this measure.

Hospital acquired thrombosis (HAT)

Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Trend
Target – 12 month reduction				
The number of preventable hospital acquired thrombosis				
5	1	1	2	↑

How are we doing?

The number of potentially preventable HATs (determined by root cause analysis) in quarter 2 (2017/18) reduced to two which is a decrease from five reported in quarter 3 (2016/17).

How will we deliver?

Each root cause analysis is documented with a summary of lessons learned and corrective actions agreed to improve delivery. These summaries are reported to Welsh Government on a quarterly basis. Individual cases are discussed on each site in the governance meetings, learning from events, nurse forums and consultant meetings. Individual consultants are written to informing them of the incident and for learning purposes.

When will we deliver?

With further promotion and awareness of the risks of HAT, and increased use of the venous thromboembolism (VTE) risk assessments by clinicians across specialties, improvement is expected, and potentially preventable HAT will reduce to as low a number as possible.

Total antibacterial items

Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Trend
Target – 4 quarter reduction				
Total antibacterial items per 1,000 STAR-PUs				
297	293	335	353	↓

How are we doing?

There was a slight decline in performance with an increase in the number of dispensed antibacterial items per 1000 STAR-PUs from 345.33 for Q4 2016/17 to 352.95 for quarter 4 2017/18. However, there is an overall downward trend in total antibacterial items per 1000 STAR-PUs being dispensed. The average dispensed antibacterial items per 1000 STAR-PUs per quarter for financial year 2017/18 was 319 compared with 325 for financial year 2016/17. This can be explained by the protracted flu season that was experienced during quarter 4 this

year and the need to treat post-flu respiratory tract infections. This has been reflected on an all Wales level with most health boards seeing an increase in quarter 4 2017/18 compared to quarter 4 2016/17 and an increase in the all Wales average.

How will we deliver?

The challenges for the Health Board are:

- An elderly patient population with multiple co-morbidities who have a lower threshold for treatment with antibiotics;
- Low uptake of the influenza vaccine compared with the rest of Wales.

A Primary Care Antimicrobial Pharmacist has been employed since October 2017, who is working with high prescribing practices to improve the appropriateness of their prescribing. The pharmacist is also providing antimicrobial stewardship educational sessions at prescribing leads meetings and GP trainee teaching.

When will we deliver?

The aim would be to see an improvement in prescribing rates by quarter 4 2018/19.

NSAID (Nonsteroidal Anti-inflammatory)

Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Trend
Target – 4 quarter reduction				
NSAID average daily quantity per 1,000 STAR-PUs				
1577	1553	1511	1430	↑

How are we doing?

This is on target to deliver. During quarter 3, further progress was made to reduce the level of prescribing of NSAIDs.

Fluoroquinolone, Cephalosporin, Co-amoxiclav

Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Trend
Target – 4 quarter reduction				
Above items as % of total antibacterial items dispensed in the community				
10.1	10.4	8.9	8.5	↑

How are we doing?

There is a reduction trend in the amount of 3C antibacterials being dispensed as a percentage of total antibacterial items. The 2018/19 target will include Clindamycin and become a 4C antibacterial target.

Healthcare acquired infections

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target: reduction rate in cases per 100,000 population												
The number of laboratory confirmed E.coli bacteraemias cases per 100,000 of population												
101.47	110.47	130.00	131.95	125.81	133.17	85.92	126.83	144.22	101.26	105.32	113.54	↑
Target: reduction rate in cases per 100,000 population												
The number of laboratory confirmed C.difficile cases per 100,000 of population												
25.37	67.51	25.37	52.16	42.96	44.39	39.89	47.56	39.89	21.48	33.97	39.89	↑
Target: reduction rate in cases per 100,000 population												
The number of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 of population												
44.39	36.82	44.39	21.48	33.75	19.02	39.89	25.37	30.69	33.75	40.77	24.55	↑

How are we doing?

There was a decrease in the monthly population rate of *Clostridium difficile*, *Staphylococcus aureus* and *Escherichia coli* infections.

- Hywel Dda had the highest *E. coli* bacteraemia rate in Wales, although this rate increased by 2% last year the significant increase witnessed in 2016/17 was not sustained. Local surveillance indicates that these infections are mainly associated with the community;
- At the six month period, *C. difficile* monthly rates showed an increase of 30% on the previous year's figures, by the end of the year this reduced to an 8% increase. This indicates improvement during the latter part of the year;
- *S. aureus* bacteraemia cases, while high in April 2017, showed a steady decline throughout the year in both MRSA and MSSA. Hywel Dda had the lowest MRSA rate in Wales and was the only health board in Wales to report a reduction in MSSA numbers.

How will we deliver?

An Improvement Recovery Plan 2018/19 has been approved by the Business Planning and Performance Assurance Committee and the Infection Prevention and Control Group. This sets out the focus for the work and gives a detailed plan of how to achieve it in a timely manner.

When will we deliver?

As yet, the Health Board has not received the national targets for 2018/19; however SMART (specific, measurable, agreed, realistic and time bound) targets for reduction have been set:

- *C. difficile* - a minimum to report fewer cases than the previous year and to aspire to a target of 20% reduction (30 less infections). This equates to less than 10 infections per month;
- *S. aureus* to achieve a 15% reduction (20 less infections). This equates to less than 10 *S. aureus* infections per month;
- *E. coli* to sustain the reduced trajectory reported in 2017/18 and achieve a 5% reduction (23 less *E. coli* infections). This equates to less than 36 *E. coli* infections per month. Local

surveillance data will be subject to detailed analysis to develop population risk profiles which will enable the organisation to take an outcome focused approach to target (more effectively) specific interventions and to thinking about how the impact of the interventions can be measured.

Patient safety solutions

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – Zero												
Number of Patient Safety Solutions Wales Alerts that were not assured within the agreed timescales												
NA	NA	NA	NA	1	NA	NA	1	NA	NA	NA	NA	NA
Target – Zero												
Number of Patient Safety Solutions Wales Notices that were not assured within the agreed timescales												
NA	NA	NA	NA	1	1	1	NA	NA	NA	1	NA	NA
<i>*Where a blank appears in the table above this means that no alerts or notices were due for assurance in the given month.</i>												

How are we doing?

For the period April 2017 to March 2018 the Health Board was non-compliant (within agreed timescales) for two patient safety alerts and four notices.

When will we deliver?

When issued all patient safety alerts/notices are rated against performance target and allocated to the appropriate sub-committee of Quality, Safety, Effectiveness and Assurance Committee (QSEAC) which is responsible for achieving the actions required to bring the Health Board into compliance.

It is difficult to forecast when the Health Board will be compliant with the medicines reconciliation safety notice as a significant resource is required to increase sufficient capacity within the pharmacy and medicines management service. It should be noted that the Health Board is the only health board in Wales declaring non-compliance.

How will we deliver?

All patient safety alerts and notices are reviewed on a regular basis and non-compliance reported to the Learning and Improvement Sub-Committee, which is a sub-committee of QSEAC.

Serious incidents and never events

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 90%												
Of the serious incidents due for assurance within the month, % which were assured in the agreed timescale												
38.5	50	25	17.9	12.5	25	38.9	30.8	50	53.3	36.4	83.3	↑
Target – Zero												
Number of new Never Events												
0	0	0	1	0	0	0	1	0	0	0	0	↑

How are we doing?

The Health Board's Datix system to track and manage serious incidents has been further developed and is now firmly embedded. This allows accurate performance information and updates on performance against targets.

For the current financial year, the Assurance Safety and Improvement Team (ASI) continue with the scrutiny in the following areas:

- 100% compliance with reporting all serious incidents to Welsh Government;
- Whether all incidents are reported within an agreed timeframe i.e. within 24 hours of the incident occurring;
- Whether the incident is investigated and closed within 60 working days.

There is a significant improvement in the number of serious incidents closed within the agreed timescale compared to last year's compliance, with a predicted sustainability level of 70%.

How will we deliver?

The ASI team have identified leads from within the team who will meet every month with a senior member of the service areas, with structured discussions and updates on the investigation progress. A targeted approach is now being taken, working on the more recent serious incidents to achieve the 60 working day closure target, whilst still working on the backlog of open serious incidents which have breached this target. Each triumvirate will be asked about progress to date on the serious incident investigations at the performance reviews chaired by the Deputy Chief Executive. Weekly meetings are being held with Director of Nursing Quality and Patient Experience, Assistant Medical Director and a member of the senior ASI team, to discuss open serious incidents and progress.

When will we deliver?

A sustained improvement should be maintained around 70% compliance, with further work required to obtain continued compliance with the more complex serious incidents for investigation.

Reported as serious incidents (SIs)

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Improvement Target												
Number of grade 3, 4 and unstageable healthcare acquired pressure ulcers reported as SI												
15	0	18	8	6	9	5	3	3	3	2	5	↑
Number of administration, dispensing and prescribing medication errors reported as SI												
0	0	0	1	1	0	0	0	0	0	0	0	↑
Number of patient falls reported as SI												
3	3	2	3	2	2	1	2	3	4	3	1	↑

How are we doing?

All three indicators above have reduced in number during 2017/18.

Dignified care domain

Satisfaction with health services

2014/15	2016/17	Trend
Target – Annual improvement		
The average rating given by the public (age 16+) for the overall satisfaction with health services in Wales		
5.98	6.11	↑

Data source: National Survey for Wales (Welsh Government)

How are we doing?

The annual improvement target has been met.

Postponed admitted procedures

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 12 month reduction trend												
% procedures postponed on >1 occasion, had procedure ≤ 14 days/earliest convenience												
33.3	33.3	44.4	25.0	62.5	75.0	33.3	72.7	25.0	64.7	45.8	24.1	↑

How are we doing?

During the 2017/18 financial year, our Health Board performance has been variable with increasing challenges during the winter period. The most common reasons for hospital initiated cancellations are bed unavailability due to emergency pressures.

How will we deliver?

To reduce hospital initiated cancellations the Health Board needs to ensure:

- Protection of capacity for elective surgical procedures to mitigate the risk of short notice cancellations;
- Full implementation of efficiency and productivity improvements to enhance capacity;
- Robust review and enhancement of emergency and winter plans.

When will we deliver?

From 2018/19 the target for this metric is changing. The Health Board will need to aim for a reduction of at least 5% of all hospital cancellations compared to the previous financial year.

Percentage (%) of people diagnosed with dementia

2015/16	2016/17	Trend
Target – Annual improvement		
% of people with dementia, aged ≥ 65 years, who are diagnosed		
43.4	45.6	↑

Data source: GP Practice Quality & Outcomes (QOF) Disease Register, NHS Digital and CFAS11

How are we doing?

The annual improvement target has been met.

Satisfaction with GP/family doctor

2016/17	2017/18	Trend
Target – Annual improvement		
% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP appointment		
89.7	85.7	↓

Data source: National Survey for Wales (Welsh Government)

How are we doing?

This is reported from the national survey for Wales and it is therefore not possible to align the satisfaction reported by patients to individual GP practices. It is therefore assumed that this deterioration is as a direct result of the increasing fragility and sustainability challenges faced by GP practices caused by declining medical workforce. This manifests in challenges accessing GP appointments in the same way, an introduction of triage and telephone consulting services and introduction of new clinical roles which may reduce the need to access a GP by not always the perception of need.

How will we deliver?

A programme of work is underway to support the development of GP practice networks, to stabilise services and improve sustainability, resilience and access.

Information is being shared with the public to inform 'Choose Well', as well as enabling greater understanding of different professional roles and the benefits of telephone consulting.

When will we deliver?

This is an ongoing programme of work which will be reported on bi-annually.

Satisfaction with NHS hospital

2016/17	2017/18	Trend
Target - Annual improvement		
% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at hospital appointment		
92.0	91.0	↓

Data source: National Survey for Wales (Welsh Government)

How are we doing?

There has been a reduction of 1.3% in the number of adults who were very satisfied or fairly satisfied with the care received at a NHS hospital. As this has been reported from the national survey for Wales, it has not been possible to align this feedback to individual areas/hospitals. From the patient experience feedback received directly into the Health Board, one of the main concerns that our patients have is around access, appointments and cancellations of procedures which may be attributable to the deterioration in the score, as we continue to experience challenges with capacity in some services. Access to surgical beds and recruitment to some specialties remain significant challenges.

How will we deliver?

Service transformation work is in progress to maximise effective utilisation of clinic and theatre capacity. Work is also ongoing to reduce waiting times for all patients, which includes weekend working and additional lists where possible.

We will also be implementing a new patient experience strategy, providing new and additional ways for patients, relatives and carers to provide feedback to us on how we can improve or share good practice. This will include better access to Patient Advice and Liaison Services (PALS) across all sites; improved patient information/communication; increased opportunities to provide 'real time' feedback to enable any remedial/proactive action to be undertaken whilst a patient is receiving care or treatment and to highlight issues that require urgent review and improvement.

When will we deliver?

This is an ongoing programme of work, which is monitored via the Health Board's performance and governance arrangements and reported to public Board.

Patients with an anticholinergic effect on condition (AEC)

Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Trend
Target – 4 quarter reduction				
Patients aged 75+ with an AEC of 3 or more for items on active repeat as % of all patients aged 75+				
5.9	5.9	6.1	6.0	↓

How are we doing?

Despite an increasingly elderly population, Hywel Dda are the best performing health board in Wales for patients aged 75+ years with an anticholinergic effect on condition (AEC) score of three or more for items on active repeat as % of all patients aged 75+ years. A slight decline in performance was seen over the last year.

How will we deliver?

The medicines management, cluster and practice pharmacists working in primary care will continue to undertake medication reviews in the frail and elderly who are at highest risk of the effects of anticholinergic burden. Those practices and clusters identified as highest users within the Health Board will be targeted throughout the year.

When will we deliver?

The aim would be to see an improvement in prescribing rates by Q4 2018/19.

Direct Enhanced Services (DES) in dementia care

2015/16	2016/17	Trend
Target – Annual improvement		
% GP practice teams that have completed mental health DES in dementia care or other directed training		
24.1	24.5	↑

*Data source: Mental Health Direct Enhanced Service
Data Monitoring Return (Welsh Government)*

How are we doing?

There has been a marginal improvement in performance when comparing 2016/17 to 2015/16.

Effective care domain

Delayed transfers of care: non-mental health

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 12 month reduction												
DTC per 10,000 Local Authority population – non-mental health (aged 75+), rolling 12 month period												
55.5	54.5	53.3	55.0	57.0	58.7	64.2	68.6	72.3	79.9	85.4	89.6	↓

How are we doing?

Non-mental health delayed transfers of care have shown a deteriorating trend over the 12 month period.

How will we deliver?

Counties continue to work collaboratively with patients, families, partner agencies and organisations to minimise DTC cases, distress to patients and families and to minimise bed days lost to the organisation.

Joint commissioning of both domiciliary and residential care is a strategic priority for the West Wales Care Partnership (WWCP) and this work is progressing under the direction of the Regional Partnership Board. Workforce modernisation is a further strategic priority for the WWCP and this is focusing on the development of a sustainable care workforce for the future.

When will we deliver?

The counties continue to seek improvement in numbers of delays. The aim continues to be to reduce the census numbers to the trajectory forecast by the end of 2018/19:

- Daily review and scrutiny of complex patients working list (CPWL) continues;
- Capacity concerns within the domiciliary care sector and in nursing homes continue to impact on performance;

- National and local work continues to support the reduction in demand;
- Work is ongoing linking with Independent providers to develop new models of care.

Delayed transfers of care: mental health

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 12 month reduction												
DTOC per 10,000 Local Authority population – mental health (all ages), rolling 12 month period												
4.0	4.0	3.9	3.7	3.6	3.6	3.5	3.4	3.1	2.8	2.5	2.0	↑

How are we doing?

Mental health delayed transfers of care performance has improved over the year.

How will we deliver?

There has been significant focus on improving and ensuring a timely discharge for patients across the service. The impact has been seen throughout the year. There is significant regular scrutiny by the service on all patients recorded as having a delayed transfer of care and this has recently been extended to other patients showing as having a long length of stay.

When will we deliver?

Further improvements will be agreed with the service for 2018/19 which aims to continue to meet the target that has been set.

Reviews undertaken and crude mortality

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 12 month improvement trend												
% of Universal Mortality Reviews (UMRs) undertaken within 28 days of death												
38.4	38.5	47.1	39.2	32.4	43.6	43.4	46.9	35.7	38.5	33.3	25.6	↓
Crude Hospital Mortality (<75 years of age)												
0.69	0.70	0.70	0.72	0.71	0.73	0.73	0.73	0.74	0.75	0.74	0.76	↓

How are we doing?

The Health Board has steadily declined across each mortality indicator. The crude mortality data is dynamic and affected by coding completeness. Coding in March 2018 was 59% complete.

How will we deliver?

Mortality reviews continue at each hospital and within mental health and learning disability services. A concerted effort is being made to improve the speed of undertaking stage 1

mortality reviews to meet the Welsh Government target of 28 days. This will increase learning and ensure that if any trends are occurring they are recognised sooner. Additionally, through 2018/19 a new clinical risk matrix will be developed applicable to each service area to ensure clear actions for addressing quality and safety.

Clinical coding

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 95%												
% episodes clinically coded within one month post discharge end date												
66.7	71.8	79.3	71.4	73.2	88.5	87.0	84.9	87.8	86.5	88.9	59.0	↑

How are we doing?

The Health Board has not achieved the target on a monthly basis during the 2017/18 financial year.

How will we deliver?

Achieving the 95% target will be a continual challenge through 2018/19. There is a balancing act with regard to achieving the target but also not letting the backlog of coding build up: if the coding team concentrated predominantly on the latest month, the increased backlog would then mean any data analysis, corporate reporting and finance data would not be as up to date and accurate as it should be.

When will we deliver?

There are plans in place to continue working towards achieving the target on a monthly basis during 2018/19. There will be a decrease in performance for the first three months in 2018/19, due to the coding of the 2017/18 backlog of which 98% need to be coded by the end of June 2018.

NWIS clinical coding audit

2016/17	2017/18	Trend
Target – Annual improvement		
% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme		
89.1%	89.6%	↑

Data source: NWIS Clinical Coding Audit Reports

How are we doing?

The target has been met and performance has improved.

New medicines

Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Trend
Target – 100%				
All new medicines must be made available no later than 2 months after NICE & AWMSG appraisals (%)				
95.7	98.1	98.8	98.9	↑

How are we doing?

Performance has improved.

Clinical research

	Target	2016/17	2017/18	Trend
Number of Health & Care Research Wales Clinical Research Portfolio Studies	10% annual improvement	50	44	↓
Number of commercially sponsored studies	5% annual improvement	7	6	↓
Number of patients recruited into Health and Care Research Wales Clinical Research Portfolio Studies	10% annual improvement	1,695	984	↓
Number of patients recruited into commercially sponsored studies	5% annual improvement	19	77	↑

Data source: Health and Care Research Wales

How are we doing?

Hywel Dda University Health Board has not met the required increase in the number of portfolio research studies open in 2017/18, the target to increase the number of commercially sponsored studies by 5% or the target for the number of participants recruited into portfolio studies. This is partly due to last year's excellent recruitment meaning that this year's target was much higher than last year. There were also a number of large studies in 2016/17 that are closed to recruitment and there has been difficulty finding other studies to replace them.

The Health Board has met the annual target to increase the number of participants recruited into commercially sponsored studies by 5%.

During 2017/18, there has been a period of consolidation following the changes in the structure and organisation of the NHS Research and Development research delivery infrastructure in Wales. This year new staff recruited into vacant posts are being trained and are working hard to find new studies to open in Hywel Dda. However, there are long-term issues with provision of space for research across the Health Board.

How will we deliver?

Last year's investment in an extra research nurse to support commercial research development in Prince Philip Hospital led to an increase in commercial activity. Work is being done to bring more commercial studies into Hywel Dda and income from these studies will be used to support additional posts.

The Grant and Innovation Manager continues to work with clinicians and other collaborators to increase the number of successful research grant applications into Hywel Dda, leading to increased study activity and funding. A number of successful grant applications were awarded.

When will we deliver?

The Health Board has seen a year on year increase in the number of clinical research portfolio studies and the number of patients recruited. In 2016/17, there was a 20% increase in patients recruited and therefore the target for 2017/18 (10% increase on 2016/17) is much higher. The Health Board is working with research teams and colleagues across Wales to identify new studies to set up and run. However, more clinicians are needed to act as principal and chief investigators, and ways are being sought to work more closely with specialist nurses and allied health professionals to encourage them to become research active.

Timely care domain

GP practices

2016	2017	Trend
Target – Annual improvement		
% GP practices offering appointments between 17:00 and 18:30 on 5 days a week		
75.5	80.4	↑
% GP practices open during daily core hours or within 1 hour of the daily core hours		
73.6	72.5	↓

Data source: Knowledge and Analytical Services, Welsh Government

How are we doing?

There are currently (May 2018) 78% of practices open for 47.5 hours or more per week. All practices are actively encouraged to review their opening hours and this is impacted upon by sustainability and delivery challenges. All practices are accessible in the case of urgent care needs for 52.5 hours (full core opening) per week. There has been a positive increase in practices open between 5.00pm and 6.30pm, five days of the week.

How will we deliver?

All practices are being reviewed to ensure their access arrangements are contemporaneous and to discuss opportunities for improvement and support to enable this. A new incentive scheme is being considered subject to the available resource.

When will we deliver?

The Health Board would seek to exceed 87% by March 2019 for practices open within one hour of core hours and would expect to stabilise or see improvement in practices open between 5.00pm and 6.30pm, 5 days a week.

GP 111 service

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – Annual improvement												
Percentage of urgent calls for health boards that only have GP Out of Hours (defined as P1 for health boards with the 111 Service) that were logged and the patient started their definitive clinical assessment within 20 minutes of the initial call being answered*												
67.5	68.9	74.1	76.5	69.1	82.2	79.3	69	54.5	62.8	56.8	58.5	↓
Target – Annual improvement												
Percentage of patients that were prioritised as very urgent for health boards that only have GP Out of Hours (defined as P1 for health boards with the 111 Service) and seen (either in the primary care centre or via a home visit) within 60 minutes following their clinical assessment or face to face triage (in the case of 'walk in' patients)*												
82.1	40	100	71.4	81.8	87.5	87.5	80	33.3	100	66.7	80.0	↑

**Data from May 2017 excludes Carmarthen*

How are we doing?

There is a decline in performance in the number of patients who started a clinical assessment within 20 minutes and an improvement in the number of patients seen within 60 minutes.

How will we deliver?

The clinical lead for the Health Board has established a clinical advisory group to discuss and implement improvement plans for the Out of Hours service with the aim of developing a sustainable service model.

When will we deliver?

During 2018/19.

Dentists

Mar-17	Jun-17	Sep-17	Dec-17	Trend
Target – 4 quarter improvement				
Patients treated by an NHS dentist in the last 24 months as % of population				
46.0	46.0	46.0	45.9	↓

Data source: NHS Business Services Authority

How are we doing?

Patients treated by an NHS dentist decreased by 0.1% over the 24 month period.

Referral to treatment

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 12 month improvement												
% of patients waiting less than 26 weeks for treatment – all specialties												
85.2	84.0	84.5	84.4	82.8	81.9	83.6	83.6	83.2	85.5	87.0	86.3	↑
Target – Zero												
Number of referral to treatment 36 week breaches – all specialties												
2,965	3,086	3,197	3,328	3,394	3,275	3,265	3,193	3,309	3,014	2,430	1,494	↑

How are we doing?

Both referrals to treatment (RTT) measures have shown an improvement trend over the 12 month period. The Health Board exceeded its end of year target for the maximum number of patients waiting greater than 36 weeks for treatment.

How will we deliver?

The following has been done to deliver:

- Strengthened weekly oversight meetings with a continuous review of forecast monthly and end of year outturn;
- Focus on outpatient improvement process to enhance capacity for Stage 1 patients;
- Joint review of higher waiting list specialties with the Welsh Government Delivery Unit;
- Increasing sustainability of capacity and demand at Stage 1;
- Significant funding for the delivery of therapy, cardiology and RTT waits was provided by Welsh Government.

The following will be done to further improve performance:

- Further re-enforce patient access policy;
- Improved capacity/demand planning to inform trajectories by specialty;
- Outsourcing plans need to commence earlier in the year to maximise patient take-up rates and avoid delays associated with procurement processes;
- Increased focus on more fragile/at risk specialties;
- Increasing integrated delivery approaches both with primary care and regional partners in key specialties;
- Radiology, therapy and cardiology prospective reporting to be implemented;
- Implementation of alternative follow-up pathways (in line with planned care programme pathways) including the increased use of virtual clinics;
- Implementation of efficiency and productivity plans which have generated approximately 4,500 additional new outpatient appointment slots and 700 treatment slots for 2018/19.

When will we deliver?

The Health Board has a high confidence of achieving 2018/19 targets given consistency of our record of delivery. Whilst confirmation of the Health Board's delivery target for 2018/19 is awaited, we have committed to sustaining no more than 1,700 breaches through quarter 1 2018/19.

Diagnostic waits

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – Zero												
Number of patients waiting less than 8 weeks for specific diagnostics												
0	15	35	39	28	0	0	0	0	0	66	0	↑

How are we doing?

The number of patients waiting less than eight weeks for diagnostics has met target for the majority of 2017/18. From April 2018 there are a number of additional cardiology tests that will be included in the diagnostic reporting.

How will we deliver?

Each area maintained their position by following their current plans, outlined as follows:

- Radiology continued to use overtime, an agency locum and bank working;
- Cardiology heads of service continually monitor diagnostic lists closely. The department is supported by locum echo-cardiographers that are in the process of being recruited on a substantive basis;
- In Urodynamics, the department is continuing to offer respective tests at alternative hospital sites within the Hywel Dda area until staffing levels are replaced;
- In Endoscopy, service managers and waiting list teams continually monitor patient lists to resolve potential breaches.

When will we deliver?

The Health Board's ambition is to reduce the number of patients waiting eight weeks for a specific diagnosis to six weeks.

Delayed follow-up appointments

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 12 month reduction												
Total patients waiting for a follow up appointment delayed past target date – not booked*												
26,346	27,272	25,291	26,070	27,141	28,587	29,179	30,381	31,197	30,275	29,537	25,789	↓

**The total number of delayed follow-up appointments (booked and not booked) at the end of March was 31,497*

How are we doing?

Patients delayed waiting for a follow-up appointment has shown a 12 month decline in performance.

How will we deliver?

The Health Board's overall approach to reducing follow-ups not booked is reflected in a number of parallel work streams aimed at improving capacity within the system:

- Administrative and clinical validation;
- Enhancement of clinical templates with additional capacity;
- Improved recording of clinical conditions on clinic outcome forms to help target patients at potential clinical risk;
- Welsh Patient Administration System improvements to help reduce the incidence of duplicate records;
- Clinical transformation across a number of specialties to modernise the way in which many follow-up patient reviews are undertaken;
- Continuing training of Myrddin users to help reduce incidence of inputting errors/omissions;
- Advent of the new eye care measures to help prioritisation of high clinical priority patients requiring follow-up review or monitoring;
- Agreement of follow-up improvement plans for all specialties.

When will we deliver?

During 2018/19, the actions above will be prioritised to support further improvements.

Stroke

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 60.2% SSNAP UK average												
% compliance with stroke quality improvement measures: Direct admission to Acute Stroke Unit (<4 hrs)												
78.2	66.0	75.0	80.4	71.9	68.2	73.0	82.5	67.7	60.3	61.7	66.1	↓
Target – 94.3% SSNAP UK average												
% compliance with stroke quality improvement measures: CT Scan (<12 hrs)												
100	100	98.6	100	100	100	100	100	98.8	100	100	100	↑
Target – 82.9% SSNAP UK average												
% compliance with stroke quality improvement measures: Assessed by a Stroke Consultant (<24 hrs)*												
76.2	78.7	81.1	83.6	93.2	96.1	100	88.1	90.2	91.8	90.7	94.4	↑
Target – 12 month improvement trend												
% compliance with stroke quality improvement measures: Thrombolysis door to needle ≤ 45 mins												
33.3	50.0	25.0	25.0	28.6	40.0	33.3	75.0	40.0	57.1	50.0	36.4	↑

How are we doing?

The last release of the Sentinel Stroke National Audit Programme (SSNAP) scores in Wales identified Hywel Dda as the top performing health board in Wales for acute stroke care, and Wylabush Hospital as the only unit in Wales to achieve an A grade.

Three of the four stroke measures have shown an improvement trend over the 12 month period and are performing above the SSNAP UK average. Direct admission to Acute Stroke Unit <4 hrs has shown a slight downward trend over the last 12 months. The difficult winter period across the Health Board has adversely impacted this measure with a higher than anticipated number of patients unable to be moved to the Acute Stroke Units in a timely fashion due to the sustained pressure on hospital beds.

How will we deliver?

Stroke teams on all of the sites continue to incrementally improve the performance of stroke services within the Health Board through a regular review of performance and actions in weekly and monthly meetings. The ambition to further improve stroke services has been developed through the stroke plan, which identifies the investments required to meet the standards recommended by the Royal College of Physicians for clinical nurse specialist and therapies staffing.

- **4 hour target** - further work is planned to improve the performance, particularly during times of significant site pressures, to ensure that wherever possible, patients are transferred to the Acute Stroke Unit in a timely manner.
- **12 hour target** - efforts are now being made to ensure that CT scans are performed for patients within one hour routinely, and pathways are being reviewed and revised to facilitate this.
- **24 hour target** - discussions remain ongoing at a regional level with the ARCH (A Regional Collaboration for Health) programme to consider the development of a regional Hyper Acute Stroke Unit.
- **Thrombolysis** - although the performance over the year has shown improvement, further work is still required to ensure that performance is maintained out of hours and during times of escalated site pressure.

When will we deliver?

The process of continual review and service improvement will deliver improvements throughout the year. More significant step changes in performance will be realised through the investment as detailed within the stroke plan.

Ambulance red calls

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 65%												
% of emergency responses to red calls arriving within (up to and including) eight minutes												
78.3	72.8	71.4	74.8	69.3	70.6	66.2	65.5	65.0	65.2	65.5	58.9	↓

How are we doing?

Year to date ended at 67.2% performance with significant variation month on month. The target was achieved for 11 months out of the year.

How will we deliver?

The Welsh Ambulance Service NHS Trust (WAST) intends to have more posts than the established budget following the recruitment event on 19 May 2018. It also intends to expand the advanced practitioner workforce both to support WAST and the Primary Care Support Team (PCST). A number of initiatives are under development to target the amber call profile, and support GP home visiting. System status plans are currently being reviewed to ensure maximum utilisation.

When will we deliver?

The expectation is that the service will deliver 65% month on month. The newly qualified paramedics (NQPs) will be operational by October 2018, with advanced practitioner recruitment due to start in early June, with in post target of September.

Ambulance handovers >1 hour

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – Zero												
Number of Ambulance handovers over one hour												
62	37	41	37	43	141	202	111	176	287	289	303	↓

How are we doing?

For the first five months of the year the performance trend improved; however since September 2017 performance has declined. This has resulted in an overall declining trend over the 12 month period.

Four hour waits in A&E

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 95%												
% of new patients to spend no longer than four hours in A&E												
87.5	87.4	88.5	89.4	87.0	87.1	85.4	85.4	84.4	83.2	82.8	80.5	↓

How are we doing?

Four hour A&E performance continues to be above the all Wales performance trend during 2017/18. Whilst the ranking dipped to third in October, for the rest of the year the Health Board has been in the top two best Health Boards in Wales. However, there is still some way to go to achieve the target of 95%.

12 hour waits in A&E

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – Zero												
Number of patients spending 12 hours or more in A&E												
274	378	296	278	331	389	580	478	539	710	682	858	↓

How are we doing?

12 hour performance still remains a significant challenge, with demand increasing and performance deteriorating. This is a direct consequence of insufficient capacity within hospitals, with inappropriate waiting times in A&E departments, particularly at night. Capacity challenges within social care continue to be an issue across all three counties within the Health Board, with high numbers of medically fit patients remaining in acute beds.

Demand for emergency services has increased during 2017/18:

- Acuity of patients was higher measured via ambulance arrivals and over 75 years old admissions;
- Increases in the number of medically optimised patients experiencing delays on their discharge due to alternative plans not being adequate;
- Delays in referrals to Abertawe Bro Morgannwg University Health Board (ABMUHB) which were significant at times and placed additional pressure on acute beds;
- Fragile General Medical Services (GMS) resulting in out of hours being a further challenge;
- Increase confirmed in influenza and Norovirus cases over the winter period compared to 2017/18.

How will we deliver?

The Unscheduled Care Collaborative has brought together the work currently undertaken by the Frailty Group, and collaborative actions from acute, community and social care. This brings work streams, for example SAFER patient bundle and Red to Green methodologies, under one programme ensuring that sustainable improvements are made to the entire integrated unscheduled care system. The work has been supported by Welsh Government Delivery Unit colleagues and a series of workshops facilitated by NHS Improvement colleagues.

Work will continue to develop fewer but more fundamental plans across the unscheduled care system.

Improvements in patient flow, through more focused actions on reducing length of stay for patients and increased occupancy of step down beds, will free up capacity at the front door enabling timely offload of ambulance arrivals, improving four hour performance and reducing the number of 12 hour breaches.

Changes to the physical environments in Emergency Departments, for example the dedicated minors unit at Glangwili Hospital and the ambulatory emergency care units at Bronglais and Wylabush hospitals will also enable improved performance at the front door.

When will we deliver?

Ambulance Handovers – 1 Hour

For 2018/19 the Health Board's aim is to achieve the greater of:

- 10% improvement upon 2017/18 outturn, or
- Last three year average.

Four hour waits in A&E

For 2018/19 the Health Board's aim is to achieve 1% monthly improvement upon 2017/18 outturn.

12 hour waits in A&E

For 2018/19 the Health Board's aim is to achieve at least the average monthly performance of the last three years.

Cancer waiting times

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 98%												
NUSC:% patients referred via the non urgent cancer route seen within 31 days												
100	96.6	98.4	97.8	98.2	98.1	97.4	98.5	94.3	96.2	95.1	93.9	↓
Target – 95%												
USC:% patients referred via the urgent cancer route seen within 62 days												
94.6	90.8	92.8	93.7	91.1	92.6	87.3	93.9	90.1	85.9	89.2	90.3	↓

How are we doing?

- Health Board performance has compared positively with other health boards;
- Local diagnostic and treatment pathways perform well in general;
- Tertiary delays and complex pathways impact negatively upon overall performance;
- Local diagnostic services is fragile due to workforce pressures.

How will we deliver?

What has been done differently?

- Enhanced focus on management of first outpatient waits and local diagnostic pathways;
- Weekly focus on the backlog of patients awaiting treatment near to/past target dates;
- Focused daily and weekly monitoring of pathways at each stage by cancer services management team;
- Enhanced escalation arrangements in place between service delivery managers/cancer services co-ordinators and appointments staff;
- Enhanced escalation of delays with tertiary centre staff;
- Increasing engagement with the whole multi-disciplinary team (MDT) to further enhance clinical ownership of performance.

What needs to be done in the future?

- Agreement of tertiary pathway improvement projects, supported by chief operating officers from both Hywel Dda and Abertawe Bro Morgannwg university health boards;
- Strengthened contingency plans to mitigate local diagnostic service risks;
- Further engagement with MDTs to further enhance clinical ownership of performance.

When will we deliver?

The Health Board is confident that the overall performance trend can be sustained during 2018/19 (notwithstanding tertiary pressures).

Hip fracture mortality

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 80%												
% survival within 30 days of an emergency admission for a hip fracture												
74.4	75	72.9	85	65.3	65.5	68	60	83.3	68.4	67.6	57.1	↓

How are we doing?

The Health Board has steadily declined across each mortality indicator, however numbers reported are low which has a greater impact on the variability. This data is dynamic and affected by coding completeness. Coding in March 2018 was 59% complete. Winter pressures have led to an increase in the number and acuity of patients admitted including high flu levels. Additionally, each hospital has consistently been on higher escalation levels.

How will we deliver?

Mortality reviews continue at each hospital and within mental health and learning disability services. A concerted effort is being made to improve the speed of undertaking stage 1 mortality reviews to meet the Welsh Government target of 28 days. This will increase learning and ensure that if any trends are occurring they are recognised sooner. Additionally, through 2018/19 a new clinical risk matrix will be developed applicable to each service area to ensure clear actions for addressing quality and safety.

LPMHSS (Local Primary Mental Health Support Services)

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 80%												
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral												
90.0	84.3	81.4	76.5	69.2	67.4	76.2	83.7	87.1	87.6	94.2	91.4	↑
Target – 80%												
% of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Services (LPMHSS)												
90.8	84.9	88.1	92.4	87.2	77.8	83.2	88.8	89.1	73.8	84.0	91.0	↓

How are we doing?

Performance has shown an improvement in mental health assessments undertaken within 28 days. The overall performance trend declined for therapeutic interventions started within 28 days; however the target of 80% was exceeded for nine out of 12 months. Fluctuations during the year were due to staff sickness and vacancies.

How will we deliver?

Demand for primary care level mental health interventions remains high and is increasing year on year. During the year, the management of the adult and the child and adolescent mental health LPMHSS has been separated in order for each of the service areas to focus on delivery of the service to strengthen our compliance with both elements of this particular target.

When will we deliver?

The directorate monitors the target through its monthly operational meetings and will aim to continually improve during 2018/19 with a view to maintaining the expected standard of performance against these targets.

Individual care domain

Helplines

Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Trend
Target – 4 quarter improvement trend				
Rate of calls to the mental health line CALL (Community Advice and Listening Line) by Welsh residents per 100,000 of the population				
190.8	192.1	206.7	164.7	↓
Rate of calls to the Welsh dementia helpline by Welsh residents per 100,000 of the population (age 40+)				
10.1	8.7	4.6	5.1	↓
Rate of calls to the DAN (Drug and Alcohol) 24/7 helpline by Welsh residents per 100,000 of the population				
24.2	19.8	30.2	28.9	↑

Data source: CALL Database (Betsi Cadwaladr University Health Board)

How are we doing?

Although there has been an improved performance in the rate of Welsh resident calls to the Drug and Alcohol (DAN) helpline, there has been a reduction trend in the rate of calls to the Community Advice and Listening Line (CALL) and calls to the Wales Dementia helpline. A reminder will be provided at the June operational meeting to remind staff to provide information on the national helplines.

Residents with a valid care and treatment plan and sent assessment within 10 working days

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 90%												
The percentage of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (%)												
90.7	91.8	91.9	92.0	92.5	91.9	93.2	93.7	93.9	92.5	92.5	92.0	↑
Target – 100%												
% of LHB residents sent their outcome assessment report 10 working days after assessment (%)												
100	94.1	100	92.9	91.7	100	100	100	100	63.6	100	100	↓

Ensuring advocacy is available

Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Trend
Target – 100%				
% of hospitals in the Health Board which have arrangements in place to ensure advocacy is available for all qualifying patients (%)				
100	100	100	100	↔

How are we doing?

Performance has been maintained in respect of Part 2 of the Mental Health (Wales) Measure. Whilst the dip in performance affected three people in January 2018, this is isolated to one team and was due to a temporary reduction in the administrative workforce within the team which has now been rectified. The advocacy arrangement metric remained static at 100%.

How will we deliver?

The directorate will continue to closely monitor care and treatment plans (CTPs) and outcome assessments through the mental health scrutiny structures. The directorate reviews the advocacy figures recorded on a monthly basis to identify those areas where performance is low. The service managers, together with ward managers, will scrutinise every breach that has occurred and address non-compliance with the individual staff responsible at the time of admission to help increase staff awareness and improve compliance.

When will we deliver?

The directorate aims to continually improve during 2018/19.

Our staff and resources domain

Did not attend (DNA) rates

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 12 month reduction												
New outpatient DNA rates for selected specialties												
10.2	9.1	9.5	9.0	8.3	8.1	8.2	8.1	8.7	8.9	9.	8.1	↑
Follow-up DNA rates for selected specialties												
9.3	9.7	9.5	9.8	9.8	9.1	9.5	8.8	9.9	9.4	9.0	9.9	↑

How are we doing?

The Health Board met the 12 month reduction targets for new outpatients and follow-ups.

How will we deliver?

The reduction of DNA rates across all identified specialties is a key milestone within the Outpatient Transformation Programme Plan. A working group has been established which is progressing key actions to impact on the reduction of DNA numbers. Examples of innovation include:

- Patient acknowledgement;
- Telephone reminders;
- A DNA access policy;
- Using virtual clinics.

The text reminder service will continue to be tested.

When will we deliver?

The aim is to continue improving performance during 2018/19.

'Do not do' procedures

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – Zero												
Number of procedures that do not comply with selected NICE 'Do Not Do' guidance for procedure of limited effectiveness (selected from a list agreed by the Planned Care Board)												
0	1	3	2	5	3	1	2	2	1	0	1	↑

How are we doing?

The Health Board endeavours to not undertake procedures that do not comply with the selected NICE 'do not do' guidance. Variability is due to low numbers.

Biosimilar medicines

Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Trend
Target – quarter on quarter improvement				
Biosimilar medicine prescribed as % of total "reference" product plus biosimilar				
9.4	11.3	12.7	13.3	↑

How are we doing?

The target has been met for 2017/18.

Elective caesarean rate

2015/16	2016/17	Trend
Target – Annual reduction		
Elective caesarean rate		
13.3%	12.6%	↑

Data source: Maternity Indicator Dataset (NWIS)

How are we doing?

The improvement target has been met for this measure.

Staff appraisals

2013	2016	Trend
Target – Annual improvement		
% of staff who undertook a performance appraisal (PADR) who agreed it helped them improve how they did their job		
52%	51%	↓

Data source: NHS Wales Staff Survey

How are we doing?

In relation to the staff survey results, the Health Board improved on 133 of the 145 comparable questions. This particular question was the only one in the section on Performance Appraisal and Development Review (PADR) where a slight decrease was seen. While this is the case, 76% of staff agreed that the appraisal/review helped them understand the clear objectives for their work and 61% felt that the appraisal left them feeling their work was valued by the organisation which was an improvement of 5% on the 2013 survey.

How will we deliver?

The Health Board is revising its PADR documentation to strengthen the link with core objectives and improve the link between PADR and work improvement. PADR has a high profile within the Health Board and we are striving to improve the quality of discussions through development programmes and specific PADR training.

When will we deliver?

The Health Board is monitoring through pulse surveys and will be able to give a like-for-like comparison at the next NHS staff survey.

Staff engagement

2013	2016	Trend
Target – Annual improvement		
Overall staff engagement score		
3.43	3.68	↑

Data source: NHS Wales Staff Survey

How are we doing?

The improvement target has been met for this measure.

Standard of care provided by their organisation

2013	2016	Trend
Target – Annual improvement		
% of staff who felt that if a friend or relative needed treatment, that they would be happy with the standard of care provided by their organisation		
49	67	↑

Data source: NHS Wales Staff Survey

How are we doing?

The Health Board has improved in this measure.

Staff sickness

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 12 month reduction												
% staff sickness absence												
5.02	4.96	4.92	4.86	4.84	4.86	4.86	4.85	4.87	4.93	4.97	5.02	↑

How are we doing?

The 12 month reduction target has been met for this measure which has continued the trend from previous years. The slight increase towards the later part of the year is due to the impact of winter on attendance.

How will we deliver?

The Health Board monitors and manages sickness closely. Sickness auditing and training is continuing. In addition, the performance management process is also continuing to maintain a focus on sickness.

PADR and medical appraisals

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 12 month improvement												
% headcount who have had a PADR/Medical appraisal in the previous 12 months												
57.6	58.5	59.3	60.1	62.1	63.3	64.3	64.4	64.2	64.3	64.5	64.5	↑

How are we doing?

Medical appraisal has been consistently above target throughout 2017/18 and non-medical appraisal has shown an overall improvement. The combined appraisal rate has demonstrated an improved trend across the 12 months, and although there was a reduction on the March 2018 figure, this has now recovered.

We have made a number of changes to the documentation this year to include a values and well-being approach. We continue to give a high profile to our appraisal process and are striving to improve the quality of the discussions through development programmes and specific training.

How will we deliver?

The Workforce and Organisation Development (OD) department are responsible for developing supporting actions to enable the PADR to take place, and regularly review this, taking action to simplify documentation, providing training and support for electronic staff record entry. A wide range of support is in place and ongoing to support managers to undertake PADR with their staff.

When will we deliver?

The Health Board aims to continue the improvement trend throughout 2018/19.

Core skills and training framework

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Trend
Target – 12 month improvement												
% compliance for each completed Level 1 competency within Core Skills and Training Framework												
46.1	47.8	48.5	49.2	57.7	58.5	52.4	62	63.3	65.1	66.5	67.7	↑

How are we doing?

The Health Board has improved compliance on this metric during 2017/18.

How will we deliver?

The ongoing support from the corporate workforce and organisational development function includes:

- giving specific support and guidance (e.g. training, guidance, telephone support, and electronic staff record (ESR) support);
- setting targets for improvement;
- conducting monitoring and reporting;
- inclusion on performance review meetings;
- introducing competition between areas to encourage completion;
- highlighting a specific module each month (commenced March 18), focusing on the relevant area as part of reporting.

When will we deliver?

The Health Board aims to continue the improvement trend to reach and then maintain compliance at >85% throughout 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 2013/14 to 2017/18 within the main programme areas of:

- hospital and community health services;
- primary healthcare services;

- healthcare from other providers.

Programme area	2013/14 £000s	2014/15 £000s	2015/16 £000s	2016/17 £000s	2017/18 £000s
Primary healthcare services	171,809	172,710	172,740	172,928	183,962
Healthcare from other providers	166,287	173,091	179,320	188,980	197,462
Hospital and community health services	421,029	435,040	457,847	500,923	506,430

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:

	2013/14 £000s	2014/15 £000s	2015/16 £000s	2016/17 £000s	2017/18 £000s
Miscellaneous income	56,107	53,436	51,698	52,934	54,345

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

	2013/14 £000s	2014/15 £000s	2015/16 £000s	2016/17 £000s	2017/18 £000s
Under/(Over) performance against Revenue Resource Limit	(19,225)	(7,475)	(31,199)	(49,613)	(69,430)

Organisational development

The organisation is in a phase of financial Turnaround and in parallel an engagement and discovery phase about the future clinical service model for the Health Board (Transforming Clinical Services). The complex challenges associated with service delivery and improvement demand a strengthening of the leadership and management capacity and capability across the organisation. Arrangements are being put in place to address this issue as outlined below.

Our Executive Team is now at full complement with several new leaders having joined in recent months. A new board development programme is underway which includes a specific Executive Team development workstream which has already commenced.

A review of the Management Passport Framework of management development programmes has been undertaken and the programme content and format has been revised. A coaching skills development programme has been delivered for triumvirate leaders, as well as a 'coaching conversation tools and techniques development day' for Pulse programme participants, including service delivery managers, senior nurse managers and heads of

therapies. A review of medical leadership development programmes is also underway and a new clinical executive has been established.

Board development programme

During the year, the Board has continued to focus on its continuous development as a whole board and parallel streams of learning for both executive directors and independent members have also been established. This has been especially relevant during the last 12 months as several new executives and independent members have joined the Board. As well as focusing on specific subject matter areas relevant to their role, sessions have also concentrated on strategy, governance, improved team working and leadership behaviours for improved performance.

The combination of locally designed initiatives, and regular Board organisational development sessions and Board seminars has provided the Board with an opportunity to discuss topics which provide additional sources of information and intelligence as part of its assurance framework. This in turn assists with the Board's ability in adequately assessing organisational performance and the quality and safety of services. In terms of governance, one session featured the Board's assessment of the governance, leadership and accountability standard.

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 strengthened 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 fewer complaints than we did in 2016/17 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 and we are working hard to improve this. 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

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.

Following the last self assessment for 2017/18 against the NHS counter fraud standards 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: Well-being Statement

The [Well-being 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 well-being of our area.

During 2017/18, each PSB in the Hywel Dda area worked together to publish a well-being assessment setting out the state of economic, social, environmental and cultural well-being in each of our local authority areas. Working collaboratively through the PSBs, we contributed to the development of a PSB well-being plan for each area, setting 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 plans have been produced following an extensive programme of research, evidence gathering and engagement, with the key elements of the well-being planning process being as follows:

- Consideration of the well-being assessment findings;
- Identification of emerging priority areas;
- Priority setting through an online survey;
- Public, stakeholder and front-line staff engagement events;
- Formal consultation period on the draft plan;
- Amendments made to the plan in view of consultation comments received.

The PSB well-being plans represent the additional value that can be delivered through working innovatively and collaboratively as partners. Their development has created a significant opportunity to reframe the focus and understanding of health and well-being, not just on the absence of disease or the treatment of illness; the PSB well-being plans will help to re-orientate the focus on the wider determinants of health.

The well-being plans set out the how each PSB is committed to driving forward change; challenging existing culture and behaviours so it truly works differently and develops a new approach to delivering services and sharing resources where appropriate. The PSB well-being objectives and actions fall broadly into the following four key themes:

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

The three PSB well-being plans were endorsed by the Health Board at its meeting on 29 March and will be published by the PSBs in May 2018. The Health Board published a well-being statement on 30 March 2017, defining its objectives as follows:

- To improve population health through prevention and early intervention;

- To support people to live active, happy and healthy lives;
- To improve efficiency and quality of services through collaboration with people, communities and partners;
- To ensure a sustainable, skilled and flexible workforce to meet the changing needs of the modern NHS.

We will publish our annual report outlining our progress to meet these objectives and evidence of our contribution to achieving the goals by 31 March 2019.

We have not made any changes to our own well-being objectives during the year and continue to learn and develop our understanding of how the organisation can contribute to the seven well-being goals for Wales.

Both the PSB and Health Board well-being objectives align to the strategic priorities of the Health Board and our vision to become a population health focused organisation. Combined partnership actions, addressing the wider determinants of health, will help to achieve longer term sustainable outcomes, and in particular improvements in health and well-being; the goal of achieving '[A Healthier Wales](#)'.

Further information about our well-being statement and objectives, the PSB well-being plans and our Well-being Objectives Annual Report (once available) can be found here: <http://www.wales.nhs.uk/sitesplus/862/page/85517>.

Our sustainability report

Introduction

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

Description of organisation

Hywel Dda University Health Board has an estate covering circa 52 hectares containing 57 freehold and leasehold premises totalling circa 180,043m². This includes four acute hospitals, seven 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 & Performance Assurance Committee, with work co-ordinated by the Estates, Capital and IM&T Sub Committee. Action is delivered in line with the environmental management standard 'ISO 14001'. A monitoring system is in place to gather the data required for sustainability reporting. This system is audited annually by the NHS Wales Shared Services Partnership Audit and Assurance Services and periodically as part of ISO 14001 audits.

Summary of performance

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 tenth 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 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 our 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 Withybush and Glangwili hospitals respectively. The organisation's 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		2015-16	2016-17	2017-18
Non Financial Indicators (1000 tCO ₂ e)†	Total Gross Emissions	23.818	24.272	23.621
	Gross Emissions	14.838	15.346	15.528
	Scope 1 from Gas and Oil			
	Gross Emissions	8.980	8.926	8.093
	Scope 2 & 3 from electricity and business mileage			
Related Energy Consumption (million KWh)	Electricity: Non Renewable	14.42*	15.19*	16.04*
	Electricity: Renewable	0.016	0.015	0.033

	Gas	62.14*	63.57*	60.09
	LPG	0.228	0.211	0.181
	Oil	12.56	13.4	16.14
	Biomass	6.79	6.61	5.56
Financial Indicators	Expenditure on Energy	£4,088,359*	£4,160,182*	£4,498,985*
	CRC License Expenditure	£319,591	£258,968	£297,265**
	Expenditure on official business travel	£2,751,059	£3,038,985	£3,280,784

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

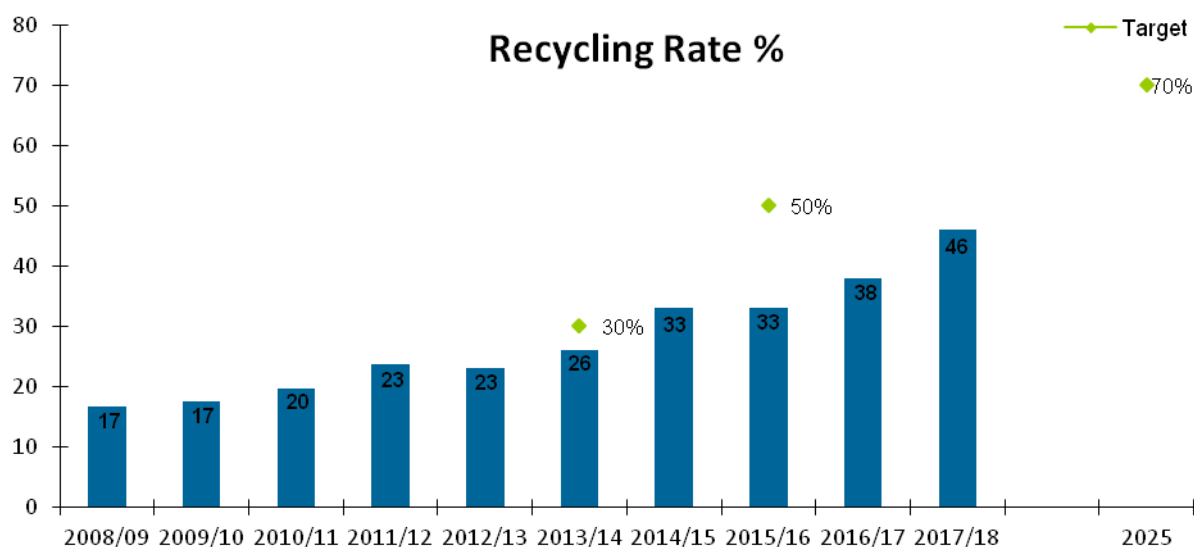
†use DEFRA 'Greenhouse Gas Emissions for Company Reporting' calculations for carbon emissions for 2017

**estimate pending submission of annual CRC report

Waste management

Total waste disposal increased by a 5.1% this year, continuing the trend of the last few years. Increases in our clinical waste streams reflect the level of services delivered by our hospitals. Waste management spend decreased by over £120,000 (18%), following the commencement of a new clinical waste contract.

Our recycling volumes have also increased to reach a recycling rate of 46%. Importantly, we reduced black bag waste sent to landfill by 68 tonnes.



The increase in recycling is mainly the result of a source segregated recycling scheme introduced at Bronglais Hospital. Bins for the separate collection of paper, plastics, food and paper towels, glass, tins and cans were made available to all office, kitchen and staff rooms. Desk-side office bins were removed to encourage the use of recycling facilities. As a result, the recycling rate for Bronglais Hospital increased from 39 to 59%.

Waste		2015-16	2016-17	2017-18
Non Financial Indicators (tonnes)	Total Waste	2,155	2,342	2,465
	Landfill (Black Bag)	835	858	793
	Reused/Recycled	356	383	435
	Composted*	52	151	250
	Landfill (Hygiene Bag)	287	313	322
	Alternative Treatment (Clinical)	490	491	517
	Incinerated with energy recovery**	136	146	148
	Incinerated without energy recovery	0	0	0
Financial Indicators	Total Disposal Cost	£697,551	£751,590	£618,749
	Landfill (Black Bag)	£150,991	£169,408	£152,929
	Reused/Recycled	£63,209	£70,239	£62,585
	Composted*	£4,433	£15,223	£22,301
	Landfill (Hygiene Bag)	£100,979	£115,174	£104,549
	Alternative Treatment (Clinical)	£253,122	£257,592	£191,936
	Incinerated with energy recovery**	£116,920	£123,954	£84,449
	Incinerated without energy recovery	0	0	0

*includes Anaerobic Digestion

**provides steam to a nearby facility

Use of resources

Water consumption has remained consistent, however, costs have risen due to annual Welsh Water rate increases and the reduced use of the borehole at Withybush Hospital, which has been out of operation since August 2017. Improvements to monitoring e.g. installing smart meters, have been considered to help identify opportunities to reduce consumption.

A focus on resource use has been targeted, via the Health Board's Turnaround Team, at the minimisation and reuse of surplus furniture and equipment. Staff have utilised communication networks to better share resources. A working group has reviewed and improved procedures, and are seeking to utilise a bespoke platform to encourage and improve the level of reuse and repair.

Finite Resource Consumption			2015-16	2016-17	2017-18
Non Financial Indicators (m³)	Water Consumption (Office)*	Supplied	234,453	278,399	271,957
		Abstracted	11,178	22,593	8220
		Per FTE**	31.81	34.51	33.63
	Water Consumption (Non - Office)***	Supplied	29,436	30,216	29,213
		Abstracted	0	0	0
Financial Indicators	Water Supply Costs (Office)*		£304,009	£328,458	£354,694
	Sewerage Costs (Office)*		£356,593	£417,064	£442,286
	Water Supply Costs (Non -Office)***		£26,174	£26,915	£26,274
	Sewerage (Non-Office)***		£32,064	£33,872	£32,436

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

** WTE Staff at 31st March 2018.

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

Environmental management system (EMS) implementation

This year has seen the development of the EMS to ensure that it meets the requirements of the more recent 2015 version of the ISO 14001 standard. Aspects registers continue to be updated to reflect life cycle assessments. An opportunities register has been developed to highlight areas of focus for continual development, and we have updated EMS procedures. This is alongside the customary legal compliance checking, risk management. Also there has been more focus on procurement, leading with the work on reuse and minimisation.



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University Health Board



Accountability Report 2017/18

Annual Governance Statement 2017-2018

Scope of responsibility

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

The Hywel Dda University Health Board (the Health Board) recognises that the function of governance is to ensure that an organisation fulfils its overall purpose, achieves its intended outcomes for citizens and service users and operates in an effective, efficient and ethical manner. In recognising that governance is a wide-ranging term encompassing concepts such as leadership, stewardship, accountability, scrutiny, challenge, ethical behaviours, values and controls, the essence of Hywel Dda is reflected in its values and behaviours framework, which represents how we do things and the behaviours expected of those working for the Health Board.



As illustrated above, the personal values are: dignity, respect and fairness, integrity, openness and honesty; caring, kindness and compassion. In addition to the personal values, there are three statements that represent the organisational values: working together to be the best we can be; striving to develop and deliver excellent services; and putting people at the heart of what we do. These values are also integral to the essence of the Health Board.

During the year, a video, featuring various members of staff discussing their experience of the Hywel Dda organisational values and behaviours, was presented at a meeting of the Board. This demonstrated that the organisational values and behaviours are being embedded in all we do, define who we are and what we stand for, creating positive experiences and defining the culture of Hywel Dda, and that our values are not just words on a page. Whilst recognising that it is difficult to identify tangible improvements from introduction of the values and behaviours framework, the Health Board has retained/achieved the Corporate Health Standard at gold and platinum level, has seen staff sickness absence rates reduce significantly and staff survey results improve over previous years.

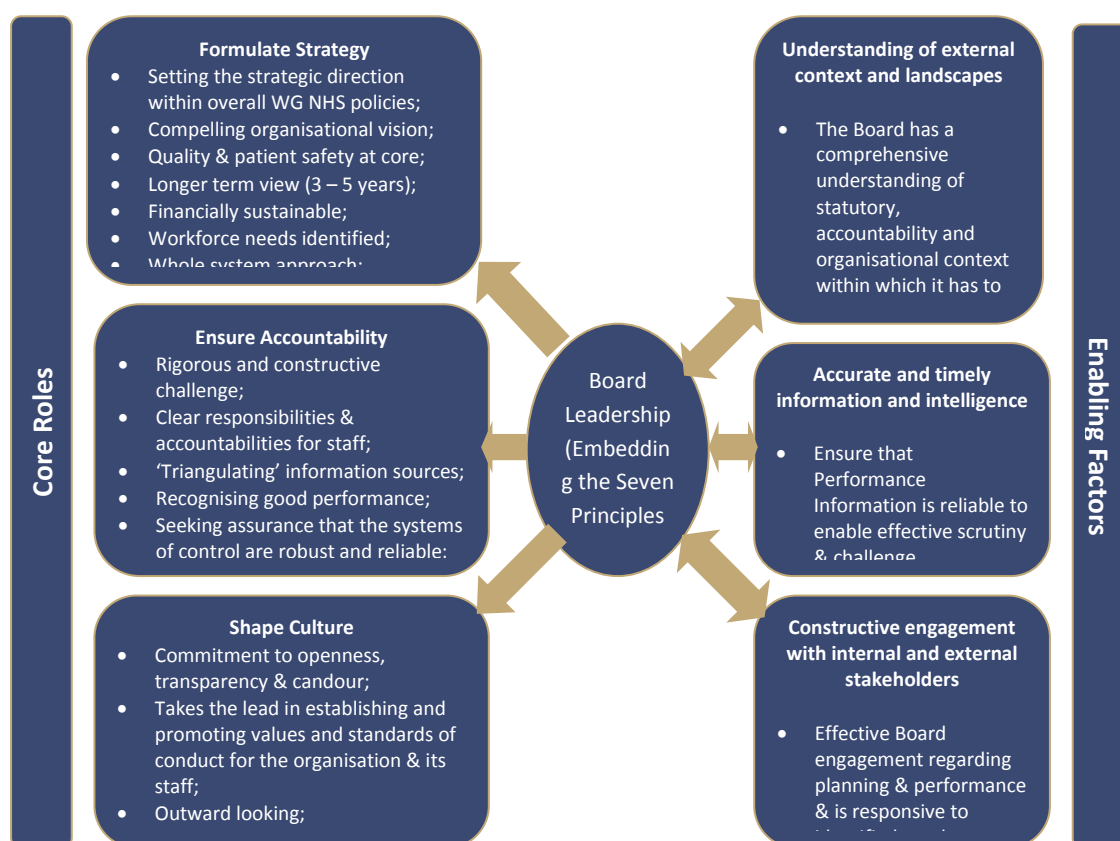
The Board is responsible for maintaining appropriate governance arrangements to ensure that it is operating effectively and delivering safe, high quality care. It also recognises the need to govern the organisation effectively and in doing so build public and stakeholder confidence. This is of particular relevance in light of the challenges we face as an organisation and the decisions that were taken when

considering the outcomes from both the Transforming Mental Health Services and the Transforming Clinical Services programmes of work. It has therefore been imperative that a robust governance structure has been enacted around the delivery of these major pieces of work during this year, in order to ensure openness and transparency regarding our future plans.

The Health Board has remained at the 'Targeted Intervention' level of the Welsh Government's Enhanced Monitoring under the NHS Wales Escalation Framework arrangements throughout the year, with no further escalation. During the year the Health Board has, with the support provided from the Welsh Government, been working very hard to continue with the improvements commenced the previous year. Whilst the Health Board has delivered on a range of difficult areas during some particularly pressured operational periods and some areas of progress have been identified, the Health Board's financial position has been a dominant factor throughout the year.

All 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.

Taking the above principles into account, the principal role of the Board during the year has been to exercise leadership, direction and control as shown in the following figure:



The Board has an open culture with its meetings held in public and the meeting papers, as well as those of its committees, are available on the Health Board's website. The Board has a strong and independent non-executive element and no individual or group dominates its decision making process. The Board considers that each of its non-executive member is independent of management and free from any business or other relationship which could materially interfere with the exercise of their independent judgement. There is a clear division of responsibility in that the roles of the Chair and CEO are separate.

Board and committee membership

The Board has been constituted to comply with the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009. In addition to responsibilities and accountabilities set out in the terms and conditions of appointment, Board members also fulfil a number of champion roles where they act as ambassadors for these matters. This year, the Board has experienced turnover of Independent Members, with a proactive approach and effective management of the situation being taken by the Chair. There have also been a number of changes within the Executive Team, which by year end was at full complement. Board and Committee Membership and Champion roles during 2017-2018 were as follows, reflecting the changes during the year due to the departure and subsequent appointment of both Independent and Executive Board Members:

Table 1

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP/ATTENDANCE	ATTENDANCE AT MEETINGS 2017/2018	CHAMPION ROLES
Bernardine Rees	Chair		<ul style="list-style-type: none"> • (Chair) Board • (Chair) Remuneration & Terms of Service Committee 	8/8 4/5	<ul style="list-style-type: none"> • Unscheduled Care
Judith Hardisty	Vice Chair	Mental Health Primary Care & Community Services	<ul style="list-style-type: none"> • (Vice Chair) Board • Quality & Safety Experience Assurance Committee • (Chair) Mental Health Legislation Assurance Committee • Audit & Risk Assurance Committee • (Chair) Primary Care Applications Committee • Business Planning & Performance Assurance Committee 	7/8 4/6 4/4 1/1 5/6 6/6	<ul style="list-style-type: none"> • Carers
Julie James	Independent Member	Third Sector	<ul style="list-style-type: none"> • Board • Quality Safety & Experience Assurance Committee • (Vice-Chair) Audit & Risk Assurance Committee • Charitable Funds Committee • Remuneration & Terms of Service Committee • (Vice-Chair) Primary Care Applications Committee 	7/8 3/6 9/9 2/4 3/5 5/6	<ul style="list-style-type: none"> • NHS (Concerns; Complaints and Redress Arrangements) (Wales)

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP/ATTENDANCE	ATTENDANCE AT MEETINGS 2017/2018	CHAMPION ROLES
			<ul style="list-style-type: none"> • Business Planning & Performance Assurance Committee 	4/6	
Mike Ponton (21.02.2018)	Independent Member	Community	<ul style="list-style-type: none"> • Board • (Chair) Business Planning & Performance Assurance Committee • Audit & Risk Assurance Committee • Quality Safety & Experience Assurance Committee • Remuneration & Terms of Service Committee • Primary Care Applications Committee 	5/7 5/5 7/8 4/6 3/4 4/6	<ul style="list-style-type: none"> • Children & Young People's Services • Armed Forces & Veterans
Professor John Gammon	Independent Member	University	<ul style="list-style-type: none"> • Board • (Chair) Quality Safety & Experience Assurance Committee • (Chair) University Partnership Board • Mental Health Legislation Assurance Committee • Business Planning & Performance Assurance Committee • Remuneration & Terms of Service Committee 	7/8 6/6 4/4 2/4 3/4 3/3	
Don Thomas (31.10.2017)	Independent Member	Finance	<ul style="list-style-type: none"> • Board • Audit & Risk Assurance Committee • Remuneration & Terms of Service Committee 	4/5 5/5 1/2	
David Powell	Independent Member	Information, Communications & Technology	<ul style="list-style-type: none"> • Board • Audit & Risk Assurance Committee • (Vice-Chair/Chair from 21.02.2018) Business Planning & Performance Assurance Committee • (Chair) Charitable Funds Committee • Primary Care Applications Committee • Remuneration & Terms of Service Committee • Quality, Safety and Experience Assurance Committee 	8/8 9/9 6/6 3/3 5/6 2/2 1/1	
Simon Hancock	Independent Member	Local Authority	<ul style="list-style-type: none"> • Board • ARAC • (Vice-Chair) Charitable Funds Committee • Business Planning & Performance Assurance Committee • Mental Health Legislation 	8/8 4/9 4/4 6/6 3/4	<ul style="list-style-type: none"> • Older People • Equalities & Diversity • Flu • Emergency Planning • Armed Forces & Veterans wef

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP/ATTENDANCE	ATTENDANCE AT MEETINGS 2017/2018	CHAMPION ROLES
			Assurance Committee • University Partnership Board	3/4	01.03.2018
Adam Morgan	Independent Member	Trade Union	• Board • Charitable Funds Committee • (Vice-Chair) Quality Safety & Experience Assurance Committee • Mental Health Legislation Assurance Committee • University Partnership Board	5/8 4/4 6/6 3/4 1/4	
Delyth Raynsford	Independent Member	Community	• Board • (Vice-Chair) Mental Health Legislation Assurance Committee • (Vice-Chair) Charitable Funds • University Partnership Board • Quality Safety & Experience Assurance Committee	8/8 3/4 3/4 4/4 6/6	• Welsh Language • Cleaning, Hygiene and Infection Management • Children, Young People & Maternity Services • Nutrition & Hydration
Mike Lewis	Independent Member	Finance	• Board • Audit & Risk Assurance Committee • Business Planning & Performance Assurance Committee • Charitable Funds Committee • Mental Health Legislation Assurance Committee	3/3 3/3 3/3 2/2 0/1	
Paul Newman	Independent Member	Community	• Board • (Chair) Audit & Risk Assurance Committee • Business Planning & Performance Assurance Committee • Remuneration & Terms of Service Committee • Mental Health Legislation Assurance Committee • Quality Safety & Experience Assurance Committee	6/8 9/9 3/3 3/3 2/3 3/3	
Steve Moore	Chief Executive Officer		• Board • Remuneration & Terms of Service Committee	8/8 5/5	• Time to Change Wales Mental Health
Joe Teape	Deputy Chief Executive Officer/ Director of Operations		• Board • Business Planning & Performance Assurance Committee • Quality Safety & Experience Assurance Committee • Mental Health Legislation	8/8 6/6 5/6 3/4	• Delayed Transfers of Care • Sustainable Development • Security

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP/ATTENDANCE	ATTENDANCE AT MEETINGS 2017/2018	CHAMPION ROLES
			Assurance Committee • Charitable Funds Committee	4/4	
Karen Miles	Executive Director of Planning, Performance & Commissioning		• Board • Business Planning & Performance Assurance Committee • Quality Safety & Experience Assurance Committee • University Partnership Board	7/8 6/6 5/6 1/4	
Stephen Forster	Executive Director of Finance		• Board • Audit & Risk Assurance Committee • Business Planning & Performance Assurance Committee • NHS Wales Shared Services Partnership • Charitable Funds Committee • Quality Safety & Experience Assurance Committee	8/8 8/9 6/6 5/5 4/4 2/6	
Mandy Davies (until 18.06.2017)	Interim Executive Director of Nursing, Quality & Patient Experience		• Board • Business Planning & Performance Assurance Committee • Quality Safety & Experience Assurance Committee	2/2 1/1 5/6	• Children & Young People's Services • Violence & Aggression
Mandy Rayani (from 19.06.2017)	Executive Director of Nursing, Quality & Patient Experience		• Board • Business Planning & Performance Assurance Committee • Quality Safety & Experience Assurance Committee • University Partnership Board	5/5 5/5 5/5 3/3	• Violence & Aggression
Jill Paterson (from 18.01.2018)	Director of Primary, Community and Long Term Care Previously Director of Commissioning, Primary Care, Therapies & Health Sciences		• Board • Business Planning & Performance Assurance Committee • Quality Safety & Experience Assurance Committee • Primary Care Applications Committee • University Partnership Board	8/8 6/6 6/6 6/6 3/4	
Lisa Gostling	Executive Director of Workforce & Organisational Development		• Board • Business Planning & Performance Assurance Committee • Quality Safety &	8/8 6/6 5/6	

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP/ATTENDANCE	ATTENDANCE AT MEETINGS 2017/2018	CHAMPION ROLES
			<ul style="list-style-type: none"> Experience Assurance Committee • Staff Partnership Forum • Remuneration & Terms of Service Committee • University Partnership Board 	6/6 5/5 4/4	
Ros Jervis (from 17.07.2017)	Executive Director of Public Health Representative		<ul style="list-style-type: none"> • Board • Business Planning & Performance Assurance Committee • Quality Safety & Experience Assurance Committee • University Partnership Board 	5/5 4/4 4/4 1/3	<ul style="list-style-type: none"> • Emergency Planning
Sarah Jennings	Director of Governance, Communications & Engagement up to 31.12.2017 Director of Partnership & Corporate Services from 01.01.2018		<ul style="list-style-type: none"> • Board • University Partnership Board • Quality Safety & Experience Assurance Committee • Business Planning & Performance Assurance Committee • Audit & Risk Assurance Committee • Charitable Funds Committee • Stakeholder Reference Group 	6/8 4/4 5/6 6/6 8/9 4/4 3/3	<ul style="list-style-type: none"> • Public Patient Involvement
Joanne Wilson	Board Secretary		<ul style="list-style-type: none"> • Board • Audit & Risk Assurance Committee • Remuneration & Terms of Service Committee 	8/8 9/9 4/5	
Phil Kloer	Executive Medical Director & Director of Clinical Strategy		<ul style="list-style-type: none"> • Board • University Partnership Board • Quality Safety & Experience Assurance Committee • Business Planning & Performance Assurance Committee 	7/8 4/4 6/6 6/6	<ul style="list-style-type: none"> • Patient Information
Alison Shakeshaft (from 01.01.2018)	Executive Director of Therapies & Health Sciences		<ul style="list-style-type: none"> • Board • University Partnership Board 	2/2 1/1	
Andrew Carruthers (from 26.06.2017)	Turnaround Director		<ul style="list-style-type: none"> • Board • Business Planning & Performance Assurance Committee 	5/5 5/5	
Libby Ryan-Davies	Transformation Director		<ul style="list-style-type: none"> • Board 	7/8	

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP/ATTENDANCE	ATTENDANCE AT MEETINGS 2017/2018	CHAMPION ROLES
In line with Standing Orders and approved Terms of Reference on some occasions appropriately briefed deputies (for Executive Directors) have counted towards quorum and attendance at Board and its Committees.					

At a local level, health boards in Wales must agree Standing Orders for the regulation of proceedings and business. They are designed to translate the statutory requirements set out in the LHB (Constitution, Membership and Procedures) (Wales) Regulations 2009 into day to day operating practice, and, together with the adoption of a scheme of matters reserved to the Board; a scheme of delegation to officers and others; and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the UHB and define - its 'ways of working'. These documents, together with the range of corporate policies set by the Board make up the Governance Framework.

The following table outlines dates of Board and committee meetings held during 2017/2018, with all meetings being quorate:

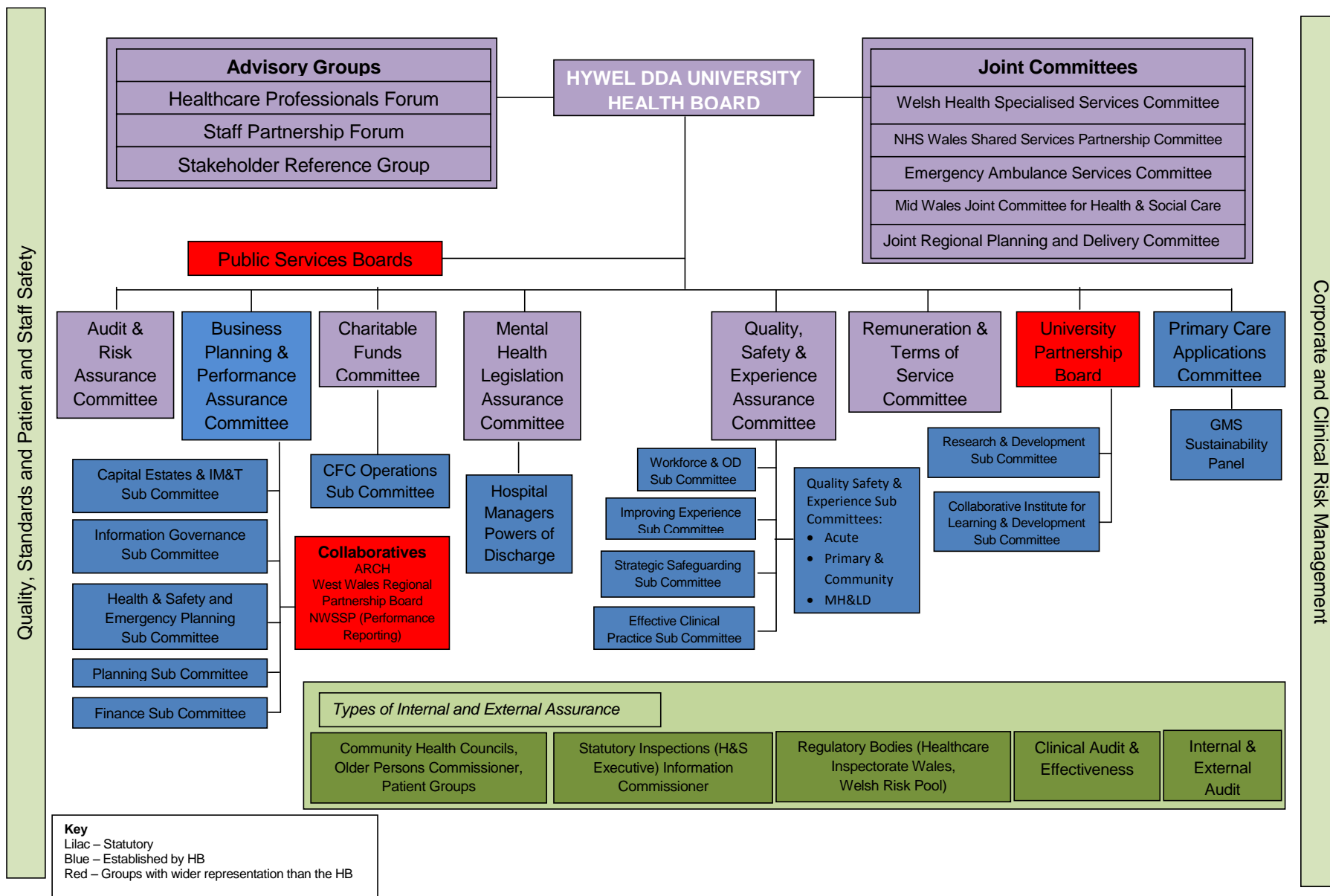
Table 2

	Dates of Meeting											
Meeting	April 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	March 2018
Board		25.05.17	01.06.17 22.06.17	27.07.17		28.09.17		21.11.17		25.01.18		29.03.18
Audit & Risk Assurance		02.05.17 (2 meetings)	01.06.17	06.07.17		05.09.17		07.11.17 (2 meetings)		09.01.18		06.03.18
Charitable Funds			15.06.17			25.09.17			05.12.17			15.03.18
Quality, Safety & Experience Assurance		16.05.17	20.06.17		15.08.17		17.10.17		12.12.17		20.02.18	
Mental Health Legislation Assurance			08.06.17			12.09.17			07.12.17			08.03.18
Business Planning Performance Assurance	25.04.17		27.06.17		22.08.17		24.10.17		19.12.17		27.02.18	
Primary Care Applications	10.04.17			18.07.17		19.09.17		02.11.17		23.01.18		27.03.18
University Partnership Board		10.05.17			08.08.17			16.11.17			06.02.18	
Remuneration & Terms of Service			12.06.17		23.08.17				18.12.17		13.02.18	15.03.18

The Board and its committees

The committees of the Board, chaired by Independent Members, have key roles in relation to the Governance and Assurance Framework. On behalf of the Board they provide scrutiny, development discussions, assessment of current risks and performance monitoring in relation to a wide spectrum of the Health Board's functions and its roles and responsibilities. Recognising the potential loss of individual knowledge and experience by the departure of two Independent Members who also chaired committees, the position was proactively managed by ensuring the appointment of new chairs prior to the departure of the outgoing chairs. This allowed a period of handover thus minimising the impact on the quality and effectiveness of the meetings of these committees. Each of the main committees of the Board is supported by an underpinning sub-committee structure reflecting the remit of its roles and responsibilities.

The committees have met regularly during the year with update reports outlining key risks and highlighting areas of development being provided to the Board to contribute to its assessment of assurance and provide scrutiny against the delivery of objectives. Towards the end of the year, enhancements have been made to these reports; in addition to outlining key risks or concerns, the action that has been requested to address any issues has also been included, with clear timelines for completion. The committees as well as reporting to the Board, also work together on behalf of the Board to ensure, where required, that cross reporting and consideration takes place and assurance and advice is provided to the Board and the wider organisation. The interoperability between committees and cross referral of any concerns has been strengthened during the year by the introduction of a decision tracker which logs any matters that need referring and the resulting outcomes. The Wales Audit Office (WAO) Structured Assessment 2017 acknowledged that the Board's administration and conduct continues to be effective, providing effective scrutiny and challenge. The Board recognises, however that there are remaining opportunities to further improve the operation of some of its committees and is committed to ensuring that this work continues. Our system of governance and accountability during the year is therefore demonstrated in the following diagram:



The Board

In governing the business of the organisation, all Executive Directors and Independent Members are collectively and corporately accountable for the Health Board's performance. This is fundamental to the Board's role in pursuing performance and ensuring that the interests of patients are central and creates a culture supporting open dialogue. The Board strives to ensure that ethical standards are integral to its governance arrangements and form part of its culture and behaviour. This is reflected by the increased focus on ethics, equality and diversity and the Health Board is committed to being honest and improving values and behaviours, demonstrated by its adoption of the Values and Behaviours Framework. As in previous years, the Board continues to hold its meetings across the three counties with a focus on local as well as wider Health Board issues. There is a public forum section of the meeting at which the Chair takes questions submitted in advance. It is planned that this will be replaced for the forthcoming year with a short questions and answers session at the end of each Board meeting. The presentation of patient and staff stories at the start of each Board meeting demonstrates that there is a clear patient and staff centred focus by the Board. In recognising that leadership is fundamental in the creation of a culture that supports and promotes safety and well-being for patients and colleagues, this approach has been strengthened during the year through the introduction of patient safety walkabouts with which all Board members are engaged. It has also been agreed that in order to increase the reach of the work of the Board, trialling of webcasting of its meeting will commence during 2018/2019. The WAO's 2017 Structured Assessment concluded that the Board has continued its work to define its assurance requirements which continue to evolve and that overall Board effectiveness is generally sound in that it provides effective scrutiny and challenge.

The Board, in working to a planned programme of work, adapted as necessary to respond to emerging events and circumstances has, during the year, discussed and considered, amongst other items, the following areas of Health Board activity:

<p>Health Board Wide Issues (Approval)</p>	<ul style="list-style-type: none"> • Approved the Draft Operational Plan for 2017/2018; • Approved the Committees' Annual Reports and the Governance, Leadership and Accountability Report; • Approved the Annual Quality Statement, Accountability Report, Annual Governance Statement, Annual Accounts, Letter of Representation and WAO ISA 260 for submission to Welsh Government; • Approved the Annual Report for 2016/2017; • Approved the contents of the Board Assurance Framework based on the Health Board's strategic objectives and approved updates to existing risks and new principal risks for inclusion; • Approved the interim budget for 2018/2019 to enable Month 1 2018/2019 reports to be produced at the end of April 2018; • Approved the Action Plan emanating from the Royal College of Paediatrics and Child Health Neonatal Report; • Approved various elements of the plans for Transforming Mental Health Services, including completion of Stage 1 of the consultation process (pre-consultation engagement and options development), commencement of Stage 2 of the consultation process (formal consultation) and the Transforming Mental Health Project plan inclusive of Consultation Scope, Consultation Plan, and Public Consultation documents; • Approved various elements of the Transforming Clinical Services (TCS) Strategic Programme, including the governance arrangements for Programme Groups and Committees/Sub-committees and the programme
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	<p>communication and engagement plan, including the approach and methods proposed;</p> <ul style="list-style-type: none"> • Approved progression to Phase 2 of the TCS programme; • Approved in principle the updated Major Incident Plan and Civil Contingencies Strategy 2017/2018, subject to review by the Business Planning & Performance Assurance Committee and the Health, Safety and Emergency Planning Sub-Committee; • Approved the proposed response to the Welsh Government's White Paper 'Services Fit for the Future, Quality and Governance in Health and Care in Wales'; • Approved the proposals for a comprehensive Board Development Programme, taking into account that this also responded positively to the recommendations made in the external financial governance review commissioned by Welsh Government; • Approved the management response to the external financial governance review; • Approved the Risk Management Framework; • Approved and recommended that the business case for Women's & Children's Services Phase 2, be submitted to Welsh Government; • Approved the Partnership Governance Framework; • Approved the proposal for introducing Board Patient Safety Walkabouts; • Agreed to give delegated authority to the Finance Sub-Committee to make a recommendation to the Board in respect of changing the predicted year end deficit position; • Approved the recommendations of the Paediatric Care Task & Finish Group; • Approved the change in the deficit forecast to £69.6m in the Month 9 Monitoring Returns in the light of the change in income assumptions; • Approved the alignment of the Transforming Mental Health programme with 'Transforming Clinical Services' as part of implementation to maximise opportunities to integrate and best meet the needs of the population. • Approved the revised version of the Health Board's Standing Orders and Standing Financial Instructions; • Approved the proposed year-end deficit figure of £62.5m further to discussion at the March 2018 Board; • Approved recommendations relating to the establishment of the Major Trauma Network.
<p>Health Board Wide Issues (Endorsement)</p>	<ul style="list-style-type: none"> • Endorsed the progress made and the work undertaken by the Primary Care Clusters and supported the opportunities for future development; • Endorsed the actions being taken in response to the Improving Experience Report – Listening and Responding to Feedback; • Endorsed the Director of Public Health's Annual Report, giving public support to the importance of prevention and mental wellbeing promotion for the population of the Health Board; • Endorsed the Register of Sealing's as appropriate; • Acknowledged the key findings from the HIW Annual Report 2016/2017, the actions being taken forward to deliver on these findings and the assurance mechanisms in place to oversee implementation and monitoring of the identified actions; • Supported the content of the Primary Care Annual Report 2016/2017 and the brief insight provided into services delivered; • Acknowledged the information in the Medical Revalidation and Appraisal Annual Report 2016/2017; • Supported the approach being taken to ensure that the requirements of the

	<p>Nurse Staffing Levels (Wales) Act 2016 are embedded into the Health Board's governance infrastructures;</p> <ul style="list-style-type: none"> • Acknowledged the Health Board's continued commitment to working in collaboration as a statutory member of the three Public Service Boards within Hywel Dda and in particular the proactive work to support engagement and consultation activities; • Endorsed the actions proposed in the Health Board Influenza Plan for 2017/2018 to increase vaccination uptake rates in eligible population groups across the Hywel Dda area; • Supported the implementation of the Care Home of Choice Policy; • Supported the contents of the WAO Annual Report 2017; • Supported the Primary Care Vision report and endorsed the vision outlined therein; • Endorsed, in-principle, the regional approach to: <ul style="list-style-type: none"> • Pooled funds for adult care home placements; • Pooled funds for Integrated Family Support Services; • Reviewing community equipment stores. • Noted the update on the Financial Plan for 2018/2019, in particular the challenge presented by the requirement to reduce expenditure before funded inflation; • Discussed the approach to savings delivery in particular the need to achieve breakeven in each and every Directorate; • Endorsed the Strategic Partnership Plans for the Carmarthenshire, Ceredigion and Pembrokeshire PSB Well-being Plans respectively and the West Wales Area Plan;. • Supported the Outline Business Case for the New Velindre Cancer Centre.
Focus on Pembrokeshire Issues	<ul style="list-style-type: none"> • Acknowledged the progress in relation to services provided within Pembrokeshire, including development of the Tenby Unscheduled Care Nurse Led Walk-in Service and the South Pembrokeshire Hospital Review and supported ongoing service changes to ensure sustainable healthcare services for the future; • Approved the Pembrokeshire Learning Disability Strategy 2017-2022; • Approved and recommended that the business case for the refurbishment of Ward 10 at Wityhush General Hospital, be submitted to Welsh Government, noting that there are no revenue costs associated with this scheme; • Supported the plans and initiatives identified which will strengthen services and provide integration on all levels, across organisations and between individual services in improving the health and wellbeing of the population of Pembrokeshire.
Focus on Ceredigion issues	<ul style="list-style-type: none"> • Acknowledged the particular challenges faced in the delivery of services across Ceredigion, and supported the plans and initiatives identified which will strengthen services and provide integration on all levels, across organisations and between individual services; • Agreed to the reintroduction of MDT selected elective colorectal cancer surgery at Bronglais Hospital, subject to certain requirements being met and that monitoring following the reintroduction demonstrates acceptable outcomes.
Focus on Carmarthenshire Issues	<ul style="list-style-type: none"> • Acknowledged the actions taken by Carmarthenshire's Integrated Community Services to support and contribute to the sustainability of the Health Board and the wider health and social care system; • Noted the progress being made on the Llanelli Wellness Village; • Discussed the risk to medical recruitment at Glangwili Hospital and the actions being taken in mitigation.

Board development programme

As the scope of corporate governance has increased in recent years, Boards now play an essential role in implementing high performance organisation principles and practices as part of their corporate governance responsibilities. An effective Board development programme is therefore critical in enabling the Board to move towards the wider model of corporate governance which incorporates:

- monitoring the performance of the organisation and the senior management team;
- setting organisational goals and developing strategies for their achievement;
- being responsive to changing demands, including the prediction and management of risk.

A local Board development programme, tailored to meet the needs of the organisation and both its Independent and Executive Director Board Members is therefore paramount in pursuing the above objective. In response, the Board approved a comprehensive Board development programme designed to provide ongoing development support to the Board. The programme, whilst building on and complementing the development previously delivered by Academi Wales, aims to provide an ongoing shared learning forum which stimulates discussion and thinking on the way Hywel Dda organises and enacts its business. It has involved separate sessions held initially for Independent Members and Executive Directors based on facilitated discussions to provide a foundation for continued learning and development, with the majority of the programme being delivered in-house with support from Academi Wales. This focuses on key development areas that once completed will provide members with the enhanced knowledge, skills and behaviours for them to improve their individual and collective performance.

The Board development programme also took into account and responded positively to the recommendations made in the external financial governance review commissioned by the Welsh Government and the Board has been working with the NHS Wales Finance Academy to deliver development sessions on financial governance. The Board will continue its working with Academi Wales, focusing on both areas specific to Hywel Dda and the Academi's programme for high performing organisations. In addition, on an individual basis, members will be able to access the All Wales Governance and Board Leadership Programme of Events delivered by Academi Wales, choosing those sessions that best meet their requirements.

The above programme has been supported by Board Members participation in the Health Board's board seminars which have been held on a regular basis during the year. The Board seminars have provided the Board with an opportunity to receive and discuss subjects/topics which provide additional sources of information and intelligence as part of its assurance framework. This in turn assists with the Board's ability in adequately assessing organisational performance and the quality and safety of services, with sessions held over the year having featured:

- Training session delivered by the Consultation Institute on the legal requirements and good practice guidance in respect of service change and transformation;
- Equalities training on the Board's statutory duties in relation to equalities legislation;
- Discussion involving GP colleagues on the work undertaken by Primary Care Clusters;
- Turnaround Programme;
- Overview of the General Data Protection Regulations which come into effect in May 2018;

- Discussion on the Board's formal response to the Welsh Government's White Paper "Services Fit for the Future, Quality and Governance in Health and Care in Wales";
- Welsh Language Training, with active Board participation in a practical lesson;
- Update on the Board's financial position, debating the turnaround process, savings schemes and variances;
- Presentation on Quality Improvement from Dr Aiden Fowler, Director 1000 Lives Improvement;
- Presentation on Transforming Clinical Services and work undertaken to date;
- Presentation on Transforming Mental Health Services and an update on the public consultation;
- Briefing from Welsh Health Specialised Services Committee, highlighting key commissioning issues;
- Presentation on the Board directed review of Paediatric Services;
- Electronic Board Training;
- Presentation on procurement, outlining the principal legal sources of procurement rules and compliance with procurement law;
- Presentation on Medicines Management;
- Presentation on the Zero Based Review, commissioned by the Welsh Government;
- Detailed discussion on the Integrated Medium Term Plan/Annual Operating Plan;
- Population Health – A presentation was made to the Board focusing on understanding the population health principles and putting these into practice in Hywel Dda.

Audit & Risk Assurance Committee (ARAC)

The Audit & Risk Assurance Committee is an important committee of the Board in relation to this Annual Governance Statement. On behalf of the Board, it keeps under review the design and adequacy of the Health Board's governance and assurance arrangements and its system of internal control. The Committee, through its in-year reporting, has regularly kept the Board informed about the results of its reviews of assurances together with any exceptional issues that arose. In supporting the Board by critically reviewing governance and assurance processes on which reliance is placed, during 2017/2018 key issues considered by the Committee and on which it has specifically commented in relation to the overall governance of the organisation have been:

- The Committee's concerns regarding the financial position. Whilst the Committee was assured that the financial reporting and financial controls were robust, the Committee did regularly escalate its concerns regarding the Health Board's financial position to the Board. At the start of the year the Committee expressed concerns regarding the timescales to complete the directorate by directorate review of budgets and the setting out of the savings plans. Noting the forecast deficit of £58.9 million at the end of May, the Committee remained concerned at the end of the first quarter, highlighting that managing the financial position would become more challenging as the year progressed and that the importance of effectively managing the financial position was paramount;
- The Head of Internal Audit Opinion and other opinions on the adequacy of disclosure statements for 2017-2018, including the overall adequacy and effectiveness of the organisation's risk management, control and governance processes;

- Discussed and approved for recommendation to the Board, the Health Board's Annual Quality Statement, Annual Accountability Report incorporating the Annual Governance Statement, Audited Financial Statements and Auditor General's Opinion;
- The review of the Board's Standing Orders, Standing Financial Instructions and the Committee's own Terms of Reference and recommendation for approval to the Board;
- Consideration of the Board Assurance Framework at regular intervals;
- WAO performance and financial audit reports, the Health Board's management responses and monitoring delivering of action plans. The Committee has expressed concern regarding the pace of implementation of recommendations for a number of reports and in some instances, the standard of management responses;
- Specific concerns expressed and highlighted to the Board in respect of the process for single tender actions;
- The Health Board's 'Targeted Intervention' status being a standing agenda item at each meeting with regular updates being received;
- Any Internal Audit reports receiving less than reasonable assurance rating or if any specific area of concern were identified and were subject to increased scrutiny, in order that suitable assurances could be obtained;
- The capacity of the clinical audit function, the clinical audit plan and lack of outcome measures and follow up;
- Concern expressed regarding the lack of pace in implementing the recommendations from the external review of governance arrangements;
- The lack of pace to implement job planning further to the NHS Consultant Contract Follow Up Review;
- The fragility of Radiology Services and the infrastructure supporting the service.

In enacting its responsibilities, the ARAC is very clear on its role in seeking assurances, with the assurance function being defined as:

- Reviewing reliable sources of assurance and being satisfied with the course of action;
- An evaluated opinion, based on evidence gained from review – tends to be based on independent validation, both internal and external.

The Committee is therefore a key source of assurance to the Board that the organisation has effective controls in place to manage the significant risks to achieving its strategic objectives and that controls are operating effectively.

During the year, having considered and recommended to the Board approval of the Risk Management Framework, the Committee's Terms of Reference were reviewed and amended in relation to its role regarding risk management. Effective risk management requires a reporting and review structure to ensure that risks are effectively identified and assessed and that appropriate controls are in place. The Committee is responsible for overseeing risk management processes across the organisation and has a particular focus on seeking assurance that effective systems are in place to manage risk and that the Health Board has an effective framework of internal controls that addresses principal risks. The Committee is responsible for monitoring the assurance environment and challenging the build-up of assurance on the management of key risks across the year, ensuring that the Internal Audit Plan is based on providing assurance that controls are in place and can be relied on and reviewing the internal audit plan in year as the risk profiles change. The ARAC has received bi-annual reports from Board level committees,

providing assurance that risks are being managed appropriately and that the risk management framework and process is effective.

This year, in addition to its scheduled programme of work, resulting from the challenges faced by the Health Board, the ARAC convened an extraordinary meeting in order to ensure that due diligence is enacted to scrutiny and governance of the organisation. Members sought assurance and challenged accountable officers on the pace of addressing outstanding recommendations arising from Wales Audit Office reports. At the specific request of the Chair of ARAC, Executive Directors were in attendance to discuss their management responses to outstanding recommendations with each response reviewed in detail and a collective evaluation of whether adequate progress had been made.

At its September meeting, the Committee was provided with a further update of the financial performance to the 31 July, noting that the Health Board had an increase of £1.823m above the planned deficit and the importance of effectively managing the financial position. These concerns remained prevalent at the mid-point of the year with Members noting that whilst savings plan delivery was positive in some areas, cost pressure containment was the key issue and delivery of the planned deficit position, including delivery of the financial contingency plan was highlighted to the Board. In addition to delivery of the planned deficit position, also highlighted to the Board at its meeting in January 2018 was the Health Board's position relating to cash which has the potential to expose the organisation to further financial risk.

It has been recognised in the past that the Committee needed to strengthen its arrangements for receiving assurances on clinical audit. During the year, in seeking assurance on the overall plan, its fitness for purpose and its delivery, the Committee received a comprehensive report on the 'Review of Effectiveness of Clinical Audit'. This provided the Committee with assurances that the Health Board has a prioritised annual clinical audit plan which is linked with key objectives and focused on important areas of concern/risk, quality improvement and wastage reduction. It was however noted by ARAC that the Clinical Audit Department continues to face resource challenges which impact on compliance with the National Clinical Audit and Outcome Review Plan and the ability to improve the audit cycle.

The Committee has closely monitored the enhanced escalation status of the Health Board during the year with the joint escalation and intervention arrangements being a standing agenda item for its meetings and the Chief Executive requested to provide an update on the position on a regular basis. The Health Board's position has remained as that of 'targeted intervention' status during the year, primarily as a result of the underlying financial position and performance challenges that the Health Board faces. Although the organisation remains at this targeted intervention level and there is positive recognition of the Health Board's improved performance, it was challenged to maintain and continue with performance whilst also reducing the financial deficit. The Committee has welcomed the assurance during the year and the good engagement with Welsh Government recognising the incremental gains and challenges ahead.

Concern was expressed from the offset regarding the increasing volume and value of single tender actions (STAs) received by the Committee. Consistent with the previous year's assertion that ARAC would continue with its close monitoring of the application of STAs, the process was reviewed during the year in order to provide improved support to

decision making. The Wales Audit Office guidance document 'Ensuring value for money in the use of single tender actions' was considered as part of this. The Committee received assurances that where there had been queries regarding particular STAs, these were referred back to lead officers.

A report presented to ARAC following a 'look back' exercise relating to a specific consultancy service procured through a STA caused concern as it identified a number of system weaknesses in which the Health Board had not been consistent in the application of its own procedures. As a consequence, further amendments to both the STA process and the procurement of any future consultancy services, to provide improved robustness and governance have been enacted. This again, provides enhanced scrutiny and reinforces the controls in place.

All audit recommendations are tracked in one place with a detailed audit tracker being periodically considered by the ARAC. In its Annual Audit Report 2017 WAO recognised that the Health Board is making steady progress in addressing previous issues identified and that it has effective arrangements in place to track audit recommendations. The ARAC has a key role to play in supporting the application of good governance principles in decision making and is well placed to understand the risks to good governance faced by the Health Board, such as risks arising from external factors, e.g. legislative changes or risks arising from changes or initiatives within the organisation.

The ARAC, in accordance with best governance practice, has undertaken a self-assessment and evaluation of its own performance and operation. In response to the requirement for continual improvement of the self-assessment process, the questionnaire answered by members included enhancements regarding the work of Internal Audit, External Audit and Counter Fraud, with members also being asked to consider their individual understanding, role and contribution to the Committee. Members were constructive in their responses, commenting on processes and procedures, with areas for development being identified.

This suggested the need to continue with a risk based approach to agenda setting to cover off the key areas of Committee business in order to provide assurance to the Board on the management of key risks throughout the year. The key relationship between ARAC, Quality, Safety & Experience Committee (QSEAC) and the Business Planning & Performance Assurance Committee (BPPAC) should be considered as part of the review of their respective terms of reference, and the arrangement whereby the lead Directors for both QSEAC and BPPAC are invited to attend ARAC at least annually to receive assurance that they are effectively discharging their terms of reference should continue. Development of each Committee's Decision Tracker into an overall Board and Committees' Decision Tracker should further assist with this.

In keeping with the Health Board's commitment to openness and transparency, the ARAC papers continue to be available on our public facing website. A detailed update report, presented by the Chair of ARAC (this year with a mid-year turnover of Chair) is provided to each Board meeting alongside an independent report of progress against the Committee's work programme and associated business. [Link for further information Audit and Risk Assurance Committee.](#)

Business Planning and Performance Assurance Committee (BPPAC)

Working to Board approved Terms of Reference, amended during the year as outlined below, the Committee has provided one of the internal control mechanisms for providing assurance and where appropriate, highlighting risks to the Board.

The Committee had originally been formed by combining two committees, the Integrated Governance Committee and Strategy & Planning Committee. Although much progress had been made, the Terms of Reference as they stood presented significant challenges, and were becoming too wide-ranging to manage within the current format. The external review of financial governance highlighted concerns around a lack of clarity regarding financial discussions whilst it was also felt that BPPAC needed to provide more focus on integrated governance. As a result, during the year, two new BPPAC sub-committees were established, these being finance and planning, in order to provide the degree of scrutiny necessary, given the ongoing financial challenge and continuing work on the Integrated Medium Term Plan (IMTP). These sub-committees considered more detailed discussions of topics relating to each of their areas, with BPPAC undertaking high level discussions before reporting to Board. The Terms of Reference for BPPAC were mapped against each of its sub-committees, cross-referencing with other committees, to ensure coverage of tasks whilst avoiding unnecessary duplication. These changes have contributed positively to BPPAC's effectiveness, and provided greater scrutiny with the following being some of the matters focused upon by the committee during the year.

- Financial and Turnaround Programme – Updates on the forecast financial position, concerns around the risks associated with achievement of the forecast year-end deficit and continued concerns that the Health Board is overspent in comparison to the forecast deficit and is not delivering as projected on savings plans. Discussions were held on the principle reasons necessitating the change to the forecast financial position. With reference to Turnaround, whilst BPPAC can be assured by the processes in place, further progress is required;
- Consideration of the Health Board's Draft Operational Plan 2018/2019;
- Approval/extension of Information Governance Policies and Corporate Written Control Documentation;
- Discretionary Capital Programme – monitoring of the utilisation of available funding, receiving progress reports on developments and determining priorities from identified pressures in terms of risk, statutory compliance, patient safety and experience, operational efficiency and reputational issues. It was noted in particular that the capital allocation will remain insufficient to provide BPPAC with full assurance on the management of infrastructure and backlog risks and in addition to this, there are constraints regarding the availability from the All Wales Capital Allocation;
- Performance information - through the Integrated Performance Assurance Report (IPAR) with the revised IPAR format and Dashboards resulting in a significantly improved document, with particular focus on key deliverable areas;
- Approval of 'Together for Health' Delivery Plans for formal submission to Welsh Government;
- Ongoing concerns around cancer services tertiary centre capacity;
- Operational risk registers and principal risks on the Board Assurance Framework;
- Updates on Mid Wales Healthcare Collaborative, with the Committee noting the areas of work being progressed and achievements being made, including the proposed establishment of a Mid Wales Joint Committee for Health & Social Care

(MWJC) and discussions regarding the Centre for Excellence in Rural Health and Social Care;

- A Regional Collaboration for Health (ARCH) - ARCH is a significant part of the Health Board's future strategy and therefore a key item of business for BPPAC to monitor in terms of delivery. Members were informed that the processes around ARCH may become more formalised, in which case reporting and decisions would be at Public Board level;
- Primary Care Resilience, Sustainability & Strategy – Attention was particularly drawn to the challenges facing General Medical Services in terms of sustainability;
- Board Assurance Framework - detailed discussions around the Board Assurance Framework (BAF) took place;
- Medicines Transcription and Electronic Discharge (MTeD) Status – a status update report was received, which set out the Health Board's current position;
- Information Governance Sub-Committee – the Information Governance (IG) Team is undertaking a 'mapping and gapping' exercise to address the requirements of the new Data Protection Act and General Data Protection Regulations (GDPR);
- Approval of the Major Incident Plan;
- Risks around the lack of 24 hour Emergency Medical Retrieval and Transfer Service (EMRTS).

The detail of those matters on which BPPAC has briefed the Board regarding internal control matters during the year are included in the regular update reports, the minutes of the meetings and the Annual Report to the Board, all of which can be accessed through the following link on the Health Board's website: [Business Planning and Performance Assurance Committee](#).

Quality, Safety and Experience Committee (QSEAC)

In discharging its role, the Committee has overseen and monitored activities in accordance with its Terms of Reference with some of the key highlights in the reports to Board including the following:

- Consideration of the Assurance, Safety & Improvement Dashboard, which provides an overview of the incidents, complaints and claims across the Health Board;
- Recommendation of approval of the Annual Quality Statement by the Board;
- Any non-compliance with National Patient Safety Alerts and recognition of the associated risks;
- Glangwilli General Hospital (GGH) Medical Position – an update on the GGH medical position advising that a report had been presented to the Executive Team regarding the fragile nature of the services in GGH as well as the challenges facing nursing and therapy staff;
- Pressure Damage & Management of Pressure Damage Incidents in the Community - consideration of a report which explained the work and the actions being taken forward to manage the increase trend of pressure damage within the community in a more proactive manner;
- Sustaining Quality Adult Mental Health Services – following an earlier report which highlighted areas of concern, a safety report was received from Adult Mental Health Services. A Task & Finish Group had been established to consider options for sustainable adult mental health services and the Committee requested further updates/monitoring through its sub-committee structure;
- Paediatric Services - noted and considered the update on several issues relating to paediatric services and took assurances from the reports presented;

- Fundamentals of Care (FOC) 2016 Annual Audit Report – the Committee accepted the audit findings as an assurance that the care delivered within the Health Board continues to achieve a high level of satisfaction amongst patients, whilst also identifying areas of improvement;
- Monitoring and Reporting Arrangements for Board to Floor Walkabouts –an updated Dashboard, including patient experience reporting is presented. This process aligns with the original pilot of the 1,000 Lives campaign, with the creation of a culture that supports and promotes the safety of patients and staff, and also highlights the work of the Health Board’s Independent Members;
- Clinical Audit – in considering the clinical audit position, concerns were raised around the Health Board’s ability to contribute to national clinical audit;
- Thematic Review of Level 4 & 5 Patient Safety Incidents – a review to identify whether there were any particular themes or trends that emerged from the data held on the Datix Risk Management System highlighted numerous themes including a lack of communication, policies not being adhered to and inaccuracies with record keeping. It was agreed that in order for the Health Board to learn from these recurring themes, analysis would be conducted with the results reported back to the Committee;
- Safeguarding Issues – all health boards were tasked with reviewing their governance arrangements regarding safeguarding issues to mitigate the issues occurring elsewhere. After considering the recommendations, the Committee was assured that the Health Board has processes and procedures in place to support good governance;
- Parameters for the Review of Hywel Dda University Health Board's Stroke Services – the lack of therapy support was identified as a concern with additional therapy resources required, with this being escalated to the Executive Team for prioritisation as part of the 2018-2019 planning cycle;
- The continued shortage of Deprivation of Liberty (DoLS) Medical Assessors;
- Point of ligature work impacting upon bed availability and consequently on patient care plans.

As highlighted by WAO in the 2017 Structured Assessment, it is recognised that the functioning of QSEAC and its sub-committees needs to change. Work has already commenced to reconfigure the sub-committee structure with the aim of improving the assurance flows to the Committee and as a Board, at the close of this year, we recognise that this remains as work in progress.

The detail of those matters on which QSEAC has briefed the Board regarding internal control matters during the year are included in the regular update reports and Annual Report to the Board, all of which can be accessed on the Health Board’s website. Further information on the detailed work undertaken by QSEAC focusing on patient care and outcomes can also be found in the Annual Quality Statement and/or by accessing the following link to the Health Board’s website:
www.wales.nhs.uk/sitesplus/862/page/72049.

Mental Health Legislation Assurance Committee (MHLAC)

Working to its remit in respect of its provision of assurance to the Board, the following represent some of the key issues which the Committee highlighted during the year:

- Quarterly Performance Reporting on the Mental Health Act 1983, providing assurance on compliance and if necessary, action to be undertaken. One area of

concern during the year was the continued high number of Mental Health Act assessments and detentions being undertaken;

- Update reports from the Hospital Managers Power of Discharge Sub-Committee;
- Update on progress made in implementing action plans following Health Inspectorate Wales (HIW) announced and unannounced inspection visits with the Committee continuing to monitor any issues relating to HIW visits where those matters relate to legislation;
- Assurance Provision for People Placed out of County – there are occasions where the Health Board is not able to meet the complex needs of an individual and specialist care must be commissioned to meet this need. The commissioning team has been developing a revised operational policy for all commissioned healthcare placements;
- Assurance on active and maintained registers of people who require aftercare in accordance with the Section 117 Policy between the Health Board and its local authority partners. (The duty on health and social services to provide aftercare services to certain patients who have been detained under the Mental Health Act);
- Patient and Carer Stories on experiences of receiving mental health care;
- Mental Health Programme Group Updates.

Primary Care Applications Committee (PCAC)

The purpose of this Committee is to determine the primary care contractual matters on behalf of the Health Board, and in accordance with the appropriate NHS regulations. During 2017/2018 the Committee has met bi-monthly and has discussed matters relating to GP branch closures, opening hours and border change applications, Community pharmacy opening hours and ownership applications and dental contractual changes and the issuing of remedial and breach notices. Furthermore it has been a useful forum for discussing primary care estates developments and priorities as well as broader GP sustainability issues. During the year, the Board was informed of the following key matters:

- Update on General Medical Services (GMS) Sustainability and Future Vision for a Sustainable Future Service;
- GMS Dashboard – An Equitable Approach & Process in Managing Matters of Sustainability - the development of a GMS dashboard as a standard reporting approach to provide assurances to the Board, Board level Committees and GP Practices, in order that informed decisions can be made, areas of good practice can be identified and also any areas of concern;
- Temporary List Closures Updates;
- Updates on GMS Practices and those practices receiving support from the Health Board, including stabilising General Medical Services at specific practices;
- Change to General Dental Practice Opening Hours - following a number of applications made requesting changes to Practice opening hours and further to a subsequent audit to review the contractual opening hours of the dental practices within the Health Board, all contractors were written to confirming their contractual hours and stipulating any future changes to practice openings must receive Health Board approval;
- General Dental Service Reform Programme;
- Evolving Primary Care Service Model in the Gwendraeth Valley – the content of the paper, with particular reference to the emerging workforce and service delivery model, will be used to inform the primary care vision for the future as part of the Transforming Clinical Services Programme. The Committee supported the next

steps for developing a wider fully costed model to achieve this through timely, proactive and prudent primary care service delivery;

- Primary Care Standard Operating Procedures (SOP) – developed due to the number of contractual changes which have occurred over recent years.

Charitable Funds Committee (CFC)

The Charitable Funds Committee is charged with providing assurance to the Board in its role as corporate trustees of the charitable funds held and administered by the Health Board. It makes and monitors arrangements for the control and management of the Board's charitable funds within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework. In discharging its duties, matters highlighted to the Board included the following:

- Integrated Hywel Dda Health Charities Performance Report providing updates on the charity's financial performance and position;
- Updates on funding requests;
- Investment Advisor Tender Presentation and Training – an update was provided on the transfer of the charitable funds portfolio resulting from the appointment of different investment advisers following a tender exercise;
- Governance of Charitable Funds within the Operations Directorate - further to the Committee's agreement to disestablish the previous five sub-committees, the Terms of Reference was approved for a new Charitable Funds Sub-Committee, with an effective start date of 1 April 2017. It was also agreed that there should be a review in six months' time and in light of the review, committee members were assured that the Charitable Funds Operations Sub-Committee is fulfilling its Terms of Reference;
- Charitable Funds Operations Sub-Committee Update Report - acknowledged the notable increase in the volume of requests for charitable funds, particularly for IT equipment, due potentially to an increased awareness of the availability of charitable funding. For all requests, a co-ordinated approach is being undertaken with individual departments to establish the patient benefit and charitable nature of the request prior to approval;
- Charitable Funds Story – regular updates to the Board on how the use of charitable funds was utilised for patients and staff;
- Expenditure and Commitments Requiring Approval, including the Provision of a Dedicated 6 Bedded Escalation Area for the Bronglais Hospital Site and Updates on the Withybush Hospital Chemotherapy Day Unit and Ward 10 Developments.

University Partnership Board (UPB)

The University Partnership Board is a formal partnership arrangement between the Health Board and its university partners. It is a creative hub that drives and monitors developments in the three domains of Research and Innovation, Workforce and Organisational Development and Collaborative Partnerships, and provides assurance to the Board. Matters considered and reported to the Board during the year have included:

- Concerns regarding how the Health Board pays for apprenticeships with the introduction of the Apprenticeships Levy which came into force in April 2017, with no All Wales approach in place in regard to an agreed pay rate for apprenticeships. The Health Board has over 100 apprentices currently in training, however it needs to be clear on its aspirations from the apprenticeship programme;
- Updates on the Swansea City Deal/Institute of Life Science – Way Forward and Role of Universities;
- Updates from the Research & Development Sub-Committee;

- Updates from the Collaborative Institute Sub-Committee;
- Presentation from Health Education and Improvement Wales (HEIW) on the scope and vision of HEIW and how best the Health Board could form links;
- Annual Review of Hywel Dda University Partnership Board Strategy, including the positive developments made during Year 1, discussion of Year 2 of Strategy and University Partnership Board Workplan and University Partnership Board Status Submission;
- The success of the inaugural Research & Innovative Practice Conference.

Stakeholder Reference Group (SRG)

The Group is formed from a range of partner organisations from across the Health Board's area and engages with and has involvement in the Health Board's strategic direction, advises on service improvement proposals and provides feedback to the Board on the impact of its operations on the communities it serves. Members, having previously recognised the importance of being able to work in co-production, to engage and to convey messages to the public agreed to continue with the themed workshops to alternate with meetings, which had been introduced the previous year.

At its meetings and workshops held during the year, the SRG focused on the following areas:

- Population Health Focus – members were advised that all Health Board activity should be evidence based, aiming for a positive change for everyone across the system by adopting a whole system approach. The challenge for the organisation will be changing the mind set of people;
- Major Trauma – SRG members were advised of the consultation asking for views on the establishment of a major trauma network and one major trauma centre for south Wales and the Health Board will need to consider the impact on its services and within the developing clinical services strategy;
- Transforming Mental Health Services – members received a presentation and were advised of the progress of the Transforming Mental Health programme and the early findings of the consultation analysis. The Transforming Mental Health programme conducted a 12 week consultation and sources of information for analysis ranged from online and paper questionnaires, drop in events, workshops run by Hwylus, Facebook live event, letters, public meetings, meetings with staff and an alternative consultation questionnaire;
- Pooled Budgets – members were informed that one of the key drivers for the West Wales Regional Partnership Board is to consider delivering service integration and pooled funds to support the delivery of Part 9 of the Social Services and Well-being (Wales) Act 2014. A number of workshops are being planned to work through the issues to take forward this agenda;
- Transforming Clinical Services Workshop – a representation of almost 40 stakeholders worked through a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis as part of the options development process. This demonstrates the Health Board's commitment to jointly and openly co-produce any service change as it is not a requirement of pre-consultation options development to undertake this activity;
- Thoracic Surgery Services Engagement – members were advised that the Welsh Health Specialised Services Committee (WHSCC) is looking at the future shape of thoracic surgery services in South Wales, with a decision required on whether one or two units are needed.

Local Partnership Forum (LPF)

The Forum is responsible for engaging with staff organisations on key issues facing the Health Board and met regularly during the year. It provides the formal mechanism through which the Health Board works together with trade unions and professional bodies to improve health services for the population it serves. It is the Forum where key stakeholders engage with each other to inform debate and seek to agree local priorities on workforce and health service issues. During the year, the reports received by the forum and significant strategic issues discussed included:

- Updates on the Llanelli Wellness Village Developments;
- Updates on Transforming Clinical Services, with it being noted that the Health Board has been working closely with the Consultation Institute to ensure that best practice was being followed;
- Updates on Transforming Mental Health Services with it being noted that a significant number of responses had been received and a large number of staff had attended stakeholder sessions;
- Updates from the work of the BPPAC;
- The Health Board's latest financial position, including revisions to the forecast deficit and highlighting cost pressures;
- Turnaround updates – as it was questioned by the Forum whether Turnaround was actually working, it was suggested that members could be provided with more detail on the progress made since its enactment. Members were informed that whilst there were many opportunities to improve performance, assurance was provided that there was threat to our workforce. There was a determination to maintain the focus on safety and quality and to demonstrate leadership in keeping the agenda to hand;
- Employment policies updates - reviewing and approving a number of policies;
- Implementation of paperless pay slips;
- Update on Auto Allocation of Student Nurses;
- Approval of the First Hand Account template designed to assist with providing first-hand accounts to the investigative process, aligned with Putting Things Right guidance, which should improve the Health Board's performance in this respect;
- Updates on the Paediatrics, Neonates and Maternity Project;
- Update on and approval of, the recommended changes to the staff restaurant single tier prices;
- Regular updates on staff benefits;
- Updates on Nurse and Bank Agency;
- Update on security at hospital sites;
- Pensions automatic enrolment overview;
- Presentation on the Health Board becoming a compassionate employer.

Healthcare Professionals' Forum (HPF)

In accordance with its Terms of Reference, the Forum should comprise of representatives from a range of clinical and healthcare professions within the Health Board and across primary care practitioners with the remit to provide advice to the Board on all professional and clinical issues it considers appropriate. It is one of the key forums used to share early service change plans, providing an opportunity to shape the way the Health Board delivers its services. As I wrote last year, having previously lapsed, the Forum was about to be reconvened from the first quarter of this current year and has met four times during this period.

Although revised Terms of Reference were agreed the main purpose remains unchanged as outlined above. It was also acknowledged that through its breadth of different professions within its membership, the Forum should help the Health Board keep on track with its strategic objectives, and it was particularly timely that it was being invigorated given the current consultation and engagement taking place with the Transforming Mental Health Services (TMHS) and Transforming Clinical Services Strategy (TCSS) programmes. Not unexpectedly, therefore, the main crux of the Forum's attention during this year has been on these two issues, with detailed progress reports being received at each of its meetings.

Members acknowledged that a whole system change is required if the Health Board is to resolve its annual financial deficit, as this affects its ability to invest in high value initiatives which in turn affects the ability to improve services. The responsibility of engaging with their attendant professional groups to ensure that the importance of providing feedback was also acknowledged by members, as without this, it was recognised that ill-informed conclusions could be made in regard to the status of current services and future service delivery.

The wide variety of senior clinicians, from all professional groups, that were invited and attended the options development workshops, was welcomed by the Forum. The HPF was pleased to observe that a variety of staff drop-in events and stakeholder events had been planned and that staff throughout the Health Board had been offered opportunities to attend these events and offer their views. The Forum also reported that it was pleased with the extent of clinical and professional engagement to date and was also satisfied that it had been involved at an early stage in the options development and had been given every opportunity to contribute to key groups and workshops providing clinical and professional views and opinion.

With reference to Transformation of Mental Health Services (TMHS), the Forum recognised that the requirement is for a model fit for the future which will be sustainable for patients, their families and the workforce involved. This model will have to provide a whole spectrum of care for very different types of patients, recognising that one of the challenges for the Health Board will be in sustaining inpatient care given recent investments in community services, making this a more attractive sector for staff to work within. There was support from HPF members that, in the planning of services, general health and mental health should not be thought of separately and welcomed the fact that 'transformation of services' is not considering mental health as a separate entity and that it is now being presented in documents as part of the overall transformational programme. Members acknowledge that whereas TMHS is at a more progressed stage in terms of progress towards implementation, it supports the continued focus of keeping both general health transformation and mental health transformation in mind, utilising any opportunities for the sharing of resources and working together.

Other issues discussed by the HPF included the Health Board's recruitment campaign. Members endorsed the amount of work that had been put to this by the Workforce Resource Team and their intensive efforts to find new, innovative and creative ways of recruiting, acknowledging that the recent campaigns added value and that successful recruitment to some posts had been achieved. However, it was also recognised that longer term solutions are required for the challenges faced by the Health Board in regard to the recruitment and retention of clinicians, and that this needs to come about within the transformation of services.

Another of the topics which featured on the HPF's agenda during the year was the consultation on major trauma. A presentation on Turnaround was also received, with the HPF recognising the need for Turnaround and asking to be kept updated on progress with the various themes and projects ongoing. I am confident that with the reinvigorated membership representing the views of the respective professions, the forum will continue to contribute effectively to the work of the Health Board during these challenging times.

Other committees of the Board

In addition to the above, the Welsh Health Specialised Services Committee (WHSSC) (Wales) Regulations 2009 (SI 2009 No. 3097) made provision for the constitution of a 'Joint Committee'. This Committee comprises all the Welsh local health boards and is a committee of each Board, with Hywel Dda University Health Board being represented by the Chief Executive. The Health Board also has representation on the NHS Wales Shared Services Partnership Committee which is considered as a sub-committee of the Board, at which the Health Board is represented by the Director of Finance or a nominated deputy. The establishment of the Emergency Ambulances Services Committee at which the Health Board is represented by the Chief Executive is also a Joint Committee of the Board. The Lead Officers and/or Chairs from the joint Committees, NWIS and NWSSP have all attended a public Board meeting or a Board Seminar meeting to discuss progress made and to assure the Board the governance arrangements are being discharged.

Further to correspondence received from the Cabinet Secretary requiring Abertawe Bro Morgannwg University Health Board (ABMUHB) and Hywel Dda University Health Board to establish a Joint Committee by the end of May 2017, in order to support and clarify clinical service decisions across the region, the Joint Regional and Planning Delivery Committee (JRPDC) was formed. The requirement was in recognition of the urgency and significance of the need for effective joint working arrangements between both organisations.

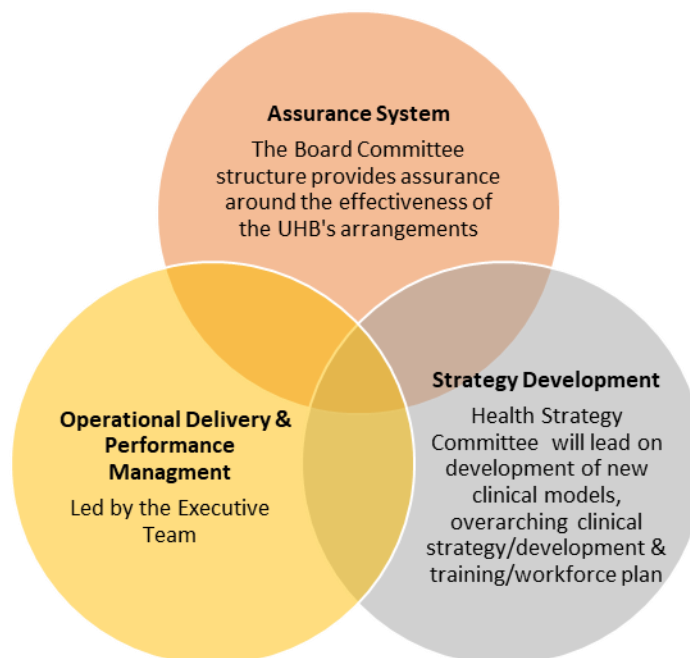
The Committee has a key role to drive forward at pace a range of projects that have been identified by partner organisations as priorities for joint working to deliver ministerial objectives especially those relating to the NHS Outcomes Framework as well as alignment to the more strategic ARCH Programme Board and that of the Service Transformation Programme. A further role for the JRPDC will be to consider and prioritise the regional projects included within the agreed programme, approving project initiation documents (PIDs) and business cases, and identifying and agreeing any further projects to be included in the work programme. The JRPDC will ensure projects deliver against their outcomes, timescales, quality measures and programme benefits, as identified in PIDs and/or business cases.

Reflecting in year changes which saw the disestablishment of the previous Mid Wales Healthcare Collaborative (MWHC) at the end of its term, the Mid Wales Joint Committee for Health & Social Care (MWJC) was formed as a Committee of the Board. Extensive work was undertaken with partner organisations to consult on the successor arrangements for the MWHC, cumulating in a transition process and handover arrangements to transition into the Mid Wales Joint Committee for Health & Social Care. Terms of reference and an operating framework which sought to both reflect the changes in the requirements of NHS bodies for collaborative and regional working and build upon the strengths and successes of the MWHC arrangements, have been agreed. A draft

handover statement was presented to the new Shadow Mid Wales Joint Committee meeting in March 2018. This included a position statement on the progress against achievement of the recommendations of the Mid Wales Healthcare Study and provide the new Shadow Joint Committee with a summary of the most significant issues and matters that require their attention and ongoing support.

Governance and accountability

In accordance with good governance practice, the Health Board's Standing Orders and Standing Financial Instructions were reviewed and updated during the year to account for any local amendments before being presented to the ARAC for comment prior to onward submission for approval to the Board. The terms of reference for the Health Board's committees (including the advisory committees) were also reviewed as part of this process. In recognising that the function of governance is to ensure that an organisation fulfils its overall purpose, achieves its intended outcomes for citizens and service users, operating in an effective, efficient and ethical manner, the Board's governance arrangements are focused on the following three elements:



Although as Chief Executive I retain accountability, the Scheme of Delegation reflects the responsibilities and accountabilities delegated to Executive Directors for the delivery of the Health Board's objectives, whilst ensuring that high standards of public accountability, probity and performance are maintained. The structure of the Executive Team has been strengthened during the year, taking it to its full complement with the appointment of the Director of Therapies and Health Sciences and the substantive appointment of the Director of Primary, Community and Long Term Care, with the revised portfolios ensuring that focus remains on capacity, balance and appropriateness. During the year, as a result of the Welsh Government's white paper 'Services Fit for the Future – Quality & Governance in Health Care in Wales' changes were made to the roles and responsibilities for the Director of Governance, Communications and Engagement and those of the Board Secretary. In recognition of the importance of partnership working and to make sure we are working in line with the requirements of the Well-being of Future Generations (Wales) Act, the first role became the Director of Partnerships and Corporate Services, whilst the role of the Board Secretary remains independent,

preserving the role as principal advisor to the Board. A new post of Turnaround Director to lead on our Turnaround process was also created during the year.

In line with these changes, further amendments were also made to the Scheme of Delegation, providing increased clarity in respect of Executive portfolios. However, this does not preclude Executive Directors from working collaboratively together, as the WAO's Structured Assessment 2017 report identified there remained a need for greater integrated working between directors and as a collective leadership team. This provides the stability and expertise required in order for the Board to execute its duties effectively and means each member being clear about what their role is and the role of the other members. The Board's committee structure, the roles of the committees and advisory groups, their relationship with the Board and a clear scheme of delegation means that we can demonstrate 'knowing who does what and why', in that we have clarity and unanimity about everyone's role and how it fits into the bigger picture.

This principle is not limited to operating within the boundaries of the Health Board as it also means being clear about how it relates to its partners and stakeholders, how it fits into the wider picture and being clear about how the various arms of Welsh Government fit into the picture. To reflect these principles the Board approved a Partnership Governance Framework and Toolkit which will assist the organisation in identifying and understanding the risks associated with partnerships, and provide the evidence required should the Health Board wish to end its relationship with a partner. The Health Board is required to adhere to a wide range of legislation but there are two specific pieces of partnership legislation: i) The Well-being of Future Generations (Wales) Act 2015 and ii) The Social Services and Well-being (Wales) Act 2014, which have a statutory requirement for collaboration in the development and implementation of a joint strategic plans. The Board formally endorsed the four strategic plans; the Public Service Board Well-being Plans of each local authority (PSB), and the West Wales Area Plan developed by the West Wales Regional Partnership Board, addressing the requirements of these two statutory obligations.

One of the underpinning principles recognised by the Board is that governance is about vision, strategy, leadership, probity and ethics as well as assurance and transparency, and should provide confidence to all stakeholders, not only to the regulators, in the delivery of objectives. The Health Board regularly circulates its stakeholder briefing which informs both the organisation and the wider community, in particular partner organisations, of current developments and progress made across a range of subjects. This sharing of information is further enhanced by the Health Board's use of a range of social media channels.

The governance structure of the Health Board accords with the Welsh Government's Governance e-Manual and Citizen Centred Governance Principles in that the seven principles together with their key objectives, provide the regulatory framework for the business conduct of the Health Board and define its 'ways of working'. These arrangements support the principles included in HM Treasury's 'Corporate Governance in Central Government Departments: Code of Good Practice 2011'.

Governance in primary care

The main medium for governance in primary care is the Primary Care Applications Committee, as referred to earlier in this statement. Other elements of governance are enacted through a number of committees/forums within the primary and community care

governance framework, (without being formal committees/sub-committees of the Board) with some of the main channels being as follows:

Primary care governance

This Forum considers the Primary Care Risk Register, performance exception reports, HIW Inspection reports and action plans at its bi-monthly meetings with these being signed off by this Committee. It is recognised within primary care that effective risk management is integral to the achievement of all the Health Board's objectives. The primary care risk register highlights the current and ongoing risks in primary care and mitigation, actions and progress are monitored and updated bi-monthly. A monthly Primary Care Concerns meeting is also held where open concerns are discussed, as well as timescales and lessons learned or any further action to be taken. Practices are encouraged to use Datix – the Health Board's incident reporting system to report incidents which occur in primary care and which may occur in the patient's journey into secondary care. The Complaints and Incidents Management 'Putting Things Right' (PTR) Facilitator liaises with practices on Putting Things Right Regulations and where it has been identified in an ombudsman report that a practice may need further support in adhering to the PTR guidance. Practices follow this guidance when dealing with complaints and incidents and all have their own complaints procedures. The Quality and Outcomes Framework contains an annual review of complaints within the practice. All complaints concerning primary care received into the central hub are screened by the Quality Manager to ascertain whether it is a matter for the practice to investigate the concern or whether the Health Board needs to investigate. Case studies, action plans and lessons learned are also fed into the Improving Experience Sub-Committee and in some cases the Primary Care Performers Issues Group.

Three Counties Primary and Community Quality, Safety & Experience Sub-Committee

Any issues related to governance including performance dashboards, exception reports and risk registers are presented at this sub-committee. Where the issues relate to information technology (IT) or delivery of the primary care elements of the IMTP, these issues are discussed at the BPPAC, especially if it involves collaborative work with both primary and secondary care to resolve some of the IT and governance issues.

Primary Care Performance Group & Performance Issues Group

These two Groups meet on a bi-monthly basis to review dashboards and discuss primary care performance and exceptions across all the contractor groups. The Performance Issues Group will review any issues which have been identified from a number of sources including General Medical Council, General Dental Council, complaints and incidents, ombudsman reports, whistle-blowing relating to the performance of GPs, dentists, pharmacists and optometrists in line with the relevant Performers List regulations and contracts. This Group makes decisions on whether there is sufficient information to warrant commissioning an investigation which will in turn inform the decision regarding whether a screening panel is required or if the matter was of a more serious nature – whether a reference panel needs to be called. The Group monitors any ongoing conditions that a performer may be working to which have been imposed by the Health Board or by the relevant governing body.

Clinical Governance Primary Care Self-Assessment Tool (CGPSAT)

This Tool is designed to encourage GP practices to reflect and assess the governance systems they have in place in order to facilitate safe and effective clinical practice, and

can be mapped to Health and Care Standards in Wales. The CGPSAT may act as an assurance to the Health Board and to other bodies, such as the General Medical Council, community health councils and HIW that such systems are in place and effective or, if not, that the practice is planning to introduce or improve such systems. The CGPSAT is now part of the Quality and Outcomes Framework (QOF) and the Health Board will be monitoring practices that have completed levels of self-assessment, areas for improvement and areas identified, to be incorporated into the practice plan for development.

Information Governance (IG) Toolkit

The IG Toolkit is included in QOF. Following on from the relaxation of QOF indicators for 2017-2018, the recommendation from the Information Governance Commissioner and NWIS is that practices are advised to continue to complete the Information Governance Toolkit in preparation for the forthcoming General Data Protection Regulations (GDPR) and Data Protection Bill which will require practices to have a number of measures in place to comply with this new legislation scheduled to come into force in May 2018.

Community Pharmacy Contractual and Performance Monitoring

The Community Pharmacy Dashboard monitors activity and performance. The main monitoring for community pharmacy is via the online toolkits, submission of audits, and level of complaints. Pharmacies have to complete an annual online Clinical Governance Self-Assessment Toolkit and an Information Security & Management System (ISMS) Toolkit by 31 March and are monitored as to whether it's been completed from the beginning of April by the NHS Wales Informatics Service. In the last 6 months, Post Payment Verification (PPV) have commenced visits to pharmacies for a specific enhanced service, however only a small number have been undertaken so far. The Shared Services Partnership has indicated that they will be stepping up their PPV visits to community pharmacies over the coming year, with a particular focus on medication usage reviews.

There is a robust system of prescribing monitoring in the Health Board and issues are discussed at the GP Prescribing Leads Group where peer review also takes place. Medicines management technicians work with practices across the three counties to address certain areas of work and ensure that equity and quality is maintained across the whole of the Health Board with representatives from each practice attending this meeting. Medicines management are also linked in to cluster work with some clusters appointing cluster pharmacists.

Dental services

A Dental Planning, Performance and Delivery Forum ensures that there is a robust process in place for the planning, delivery and monitoring of dental services performance across the whole of the Health Board, and has delegated responsibility for approval of policy, procedure and strategy. Dental contractual and performance monitoring is undertaken at bi-monthly Dental Performance and Quality meetings whilst a Dental Quality and Safety Group oversees clinical governance in dentistry provided in salaried and contracted services across primary and secondary services, for which the Health Board has responsibility. Further support is provided from the Dental Quality and Safety Group which integrates its work with the Health Board's wider clinical governance structures with its work including ensuring that there is a robust system of reporting and addressing clinical risks/incidents and this is undertaken in accordance with the Health Board's overarching policies and procedures.

Optometry performance

Optometry performance is shown as part of the monthly primary care performance report and currently demonstrates the number of Eye Health Examination Wales (EHEW) Accredited Practices and EHEW activity across the months.

Post Payment Verification (PPV)

PPV is a process, contracted out to NWSSP Primary Care Services, which provides the Health Board with the assurance that practices are appropriately claiming for enhanced service activity. The PPV team will visit every GP practice on a three year rolling programme and audit a selection of the claims submitted in the past three years; any claiming errors found will result in a recovery from that practice following authorisation from the Health Board. If the claiming errors amount to 10% or more of the claims made, a revisit is organised to that practice, within the next 12 months, to look at all claims for that particular enhanced service for the three years and a further recovery of monies is made if appropriate.

The PPV team at NWSSP review specific services for community pharmacy, medicine use reviews and influenza vaccinations. A selection of online claims is chosen and visits made to pharmacies to verify supporting documentation, including patient consent. A report of each visit is sent to the Health Board for review and confirmation of any action to be taken. This is usually in the form of a recovery for any unverified claims and whether a pharmacy should be listed for a follow-up visit earlier than its next scheduled three yearly one based on the error rate identified.

During the PPV visits, a duty of care audit is also undertaken of the pharmacies process for accepting, storing and disposal of returned waste medicines, to measure compliance with Waste Regulations.

Future vision

The Board has supported the vision for a future model for primary care services within Hywel Dda as a result of current and growing pressures on these services. Primary care is the foundation of health services, delivering over 6 million episodes of care for our population every year. The current focus will be on developing a solution for core contractor services that will fit and align with a wider integrated system, focusing initially on General Medical Services (GMS) and community pharmacies. This will be a step forward in transforming community and primary healthcare and discussions are already underway with GMS contractors, the Local Medical Committee and Royal College of GPs. It is anticipated that there will be three phases (design, implementation and review) over the next two years and the programme will be aligned and consistent to the Transforming Clinical Services programme.

The purpose of the system of internal control

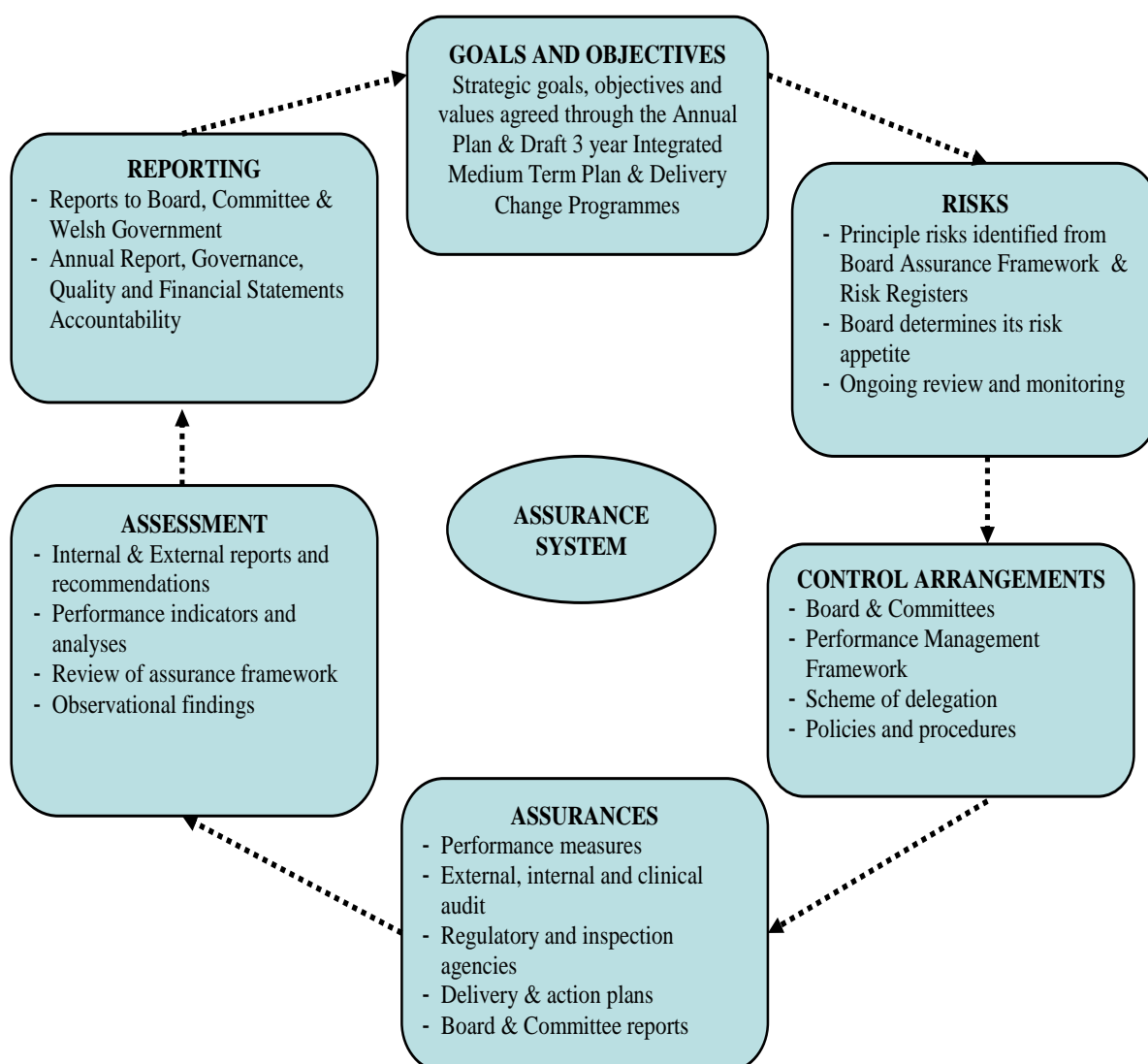
The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

The Board is accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives. It has been supported in this role by the work of the main committees, each of which provides regular reports to the Board, underpinned by a sub-committee structure, as shown on [page 107](#) of this statement. The system of internal control is based on a framework of regular management information, administrative procedures including the segregation of duties and a system of delegation and accountability.

The Health Board recognises that scrutiny has a pivotal role in promoting improvement, efficiency and collaboration across the whole range of its activities and in holding those responsible for delivering services to account. The role of scrutiny is increasingly important at this time when the Health Board is continuing to respond to the challenge of its targeted intervention status whilst also driving forward its programmes for Transforming Clinical Services and Transforming Mental Health Services. The responsibility for maintaining internal control and risk management systems rests with management.

The Board therefore draws on assurances from a number of different sources in order to demonstrate that the system of internal control has been in place, as shown below:



Combined, these provide the body of evidence required to support the continuous assessment of the effectiveness of the management of risk and internal control and that internal control has been in place for the year ended 31 March 2018.

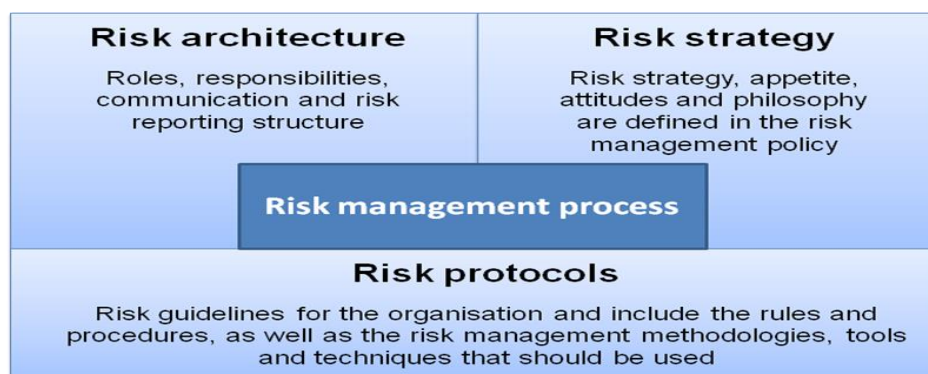
Capacity to handle risk

The Health Board acknowledges that delivery of healthcare services carries inherent risk. During the year risk management throughout the organisation has been further strengthened. We have introduced a Board approved Risk Management Framework which sets out the components that provide the foundation and organisational arrangements for supporting risk management processes, with our Risk Management Strategy & Policy being an integral element of the Framework. We recognise that an effective Risk Management Framework, including our Risk Management Strategy & Policy, is an essential component of successful clinical and corporate governance. We believe that by approaching the control of risk in a strategic and organised manner, risk factors can be reduced to an acceptable and manageable level. This should result in better quality and safer care for patients and residents, and a reduction in unnecessary expenditure. By adopting a risk management approach, statutory obligations can be identified and fulfilled in a positive way, rather than as a means of avoiding litigation and prosecution. Risk management is important to the successful delivery of the Health Board's services. We operate an effective risk management system that identifies and assesses risks, decides on appropriate responses and then provides assurance that the responses are effective. At the Health Board we understand the implications of risks taken by management in pursuit of improved outcomes in addition to the potential impact of risk-taking on and by its local communities, partner organisations and other stakeholders.

Risk Management Framework

The Risk Management Framework aims to clearly set out the components that provide the foundation and organisational arrangements for supporting risk management processes in the Health Board. It seeks to clarify roles and responsibilities and reduce duplication, particularly in respect of assurance committees by setting out the individual responsibilities and communication lines whilst also outlining other components which make up the Risk Management Framework.

The scope of the Framework is the risk architecture, strategy and protocols. The risk architecture sets out the roles and responsibilities of the individuals and committees that support the risk management process. The risk strategy should set out the objectives that risk management activities are seeking to achieve, and the risk protocols describe the procedures by which the strategy will be implemented and risks are managed. This is built around and supports the risk management process.



The Framework assists with addressing the comment from WAO in the previous year's Structured Assessment that sub-committee assurance and risk focus required strengthening and that risks should be driving their agendas. It primarily focuses on the risk architecture and provides the mandate for embedding risk reporting within the Health Board, that is, the roles, responsibilities, communication and risk reporting arrangements that support the risk management process, by clearly setting out roles and responsibilities of both individuals and committees in one document.

It does not replace the current Risk Management Strategy as the Strategy is a separate however is an essential component of the Framework.

Risk Management Strategy and Policy

We work to a Board approved Risk Management Strategy and Policy which:

- Provides a Framework for managing risk both across the organisation and in working with partners/stakeholders, consistent with best practice and Welsh Government guidelines;
- Outlines the Health Board's risk management objectives, our approach to and appetite for risk and approach to risk management;
- Clearly defines risk management roles and responsibilities at each level of the organisation;
- Details the risk management processes and tools in place, including reference to the risk register, risk reporting arrangements, frequency of risk activities and available guidelines;
- Is underpinned by a risk management procedure;
- Includes a clear policy statement.

Policy Statement

Hywel Dda University Health Board Hospital (UHB) is committed to delivering the highest level of safety for all of its patients, staff and visitors. The complexity of healthcare and the ever-growing demands to meet health care needs, means, that there will always be an element of risk in providing high quality, safe health care services.

The management of risks is a key factor in achieving the provision of the highest quality care to our patients; of equal importance is the legal duty to control any potential risk to staff and the general public as well as safeguarding the assets of the organisation.

The UHB recognises effective risk management is a key component of corporate and clinical governance and is integral to the delivery of its objectives in service provision to the citizens of the health community. There will be a holistic approach to risk management across the UHB which embraces financial, clinical and non-clinical risks in which all parts of the organisation are involved through the integrated governance framework.

The mission of the UHB supports the effective management of risk and the role of the individual. This requires all staff to recognise that there is a responsibility to be involved in the identification and reduction of risks. The UHB will seek to ensure that risks, untoward incidents and mistakes are identified quickly and acted upon in a positive and constructive manner so that any lessons learnt can be shared. This will ensure the continued improvement in the quality of care and the achievement of the UHB objectives.

The commitment of the UHB is therefore to:

- a) Minimise harm to patients, colleagues or visitors to a level as low as reasonably practicable;
- b) Protect everything of value to the UHB (such as high standards of patient care, reputation, community relations, assets and resources);
- c) Maximise opportunity by adapting and remaining resilient to changing circumstances or events;
- d) Assist with managing and prioritising the business/activities of the UHB through using risk information to underpin strategy, decision-making and the allocation of resources;

- | | |
|----|---|
| e) | To ensure that there is no unlawful or undesirable discrimination, whether direct, indirect or by way of victimisation, against its service users, carers, visitors, existing employees contractors and partners or those wishing to seek employment, or other association with the organisation. |
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Risk management procedure

- Provides the Framework giving detailed guidance on the risk assessment process to be undertaken across the whole organisation in order to populate the Health Board's risk register in a consistent manner;
- The 5x5 risk scoring matrix used by the Health Board enables a consistent approach to scoring risks as it enables risks to be scored by analysing the potential impacts of a risk by likelihood of these occurring. This allows risks to be ranked in level of importance to assist the Health Board with decision-making. Risks scored using the 5x5 matrix will result in the following risk scores:

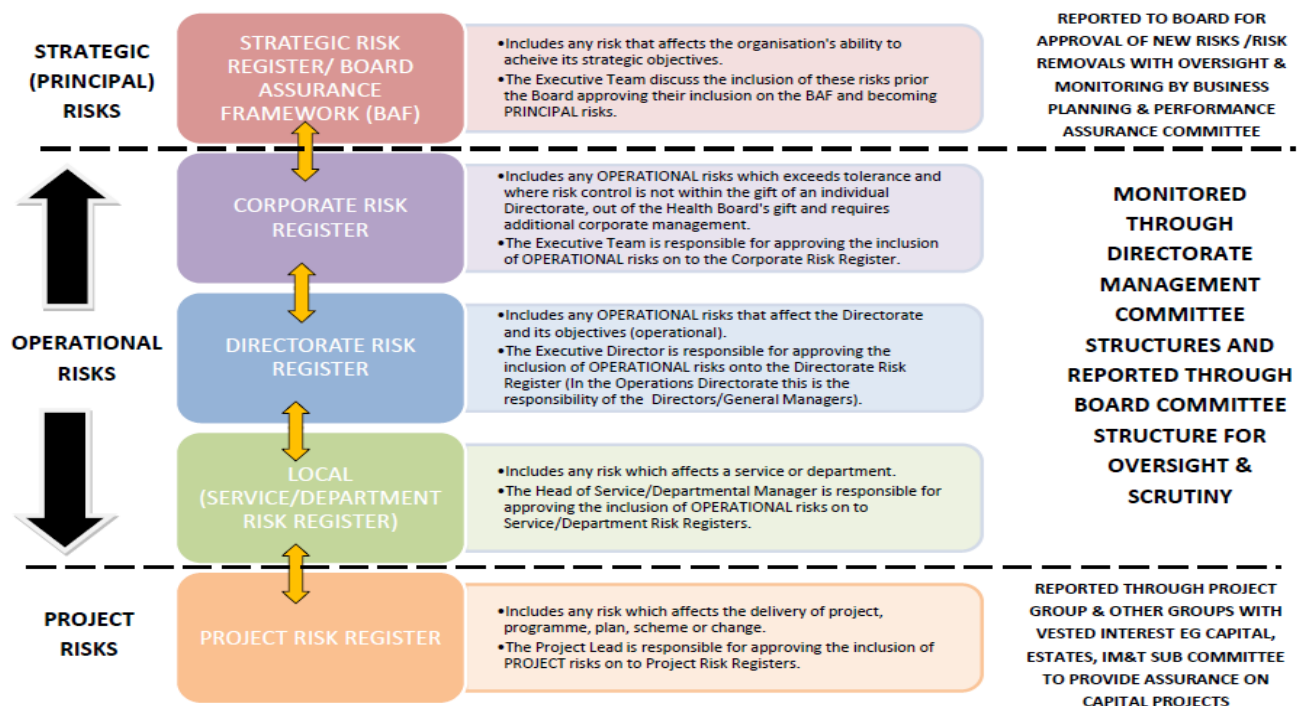
Risk Score	Level of risk
15-25	Extreme
8-12	High
4-6	Moderate
1-3	Low

- Includes the processes of risk analysis and evaluation and makes it clear that the level of detail in a risk assessment should be proportionate to the risk;
- Risk management requires participation, commitment and collaboration from all staff and the process starts with the systematic identification of risks throughout the organisation, documented on risk registers;
- Executive Directors and senior managers are also responsible for ensuring that staff understand and apply both the Health Board's strategy and procedure in relation to risk management.

Risk Register

The Health Board manages risk within a framework that devolves responsibility and accountability throughout the organisation, as demonstrated below:

Risk Registers



- The Board's Corporate Risk Register (CRR) is populated from the highest operational risks identified from across the Health Board's services and corporate functions, with the Board being fully sighted on these risks. Operational risks should meet the following criteria for inclusion onto the CRR:
The risk exceeds tolerance level (risk score of 15 or more for 6 months or more) and:
 - Risk control is not within the directorate's influence. This could be for a variety of reasons such as the risk requiring an enterprise-wide approach in its management (i.e. the involvement of other directorates) or it is beyond its resources to manage, or;
 - Risk control is not within the Health Board's influence (i.e. the Health Board does not have direct control over the management of the cause of the risk but will be affected by its impact if the risk does materialise).

In addition, the Board are advised of any significant new/emerging risks, which it considers is outside of the influence of an individual directorate or the Health Board to manage;

- The CRR is reviewed monthly by the Executive Team, who has a pivotal role as a second line of defence, to determine risk management strategies for the more challenging risks that threaten the Health Board's operations. It is also their role to agree that a risk has been managed to an acceptable level, balancing priorities, resources and the risk to the Health Board, and recommend this course of action to the Board. The Board must be provided with assurance that everything that can be done, has been done to reduce the risk and that there are effective plans and controls in place to manage the situation should the risk materialise. This will help limit damage, control loss and contain costs for the Health Board;

- Operational risks are reported through the Board and sub-committee structure for formal monitoring and scrutiny to provide assurance to the Board that risks are being managed effectively by directorates. All risks identified within the risk registers should be aligned to a committee, sub-committee or group, who are responsible for gaining assurance on the management of the risks, challenging the pace of delivery of planned actions and gaining an understanding of any new or emerging risks that may affect the Health Board achieving its operational objectives.

Risk appetite

The Health Board considers that risk appetite is about managing the organisation and is only useful if it is clear and can be implemented across the organisation and is not about developing a statement to be filed in a report or included in a strategy. The Board's risk appetite continues to be aligned to a thematic approach.

The Health Board's overarching risk appetite outlines its approach to risk in relation to four key areas of the business: quality, finances, performance and reputation.

Risk Appetite Statement

The core aim of the UHB is to ensure that it delivers high quality, sustainable services to patients. In doing so, the Board recognises that it is not possible to eliminate all the potential risks which are inherent in the oversight of healthcare providers and is willing to accept a certain degree of risk where it is considered to be in the best interests of patients.

The Board has considered the level of risk that it is prepared to tolerate in relation to key aspects of the business. The following paragraphs set out its attitude to risk in respect of four key domains.

1. Quality

The Board is accountable for ensuring the quality and safety of the services it provides to patients. In setting clear expectations on quality through the planning guidance and holding to account for poor performance where the quality of service to patients is severely compromised, the UHB have a low appetite for risk. Decision making authority is held by senior management, either clinical or non-clinical, as appropriate. The UHB's corporate risk register will continue to reflect material risks that may prevent the organisation in fulfilling its role to deliver clinical services which meet set/recognised standards/Health Inspectorate Wales' Standards for Healthcare.

2. Finances

The Board has a low appetite to financial risk in respect of the statutory financial duties, i.e. delivery of the "break even" duty, maintaining expenditure within the allocated resource limit and full adherence to internal expenditure and financial controls, including the demonstration of value for money in spending decisions.

However, in recognition of the service and workforce challenges in addition to the financial environment in which we are operating and conditional upon maintaining delivery of quality services and compliance with the WG's NHS Planning Framework our risk appetite will increase in that we are willing to consider all potential delivery options that ensure the delivery of sustainable, high quality services.

The Board is prepared to support investments for return and minimise the possibility of financial loss by managing associated risks to a tolerable level. Value and benefits will be considered and resources allocated in order to capitalise on opportunities.

3. Performance

Our performance and delivery function is currently operating in a complex environment that recognises very challenging economic conditions, changing demographics with intense political and regulatory scrutiny.

However, the continued delivery of high quality healthcare services, working towards service sustainability, requires some moderate risk to be accepted where this results in better healthcare services for patients. Decision making authority is generally held by senior management with innovations in practice avoided unless really necessary.

Our oversight methodology and process, underpinned by a risk-based escalation rating, subject to regular review, determines how the performance and delivery function engages with the WG, including

the deployment of intervention and development strategies as required.

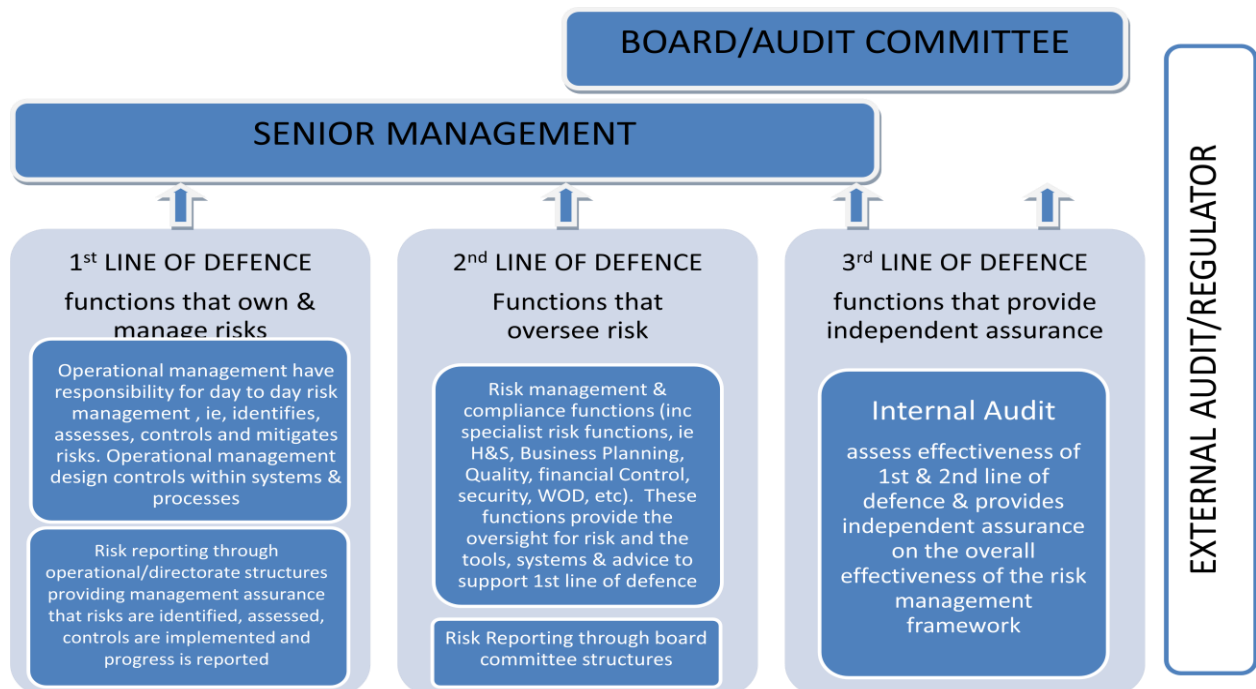
4. **Public Confidence/Reputation**

The Board has a moderate risk appetite for actions and decisions that whilst taken in the interests of ensuring quality and sustainability of the UHB and its patients, may affect the reputation of the Board and its employees. The tolerance for risk taking will be limited to those events where there is little chance of any significant repercussion for the Board should there be a failure. Such actions and decisions will be subject to a rigorous risk assessment and will be signed off by a member of the Executive Team.

The above statement flows into more specific risk appetites for categories of risk, directed by key drivers which are detailed in the [Risk Management Strategy & Policy](#).

Management of risk

The Health Board operates a 'three lines of defence' model that outlines the principles for the roles, responsibilities and accountabilities for risk management as shown below:



Members of the Board recognise that risk management is an integral part of good management practice and to be most effective should become part of the Health Board's culture.

The Board is therefore committed to ensuring that risk management forms an integral part of its philosophy, practice and planning rather than viewed or practiced as a separate programme and that responsibility for implementation is accepted at all levels of the organisation. The Health Board recognises that success will depend upon the commitment of staff at all levels, and the development of a culture of openness within a learning environment will be an important factor.

The Health Board is committed to the principle that risk must be managed, and to ensure:

- Compliance with statutory legislation;
- All sources and consequences of risk are identified;

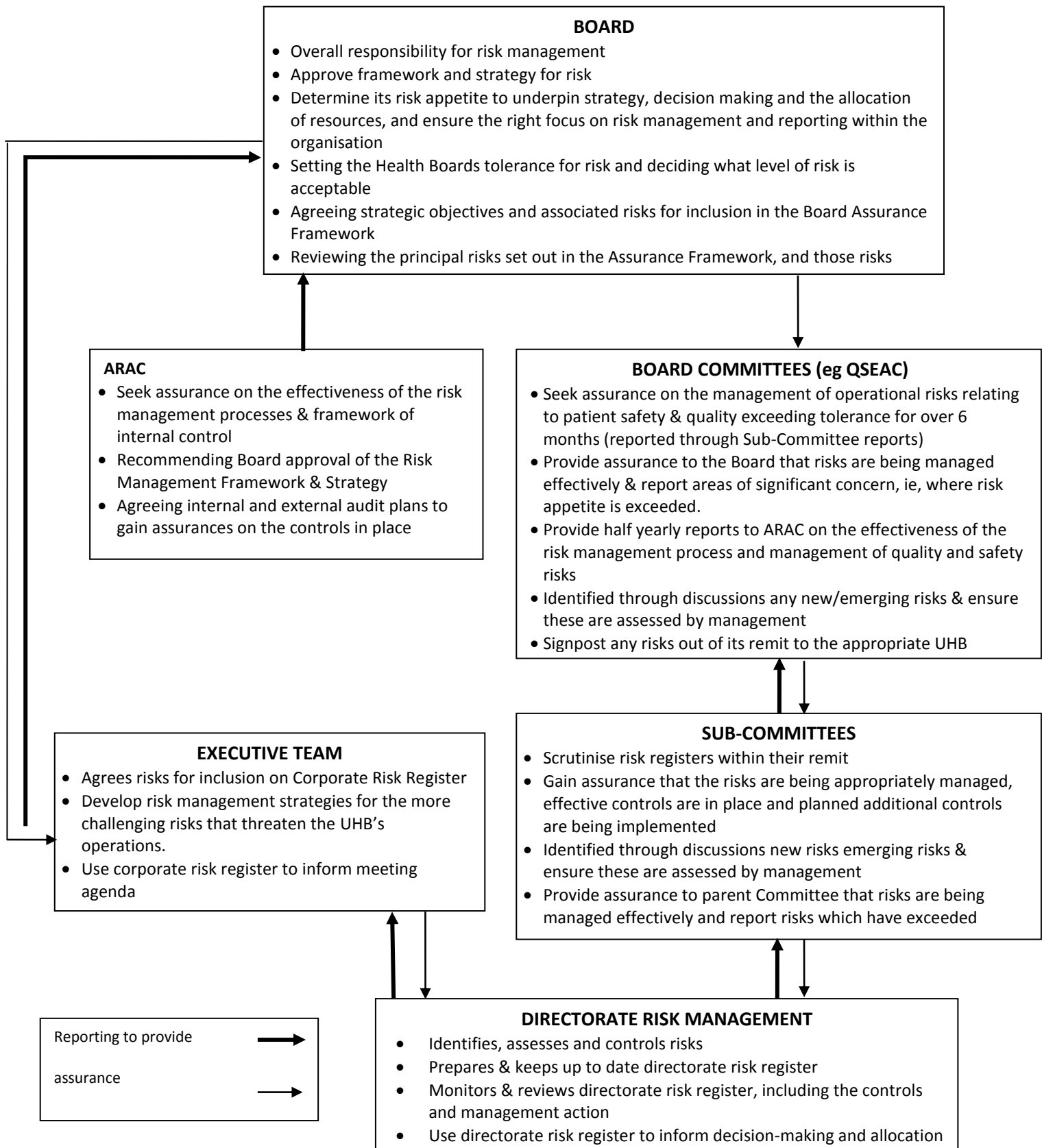
- Risks are assessed and either eliminated or minimised;
- Information concerning risk is shared with staff across the Health Board;
- Damage and injuries are reduced, and people's health and well-being is optimised;
- Resources diverted away from patient care to fund risk reduction are minimised;
- Lessons are learnt from incidents, complaints and claims in order to share best practice and prevent reoccurrence;
- Assurance is provided to the Board that risk management and internal control activities are proportionate, aligned, comprehensive embedded and dynamic;
- That it supports decision-making through risk-based information.

The Health Board regularly seeks assurance through its committee reporting structure that the following disciplines are in place:

- High quality services are delivered efficiently and effectively;
- Risk management and internal control activities are proportionate to the level of risk within the organisation, aligned to other business activities, comprehensive, systematic and structured, embedded within business procedures and protocols and dynamic, iterative and responsive to change;
- Equality Impact Assessment is carried out in accordance with legislation and the Health Board's Equality Impact Assessment Policy;
- Performance is regularly and rigorously monitored with effective measures implemented to tackle poor performance;
- Compliance with laws and regulations;
- Information used by the Health Board is relevant, accurate, reliable and timely;
- Financial resources are safeguarded by being managed efficiently and effectively;
- Human and other resources are appropriately managed and safeguarded.

Effective risk management requires a reporting and review structure to ensure that risks are effectively identified and assessed and that appropriate controls and responses are in place.

The implementation of the Risk Management Framework has provided a clear pathway for ensuring that all identified risks are monitored through Board and committee structure, with an overview demonstrated in the figure below:



Board Assurance Framework

The Board Assurance Framework is the key source of evidence that links strategic objectives to risks and assurances, and is the main tool that the Board should use in discharging its overall responsibility for internal control. The Board Assurance Framework 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. It simplifies Board reporting and the prioritisation of Board and committee agendas, actions plans, and in turn enabling more effective performance management.

The Board Assurance Framework has been submitted to the Board at regular intervals during the year. It is reviewed prior to the Board meeting by the Executive Team as it has responsibility to discuss and consider any amendments, to ensure there is appropriate scrutiny and challenge of the principal risks before it is submitted to the Board for approval. The BPPAC as the principal Committee is responsible for gaining assurance that the risks are being managed and the controls in place are effective.

There were 34 principal risks on the Board Assurance Framework presented to the Board on 29 March 2018. Further information on the risks and current controls is detailed in Appendix 1. The full Board Assurance Framework presented to Board in March 2018 can be viewed via the following link:

<http://www.wales.nhs.uk/sitesplus/documents/862/Item%204.7%20Board%20Assurance%20Framework.pdf>

Feedback from Wales Audit Office Structured Assessment for 2017 commented that the Health Board's Board Assurance Framework continues to evolve and compares well with other health bodies. In its Comparative Review of NHS Board Assurance Frameworks, Wales Audit Office observed that the Health Board has developed its approach in a way that separates risk management and Board assurance requirements. This was recognised as helping us to gain both a top down, longer term perspective on risks to corporate objectives in addition to a bottom up approach providing assurance on the management of operational risks.

During 2018/2019 the Health Board's Risk Management Strategy and Policy, including its risk appetite and tolerance will be reviewed, to ensure it continues to reflect the amount of risk the organisation is prepared to accept. The Health Board has been developing the risk module on Datix during 2017/2018 and currently has approximately 88% of existing risks inputted into the system. The remaining 12% of risks not entered are under review by directorates and may be permanently removed. Datix will enable quicker reporting of risk information to committees and enable stronger oversight of risks both by committees and corporate functions within the Health Board. During 2018/2019, we are planning to develop the reporting tools for users in order they can fully utilise the system and also to develop our own quality assurance and auditing processes.

Working with partners and stakeholders

As an organisation, we recognise that although delivering services through partners can bring significant benefits and innovation, there is less direct control than if delivering them alone. An environment where services and projects are increasingly being delivered through partner organisations puts a premium on successful risk management. It is essential that partnership agreements are underpinned by robust governance

arrangements including appropriate reporting mechanisms and that the Health Board has a clear approach, including its associated risk appetite, to partnership working.

Unclear governance arrangements in public services can create risk. Increasingly, public services are delivered through subsidiaries, partners or contractors and the sheer diversity of governance arrangements that exist within and between bodies that operate at arm's length increases the inherent risks associated with them. If differences in perception and understanding are not recognised, then associated risks are often not properly assessed and are not well managed. Whilst recognising the diversity and dynamism of service delivery, it is essential that governance expectations are clearly and consistently understood by the Health Board and those who provide services on its behalf.

As the Health Board continues to work increasingly in partnership to deliver its strategic aims, objectives and priorities, it is essential that partnership arrangements are underpinned by robust governance arrangements, including appropriate reporting mechanisms, in order that the Board has a clear approach to its partnership work. It is recognised that whilst partnerships can deliver benefits, they can also bring with them risks. Given that the Health Board will remain accountable for the care for which it is responsible, it is essential that such partnerships are underpinned by robust governance arrangements which link back into partner organisations. If such arrangements are not in place, governance arrangements can become diluted, and the Board will not receive the assurances it requires regarding the quality, safety and efficacy of services delivered. This is particularly important where partnerships are focused on some of our most vulnerable patient groups, and where there needs to be both a trust and confidence in the arrangements in place.

At its meeting in September 2017, the Board approved its Partnership Governance Framework and Toolkit, the first of its kind in Wales and Public Services Boards and Local Authorities have expressed an interest in adapting and adopting it for their use. It sets out key principles such as how to capture the costs and benefits of engaging in different forms of partnerships, how to monitor and mitigate the risks associated with working across a wide variety of partners, and how to measure their performance. This is a partnership governance Framework, based on a Toolkit approach providing guidance and support to all those involved in partnership working in conjunction with key stakeholders, to adopt a consistent approach for the governance of partnerships, and to ensure ongoing consideration of each partnership's effectiveness.

The purpose of the Partnership Governance Framework is to ensure that any joint working arrangements which can potentially bring a level of service, financial or reputational risk to the organisation, are evaluated, assessed and recorded, enabling appropriate performance management and risk control measures to be put in place. Where possible, all existing partnerships and collaborations that the Health Board is aware of, have been mapped to the Health Board's internal governance structure in terms of its assurance, operational and strategic arms, and identified on the governance wiring diagram. This ensures that any decisions or directions of travel that are being proposed in partnership can be tracked and agreed through the Health Board's existing governance arrangements.

It is recognised that effective risk management is essential for successful partnerships and the framework ensures that the Health Board's existing risk management

arrangements will be used both when reviewing an existing partnership or seeking to establish a new partnership, in managing the risks of working within the partnership. Regular review of partnership risks will enable an understanding of both the risks to the Partnership objectives, their impact on the Health Board's objectives and its reputation, feeding the partnership risk registers and inclusion on the Health Board's risk register as appropriate.

I referred earlier in this statement to the role of the PSBs and it is important to note that the PSB Well-being Plans represent the additional value that can be delivered through working innovatively and collaboratively as partners. Their development has created a significant opportunity to reframe the focus and understanding of health and well-being not just on the absence of disease or the treatment of illness; the PSB Well-being Plans will help to re-orientate the focus on the wider determinants of health.

Each PSB is establishing a governance structure to drive forward the delivery of the PSB Well-being Plans and a number of new sub-groups will be established. This will require a review and updating of the partnership governance arrangements for the Health Board, and it will also be critical to ensure appropriate senior officer input into the sub-groups in order to fulfil our statutory responsibility to work collaboratively on partnership well-being priorities. Governance arrangements for the delivery of the West Wales Area Plan will also include the use of thematic/project groups to drive forward the actions which have been committed. It will also be important to ensure that the shared commitments within the Area Plan are fully reflected in the Health Board's Annual Plan and work with the Planning Team to ensure that this is achieved.

The first ever 'Inspiring Research and Innovative Practice Conference', organised by the Health Board and its three partner universities: Aberystwyth University, Swansea University and University of Wales Trinity Saint David, celebrated how working together has led to improved patient experience and better health outcomes was held in July 2017. It also provided the perfect opportunity for colleagues from across the health and education sectors to meet and share ideas as part of their ongoing professional development. The conference enabled the Health Board and its partners to demonstrate the work underway in shaping and driving the development of its workforce and delivering healthcare services in a rural context. Looking ahead, the four partners, known as the University Partnership Board (UPB), will continue its work to identify creative solutions and development opportunities to drive research, education and innovation in health improvement.

Projects and strategic policy decisions

It is explicit within the Risk Management Strategy and Policy that all discrete/significant projects or strategic policy decisions within the Health Board must be risk assessed using the agreed Risk Management Procedure. This requirement is re-iterated in the Risk Management Framework. Each project manager within the Health Board must undertake risk assessments of their designated projects at the beginning of the project with each project required to have a separate risk register. The management of the project's risk register must be a standing agenda item at all Project Board (or equivalent) meetings, where risks must be reviewed and updated as appropriate.

Where the Health Board is involved in projects which are managed through third parties who utilise a different project methodology, a clear protocol will be established which identifies how risks held in the project format or system will be escalated to the risk register. There may be projects that require formal project methodology which is fully

documented within a project initiation document, detailing all project risks which are known and are included in any associated business case. A formal project approach using or based upon a recognised project methodology will reduce the associated risks within a project.

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 Major Incident 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. This Plan, together with our other associated emergency plans, detail our response to a variety of situations and how we meet the statutory duties and compliance with the Civil Contingencies Act 2004. Within the Act, the Health Board is classified as a Category One responder to emergencies. This means that in partnership with the local authorities, emergency services, Natural Resources Wales and other 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 currently have 11 Executive/Senior Level Staff who have completed Exercise Wales Gold Command Training and 59 Hospital Managers/Senior Nurses who have completed Silver Level Training for Health.

The Health Board is also represented on the multi-agency Dyfed Powys Local Resilience Forum, (LRF), which includes a Severe Weather Group as part of its structure. The Severe Weather Group has undertaken a robust risk assessment process based on the National Risk Assessment which identifies risks across our community and rates them according to a number of factors to give a risk score (low, medium, high, very high) and a preparedness rating. The Severe Weather Group focuses on responses to Flooding, Severe Winter Weather, Heat Wave and Drought events and the effects of climate change underpins this work. The Dyfed Powys LRF Severe Weather Arrangements Plan was first developed in 2011 and is now reviewed on a biennial basis. The group also publishes a Community Risk Register – <https://www.dyfed-powys.police.uk/media/1159/dplrfcrrv10en.pdf> - which highlights the effects of climate change and informs the public about the potential risks we face and encourages them to be better prepared. We discharge our roles in terms of the management of any prospective issues which could arise through climate change, working with partners from all agencies through this group. As part of the LRF we also work as a core partner to train and exercise staff to ensure preparedness for emergency situations.

During 2017/2018, key achievements include:

- Major review of our major incident response arrangements, referencing the new 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;
- Significant progress on business continuity planning development and review across the Health Board;
- Planning for, and delivering, as part of an All Wales NHS Training Group:
- Exercise Nightingale – NHS Wales table top exercise which considered how NHS Wales would manage its tactical response to a multi-sited, mass casualty incident;

- Health Prepared Wales 2017 - Symposium which provided an opportunity to share lessons identified with colleagues involved in the health response to recent UK atrocities (Westminster, London Bridge and Manchester attacks);
- Further development and facilitation of trained Medical Emergency Response Incident Team capability. The Health Board currently has 28 trained MERIT Nurses with another 12 scheduled to participate this year.

A leading role in providing assurance over the adequacy of controls across a range of risks is played by Internal Audit. The relationship between risk management and Internal Audit is an important one, with Internal Audit's role being to evaluate the controls and testing their efficiency and effectiveness, which is undertaken through the Internal Audit programme of work. Assurance can also be obtained from management or from other assurance functions in place. The systems in place and activities undertaken during the year have ensured our capacity to handle risk and achievement of our main aims of risk management which are:



The risk profile of the Health Board is constantly changing, with the key risks that emerge and which can impact on the achievement of objectives including strategic, operational, and financial and compliance risks. Previously, in March 2017, the Executive Team collectively agreed the content of the operational Corporate Risk Register based on the criteria that the risk exceeds the tolerance level of scoring 15 and over for 6 months or more and:

- a. Risk control is not within a directorate's power to manage. This could be for a variety of reasons such as the risk requires an enterprise-wide approach in its management (i.e. the involvement of other directorates) or it is beyond its resources to manage, or;

- b. Risk control is not within the Health Board's ability to manage (i.e. the Health Board does not have direct control over the management of the cause of the risk but will be affected if the risk materialises).

As at 31 March 2018, the risk profile of operational risks on the Corporate Risk Register, together with the management of those risks, is reflected in Appendix 2.

The Board has reviewed the key risks to which the organisation is exposed, together with the operating, financial and compliance controls that have been implemented to mitigate those risks. The Board is of the view that there is a formal on-going process for identifying, evaluating and managing its significant risks that have been in place during the year ended 31 March 2018 and up to the date of approval of the annual report and financial statements.

The control framework

We are committed to putting quality at the heart of our services, providing the right care, in the right place at the right time and in the right way. Our Transforming Clinical Services (TCS) programme is a critical programme of work in making sure that we are able to deliver services that are safe, sustainable, accessible and kind. Redesigning the healthcare system to reflect current need and future sustainability requires strong leadership and empowerment of front line staff in order to constantly deliver the highest standards of care. We recognise that we are working through a complex system of interwoven parts covering many different aspects which are not limited to health and care services but include those that encompass the wider determinants of health, including housing, education, transport and other important public services. Our strategy is to strengthen the resilience and quality of these services, grow the integration between health, social care and other key statutory and third sector organisations.

In order to strengthen the assurance provided to the Board, an Integrated Performance Assurance Report has been developed, which examines and considers the latest performance data, achievements, challenges and needs. Supplementary dashboards have also been developed for a number of performance indicators, including referral to treatment targets, unscheduled care, cancer, stroke and diagnostics and therapies. A quality dashboard is also being developed to support the QSEAC, which includes data for healthcare acquired infections, concerns, incidents, delayed follow-ups, hand hygiene and patient satisfaction.

In recognition that the governance of quality can be improved if Board members periodically step outside of the Boardroom to gain first-hand knowledge of the staff and patient experience, we have recently commenced a programme of regular patient safety walkabouts. The purpose of these are twofold; firstly it allows front line colleagues the opportunity to 'say how it is', to raise patient safety/quality issues and to share ideas for improvement. Secondly, a walkabout is a way of leaders staying in touch and be connected with all corners of acute, community, mental health and primary care services. A report is provided to the area visited and feedback is delivered at each Board meeting. As part of the Board development programme for the forthcoming year, a workshop is scheduled at which feedback from the visits and sharing experiences will inform collective cultural learning.

To accord with the core values for the NHS in Wales, designed to support good governance and the achievement of high standards of care (as included in the NHS governance e-manual), the Health Board places significant emphasis on:

- Prioritising quality and safety;
- Improvement being integrated with everyday working;
- Focusing on prevention, health improvement and inequality;
- Partnership working;
- Investing in our staff.

As a Board, we recognise that failure to deliver the fundamentals of care can have a significant impact and that the Board has a key role in safeguarding quality. In order to give appropriate scrutiny to the key facets of quality, i.e. effectiveness, patient safety, timeliness of care and patient experience, a Health and Care Standards Fundamentals of Care Audit was undertaken in a selection of areas across the Health Board to highlight the findings in relation to key areas of practice. There were three elements to the audit: patient survey, staff survey and operational questions referring to patients' records, medication charts, food charts and fluid charts. The subsequent report to Board identified where focused development work was undertaken, where there are continued and sustained outcomes and recognition of any areas of concern and action plans to address these in the coming period. The report provided assurance to the Board that the care delivered within the Health Board continues to achieve a high level of satisfaction amongst patients whilst also identifying areas for improvement. Detailed information on what we do to ensure that all our services are meeting local needs and reaching high standards is included in our Annual Quality Statement.

At the Health Board, corporate governance is regarded as the way in which we are governed and controlled to achieve our objectives and the effectiveness of these arrangements can impact on how well these are met. The control environment provides the Framework for ensuring effective scrutiny of the organisation's progress towards achieving these objectives within a tolerable degree of risk, whilst risk management provides the resilience.

In accordance with current guidelines appertaining to the Corporate Governance Code and its application to public bodies in Wales, the Health Board has undertaken an assessment of its compliance with the Code. The Health Board is satisfied that it is complying with the main principles of, and is conducting its business in an open and transparent manner in line with the Code. The outcome of the assessment has been reported to the Board via the ARAC. Although the Health Board through its scrutiny and review processes continue to identify areas for improvement, the assessment against the Corporate Governance Code was clear in that the organisation has complied with and has not identified any departures from the Code during the year.

As referred to above, the report on the results of the Health & Care Standards Fundamentals of Care Annual Audit exercise is based on the themes and standards integral to the Standards. The Health Board uses the Health & Care Standards for Wales as its Framework for gaining assurance on its ability to fulfil its aims and objectives for the delivery of safe, high quality health services. To be consistent with Welsh Government guidance that the focus should be on the embedding of the standards throughout the work of the Health Board in the delivery of services, the following processes are in place, with assurance reports being provided to the Board or its sub-committees as appropriate:

- Self-assessment, tested through mechanism such as internal and clinical audit;

- Participation in peer review exercises;
- Consideration of and responding to external reviews from inspection and regulatory bodies such as Healthcare Inspectorate Wales;
- Acting on feedback from bodies such as community health councils.

Further evidence of embedding the standards is that all Board and committee papers have to demonstrate alignment with the relevant standard/s. This process has been subject to independent internal assurance by the organisation's Head of Internal Audit who has commented that the compilation of the standards triangulate with the Fundamentals of Care audit.

We have again undertaken a self-assessment against the Governance, Leadership and Accountability Standard (GLA), which was presented to the Board for discussion and subsequent approval. The standard sets out expectations for working within a legal and regulatory framework for health bodies and asks a series of questions to assess the organisation's current position in terms of the following areas:

- Having a defined structure in which accountabilities, roles, responsibilities and values are clear and which upholds the standards of behaviour expected of its staff;
- Having a system of governance which supports successful delivery of its objectives and partnership working. The organisation will provide leadership and direction so that it delivers effective, high quality and evidenced based services, meets patient needs at pace, with staff that are effective and appropriately trained to meet the needs of patients and carers;
- Ensuring that effective systems and processes are in place to assure the organisation, service, patients, service users, carers, regulators and other stakeholders, that the organisation is providing high quality, evidenced based treatment and care through the principles of prudent healthcare and services that are patient and citizen focused.

The Health Board's self-assessment considered all the questions as set out in the Welsh Government's supporting guidance in relation to the standard criteria and the entire assessment can be found within the June 2018 Extraordinary Board meeting by clicking on the following link - [Hywel Dda Board Papers](#).

The Governance Leadership and Accountability Standard has been completed in terms of the Health Board's current position. The self-assessment both identifies areas where progress continues to be made with some areas of good practice highlighted, and any other spheres where it is felt that further development is required.

Other control framework elements

Within the Health Board, the following control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The Health Board practices a person-centred approach to service delivery with co-production and prudent health care at the forefront of the way in which we plan, develop and deliver services. During 2017/2018, this has been further enhanced by our work towards meeting the duties of the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015. The principles of equality, diversity and human rights are embedded in the guidance to the Board on our approach to service planning and reporting mechanisms, enabling robust scrutiny of proposals,

performance and actions. An integrated Impact Assessment Tool has been developed to be used in conjunction with our Equality Impact Assessment Tool, enabling equality considerations to be embedded into the core mechanisms of the Health Board. Integrated Impact Assessment (including equality considerations) forms part of the gateway process for service design, strategies, plans and policies. Our Written Controls Document Policy includes an explanatory section around Equality Impact Assessment and further information and guidance is available on our intranet and internet websites for staff and public consumption. Equality Impact Assessments for policies are published on our website and Board papers are published for public scrutiny. This ensures that due regard is given to equality, diversity and human rights considerations during the development and review of all Health Board policies and the scrutiny of policies in relation to local impact on the adoption of policies developed and reviewed on an All Wales basis.

Equality and Diversity training is mandatory for all staff – ‘Treat Me Fairly’ the Equality e-learning package is available to all staff as part of the Core Skills Framework, uptake is monitored and is increasing incrementally. Comprehensive information on equality, diversity and human rights (including links to external advisory bodies/organisations) is available to staff and the public on our dedicated intranet and internet web pages. During 2017/2018, we have strengthened our reporting mechanisms in relation to equality and diversity. Progress on the Health Board’s stated Equality Objectives is reported to and scrutinised by the following group/committees prior to presentation at Board and subsequent publication in our Annual Equality Report:

- Workforce and Organisational Development Sub-Committee;
- Improving Experience Committee Sub-Committee;
- Local Partnership Forum;
- BPPAC.

These groups/committees constitute wide representation across all functions, facilitating action directly targeted at improving staff and patient experience. The Health Board has completed its first year of its refreshed Strategic Equality Plan and Objectives 2016–2020 and the Strategic Equality Plan Annual Report 2018 (reporting on the year April 2016 – March 2017) was presented to Board in March 2018 prior to publication. During 2017/2018 our Transforming Mental Health Services programme was submitted to the Consultation Institute for scrutiny and attained best practice commendation.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer’s contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations. The Health Board would confirm that it acts strictly in compliance with the regulations and instructions laid down by the NHS Pensions Scheme and that control measures are in place with regard to all employer obligations. This includes the deduction from salary for employees, employer contributions and the payment of monies. Records are accurately updated both by local submission (Pensions Online) and also from the interface with the Electronic Staff Record (ESR). Any error records reported by the NHS Pension Scheme which arise are dealt with in a timely manner in accordance with data cleanse requirements.

In terms of carbon reduction plan, the Health Board has focused on small scale efficiency improvement including changing small heating supplies from gas to LPG, trialling an electric maintenance vehicle and using smart metering to focus on utility use and identify reduction actions. Schemes under development and refurbishment are having feasibilities and assessments to ensure that lower carbon technologies are used where possible e.g. solar PV panels on car ports at the Cardigan Integrated Health Centre and using LPG instead of oil at Minaeron. Wider feasibilities are also underway to inform our forthcoming expenditure on infrastructure improvement, taking into account the Transforming Clinical Services agenda. These include a solar PV feasibility for all properties and an in depth optimum heat strategy for Glangwili Hospital, focusing on a 5 year decarbonisation plan including a move away from the use of heavy fuel oil.

Integrated Medium Term Plans (IMTP)

The NHS Finance (Wales) Act 2014 requires each Health Board to prepare a plan which sets out the Board's strategy for complying with the three year financial duty to breakeven. The Health Board acknowledges that it is not in a position to submit a three year IMTP given the current inability to evidence financial balance together with the current status of the Transforming Clinical Services and Turnaround Programmes. Instead the Health Board will submit an Annual Plan for 2018/2019 concentrating on Finance, Performance and Turnaround; whilst also meeting the requirements of the NHS Planning Framework 2018/2021 (WHC/2017/047 NHS Planning Framework 2018/2021). To this end a formal accountability letter was submitted to Welsh Government supporting this understanding. As it has failed in its duty to have an approved three year IMTP in place for each submission in the period 2014/2015 to 2017/2018, the Health Board has been in breach of this statutory duty throughout this time.

For the period 2017/2018, Welsh Government wrote to the Health Board on 3 November 2016 following bi-lateral meetings on 2 November 2016. At this time it was indicated that the Health Board would benefit from more time to produce an approvable IMTP by extending this to March 2019, given the need to develop our clinical services strategy. In the meantime, instead of a three year IMTP for 2017/2018, the Health Board has agreed with Welsh Government to develop an Annual Plan which sets out our intentions for 2017/2018 including quality, delivery, workforce and financial dimensions. This in turn would act as a precursor to the development of the full IMTP for 2019/2020 three year planning round. The deliverables and actions for 2017/2018 were agreed with the Welsh Government, as well as clear milestones for how critical planning components were to be developed or strengthened during the year. Considerable progress has been made against key elements of the annual and enabling plans for 2017/2018. This included the over achievement of the referral to treatment target with an outcome of 1594 against a target of 1700. However, there were other areas where the Health Board did not obtain the targeted outcomes. Detailed information can be obtained within the BPPAC papers <http://www.wales.nhs.uk/sitesplus/862/page/83830> and in the performance section of the annual report. Throughout, quarterly updates on the 2017/2018 Annual Plan, focused on actions to improve the Health Board's position and complement our performance whilst improving quality and safety, were scrutinised by both the BPPAC and the QSEAC. As part of the report each plan was RAG (risk) rated for the quarter, as well as the change from the previous quarter to provide the BPPAC with a level of assurance that actions were being met and that plans were being delivered. Whilst the Committee was reassured by the level of detail provided in the update report, it was suggested that a more focused approach would be required and a revised format might be beneficial for the forthcoming financial year. With reference to financial performance the Health Board

agreed a financial control total with Welsh Government of a deficit position of £58.9m within the annual plan. At its meeting on 25 January 2018 the Board subsequently approved a revised deficit forecast to £69.6m in view of the Health Board's deteriorating financial position.

The control total of £58.9m was not achieved with the Health Board final year end position being a £69.4m deficit.

At its meeting in March 2018, the Health Board was asked to note the current status of a draft interim Annual Plan 2018/2019 and approve its submission to Welsh Government in accordance with the NHS Wales Planning Framework 2018/2021, albeit strictly, this guidance applies to three year plans. Given that the revised Annual Plan does not fulfil its statutory duty to demonstrate financial balance, and further discussion is required with Welsh Government on the resulting NHS Outcomes (Tier 1) performance assumptions, the Board cannot formally approve the Plan and the status thereof remains a 'draft interim work-in-progress'. On this basis, the Annual Plan has been recommended for consideration 'in committee' as discussion between Board and Welsh Government regarding finance and associated performance assumptions is ongoing.

The Welsh Health Circular (WHC) for the Planning Framework also states that "Welsh Government will work closely with those organisations that do not currently have an approved plan, to identify clear key deliverables and work towards the ambition of achieving an approved IMTP". We can confirm that we are working closely with Welsh Government and have established a planning cycle for 2018/2019. This will be further informed by the outcome of the Transforming Clinical Services Strategy and is aiming for an approvable IMTP in due course, subject to discussion with Welsh Government regarding the transitional plans and the zero-based review which show the journey we will need to take in the bridging years.

Whilst significant work has already been undertaken to develop our performance targets, for the 2018/2019 Annual Plan we have included four scenarios for our performance ambition which were the subject of Board discussion and a separate annex to the Annual Plan. However, at this stage the RTT targets cannot be finalised. This will need to be the subject of further discussion and agreement as early as possible in 2018/2019, and is one of the main reasons, in addition to agreement of the financial plan, that underpins the status of the plan as being 'draft interim work-in-progress'.

At its meeting in March 2018, the 'In Committee Board' was asked to note a revised draft of the 2018/2019 Annual Plan for submission to Welsh Government, noting that the Plan is not financially balanced and therefore cannot be formally approved by the Board.

At its meeting on 29 March 2018 the Board considered the Financial Plan for 2018/2019. Whilst the interim plan was agreed, the Board requested further detail on the savings target delivery. A subsequent paper providing further detail was considered at its meeting on 19 April at which the Board approved the savings element of the interim Financial Plan 2018/2019 as the basis for delivery in year. Therefore the Health Board will breach its statutory duty in this respect for 2018/2019.

Ministerial directions

A number of ministerial directions were issued during the year, this information being available by accessing the following links:

<http://gov.wales/legislation/subordinate/nonsi/nhswales/2017/?lang=en>

A schedule of the directions, 11, outlining the actions required and the Health Board's response to implementing these was presented to the ARAC as an integral element of the suite of documents evidencing governance of the organisation for the year. From this work it was evidenced that the Health Board was not impeded by any significant issues in implementing the actions required.

Information governance

The Health Board has a range of responsibilities in relation to the appropriate use and access to the information it holds including confidential patient and staff information. These responsibilities are guided by legislation with the Medical Director acting as the designated Caldicott Guardian and the Director of Planning, Performance and Commissioning the Senior Information Risk Owner (SIRO). Information Asset Owners (IAOs) are in place for all service areas and information assets held by the Health Board and a programme of compiling a full asset register for the Health Board is underway and due to be completed by June 2018.

The Health Board has responsibilities in relation to Freedom of Information, Data Protection, Subject Access Requests and the appropriate processing and sharing of personal identifiable information. The Health Board is currently working towards compliance with the General Data Protection Regulations which will come into force from May 2018 and the draft Data Protection Bill. This work continues to strengthen the arrangements in place to ensure that information is protected and managed in line with relevant legislation and the Health Board's duty of care to staff and patients. The Health Board has adopted and implemented a robust procedure for managing information governance Incidents across the organisation that ensures incidents are reported in line with statutory requirements and lessons are learnt to improve future practice.

The Health Board has had contact with the Information Commissioner's Office (the ICO) in relation to nine incidents during the year. The incidents fell into three broad categories:

- Breach of patient confidentiality/S.55 offence by an individual under the Data Protection Act;
- Loss of information sent by post or information sent to another individual in error;
- Destruction of data due to a system error.

For all those cases closed by the ICO, the ICO have been satisfied with the preventative and follow up action taken by the Health Board and no fines or enforcement notices have been issued.

The National Intelligent Integrated Audit Solution (NIIAS) that audits staff access to patient records has been fully implemented within the Health Board with an associated training programme for staff and procedures for managing any inappropriate access to records. 900 staff have received training this year from the Information Governance Team through the NIIAS programme.

In addition to the above training, global e-mail, 'Hywel Dda Today', group training sessions, Information Governance 'Drop In' sessions and a Data Protection Week have all been used to disseminate information to staff around the importance of confidentiality,

appropriate access to patient records and ensuring information is shared in an appropriate way. This is in addition to the mandatory Information Governance training module that all staff are required to complete every two years. The Health Board has worked hard to increase the level of completed Information Governance mandatory training across the organisation with a 20% improvement rate seen this year. The continuance of this work will form a key part of the Information Governance Team's work for 2018/2019.

The Health Board has refreshed its Information Governance Framework in light of the upcoming General Data Protection Regulations and its strengthened governance arrangements. The Health Board has undertaken a full review of its position against the Information Governance Toolkit and the Caldicott Principles into Practice Assessment with an updated action plan ready for 2018/2019 to target areas that require improvement. The Information Governance Sub-Committee and its reporting groups provide oversight, advice and assurance to both BPPAC and the Board with regard to Information Governance.

Data quality and information

The Health Board has continued with improving the quality of our data which informs our decisions, performance assessments and reporting and which also informs some of the internal/ external reviews undertaken. Nevertheless, the Wales Audit Office 2018 have stated that "Data quality arrangements have improved but the Health Board needs to increase the pace of improvement particularly in engaging the information asset owners in the data quality assurance process", we are therefore concentrating during 2018/2019 in improving the network of Information Asset Owners, and highlighting their responsibility to improve data quality within the Health Board, and the impact that poor quality data has on patient care.

Review of effectiveness


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

Internal Audit

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

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

The Head of Internal Audit has concluded for 2017/2018:

Reasonable assurance		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
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The revised All Wales Framework for expressing the overall audit opinion identifies that there are eight assurance domains all of equal standing. The rating of each assurance domain is based on the audit work performed in that area and takes account of the relative significance of the issues identified.

In reaching this opinion the Head of Internal Audit has identified that the Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

In reaching this opinion the Head of Internal Audit has considered all the domains, with these being rated for assurance as follows:

Domain	Assurance
Corporate governance, risk and regulatory compliance	Substantial
Strategic planning, performance management and reporting	Reasonable
Financial governance and management	Reasonable
Clinical governance, quality and safety	Reasonable
Information governance and IT security	Limited
Operational service and functional management	Reasonable
Workforce management	Reasonable
Capital and estates management	Reasonable

Thus overall a reasonable assurance rating is given to the Health Board.

Internal Audit is aware of the plans and actions put in place by the Health Board in response to their recommendations, and will follow these up in the 2018/2019 year to ensure they have been enacted.

The role of Internal Audit is to provide the Board with an objective assessment of the extent to which the systems and controls to manage our risks are adequate and are operating effectively, based on the work undertaken. The work of the Internal Audit service is informed by an analysis of the risks to which the Health Board is exposed with an annual plan based on this analysis. It has to be recognised that many of the reviews were directed at high risk areas, and the overarching opinion therefore needs to be read in that context. Whilst acknowledging the Head of Internal Audit Opinion, it should be noted that 84% of the Internal Audit reports achieved a rating of substantial or reasonable

with 13% of the reports receiving a limited or no assurance rating, with 3% of reports where a rating was not applicable. See table below:

Internal Audit Assurance Rating	2017/2018	
	No.	%
Substantial	10	32
Reasonable	16	52
Limited	4	13
No assurance	0	0
Rating Not Applicable	1	03
Total	31	100

Similarly for Capital and PFI it should be noted that 57% of the audit reports achieved a rating of substantial or reasonable assurance no reports received a limited rating and a rating was not applicable for 43% of reports. See table below:

Capital and PFI Audit Assurance Rating	2017/2018	
	No.	%
Substantial	0	0
Reasonable	4	57
Limited	0	0
No Assurance	0	0
Rating Not Applicable	3	43
Total	7	100

During the year internal audit issued the following audit reports with a conclusion of limited assurance:

Subject	Issue	Action
Clinical Governance, Quality and Safety		

Subject	Issue	Action
Discharge Processes February 2018	Limited training is available to frontline staff on the management of patient discharge and transfer. Lack of consistent EDD recording in patient notes. Lack of consistent EDD recording in patient notes. Discharge summary letters were found to be unsatisfactory. No monitoring mechanism in place within the UHB to ensure that discharge summary letters are appropriate and are issued in a timely manner.	All the recommendations have been agreed by management. A follow up has been included in the Internal Audit plan for 2018/2019.
Information Governance & Security Domain		
Disposal and Procurement of IT Equipment July 2017	Inability to fund and deliver priority services and developments as IT infrastructure replacements and upgrades. Lack of adequate organisational processes to facilitate asset tracking. Policies not being reviewed within pre agreed timescales, carrying the risk of the documents containing outdated information.	The following recommendations are outstanding: R1 - invest in the sustainability of its infrastructure and secondly, in the revenue resource it assigns to IM&T development. R2 - explore options to collect and collate the information necessary to produce an acceptable IT asset register. R3 - Agreed timescales for review of policies should be adhered to. Progress on the above is being made in accordance with the agreed management action plan. This will be subject to a follow-up review in 2018/2019.
PC/Laptop Security Arrangements August 2017	Responsibilities in relation to the stewardship and loss of IT equipment not clearly communicated to staff and managers. No clear communication strategy for relaying responsibilities. Risk of conflict between corporate and local use of IT; Inherent lack of security and poor standards of control; and Risk of theft or sabotage. Failure to complete previously agreed actions for follow up incident INFOGOV22.	Progress on the above is being made in accordance with the agreed management action plan. This will be subject to a follow-up review in 2018/2019. .
Freedom of	Incorrect information may be published on intranet & internet FOI	All the recommendations have been agreed by management and

Subject	Issue	Action
Information January 2018	pages, which could lead to FOI requests being made to employees who have left the UHB. Lack of transparency from Disclosure Log not being maintained Freedom of Information Policy out of date. Lack of contingency arrangements when FOI Officer is not in office Lack of FOI training & awareness sessions. Failure to comply with timescales.	are being implemented in accordance with the timescales agreed in the management action plan. A follow up has been included in the Internal Audit plan for 2018/2019.
Internal Audit will undertake follow up reviews of all limited audits within the first quarter of 2018/2019. Implementation of recommendations is being monitored by the relevant UHB committee and tracked via the UHB's audit tracking mechanisms.		

The ARAC has received progress reports against delivery of the NHS Wales Shared Services Partnership Internal Audit and Capital (Specialised Services) plans at each meeting, with individual assignment reports also being received. The findings of their work are reported to management, and action plans are agreed to address any identified weaknesses. The assessment on adequacy and application of internal control measures can range from 'No Assurance' through to 'Substantial Assurance'. Where appropriate, Executive Directors or other Officers of the Health Board have been requested to attend in order to be held to account and to provide assurance that remedial action is being taken. A schedule tracking the implementation of all agreed audit recommendations is also provided to the Committee.

In addition to the above, the ARAC has also received for assurance, a number of Internal Audit Reports appertaining to those functions delivered on its behalf by the NWSSP and which have been approved by the Velindre NHS Trust's Audit & Risk Assurance Committee, as the host authority for the service.

Wales Audit Office (WAO)

As the Health Board's appointed external auditor, WAO is responsible for scrutinising the Health Board's financial systems and processes, performance management, key risk areas and the Internal Audit function. The Wales Audit Office undertake financial and performance audit work specific to the Health Board with all individual audit reviews being considered by the Audit Committee with additional assurances sought from Executive Directors and Senior Managers as appropriate. The WAO also provides information on the Auditor General's programme of national value for money examinations which impact on the Health Board, with best practice being shared.

During the year, WAO undertook its annual Structured Assessment review of the Health Board which examined the arrangements to support good governance and the efficient, effective and economical use of resources. In addition to reviewing the Health Board's financial management arrangements, the progress made in addressing key issues identified in previous year's structured assessment was also scrutinised.

The overall conclusion was that the Health Board continues to face financial challenges and although there have been a number of improvements in strategic planning,

stakeholder engagement and informatics, increasing maturity at an operational level is required to support its governance and performance arrangements. In reviewing the corporate governance and Board assurance arrangements, it was concluded that the Health Board has continued its work to define its assurance requirements and strategic plans are progressing, but operational structures and performance management arrangements need to be further developed.

The work undertaken as part of Structured Assessment contributed towards the WAO Annual Audit Report 2017. The key findings and conclusions emanating from both the assessment and the report are summarised as follows:

- Although savings performance in 2017-2018 looks more promising, historical overspends against resource limits means that the Health Board is forecast to have an increasing cumulative deficit by March 2018; previous arrangements for planning and delivering savings have neither been effective or sustainable, but there are signs of improvement since the introduction of the turnaround process with opportunity to increase the focus on service transformation, improving value, efficiency and reducing waste;
- While arrangements to monitor and scrutinise savings are being strengthened, they are not yet sufficiently embedded and there remains more work to do at an operational level;
- Board assurance arrangements continue to evolve and plans are in place to improve the effectiveness of committees, although overall Board effectiveness is generally sound;
- The organisational structure of the Health Board is maturing but performance management arrangements need strengthening at an operational level;
- Risk Management arrangements continue to strengthen however more work needs to be done at an operational level;
- The Health Board is making steady progress in addressing the issues identified in the previous year's structured assessment, with effective arrangements in place to track audit recommendations;
- Performance audit work has identified opportunities to secure better use of resources in a number of key areas.

The Board did not disagree with any of the content of the WAO Annual Report and I can confirm that progress has already been made in some of the areas outlined above. A detailed management response was prepared in response to the recommendations made by Wales Audit Office with implementation of these being tracked through the ARAC. The management response can be viewed on the UHB's website and can be found on the following link: <http://www.wales.nhs.uk/sitesplus/862/page/95468>

Other sources of external/independent assurance

Healthcare Inspectorate Wales (HIW)

The Board is provided with independent and objective assurance on the quality, safety and effectiveness of the services it delivers through reviews undertaken by and reported on by HIW. Any unannounced hospital inspections and any special themed reviews undertaken during the year would have been reported to the QSEAC and any matters for concern escalated accordingly. The outcomes of any such reviews and any emanating improvement plans are discussed with any lessons learnt shared throughout the Health Board. During 2017/2018 HIW Inspection activity focused mainly on Mental Health and Learning Disabilities services however there were inspections at Bronglais General

Hospital (BGH), which reviewed maternity services and surgical services, as well as a community ward in Pembrokeshire.

In respect of inspection activity across the Health Board's mental health and learning disabilities units, two were follow up inspections. It was acknowledged by HIW that on one, although there was further work required, the service was changing with new ways of working in place, and implementation of recommendations was on track. With reference to the second, although some improvements had been made, HIW were still concerned that the service was not consistently safe and effective at all times. The service has subsequently reported to the Mental Health Quality, Safety and Experience Sub-Committee that all recommendations have been implemented.

In May 2017, HIW also undertook an unannounced inspection of Cwm Seren, Low Secure Unit (LSU) and Psychiatric Intensive Care Unit (PICU). Overall HIW found that the Health Board provided patient centred, effective care for patients; however there were concerns in respect of the environment and the safety of both patients and staff. The service has subsequently reported to the Mental Health Quality, Safety and Experience Sub-Committee that 6 out of the 11 recommendations have been implemented, whilst the remaining 5 are expected to be implemented by July 2018.

During 2017/2018, HIW and Care Inspectorate Wales (CIW) undertook a joint thematic review focusing on community adult mental health services (people between the ages of 18-65), looking at Community Mental Health Teams (CMHTs), with an inspection visit to one CMHT in each health board area. As part of this joint review, an announced visit was made of South Pembrokeshire Community Mental Health Team (CMHT). This found that whilst service users provided positive feedback of their experience of the service, there was evidence that the service was not fully compliant with all Health and Care Standards (2015) and Local Authority Social Services Quality Standards (2015). Some concerns raised in relation to Medicines Management were immediately addressed and the service is continuing to implement all recommendations resulting from this report by August 2018.

Following a visit to Gwenllian Ward, which is a combined midwifery and consultant led ward, in BGH, overall HIW reported that the ward provided safe and effective care, which met with the Health and Care Standards (April 2015). There were a few areas of improvement, only two of which remain outstanding and should be implemented by May 2018, following refurbishment works and procurement of an ultrasound scanner. Surgical services, including Ceredig ward and Day Surgery Unit theatres in BGH were also visited. Overall, although there were some concerns which have now been resolved, HIW found that patients needing trauma and orthopaedic surgery received safe care. A number of recommendations were made which are being progressed by the Service.

An unannounced inspection was undertaken at Sunderland Ward, South Pembrokeshire Hospital, with HIW reporting that whilst the ward was generally well maintained, the Health Board must take action to address some environmental issues to promote a safe environment.

Areas of concern were identified in respect of medicines management, which have been addressed, whilst improvement was identified regarding some areas of record keeping and aspects of audit processes and senior management support to the ward. The service

has reported to the Community and Primary Care Quality, Safety and Experience Sub-Committee that all recommendations should be implemented by July 2018.

A report is submitted to each meeting of the QSEAC which details the HIW activity undertaken within the Health Board. This includes any inspections of acute hospitals and mental health and learning disabilities facilities, GP and dental practices and any incidents involving Ionising radiation (IR(ME)R). The Committee is informed of any immediate assurance letters received by the Health Board and formally receive the final reports of all HIW inspections, including the improvement plans, and delegate the monitoring of implementation of the recommendations through its Sub-Committee structure.

In July 2017, HIW issued its Annual Report 2016/2017, which was a summary of the activity that it carried out between 1 April 2016 and 31 March 2017. During the year, HIW had undertaken 24 inspections across the Health Board's settings. The key messages emanating from the inspections was that the inspections undertaken generally indicated that the care provided to patients was kind, compassionate and effective, being delivered by committed and enthusiastic staff although the work also highlighted some issues which may require further action. It was also stated by HIW that overall the Health Board had been responsive to any matters raised and the quality and timeliness of its responses had been satisfactory.

The HIW Annual Report 2016/2017 for Hywel Dda can be accessed via the HIW Website - <http://hiw.org.uk/reports/localhealthboardstrusts/hywelddareports/?lang=en>.

Audit and review tracker

Audits and reviews play an important independent role in providing the Board with assurance on internal controls and that systems and processes are sufficiently comprehensive and operating effectively. Therefore it is essential that recommendations from audits and reviews, both internal and external, are implemented in a timely way.

The Health Board continues to develop its Audit and Review Tracker which logs and tracks the progress of all external audits, reviews and inspections undertaken by an external organisation on the services that are provided by the Health Board. The tracker is intended to ensure that:

- All external reports received by the Health Board are received and logged in a central repository;
- It details where reports have been formally received by the Health Board;
- Clarity is provided by the lead Executive Director and lead officer for each report;
- Updates on progress are provided and reported periodically to the ARAC.

Throughout 2017/2018, the Health Board strengthened the reporting and monitoring of action plans at committee and sub-committees. Guidance was developed to ensure that committee work plans included frequency of monitoring improvement plans and that exceptions are reported to parent committees. There is evidence that although monitoring of improvement plans has improved this does not always equate to recommendations being implemented within agreed timescales. To address this, a monthly report is now presented to the Executive Team reporting where implementation dates have been exceeded.

In the Annual Audit Letter 2017, WAO reported that the health board has robust arrangements in place to keep track of WAO recommendations as well as those made by other audit and inspection bodies, including HIW and the Delivery Unit.

Further work in 2018/2019, will include additional embedding of committee and sub-committee monitoring process and documentation by proactively monitoring what is presented, picking up areas of improvement direct with officers, ensuring exception reporting to parent committees is undertaken and developing an escalation process for non/poor reporting.

Performance Management Assurance Framework (PMAF)

The Health Board's Performance Assurance Framework complements other key elements of the Board's governance and assurance arrangements, particularly risk management, and provides a method for triangulation of data from different sources to give assurance that risks reported are escalated consistently and appropriately. The PMAF is an iterative document and has been developed beyond performance monitoring reporting and management arrangements to embrace wider health system activities. The measures specified within the PMAF underpin the Board's aims, and strategic objectives. The Board is presented at each of its meetings with an Integrated Performance Assurance Report (IPAR) that provides it with assurance on the most recent outturn position for key deliverable areas with these reports clearly highlighting where improvements are needed. This year, the IPAR has been reconfigured to be more concise with a greater focus on performance management, with supplementary dashboards already developed for a number of areas and an expectation that by the end of this year, dashboards for the majority of performance indicators will have been developed. A quality dashboard is also being developed to support QSEAC and includes data for healthcare acquired infections, concerns, incidents, delayed follow-ups, hand hygiene and patient satisfaction.

The revised IPAR has the structure to ensure a more robust, integrated approach to quality, safety, performance and finance.

Legislative Assurance Framework (LAF)

In the continuous development of the organisation's Assurance Framework and in recognising that the legal obligations of the Health Board are wide ranging and complex, a LAF has been developed. It provides the Board with assurance of compliance on those matters that present the highest risk in terms of likelihood and impact of non-compliance and is a central record that captures the following three categories:

- Details of all licensed and accredited functions, responsible individuals and inspection/review activity;
- Activities subject to regulation and inspection scrutiny;
- Other key pieces of legislation subject to scrutiny and sub-ordinate legislation.

The Framework is reviewed annually by the ARAC with it noted that the areas detailed below are where the Health Board was unable to provide assurance of compliance or where system improvements had been identified by Internal Audit:

- Blood Sciences at Bronglais General Hospital, Glangwili General Hospital and Prince Philip Hospital are not currently accredited. Assessments have taken place

- in March 2018 with further evidence submitted following the inspection. This will be assessed by UKAS and a decision will then be made if accreditation will be granted.
- Histopathology across the Health Board area is not currently registered. An All Wales project concluded earlier this year with recommendation to support regional working in the West as part of the ARCH portfolio with a Strategic Outline case for a Regional Cellular Pathology service being developed.
 - Regulatory Reform (Fire Safety) Order – The Internal Audit report carried out in May 2017 found limited assurance in respect of fire precautions. The report found 14 recommendations to which the Health Board is currently in the process of implementing to provide assurance of compliance with legislation and best practice.
 - Freedom of information Act 2000 - the Internal Audit carried out in December 2017 resulted in a limited assurance rating. Seven recommendations from the Internal Audit have been completed. Two recommendations remain outstanding and are due to be completed by May 2018.
 - The Control of Pollution (Oil Storage) (Wales) Regulations 2016. Surveys were undertaken in February 2017 and January 2018 by external specialist contractor to determine level of compliance. High priority recommendations & remedial actions to address non compliance resulting from surveys addressed in February and March 2018. Remainder to be addressed throughout 2018/2019. Ongoing routine compliance inspections undertaken in house.

Review of economy, efficiency and effectiveness on the use of resources

It was recognised in the WAO structured assessment that the Health Board faces significant financial pressures and although the approach to planning and delivering savings is strengthening, this is not yet helping us to recover our deficit financial position. It was also stated that although savings performance for 2017/2018 looked more promising, historical overspends against resource limits meant that that UHB was forecast to have an increasing cumulative deficit nearing £140 million by the end of the year. Although previous arrangements for planning and delivering savings have been neither effective nor sustainable, there have been signs of improvement since the introduction of our turnaround process. The WAO Structured Assessment 2017 has recognised that the introduction of the Transformation Programme, along with the appointment of the Turnaround Director has improved the focus on transformational change to place the Health Board on an improved financial footing.

This has been the best year so far in delivery of gross savings before cost pressures (£29m including accountancy gains) due to the extra focus provided by the Turnaround work programme. However, this has only partly translated to the bottom line, with local cost pressures offsetting bottom line delivery and the overall deficit increased compared to the original 2017/2018 plan.

Therefore, despite intense scrutiny and challenge, the Health Board's 2017/2018 year-end financial position is that of £69.4m deficit. This means we have not achieved our statutory breakeven duty this year.

Driving down the deficit will mean difficult choices. It is recognised that whilst a top down savings planning process, such as that employed in previous years, can support the organisation in its efforts, it has not delivered breakeven against the plan in 2017/2018.

For 2018/2019, the financial plan has to be driven by directorates focusing on balancing

their budgets, turning a narrative of cost pressures and reasons for financial non delivery into one of financial ownership, opportunities and savings.

Targeted intervention (TI)

The Health Board's status was escalated during 2016/2017 from enhanced monitoring to Targeted Intervention which is the third level in the NHS Wales Escalation and Intervention Framework. This means the Welsh Government and external review bodies will consider whether to take and co-ordinate action in liaison with the NHS body to strengthen its capability and capacity in order to drive improvement. We acknowledged at that time the change as one intended to support us and as an opportunity to accelerate our improvement trajectory and since that time we have welcomed the support that we have been receiving.

The Turnaround programme was established in April last year, to provide a robust process for the delivery of savings schemes, the total value has improved and work to further improve our position is progressing. Under the management of the Turnaround Director the team is currently working with Directorates on a range of areas, including continuing healthcare, dementia patients' pathway, operational effectiveness, outpatient redesign, theatres and patient communication. We think the majority of future savings will be released through standardising our services and making our systems and processes more efficient and we will strengthen our approach based on lessons learnt. We need the help of everyone working for the Health Board to stamp out waste, streamline our ways of working, and think very carefully about how we spend our money — this last point is critical for every budget holder and the Board acknowledge and appreciate the efforts of staff working hard to achieve the savings needed.

As I referred to in my statement of last year, the Board, in conjunction with the Welsh Government, agreed to an independent financial governance review to be undertaken by Deloitte LLP. This Review was commissioned by Welsh Government (the Owner) as part of TI and was structured around four key areas set out in the scope of requirements – Board monitoring, management processes, Board approval and performance management. The report was discussed in detail at the September 2017 Board meeting with the Health Board developing an action plan in response to the recommendations contained within. Regular oversight of implementation of recommendations has been undertaken by the ARAC with assurance that by the end of May 2018 there will only be one outstanding action. The Executive Summary of the report is available on line on the following link: [Item 09ii External Financial Governance Review](#).

In addition the Welsh Government commissioned a zero based review of the Health Board's cost base in light of its ongoing financial challenges. Deloitte LLP worked jointly with both Welsh Government and the Health Board on the evidence base underpinning the review. The purpose of the review was to allow Welsh Government to understand the potential impact of the Health Board's current configuration and resources that limits our ability to produce an approved IMTP and also to assist the Health Board in identifying and considering impact and potential efficiencies. These include sustaining services on four hospital sites, the challenging environment and its impact on recruitment and retention, an older and frailer population, and our current resource allocation. The report also included areas of suggested efficiency for the Health Board to address which are being considered through the Turnaround Programme. The final document has been formally accepted by Welsh Government, with any discussion/action resulting from the review being addressed through the TI meetings. The report can be viewed from the

following link:

<http://www.wales.nhs.uk/sitesplus/documents/862/Item%202.6%20Report%20of%20the%20Chief%20Executive1.pdf>

As I finalise my statement for the past year, it has been confirmed by the Welsh Government that the review partially confirms the view that the Health Board faces a unique set of healthcare challenges that have contributed to the consistent deficits incurred by the Board and its predecessor organisations. The review findings were that two factors, demographics and scale, generated excess costs that were unavoidable to the Board, but that the other two factors, remoteness and efficiency, did not generate excess costs for the Board.

In response to these findings the Cabinet Secretary has approved the release of £27 million additional recurrent funding to the Health Board. This is intending to place us on a fair funding basis by funding the excess costs identified in the review and provides a sound footing for the Board to develop and transform services. At the same time Welsh Government has made it very clear that there is an expectation that as a Board we will focus on the costs that are within our control to manage and deliver on the efficiencies identified in the review.

Members of the Executive Team and I meet with the Chief Executive NHS Wales and members of his senior team in Welsh Government, on a monthly basis. Meetings continue to review progress against the issues which raised our escalation level to TI with the most recent meeting taking place in March 2018. The Board recognises the significance of this level of escalation and its implications and is continuing to work with Welsh Government colleagues to address the long standing challenges we have been facing and see the escalation process as a helpful support mechanism to make progress. Our financial position has constantly dominated the conversation at the TI meetings over the last year, with workforce issues also being a significant cause for concern. All agreed actions are subject to tracking for monitoring purposes.

Our Transforming Clinical Services programme is a critical programme of work in making sure we are able to deliver services that are safe, sustainable, accessible and kind. We are now approaching Phase 2 of our Transforming Clinical Services (TCS) consultation, having already engaged with a significant number of staff and stakeholders. Our TCS programme is clinically led and is a once in a lifetime opportunity for our health service and community to work together to design an NHS which is fit for our generation and beyond. It has been acknowledged for some time across the UK that health care services are challenged like never before with significant change needed. This has been recognised in the recently published 'Parliamentary Review of Health & Social Care' and the Welsh Government has given a public commitment to publishing a Long Term Plan (LTP) for Health and Social Care in Wales by late spring. Any future strategy of the Health Board will need to integrate with the Long Term Plan when developed.

Conclusion

As I stated in the 2016 Annual Governance Statement, the escalation from enhanced monitoring to TI status by the Welsh Government, in recognition of the fact that we have been facing a number of long standing challenges that require a more strategic solution, continue to provide a significant opportunity for the Board. We continue to meet regularly with Welsh Government to discuss progress on our escalated status and during the year worked with Welsh Government to identify, agree and fund additional support to accelerate the changes required to de-escalate.

The Health Board formally launched its Turnaround Programme in April 2017 and one element of the support mentioned above was the appointment of a Turnaround Director who took up post at the end of June 2017. The Turnaround Director is supported by a small team of subject matter experts within the Health Board covering areas like Quality and Safety, Workforce, Finance, Procurement, Professional Medical, Nursing and Therapies, and Service improvement. The Turnaround programme has been organised around three key areas of activity:

- 1) The Corporate Savings Plans;
- 2) The Holding to Account process where delivery of directorate savings plans is performance managed and tracked on a fortnightly basis;
- 3) The 60 Day Cycle process which uses rapid improvement methodology to drive savings against themes that are pan organisation in nature. They also provide a more creative space for new savings ideas and plans to be developed.

In 2017/2018 the above programme strengthened governance within the Health Board in relation to savings plan delivery. This is evidenced by the Health Board saving £29 million including accountancy gains against its £32 million savings target for the year – the highest level of in year savings it has achieved. Feedback within the organisation indicates that the programme has ensured increased engagement with the need for and process of delivering savings, as well as encouraged operational parts of the organisation to work closer with such areas as medicines management and procurement ensuring those corporate savings plans have been more successful in delivery terms. Medicines management exceeded its stretch savings target of £4 million in 2017/2018 with savings of £4.3 million achieved. Another area of significant progress was seen in the area of workforce variable pay, which saw a £9 million reduction in spend in 2017/2018 (£48m) compared with 2016/2017 (£57m).

In setting the financial plan for 2018/2019 and associated savings plan, the need for delivering in-year savings and in-year improvement in budgetary management performance is simplified and clarified. The savings requirement for each directorate is capped at 7% and delivery will be very transparent through bottom line financial performance. The savings plans identified so far cover the full target with no current gap, albeit there is some delivery risk as would be expected at this point in the year. The Turnaround Programme approach will continue and has been strengthened for the year ahead with the Chief Executive joining the Turnaround Director in the week 3 Holding to Account Meetings for the Directorates assessed as being the highest risk in terms of delivery. They will also be joined by the Director of Finance and Director of Operations ensuring a far more integrated approach to accountability around financial delivery. In May 2018, the new Performance Management Framework, which integrates the Turnaround accountability process into it, will be shared with the Board. This will generally strengthen the rounded performance management approach by the Executive Team towards the directorates.

Despite the challenges seen towards the end of the year, we are on track to achieve a number of targets and to exceed our targets on improving our referral to treatment times. It is the best performance in years and reflects a 75% reduction in the number of people waiting more than 26 weeks between referral and treatment since our high peak in 2015, changing the lives of many residents and the efforts of staff in making this difference has to be recognised. The revised Performance Management Framework we have introduced will assist with strengthening grip in 2018/2019.

Whilst the last twelve months have continued to be difficult and challenging for the organisation, stability has been obtained in some areas with progress continuing in a number of other areas. However, the organisation recognises that this is not good enough and that there is a need to take further steps in 2018/2019 to begin to drive down the deficit year on year. This is consistent with messaging from Welsh Government in both the TI and Annual Plan feedback meetings. We continue to meet regularly with Welsh Government colleagues to review progress against the issues which raised our escalation level to Targeted Intervention. Accepting the deficit position is disappointment, a further more detailed discussion of the challenges and efficiencies needed was held in a Public Board meeting on 19 April. The Board recognised, and is discussing with Welsh Government, the longstanding challenges we face.

As I referred to above, given the long standing concerns around structural, demographic and geographical issues and further to the zero based review of potential excess costs arising from the current configuration of our healthcare services at Hywel Dda, the Cabinet Secretary very recently approved the release of £27 million additional recurrent funding to the Health Board. The funding of the excess costs identified will provide a firmer footing for the Board to develop and transform services whilst also enabling us to focus on managing those costs that are within our control to manage and work towards an improved financial position.

This coming year is about hard choices and sustainable services; the authority and accountability for delivery will sit with the directorates and triumvirate teams, with the Executive Team driving delivery and holding to account. I would like to thank all the staff who participated, for their involvement, insight and expertise which has really helped to develop our clinically-led transformation programme so far. As mentioned earlier, our Transformation Programme has continued at pace this year and at its meeting on the 19 April, 2018, the Board approved:

- Completion of Stage 1 of the consultation process (pre-consultation engagement and options development);
- Commencement of Stage 2 of the consultation process (formal consultation) for a period of 12 weeks commencing 19th April 2018;
- The Transforming Clinical Services, “Our BIG NHS Change” Project plan.

This is a key milestone in the work of the Transforming Clinical Service programme as we have now reached formal consultation, which is called Hywel Dda – Our Big NHS Change. Collaboration is key facet of the TCS Programme, this being collaboration with all appropriate stakeholders including the public, in a co-production approach to the development and potential change of how services may be delivered. We are presenting proposals to the public for the future provision of health and care services which we think are safe, sustainable, accessible and kind, offering an improvement to what is currently provided. The 12 week consultation will involve a number of events for staff and the public, as well as an awareness raising campaign.

We must stress that no decisions have been made by the Board; we want to hear what people think of our options and consider any new ideas. We will be listening to all views, which will be independently analysed and a report will then be submitted to full Board, hopefully in September 2018, for a decision to be made on how to proceed. As with everything else we still have to continue to meet the day to day challenges of operational delivery during the whole process.

The behaviour and culture of the Board are key determinants of the Board's performance. As previously mentioned, this year saw a number of changes to the Executive Team, which by year end was at full complement. Executive Team development is therefore important in order to capitalise on the opportunities this creates. Independent Members and Executive Directors must constructively challenge each other in respect of risk to enable the Health Board to maximise its opportunities and manage any threats to the achievement of its purpose, aims and objectives. The Board should have it in mind that it is the first line regulator on behalf of the public, and should be confident at all times that they understand and are alerted to any significant failures in controls or gaps in assurance.

We are committed to exhibiting best practice in all aspects of corporate governance and recognises that as a body entrusted with public funds, we have a particular duty to observe the highest standards of corporate governance at all times. The Board is provided with regular and timely information on the overall financial performance of the organisation, together with other information such as performance, workforce and quality and safety. Formal agendas, papers and reports are supplied to members in a timely manner, prior to Board meetings. The Board's agenda includes regular items for consideration of risk and control and receives reports thereon from the executive and the ARAC. The emphasis is on obtaining the relevant degree of assurance and not merely reporting by exception.

As Accountable Officer and based on the review process outlined above I have reviewed the relevant evidence and assurances in respect of internal control enacted during 2017/2018. The Board and its Executive Directors are fully accountable in respect of the system of internal control. The Board has had in place during the year a system of providing assurance aligned to support delivery of both the policy aims and corporate objectives of the organisation. As highlighted earlier in this statement overall Board and Committee effectiveness is generally sound contributing to an effective internal control system.

My review confirms that although there have been some internal control issues which have been identified during the year with remedial action taken to address these, the Board has a generally sound system of internal control that supports the achievement of its policies, aims and objectives and that no significant internal control or governance issues have been identified.

Signed by

Steve Moore

Steve Moore
Chief Executive:

Date: 30 May 2018

Appendix 1 – Board Assurance Framework Risks

Risk Description	Current Mitigation	Risk Score
Strategic Objective 1 – To encourage and support people to make healthier choices for themselves and their children and reduce the number of people who engage in risk taking behaviours		
<p>There is a risk that the UHB will not be able to enact the transformation of sexual health services. This is due to outdated and inadequate accommodation at Pond Street to provide a modern sexual health services. This could impact on the UHB's ability to recruit to vacant posts within the service and deter patients from accessing the service.</p>	<ul style="list-style-type: none"> • A review of accommodation was undertaken, options identified and confirmed sites in Aberystwyth and Carmarthen will be progressed through the Sexual Health Service Modernisation Group. • Service continually reviews their actions to ensure best possible patient experience can be provided within the current environment. • Strong clinical leadership and commitment by sexual health team demonstrated in their response to referrals - local and out of area. 	12
Strategic Objective 2 – To reduce overweight and obesity in our local population		
<p>There is a risk that the UHB will not deliver on the minimum standards of the All Wales Obesity Pathway. Currently no service provision for children and at level 2 and 3. This may impact on our ability to mitigate the increasing overweight/obesity prevalence in the Hywel Dda population. Not turning the curve on overweight/obesity prevalence will lead to continuing increase in related morbidity and pressure on planned and unscheduled care services.</p>	<ul style="list-style-type: none"> • Level 3 - A limited MDT specialist service is provided for overweight/obese adult patients with high complexity and specific MSK conditions provided in Carmarthen. • Limited Level 3 Dietetic led (groups and 1:1) interventions being delivered. • Business case for Level 3 obesity service for adults agreed in principal to support HDUHB Strategic Objectives but currently not funded. • Level 2 - 'Foodwise' training delivered to professional groups. • National Exercise on Referral Scheme (NERS) provided for overweight/obese individuals through GP referral. • Prevention action (nutrition, physical activity, emotional 	12

Risk Description	Current Mitigation	Risk Score
	<p>health) delivered to all children through Healthy School's Schemes.</p> <ul style="list-style-type: none"> • Promotion of '10 Steps to a healthy weight' evidenced-based messages for parents/carers and children through appropriate settings. • Psychology-led patient groups have been implemented • A protocol driven specialist weight management MDT clinic is being trialled across the UHB. • 'Don't Judge Me – Tackling Weight Discrimination' in health care campaign run in October 2017. 	
Strategic Objective 3 – To improve the prevention, detection and management of cardiovascular disease in the local population		
<p>There is a risk that the Heart Disease and Stroke Delivery Plans will not be fully implemented across the UHB. This is caused by a variety of reasons including resources, staffing levels, facilities. This means that Cardiovascular disease prevention, management and treatment would not improve leading to no reduction in morbidity and mortality.</p>	<ul style="list-style-type: none"> • Some elements of Plans are monitored as Tier 1 targets. • Board and WG approved Delivery Plans in Place for both. • Stroke Delivery Group monitors Stroke Delivery Plan. • Annual Reporting to WG. • Exceptions reports on Tier 1 targets are monitored and scrutinised by BPPAC and Board via Performance Report. • Snap data for Stroke nationally audited. • Regular discussions on performance with WG. • National audits in heart disease. • Quality Indicators Group addresses harm and variations. • Risk Registers for Stroke and Cardiology Services. • SO3 Stroke Group in place to monitor delivery of strategic objective. 	15
<p>There is a risk that the fragility and capacity of primary care services to meet this enhanced target, as this is higher than that required in QOF, may limit the UHB's ability to meet the objective. This means that this target will not be met and patients will have undiagnosed and untreated</p>	<ul style="list-style-type: none"> • Locality managers working with primary care to deliver QOF targets. • Plans in place for each GP Cluster. • QOF visits to primary care. 	15

Risk Description	Current Mitigation	Risk Score
hypertension (blood pressure). This will impact on ability to meet the target and patients will not have this risk factor for CVD managed appropriately.	<ul style="list-style-type: none"> Stroke Delivery Plan & Heart Disease Delivery Plan contains prevention targets. Stroke Delivery Plan monitored at Stroke Delivery Group. 	
There is a risk that the fragility and capacity of primary care services to meet this enhanced target, as this is higher than that required in QOF, may limit the UHB's ability to meet the objective. This means that this target will not be met and patients will have undiagnosed and untreated AF. This will impact on ability to meet the target and patients will not have this risk factor for CVD managed.	<ul style="list-style-type: none"> Locality managers working with primary care to deliver QOF targets. Plans in place for each GP Cluster. QOF visits to primary care. Stroke Delivery Plan & Heart Disease Delivery Plan contains prevention targets. QOF visits to primary care, primary care pharmacists working with practices. 	15
Strategic Objective 4 – To increase survival rates for cancer through screening, earlier diagnosis faster access to treatment and improved survivorship programmes		
There is a risk that low public awareness and engagement in screening programmes will lead to late detection of cancer and increased burden of disease in the Hywel Dda area. There are limited resources for developing local approaches to screening programmes. In addition, low awareness about risk factors for cancer and about early symptoms of cancer may result in patients not seeking medical care early and presenting with cancer late, when the cancer is advanced and more difficult to treat. This could lead to increased rates of late diagnosis of cancer, increased use of primary and secondary care services.	<ul style="list-style-type: none"> Established links with Public Health Wales Screening programme. Experience of projects to increase cancer screening within hard to reach groups. Access to national campaigns. GP awareness of screening programmes is high. Annual screening reports are produced by Public Health Wales for DPH to share with relevant partners. Screening Engagement Team established within Public Health Wales. Identified consultant in Public Health who links with Public Health Wales on screening matters. 	12
The word Survivorship* appears in the strategic objective descriptor. This is a new phrase for use in Wales. There is a risk that people may not fully understand this new terminology and that this could lead to a delay in making progression in relation to this area of work which straddles various elements of UHB and partner organisation activity.	The UHB Public Health Team have undertaken a scoping review on survivorship services. Although rehabilitation, psycho-social support, treatment and health improvement services are available in Hywel Dda for cancer survivors, they have not been	9

Risk Description	Current Mitigation	Risk Score
<p>*Following discussion with various partner organisations (including 3rd sector) a more appropriate term has been agreed - "Living with and Beyond Cancer".</p> <p>There is a risk that the Board's strategic objectives of delivering faster access to treatment will be compromised by local capacity pressures in key specialties. This is due to a combination of recruitment/retention challenges and fragile service models in key specialties. This could lead to delays and increased waiting times for definitive treatment.</p>	<p>formally named under a common umbrella "survivorship programme" or "Living with and Beyond Cancer".</p>	
<p>There is a risk that the Board's strategic objectives of delivering faster access to treatment will be compromised by tertiary centre capacity pressures for specialist oncology (radiotherapy) services. This is due to significant recruitment/retention challenges experienced by the South West Wales Cancer Centre (SWWCC) based at ABM UHB. This could lead to delays and increased waiting times for definitive oncological treatment.</p>	<ul style="list-style-type: none"> • Daily monitoring of patient pathways by Cancer Services Team and escalation of identified delays to ABM UHB. • Continuing recruitment efforts undertaken by ABM UHB to address capacity shortfalls including appointment of locum staff and agreement of additional sessions for existing staff wherever possible. • Monthly joint Director of Operations discussions between Hywel Dda UHB and ABM UHB. 	12
<p>There is a risk that the Board's strategic objectives of delivering faster access to treatment will be compromised by tertiary centre capacity pressures for specialist thoracic surgical services. This is due to insufficient service capacity to appropriately meet current demand. This could lead to delays and increased waiting times for definitive treatment.</p>	<ul style="list-style-type: none"> • Daily monitoring of patient pathways by Cancer Services Team and escalation of identified delays to ABM UHB. • Escalation of capacity concerns to ABM UHB and Welsh Health Specialised Services Committee (WHSSC) as commissioners of thoracic surgery service. • ABMUHB has provided ad hoc additional capacity in an attempt to reduce pathway delays. 	16
<p>There is a risk that the Board's strategic objectives of delivering faster access to treatment will be compromised by local capacity pressures in key specialties. This is due to a combination of recruitment/retention challenges and fragile service models in key specialties. This could lead to delays and increased waiting times for definitive treatment.</p>	<ul style="list-style-type: none"> • Daily monitoring of patient pathways by Cancer Services Team and escalation of identified delays to Service Managers. • Weekly review and prioritisation of potential capacity pressures via Cancer Services Watchtower 	16

Risk Description	Current Mitigation	Risk Score
	<p>meeting with Service Managers.</p> <ul style="list-style-type: none"> • Ongoing recruitment plans in place in key 'at risk' specialties. • Current review and assessment of service model options in key 'at risk' specialties. 	
Strategic Objective 5 – To improve the early identification and management of patients with diabetes, improve long term wellbeing and reduce complications by December 2019		
<p>There is a risk that pre-diabetic and type 1 and 2 diabetic patients will not be able access a structured self- management programme as outlined in the Local and National Diabetes Action Plan. This is caused by a lack of Diabetes Specialist nurses, Dieticians and education co-ordinators/trainers across the UHB. This will impact the ability deliver the objective, patient's quality of life, increased access to primary and secondary care services. The cardiovascular risk screening programme to support prediabetes and prevention work is at risk if the Health Board Occupational Health service is unable to provide the staff to undertake the assessments.</p>	<ul style="list-style-type: none"> • Education Programme for Patients (EPP) single point of referral for type 2 diabetes education for the UHB. • EPP responsible for organisation all Xpert training programmes. • Introduced lay led Diabetes Self management Programme for patients deemed suitable. • Foodwise for Life programme introduced across the whole UHB in 2017/2018. • Pocketmedic digital films for type 2 diabetes can be accessed by public via an All Wales link. • Completion of Type 1 Diabetes digital information films and gestational diabetes films to be launched October 2016 - These films are all now accessible and two new films in progress. One for advice on admission, discharge, XPERT education and another for support on what to do when coming in for a procedure in hospital. 	16
<p>There is a risk that diabetic patients will not have timely access to secondary care services. This is caused by a lack of capacity by secondary care staff if primary care do not increase their diabetes care in the community including the increase in injectable therapies. This will lead to increased risk of complications associated with diabetic care, not meeting the strategic objective, increased burden on secondary care services through increased admissions, length of stay, more complex care required leading to increased</p>	<ul style="list-style-type: none"> • Primary care members of Diabetes Planning and Delivery Group • Diabetes Local Enhanced Service (LES) available. This will be replaced by Direct Enhanced Service (DES) provision from April 2018. • Provision of MERIT courses for GP and nursing staff to take up injectables in primary care. 	20

Risk Description	Current Mitigation	Risk Score
stays and care.		
<p>There is a continued risk of an increase in amputations in Diabetes patients (increased numbers identified from 2014 to 2015). This is caused by a lack of a clear pathway for foot care including Podiatrists and links to vascular services. This could lead to an impact on quality of life, increased access to primary and secondary care services.</p>	<ul style="list-style-type: none"> • SBAR created to raise awareness of problem and plan solution. • Links made with vascular service in ABMU Consultant attended diabetes update day job descriptions completed for new podiatry service starting in Carmarthenshire pathway in place. • Education Programme for Patients (EPP) have implemented a 'Putting Feet First' which a 2 hour self-management session. • Additional podiatrists have been recently been appointed and are in post across Hywel Dda. 	16
Strategic Objective 6 – To improve support for people with established respiratory illness reduce acute exacerbations and the need for hospital based care		
<p>There is a risk that people with an established respiratory illness will not be able access a self-management programme (this includes access to Chronic Obstructive Pulmonary Disease (COPD) Self-management for Life (SM4L), COPD+ and Pulmonary rehabilitation) and respiratory specialist nurse review post discharge as outlined in the Local and National Respiratory Action Plan. This is caused by a lack of Respiratory Specialist Nurses, Physiotherapists, Occupational Therapists and education co-ordinators/trainers across the UHB. This will impact the ability deliver the objective, patient's quality of life, increase access to primary and secondary care services.</p>	<ul style="list-style-type: none"> • Pocketmedic films on prescription for COPD and introduction to exercise and pulmonary rehab. • COPD+ commenced in the community for people newly diagnosed with COPD. This programme has been implemented across Hywel Dda. • Links made with NERS for ongoing exercise for life. • Working with British Lung Foundation (BLF) Wales to promote ongoing peer support via Breathe Easy Groups. • Pilot to assess the impact of using telemedicine to support pulmonary rehab in Ceredigion. 	12
<p>There is a risk that not every person who smokes that is admitted to hospital will receive smoking</p>	<ul style="list-style-type: none"> • Part time smoking cessation officers employed across all four 	6

Risk Description	Current Mitigation	Risk Score
<p>cessation advice. This is caused by a lack of awareness of secondary care smoking cessation services and sufficient smoking cessation advisors in secondary care.</p>	<p>district general hospitals.</p> <ul style="list-style-type: none"> • Lead for Smoking Cessation Officers in post to implement this objective. • All Wales database created to capture all smoking cessation information. This is being trialled in C&V UHB and HDUHB. • Part-time smoking cessation officers in place in secondary care. Further funding received via cancer services to increased hours for cessation services in Pembrokeshire and Carmarthenshire. 	
<p>Strategic Objective 7 – To improve the mental health and wellbeing of our local population through improved promotion, prevention and timely access to appropriate interventions</p>		
<p>There is a risk that the UHB will deliver an ineffective service to people with a learning disability (LD). This is caused by the extent of outdated and unfit for purpose LD services. This could lead to an impact of poor outcomes for people with learning disability, poor inspection reports from regulators and reputational damage for the UHB.</p>	<ul style="list-style-type: none"> • Established learning disability programme group. • External assurance visits & progression of recommendations on the improvement plans. • LD Health care bundles. • LD service dashboard to monitor performance across operational and QS&PE indicators. • New Head of Learning Disabilities Services appointed and additional service capacity incorporated. • Medical lead for LD in post. • Strengthened management structure in LD in place. 	12
<p>There is a risk that the UHB will not be able to improve the mental health and well-being of the population. This is caused by the extent of capacity and workforce challenges facing the service. This could lead to an impact on the loss of allocated training posts, unsustainability of on-call medical rotas, insufficient therapy staff to delivery psychological interventions and resulting failure to meet UHB targets.</p>	<ul style="list-style-type: none"> • Strong links with Deanery/Universities for trainees and graduates to enhance training experience. • National MH Programme Lead employed by the UHB. • Medical Staff Committee (MSC) to monitor workforce 	12

Risk Description	Current Mitigation	Risk Score
	<p>organisational demands and raise any resulting professional issues.</p> <ul style="list-style-type: none"> • Postgraduate training programme. Up to date job planning and appraisals. • Collapse medical on-call rotas from 4 to 3. • Monitoring of performance against waiting times targets via monthly performance reports and Directorate dashboard. • Monitoring vacancy rates via monthly report to Directorate dashboard. • Monitored at MH QSE Sub-Committee bi-monthly. • MHL D Workforce Report to WOD Sub-Committee when issues arise. • Workforce medical representative has and will continue to attend MSC to discuss issues raised. . 	
<p>There is a risk that UHB will not be able to improve the mental health and well-being of the population. This is caused by limitations posed by poor care environments particularly at in-patient areas. The likely impacts poor inspection reports from regulators, poor outcomes for people with learning disability, reputational damage, poor patient safety and experience.</p>	<ul style="list-style-type: none"> • Discretionary capital priorities meeting with Assistant Director of Operations. • Existing transforming Mental Health and Learning Disabilities programmes. • External Assurance visits from regulators. • Monitor environmental risks at Mental Health Quality, Safety & Experience (MH QSE) Sub-Committee. • Improved representation at the Estates Operational Group. • Points of Ligature Plan in place to address outstanding issues. 	16
<p>There is a risk that the UHB will not be able to improve the mental health and well-being of the population. This is caused by the limited financial</p>	<ul style="list-style-type: none"> • Directorate Business Planning & Performance Assurance Group and Performance Dashboard. 	16

Risk Description	Current Mitigation	Risk Score
capital resource available to support the transformation programme. This could lead to damaged stakeholder confidence and cause consequential harm to the reputation of the organisation.	<ul style="list-style-type: none"> • Monthly meetings with management accounts to agree financial forecasting. • Exception reporting to Capital, Estates and IM&T Sub-Committee. • Transforming Mental Health Group. 	
There is a risk of adults with Attention Deficit Hyperactivity Disorder (ADHD) do not have access to appropriate interventions and treatment within the UHB. This is caused by a lack of designated resource for ADHD services which could impact on timely diagnosis and treatment of patients and cause reputational harm to organisation.	<ul style="list-style-type: none"> • Service currently available for individuals up to age 18 years. • Diagnostic service in place for those clients who are known to secondary mental health services. • Joint Mental Health (MH) and Paediatrics Steering Group to plan a service model for ADHD. • MH Quality, Safety & Experience (QSE) Sub-Committee monitor complaints and incidents. 	16
Strategic Objective 8 – To improve early detection and care of frail people accessing our services including those with dementia specifically aimed at maintaining wellbeing and independence		
<p>There is a risk that people with dementia are not accessing timely diagnosis and as a consequence not reliably accessing the right care at the right time – diagnostic rate is 37.2% of projected prevalence.</p> <p>This is caused by low rates of primary care referral to memory services for diagnosis as well as limited availability of ongoing support.</p> <p>This could lead to an impact on people with dementia lose skills more rapidly as a result of not accessing the right care and people that would benefit from timely medication fail to access. This increases care costs for both the UHB and Local Authority.</p>	<ul style="list-style-type: none"> • The All Wales e-learning dementia module is in place. • Dementia friendly initiatives in place such as: <ul style="list-style-type: none"> - Butterfly scheme across the acute hospitals. - Kings Fund dementia environmental audit process used to inform the development of a dementia friendly environment on the wards. - Person centred care planning focussing on the person's strengths. - "This is me" activity programme. - Monitoring/auditing care through "Fundamentals of Care", "Trusted to Care" and "Dignity and Essential Care". - Acute Hospital Mental health Liaison Team. - A frailty work stream is established as part of the unscheduled care programme. 	16

Risk Description	Current Mitigation	Risk Score
	<p>This group has been redefined as Frailty Expert Group to reflect change of relationship with USC. Group to focus on development of standards and guidance. Dementia screening and pathway will be a component of the frailty pathway in community and acute hospitals.</p> <p>- Shared Care agreement for prescribing in place to support primary care prescribing.</p>	
<p>There is a risk that people with a recent change in functional skills will not have that change identified and considered in supporting diagnosis and/or appropriate care planning. This is caused by the current service provision being unable to meet the needs of an increasing aging population. This could lead to an impact on:</p> <ul style="list-style-type: none"> • Elderly people may have late diagnosis of serious conditions due to atypical presentation. • People admitted to hospital who are vulnerable to loss of function may acquire long term disability as a result of care not being designed to support them to retain life skills. 	<ul style="list-style-type: none"> • Community In-reach Teams in place at each Acute Hospital to support early assessment of people who are at risk. • Cluster plans include schemes that identify people who are at risk. • Reablement services are in place in all counties. • An Advanced Nurse Practitioner for Frailty has been appointed in both Pembrokeshire and Ceredigion. • Person centred care planning focussing on the person's strengths. • "This is me" programme. • Monitoring/auditing care through "Fundamentals of Care", "Trusted to Care" and "Dignity and Essential Care". • Funded Acute Hospital Mental Health Liaison Team. 	16
Strategic Objective 9 – To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners		
<p>There is a risk that the UHB will not deliver the agreed performance and cost savings of £32m as detailed in Annual Plan 2017/2018 to help it deliver its statutory financial duties whilst</p>	<ul style="list-style-type: none"> • Clarity of expectations is detailed in Annual Plan and financial budget setting for 2017/2018. 	20

Risk Description	Current Mitigation	Risk Score
<p>improving the health of population that the UHB serves.</p> <p>This is caused by variable pay, which continues to be a major challenge particularly in respect of medical staffing, and the delivery of savings targets which are critical to potential de-escalation and intervention by WG. This will lead to an impact on the UHB's ability to deliver its statutory duties and appropriate care, escalated intervention by WG and adverse publicity/reduction in stakeholder confidence.</p>	<ul style="list-style-type: none"> • Turnaround Programme has been initiated targeting key savings areas and Directorates - launched on 28 April 2017. • Opportunities schedule for efficiencies is in advanced development and will be rolled out in May 2017. • Service Improvement/ Transformation Programme is targeting acute efficiencies. • CEO leading the savings identification process through regular meetings with Savings Plan leads. 	
Strategic Objective 10 – To deliver, as a minimum requirement, Outcome and Delivery Framework Targets, and specifically eradicate undue travel and unnecessary waiting times		
<p>There is a risk that Tier 1 targets will not be fully delivered in 2017/2018 due to insufficient permanent & temporary levels of clinical staffing (allied health professionals, nursing and medical) to meet demand across the whole secondary care service within current financial resources over the lifetime of the present IMTP. In addition to the specific detrimental effects to patients the risk could give rise to wider impacts which include the increasing fragility of services, adverse publicity/reduction in stakeholder confidence, WG intervention, closer scrutiny by regulators and a reduction in the allocation of future training posts by the Deanery.</p>	<ul style="list-style-type: none"> • Continuous recruitment programmes both national and international are ongoing in addition to bespoke recruitment campaigns. • Medical rotas used by services, including use of locum/agency staff through agreed frameworks such as Medacs when deemed essential. • Service workforce plans in challenged areas developed to look ahead and control risk including nursing plans produced by Heads of Nursing and plans to recruit to core trainee numbers. • Workforce Plans reported to Board. • Escalation procedures in place which include movement of patients between sites when necessary. • Integrated Performance Reviews with Executive Team & service 	20

Risk Description	Current Mitigation	Risk Score
	<p>areas held for all operational service areas every two months.</p> <ul style="list-style-type: none"> • Workforce risks monitored by WOD Sub-Committee (bi-monthly). • Triumvirate Teams in place to increase local accountability and ensure risks are managed on a daily basis across the UHB services. • Directorate QSE Sub-Committees (bi-monthly). 	
<p>There is a risk that sub-optimal patient flow processes will prevent the delivery of Tier 1 targets. This is caused by poor condition and functional inadequacies of available clinical and support service environments which do not offer the capacity and flexibility necessary to respond to changing demands and pressures. This is exacerbated by inadequate levels of capital available to support the estate and equipment replacement demands, in particular diagnostics, to allow it to be kept abreast of clinical requirements. This could lead to an impact not only on delayed care for patients but also to the ability to recruit to vacant clinical posts and also restricts the ability to modernise and develop services.</p>	<ul style="list-style-type: none"> • Capital prioritisation process based on risk in place. • Capital Prioritisation Group (bi-monthly). • Emerging Estates and IM&T Strategies. • Medical Devices Group. • Clear prioritisation of capital is actively taking place through Operational Business Team processes. • Establishment of control group for medical equipment to identify risks. 	16
<p>There is a risk that Tier 1 targets related to the timely treatment of tertiary services will not be fully met due to the level of tertiary service capacity that is available to support the UHB's clinical service specialties upon which it depends on for specialist treatment. Apart from the direct effects on cancer, cardiology, neurology and other patient care groups, this could lead to adverse publicity/ reduction in stakeholder confidence, WG intervention and closer scrutiny by regulators.</p>	<ul style="list-style-type: none"> • The service is in continuous discussion with its tertiary service providers about the level of service provided across the specialties including dialogue with WHSSC where appropriate, specifically oncology, cardiovascular, dermatology, vascular. • Weekly attendance of Cancer Services Management Team at ABM UHB patient tracking meeting. • Ongoing peer reviews and associated action plans to improve performance in cancer services. Cancer pathway reviews in progress (Lung, Upper GI and Head and Neck). 	16

Risk Description	Current Mitigation	Risk Score
	<ul style="list-style-type: none"> • All Wales collaboratives in pathology, surgery and stroke. • ARCH x 5 programmes of work established to address long term challenges. Includes current active joint work in relation to vascular services, stroke services, oncology, ophthalmology, orthopaedics and pathology. • Revitalised programme of work has been established to refocus on regional working opportunities during quarter 1 of 2017/2018 	
<p>There is a risk that Tier 1 targets may not be met. This is caused by the organisation's continued inability to balance to manage rising demand and acuity of patients specifically the impact of unscheduled care activity on planned care and stroke services.</p> <p>This could lead to adverse publicity/reduction in stakeholder confidence and external interventions will prevail if the organisation fails to manage its follow-ups and waiting lists, and patients will invariably suffer along the way.</p>	<ul style="list-style-type: none"> • Plan of work continues to be progressed through the Unscheduled Care Group, planned care programmes, monthly stroke meetings, improvement groups for theatres orthopaedics, eye care, outpatients and improvements are being made and evidenced. • Comprehensive daily management and escalation systems are in place across the Operational Directorate of the UHB to manage the unscheduled care system risks on a daily basis. • 111 Go live and project in Carmarthenshire to be rolled out across the UHB. • Operational Business oversight of all performance issues. 	20
<p>There is risk that the UHB will not have Board and Executive Team stability and capacity to steer it through targeted intervention and secure sound financial footing for the organisation.</p> <p>This is caused by changes to the Board composition already in train plus raised uncertainty generated by the increased escalation status of the UHB.</p> <p>This could lead to an impact on ability of the UHB to deliver its statutory duties and appropriate care, increased escalated intervention by WG and adverse publicity/reduction in stakeholder</p>	<ul style="list-style-type: none"> • Executive Structure has been reviewed and will fully meet the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009. • Executive Director structure in place and appointed to (except Director of Primary, Community and Long Term Care. • Supporting management structure under Executive 	4

Risk Description	Current Mitigation	Risk Score
confidence.	<p>Directors to deputise and carry out portfolio work.</p> <ul style="list-style-type: none"> Planned recruitment programme undertaken for Independent Members which will ensure new Independent Members will commence by April 2017 and shadow running from March 2017. Buddying system between IMs and new IMs. Board OD Programme for Executive Directors & Independent Members. Executive Team development plan and programme in place. Independent Member development programme in place. Induction programmes in place for Independent Members & Executive Directors. 	
<p>There is a risk that the UHB may not be realising the full benefits of integrated working across the primary, community, mental health & learning disabilities and secondary care systems. This is caused by not taking an organisation-wide approach when designing/planning improvements across systems/services in the UHB. This could have an impact on the UHB's ability to manage patient demand and capacity in the most optimum way.</p>	<ul style="list-style-type: none"> Plan of work continues to be progressed through the unscheduled care group focussing on whole system change. Planned care group locally as well as outpatients group are starting to address elective pathways involving primary care. Localities/clusters have made good progress within counties on ad hoc basis utilising funding opportunities through Integrated Care Fund (ICF). Transforming Clinical Services programme established across whole system. Operational Business Meeting in place including all operational services within the UHB. 	16
<p>There is a risk that the UHB will not be able to maintain and address the backlog maintenance and develop its estate, medical equipment and IM&T infrastructure, that is safe and fit for purpose</p>	<ul style="list-style-type: none"> Prioritisation process in place via new governance structure. Planned programme of 	16

Risk Description	Current Mitigation	Risk Score
<p>or to address its agreed strategic priorities, in a planned and consistent way and at pace. This is caused by insufficient capital, both from the All Wales Capital Programme and Discretionary Capital allocation. This could have an impact on delivery of strategic objectives, service improvement/development & delivery of day to day patient care.</p>	<p>replacement in place for IT and Estates in line with the prioritisation programme.</p> <ul style="list-style-type: none"> • BPPAC and Capital Estates & IM&T Sub-Committee (with IM membership and wide stakeholder engagement in prioritisation process. • Capital Audit Tracker in place to track implementation of audit recommendations. • Monitoring returns to WG include Capital Resource Limit. • Capital Review Meetings with WG meetings continue to be held bi-monthly to discuss and monitor the Capital Programme. • Retention of a medical equipment capital contingency to manage urgent issues of repair or replacement. • Preparation of priority lists for equipment, Estates and IM&T in the event of notification of additional capital funds from WG i.e. in year slippage. 	
<p>There is a risk that the UHB will not have a WG approved Integrated Medium Term Plan (IMTP) for 2019/2022 as required by the National Health Service Finance (Wales) Act 2014. This is caused by the UHB not being able to meet the requirements of WHC 044 (16) NHS Planning Framework 2017/2020 and not being able to produce a strategy that is able to provide high quality and sustainable services to the population of Hywel Dda within the allocated funding. This could have an impact on the UHB meeting its statutory duty, being subject to progressive escalation measures by WG and adverse publicity/reduction in stakeholder confidence.</p>	<ul style="list-style-type: none"> • Annual Plan 2017/2018 agreed and monitored at Board, BPPAC & ARAC (bi-monthly). Delivery will be supported by the Turnaround Programme which will ensure savings delivery. • WG Escalation meetings (monthly) as part of WG targeted interventions. • Regionally provided services, ARCH Programme Management Board which includes all Health Boards & University Partners. • WG agreement that the UHB will submit a one year operational plan for 2018/2019 which will set 	10

Risk Description	Current Mitigation	Risk Score
	out shorter term action, with development of a full IMTP for 2019/2022 by March 2019.	
<p>There is a risk that if the UHB does not achieve financial stability in 2017/2018 it may compromise future financial support from WG which may be required to help deliver future clinical service plans.</p> <p>This risk would be caused by not having a sound financial plan in place to address increasing service pressures, increasing variable pay and non-pay.</p> <p>This could lead to an impact on UHB meeting its statutory financial duty, being unable to deliver safe and effective clinical services within its current financial situation, being subject to progressive escalation measures by WG and adverse publicity/reduction in stakeholder confidence.</p>	<ul style="list-style-type: none"> • Financial monitoring returns (monthly) reported to Board & BPPAC (alternate months). • 2017/18 Annual Plan has been discussed at In-Committee Board and Board OD Session. • Turnaround Programme. • Service Improvement/ Transformation Programme. 	15
<p>There is a risk that the UHB will be unable to accurately record and report improvements/reductions in waiting times and unnecessary travel when patient activity is moved from secondary care to community and primary care.</p> <p>This is caused by not having an integrated information system that can effectively track the shift of patient activity from secondary care to community and primary care.</p> <p>This could lead to an impact on the UHB's ability to understand whether its plans are effective to deliver NHS Outcomes Framework and take appropriate action in the most appropriate care setting and as timely as possible.</p>	<ul style="list-style-type: none"> • Secondary Care Performance Report reported to Board & BPPAC (bi-monthly). • NHS Outcome Framework reporting and the data to support this is secondary care focused. When the UHB wants to shift care settings, it becomes more difficult as the primary care system is an effective clinical system for GMS but not one that can help in-patient administration, and integrated reporting terms. The community system is a national system and is not planned for roll-out in HDUHB until late 2018 at the earliest. • With external consultancy, workarounds the UHB is using are: <ul style="list-style-type: none"> a) a "modelling" tool that can help to show the impact of delivery care differently in different care settings. b) Continuing to integrate data into our reporting wherever possible. c) using the transformation work programme to develop new pathways to which we can 	12

Risk Description	Current Mitigation	Risk Score
	support by new data/ information developments.	
There is a risk that the Transforming Clinical Service (TCS) programme and resulting formal consultation does not meet the agreed timescales (September 2018). This could lead to a delay in delivering a clinical strategy for the UHB, which is a key deliverable of our current escalation level to WG and could result in adverse publicity/reduction in stakeholder confidence.	<p>The TCS programme has allocated significant resource to ensure the delivery of the programme in the agreed timescale. This includes:</p> <ul style="list-style-type: none"> • Leadership of a Clinical Director. • Dedicated Transformation Director in place to drive the programme. • Dedicated external expertise (Capita), alongside dedicated internal Hywel Dda UHB Clinical and Management capacity. • Dedicated Programme Management team which utilises industry standard project and programme management techniques (PRINCE 2; Managing Successful Programmes), with appropriate programme management documentation (PID, TOR, Risk Register etc.) developed to record, manage and quality assure the process. • Appropriate programme management structure manages and quality assures the process with a task and finish Design Steering Group, Options Development Group both supported by Enabling Groups to provide key information and data to aid in decision making. Criteria setting and divorced Options scoring groups and an overall Design Steering Group provide strategic direction and assurance. 	12

Key for the Assurance RAG Rating:

	No assurance
	Significant assurance
	Full assurance

Appendix 2 - Corporate Risk Register

Quality and Safety (Workforce) - There are 8 risks that have an impact on quality and safety of patients due to current workforce issues. Recruitment of permanent and temporary clinical staffing (allied health professionals, medical and nursing) continues to present a significant operational risk to the UHB resulting in continued fragility of day to day service provision, difficulties in managing demand and patient flows, making it challenging to implement any service reconfiguration/improvements, undertake waiting list initiatives, and delivery of the NHS Outcomes Framework (Tier 1 targets).

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
154	Lack of substantive middle grade doctors in A&E.	<p>Ongoing recruitment and interviews in place via NHS jobs and international recruitment.</p> <p>Weekly meeting with A&E Consultants to review rota strength and gaps and align with Emergency Nurse Practitioner (ENP) cover.</p> <p>All funded posts are with Medacs Agency for interim appointments.</p> <p>Weekly meeting with medical staffing, Medacs and recruitment to fill the vacancies and follow through each candidate to expedite the process.</p>	16
117	Lack of Registered Nurses leading to unsafe staffing levels in Emergency Departments.	<p>Daily Review of situation by the Nurse in Charge and or Senior Nurse Manager.</p> <p>Pressures escalated at patient flow meetings.</p> <p>Nurse staffing and skill mix reviewed on a daily basis by lead nurse.</p> <p>SBAR completed and presented to Executive team.</p>	20
166	Lack of capacity in district nursing to effectively treat and manage ambulant patients with leg ulcers.	<p>County teams have established leg ulcer clinics to accommodate ambulatory patients. These clinics are manned by community nursing staff on a rotational basis.</p> <p>There is currently no dedicated nursing resource/specialist tissue</p>	16

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
		viability resource/and in some areas no dedicated venue for clinics/clubs.	
91	Lack of staff awareness of the statutory duties in relation to safeguarding children and adults.	<p>Level 2 e-Learning Safeguarding Children and Level 1 e-learning Adults training is included in staff induction, this is recorded on ESR.</p> <p>Bespoke training by the safeguarding teams is available and is being delivered on request, or in areas where a risk has been identified.</p> <p>Safeguarding Policies and strategy available on intranet and are updated in line with WG guidance.</p> <p>Staff training competencies for safeguarding is in the process of being added to ESR for each ward/service area this is being undertaken by Workforce and Occupational Development (OD), guidance on which level of training is required by which staff member is being given by the Safeguarding corporate teams and relevant service managers within the Directorates/Service areas.</p> <p>Study leave allowance is built into rosters to allow release of staff for training, although this is risk assessed and is dependent on service requirements currently.</p> <p>OD are currently undertaking a complete training needs' analysis across all areas, identifying which services require which level training for children's and adult safeguarding, this will be identified as per staff group on ESR, once confident that the correct staff are mapped against training requirement. ESR will be the main monitoring system for Training compliance.</p>	16
4	Shortage in clinical workforce to deliver against the current	Strong locality structure with clinical leadership and a	16

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
	model of General Practice	<p>willingness to develop models collaboratively.</p> <p>Locum availability is available from Shared Services Partnership.</p> <p>Business continuity plans held by each GP practice.</p> <p>7 pillars risk assessment process established and refreshed bi-monthly.</p> <p>Primary Care Support Unit developed with capability of providing limited clinical support and expertise to develop new models and roles.</p> <p>Recruitment campaign including adverts, videos, conferences, social media, central contact.</p> <p>Contractor and Workforce team support to enable the practices to review their workforce, skill mix and model for delivery.</p> <p>Pathfinder collaboration support to enable the development of federations, collaborative and mergers.</p> <p>Merger support agreement and funding to enable practices to merge.</p> <p>Workload and Access Steering Group in place to develop support to improve management of clinical time. Telephone consultation support pilot commenced. Clinical fellows appointments with the Swansea Medical Schools. Physicians Associates currently being piloted in North Ceredigion. Big Proactive Care Events established to share best practice and promoted networking.</p>	
108	Lack of theatre resource, cardiologist, physiologist, nursing and radiologist leading	Emergency Patients are doubly listed with AMBU to ensure that they access the first available bed.	16

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
	to long waiting times for cardiac pacing and the disruption to scheduled services.	GGH Consultants x 2 who undertake pacing frequently undertake additional pacing sessions, as and when access to theatres and staffing allow (outside of job plan). Daily site update of all patients awaiting procedure/transfer to ABMU. Additional pacing lists being undertaken in GGH to reduce delays for the UHB.	
137	Fragile Dermatology services due to insufficient staffing levels	Referral triage by AMBU (Abertawe Bro Morgannwg University) consultants. Current skill mix of team is enabling timely care of patients. 2 speciality doctors acting up as Consultants. Training is in place and ongoing to upskill nursing teams within Dermatology sub-specialities (skin lesions and systemic).	15
178	Staffing levels below recommended levels for stroke care giving rise to avoidable harm to patients.	Stroke mortality review completed. September 2016 Action plan completed to address concerns raised October 2016. Dietetic reviewed recommended and completed December 2016. Site triumvirate accountable for completion mortality action plan led by site. Oversight of Action Plan led by site General Manager. Deputy Chief Medical Officer and UHB Medical Director assurance that relevant actions are being implemented. Control group in place to oversee all 4 stroke/coding reviews (Chaired by Director of Nursing/Deputy Chief Executive	15

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
		Officer).	

Quality and Safety (Equipment) – Nine risks have been identified from issues relating to not being able to replace or upgrade equipment which can lead to impact on the quality and safety of patients. Equipment is funded through the All Wales Capital Programme and the Discretionary Capital Programme, however demand is over and above current funding and it would take a number of years to be able to fully address the equipment backlog. As at end of March 2018, there is an estimated equipment backlog of £40.4m. Further work to detail out of support schedules for the next 3 to 5 years to support equipment funding prioritisation and the management of UHB risks is being progressed.

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
172	Severe disruption to patient services in particular oncology and haematology caused by inadequate air handling units.	Regular servicing and monitoring to maintain highest level of assurance possible with current units.	20
198 (New)	Lack of proper bariatric storage facilities within the mortuary body store could generate bad publicity.	Bariatric patients will be transferred to the GGH facility. Plans are in place for contracted undertaker to move bariatric patients to GGH as appropriate at cost. In the case of super-bariatric patients, a plan to cool down the existing store room is in place.	16
115	Deterioration of radiology image quality and failure to meet Royal College of Radiologists (RCR) guidelines caused by existing equipment nearing end of life and the Interventional Room (IR) needing replacement at GGH giving rise to avoidable patient harm	Annual review of equipment. Quality assurance programme in place. Costing of replacement equipment is being identified. Examples are: Standard mobile x-ray unit £30k, General x-ray room £200k + enabling works, CT scanner £800k + enabling works, MRI scanner £1m + enabling works, Ultrasound scanner £80k.	20
126	Delayed access to MRI/CT and Ultrasound could lead to inability to meet 8 week diagnostic standard and 7 day Urgent	Monthly monitoring of activity, demand. Weekly review of all patients on	20

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
	Suspected Cancer target.	Cancer Pathway. Prioritisation of referrals based on clinical risk and discharge dependant investigations.	
138	Inability to provide a modern radiology service due to the loss of interventional radiology facilities at GGH.	Preventative maintenance contract in place but limited in scope given dearth of spares available. Transfer of patients to PPH with complex interventional needs.	20
200 (New)	Lack of standardised procurement, storage and maintenance of dynamic pressure mattresses.	A formal action plan has been developed. Immediate action on condition/safety of stock in patient environments.	16
199 (New)	Poor reliability of endoscopy washer disinfectors caused giving rise to avoidable delay with provision of care.	Contingency plan to be implemented when endoscopy washers are out of action. Daily checks by Hospital Sterilisation and Decontamination Unit (HSDU) staff help with failure prediction. Ongoing monitoring of each cycle. Recording of each cycle failure, which forms part of the Quality Management System Key Performance Indicators (KPIs). Failed endoscopy washer standard operating procedures (SOPs) in place, which are routinely audited. Weekly preventative maintenance checks are carried out by qualified estates staff and these pick up imminent failures, which are addressed when least likely to impact on productive time. Quarterly maintenance is carried out by qualified third party service providers, which assists in preventing unforeseeable breakdowns. Each endoscope reprocessing	16

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
		record is checked by HSDU staff prior to dispatch for use.	
50	Poor reliability of sterilisers leading to delays in the supply of sterilized equipment to theatres with impact on RTT/waiting times.	<p>Contingency plan to be implemented if necessary, when sterilizers are out of action.</p> <p>Daily checks by Hospital Sterilisation and Decontamination Unit (HSDU) staff help with failure prediction.</p> <p>Ongoing monitoring of each cycle.</p> <p>Recording of each cycle failure, which forms part of the quality Management System KPIs.</p> <p>Failed Sterilizer cycle Standard Operating Procedures (SOPs) in place, which are routinely audited.</p> <p>Weekly preventative maintenance checks are carried out by qualified estates staff and these pick up imminent failures, which are addressed when least likely to impact on productive time.</p> <p>Quarterly maintenance is carried out by qualified estates staff, which assists in preventing unforeseeable breakdowns.</p> <p>Each item unloaded from the sterilizer is checked by HSDU staff prior to dispatch to the customer, which helps pinpoint loads that might be returned before they arrive at theatres.</p> <p>Time steam and temperature indicators are added to each instrument set, which the users check for conformity prior to use of instruments on the patient.</p> <p>Instruments are sent to the Surgical Materials Testing Laboratory (SMTL) for quarterly Endotoxin testing.</p> <p>Trained estates staff are available to attend to first line steriliser faults/</p>	16

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
		failures during the working day and out of hours. Where available, the Estates department now keep a stock of essential spare parts for the steriliser.	
206 (New)	Lack of suitable Medical Grade network installation to export essential monitoring of patients on telemetry.	List of patients on telemetry held on Coronary Care Unit (CCU) and reviewed. Prompt escalation to senior nurse/site managers of issues to co-ordinate urgent medical review of patients. Nurse staffing and skill mix reviewed daily by lead nurse to address additional resources required. Increased observations of patients. Liaise with Electrical and Biomedical Medical Engineering (EBME) to secure additional portable monitoring for those at highest risk.	16
185	Inefficient and ineffective freezers in Blood Transfusion Department GGH could delay the provision of care to patients.	Temperature mapping.	16

Quality and Safety (External Providers) – The following risks are associated with referring patients to tertiary centres for further treatment or fragile domiciliary services within the Hywel Dda area to support patients requiring a package of care following discharge.

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
57	Delay in transfers to tertiary centre for those requiring urgent cardiac investigations, treatment and surgery could result in avoidable harm.	Medical and nursing staff review patients daily and update the referral database as appropriate. Bi-monthly operational meeting with Abertawe Bro Morgannwg (ABMU) to improve flow.	16

		<p>Daily telephone call Coronary Care Unit (CCU) to review all patients awaiting transfer.</p> <p>All patients are risk scored by the cardiac team in ABMU.</p> <p>ABMU sends a daily update which details number of patients waiting, length of wait, capacity in ABMU.</p> <p>Continuous review of patients waiting for ABMU list validated and escalation process in place.</p>	
134	Fragile domiciliary care provision within the Hywel Dda footprint and neighbouring counties leading to further de-conditioning of patients.	<p>Investment in joint equipment stores to promote patients' independence and safe moving and handling.</p> <p>Weekly meetings held in acute hospital site and links with neighbouring Counties established.</p> <p>Weekly Delayed Transfers of Care meetings in all acute hospital sites.</p> <p>Fast track arrangements in place.</p> <p>Interim beds in place.</p>	16
9	Sustainability of Oncology services across Hywel Dda with resulting delays in care provision.	<p>UHB service is mainly delivered by visiting consultants from SWWCC.</p> <p>UHB has reviewed an updated its Service Level Agreement with ABMU for provision of visiting oncology sessions.</p> <p>UHB approved Oncology service strategy in 2015 to restructure service delivery utilising technology and new ways of working to minimise patient travel.</p> <p>However, significant vacancies remain within the SWWCC with resultant impact an pressure on service delivery across Hywel Dda.</p>	16

Quality and Safety (Legislation/Inspection) – The following risks have been identified in this category.

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
171	Non-compliance with national standards could lead to disruption of services to patients, contamination of aseptic products and increased costs.	<p>Remedial work has been completed on all three sites (BGH, GGH and WGH Hospitals). This will ensure that the units comply with national standards in the short term.</p> <p>The improvement notice requires full replacement of the GGH site by August 2017 (confirmation is being sought on an extension to this date).</p> <p>The risk has increased due to delays in identification of a suitable site for the new unit.</p> <p>SOPS, monitoring on-going audit and Quality Control with regular input of Quality Assurance/Quality Control lead.</p> <p>Additional 0.5 Whole Time Equivalent (WTE) Assistant Technical Officer approved for all sites to enable the UHB to remain compliant with Medicines and Healthcare Products Regulating Agency (MHRA) standards.</p>	16
173	Non-compliance with Good Manufacturing Standards which could result in disruption to patient services in particular oncology and haematology.	<p>Maintaining standards in close liaison with the All Wales Quality Assurance Pharmacist.</p> <p>Regular monitoring and review of air sampling.</p>	16

Quality and Safety (Estates/Infrastructure) – These risks emanate from current issues with the existing estate as they do not offer the capacity and flexibility necessary to respond to changing demands and pressures.

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
98	Ineffective and inefficient pathology buildings. Inability to provide pathology service and reliable of a reliable quality.	Space allocation of working environment undertaken 2014. Health & Safety assessment completed for staff working areas. Specialist tests are procured outside of the UHB but these take	20

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
		longer to process.	
54	Compromised privacy and dignity of patients receiving care at BGH Chemotherapy Day Unit at BGH.	<p>Curtains are used to provide some privacy to screen the patients from the waiting area.</p> <p>Scheduling of patients has been reviewed and the existing appointment system amended.</p> <p>An Environmental Risk Assessment has been undertaken with infection control and Health and Safety in collaboration with the Welsh Cancer Network.</p>	16
59	Avoidable suicide attempts by patients in mental health services.	<p>Clinical/Risk assessment on an individual patient basis. Welsh Applied Risk Research Network (WARRN) and Skills based Training on Risk Manager (STORM).</p> <p>Discretionary capital bids for all the areas that make up the circa £2million as above, will be prepared and submitted also £32million was granted.</p> <p>New funding released by WG need to be progressed in order to increase the level of psychological intervention to adult and older adult inpatient wards and 5 psychology assistants have commenced in post to provide this enhanced service.</p> <p>Programme of works developed and commenced against the 2017/2018 WG allocation of funding that ensures the best products to mitigate ligature risk are sourced and installed.</p>	15
155	GGH estate infrastructure is increasingly not fit for purpose in terms of functional suitability and standards.	Essential infrastructure maintenance continues to be undertaken as part of the annual Capital Programme. A Development Plan is currently being progressed to ensure that any works undertaken do not have a negative impact on any future	15

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
		<p>development of the site.</p> <p>An Estates Baseline Strategy has been prepared in the absence of an agreed Clinical Strategy.</p> <p>Options for the relocation of non-clinical services from the GGH site have been drafted by the Estates Team.</p> <p>Appointment of Project Manager to assist in the development and delivery of a Programme Business Case (PBC) for a major infrastructure and investment scheme for 4 acute hospitals.</p>	

Quality and Safety (General) - The following risks have been identified in this category.

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
203 (New)	Current sustainability challenges in the Primary Care provision in the Llanelli and Gwendraeth areas.	<p>Ensure that there is clinical representation on the task group to provide input when allocation decisions are being made and advise the group on the current sustainability problems facing primary care in the Llanelli and Lower Gwendraeth areas.</p> <p>Provide guidance and advice on the most appropriate locations for placing families in terms of their healthcare requirements.</p>	16
204 (New)	Non-compliance with guidelines for implementation of Pulmonary Rehabilitation.	<p>Referral process in place, this includes identifying appropriate patients on the waiting list.</p> <p>Strategic objective for UHB.</p> <p>Training of relevant support staff completed.</p> <p>Suitable patients for vital capacity pulmonary rehabilitation programme identified and</p>	16

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
		assessments completed.	
34	Medication Errors.	<p>Medicines management policies, specifically relating to drug administration, in place.</p> <p>Nursing and Midwifery Council (NMC) Medication guidelines; Medicines Management Group and Medicines Event Review Sub-Group in place; Medication Management issues a regular agenda item at Senior Nursing and Midwifery Team meeting; Senior Nurse Medicine Management post in situ to lead this work stream.</p> <p>UHB Drug Administration Policy revised and issued mid 2015.</p> <p>Pharmacy-led, All Wales audits of medication prescribing/administration policy key indicators being undertaken monthly (medication safety audit).</p>	15
123	Non-compliance with mandatory National Clinical Audits outlined by WG.	<p>All national audits are co-ordinated by the Clinical Audit Department.</p> <p>Clinical audit teams provide as much support as possible to achieve compliance.</p> <p>Clinical Audit updates provided to Effective Clinical Practice Sub-Committee.</p> <p>Compliance with national clinical audit participation is monitored by the Clinical Audit Department.</p>	15
23	Lack of contracted units of dental activity (UDAs) leading to patient delays in accessing NHS dental care.	<p>Robust contract management processes in place to ensure currently contracted activity delivers or that contractual sanction are imposed.</p> <p>Capacity review undertaken per locality to enable the identification of areas with highest need for new activity.</p> <p>Capacity and demand review undertaken and presented to the</p>	15

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
		<p>Board highlighting scale of additional resources required dependent on available funding.</p> <p>Routine access service available for patients without a high street dentist but requiring a whole course of treatment.</p> <p>Urgent access dental services available for patients requiring urgent care but without access to a high street dentist.</p> <p>Community Dental Service available for patients with special needs or unable to use high street dental services due to their individual needs.</p>	
15	Delays in discharge planning within inpatient areas and the availability of core community capacity resulting in avoidable de-conditioning of patients with associated loss of independency.	<p>Investment in community service resources from Integrated Care Fund allocation to facilitate timely discharge.</p> <p>Weekly meetings held in all acute hospital sites with community staff and social care to improve patient flow.</p> <p>Fast track arrangements in place to deliver fast track discharges when required.</p> <p>Interim beds in place to facilitate rapid discharge to assess.</p> <p>Re-designed daily work list analysed and actions taken.</p> <p>Weekly scrutiny of Continuing Health Care (CHC) eligibility & Quality Assurance Panels.</p>	16

Financial – The following operational risks have been raised as they could potentially have an adverse impact on the UHB financial position.

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
144	Lack adequate arrangements and process for private patient work.	Short term measures included in a paper put to the Executive Team in February 2017 have been enacted and include; suspension of selected elective private work; prior authorisation by the Clinical Director (Scheduled Care) ahead of any day case or outpatient private work that can still be provided without adverse affect on referral to treatment (RTT) and waiting times.	16
157	HMRC changes to GP OOH doctors within tax and NI deduction.	Hywel Dda has commissioned Deloitte's to provide advice. Links have also been made with other Health Boards in Wales in order to ensure that a consistent approach is being adopted. Deloitte's are providing Tax advice to the UHB on this issue. The HMRC requested further details from Health Boards by 1st February 2017. Following various discussions between HMRC, Health Boards and Deloitte's HMRC are about to commence local fact finding visits at each Health Board.	20

Information Technology/Information Governance – The below risks are relate to the current operational issues associated with the IT systems within the UHB. Further work is underway to detail 'out of support' equipment schedules to determine capital funding priorities for the next 3 to 5 years.

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
192	Insufficient capacity of Current Citrix XenApp service to deliver applications, eg, Myrddin, email, WCP, to end users.	Monitor capacity and highlight any perceived issues that occur.	20
44	An outage or damage to	24x7x365 maintenance contract in	20

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
	equipment to the Data Centre at GGH.	place, any failure would be rectified with best endeavours but there is no guarantee of this.	
187	Cyber security attack leading to inability to access key patient information systems.	ICT have a number of technical measures in place to protect our systems against attack. Paper submitted to the Board outlining resources required to undertake required IT and Cyber Security work.	20
160	Compromised data extraction due to a lack of development support for the Mental Health Patient Administration Service.	None.	20
186	System failure caused by the aging servers.	None.	20
190	BGH network failure caused by only one core network switch being in place.	24x7x365 maintenance contract in place, any failure would be rectified within 4 hours (part delivery allowing).	16
191	GGH network failure caused by the two core switches being end of life.	24x7x365 maintenance contract in place, any failure would be rectified within 4 hours (part delivery allowing).	16
201 (New)	Failure of applications and data as 90 servers are hardware end of life and a further 119 which are software end of life.	None.	16
88	Crash/general paging could become unavailable at WGH.	None.	16
193	An outage or damage to equipment to the Data Centre at WGH.	24x7x365 maintenance contract in place, any failure would be rectified with best endeavours.	16
194	Crash/general paging could become unavailable at BGH.	None.	16
197	An outage or damage to equipment in the Server Room at BGH.	None.	15

Statutory – The UHB continues to work towards meeting the requirements of the General Data Protection Regulations (GDPR), which will supersede the Data Protection Act 1998, by May 2018. It will introduce tougher fines for non-compliance and breaches and gives people more say in what organisations can do with their data.

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
189	Failure to meet the requirements of the General Data Protection Regulations (GDPR) by May 2018.	<p>Head of Information Governance and Information Governance Team now in place. This has enabled more resources to be put into improving data protection and information governance standards.</p> <p>Policies and procedures already in place and a mandatory staff training module and a number of new developments such as the National Intelligent Integrated Audit Solution (NIIAS) monitoring and training programmes.</p> <p>Scrutiny of the IG agenda through the IGSC which allows reporting up to Board level.</p> <p>GDPR project plan in place and regularly reviewed through IGSC.</p> <p>Information Asset Owners (IAOs) and GDPR Project Group in place and meeting on a quarterly basis to oversee project plan and information asset audit/development of IAOs across the organisation.</p>	16

Business objectives/projects – The following three risks have been identified in this category.

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
202 (New)	Delays in commissioning of services provided by External Providers.	<p>Planning procedures and Financial Contracting processes in place, via historical Long Term Agreements.</p> <p>Monthly Financial Monitoring against contracts.</p> <p>Integrated Medium Term Plan</p>	16

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
		<p>(IMTP) process in place.</p> <p>CEO attendance at Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) Joint Committees, with decisions reported into the Board.</p> <p>Joint Regional & Delivery Forum established with a joint work programme in place between ABMU (Abertawe Bro Morgannwg) Health Board and the UHB.</p>	
210 (New)	Inability to determine what demand for future individualised packages of care will be for MHLN patients as a result of savings targets impacting on Community Healthcare budgets.	All contracts to remain in place pending the full Cost Improvement Plan with risks being developed and escalated.	15
162	Increasing pressure on Discretionary Capital due to the funding of UHB backlog pressures.	<p>The UHB is progressing with business case process within the constraints of DCP (Discretionary Capital Programme) available. The UHB acknowledges recent notification from WG that there will be significant pressures on the All Wales Capital Programme in 2018/2019 which will impact on its ability to progress business case development within required timescales.</p> <p>The prioritisation of capital in 2018/2019 will require further prioritisation via established Capital Planning Groups and Committees and the Executive Team.</p>	15

Business Continuity – Many of the risks identified in the above categories can result in increasing fragility of services and can threaten the continuity of delivering safe and effective services within the UHB. The likelihood of a pandemic flu is extremely high on the national risk register therefore the UHB must ensure that it is prepared for such an occurrence.

Risk Ref	Risk Description	Existing Control Measures Currently in Place	Current Risk Score
167	Inability to maintain routine and emergency service provision across the UHB in the event of a severe pandemic event, e.g. Pandemic Flu.	<p>UHB Pandemic Influenza Response Framework and associated plans.</p> <p>Local Resilience Forum (LRF) multi-agency plans for managing pandemic influenza.</p> <p>Quality assurance process via national & local exercise programmes.</p> <p>Access to national counter measures stockpile.</p> <p>WG Pandemic Influenza Guidance.</p> <p>Risks under review to be redrafted.</p>	16

The Directors' Report

The following tables contain:

- Table 1 Detailed information in relation to the composition of the Board and including Executive Directors, Independent Members, Advisory Board Members and who have authority or responsibility for directing or controlling the major activities of Hywel Dda University Health Board during the financial year 2017/2018.
- Table 2 Details of company directorships and other significant interests held by members of the Board which may conflict with the responsibilities as Board members.
- Table 3 Details relating to membership of the Board level assurance committees and the Audit and Risk Assurance Committee.

Table 1

Name	Date Appointed	Appointment Term	Position on Board/Board Champion
Bernardine Rees	01.07.2014	31.07.2018	Chairman
Adam Morgan	01.04.2016	31.03.2022	Independent Member
David Powell	01.12.2011	30.11.2019	Independent Member
Don Thomas	01.10.2009	30.09.2017	Independent Member
John Gammon (Professor)	31.07.2014	31.07.2021	Independent Member
Judith Hardisty	01.04.2016 (Independent Member) 16.01.2017 (Vice Chairman)	31.03.2020	Vice Chairman
Julie James	01.05.2010	30.04.2018	Independent Member
Mike Ponton	01.06.2012	31.03.2018	Independent Member
Cllr Simon Hancock	01.08.2013	30.09.2019	Independent Member
Delyth Raynsford	01.04.2017	31.03.2020	Independent Member
Paul Newman	01.04.2017	31.03.2019	Independent Member
Mike Lewis	01.10.2017	30.09.2019	Independent Member
Steve Moore	05.01.2015		Chief Executive
Joe Teape	07.09.2015		Deputy Chief Executive/Director of Operations
Karen Miles	16.09.2009		Executive Director of Planning, Performance & Commissioning
Lisa Gostling	09.01.2015		Executive Director of Workforce & OD

Name	Date Appointed	Appointment Term	Position on Board/Board Champion
Philip Kloer	01.10.2011		Executive Medical Director/Director of Clinical Strategy
Stephen Forster	01.01.2017	08.05.2017	Interim Executive Director of Finance
Stephen Forster	09.05.2017		Executive Director of Finance
Mandy Davies	01.07.2016	18.06.2017	Interim Executive Director of Nursing Quality & Patient Experience
Mandy Rayani	19.06.2017		Executive Director of Nursing Quality & Patient Experience
Alison Shakeshaft	01.01.2018		Executive Director of Therapies & Health Science
Ros Jervis	17.07.2017		Executive Director of Public Health
Jill Paterson	01.05.2016	18.01.2018	Interim Director of Commissioning, Primary Care, Therapies & Health Science
Jill Paterson	19.01.2018		Director of Commissioning, Primary Care, Therapies & Health Science
Joanne Wilson	11.12.2015		Board Secretary
Sarah Jennings	01.06.2010	31.12.2017	Director of Governance, Communications & Engagement
Sarah Jennings	01.01.2018		Director of Partnership and Corporate Services
Libby Ryan-Davies	12.09.2016	11.09.2018	Transformation Director
Andrew Carruthers	26.06.2017	25.06.2019	Turnaround Director
Jake Morgan	01.11.2014	28.02.2018	Associate Member
Jonathan Griffiths	01.03.2018		Associate Member
Hilary Jones	19.06.2017		Associate Member
Kerry Donovan	01.09.2017		Associate Member

Table 2

Name	Position on Board	Directorships held (inc non executive held in private companies/plc	Ownership/ part ownership of private companies or consultancies likely or possibly seeking to do business with NHS	Majority or controlling shareholding in an organisation likely or possibly seeking to do business with the NHS	Position of authority in a charity/ voluntary body in the field of health and social care	Connection with a voluntary or other body contracting for NHS Services	Member of any other public bodies including those unconnected with the health service	Interests relating to spouse/partner or close family member that may relate to the conduct of NHS business
Bernardine Rees	Chairman	No	No	No	No	No	No	Husband is Independent member of Shalom House, Pembrokeshire
Judith Hardisty	Vice Chair	No	No	No	No	No	Assessor for the Corporate Health Standard under auspices of a2 Consultancy who are instructed by Welsh Government Board Member of Academi Wales	No
Adam Morgan	Independent Member	No	No	No	No	No	No	No
Don Thomas	Independent Member	Welsh Lamb & Beef Producers Ltd (Managing Director) Quality Welsh Food Certification Ltd (Executive	No	No	No	Castell Howell Foods Ltd. Celtic Pride Ltd		No

Name	Position on Board	Directorships held (inc non executive held in private companies/plc)	Ownership/ part ownership of private companies or consultancies likely or possibly seeking to do business with NHS	Majority or controlling shareholding in an organisation likely or possibly seeking to do business with the NHS	Position of authority in a charity/ voluntary body in the field of health and social care	Connection with a voluntary or other body contracting for NHS Services	Member of any other public bodies including those unconnected with the health service	Interests relating to spouse/partner or close family member that may relate to the conduct of NHS business
		<p>Director)</p> <p>Farm Assured Welsh Livestock Ltd (Executive Director)</p> <p>Welsh Agricultural Org Soc Ltd (Managing Director)</p> <p>Welsh Farmers Ltd (Non-Executive Director)</p> <p>Chair of Quality Welsh Foods Certification Ltd</p> <p>Director of Celtic Pride Ltd (an associated company of Castell Howell Foods Ltd)</p> <p>Director & Company Secretary of</p>						

Name	Position on Board	Directorships held (inc non executive held in private companies/plc)	Ownership/ part ownership of private companies or consultancies likely or possibly seeking to do business with NHS	Majority or controlling shareholding in an organisation likely or possibly seeking to do business with the NHS	Position of authority in a charity/ voluntary body in the field of health and social care	Connection with a voluntary or other body contracting for NHS Services	Member of any other public bodies including those unconnected with the health service	Interests relating to spouse/partner or close family member that may relate to the conduct of NHS business
		<p>Welsh Meat Ltd</p> <p>Director & Company Secretary of Welsh Livestock Ltd</p> <p>Director of Iechyd Da (Gwledig) Ltd</p> <p>Member of Advisory Board of School of Management & Business, Aberystwyth University</p> <p>Director of Aberystwyth Animal Health Laboratory Ltd</p>						
David Powell	Independent Member	No	Independent Consultant providing IT consultancy services to English NHS organisations (Autumn Leaf)	No	No	No	No	Sister works in Cardiology Department, PPH, Llanelli

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								Son works as a General Manager in a London Hospital
John Gammon (Professor)	Independent Member	No	No	No	No	No	No	No
Mike Ponton	Independent Member BPPAC Chairman	No	No	No	No	No	No	No
Delyth Raynsford	Independent Member	No	No	No	No	No	No	No
Paul Newman	Independent Member	Bexmoor Ltd Penman Properties Ltd Copper Court Ltd Vivian Court (Swansea) Ltd Llys Felin Newydd Management Compan Ltd Rivalsot Ltd	No	No	No	No	No	No

Name	Position on Board	Directorships held (inc non executive held in private companies/plc)	Ownership/ part ownership of private companies or consultancies likely or possibly seeking to do business with NHS	Majority or controlling shareholding in an organisation likely or possibly seeking to do business with the NHS	Position of authority in a charity/ voluntary body in the field of health and social care	Connection with a voluntary or other body contracting for NHS Services	Member of any other public bodies including those unconnected with the health service	Interests relating to spouse/partner or close family member that may relate to the conduct of NHS business
		Maysmouth Ltd Flowlong Ltd Lonpark Ltd Leepgold Ltd Magnettrade Ltd						
Mike Lewis	Independent Member	No	No	No	Chairman of "To Russia With Love", a registered charity whose beneficiaries are exclusively in former soviet countries	No	Independent Member, South Wales Police Audit Committee Independent Member, South Wales Police Ethics Committee Independent Member, City & County of Swansea Standards Committee Senior Assessor with the College of Policing	Wife works for Cwm Taf University Health Board, but has no connection with Hywel Dda Son is on the Scientist Training Programme in Radiotherapy Physics based at Singleton Hospital and has accepted a role as a Clinical Scientist at Velindre NHS Trust with effect from September 2018
Simon	Independent Member (Local	No	No	No	Treasurer, Neyland	No	Cabinet Member, Pembrokeshire County	Brother employed at Argyle Surgery,

Name	Position on Board	Directorships held (inc non executive held in private companies/plc)	Ownership/ part ownership of private companies or consultancies likely or possibly seeking to do business with NHS	Majority or controlling shareholding in an organisation likely or possibly seeking to do business with the NHS	Position of authority in a charity/ voluntary body in the field of health and social care	Connection with a voluntary or other body contracting for NHS Services	Member of any other public bodies including those unconnected with the health service	Interests relating to spouse/partner or close family member that may relate to the conduct of NHS business
Hancock	Authority)				Age Concern		<p>Council</p> <p>Magistrate, Pembrokeshire-Ceredigion Bench</p> <p>Member of the Court of Swansea University</p> <p>Chair of the West Wales Care & Repair Agency</p> <p>Mayor of Neyland</p>	<p>Pembroke Dock</p> <p>Sister-in-law: GP in Newport (Retired)</p> <p>Niece: Nurse, Withybush Hospital</p>
Julie James	Independent Member	No	No	No	No	No	<p>Health Assessor for the WG Health and Wellbeing at Work Corporate Standard</p> <p>Independent Member Audit Committee Local Democracy Boundary Commission Wales</p> <p>Trustee of the National Botanic Garden of Wales</p> <p>Member of Court Swansea University</p>	No

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							<p>Member of Pembrokeshire Coast National Park Authority (from 01.06.2017)</p> <p>Member of Court University of Luton</p> <p>Non-Executive Director of WG Dept for Education and Local Government Corporate Governance Committee</p> <p>Trustee of Brecon Beacons Trust</p> <p>External Voting Member of Carmarthenshire County Council Audit Committee (from 08.06.2016)</p> <p>Member of Carmarthenshire County Council's Standards Committee (from 13.12.2017)</p>	

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Steve Moore	Chief Executive	No	No	No	No	No	No	Wife is an employee of the North, East & West Devon Clinical Commissioning Group
Joe Teape	Deputy Chief Executive/ Director of Operations	No	No	No	No	No	Chartered Institute of Public Finance Accountancy Healthcare Financial Management Association	
Stephen Forster	Executive Director of Finance	No	No	No	No	No		Wife works for Aberystwyth University as a Lecturer/Tutor
Jill Paterson	Director of Primary, Community and Long Term Care	No	No	No	No	No	No	Sister is a nurse in Day Theatres (Withybush Hospital) Brother-in-law is employed by Public Health Wales
Karen Miles	Executive Director of Planning, Performance & Commissioning	No	No	No	No	No	No	Brother is an Associate Professor, Swansea University Medical School and CEO, Moleculomics

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								<p>Sister is a Development officer for Centre for Excellence in Rural Health & Social Care</p> <p>Sister in law is an Associate Professor in Information Systems, University of Wales Trinity Saint David</p>
Lisa Gostling	Executive Director of Workforce & OD	No	No	No	No	No	No	No
Mandy Davies	Interim Executive Director of Nursing, Quality & Patient Experience	No	No	No	No	No	No	No
Mandy Rayani	Executive Director of Nursing, Quality & Patient Experience	No	No	No	No	No	No	Husband is lead for Morgannwg LMC and an observer on Dyfed-Powys LMC. He is a GP and clinical lead for ABMU out of hours service

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Philip Kloer	Executive Medical Director/ Director of Clinical Strategy	No	No	No	No	No	Member of Council of St John, Carmarthen	No
Joanne Wilson	Board Secretary	No	No	No	No	No	No	Husband is employed by UHB
Andrew Carruthers	Turnaround Director	No	No	No	No	No	No	No
Alison Shakeshaft	Executive Director of Therapies & Health Sciences	No	No	No	No	No	No	No
Ros Jervis	Executive Director of Public Health	No	No	No	No	No	No, however I have Fellowship Membership of the Faculty of Public Health	Sister is a Clinical Director for Novita Ltd, a provider (private) of mental health and residential care based in Hertford. The company receives commissions by NHS England A sister-in-law is a Senior Staff Nurse in Intensive Care at Jersey General

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								<p>Hospital, Health and Social Services (not NHS)</p> <p>Another sister-in-law is a Non-Executive Director (NED) for Barnet Enfield and Haringey Mental Health NHS Trust. She is also a NED for First Community Health and Care (a Community Interest Company)</p> <p>Another sister-in-law is the Practice Manager for a GP practice – The Croft Medical Centre, Chelmsley Wood, Birmingham</p>
Sarah Jennings	Director of Partnership and Corporate Services	No	No	No	No	No	No	No
Libby Ryan –	Transformation	No	No	No	No	No	No	Estranged sister, Dr

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Davies	Director							Tracey Ryan-Davies is clinical Neuro-Psychologist with a private practice
Jake Morgan	Associated Board Member	No	No	No	No	No	No	No
Jonathan Griffiths	Associated Board Member							
Kerry Donovan	Associated Board Member	No	No	No	No	No	No	No
Hilary Jones	Associated Board Member	No	No	No	Chief Executive of Bro Myrddin Housing Association	Chief Executive of Bro Myrddin Housing Association	No	No
* For champion areas and committee membership please see the Annual Governance Statement *								

Table 3

The membership of the Audit and Risk Assurance Committee (ARAC) during 2017/2018, providing the required expertise was as follows:

Mr Don Thomas	Independent Member – Finance	Chair of the ARAC up to 31.10.2017
Mr Paul Newman	Independent Member – Community	Chair of the ARAC with effect from 01.11.2017
Mrs Julie James	Independent Member – Third Sector	Vice-Chair of the ARAC
Mr David Powell	Independent Member – Information Technology	Member of the ARAC
Mr Mike Lewis	Independent Member – Finance	Member of the ARAC with effect from 01.10.2017
Cllr Simon Hancock	Independent Member – Local Authority	Member of the ARAC
Mr Mike Ponton	Independent Member – Community	Member of the ARAC up to 21.02.2018
Mrs Judith Hardisty	Independent Member, Vice Chair, UHB	Member of the ARAC with effect from 06.03.2018

Full details relating to the role and work of the ARAC can be found in the Committee's annual report which is available on Hywel Dda University Health Board's website.

Information governance

Information relating to personal data related incidents and how information is managed and controlled is contained with the Annual Governance Statement ([see page 149](#)).

Environmental, social and community issues

We take pride in running our healthcare services responsibly as part of the wider West Wales community. We work hard to reduce our impact on the environment, to encourage staff to make healthy lifestyle choices and to strengthen our relationships with local people. Our strategic approach to sustainability ensures that we not only look at ways to reduce fixed costs such as energy, water and waste, but we also embed efficiency principles within our processes for procuring goods and services. In terms of social and community matters, we work hard to:

- Help staff to consider different forms of transport to get to work, including more active options and those that reduce congestion as well as local air and noise pollution.
- Reduce, reuse and recycle: we continue to cut our carbon emissions, reduce the amount of waste sent to landfill sites and our energy costs, and recycle our resources wherever possible. In terms of carbon reduction we have focused on small scale efficiency improvement including changing small heating supplies from gas to LPG, trialling an electric maintenance vehicle and using smart metering to focus on utility use and identify reduction actions. We firmly believe that every little bit helps and our plans to make significant financial efficiencies in 2018/2019 includes a strong environmental sustainability strand.
- Build closer relationships with our communities including running a series of recruitment drives offering employment opportunities across the three counties, hosting regular engagement events on and offline, and reframing our approach to developing services through an unambiguous move to co-designing new delivery models with our population.
- Collaborate with all appropriate stakeholders including the public, on our Transforming Clinical Services Programme, in a co-production approach to the development and potential change of how services may be delivered. We are presenting proposals to the public for the future provision of health and care services which we think are safe, sustainable, accessible and kind, offering an improvement to what is currently provided. The 12 week consultation will involve a number of events for staff and the public, as well as an awareness raising campaign.
- Make a positive contribution to the work of Public Service Boards in each of our three local authority areas to improve the economic, social, environmental and cultural wellbeing of local people. This has resulted in Health Board commitment to actions within each of our three PSB Well-being Plans which by working collaboratively, will seek to achieve improvements in environmental, social and community resilience.
- Develop collaborative arrangements with partner organisations including the police, fire and rescue services, schools and universities, and the voluntary and third sector to support greater integration across the services that people need from us, and in doing so improve efficiency, reduce duplication and enhance the experience of each person.
- Continue to embed local leadership across our acute hospitals and within community settings to ensure that our frontline have the support they need to do the best they can.

- Reinforce our organisational values so that our staff are clear on what is expected of them and have a robust framework to provide them with greater resilience against pressure.
- Promote the excellent work and 'extra mile efforts' of our staff – as well as our friends in the community – through social media and other channels, so that people who go the extra mile are rightly recognised for their contributions.
- Employ cutting-edge, cost-effective technology to help communicate and engage with everyone who interacts with, or has an interest in, our services.

Information relating to Sickness Absence Data is contained within the Remuneration & Staff Report.

Where the Health Board undertakes activities that are not funded directly by the Welsh Government the Health Board receives income to cover its costs. Further detail of income received is published in the Health Board's Annual Accounts, within note 4 miscellaneous income.

The Health Board confirms it has complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

Remote contingent liabilities

Remote contingent liabilities are those liabilities which due to the unlikelihood of a resultant charge against the Health Board are therefore not recognised as an expense nor as a contingent liability. Detailed below are the remote contingent liabilities as at 31 March 2018:

	2017-2018	2016-2017
	£000's	£000's
Guarantees	0	0
Indemnities*	266	126
Letters of Comfort	0	0
Total	266	126

* Indemnities include clinical negligence and personal injury claims against the Health Board.

Regularity of expenditure

As a result of pressures on public spending, the Health Board has had to meet considerable new cost pressures and increase in demand for high quality patient services, within a period of restricted growth in funding. This has resulted in the need to deliver significant cost and efficiency savings to offset unfunded cost pressures to work towards achieving its financial duty, which is break even over a three year period. Given the scale of the challenge and despite delivering its highest level of savings ever at £29m in year, the Health Board has been unable to deliver the surplus required in 2017/18 to deliver a balance over 3 years of the financial Duty. The expenditure of £150.242m which it has incurred in excess of its resource limit over that period is deemed to be irregular. The Health Board will continue to identify efficiency and cost reduction measures in order to mitigate against future cost and service pressures and to re-establish financial balance in due course.

Remuneration and staff report

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

The banded remuneration of the highest paid Director in the Health Board in the financial year 2017/2018 was £175,000 - £180,000 (2016/2017, £170,000 - £175,000). This was 7 times (2016/2017, 7 times) the median remuneration of the workforce, which was £26,624 (2016/2017, £26,483).

In 2017/2018, 39 (2016/2017, 35) employees received remuneration in excess of the highest paid Director. Remuneration for staff ranged from £15,404 to £295,365 (2016/2017, £15,251 to £308,550). The staff who received remuneration greater than the highest paid Director are all medical & dental who have assumed additional responsibilities to their standard job plan commitments as part of their medical managerial roles, necessitating extra payment.

	2017/2018	2016/2017
Band of Highest paid Director's Total Remuneration £000	175 - 180	170 – 175
Median Total Remuneration £000	27	26
Ratio	7 times	7 times

- As disclosed in the Health Board's Annual Accounts Note 9.6

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

The membership of the Remuneration & Terms of Services Committee (RTSC) is as follows:

Mrs Bernardine Rees, OBE	Chair	Chair of RTSC
Mr Don Thomas Up to 31 st October 2017	Independent Member – Finance & Chair of Audit and Risk Assurance Committee	Vice Chair of RTSC
Mr Paul Newman Wef 1 st November 2017	Independent Member – Community & Chair of Audit & Risk Assurance Committee	Vice Chair of RTSC
Mrs Julie James	Independent Member – Community	Member of RTSC
Mr Mike Ponton Up to 21 st February 2018	Independent Member – Community	Member of RTSC
Mr David Powell Wef 21 st February 2018	Independent Member – Information Technology	Member of RTSC

Professor John Gammon Wef 1 st December 2017	Independent Member – University Partnership	Member of RTSC
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Statement on remuneration policy

The remuneration of senior managers who are paid on the Very Senior Managers Pay Scale is determined by Welsh Government, and the Health Board pays in accordance with these regulations. For the purpose of clarity these posts are posts which operate at Board level and hold either statutory or non-statutory positions. In accordance with the regulations the Health Board is able to award incremental uplift within the pay scale and should an increase be considered outside the range a job description is submitted to Welsh Government for job evaluation. There are clear guidelines in place with regards to the awarding of additional increments and during the year there have not been any additional payments agreed. No changes to pay have been considered by the Committee outside these arrangements. The Health Board does not have a system for performance related pay for its very senior managers.

In addition to very senior managers the Health Board has a number of employment policies which ensure that pay levels are fairly and objectively reviewed for all other staff. There is an All Wales Pay Progression Policy which from 1 April 2016 links staff performance through their pay scale and also a local Health Board policy for the re-evaluation of a post which requires individuals and their managers to submit a revised job description for job matching by matching panels comprised of management and staff representatives. The Agenda for Change job matching process is utilised and all results are recorded on the Job Evaluation system. For medical and dental staff the Health Board complies with medical & dental terms and conditions which apply to medical remuneration.

The Health Board supports the development of its workforce and ensures opportunities are provided for career progression.

The only severance payment policy in place within the Health Board is the All Wales Voluntary Early Release Scheme which is utilised to support organisational change and services undertake a robust evaluation of their service and submit evidence that this scheme is value for money and financial savings are secured from the service as a result of the change.

Name of Manager	Role	Salary (£) Bands of £5k)	Date of contract	Expiration Date	Notice period	Compensation for early termination	Awards made within year
Steve Moore	Chief Executive	175-180	05/01/2015	n/a	3 months	n/a	None
Joseph Teape	Deputy Chief Executive/ Director of Operations	145-150	07/09/2015	n/a	3 months	n/a	£8,000 awarded 01/04/2017 to support accommodation costs linked with relocation
Mandy Davies	Interim Executive Director of Nursing, Quality and Patient Experience	125-130	27/06/2016	18/06/2017	3 months	n/a	None
Mandy Rayani	Executive Director of Nursing, Quality & Patient Experience	125-130	19/06/2017	n/a	3 months	n/a	None
Karen Miles	Executive Director of Planning, Performance & Commissioning	125-130	01/01/2017	n/a	3 months	n/a	None
Stephen Forster	Executive Interim Director of Finance	125-130	01/01/2017	08/05/2017	3 months	n/a	None
Stephen Forster	Executive Director of Finance	125-130	09/05/2017	n/a	3 months	n/a	None
Lisa Gostling	Executive Director of Workforce & OD	115-120	09/01/2015	n/a	3 months	n/a	None
Jill Paterson	Interim Director Commissioning, Primary Care & Therapies & Health Sciences	110-115	01/05/2016	18/01/2018	3 months	n/a	None

Name of Manager	Role	Salary (£) Bands of £5k)	Date of contract	Expiration Date	Notice period	Compensation for early termination	Awards made within year
Jill Paterson	Director of Primary, Community & Long Term Care	110-115	19/01/2018	n/a	3 months	n/a	None
Sarah Jennings	Director of Governance, Communication & Engagement	100-105	15/10/2015	31/12/2017	3 months	n/a	None
Sarah Jennings	Director of Partnership & Corporate Services	100-105	01/01/2018	n/a	3 months	n/a	None
Philip Kloer	Executive Medical Director	155-160	25/06/2015	n/a	3 months	n/a	None
Alison Shakeshaft	Executive Director of Therapies & Health Sciences	95-99	01/01/2018	n/a	3 months	n/a	None
Ros Jervis	Executive Director of Public Health	110-115	17/07/2017	n/a	3 months	n/a	None
Libby Ryan-Davies	Transformation Director	100-105	12/09/2016	11/09/2018	3 months	n/a	None
Andrew Carruthers	Turnaround Director	115-120	26/06/2017	25/06/2019	3 months	n/a	None

Name of Manager	Role	Salary (£) Bands of £5k)	Date of contract	Expiration Date	Notice period	Compensation for early termination	Awards made within year
Joanne Wilson	Board Secretary	90-95	01/01/2017	n/a	3 months	n/a	None

The Health Board can confirm that it has not made any payment to past directors as detailed within the guidance.

Annually the RTSC receives a summary report of Executive Director Performance objectives and then periodically receives an update on performance against those agreed objectives. In support of the summarised feedback completed performance appraisal documents are also available for Committee scrutiny. No external comparison is made regarding performance. No elements of remuneration are subject to continuous performance outcomes. There is no performance related pay for very senior managers.

The Health Board issues All Wales Executive Director contracts which determine the terms and conditions for all very senior managers. The Health Board has not deviated from this. In rare circumstances where interim arrangements are to be put in place a decision is made by the Committee with regards to the length of the interim post, whilst substantive appointments can be made.

Any termination payments would be discussed and agreed by the Committee in advance and where appropriate Welsh Government approval would be made. During the 2017/2018 year, no termination payments were made nor were there any Voluntary Early Release payments made to individuals not connected with senior managers posts.

Senior manager previous post holders:

Name of Manager	Role	Salary (£) Bands of £5k)	Date of Contract	Expiration Date	Notice Period	Compensation for Early Termination	Awards Made Within Year
Nil							

Pension benefit disclosure

Name and title	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at aged 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2018 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2018 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2018 £000	Cash Equivalent Transfer Value at 31 March 2017 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension £000
Mr S Moore, Chief Executive	0 – 2.5	0 – 2.5	45 – 50	120 – 125	784	713	63	0
Mr J Teape, Deputy Chief Executive/ Director of Operations*	0	0	0	0	0	0	0	0
Mrs M Davies, Interim Executive Director of Nursing, Quality and Patient Experience (to 18/06/2017)	0	0	35 – 40	110 – 115	774	877	0	0
Mrs M Rayani, Executive Director of Nursing, Quality & Patient Experience (from 19/06/2017)	0 – 2.5	0 – 2.5	45 – 50	140 – 145	927	851	52	0
Mrs K Miles, Executive Director of Finance, Director of Planning, Performance and Commissioning	0 – 2.5	0 – 2.5	50 – 55	150 – 155	1,008	916	83	0
Mr S Forster, Interim Executive Director of Finance (to 08/05/2017), Executive Director of Finance (from 09/05/2017)	10 – 12.5	35 – 37.5	45 – 50	140 – 145	949	656	286	0

Name and title	Real increase in pension at age 60	Real increase in pension lump sum at aged 60	Total accrued pension at age 60 at 31 March 2018	Lump sum at age 60 related to accrued pension at 31 March 2018	Cash Equivalent Transfer Value at 31 March 2018	Cash Equivalent Transfer Value at 31 March 2017	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)				
	£000	£000	£000	£000	£000	£000	£000	£000
Mrs L Gostling, Executive Director of Workforce and Organisational Development	0 – 2.5	0 – 2.5	35 – 40	95 – 100	635	568	62	0
Miss J Paterson, Interim Director of Commissioning, Primary Care, Therapies and Health Sciences (to 18/01/2018), Director of Primary, Community and Long Term Care (from 19/01/2018)	0 – 2.5	25 – 5	35 – 40	110 – 115	878	794	76	0
Mrs S L Jennings, Director of Governance, Communications and Engagement	0 – 2.5	0	30 – 35	0	390	364	23	0
Dr P Kloer, Executive Medical Director	2.5 – 5	0 – 2.5	40 – 45	105 – 110	701	635	60	0
Mrs E R Ryan-Davies, Transformation Director	0 – 2.5	0	30 – 35	70 – 75	423	380	39	0

Name and title	Real increase in pension at age 60	Real increase in pension lump sum at aged 60	Total accrued pension at age 60 at 31 March 2018	Lump sum at age 60 related to accrued pension at 31 March 2018	Cash Equivalent Transfer Value at 31 March 2018	Cash Equivalent Transfer Value at 31 March 2017	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)				
	£000	£000	£000	£000	£000	£000	£000	£000
Mr A Carruthers, Turnaround Director (from 26/06/2017)	2.5 – 5	2.5 – 5	25 – 30	55 – 60	305	257	35	0
Mrs J Wilson, Board Secretary	0 – 2.5	0 – 2.5	20 – 25	45 – 50	256	222	32	0
Miss A Shakeshaft, Executive Director of Therapies and Health Science	0 – 2.5	0	40 - 45	100 - 105	730	661	15	0
Mrs R Jervis, Executive Director of Public Health (from 17/07/2017)	0 – 2.5	2.5 - 5	20- 25	40 – 45	300	248	35	0
* Mr J Teape chose not to be covered by the NHS pension arrangements during the reporting year								

Severance payments

There have been no exit packages paid to senior staff during 2017-2018.

Single total remuneration

The amount of pension benefits for the year which contributes to the single total figure is calculated similar to the method used to derive pension values for tax purposes, and is based on information received from the NHS BSA Pensions Agency. The value of pension benefit is calculated as follows: (real increase in pension x20) + (the real increase in any lump sum) – (contributions made by member).

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

2017-2018

Name	Salary (Bands of £5k)	Bonus Payments	Benefits in Kind (£000)	Pension Benefits (£000)	Total (Bands of £5k)
Executive Members and Directors					
Mr S Moore	175 – 180	0	0	40	215 – 220
Mr J Teape	145 – 150	0	8.0	0	150 – 155
Mrs M Davies (to 18/06/2017)	25 - 30	0	0	0	25 - 30
Mrs M Rayani (from 19/06/2017)	95 – 100	0	0	4	100 – 105
Mrs K Miles	125 – 130	0	0	23	145 – 150
Mr S P Forster	125 – 130	0	0	263	385 – 390
Mrs L Gostling	115 – 120	0	0	31	145 – 150
Miss J Paterson	110 – 115	0	7.6	23	140 – 145
Mrs S L Jennings	100 – 105	0	0	0	100 – 105
Dr P Kloer	155 – 160	0	0	44	200 – 205
Mrs E R Ryan-Davies	100 – 105	0	0	14	115 – 120
Mr A Carruthers (from 26/06/2017)	85 – 90	0	0	52	135 – 140
Mrs J Wilson	90 – 95	0	0	22	110 – 115
Miss A Shakeshaft (from 01/01/2018)	20 – 25	0	0	9	30 – 35

Name	Salary (Bands of £5k)	Bonus Payments	Benefits in Kind (£000)	Pension Benefits (£000)	Total (Bands of £5k)
Mrs R Jervis (from 17/07/2017)	75 – 80	0	0	44	120 - 125
Independent Members					
Mrs B Rees, Chair	55 – 60	0	0	0	55 – 60
Mrs J Hardisty, Vice Chair	45 – 50	0	0	0	45 – 50
Mr D K Thomas (to 30/09/2017)	5 – 10	0	0	0	5 – 10
Mr M Lewis (shadow Independent from 01/09/2017, commenced in post on 01/10/2017)	5 – 10	0	0	0	5 – 10
Mr M Ponton	10 – 15	0	0	0	10 – 15
Mr P Newman (from 01/04/2017)	10 – 15	0	0	0	10 – 15
Professor J Gammon	10 – 15	0	0	0	10 – 15
Mrs J James	10 – 15	0	0	0	10 – 15
Mr D S Powell	10 – 15	0	0	0	10 – 15
Cllr S Hancock	10 – 15	0	0	0	10 – 15
Mrs D E Raynsford	10 – 15	0	0	0	10 – 15
Mr A Morgan	5 – 10	0	0	0	5 – 10

2016-2017

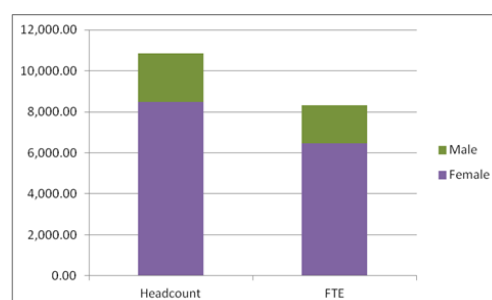
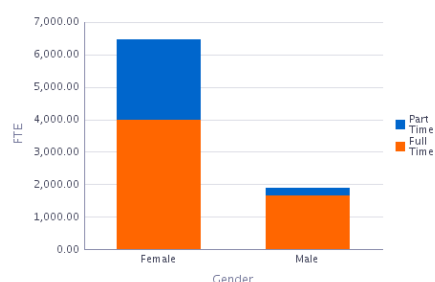
Name	Salary (Bands of £5k)	Bonus Payments	Benefits in Kind (£000)	Pension Benefits (£000)	Total (Bands of £5k)
Executive Members and Directors					
Mr S Moore	170 – 175	0	0	45	220 – 225
Mr J Teape	140 – 145	0	0	0	140 – 145
Mrs C A Oakley (to 08/07/2016)	30 – 35	0	0	5	35 – 40
Mrs M Davies (from 25/06/2016)	95 – 100	0	0	220	315 – 320
Mrs K Miles	120 – 125	0	0	18	140 – 145
Mr S P Forster (from 01/01/2017)	30 – 35	0	0	24	55 – 60
Mrs L Gostling	110 – 115	0	0	27	140 – 145
Ms K Davies (to 30/04/2016)	35 – 40	0	0	43	75 – 80
Miss J Paterson (from 01/05/2016)	100 – 105	0	7.0	112	215 – 220
Dr P Kloer	150 – 155	0	0	30	185 – 190
Miss T Owen (to 31/12/2016)	80 – 85	0	0	27	105 – 110
Mrs S L Jennings	100 – 105	0	0	52	155 – 160
Mrs E R Ryan-Davies (from 12/09/2016)	50 - 55	0	0	66	120 – 125
Mrs J Wilson	85 - 90	0	0	21	110 – 115
Independent Members					
Mrs B Rees, Chair	55 – 60	0	0	0	55 – 60
Mrs S M James, Vice Chair (to 31/07/2016)	15 – 20	0	0	0	15 – 20
Mrs J Hardisty, Independent Member (from 01/04/2016), Interim Vice Chair (from 01/08/2016), Vice Chair (from 16/01/2017)	35 – 40	0	0	0	35 – 40
Mr D K Thomas	10 – 15	0	0	0	10 – 15
Mr M Ponton	10 – 15	0	0	0	10 – 15

Name	Salary (Bands of £5k)	Bonus Payments	Benefits in Kind (£000)	Pension Benefits (£000)	Total (Bands of £5k)
Mrs M Rees Hughes (to 31/03/17)	10 – 15	0	0	0	10 – 15
Professor J Gammon	10 – 15	0	0	0	10 – 15
Mrs J James	10 – 15	0	0	0	10 – 15
Mr DS Powell	10 – 15	0	0	0	10 – 15
Cllr S Hancock	10 – 15	0	0	0	10 – 15
Mrs D E Raynsford (shadow Independent from 01/02/2017, commenced in post in 01/04/2017)	0 - 5	0	0	0	0 – 5
Mr A Morgan (from 01/04/2016)	0-5	0	0	0	0-5

Staff composition

	Female		Male		Total	
	FTE	Headcount	FTE	Headcount	FTE	Headcount
Executive Team*	9.00	9	5.00	5	14.00	14
Chairman and Independent Members	N/A In line with Public Appointments	4	N/A In line with Public Appointments	7	N/A In line with Public Appointments	11
Total		13		12		25
* The Executive Team consists of 9 Executive Directors who are voting members of the Board. In addition there are 4 additional Directors and the Board Secretary (all non-voting) who are members of the Executive Team and who also attend Board meetings. Two of these posts are fixed term contracts.						
	Female		Male		Total	
	FTE	Headcount	FTE	Headcount	FTE	Headcount
Additional Professional Scientific and Technical	203.67	235	89.16	106	292.83	341
Additional Clinical Services	1,380.83	2,108	320.50	400	1,701.33	2,508
Administrative and Clerical	1,270.18	1,507	257.59	276	1,527.77	1,783
Allied Health Professionals	425.58	495	95.16	105	520.74	600
Estates and Ancillary	372.48	636	419.26	556	791.74	1,192
Healthcare Scientists	89.85	100	62.80	63	152.65	163
Medical and Dental	236.79	360	412.73	610	649.52	970
Nursing and Midwifery Registered	2,451.33	3,020	222.09	247	2,673.42	3,267
Students	15.00	15	0.00	0	15.00	15
Grand Total	6,447.71	8,478	1,880.29	2,364	8,328.00	10,842
	Female		Male		Total	
	FTE	Headcount	FTE	Headcount	FTE	Headcount
Senior Managers						
Band 8a	39.96	41	20.00	20	59.95	61
Band 8b	23.00	23	22.00	22	45.00	45
Band 8c	12.39	13	6.00	6	18.39	19
Band 8d	9.00	9	4.53	5	13.53	14
Band 9	1.00	1	4.85	5	5.85	6
Grand Total	85.35	87	57.38	58	142.73	145

The above can be demonstrated pictorially as follows:



At the end of March 2018 the Health Board employed 10,842 staff including bank staff this equated to 8,328 Full Time Equivalent (FTE), 78% of the workforce was female and 22% male. The staff covered a wide range of professional, technical and support staff groups. Over 50% were within the Nursing and Midwifery and Additional Clinical Services staff groups. Senior Manager (Band 8a and above) were 1.3% of the workforce - 60% of these were Female and 40% Male. The Board does not have any issue with its staff composition.

Sickness absence data

	2017-2018	2016-2017
Days lost (long term)	104,117	121,998
Days lost (short term)	44,793	53,474
Total days lost	148,910	175,472
Total FTE as at 31 March	8,328.00	7,939.54
Average working days lost	11.08	11.74
Total staff employed as at 31 March (headcount)	10,842	10,488
Total staff employed in period with no absence (headcount)	3,609	2,968
Percentage of staff with no sick leave	37.20%	33.60%

The percentage and total number of staff without absence in the year has been sourced from the standard ESR Business Intelligence (BI) report. With regard to the reporting in relation to the percentage of staff with 'no sickness', the standard BI report excludes new entrants and also bank and locum assignments. Therefore, the number of staff who have had a whole year with no sickness absence is being divided into a smaller number than the total headcount at the end of the year.

The main reasons for long term sickness absence are anxiety/stress/depression followed by musculoskeletal problems. For short term sickness absence the most prevalent is colds/flu and gastrointestinal problems as second, closely followed by asthma and headaches/migraine.

Managers are provided with directorate sickness absence metrics on a monthly basis which highlight the sickness absence rates for their areas split by department along with reasons for absence, days lost and cost.

We provide sickness absence training workshops for managers along with bite-size training sessions and undertake a comprehensive audit programme to assess compliance with the All Wales Sickness Absence Policy that includes an action plan provided to the manager which is further monitored.

We have both an in-house Occupational Health Service with a Consultant Occupational Health Physician and a Staff Psychological Well-being Service that staff are able to self-refer to.

Staff policies

The majority of key employment policies are developed on an All Wales basis and then ratified locally by the Workforce & Organisational Development Sub-Committee (W&OD-SC). These policies are developed in partnership with Trade Unions and are approved through the Welsh Government Partnership Forum Business Committee. Equality Impact Assessments are produced, recorded, and made available for All Wales policies by a sub-group of the Partnership Forum.

Other employment policies are developed and reviewed through the Employment Policy Review group that is chaired by a senior member of the Workforce & OD Directorate. The group membership consists of managers, Trade Union representatives and specialist advisors such as those with specialist knowledge of equality and diversity and data protection. Local policies are produced in partnership with Trade Union colleagues and are issued for general consultation. Equality Impact assessments are developed by a sub-group of the Policy Review group that includes a specialist advisor for equality and diversity.

Local policies are subject to formal sign off through both the Health Board's Partnership Forum and the W&OD-SC. The Health Board's employment policies can be found at: <http://www.wales.nhs.uk/sitesplus/862/page/62308>.

The Health Board's Equality and Diversity policy sets out the Health Board's commitment with the key points detailed below:

- Ensure that individuals are recruited, promoted and trained on objective criteria based upon the aptitude and abilities of the individual concerned.
- Treat staff, potential staff and the public we serve fairly, with dignity and respect and will support staff if they feel they are being unfairly treated.
- Ensure that all our procedures and policies are non-discriminatory and are adhered to by all our employees.
- Where appropriate, take positive action to promote equality of opportunity in relation to recruitment, retention, promotion, training, benefits and all terms and conditions of employment.
- Value the diversity of the people and communities we serve and commit to ensuring that health care services, facilities and resources are accessible and responsive to the needs of all individuals and groups within all our local communities.

- Strive to achieve a climate of equality for all current and future employees and will ensure that we value and fully utilise the skills of our entire workforce whilst providing the highest standards of services.
- Work towards the elimination of discriminatory attitudes and practices in the working environment and in the way services are commissioned and delivered.
- The Health Board is committed to implementing the policy in a way which meets the equality and diversity needs of staff in line with the Equality Act 2010. It is the responsibility of managers and staff to ensure that they implement this policy/procedure in a manner that meets the needs of people from diverse groups. It is always best to check with individual staff what their needs are, but needs may include providing information in an accessible format, considering mobility issues, being aware of sensitive/cultural issues. Managers will remain sensitive to the specific requirements of staff members with disabilities when handling issues of capability, ensuring compliance with the provisions of the Act.
- It is expected that all staff will be mindful of the provisions of the Equality and Diversity Policy when enacting any other employment policy.

The objectives for committing the Health Board to equality issues are as follows:

- To promote respect and dignity as everyone's right, whether staff or patient.
- To recruit, develop and retain a workforce that is able to deliver high quality services that are fair, accessible, appropriate and responsive to the diverse needs of different individuals and groups.
- To demonstrate that the Health Board values and respects the diversity of the people who work within its services.
- To achieve a representative leadership reflecting the diversity of our wider society.
- To ensure that the learning and development environments are non-discriminatory and promote understanding and skills to meet the needs of all staff members.
- To work towards a workforce profile that reflects that of the population we serve.
- To provide a quality of service to the community that recognises, understands and respects the diversity of its make-up.
- To support all members of our local communities in applying for employment within the organisation.
- To ensure that procedures and the working environment encourage staff to report incidents of discrimination or harassment and that staff are confident that complaints will be dealt with efficiently and effectively. To avoid the cost of discrimination in terms of staff well-being, morale and reputation.

Expenditure on consultancy

Consultancy services are a provision for management to receive objective advice and assistance relating to strategy, structure, management or operations of an organisation in pursuant of its purposes and objectives. During the year the Health Board spent £993,000 on consultancy services.

Transforming Clinical Services	£653,598
Legal / Redress Claims Advice	£136,911
VAT / PAYE Advice	£46,612
HR Advice	£25,349
Estates Advice	£23,798
Other Service Reviews	£107,315

Tax assurance for off-payroll appointees

In response to the Government's review of the tax arrangements of public sector appointees, which highlighted the possibility for artificial arrangements to enable tax avoidance, Welsh Government has taken a zero tolerance approach and produced a policy that has been communicated and implemented across the Welsh Government. Tax assurance evidence has been sought and scrutinised to ensure it is sufficient from all off-payroll appointees.

Details of these off-payroll arrangements will be published on the Health Board's website <http://www.wales.nhs.uk/sitesplus/862/page/89388> following publication of the Annual Report.

Exit packages

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). The exit costs detailed below are accounted for in full in the year of departure on a cash basis as specified in EPN 380 Annex 13C. Where the Health Board has agreed early retirements, the additional costs are met by the Health Board and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pension scheme and are not included in the table below.

This disclosure reports the number and value of exit packages taken by staff leaving in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

The Health Board receives a full business case in respect of each application supported by the line manager. The Directors of Finance & Workforce & OD approve all applications prior to them being processed. Any payments over an agreed threshold are also submitted to Welsh Government for approval prior to Health Board approval. Details of exit packages and severance payments are as follows:

	2017-2018	2017-2018	2017-2018	2017-2018	2016-2017
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Number	Number	Number	Number	Number
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	1	1	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	0	0
	2017-2018	2017-2018	2017-2018	2017-2018	2016-2017

Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£'s	£'s	£'s	£'s	£'s
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	76,203	76,203	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	0	0

Statement of the Chief Executive's Responsibilities as Accountability Officer of Hywel Dda University Health Board

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to Hywel Dda University Health Board.

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

To the best of my knowledge and belief, I can confirm that there is no relevant audit information of which Hywel Dda University Health Board's auditors are unaware and I have taken all steps that ought to have been taken to make myself aware of any relevant audit information and established that the auditors are aware of that information.

I can confirm that the annual report and accounts as a whole is fair, balanced and understandable and I take personal responsibility for the annual report and accounts and the judgements required for determining that is fair, balanced and understandable. To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Date.....30 May 2018Steve Moore, Chief Executive

Statement of Directors' responsibilities in respect of the accounts

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

In preparing those accounts, the Directors are required to:

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

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

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

By Order of the Board Signed on behalf of:

The Chairman:Bernardine Rees..... Dated: ..30 May 2018

Chief Executive:Steve Moore..... Dated: ..30 May 2018

Director of Finance: ...Stephen Forster..... Dated: ...30 May 2018



GIG
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Annual Accounts 2017/18

HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD

FOREWORD

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

Statutory background

The Local Health Board was established on 1st June 2009 and became operational on 1st October 2009 and comprises the former organisations of Hywel Dda NHS Trust and Carmarthenshire, Ceredigion and Pembrokeshire Local Health Boards.

Performance Management and Financial Results

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

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

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

Statement of Comprehensive Net Expenditure for the year ended 31 March 2018

	Note	2017-18 £'000	2016-17 £'000
Expenditure on Primary Healthcare Services	3.1	183,962	172,928
Expenditure on healthcare from other providers	3.2	197,462	188,980
Expenditure on Hospital and Community Health Services	3.3	506,430	500,923
		887,854	862,831
Less: Miscellaneous Income	4	(54,345)	(52,934)
LHB net operating costs before interest and other gains and losses		833,509	809,897
Investment Revenue	5	0	0
Other (Gains) / Losses	6	(11)	(10)
Finance costs	7	3	8
Net operating costs for the financial year		833,501	809,895

See note 2 on page 20 for details of performance against Revenue and Capital allocations.

The notes on pages 8 to 63 form part of these accounts

Other Comprehensive Net Expenditure

	2017-18 £'000	2016-17 £'000
Net gain / (loss) on revaluation of property, plant and equipment	14,435	533
Net gain / (loss) on revaluation of intangibles	0	0
Net gain / (loss) on revaluation of available for sale financial assets	0	0
(Gain) / loss on other reserves	0	0
Impairment and reversals	(1,053)	(131)
Release of Reserves to Statement of Comprehensive Net Expenditure	0	0
Other comprehensive net expenditure for the year	<u>13,382</u>	<u>402</u>
Total comprehensive net expenditure for the year	<u>820,119</u>	<u>809,493</u>

Statement of Financial Position as at 31 March 2018

	31 March	31 March
	2018	2017
Notes	£'000	£'000
Non-current assets		
Property, plant and equipment	11 254,395	239,314
Intangible assets	12 1,045	1,168
Trade and other receivables	15 14,697	23,585
Other financial assets	16 0	0
Total non-current assets	270,137	264,067
Current assets		
Inventories	14 7,875	8,076
Trade and other receivables	15 39,598	27,851
Other financial assets	16 305	229
Cash and cash equivalents	17 1,528	1,212
	49,306	37,368
Non-current assets classified as "Held for Sale"	11 0	205
Total current assets	49,306	37,573
Total assets	319,443	301,640
Current liabilities		
Trade and other payables	18 (95,090)	(84,965)
Other financial liabilities	19 0	0
Provisions	20 (27,764)	(19,015)
Total current liabilities	(122,854)	(103,980)
Net current assets/ (liabilities)	(73,548)	(66,407)
Non-current liabilities		
Trade and other payables	18 0	0
Other financial liabilities	19 0	0
Provisions	20 (14,971)	(23,957)
Total non-current liabilities	(14,971)	(23,957)
Total assets employed	181,618	173,703
Financed by :		
Taxpayers' equity		
General Fund	154,822	157,520
Revaluation reserve	26,796	16,183
Total taxpayers' equity	181,618	173,703

The financial statements on pages 2 to 7 were approved by the Board on 31st May 2018 and signed on its behalf by:

Chief Executive

Date 30th May 2018

The notes on pages 8 to 63 form part of these accounts

Statement of Changes in Taxpayers' Equity

For the year ended 31 March 2018

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
Changes in taxpayers' equity for 2017-18			
Balance at 1 April 2017	157,520	16,183	173,703
Net operating cost for the year	(833,501)		(833,501)
Net gain/(loss) on revaluation of property, plant and equipment	0	14,435	14,435
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	(1,053)	(1,053)
Movements in other reserves	0	0	0
Transfers between reserves	2,769	(2,769)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	0	0	0
Total recognised income and expense for 2017-18	(830,732)	10,613	(820,119)
Net Welsh Government funding	828,034		828,034
Balance at 31 March 2018	154,822	26,796	181,618

The notes on pages 8 to 63 form part of these accounts

Statement of Changes in Taxpayers' Equity

For the year ended 31 March 2017

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
Changes in taxpayers' equity for 2016-17			
Balance at 1 April 2016	160,953	16,838	177,791
Net operating cost for the year	(809,895)		(809,895)
Net gain/(loss) on revaluation of property, plant and equipment	0	533	533
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	(131)	(131)
Movements in other reserves	0	0	0
Transfers between reserves	1,057	(1,057)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	0	0	0
Total recognised income and expense for 2016-17	(808,838)	(655)	(809,493)
Net Welsh Government funding	805,405		805,405
Balance at 31 March 2017	157,520	16,183	173,703

The notes on pages 8 to 63 form part of these accounts

Statement of Cash Flows for year ended 31 March 2018

	2017-18 £'000	2016-17 £'000
Cash Flows from operating activities	notes	
Net operating cost for the financial year	(833,501)	(809,895)
Movements in Working Capital	27 6,595	(11,907)
Other cash flow adjustments	28 24,150	37,264
Provisions utilised	20 (8,194)	(5,059)
Net cash outflow from operating activities	(810,950)	(789,597)
Cash Flows from investing activities		
Purchase of property, plant and equipment	(17,373)	(17,644)
Proceeds from disposal of property, plant and equipment	276	268
Purchase of intangible assets	(229)	(535)
Proceeds from disposal of intangible assets	0	0
Payment for other financial assets	(365)	(199)
Proceeds from disposal of other financial assets	289	294
Payment for other assets	0	0
Proceeds from disposal of other assets	0	0
Net cash inflow/(outflow) from investing activities	(17,402)	(17,816)
Net cash inflow/(outflow) before financing	(828,352)	(807,413)
Cash Flows from financing activities		
Welsh Government funding (including capital)	828,034	805,405
Capital receipts surrendered	0	0
Capital grants received	634	1,168
Capital element of payments in respect of finance leases and on-SoFP	0	0
Cash transferred (to)/ from other NHS bodies	0	0
Net financing	828,668	806,573
Net increase/(decrease) in cash and cash equivalents	316	(840)
Cash and cash equivalents (and bank overdrafts) at 1 April 2017	1,212	2,052
Cash and cash equivalents (and bank overdrafts) at 31 March 2018	1,528	1,212

The notes on pages 8 to 63 form part of these accounts

Notes to the Accounts

1. Accounting policies

The Cabinet Secretary for Health and Social Services has directed that the financial statements of Local Health Boards (LHB) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2017-18 Manual for Accounts. The accounting policies contained in that manual follow the European Union version of the International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the LHB Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the LHB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the LHB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

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

1.2 Acquisitions and discontinued operations

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

1.3 Income and funding

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

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

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

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

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

Only non-NHS income may be deferred.

1.4 Employee benefits

Short-term employee benefits

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

Retirement benefit costs

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

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

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

NEST Pension Scheme

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

1.5 Other expenses

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

1.6 Property, plant and equipment**Recognition**

Property, plant and equipment is capitalised if:

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

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

Valuation

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

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

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

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

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

In 2017-18 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

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

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

From 2015-16, the LHB must comply with IFRS 13 Fair Value Measurement in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential.

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

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

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

Subsequent expenditure

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

1.7 Intangible assets

Recognition

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

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

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

Measurement

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

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

1.8 Depreciation, amortisation and impairments

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

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

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

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

1.9 Research and Development

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

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

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

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

1.11 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.11.1 The Local Health Board as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged directly to the Statement of Comprehensive Net Expenditure.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.11.2 The Local Health Board as lessor

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

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

1.12 Inventories

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

1.13 Cash and cash equivalents

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

1.14 Provisions

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

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

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

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

1.14.1 Clinical negligence and personal injury costs

The Welsh Risk Pool (WRP) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was not implemented in 2017-18. The WRP is hosted by Velindre NHS Trust.

1.15 Financial assets

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

1.15.1 Financial assets are initially recognised at fair value

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

1.15.2 Financial assets at fair value through SoCNE

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

1.15.3 Held to maturity investments

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

1.15.4 Available for sale financial assets

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

1.15.5 Loans and receivables

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

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

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

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

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

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

1.16 Financial liabilities

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

1.16.1 Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the Statement of Comprehensive Net Expenditure or other financial liabilities.

1.16.2 Financial liabilities at fair value through the Statement of Comprehensive Net Expenditure

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

1.16.3 Other financial liabilities

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

1.17 Value Added Tax

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

1.18 Foreign currencies

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

1.19 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the LHB has no beneficial interest in them. Details of third party assets are given in Note 29 to the accounts.

1.20 Losses and Special Payments

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

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

The LHB accounts for all losses and special payments gross (including assistance from the WRP). The LHB accrues or provides for the best estimate of future payouts for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

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

1.21 Pooled budget

The LHB has entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in Note 32.

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

1.22 Critical Accounting Judgements and key sources of estimation uncertainty

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

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

1.23 Key sources of estimation uncertainty

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

a. Provision for clinical negligence and personal injury claims are arrived at based on advice received from Welsh Health Legal Services and the LHB's own legal advisors. Given the nature of such claims, figures could be subject to significant change in future periods. The potential financial effect of such uncertainty is minimised by the cost recognised by the LHB is capped at £0.025m per case with the excess reclaimed from the Welsh Risk Pool. An associated Welsh Risk Pool debtor is separately identified in the debtors note.

b. The LHB includes a provision for retrospective claims for continuing healthcare funding. The estimated provision is based upon an assessment of the likelihood of claims meeting criteria for continuing healthcare and the actual costs incurred by individuals in care homes. The provision is based on information made available to the LHB at the time of these accounts and could be subject to significant change as outcomes are determined.

c. As in prior years due to the relatively short timescale available to prepare the annual accounts, the primary care expenditure disclosed contains a number of estimates where the value of actual liabilities was not available prior to the date of the accounts submission, the main areas being:

- GMS Enhanced Services
- GMS Quality and Outcomes Framework
- Prescribing
- Dental
- Pharmacy

d. The LHB provides for potential bad debts both as a result of specific disputes and based on an assessment of the ability to collect for non NHS debtors, this is separately identified in the debtor note and any movement in the expenditure note. In addition where there is sufficient doubt on recoverability of NHS debt the LHB recognise a credit note provision which is netted off NHS debtors in the balance sheet and written back against income.

1.24 Private Finance Initiative (PFI) transactions

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

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

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

Services received

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

PFI asset

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

PFI liability

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

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

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

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

Lifecycle replacement

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

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

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

Assets contributed by the LHB to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the LHBs Statement of Financial Position.

Other assets contributed by the LHB to the operator

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

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

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

1.25 Contingencies

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

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

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

1.26 Carbon Reduction Commitment Scheme

Carbon Reduction Commitment Scheme allowances are accounted for as government grant funded intangible assets if they are not realised within twelve months and otherwise as current assets. The asset should be measured initially at cost. Scheme assets in respect of allowances shall be valued at fair value where there is evidence of an active market.

1.27 Absorption accounting

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

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

1.28 Accounting standards that have been issued but not yet been adopted

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

IFRS 9 Financial Instruments

IFRS14 Regulatory Deferral Accounts

IFRS15 Revenue from contracts with customers

IFRS 16 Leases

1.29 Accounting standards issued that have been adopted early

During 2017-18 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.30 Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the LHB has established that as the LHB is the corporate trustee of the linked NHS Charity (Hywel Dda Health Charities), it is considered for accounting standards compliance to have control of Hywel Dda Health Charities as a subsidiary and therefore is required to consolidate the results off Hywel dda Health Charities within the statutory accounts of the LHB. The determination of control is an accounting standards test of control and there has been no change to the operation of Hywel Dda Health Charities or its independence in its management of charitable funds.

However, the LHB has with the agreement of the Welsh Government adopted the IAS 27 (10) exemption to consolidate. Welsh Government as the ultimate parent of the Local Health Boards will consolidate/disclose the Charitable Accounts of Local Health Boards in the Welsh Government Consolidated Accounts. Details of the transactions with the charity are included in the related parties' notes.

2. Financial Duties Performance

The National Health Service Finance (Wales) Act 2014 came into effect from 1 April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1 April 2014 section 175 of the National Health Service (Wales) Act places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The first assessment of performance against the 3 year statutory duty under section 175 (1) was at the end of 2016-17, being the first 3 year period of assessment.

Welsh Health Circular WHC/2016/054 "Statutory and Financial Duties of Local Health Boards and NHS Trusts" clarifies the statutory financial duties of NHS Wales bodies effective from 2016-17.

2.1 Revenue Resource Performance

Annual financial performance

	2015-16	2016-17	2017-18	Total
	£'000	£'000	£'000	£'000
Net operating costs for the year	758,261	809,895	833,501	2,401,657
Less general ophthalmic services expenditure and other non-cash limited expenditure	(155)	1,086	1,956	2,887
Less revenue consequences of bringing PFI schemes onto SoFP	0	0	0	0
Total operating expenses	758,106	810,981	835,457	2,404,544
Revenue Resource Allocation	726,907	761,368	766,027	2,254,302
Under /(over) spend against Allocation	(31,199)	(49,613)	(69,430)	(150,242)

Hywel Dda UHB has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2015-16 to 2017-18.

The Health Board did not receive any repayable brokerage during the year.

The Health Board received £60.828 million repayable cash only support in 2017-18. The accumulated cash only support provided to the Health Board by the Welsh Government is £129.664 million as at 31 March 2018. The cash only support is provided to assist the Health Board with ensuring payments to staff and suppliers, there is no interest payable on cash only support. Repayment of this cash assistance will be in accordance with the Health Board's future Integrated Medium Term Plan submissions.

On 23 May 2018, the Cabinet Secretary announced additional funding for the Health Board of £27m for 2018/19. This additional funding will be provided on an ongoing annual basis to recognise the unique set of healthcare challenges that have contributed to the consistent deficits incurred by the Board and its predecessor organisations. These challenges relate to the relative age and demography of the population it serves, alongside the impact of scale.

2.2 Capital Resource Performance

	2015-16	2016-17	2017-18	Total
	£'000	£'000	£'000	£'000
Gross capital expenditure	13,959	18,970	18,474	51,403
Add: Losses on disposal of donated assets	0	0	0	0
Less NBV of property, plant and equipment and intangible assets disposed	(63)	(258)	(265)	(586)
Less capital grants received	(9)	(9)	(11)	(29)
Less donations received	(677)	(1,159)	(623)	(2,459)
Charge against Capital Resource Allocation	13,210	17,544	17,575	48,329
Capital Resource Allocation	13,238	17,574	17,613	48,425
(Over) / Underspend against Capital Resource Allocation	28	30	38	96

The LHB met its financial duty to break-even against its Capital Resource Limit over the 3 years 2015-16 to 2017-18.

2.3 Duty to prepare a 3 year plan

The NHS Wales Planning Framework for the period 2017-18 to 2019-20 issued to LHBs placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government.

Given the Health Board's financial position, it did not submit an Integrated Medium Term Plan for the period 2017-18 to 2019-20 as required by the NHS Wales Planning Framework.

In the absence of an IMTP, the Health Board has developed an annual plan. This annual plan was submitted to Welsh Government by the Board on 31st March 2017.

The statutory financial duty under section 175 (2A) of the National Health Services (Wales) Act 2006 was therefore not met.

**2017-18
to
2019-20**

The Cabinet Secretary for Health and Social Services approval status

Not Approved

The LHB has therefore not met its statutory duty to have an approved financial plan for the period 2017-18 to 2019-20.

The LHB Integrated Medium Term Plan was not approved in 2016-17

3. Analysis of gross operating costs

3.1 Expenditure on Primary Healthcare Services

	Cash limited £'000	Non-cash limited £'000	2017-18 Total £'000	2016-17 £'000
General Medical Services	69,407		69,407	60,901
Pharmaceutical Services	19,138	(5,784)	13,354	14,074
General Dental Services	20,002		20,002	18,854
General Ophthalmic Services	1,155	3,828	4,983	4,969
Other Primary Health Care expenditure	4,806		4,806	4,416
Prescribed drugs and appliances	71,410		71,410	69,714
Total	185,918	(1,956)	183,962	172,928

Staff Costs of £4,930k paid by the Health Board are included in General Medical Services

In 2016/17 General Medical Services includes a rates rebate of £3,703k for financial years 2010/11 to 2015/16.

3.2 Expenditure on healthcare from other providers

	2017-18 £'000	2016-17 £'000
Goods and services from other NHS Wales Health Boards	38,946	38,283
Goods and services from other NHS Wales Trusts	6,878	5,568
Goods and services from other non Welsh NHS bodies	3,000	2,592
Goods and services from WHSSC / EASC	79,714	77,625
Local Authorities	9,179	9,879
Voluntary organisations	1,819	1,828
NHS Funded Nursing Care	3,744	3,126
Continuing Care	47,599	45,499
Private providers	6,430	4,448
Specific projects funded by the Welsh Government	0	0
Other	153	132
Total	197,462	188,980

NHS Funded Nursing Care Supreme Court Ruling

During the 2017/18 financial year the Supreme Court delivered its ruling over the responsibility for the costs of nurses delivering care in nursing homes.

Following the outcome of the Supreme Court ruling the Health Board accrued £1.181 million expenditure within its financial position for the 2017/18 financial year and this liability is included within the accrued expenditure line of Note 18 - Accruals.

Expenditure with Local Authorities in Note 3.2 includes expenditure on pooled budgets as reported in note 32.

3.3 Expenditure on Hospital and Community Health Services

	2017-18	2016-17
	£'000	£'000
Directors' costs	2,212	1,775
Staff costs	385,248	376,405
Supplies and services - clinical	67,363	67,483
Supplies and services - general	5,672	5,236
Consultancy Services	993	525
Establishment	8,357	8,069
Transport	1,245	1,387
Premises	13,653	16,803
External Contractors	1,646	2,570
Depreciation	15,347	14,552
Amortisation	352	358
Fixed asset impairments and reversals (Property, plant & equipment)	1,139	2,413
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments & reversals of financial assets	0	0
Impairments & reversals of non-current assets held for sale	0	0
Audit fees	387	408
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	1,648	1,763
Research and Development	0	0
Other operating expenses	1,168	1,176
Total	506,430	500,923

3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

	2017-18	2016-17
	£'000	£'000
Increase/(decrease) in provision for future payments:		
Clinical negligence	5,289	19,381
Personal injury	(207)	956
All other losses and special payments	337	424
Defence legal fees and other administrative costs	267	592
Gross increase/(decrease) in provision for future payments	5,686	21,353
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	38	149
Less: income received/due from Welsh Risk Pool	(4,076)	(19,739)
Total	1,648	1,763

Personal injury includes £143k (2016-17 £166k) in respect of permanent injury benefits.

Clinical Redress arising during the year was £225k, 93 cases (2016-17 £240k, 83 cases)

4. Miscellaneous Income

	2017-18 £'000	2016-17 £'000
Local Health Boards	18,103	17,675
WHSSC /EASC	2,071	2,254
NHS trusts	3,206	2,629
Other NHS England bodies	4,503	4,389
Foundation Trusts	0	0
Local authorities	4,954	4,922
Welsh Government	1,706	1,703
Non NHS:		
Prescription charge income	6	8
Dental fee income	3,240	3,263
Private patient income	97	149
Overseas patients (non-reciprocal)	349	175
Injury Costs Recovery (ICR) Scheme	1,129	1,096
Other income from activities	556	528
Patient transport services	0	0
Education, training and research	8,087	8,068
Charitable and other contributions to expenditure	833	424
Receipt of donated assets	623	1,159
Receipt of Government granted assets	11	9
Non-patient care income generation schemes	399	397
NWSSP	0	0
Deferred income released to revenue	371	289
Contingent rental income from finance leases	0	0
Rental income from operating leases	0	0
Other income:		
Provision of laundry, pathology, payroll services	78	73
Accommodation and catering charges	1,688	1,619
Mortuary fees	164	133
Staff payments for use of cars	251	321
Business Unit	0	0
Other	1,920	1,651
Total	54,345	52,934

Injury Cost Recovery (ICR) Scheme income is subject to a provision for impairment of 22.84% (2016-17, 22.94%) re personal injury claims.

5. Investment Revenue

	2017-18 £000	2016-17 £000
Rental revenue :		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
Interest revenue :		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	0	0

6. Other gains and losses

	2017-18 £000	2016-17 £000
Gain/(loss) on disposal of property, plant and equipment	11	10
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	11	10

7. Finance costs

	2017-18 £000	2016-17 £000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under PFI contracts		
main finance cost	0	0
contingent finance cost	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	0	0
Provisions unwinding of discount	3	8
Other finance costs	0	0
Total	3	8

8. Operating leases

LHB as lessee

The Provider arm of the Local Health Board has several operating lease arrangements in place, which include:

- leases for vehicles
- leases for smaller medical and surgical items which are valued at less than £5,000 each
- at the end of the primary lease period these items are returned to the lessor

Payments recognised as an expense	2017-18	2016-17
	£000	£000
Minimum lease payments	1,663	1,719
Contingent rents	0	0
Sub-lease payments	0	0
Total	1,663	1,719

Total future minimum lease payments

Payable	£000	£000
Not later than one year	611	426
Between one and five years	297	332
After 5 years	0	0
Total	908	758

LHB as lessor

Rental revenue	£000	£000
Rent	0	0
Contingent rents	0	0
Total revenue rental	0	0

Total future minimum lease payments

Receivable	£000	£000
Not later than one year	0	0
Between one and five years	0	0
After 5 years	0	0
Total	0	0

9. Employee benefits and staff numbers

9.1 Employee costs

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Other	Total	2016-17
	£000	£000	£000	£000	£000	£000
Salaries and wages	305,221	2,881	16,732	7,338	332,172	325,596
Social security costs	29,255	0	0	822	30,077	27,425
Employer contributions to NHS Pension Scheme	36,568	0	0	109	36,677	34,265
Other pension costs	38	0	0	0	38	29
Other employment benefits	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0
Total	371,082	2,881	16,732	8,269	398,964	387,315
Charged to capital					388	337
Charged to revenue					398,576	386,978
					398,964	387,315
Net movement in accrued employee benefits (untaken staff leave accrual included above)					7	4

Other includes Medacs and StaffFlow recruited staff paid through the Health Board's payroll.

9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Other	Total	2016-17
	Number	Number	Number		Number	Number
Administrative, clerical and board members	1,486	9	3	0	1,498	1,392
Medical and dental	642	18	11	62	733	739
Nursing, midwifery registered	2,656	2	202	0	2,860	2,856
Professional, Scientific, and technical staff	281	0	0	0	281	268
Additional Clinical Services	1,672	0	3	0	1,675	1,638
Allied Health Professions	515	0	0	16	531	514
Healthcare Scientists	153	0	4	0	157	157
Estates and Ancillary	793	0	0	0	793	792
Students	16	0	0	0	16	12
Total	8,214	29	223	78	8,544	8,368

9.3. Retirements due to ill-health

During 2017-18 there were 13 early retirements from the LHB agreed on the grounds of ill-health (17 in 2016-17 - £694,656) The estimated additional pension costs of these ill-health retirements (calculated on an average basis and borne by the NHS Pension Scheme) will be £597,853

9.4 Employee benefits

The LHB does not have an employee benefit scheme.

Included in permanent staff in **Note 9.2** above there are 522 who are on Fixed Term Temporary contracts of which 261 are Medical and Dental.

9.5 Reporting of other compensation schemes - exit packages

	2017-18	2017-18	2017-18	2017-18	2016-17
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	1	1	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	1	1	0	0

	2017-18	2017-18	2017-18	2017-18	2016-17
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£'s	£'s	£'s	£'s	£'s
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	76,203	76,203	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	76,203	76,203	0	0

9.6 Remuneration Relationship

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

The banded remuneration of the highest-paid director in the LHB in the financial year 2017-18 was £175,000 - £180,000 (2016-17, £170,000 - £175,000). This was 7 times (2016-17, 7) the median remuneration of the workforce, which was £26,624 (2016-17, £26,483).

In 2017-18, 39 (2016-17, 35) employees received remuneration in excess of the highest-paid director. Remuneration for staff ranged from £15,404 to £295,365 (2016-17 £15,251 to £308,550).

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Overtime payments are included for the calculation of both elements of the relationship.

9.7 Pension costs

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 2% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 1% of this. The legal minimum level of contribution level is due to increase to 8% in April 2019.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £5,876 and £45,000 for the 2017-18 tax year (2016-17 £5,824 and £43,000).

Restrictions on the annual contribution limits were removed on 1st April 2017.

10. Public Sector Payment Policy - Measure of Compliance

10.1 Prompt payment code - measure of compliance

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the Health Board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

	2017-18 Number	2017-18 £000	2016-17 Number	2016-17 £000
NHS				
Total bills paid	3,908	219,791	3,660	210,675
Total bills paid within target	3,504	217,250	3,392	209,125
Percentage of bills paid within target	89.7%	98.8%	92.7%	99.3%
Non-NHS				
Total bills paid	177,339	315,875	190,123	315,566
Total bills paid within target	170,221	305,520	169,482	285,505
Percentage of bills paid within target	96.0%	96.7%	89.1%	90.5%
Total				
Total bills paid	181,247	535,666	193,783	526,241
Total bills paid within target	173,725	522,770	172,874	494,630
Percentage of bills paid within target	95.8%	97.6%	89.2%	94.0%

The Health Board has met its target of paying 95% of the number of non-NHS invoices within 30 days of delivery.

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2017-18 £	2016-17 £
Amounts included within finance costs (note 7) from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
Total	0	0

11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2017	25,285	200,937	8,120	9,244	65,631	245	19,811	5,593	334,866
Indexation	0	0	0	0	0	0	0	0	0
Additions									
- purchased	0	1,711	0	10,217	2,510	0	2,983	190	17,611
- donated	0	204	0	0	376	0	5	38	623
- government granted	0	0	0	0	0	0	11	0	11
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	842	3,746	0	(4,577)	(11)	0	0	0	0
Revaluations	657	397	(538)	0	0	0	0	0	516
Reversal of impairments	5	(4,857)	47	0	0	0	0	0	(4,805)
Impairments	(1,128)	(6,017)	(135)	(4,113)	0	0	0	0	(11,393)
Reclassified as held for sale	0	(8)	0	0	0	0	0	0	(8)
Disposals	0	0	0	0	(3,490)	0	0	0	(3,490)
At 31 March 2018	25,661	196,113	7,494	10,771	65,016	245	22,810	5,821	333,931
Depreciation at 1 April 2017	0	26,411	1,547	0	50,170	243	13,240	3,941	95,552
Indexation	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	(12,391)	(1,528)	0	0	0	0	0	(13,919)
Reversal of impairments	0	(12,250)	4	0	0	0	0	0	(12,246)
Impairments	0	(1,764)	(19)	0	0	0	0	0	(1,783)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(3,415)	0	0	0	(3,415)
Provided during the year	0	7,505	339	0	5,067	1	1,852	583	15,347
At 31 March 2018	0	7,511	343	0	51,822	244	15,092	4,524	79,536
Net book value at 1 April 2017	25,285	174,526	6,573	9,244	15,461	2	6,571	1,652	239,314
Net book value at 31 March 2018	25,661	188,602	7,151	10,771	13,194	1	7,718	1,297	254,395
Net book value at 31 March 2018 comprises :									
Purchased	25,411	185,355	7,151	10,771	12,053	1	7,604	1,139	249,485
Donated	250	3,247	0	0	1,141	0	73	153	4,864
Government Granted	0	0	0	0	0	0	41	5	46
At 31 March 2018	25,661	188,602	7,151	10,771	13,194	1	7,718	1,297	254,395
Asset financing :									
Owned	25,661	188,602	7,151	10,771	13,194	1	7,718	1,297	254,395
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2018	25,661	188,602	7,151	10,771	13,194	1	7,718	1,297	254,395
The net book value of land, buildings and dwellings at 31 March 2018 comprises :									
Freehold									£000
Long Leasehold									219,602
Short Leasehold									1,812
									0
									221,414

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the Royal Institute of Chartered Surveyors Valuation Standards, 6th Edition. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

11.1 Property, plant and equipment

	Buildings, excluding Land dwellings Dwellings £000 £000 £000			Assets under construction & payments on account Plant and Transport Information Furniture machinery equipment technology & fittings £000 £000 £000 £000 £000					Total £000
Cost or valuation at 1 April 2016	24,588	198,806	8,120	5,717	62,763	256	15,706	5,334	321,290
Indexation	533	0	0	0	0	0	0	0	533
Additions									
- purchased	0	2,475	0	6,356	4,296	0	4,035	121	17,283
- donated	0	102	0	420	422	0	61	138	1,143
- government granted	0	0	0	0	0	0	9	0	9
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	3,215	0	(3,220)	5	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	413	0	0	0	0	0	0	0	413
Impairments	(44)	(3,661)	0	(29)	0	0	0	0	(3,734)
Reclassified as held for sale	(205)	0	0	0	0	0	0	0	(205)
Disposals	0	0	0	0	(1,855)	(11)	0	0	(1,866)
At 31 March 2017	25,285	200,937	8,120	9,244	65,631	245	19,811	5,593	334,866
Depreciation at 1 April 2016	0	20,058	1,210	0	47,004	253	11,757	3,361	83,643
Indexation	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(777)	0	0	0	0	0	0	(777)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(1,855)	(11)	0	0	(1,866)
Provided during the year	0	7,130	337	0	5,021	1	1,483	580	14,552
At 31 March 2017	0	26,411	1,547	0	50,170	243	13,240	3,941	95,552
Net book value at 1 April 2016	24,588	178,748	6,910	5,717	15,759	3	3,949	1,973	237,647
Net book value at 31 March 2017	25,285	174,526	6,573	9,244	15,461	2	6,571	1,652	239,314
Net book value at 31 March 2017 comprises :									
Purchased	25,026	170,816	6,573	8,824	14,338	2	6,423	1,501	233,503
Donated	259	3,638	0	420	1,116	0	105	143	5,681
Government Granted	0	72	0	0	7	0	43	8	130
At 31 March 2017	25,285	174,526	6,573	9,244	15,461	2	6,571	1,652	239,314
Asset financing :									
Owned	25,285	174,526	6,573	9,244	15,461	2	6,571	1,652	239,314
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2017	25,285	174,526	6,573	9,244	15,461	2	6,571	1,652	239,314
The net book value of land, buildings and dwellings at 31 March 2017 comprises :									
Freehold									£000
Long Leasehold									204,953
Short Leasehold									1,431
									0
									206,384

11. Property, plant and equipment (continued)

i) Acquisitions shown as donated assets within Note 11 were bought using monies donated by the public into the Charitable Funds, and contributions from League of Friends and other charities.

During 2017-18 fixed assets purchased to the following value were funded by the following:

Hywel Dda General Fund Charity (1147863) Plant and Machinery	£ 232,422
Hywel Dda General Fund Charity (1147863) Furniture and Fittings	£ 37,845
Hywel Dda General Fund Charity (1147863) Assets Under Construction	£ 158,834
Hywel Dda General Fund Charity (1147863) Information Technology	£ 3,675
League of Friends Contributions	£ 189,801

Total Donated Assets	£ 622,577
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Other disclosures

i) The LHB is not carrying any temporary idle assets.

ii) Gross carrying amount of all fully depreciated assets still in use as at 31 March 2018 is £52,965,000.

IFRS 13 - Fair value measurement

As at 31 March 2018, the Health Board does not hold any fixed assets at fair value as defined by IFRS 13.

11. Property, plant and equipment**11.2 Non-current assets held for sale**

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance brought forward 1 April 2017	205	0	0	0	0	205
Plus assets classified as held for sale in the year	8	0	0	0	0	8
Revaluation	0	0	0	0	0	0
Less assets sold in the year	(190)	0	0	0	0	(190)
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	(23)	0	0	0	0	(23)
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2018	0	0	0	0	0	0
Balance brought forward 1 April 2016	57	201	0	0	0	258
Plus assets classified as held for sale in the year	205	0	0	0	0	205
Revaluation	0	0	0	0	0	0
Less assets sold in the year	(57)	(201)	0	0	0	(258)
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2017	205	0	0	0	0	205

Assets reclassified as Held for Sale and sold in the year relate to the disposal of the Bryntirion site.

The value of the site was impaired in year to fair value less costs of sale.

12. Intangible non-current assets

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2017	2,319	0	79	0	0	0	2,398
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	229	0	0	0	0	0	229
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Gross cost at 31 March 2018	2,548	0	79	0	0	0	2,627
Amortisation at 1 April 2017	1,172	0	58	0	0	0	1,230
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	339	0	13	0	0	0	352
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2018	1,511	0	71	0	0	0	1,582
Net book value at 1 April 2017	1,147	0	21	0	0	0	1,168
Net book value at 31 March 2018	1,037	0	8	0	0	0	1,045
At 31 March 2018							
Purchased	1,026	0	8	0	0	0	1,034
Donated	10	0	0	0	0	0	10
Government Granted	1	0	0	0	0	0	1
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2018	1,037	0	8	0	0	0	1,045

12. Intangible non-current assets

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2016	1,784	0	79	0	0	0	1,863
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	519	0	0	0	0	0	519
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	16	0	0	0	0	0	16
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Gross cost at 31 March 2017	2,319	0	79	0	0	0	2,398
Amortisation at 1 April 2016	827	0	45	0	0	0	872
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	345	0	13	0	0	0	358
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2017	1,172	0	58	0	0	0	1,230
Net book value at 1 April 2016	957	0	34	0	0	0	991
Net book value at 31 March 2017	1,147	0	21	0	0	0	1,168
At 31 March 2017							
Purchased	0	0	0	0	0	0	0
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2017	0	0	0	0	0	0	0

Additional disclosures re Intangible Assets

Computer Software & Licences are capitalised at their purchased price.

Computer Software & Licences are not indexed as IT assets are not subject to indexation.

The assets are amortised monthly over their expected life.

The gross carrying amount of fully amortised intangible assets still in use as at 31 March 2018 was £761,000.

13 . Impairments

	2017-18		2016-17	
	Property, plant & equipment £000	Intangible assets £000	Property, plant & equipment £000	Intangible assets £000
Impairments arising from :				
Loss or damage from normal operations	0	0	0	0
Abandonment in the course of construction	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0
Unforeseen obsolescence	0	0	0	0
Changes in market price	0	0	0	0
Others (specify)	(9,633)	0	2,544	0
Reversal of impairments	7,441	0	0	0
Total of all impairments	(2,192)	0	2,544	0

Analysis of impairments charged to reserves in year :

Charged to the Statement of Comprehensive Net Expenditure	(1,139)	0	2,413	0
Charged to Revaluation Reserve	(1,053)	0	131	0
	(2,192)	0	2,544	0

Other impairments above are made up of the following:

- 5-yearly revaluation exercise - £9,610,000
- Impairment of assets held for sale - £23,000

14.1 Inventories

	31 March	31 March
	2018	2017
	£000	£000
Drugs	3,531	3,324
Consumables	4,153	4,601
Energy	191	151
Work in progress	0	0
Other	0	0
Total	7,875	8,076
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31 March	31 March
	2018	2017
	£000	£000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	0	0

15. Trade and other Receivables

Current	31 March 2018 £000	31 March 2017 £000
Welsh Government	1,222	340
WHSSC / EASC	450	275
Welsh Health Boards	1,183	921
Welsh NHS Trusts	404	230
Non - Welsh Trusts	2	36
Other NHS	618	608
Welsh Risk Pool	27,639	18,052
Local Authorities	2,010	765
Capital debtors	0	0
Other debtors	5,299	5,118
Provision for irrecoverable debts	(872)	(834)
Pension Prepayments	0	0
Other prepayments	1,643	2,340
Other accrued income	0	0
Sub total	39,598	27,851
Non-current		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
Welsh Risk Pool	14,697	23,585
Local Authorities	0	0
Capital debtors	0	0
Other debtors	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments	0	0
Other prepayments	0	0
Other accrued income	0	0
Sub total	14,697	23,585
Total	54,295	51,436
Receivables past their due date but not impaired		
By up to three months	339	261
By three to six months	71	49
By more than six months	68	62
	478	372

Provision for impairment of receivables

Balance at 1 April	(834)	(685)
Transfer to other NHS Wales body	0	0
Amount written off during the year	5	35
Amount recovered during the year	0	0
(Increase) / decrease in receivables impaired	(43)	(184)
Bad debts recovered during year	0	0
Balance at 31 March	(872)	(834)

In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.

Receivables VAT

Trade receivables	613	855
Other	0	0
Total	613	855

16. Other Financial Assets

	Current		Non-current	
	31 March	31 March	31 March	31 March
	2018	2017	2018	2017
	£000	£000	£000	£000
Financial assets				
Shares and equity type investments				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Deposits	0	0	0	0
Loans	0	0	0	0
Derivatives	0	0	0	0
Other (Specify)				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	305	229	0	0
Available for sale at FV	0	0	0	0
Total	305	229	0	0

17. Cash and cash equivalents

	2017-18	2016-17
	£000	£000
Balance at 1 April	1,212	2,052
Net change in cash and cash equivalent balances	316	(840)
Balance at 31 March	1,528	1,212
Made up of:		
Cash held at GBS	1,708	845
Commercial banks	(202)	345
Cash in hand	22	22
Current Investments	0	0
Cash and cash equivalents as in Statement of Financial Position	1,528	1,212
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
Cash and cash equivalents as in Statement of Cash Flows	1,528	1,212

18. Trade and other payables

Current	31 March 2018 £000	31 March 2017 £000
Welsh Government	1	0
WHSSC / EASC	133	346
Welsh Health Boards	1,318	2,408
Welsh NHS Trusts	790	1,004
Other NHS	10,151	8,805
Taxation and social security payable / refunds	3,784	3,368
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	4,550	4,192
Non-NHS creditors	4,283	10,528
Local Authorities	6,064	6,241
Capital Creditors	5,276	4,404
Overdraft	0	0
Rentals due under operating leases	0	0
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	0	0
Accruals	51,084	37,177
Deferred Income:		
Deferred Income brought forward	385	299
Deferred Income Additions	385	375
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	(371)	(289)
Other creditors	7,257	6,107
PFI assets –deferred credits	0	0
Payments on account	0	0
Total	95,090	84,965
Non-current		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Other NHS	0	0
Taxation and social security payable / refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS creditors	0	0
Local Authorities	0	0
Capital Creditors	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	0	0
Accruals	0	0
Deferred Income :		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Total	0	0

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

19. Other financial liabilities

Financial liabilities	Current		Non-current	
	31 March	31 March	31 March	31 March
	2018	2017	2018	2017
	£000	£000	£000	£000
Financial Guarantees:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Derivatives at fair value through SoCNE	0	0	0	0
Other:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Total	0	0	0	0

20. Provisions

	At 1 April 2017	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2018
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Clinical negligence	14,119	0	0	9,206	8,723	(5,802)	(3,960)	0	22,286
Personal injury	4,131	0	0	0	356	(628)	(563)	3	3,299
All other losses and special payments	0	0	0	0	340	(337)	(3)	0	0
Defence legal fees and other administration	495	0	0	134	597	(268)	(413)		545
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	53			0	14	(21)	0	0	46
Restructuring	0			0	0	0	0	0	0
Other	217		0	0	2,289	(883)	(35)		1,588
Total	19,015	0	0	9,340	12,319	(7,939)	(4,974)	3	27,764
Non Current									
Clinical negligence	23,525	0	0	(9,206)	1,011	(231)	(485)	0	14,614
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	432	0	0	(134)	84	(24)	(1)		357
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	23,957	0	0	(9,340)	1,095	(255)	(486)	0	14,971
TOTAL									
Clinical negligence	37,644	0	0	0	9,734	(6,033)	(4,445)	0	36,900
Personal injury	4,131	0	0	0	356	(628)	(563)	3	3,299
All other losses and special payments	0	0	0	0	340	(337)	(3)	0	0
Defence legal fees and other administration	927	0	0	0	681	(292)	(414)		902
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	53			0	14	(21)	0	0	46
Restructuring	0			0	0	0	0	0	0
Other	217		0	0	2,289	(883)	(35)		1,588
Total	42,972	0	0	0	13,414	(8,194)	(5,460)	3	42,735

Expected timing of cash flows:

	In year to 31 March 2019	Between 1 April 2019 31 March 2023	Thereafter	Total
				£000
Clinical negligence	22,286	14,614	0	36,900
Personal injury	3,299	0	0	3,299
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	545	357	0	902
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	46	0	0	46
Restructuring	0	0	0	0
Other	1,588	0	0	1,588
Total	27,764	14,971	0	42,735

20. Provisions (continued)

	At 1 April 2016	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2017
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Clinical negligence	5,607	0	0	8,315	7,431	(3,880)	(3,354)	0	14,119
Personal injury	3,474	0	0	0	1,330	(307)	(374)	8	4,131
All other losses and special payments	0	0	0	0	424	(424)	0	0	0
Defence legal fees and other administration	323	0	0	102	763	(272)	(421)		495
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	59			0	15	(21)	0	0	53
Restructuring	0			0	0	0	0	0	0
Other	502		0	0	79	(28)	(336)		217
Total	9,965	0	0	8,417	10,042	(4,932)	(4,485)	8	19,015
Non Current									
Clinical negligence	16,588	0	0	(8,315)	15,607	(52)	(303)	0	23,525
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	359	0	0	(102)	262	(75)	(12)		432
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	16,947	0	0	(8,417)	15,869	(127)	(315)	0	23,957
TOTAL									
Clinical negligence	22,195	0	0	0	23,038	(3,932)	(3,657)	0	37,644
Personal injury	3,474	0	0	0	1,330	(307)	(374)	8	4,131
All other losses and special payments	0	0	0	0	424	(424)	0	0	0
Defence legal fees and other administration	682	0	0	0	1,025	(347)	(433)		927
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	59			0	15	(21)	0	0	53
Restructuring	0			0	0	0	0	0	0
Other	502		0	0	79	(28)	(336)		217
Total	26,912	0	0	0	25,911	(5,059)	(4,800)	8	42,972

21. Contingencies

21.1 Contingent liabilities

	2017-18 £'000	2016-17 £'000
Provisions have not been made in these accounts for the following amounts :		
Legal claims for alleged medical or employer negligence	53,939	43,862
Doubtful debts	0	0
Equal Pay costs	0	0
Defence costs	1,655	1,727
Continuing Health Care costs	13,600	5,527
Other	0	0
Total value of disputed claims	69,194	51,116
Amounts recovered in the event of claims being successful	51,750	41,400
Net contingent liability	17,444	9,716

21.2 Remote Contingent liabilities

	2017-18 £'000	2016-17 £'000
Guarantees	0	0
Indemnities	266	126
Letters of Comfort	0	0
Total	266	126

21.3 Contingent assets

	2017-18 £'000	2016-17 £'000
	0	0
	0	0
	0	0
Total	0	0

22. Capital commitments**Contracted capital commitments at 31 March**

	2017-18 £'000	2016-17 £'000
Property, plant and equipment	16,100	6,049
Intangible assets	0	0
Total	16,100	6,049

23. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore this note is prepared on a cash basis.

Gross loss to the Exchequer

Number of cases and associated amounts paid out or written-off during the financial year

	Amounts paid out during period to 31 March 2018		Approved to write-off to 31 March 2018	
	Number	£	Number	£
Clinical negligence	58	6,032,254	41	7,102,335
Personal injury	35	628,307	8	421,877
All other losses and special payments	161	336,571	157	338,855
Total	254	6,997,132	206	7,863,067

Analysis of cases which exceed £300,000 and all other cases

		Amounts paid out in year £	Cumulative amount £	Approved to write-off in year £
Cases exceeding £300,000	Case type			
06RR6MN0026	Medical Negligence	0	665,465	665,465
08RR6MN0003	Medical Negligence	103,000	578,000	578,000
09RYNMN0061	Medical Negligence	530,000	630,000	0
11RYNMN0062	Medical Negligence	87,500	437,500	437,500
12RYNMN0006	Medical Negligence	575,000	575,000	575,000
12RYNMN0077	Medical Negligence	0	315,021	0
13RYNMN0025	Medical Negligence	23,500	927,500	927,500
13RYNMN0032	Medical Negligence	40,000	330,000	0
13RYNMN0074	Medical Negligence	389,000	819,000	0
14RYNMN0069	Medical Negligence	530,000	530,000	0
14RYNMN0105	Medical Negligence	775,000	850,000	0
15RYNMN0026	Medical Negligence	272,698	362,698	0
98RVAMN0009	Medical Negligence	0	1,454,194	1,454,194
Sub-total		3,325,698	8,474,378	4,637,659
All other cases		3,671,434	8,504,173	3,225,408
Total cases		6,997,132	16,978,551	7,863,067

24. Finance leases**24.1 Finance leases obligations (as lessee)**

The Local Health Board as at 31st March 2018 had no finance lease contract obligations.

Amounts payable under finance leases:

Land	31 March 2018 £000	31 March 2017 £000
Minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

24.1 Finance leases obligations (as lessee) continue**Amounts payable under finance leases:**

Buildings	31 March 2018 £000	31 March 2017 £000
Minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

Present value of minimum lease payments

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

Other

	31 March 2018 £000	31 March 2017 £000
Minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

Present value of minimum lease payments

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

24.2 Finance leases obligations (as lessor) continued

The Local Health Board has no finance leases receivable as a lessor.

Amounts receivable under finance leases:

	31 March 2018 £000	31 March 2017 £000
Gross Investment in leases		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

The Local Health Board has no PFI operational schemes deemed to be off-Statement of Financial Position

Commitments under off-SoFP PFI contracts	Off-SoFP PFI contracts	Off-SoFP PFI contracts
	31 March 2018 £000	31 March 2017 £000
Total payments due within one year	0	0
Total payments due between 1 and 5 years	0	0
Total payments due thereafter	0	0
Total future payments in relation to PFI contracts	0	0
Total estimated capital value of off-SoFP PFI contracts	0	0

25.2 PFI schemes on-Statement of Financial Position

The Local Health Board has no PFI operational schemes deemed to be on-Statement of Financial Position

Total obligations for on-Statement of Financial Position PFI contracts due:

	On SoFP PFI Capital element 31 March 2018 £000	On SoFP PFI Imputed interest 31 March 2018 £000	On SoFP PFI Service charges 31 March 2018 £000
Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	0	0	0

	On SoFP PFI Capital element 31 March 2017 £000	On SoFP PFI Imputed interest 31 March 2017 £000	On SoFP PFI Service charges 31 March 2017 £000
Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	0	0	0

Total present value of obligations for on-SoFP PFI contracts

0

25.3 Charges to expenditure

	2017-18	2016-17
	£000	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	0	0
Total expense for Off Statement of Financial Position PFI contracts	0	0
The total charged in the year to expenditure in respect of PFI contracts	<u>0</u>	<u>0</u>

The LHB is committed to the following annual charges

	31 March 2018	31 March 2017
	£000	£000
PFI scheme expiry date:		
Not later than one year	0	0
Later than one year, not later than five years	0	0
Later than five years	0	0
Total	<u>0</u>	<u>0</u>

The estimated annual payments in future years will vary from those which the LHB is committed to make during the next year by the impact of movement in the Retail Prices Index.

25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	0	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

PFI Contract

Number of PFI contracts which individually have a total commitment > £500m

On / Off-
statement
of
financial
position
0

PFI Contract

26. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The LHB is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The LHB has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the LHB in undertaking its activities.

Currency risk

The LHB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The LHB has no overseas operations. The LHB therefore has low exposure to currency rate fluctuations.

Interest rate risk

LHBs are not permitted to borrow. The LHB therefore has low exposure to interest rate fluctuations

Credit risk

Because the majority of the LHB's funding derives from funds voted by the Welsh Government the LHB has low exposure to credit risk.

Liquidity risk

The LHB is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The LHB is not, therefore, exposed to significant liquidity risks.

27. Movements in working capital

	2017-18 £000	2016-17 £000
(Increase)/decrease in inventories	201	14
(Increase)/decrease in trade and other receivables - non-current	8,888	(6,921)
(Increase)/decrease in trade and other receivables - current	(11,747)	(9,899)
Increase/(decrease) in trade and other payables - non-current	0	0
Increase/(decrease) in trade and other payables - current	10,125	5,690
Total	7,467	(11,116)
Adjustment for accrual movements in fixed assets - creditors	(872)	(791)
Adjustment for accrual movements in fixed assets - debtors	0	0
Other adjustments	0	0
	6,595	(11,907)

28. Other cash flow adjustments

	2017-18 £000	2016-17 £000
Depreciation	15,347	14,552
Amortisation	352	358
(Gains)/Loss on Disposal	(11)	(10)
Impairments and reversals	1,139	2,413
Release of PFI deferred credits	0	0
Donated assets received credited to revenue but non-cash	(623)	(1,159)
Government Grant assets received credited to revenue but non-cash	(11)	(9)
Non-cash movements in provisions	7,957	21,119
Total	24,150	37,264

29. Third Party assets

The LHB held £1,178,113 cash at bank and in hand at 31 March 2018 (31 March 2017, £1,068,197) which relates to monies held by the LHB on behalf of patients. Cash held in Patient's Investment Accounts amounted to £664,921 at 31 March 2018 (31 March 2017, £673,484). This has been excluded from the Cash and Cash equivalents figure reported in the Accounts.

30. Events after the Reporting Period

There are no events after the reporting period.

31. Related Party Transactions

Total value of transactions with Board members and key senior staff in 2017-18

	Payments to related party £000	Receipts from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Aberystwyth University	21	5	0	0
Castell Howell Food Ltd	278	0	16	0
Carmarthenshire County Council	15,556	4,004	1,179	878
National Botanic Garden of Wales	4	0	0	0
Pembrokeshire County Council	11,374	3,191	2,225	1,015
Swansea City and County Council	59	0	0	0
Swansea University	592	58	52	0

The Welsh Government is regarded as a related party. During the year the Local Health Board has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely:

	Payments to related party £000	Receipts from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	1	836,674	0	1,222
Welsh Health Specialised Services Committee (WHSSC)	79,409	2,071	133	450
Abertawe Bro Morgannwg Local Health Board	35,135	4,229	894	35
Aneurin Bevan Local Health Board	748	654	30	279
Betsi Cadwaladr Local Health Board	646	4,443	95	128
Cardiff and Vale Local Health Board	5,773	559	114	436
Cwm Taf Local Health Board	432	497	60	42
Powys Local Health Board	564	7,721	126	263
Welsh Risk Pool	0	0	0	5,603
Public Health Wales	1,949	2,023	44	94
Velindre NHS Trust	10,392	2,021	742	324
Welsh Ambulance Services NHS Trust	3,007	182	4	25

A number of the LHB's Board members have interests in related parties as follows:

Name	Details	Interests
Judith Hardisty	Vice Chair	Health Assessor for the WG Health and Wellbeing at Work Corporate
Julie James	Independent Member	Member of Court Swansea University Non-Executive Director of WG's Dept for Education and Local Government & Communities Health Assessor for the WG Health and Wellbeing at Work Corporate External Voting Member of Carmarthenshire County Council Audit Committee Non-Exec Director of WG Dept for Education and Local Government Corporate Governance Committee External Voting Member of Carmarthenshire County Council Audit Committee (from 08/06/2016) Member of Carmarthenshire County Council's Standards Committee (from 13/12/2017) Trustee of the National Botanic Garden of Wales
Don Thomas	Independent Member (until 31/10/17)	Castell Howell Foods Ltd Member of Advisory Board of School of Management and Business
Simon Hancock	Independent Member	Cabinet Member Pembrokeshire County Council Member of the Court of Swansea University
Mike Lewis	Independent Member	City & County of Swansea Standards Committee

32. Pooled budgets

The Health Board has entered into a pooled budget with Ceredigion County Council on the 1st April 2009. Under the arrangement funds are pooled under section 33 of the NHS (Wales) Act 2006 for the provision of an integrated community joint equipment store. The pool is hosted by Ceredigion County Council and a memorandum note to the final accounts will provide details of the joint income and expenditure. The financial operation of the pool is governed by a pooled budget agreement between Ceredigion County Council and the Health Board. Payments for services provided by Ceredigion County Council in the sum of £306,000 are accounted for as expenditure in the accounts of the Health Board. The Health Board accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

The Health Board has entered into a pooled budget with Carmarthenshire County Council on the 1st October 2009. Under the arrangement funds are pooled under section 33 of the NHS (Wales) Act 2006 for the provision of an integrated community joint equipment store. The pool is hosted by Carmarthenshire County Council and a memorandum note to the final accounts will provide details of the joint income and expenditure. The financial operation of the pool is governed by a pooled budget agreement between Carmarthenshire County Council and the Health Board. Payments for services provided by Carmarthenshire County Council in the sum of £381,960 are accounted for as expenditure in the accounts of the Health Board. The Health Board accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

The Health Board has entered into an agreement with Carmarthenshire County Council on the 31st March 2011 under section 33 of the NHS (Wales) Act 2006 for the provision of Carmarthenshire Community Health and Social Care services. The section 33 agreement itself will initially only provide the framework for taking forward future schedules and therefore references all community based health, social care (adults & children) and related housing and public protection services so that if any future developments are considered a separate agreement will not have to be prepared. There are currently no pooled budgets related to this agreement.

The Health Board has entered into an agreement with Pembrokeshire County Council on the 31st March 2011 under section 33 of the NHS (Wales) Act 2006 for the provision of an integrated community joint equipment store and from 1st October 2012 the agreement has operated as a pooled fund. The pool is hosted by Pembrokeshire County Council and a memorandum note to the final accounts will provide details of the joint income and expenditure. The financial operation of the pool is governed by a pooled budget agreement between Pembrokeshire County Council and the Health Board. The Health Board accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement and the sum of £382,972 has been accounted for as expenditure in the accounts of the Health Board.

33. Operating segments

The Hywel Dda University Local Health Board has identified the organisations full Board as the Chief Operating Decision Maker (CODM) under IFRS 8. Only the full Board can allocate resources to the various services. The organisation is constituted as an integrated Local Health Board with seamless service delivery. The management and reporting for the operations of the Local Health Board to the CODM is through Acute Care and Counties. Whilst these may be seen as segments they each provide the same spectrum of integrated services and therefore the Local Health Board has aggregated them into one healthcare segment as provided for under IFRS 8. The Local Health Board has no non healthcare activities.

34. Other Information

IFRS 9

IFRS 9 Financial Instruments is effective from the 1st January 2018 and will be applicable for public sector reporting as adapted in the Financial Reporting Manual (FReM) for the 2018/19 financial year.

Initial application impacts for the 2018/19 accounts will be recognised in opening retained earnings, as mandated by the FReM.

The principal impact of IFRS9 adoption will be to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss basis. The FReM mandates the application of the simplified approach to impairment under the standard, requiring for short and long term receivables the recognition of a loss allowance for an amount equal to lifetime expected credit losses.

The impact of adopting IFRS9 in 2018/19 is not expected to have a material impact. Disclosure and presentation requirements of IFRS9 will be applied as required by the FReM and in accordance with the principles of streamlining and materiality.

IFRS15

IFRS 15 Revenue from Contracts with Customers is effective from the 1st January 2018 and will be applicable for public sector reporting as adapted in the Financial Reporting Manual (FReM) for the 2018/19 financial year.

The NHS Wales Technical Accountants Group and the Welsh Government (as a Relevant Authority) are considering the detail of application of IFRS15 for Local Health Boards and NHS Trusts in Wales.

Final application guidance will be issued in the NHS Wales Manuals for Accounts for 2018/19.

Any initial application impacts arising for the 2018/19 accounts will be recognised in opening retained earnings, as mandated by the FReM.

No material impacts are anticipated as a consequence of IFRS15 becoming effective in the FReM for 2018/19.

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

LOCAL HEALTH BOARDS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2011 and subsequent financial years in respect of the Local Health Boards (LHB)¹, in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the LHB shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year in which the accounts are being prepared, and has been applied by the Welsh Government and detailed in the NHS Wales LHB Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the LHB for the year ended 31 March 2011 and subsequent years shall comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied by the Welsh Assembly Government, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst

Dated :

1. Please see regulation 3 of the 2009 No.1559 (W.154); NATIONAL HEALTH SERVICE, WALES; The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009

**THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY
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4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

The Certificate and independent auditor's report of the Auditor General for Wales to the National Assembly for Wales

Report on the audit of the financial statements

Opinion

I certify that I have audited the financial statements of Hywel Dda University Health Board for the year ended 31 March 2018 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Tax Payers Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and HM Treasury's Financial Reporting Manual based on International Financial Reporting Standards (IFRSs).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of Hywel Dda University Health Board as at 31 March 2018 and of its net operating costs for the year then ended; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Executive has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The Chief Executive is responsible for the other information in the annual report and accounts. The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Qualified Opinion on regularity

In my opinion, except for the irregular expenditure of £150.242 million explained in the paragraph below, in all material respects, the expenditure and income have been applied to the purposes intended by the National Assembly for Wales and the financial transactions conform to the authorities which govern them.

Basis for Qualified Opinion on Regularity

The Health Board has breached its resource limit by spending £150.242 million over the £2,254.302 million that it was authorised to spend in the three-year period 2015-16 to 2017-18. This spend constitutes irregular expenditure. Further detail is set out in the attached Report.

Report on other requirements

Opinion on other matters

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

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

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

Matters on which I report by exception

In the light of the knowledge and understanding of the Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report.

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

- proper accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or
- I have not received all the information and explanations I require for my audit.

Report of the Auditor General to the National Assembly for Wales

Introduction

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

For 2017-18 Hywel Dda University Local Health Board (the LHB) failed to meet both the first and the second financial duty and so I have decided to issue a narrative report to explain the position.

Failure of the first financial duty

The first financial duty gives additional flexibility to LHBs by allowing them to balance their income with their expenditure over a three-year rolling period. The second three-year period under this duty is 2015-16 to 2017-18, and so it is measured this year for the second time.

As shown in Note 2.1 to the Financial Statements, the LHB did not manage its revenue expenditure within its resource allocation over this three-year period, exceeding its cumulative revenue resource limit of £2,254.302 million by £150.242 million. The LHB, therefore, did not meet its first financial duty.

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

Failure of the second financial duty

The second financial duty requires LHBs to prepare and have approved by the Welsh Ministers a rolling three-year integrated medium term plan. This duty is an essential foundation to the delivery of sustainable quality health services. An LHB will be deemed to have met this duty for 2017-18 if it submitted a 2017-18 to 2019-20 plan approved by its Board to the Welsh Ministers who then approved it by 30 June 2017.

As shown in Note 2.3 to the Financial Statements, the LHB did not meet its second financial duty to have an approved three-year integrated medium term plan in place for the period 2017-18 to 2019-20.

Following the LHB being placed in Targeted Intervention in September 2016, it was not in a position to submit a three-year Integrated Medium Term Plan for 2017-20. Instead the LHB has operated, in agreement with Welsh Government, under annual planning arrangements. The LHB's Annual Operating Plan for 2017-18, which identified a planned annual deficit of £58.9 million, was approved by its Board in March 2017. However, the LHB's eventual deficit for 2017-18 was £69.43 million.

Zero based review of Hywel Dda UHB health care services

The Cabinet Secretary for Health and Social Services' announcement of 23 May 2018 indicates that factors relating to demographics and scale contributing to the Health Board's financial position were outside its control. He has awarded additional annual recurring funding of £27 million to recognise this. The reporting of the Health Board's financial out-turn in Note 2.1 needs to be considered alongside this announcement.

Huw Vaughan Thomas
Auditor General for Wales
13 June 2018



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Adroddiad Blynyddol a Chyfrifon 2017/18

Rydym wedi cyflawni llawer gyda'n gilydd fe wnawn ni wahaniaeth

Beth y bydd yr Adroddiad Blynyddol hwn yn ei ddweud wrthy ch?

Mae ein Hadroddiad Blynyddol yn rhan o gyfres o ddogfennau a fydd yn dweud wrthy ch am ein sefydliad, y gofal yr ydym yn ei roi, a'r hyn yr ydym yn ei wneud i gynllunio, darparu, a gwella gofal iechyd ar eich cyfer, er mwyn bodloni gofynion sy'n newid a goresgyn heriau'r dyfodol. Mae'n rhoi gwybodaeth am ein perfformiad, yr hyn yr ydym wedi ei gyflawni yn 2017-18, a'r modd y byddwn yn gwella y flwyddyn nesaf. Mae hefyd yn egluro pa mor bwysig ydyw i weithio gyda chi ac i wrando arnoch, er mwyn darparu gwell gwasanaethau sy'n diwallu eich anghenion ac sy'n cael eu darparu mor agos â phosibl atoch chi.

Mae ein blaenoriaethau yn seiliedig ar ein Cynllun Blynyddol, sy'n pennu ein hamcanion a'n cynlluniau hyd at 2019. Gallwch ddarllen y ddogfen hon, a chael rhagor o wybodaeth amdanom, ar www.hywelddahb.wales.nhs.uk. Mae ein Hadroddiad Blynyddol ar gyfer 2017-18 yn cynnwys:

- Ein **Hadroddiad ar Berfformiad**, sy'n nodi'r modd yr ydym wedi perfformio yn erbyn ein targedau, ynghyd â'r camau gweithredu sydd wedi'u cynllunio i gynnal neu wella ein perfformiad.
- Ein **Hadroddiad ar Atebolrwydd**, sy'n nodi ein gofynion allweddol o ran atebolrwydd o dan Ddeddf Cwmnïau 2006 a Rheoliadau Cwmnïau a Grwpiau Mawr a Chanolig (Cyfrifon ac Adroddiadau) 2008; gan gynnwys ein Datganiad Llywodraethu Blynyddol, sy'n rhoi gwybodaeth am y modd yr ydym yn rheoli ein hadnoddau a'n risgiau ac yn cydymffurfio â'n trefniadau llywodraethu ein hunain.
- Crynodeb o'n **Datganiadau Ariannol**, sy'n nodi'r modd yr ydym wedi gwario ein harian ac wedi cyflawni ein rhwymedigaethau o dan Ddeddf Cyllid y Gwasanaeth Iechyd Gwladol (Cymru) 2014.

Ein Datganiad Ansawdd Blynyddol

Mae ein Datganiad Ansawdd Blynyddol, a gyhoeddwyd ar yr un pryd â'r Adroddiad Blynyddol, yn rhoi manylion am gamau yr ydym wedi'u cymryd i wella ansawdd ein gwasanaethau, ac mae ar gael yma: <https://bit.ly/2sFIRS w>

Ein Hadroddiad Blynyddol ar Iechyd y Cyhoedd

Mae ein Hadroddiad Blynyddol ar Iechyd y Cyhoedd 2017-18 yn rhoi rhagor o fanylion am y camau yr ydym wedi'u cymryd i wella iechyd a lles ein cymunedau lleol, ac mae ar gael yma: <https://bit.ly/2M67OgR>

Os oes arnoch angen unrhyw un o'r cyhoeddiadau hyn mewn fformatau argraffedig neu amgen, a/neu mewn ieithoedd eraill, cysylltwch â ni gan ddefnyddio'r manylion isod.

Sut i gysylltu â ni

Bwrdd Iechyd Prifysgol Hywel Dda, Adeilad Ystwyth, Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job, Caerfyrddin, SA31 3BB

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www.facebook.com/BwrddIechydHywelDda

© Bwrdd Iechyd Lleol Prifysgol Hywel Dda. Bwrdd Iechyd Lleol Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda.

Cynnwys

[Clawr blaen: rhai o'n Gweithwyr y Mis a gafodd eu cydnabod yn ystod y flwyddyn]

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Pennod 1

Croeso gan ein Cadeirydd a'n Prif Weithredwr

Trwy gydol 2017-18, rydym wedi cyflawni nifer o lwyddiannau ledled Bwrdd Iechyd Prifysgol Hywel Dda yr ydym yn hynod o falch ohonynt, ac er iddi hefyd fod yn flwyddyn heriol mewn sawl ffordd, rydym wedi croesawu nifer o gyfleoedd i wella hefyd.

Rhaid talu teyrnged i'n staff yn gynnar yn yr adroddiad hwn, oherwydd heb eu hymrwymiad a'u gwaith caled nhw, ni fyddem yn gallu cyflawni popeth yr ydym yn ei wneud. Ledled y sefydliad, mae ein staff wedi parhau i weithio'n eithriadol o galed ar hyd y flwyddyn, er mwyn sicrhau bod ein cleifion yn cael y gofal y mae arnynt ei angen, a hynny y tu hwnt i'w rolau arferol yn aml, ac yn enwedig ar adegau o bwysau sylweddol, er enghraifft yn ystod misoedd y gaeaf. Er gwaethaf hyn, mae llawer o'n staff a'n timau wedi llwyddo i gyflawni mwy fyth, a chydabuwyd eu gwaith trwy amrywiaeth o wobrau cenedlaethol. Rydym yn hynod o ddarostyngedig ac yn falch o fod y rhan o dîm mor ymroddedig a thalentog.

Yn ystod y flwyddyn, er gwaethaf ffocws ac ymdrechion enfawr, nid ydym wedi llwyddo i sicrhau'r sefydlogrwydd ariannol yr oeddem wedi gobeithio amdano, a hynny yn bennaf oherwydd y galw cynyddol am wasanaethau gofal iechyd a chostau cynyddol darparu'r gwasanaethu hynny. Rydym yn cydnabod ein heriau ariannol sylweddol, ac rydym yn gwneud popeth y gallwn ei wneud 'nawr, ac wrth gynllunio ar gyfer y dyfodol, i fynd i'r afael â'r heriau hyn ac i sicrhau gwell sefyllfa ariannol unwaith eto. Rydym yn gweithio tuag at ein Cynllun Tymor Canolig Integredig cymeradwy cyntaf ar gyfer 2019-20, a byddwn yn canolbwyntio ein hymdrechion yn ystod 2018-19 ar gyrraedd y garreg filltir bwysig hon ar gyfer y sefydliad. Felly, hyd nes i ni gyflawni hyn, bydd gennym Gynllun Blyneddol ar gyfer 2018-19. Rydym yn croesawu cefnogaeth Llywodraeth Cymru yn rhan o'n statws 'ymyrraeth wedi'i thargedu', ynghyd â'r cyfleoedd y mae hyn wedi'u creu, er enghraifft ein rhaglen Trawsnewid, sy'n golygu y bydd y staff yn gweithio'n galed i nodi effeithlonrwydd er mwyn i ni allu gwario cymaint â phosibl ar ddarparu gofal iechyd diogel ar gyfer ein cleifion. Rydym yn parhau i weithio'n agos gyda Llywodraeth Cymru i wella ein sefyllfa ariannol ar gyfer y dyfodol.

Er nad yw ein dibyniaeth ar staff dros dro a staff asiantaeth i gynnal y gwasanaethau yn anarferol ar gyfer y GIG, bu hyn yn broblem benodol yn ein hardal ni, sy'n wledig i raddau helaeth. Yn 2017-18, aethom ati i gynnal nifer o ymgyrchoedd recriwtio amrywiol ar gyfer staff clinigol, ac, o ganlyniad, gwelwyd peth llwyddiant o ran y gweithlu wrth i ni ddenu nyrsys, meddygon a staff clinigol newydd o bob cwr o'r Deyrnas Unedig a thramor, a gweithio gyda'n prifysgolion i gyflogi staff newydd gymhwyso.

Rydym yn sefydliad sy'n gwella, ac sy'n ymdrechu'n barhaus i wella ein perfformiad ym mhob maes iechyd. Yn y flwyddyn ddiwethaf, rydym wedi gwella neu gynnal ein perfformiad mewn perthynas â'r mwyafrif o'n dangosyddion, yn enwedig o ran amserau aros ar gyfer therapïau, diagnosteg a thriniaeth ddewisol. Fodd bynnag, rydym yn cydnabod bod yna lawer o waith i'w wneud eto, ac felly byddwn yn canolbwyntio ar wella'r meysydd hynny y mae angen eu gwella.

Gan edrych ymlaen at 2018-19, ein ffocws 'nawr yw cydweithio i newid ein GIG lleol er gwell, er mwyn sicrhau bod ein gwasanaethau gofal iechyd yn ddiogel, yn gynaliadwy, yn hygyrch, yn garedig, ac yn fforddiadwy yn y dyfodol. Gyda phob un ohonom – yn staff, cleifion, teuluoedd, gofawyr a chymunedau ehangach – yn aml yn teimlo effaith gwasanaethau mewn cyni, rydym oll yn awyddus i newid y ffordd yr ydym yn gwneud pethau yn ein GIG yng ngorllewin Cymru.

Mae angen i ni ad-drefnu ein gwasanaethau er mwyn manteisio i'r eithaf ar dechnoleg, cyflogi unigolion medrus i weithio yn y lleoliadau a'r ardaloedd iawn, a gwneud y defnydd gorau posibl o bob punt yr ydym yn ei gwario, a hynny er mwyn sicrhau bod yr hyn a wnawn yn fwy

effeithlon, yn cynnig gwerth da am arian, ac yn diwallu anghenion newidiol ein poblogaeth yn well.

Mae cynllun ein gwasanaethau yn allweddol yn hyn o beth. Yn debyg i'r GIG cyfan yn y Deyrnas Unedig, mae nifer o'n gwasanaethau cyfredol yn fregus, ac ni allant barhau heb eu newid. Rydym yn wynebu nifer o heriau sy'n golygu bod yn rhaid i ni drawsnewid y ffordd yr ydym yn cefnogi iechyd a lles ein cymunedau lleol, gan gynnwys ein daearyddiaeth a'n demograffeg newidiol, datblygiadau o ran meddygaeth, ein gweithlu a'n hystad, y cyllid a'r adnoddau sydd ar gael i ni, a sicrhau bod ansawdd y gwasanaethau yn deg ledled ein tair sir.

Felly, yn ystod haf 2017, aethom ati i ymgysylltu'n eang â chleifion, staff, partneriaid a'r cyhoedd trwy'r 'Sgwrs Fawr' ynglŷn â chyfeiriad ein system iechyd yn y dyfodol – sef ein rhaglen 'Trawsnewid Gwasanaethau Clinigol'. Yna, defnyddiom yr adborth hwn i brofi, mireinio a lleihau ein hopsiynau posibl, a gynlluniwyd gan glinigwyr a gweithwyr proffesiynol eraill, mewn ymateb i'r hyn y mae'r cyhoedd wedi ei ddweud, yn ogystal â'r heriau clinigol y maent yn eu hwynebu bob dydd, a hynny trwy ystyried diogelwch, safonau gofal iechyd, hygyrchedd a fforddiadwyedd.

Byddwn yn ymgynghori'n ffurfiol â'n cyhoedd yng ngwanwyn 2018 ynghylch yr opsiynau sy'n ddiogel, yn ddichonadwy, ac yn well na'r hyn sydd gennym ar hyn o bryd, yn ein barn ni. Yn dilyn hynny, bydd y Bwrdd yn neilltuo amser i ystyried popeth a ddaeth i law, ac i wneud penderfyniad yn ddiweddarach yn 2018 o ran yr ateb gorau ar gyfer dyfodol y GIG yng Nghymru.

Mae'r adroddiad blynyddol hwn hefyd yn arddangos nifer o'n datblygiadau newydd ac arloesol, yn ogystal â'n llwyddiannau, gan gynnwys nifer o enghreifftiau lle'r ydym wedi torri tir newydd yng Nghymru. Yn 2017-18, aethom ati i fuddsoddi £16.9m i wella ein gwasanaethau mewn ysbytai, yn ogystal â'n gwasanaethau cymunedol.

Ym mis Ionawr, rhoddwyd cam gweithredu ein rhaglen Trawsnewid Gwasanaethau Iechyd Meddwl (www.hywelddahb.wales.nhs.uk/mentalhealth) lwyddiannus ar waith, sy'n anelu at newid gwasanaethau iechyd meddwl oedolion ledled Sir Gaerfyrddin, Ceredigion a Sir Benfro. Roedd hyn yn dilyn ein hymgyngghoriad cyhoeddus cynhwysfawr, a ddaeth i ben ym mis Medi 2017, ac y dyfarnwyd statws 'arfer gorau' iddo gan y Sefydliad Ymgynghori. Byddwn yn parhau i ymgysylltu a chyd-gynhyrchu wrth symud ymlaen, gan sicrhau bod hyn yn cyd-fynd â'n rhaglen Trawsnewid Gwasanaethau Clinigol.

Erbyn hyn, mae gennym dros 1,000 o aelodau yn [Siarad Iechyd/Talking Health](#) ac rydym wedi recriwtio 161 o wirfoddolwyr iechyd newydd a chynyddu nifer y gwobrau Buddsoddwyr mewn Gofalwyr efydd ac arian ar gyfer ein meddygfeydd, fferyllfeydd a lleoliadau iechyd.

Rydym wedi cyflawni cryn dipyn ledled ein holl wasanaethau aciwt, sylfaenol, cymunedol, iechyd meddwl ac anableddau dysgu yn ystod blwyddyn brysur arall, ac mae hyn yn tystio i frwdfrydedd, ymrwymiad ac ymroddiad ein staff, gwirfoddolwyr a phartneriaid, yn ogystal â'n holl randdeiliaid, sydd wedi gweithio mor galed er budd ein cleifion a'n poblogaeth yn gyffredinol. Trwy barhau i wireddu ein gwerthoedd sefydliadol, sy'n ganolog i'n busnes o ddydd i ddydd, rydym yn cydweithio hyd eithaf ein gallu, gan anelu at ddatblygu a darparu gwasanaethau rhagorol, a sicrhau bod pobl wrth wraidd popeth a wnawn.

Edrychwn ymlaen at groesawu'r flwyddyn nesaf gyda'n gilydd, ynghyd â phopeth y bydd ganddi i'w gynnig ar gyfer ein dyfodol – rydym wedi cyflawni llawer gyda'n gilydd, a chyda'n gilydd, gallwn wneud gwahaniaeth.



Mrs Bernardine Rees OBE
Cadeirydd



Mr Steve Moore
Prif Weithredwr

Amdanom ni

Bwrdd Iechyd Prifysgol Hywel Dda (y Bwrdd Iechyd) sy'n gyfrifol am gynllunio a darparu holl wasanaethau gofal iechyd y GIG ar gyfer trigolion Sir Gaerfyrddin, Ceredigion, Sir Benfro a'r siroedd cyfagos. Mae ein 9,715 o aelodau o staff yn darparu gwasanaethau sylfaenol, cymunedol, ysbyty, iechyd meddwl ac anableddau dysgu ar gyfer oddeutu 384,000 o bobl, a hynny mewn ardal sy'n ymestyn dros chwarter tir Cymru. Rydym yn gwneud hyn mewn partneriaeth â'n tri awdurdod lleol a chyd-weithwyr yn y sector cyhoeddus, y sector preifat a'r trydydd sector, gan gynnwys ein gwirfoddolwyr, a hynny trwy:

- Bedwar prif ysbyty: Bronglais yn Aberystwyth, Glangwili yng Nghaerfyrddin, Tywysog Philip yn Llanelli a Llwynhelyg yn Hwlfordd;
- Saith ysbyty cymunedol: Dyffryn Aman a Llanymddyfri yn Sir Gaerfyrddin; Tregaron, Aberaeron ac Aberteifi yng Ngheredigion; a Dinbych-y-pysgod a Chanolfan Adnoddau Iechyd a Gofal Cymdeithasol Ysbyty De Sir Benfro yn Sir Benfro;
- 51 o bractisau cyffredinol, 46 o bractisau deintyddol (gan gynnwys un practis orthodeintyddol) 99 o fferyllfeydd cymunedol, 64 o bractisau offthalmig cyffredinol (43 ohonynt yn darparu Archwiliadau Iechyd Llygaid Cymru a 34 yn darparu gwasanaethau golwg gwan), ac 11 o ganolfannau iechyd;
- Lleoliadau niferus sy'n darparu gwasanaethau iechyd meddwl ac anableddau dysgu;
- Gwasanaethau trydyddol ac arbenigol iawn a gomisiynwyd gan Bwyllgor Gwasanaethau Iechyd Arbenigol Cymru, cyd-bwyllgor sy'n cynrychioli saith bwrdd iechyd ledled Cymru.

Ein gweledigaeth yw darparu system o'r radd flaenaf sy'n darparu gofal o'r ansawdd gorau posibl ac yn sicrhau gwell canlyniadau. Dyma ein cenhadaeth, sef y gwahaniaeth yr ydym yn bwriadu ei wneud i bobl:

- Byddwn yn atal afiechyd ac yn ymyrryd yn y blynyddoedd cynnar. Mae hyn yn allweddol i'n cenhadaeth hirdymor i ddarparu'r gofal iechyd gorau i'n poblogaeth.
- Byddwn yn mynd ati'n rhagweithiol i gefnogi pobl leol, yn enwedig y rheiny sy'n byw â phroblemau iechyd, yn ogystal â'r gofalwyr sy'n eu cefnogi.
- Os ydych yn credu bod gennych broblem iechyd, bydd prosesau ar waith i sicrhau eich bod yn cael diagnosis cyflym, fel eich bod yn gallu cael y driniaeth y mae arnoch ei hangen, os oes arnoch ei angen, neu'n gallu parhau â'ch bywyd bob dydd.
- Byddwn yn sefydliad effeithiol nad yw'n disgwyl i chi deithio'n ddiangen nac aros am gyfnodau afresymol; sy'n gyson, yn ddiogel, ac o ansawdd uchel; ac sydd â diwylliant o dryloywder a dysgu pan aiff pethau o chwith.

Er mwyn gwneud hyn, rydym wedi pennu 10 amcan strategol, sef:

1. Annog a chefnogi pobl i wneud dewisiadau iachach drostynt hwy eu hunain a'u plant, a lleihau nifer y bobl sy'n ymddwyn mewn ffordd beryglus.
2. Lleihau **gorbwysedd a gordewdra** ymhlith ein poblogaeth leol.
3. Gwella dulliau atal, canfod a rheoli **clefyd cardiofasgwlaidd** ymhlith y boblogaeth leol.
4. Cynyddu cyfraddau goroesi ar gyfer **canser** trwy ddulliau atal, sgrinio, diagnosis cynharach, mynediad cyflymach at driniaeth, a gwell rhaglenni goroesedd.
5. Adnabod cleifion â **diabetes** yn gynnar, a'u rheoli'n well, gwella lles hirdymor a lleihau cymhlethdodau.
6. Gwella'r cymorth a roddir i bobl â **salwch anadlol** sefydledig, atal dirywiad pellach a'r angen am ofal mewn ysbyty.
7. Gwella **iechyd meddwl a lles** ein poblogaeth leol trwy wella dulliau hyrwyddo ac atal a sicrhau mynediad amserol at ymyraethau priodol.
8. Gwella dulliau canfod yn gynnar a gofal pobl **eiddil** sy'n defnyddio ein gwasanaethau, gan gynnwys y rheiny sydd â dementia, gyda'r nod penodol o gynnal eu lles a'u hannibyniaeth.
9. Gwella **cynhyrchiant ac ansawdd** ein gwasanaethau, gan ddefnyddio egwyddorion gofal iechyd darbodus a'r cyfleoedd i arloesi a gweithio gyda phartneriaid.
10. Cyflawni **Targedau'r Fframwaith Canlyniadau a Chyflawni**, o leiaf, a mynd ati'n benodol i ddileu'r angen am deithio diangen ac amseroedd aros hir, yn ogystal ag adfer **sefyllfa ariannol gadarn** y sefydliad dros oes y Cynllun hwn.

Sut y byddwn yn gwneud hyn?

Mae Fframwaith Cynllunio GIG Cymru 2018-21 yn nodi disgwyliad Llywodraeth Cymru o ran cyflawni Cynllun Tymor Canolig Integredig ar gyfer 2018-19 hyd at 2020-21, sy'n disgrifio ein gweledigaeth, ein hamcanion a'n cynlluniau strategol ar gyfer y tair blynedd nesaf. Y gobaith oedd mai 2017-18 fyddai ein Cynllun Blyneddol olaf. Yn ystod 2017-18, mae ein harweinwyr clinigol newydd wedi helpu i lunio'r sylfeini ar gyfer y dyfodol trwy gyfrwng ein strategaeth glinigol gyntaf erioed. Gobeithiwn y bydd y gwaith hwn yn arwain at Gynllun Tymor Canolig Integredig cymeradwy cyntaf y Bwrdd Iechyd yn 2019-20, ac yn 2018-19 byddwn yn rhoi pwys mawr ar gyrraedd y garreg filltir bwysig hon ar gyfer y sefydliad. Felly, hyd nes y byddwn wedi cyflawni hyn, rydym wedi gweithio i lunio [Cynllun Blyneddol ar gyfer 2018-19](#). Mae'r gwaith o lunio ein strategaeth glinigol fanwl wrth galon ein cynllun diwygiedig eleni, ac rydym yn rhoi llawer o sylw i'r modd y gallwn ei datblygu mewn cydweithrediad â'n partneriaid yn y sector cyhoeddus, ein rhanddeiliaid, a'n cymunedau.

Mae'r cynllun hwn ar gyfer 2018-19 yn parhau â'n taith i ddod yn sefydliad iechyd y boblogaeth sy'n canolbwyntio ar gadw pobl yn iach, datblygu gwasanaethau mewn cymunedau lleol, a sicrhau bod ein gwasanaethau mewn ysbytai yn ddiogel, yn gynaliadwy, yn hygyrch ac yn garedig, a'u bod yn cael eu cynnal mewn modd effeithlon. Rydym yn bwriadu diwallu anghenion ein poblogaeth bresennol, gan edrych ymlaen hefyd wrth i ni gynllunio ein gwasanaethau i ddiwallu anghenion cenedlaethau'r dyfodol. Mae ein deg amcan strategol yn parhau yr un peth gan nad yw'r asesiadau o anghenion y maent wedi'u seilio arnynt wedi newid, ac rydym yn parhau i hyrwyddo'r gwerthoedd sy'n sail i'n sefydliad.

Er i ni wneud cynnydd sylweddol o ran datblygu'r broses o integreiddio'r gwaith o gynllunio a darparu gwasanaethau ar lefel leol, rydym yn cydnabod bod angen i hyn fod yn faes ffocws allweddol ar gyfer 2018-19. Ein nod yw gallu dangos tystiolaeth o gysylltiadau cynllunio clir, a hynny yn ein cynlluniau iechyd ar lefel clwstwr o feddygon teulu, yn ogystal â'n cynlluniau cymunedol, sirol, rhanbarthol a chynlluniau partneriaeth strategol, megis cynlluniau llesiant y Byrddau Gwasanaethau Cyhoeddus.

Rydym yn symud tuag at gynlluniau ardal integredig a luniwyd ar y cyd trwy ddatblygu fframwaith, a chytuno arno, a fydd yn galluogi'r gwasanaethau gofal sylfaenol, y gwasanaethau iechyd cymunedol, y trydydd sector a'r gwasanaethau cymdeithasol i gydweithio mewn modd cydlynus, ac at sicrhau bod y rhain yn fwy systematig.

Yn gyffredinol, mae ein perfformiad o ran amserau aros ar gyfer amrywiaeth o driniaethau mawr yn parhau i wella, ac rydym mewn sefyllfa llawer gwell yn 2017-18 o ran cyfeirio gofal dewisol neu ofal wedi'i gynllunio i amserau triniaethau. Mae'r oedi o ran ein hambiwlsys wedi gwella bob mis, ac er bod yr amserau aros yn yr adrannau brys wedi bod yn heriol, rydym wedi cadw at yr un safle o gymharu â Chymru gyfan.

Mae ein cyllid wedi parhau i fod yn fwy o her i'w drawsnewid. Ein prif flaenoriaeth o hyd yw sefydlogi'r gweithlu, cyflwyno nyrsys hyfforddedig newydd, denu staff meddygol i'r ardal, a gweithio'n agos gyda'n prifysgolion, ac mae hyn wedi gweithio i ryw raddau trwy atal y cynnydd yn y 'gyflog amrywiol' (y rhan honno o'n bil cyflogau sy'n cynnwys costau premiwm o ran staff locwm, staff asiantaeth a goramser). Wrth edrych ar y flwyddyn sydd i ddod, rydym yn parhau i anelu at y nod o fantoli'r gyllideb yn ystod y flwyddyn, er mwyn i'n gwarged ar ddiwedd y flwyddyn beidio â bod yn fwy nag yr oedd ar ddechrau'r flwyddyn. Rydym hefyd am sicrhau perfformiad sy'n ein galluogi i barhau ar ein taith i wella.

Rydym yn parhau i gydweithio â'n cleifion a defnyddwyr gwasanaethau i ddarparu gofal sy'n canolbwyntio ar y claf, ac yn parhau i gryfhau ein partneriaeth ag awdurdodau lleol, yn enwedig y gwasanaethau cymdeithasol, a byddwn yn cronni ac yn cydgysylltu gwasanaethau perthnasol am y tro cyntaf.

Mae'r berthynas rhwng Bwrdd Iechyd Prifysgol Hywel Dda a Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg wedi'i chryfhau trwy'r dulliau a'r cyfleoedd a ddarperir gan ARCH ([Cydweithrediad Rhanbarthol ar gyfer Iechyd](#)) a'r Cyd-bwyllgor Cynllunio a Chyflawni Rhanbarthol (JRPDC), sydd, gyda'i gilydd, yn sicrhau ein strategaeth hirdymor ar gyfer cydweithrediad rhanbarthol rhwng byrddau iechyd prifysgolion a chyda'n prifysgol bartner, Prifysgol Abertawe. Mae'r JRPDC yn canolbwyntio ar flaenoriaethau a darpariaeth byrdymor, tra bo ARCH yn canolbwyntio ar y tymor canolig a'r hirdymor.

Yn fwyfwy, mae llawer o'n gwasanaethau yn cael eu cynllunio a'u darparu yn rhanbarthol, fel bod y cleifion yn ardal Hywel Dda yn elwa ar yr arbenigedd a/neu allu clinigol arbenigol sydd ar gael yn y byrddau iechyd cyfagos. Rydym wedi bod yn canolbwyntio ar ein heriau cyffredin ac ar fanteisio i'r eithaf ar effaith gweithio gyda'n gilydd lle mae yna gyfleoedd i wella gofal trwy gydweithio. Mae gennym raglen waith dreigl i gefnogi'r gwaith o gynllunio, darparu a gwella gwasanaethau yn y byrdymor a'r tymor canolig, yn ogystal â gweithio tuag at set o gydfwriadau cynllunio a darparu rhanbarthol.

Yn ystod 2017-18, bu Grŵp Cydweithredol Gofal Iechyd y Canolbarth (MWHC) yn arwain y gwaith o weithredu canfyddiadau ac argymhellion Astudiaeth Gofal Iechyd Canolbarth Cymru, sydd wedi'i ddisodli er mis Mawrth 2018 gan Gyd-bwyllgor Iechyd a Gofal Cymdeithasol Canolbarth Cymru. Bydd y Cyd-bwyllgor yn adeiladu ar y cryfder a'r dysg sy'n deillio o drefniadau'r MWHC ar gyfer 2018-19 i: nodi blaenoriaethau allweddol blynyddol/tair blynedd ar gyfer datblygu'r gwasanaeth; cydweithio i sicrhau datblygiadau allweddol cytunedig o ran

gwasanaethau; llunio a gweithredu dulliau clir ar gyfer ymgysylltu, ymgynghori a chyfathrebu â'r boblogaeth berthnasol a grwpiau cymunedol/rhanddeiliaid, a'u cynnwys; a sicrhau bod dulliau'n cael eu datblygu i'n galluogi i weithio'n agos gyda chyfryngau allweddol eraill ar gyfer gwella iechyd a llesiant a darparu gwasanaethau integredig, ac i ddefnyddio'r cyfryngau hynny.

Prif gyflawniadau a datblygiadau

Adnodd pwrpasol ar gyfer cleifion â diabetes yn Ysbyty Tywysog Philip

Ym mis Gorffennaf 2017, agorwyd adnodd pwrpasol ar gyfer cleifion â diabetes yn Llanelli, a hynny mewn adeilad a oedd newydd gael ei adnewyddu ar safle Ysbyty Tywysog Philip. Mae Canolfan Diabetes Cymunedol Meurig Williams yn cynnwys nifer o wasanaethau, gan gynnwys Sgrinio Llygaid Diabetig Cymru, podiatreg fasgwlaidd, clinigau wlserau ar y coesau, clinigau uwch-nyrsys diabetes arbenigol, cyflyrau cronig, seicoleg glinigol, deieteg, pypmiao inswlin a chlinigau cyn geni. Am y tro cyntaf yng Nghymru, mae'r holl wasanaethau hyn ar gyfer cleifion diabetig wedi'u lleoli yn yr un adeilad.

Ystafell ddydd hen ffasiwn yn galluogi cleifion i gamu'n ôl mewn amser

Mae gan gleifion ar ward yn Ysbyty Llwynhelyg, Hwlfordd, eu 'peiriant amser therapiwtig' eu hunain erbyn hyn, a hynny'n ddiolch i ymdrechion staff a'r gymuned leol i godi arian.

Cafodd cleifion, staff ac ymwelwyr y pleser o fwynhau te parti hen ffasiwn i agor yr ystafell atgofion/gweithgareddau ar Ward 12 ym mis Ebrill 2017. Cafodd yr hen ystafell ddydd ei thrawsnewid yn ardal therapi atgofion, gan ddarparu'r amgylchedd perffaith i gleifion â dementia ac eiddilwch ymlacio a hel atgofion. Mae'r ystafell yn cynnwys gwrthrychau a dodrefn tebyg i rai mewn cartref yn yr 1950au, gan gynnwys ardal gegin, lle tân traddodiadol a

lolfâ. Mae gan y ward offer trin gwallt hen ffasiwn erbyn hyn hefyd, sy'n galluogi'r cleifion i ymlacio a phrofi ychydig o normalrwydd. Defnyddir yr ystafell anghlinigol hon hefyd ar gyfer gweithgareddau'r cleifion, er enghraifft therapi celf a cherddoriaeth.



Diolch i ymdrechion staff a'r gymuned leol i godi arian, gall cleifion ar ward yn Ysbyty De Penfro bellach hel atgofion am y gorffennol. Yn ddiweddarach yn y flwyddyn, trawsnewidiwyd hen ystafell gyfarfod ar Ward Sunderland yn ystafell gofio, gan ddarparu'r amgylchedd perffaith i gleifion â dementia ac eiddilwch ymlacio a hel atgofion.

Cynhadledd yn sicrhau bod ymwybyddiaeth o ddementia ar frig yr agenda

Daeth dros 250 o weithwyr iechyd a gofal cymdeithasol o bob cwr o Gymru ynghyd i gynyddu eu hymwybyddiaeth o ddementia mewn digwyddiad arbennig yn Ysbyty Llwynhelyg ym mis Tachwedd. Roedd y gynhadledd flynyddol, sef y fwyaf o'i bath yng Nghymru, yn gyfle i'r rheiny sy'n ymwneud â gofal cleifion â dementia gynyddu eu gwybodaeth am ofynion gofal penodol, rhannu arfer gorau, a dysgu am therapïau newydd ym maes gofal dementia. Cynhaliwyd y gynhadledd ar adeg allweddol i ofal dementia yn ardal Hywel Dda, gyda'r disgwyliad y bydd nifer y bobl yng Nghymru sy'n datblygu'r cyflwr yn cynyddu'n aruthrol dros y degawd nesaf.

Cleifion Hywel Dda yn arloesi'r ffordd yng Nghymru trwy gael prawf gwaed newydd ar gyfer heintiau bacteriol

Cleifion gofal dwys yng Nghaerfyrddin a Llanelli oedd y rhai cyntaf yng Nghymru i gael prawf gwaed labordy newydd sy'n helpu meddygon i reoli triniaeth wrthfotig ar gyfer heintiau bacteriol difrifol a sepsis. Bu Dr Igor Otahal, Anesthetydd Ymgynghorol/Arweinydd y Prosiect, yn cydweithio â Dr Peter Havalda, Anesthetydd Ymgynghorol, a Dr Sian Hancock, Gwyddonydd Clinigol Ymgynghorol, ar brofion Procalcitonin (PCT). Ar y pryd nid oedd y prawf, a dreialwyd yn ysbytai Glangwili a Thywysog Philip, ond ar gael mewn ychydig o leoliadau eraill yn y Deyrnas Unedig. Hywel Dda oedd y Bwrdd Iechyd cyntaf yng Nghymru i'w gynnig i gleifion gofal dwys a allai fod yn dioddef o sepsis, gyda'r bwriad o'i gyflwyno mewn Unedau Gofal Dwys eraill.



Canolfan Galw Heibio dan Arweiniad Nyrsys Dinbych-y-pysgod

Agorwyd canolfan galw heibio dan arweiniad nyrsys yn Ysbyty Bwthyn Dinbych-y-pysgod ym mis Gorffennaf 2017, a hynny er mwyn darparu triniaeth ar gyfer mân afiechydon a mân anafiadau brys. Bydd y gwasanaeth hwn, sydd ar gael gydol y flwyddyn, yn galluogi cleifion i gael eu gweld gan ymarferydd nyrsio brys a all ddarparu gofal a thriniaeth uniongyrchol, neu eu hatgyfeirio at wasanaethau priodol eraill, lle bo angen.

Lansio cynllun peilot iechyd rhywiol newydd

Ym mis Mehefin, lansiwyd cynllun peilot 'Profi a Mynd' er mwyn i gleifion sy'n byw yn Sir Gaerfyrddin, Ceredigion a Sir Benfro gael profion heb orfod gweld meddyg neu nyrs os oes ganddynt unrhyw bryderon ynghylch iechyd rhywiol. Mae'r cynllun hwn yn wasanaeth hwylus i bobl nad oes ganddynt unrhyw symptomau na phryderon, ond sydd am gael prawf iechyd rhywiol er mwyn cael tawelwch meddwl. Bydd cleifion sy'n gwneud cais am y gwasanaeth yn cael eu gwahodd i glinig arbenigol ac yn cael pecyn sy'n cynnwys cyfarwyddiadau ynglŷn â phrofi am glamydia a gonorrhoea. Gellir gwneud profion gwaed ar gyfer HIV a sifilis ar yr adeg hon hefyd os gofynnir am hynny.

Llywodraeth Cymru yn cymeradwyo cyllid ar gyfer Canolfan Gofal Integredig Aberteifi

Cafodd cynlluniau i adeiladu canolfan gofal integredig newydd sbon yn Aberteifi eu cymeradwyo gan yr Ysgrifennydd Iechyd, Vaughan Gething, ym mis Rhagfyr. Mewn seremoni i dorri tywarchen a gynhaliwyd ddiwedd mis Mawrth, nodwyd dechrau'r gwaith adeiladu ar hen safle'r Bath-house. Disgwylir i'r ganolfan agor ar ddiwedd 2019, diolch i werth £23.8 miliwn o gyllid gan Lywodraeth Cymru. Yn ogystal â darparu gwasanaeth gofal iechyd



pwrrpasol, modern ar gyfer y boblogaeth leol, gan gynnwys practis meddyg teulu, gwasanaeth deintyddol a fferyllfa, bydd y ganolfan newydd yn dod â gofal yn agosach at y cartref a'r gymuned. Bydd amrywiaeth eang o well gwasanaethau iechyd a gofal cymdeithasol integredig yn cael eu darparu gan Fwrdd Iechyd Prifysgol Hywel Dda, y trydydd sector, yr awdurdod lleol, a sefydliadau partner.

Cynlluniau ar y gweill i agor Canolfan Gofal Integredig Aberaeron

Gwelwyd y cynlluniau i ddarparu cyfleusterau iechyd a gofal cymdeithasol newydd ar gyfer cleifion yn Aberaeron yn datblygu ar ôl i Lywodraeth Cymru ymrwymo i helpu Hywel Dda i gyflwyno Canolfan Gofal Integredig ym Minaeron. Cyflwynodd y Bwrdd Iechyd achos busnes i Lywodraeth Cymru ym mis Ionawr ar gyfer adnewyddu Minaeron er mwyn darparu gwasanaethau iechyd a gofal cymdeithasol integredig a chynaliadwy ar gyfer y dref a'r ardal leol.

Cynlluniau i ddatblygu Ward 10 yn Ysbyty Llwynhelyg yn mynd rhagddynt



Eleni, amlinellwyd cynlluniau i ddatblygu ardal Ward 10 Ysbyty Llwynhelyg yn ardal fodern, bwrpasol, a fydd yn addas ar gyfer cyfleuster cleifion mewnol yn y dyfodol, a hynny mewn achos busnes a gyflwynwyd i Lywodraeth Cymru i'w hystyried. Bydd y cyfleuster, a gynllunnir i ofalu am gleifion oncoleg a haematoleg sy'n cael eu derbyn i'r ysbyty, ynghyd â'r rheiny y mae arnynt angen gofal lliniarol arbenigol, yn cynnwys cyfuniad o welyau *en suite* a baeau ar gyfer gwelyau unigol a nifer o welyau; cyfleuster lle gall perthnasau aros dros nos; ac ystafell

ddydd bwrpasol. Bydd ardal Ward 9 gynt yn cael ei defnyddio fel ward dros dro tra bo'r gwaith ar Ward 10 yn mynd rhagddo, cyn cael ei defnyddio fel ward meddygol 14 gwely cwbl weithredol yn y dyfodol. Rhagwelir y bydd y gwaith adeiladu yn dechrau yn 2018. Hoffem ddiolch yn fawr iawn i gymuned Sir Benfro, sy'n parhau i gynnig cefnogaeth wych wrth helpu i wella amgylchedd y cleifion, a hynny trwy ein helusennau a'n codwyr arian lleol, ac yn enwedig i Apêl Baneri Ward 10 Elly am helpu i gefnogi'r cleifion cancer ar Ward 10.

Y cynllun gwasanaethau cancer cydgysylltiedig cyntaf ar gyfer De-orllewin Cymru

Ym mis Ionawr 2018, dadorchuddiodd arweinwyr iechyd yn Ne-orllewin Cymru y cynllun gwasanaethau cancer pwrpasol cyntaf ar gyfer trigolion y rhanbarth cyfan. Ar y cyd â Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg a Phrifysgol Abertawe, rydym wedi cynllunio ffordd integredig a strategol ymlaen ar gyfer gwasanaethau cancer anlwfeddygol i'r filiwn o bobl yn y rhanbarth dros y degawd nesaf. Mae'n cwmpasu pob agwedd ar wasanaethau cancer – ar wahân i lawdriniaeth – o ddarparu triniaethau oncoleg, cemotherapi a radiotherapi i gymorth emosiynol a gofal ôl-ganser. Fe'i cynlluniwyd i wella mynediad at ofal, a fydd yn lleihau amserau aros; lleihau teithio diangen trwy ddarparu llawer mwy o ofal cancer mewn cymunedau lleol, gwneud y defnydd gorau o'r dechnoleg ddiweddaraf, cynnig mwy o gyfle i gleifion gael y cyffuriau a'r triniaethau diweddaraf, a gwella profiad cyffredinol cleifion. Bydd hefyd yn tyfu, yn cefnogi ac yn hyfforddi gweithlu cancer clinigol y dyfodol. Y datblygiad hwn yw un o'r prosiectau trawsnewid gwasanaethau mawr cyntaf i ddeillio o ARCH (Cydwethrediad Rhanbarthol ar gyfer Iechyd), sef partneriaeth unigryw rhwng y tri sefydliad.

Lansio gwefan iechyd meddwl lleol newydd

Ym mis Mawrth 2018, lansiwyd gwefan lleol newydd sy'n darparu gwybodaeth a chanllawiau hunangymorth ar gyfer pobl sydd â mân broblemau iechyd meddwl neu broblemau iechyd meddwl cymedrol. Cyhoeddodd ein tîm Gwasanaethau Cymorth Iechyd Meddwl Sylfaenol Lleol lansiad y wefan newydd yn y Gynhadledd

Iechyd Meddwl, a gynhaliwyd gan Gomisiynydd Heddlu a Throsedd Dyfed Powys yng Nghaerfyrddin ar 1 Mawrth 2018. Datblygwyd y wefan, sy'n adnodd gwbl ddwyieithog, mewn partneriaeth â Gweithredu Gorllewin Cymru dros Iechyd Meddwl, defnyddwyr gwasanaethau a staff, ac mae datblygiadau pellach ar y gweill ar gyfer y dyfodol. Gellir cyrchu'r wefan yn:

<http://www.iawn.wales.nhs.uk>.

Staff yn cefnogi safonau newydd ar gyfer gwasanaethau diabetes GIG Cymru

Ym mis Mawrth, cyflwynwyd safon Cymru gyfan newydd ar gyfer yr holl wasanaethau diabetes yng Nghymru, er mwyn helpu pobl ifanc wrth iddynt adael y gwasanaethau pediatriig a dechrau cael gofal gan y gwasanaethau diabetes i oedolion. Mae'r safon yn hyrwyddo arfer gorau o bob cwr o Gymru, ac mae aelodau o'n timau diabetes pediatriig ac oedolion wedi bod yn archwilio ffyrdd o wella'r profiad o drosglwyddo rhwng y gwasanaeth pediatriig a'r gwasanaeth i oedolion. Cyhoeddwyd *The All-Wales Standard for People with Diabetes Moving from Paediatric to Adult Services in NHS Wales* ar-lein yma:

<https://bit.ly/2FiRV20>. Mae fideo sy'n amlinellu pwysigrwydd gwella'r broses drosglwyddo rhwng y gwasanaeth pediatriig a'r gwasanaeth i oedolion i'w weld yma: https://youtu.be/IWDPnA_K1kU



Rhoi MOT i'ch calon

Yn ystod y flwyddyn, gwahoddwyd trigolion de Sir Benfro sydd rhwng 40 a 64 oed i ddod i archwiliad calon iach yn rhan o gynllun peilot sy'n cael ei gynnal yn y sir. Cafodd cleifion cymwys ledled nifer o bractisau meddygon teulu yn ne Sir Benfro wahoddiad i fynd i apwyntiad byr gyda gweithiwr gofal iechyd proffesiynol. Nod y rhaglen genedlaethol, a gefnogir gan Lywodraeth Cymru, yw gwella bywydau a lles pobl ledled Cymru; mae'n cynnig archwiliad iechyd un i un i asesu risg gardiofasgwlaidd, ynghyd â chymorth parhaus i bobl wella eu hiechyd trwy ddeiet ac ymarfer corff, mynd i'r afael ag ymddygiad peryglus, er enghraifft smygu ac yfed yn ormodol, a nodi a rheoli arwyddion cynnar clefydau yn ein cymunedau.



Uned Ddydd Feddygol newydd a gwell yn Ysbyty Llwynhelyg

Ar ôl cael ei hadnewyddu a'i hadleoli, agorodd yr Uned Ddydd Feddygol yn Ysbyty Llwynhelyg ei drysau i gleifion yn Sir Benfro ym mis Mai eleni. Mae'r uned newydd, sydd wedi'i lleoli ar lawr cyntaf yr ysbyty, yn darparu gofal meddygol i gleifion, a hynny bum niwrnod yr wythnos, gan atal derbyniadau i'r ysbyty a galluogi cleifion i gynnal ymrwymïadau personol a/neu ymrwymïadau gwaith. Darperir gofal yn nes at y cartref hefyd, a hynny ar gyfer cleifion a fyddai, yn flaenorol, wedi gorfod teithio i ganolfannau trydyddol i gael triniaethau tebyg i therapïau arllwysiad (rheumatoleg, gastroenteroleg, haematoleg), triniaethau radiolegol, triniaethau anadlol, profion endocrinoleg, ac ymyraethau clinigol eraill y gellir eu rheoli fel achosion dydd.



Canmol staff Ysbyty Tywysog Philip wrth i fodel gofal newydd ragori ar dargedau perfformiad



Bu canmol mawr i staff a chlinigwyr yn Uned Asesu Meddygol Acíwt ac Uned Mân Anafiadau Ysbyty Tywysog Philip am eu hymdrechion wrth iddynt ragori ar dargedau perfformiad, ac arwain y ffordd o ran meddygaeth fodern. Dyma'r unig safle aciwt yng Nghymru i gyrraedd targed cenedlaethol y GIG i drin 95 y cant o'r cleifion o fewn pedair awr, gan gynnwys yn ystod cyfnod anodd y gaeaf. Agorodd yr Uned Asesu Meddygol Acíwt a'r Uned Mân

Anafiadau y flwyddyn flaenorol yn rhan o brosiect Blaen Tŷ gwerth £1.4 miliwn y bwrdd iechyd, a ariennir gan Lywodraeth Cymru. Mae'r prosiect llwyddiannus wedi denu ymweliadau gan gyd-weithwyr o bob cwr o'r Deyrnas Unedig, sy'n awyddus i ddeall y modd y mae'r llwybrau gofal clinigol newydd o fudd i gleifion.

Ysbyty Bronglais yw'r gorau yng Nghymru a Lloegr yn ôl yr Archwiliad o Laparotomiau Brys

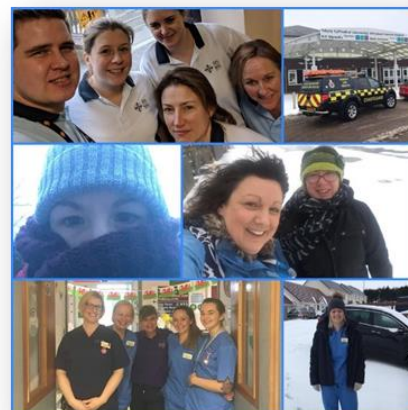
Am y drydedd flwyddyn o'r bron, Ysbyty Bronglais yn Aberystwyth oedd yr ysbyty gorau yng Nghymru o ran ansawdd y gofal a roddir i gleifion laparotomi brys, a hynny yn ôl yr Archwiliad Cenedlaethol o Laparotomiau Brys (NELA). Yn ôl yr adroddiad, am y drydedd flwyddyn o'r bron, Bronglais hefyd oedd yr unig ysbyty yng Nghymru a oedd ag enw da am gynnal asesiadau ôl-driniaethol gan arbenigwr ym maes cleifion dros 70 oed, a'r unig ysbyty yng Nghymru a oedd ag enw da am ei brosesau adolygu cyn llawdriniaeth gan lawfeddyg ymgynghorol ac anaesthetegydd pan fo'r risg o farwolaeth yn fwy na 5%. Mae'r canlyniadau hyn yn golygu mai Bronglais yw'r unig ysbyty yng Nghymru a Lloegr sydd ag enw da ym mhob un o'r naw maes safon allweddol.

Hywel Dda yn datgan mai Cynllun Gwên yw'r fenter fwyaf llwyddiannus yng Nghymru

Yn dilyn gweithredu'r fenter Cynllun Gwên genedlaethol ledled ardal Hywel Dda, cyhoeddodd y Tîm Hybu Iechyd y Geg mai yn yr ardal hon y bu'r lleihad mwyaf sylweddol o ran pydredd dannedd ledled Cymru gyfan. Yn ôl ystadegau Uned Gwella Iechyd y Geg Cymru, mae Cynllun Gwên wedi cyfrannu at leihau canran y plant 5 oed sydd â phydredd dannedd 21.1% yn ardal Hywel Dda.

'Angylion eira' yn cynnal gwasanaethau

Cawsom ein syfrdanu gan ein hangylion eira niferus a helpodd i gludo ein staff i'r gwaith, yn ogystal â chynnig bwyd a llety, yn ystod y cyfnod oer diweddar. Ledled ein tair sir, neilltuodd aelodau o'r cyhoedd amser i helpu staff i gyrraedd y gwaith trwy ddefnyddio cerbydau 4 x 4, a cherddodd llawer o'r staff i'r gwaith gan wynebu amodau oer. Gwelwyd pobl leol hefyd yn cynnig llety dros nos ar gyfer staff na allent gyrraedd adref. Cyd-dynnodd y staff a lwyddodd i gyrraedd y gwaith er mwyn rhedeg gwasanaethau hanfodol ar gyfer cleifion, gyda rhai staff yn helpu mewn adrannau eraill. Gweithiodd nifer oriau hirach a sifftiau ychwanegol, ac arhosodd rhai dros nos i helpu i gynnal gwasanaethau. Diolch yn fawr i chi. Rydych chi i gyd yn arwyr!



Staff a gwasanaethau arobryn



Llwyddiant i Fwrdd Iechyd Prifysgol Hywel Dda yng Ngwobrau Athro Clinigol y Flwyddyn

Enillodd dau seiciatrydd ymgynghorol wobrau nodedig gan Gymdeithas Feddygol Prydain (BMA). Daeth Dr Justin Cressey-Rogers a Dr Matthew Sargeant yn gyntaf yn eu priod gategorïau, sef Arloesi wrth Addysgu a Dysgu, a Chyflawniad Rhagorol yng Ngwobrau Athro Clinigol y Flwyddyn BMJ/BMA Cymru 2017.

Mae Dr Cressey-Rogers, sy'n feddyg ymgynghorol ym maes seiciatreg, wedi bod yn ymwneud ag

addysgu myfyrwyr meddygol o brifysgolion Caerdydd ac Abertawe, ac addysgu meddygon iau yng ngorllewin Cymru ac Abertawe.

Enillodd Dr Matthew Sargeant, a addysgwyd yng Nghaergrawnt, y wobwr Cyflawniad Rhagorol wedi iddo ymgymryd â nifer o swyddi fel meddyg ymgynghorol yng Nghymru dros yr 20 mlynedd diwethaf.

Llwyddiant i dimau pediatrig GIG Cymru yng Ngwobrau Diabetes y Deyrnas Unedig

Yn ddiweddarach yn y flwyddyn, enillodd Rhwydwaith Diabetes Cymru i Blant a Phobl Ifanc, sy'n cefnogi timau diabetes pediatrig ledled Cymru, Wobr Ansawdd mewn Gofal (QIC) Diabetes am SEREN, rhaglen addysg strwythuredig Cymru gyfan. Mae Gwobrau Ansawdd mewn Gofal Diabetes yn cydnabod, yn gwobrwyo ac yn rhannu arfer arloesol, gan arddangos ansawdd o ran gwasanaethau addysg a rheoli diabetes ar gyfer pobl â diabetes a/neu eu teuluoedd. Enillodd SEREN (rhaglen addysg diabetes genedlaethol) y wobwr Grymuso Pobl â Diabetes – Plant, Pobl Ifanc a'r Rhai sydd ar fin cyrraedd Oedolaeth – chwaraeodd dau aelod o'n tîm pediatrig, sef Yvonne Davies, Nyrs Arbenigol Diabetes Pediatrig, a Karen Thomas, Deietegydd, rôl allweddol wrth ddatblygu SEREN dros y blynyddoedd diwethaf.

Cyfeillgar i Fabanod sydd orau ar gyfer Bwrdd Iechyd Prifysgol Hywel Dda

Enillodd ein Gwasanaeth Ymwelwyr Iechyd y wobwr nodedig Cyfeillgar i Fabanod, yn ogystal â chydabyddiaeth ryngwladol gan Unicef (Cronfa y Cenhedloedd Unedig ar gyfer Plant). Penderfynom ymuno â Menter Cyfeillgar i Fabanod UNICEF y Deyrnas Unedig i gynyddu cyfraddau bwydo ar y fron ac i wella'r gofal a roddir i'r holl famau yn Sir Gaerfyrddin, Ceredigion a Sir Benfro. Mae'r Fenter yn gweithio gyda gwasanaethau cyhoeddus y Deyrnas Unedig i ddiogelu, hyrwyddo a chefnogi bwydo ar y fron, ac i gryfhau'r berthynas rhwng y fam a'r baban, yn ogystal â pherthnasoedd teuluol.



Prosiect trawsnewid iechyd meddwl yn ennill gwobr genedlaethol



Enillodd ein prosiect, 'Gweithio Law yn Llaw i Drawsnewid Iechyd Meddwl' y wobwr Dinasyddion wrth Wraidd Ail-gynllunio a Darparu Gwasanaethau (a gefnogir gan Gyngor Gweithredu Gwirfoddol Cymru) yng Ngwobrau GIG Cymru 2017. Mae'r wobwr nodedig hon yn cydnabod yr ymrwymiad, y blaengaredd a'r agwedd gydweithredol a amlygir gan ein staff, defnyddwyr gwasanaethau, partneriaid a'r cyhoedd wrth wella ein gwasanaethau iechyd meddwl ar gyfer y dyfodol.

Nyrsys Hywel Dda yn Disgleirio yng Ngwobrau Nyrs y Flwyddyn y Coleg Nyrsio Brenhinol

Bu'n flwyddyn lwyddiannus arall i'n tîm nyrsio, gyda dwy enillydd a dwy yn dod yn ail yng Ngwobrau Nyrs y Flwyddyn y Coleg Nyrsio Brenhinol 2017 eleni. Mae'r gwobrau yn dathlu nyrsys sy'n arddangos arferion ardderchog a brwdfrydedd dros nyrsio, ac sy'n amlygu



rhagoriaeth mewn gofal, arweinyddiaeth, gwasanaeth, ac arloesedd.

Eleni, enillodd Bethan Andrews, Nyrs yn Ysbyty Llwynhelyg, Wobr Comisiynydd Cymru ar gyfer Pobl Hŷn; ac enillodd Ann Robins, Nyrs yn Ysbyty Tywysog Philip, Wobr y Nyrs Gofrestredig (Oedolion). Roedd y rhai a ddaeth yn ail yn cynnwys Iris Williams, Nyrs yn Ysbyty Glangwili, yn y categori Nyrs Glinigol Arbenigol, a Carys Stevens, Nyrs yng Ngwasanaethau Cymunedol Ceredigion, yn y categori Nyrsio Cymunedol.



Cydnabod meddygon Hywel Dda yng ngwobrau BEST

Eleni, roeddem hefyd yn falch o weld Dr Swe Lynn yn ennill y Wobr BEST nodedig yn y categori 'Cyfraniad Rhagorol i Godi Proffil ei Arbenigedd yng Nghymru', yn ogystal â'r Llawfeddyg Arbenigol, Sujatha Udayasankar, yn ennill 'Gwobr Staff ac Arbenigwr Cyswllt am Arloesedd mewn Gwasanaethau Clinigol'.

Nyrs staff yn ennill Gwobr 'Hyrwyddwr Ysbyty'

Enillodd Tammy Bowen, Nyrs Staff a Nyrs Gyswllt Anableddau Dysgu ar gyfer Gofal Critigol, y wobwr 'Hyrwyddwr Ysbyty' yng Ngwobrau Anableddau Dysgu Sefydliad Paul Ridd ym mis Rhagfyr. Roedd y wobwr yn cydnabod ymdrechion diflino Tammy i addysgu a lledaenu gwybodaeth am anableddau dysgu, yn ogystal â'i hagwedd ofalgar at gleifion y mae arnynt angen ei gwybodaeth arbenigol.



Nyrs o Orllewin Cymru yn ymweld â Phalas Buckingham

Dyfarnwyd Rowena Jones yn Aelod o Urdd yr Ymerodraeth Brydeinig (MBE) yn rhestr Anrhydeddau Blwyddyn Newydd 2018, a hynny am ei gwasanaeth i blant sâl ac anabl, ac yn arbennig am ei chyfraniad wrth sefydlu gwasanaeth i alluogi plant ar ddiwedd eu hoes i gael gofal yn y cartref. Mae Rowena yn gweithio fel nyrs allgymorth oncoleg bediatrig arbenigol ar gyfer Bwrdd Iechyd Prifysgol Hywel Dda, gan ofalu am gannoedd o blant o bob cwr o Sir Gaerfyrddin, Ceredigion, a Sir Benfro, ac yn cefnogi eu teuluoedd. Bu'n nyrs ers 40 o flynyddoedd, gan

weithio yn y gymuned ac yn ysbytai Bronglais a Glangwili, yn ogystal â gweithio'n agos gyda'r Uned Canser Plant yng Nghaerdydd.

Cyflawniad hyfforddiant rheolwyr arlwyo

Mae ein rheolwyr arlwyo yn gyfrifol, ynghyd â'u priod dimau, am ddarparu gwasanaethau arlwyo diogel i'n holl gleifion a chwsmeriaid bob dydd, 365 o ddiwrnodau'r flwyddyn. Roeddem yn falch iawn pan gawsant eu cydnabod am eu holl waith caled wrth gwblhau eu Dyfarniad HABC Lefel 3 mewn Addysg a Hyfforddiant, sy'n yn golygu bod pob un ohonynt 'nawr yn gymwys i ddarparu Hyfforddiant ar Ddiogelwch Bwyd a Hylendid Bwyd, yn unol â'n rhwymedigaethau statudol.





Llwyddiant #CurwchFfliw tîm iechyd y cyhoedd

Dyfarnwyd Gwobr #CurwchFfliw Fwyaf Arloesol 2018 i'n Tîm Iechyd y Cyhoedd am ei adnodd i annog pobl i [#haveaword](#) am y fflw.

Llongyfarchiadau hefyd i'r fydwaig Emma Carter, a goronwyd yn Hyrwyddwr #CurwchFfliw, a hynny am fynd y tu hwnt i'r hyn a ddisgwylid ganddi i hyrwyddo'r brechlyn rhag y fflw.

Staff nyrsio wedi cael eu derbyn ar raglen 'Ysbrydoli Gwelliant'

Cafodd dwy o'n staff nyrsio, Helen Furneaux, Arweinydd y Tîm Ymwelwyr Iechyd, a Sian Perry, Uwch-brif Nyrs, Triniaethau Dydd Peditrig, eu derbyn ar y rhaglen glodwiw, Ysbrydoli Gwelliant, sy'n cael ei chynnal gan y Sefydliad Astudiaethau Nyrsio (FoNS). Mae'r rhaglen 12 mis yn galluogi cymrodyr i feithrin eu sgiliau fel hwyluswyr, archwilio a galluogi'r defnydd o strategaethau effeithiol ar gyfer creu diwylliannau yn y gweithle sy'n canolbwyntio ar y gweithiwr, a hyrwyddo/arwain arferion gwella parhaus yn eu timau. Maent hefyd yn mireinio eu sgiliau datrys problemau a hwyluso, yn hybu arfer myfyrio, ac yn rhannu canlyniadau eu dysgu ledled y sefydliad er mwyn helpu i feithrin arfer gorau.



Y Safon Iechyd Corfforaethol – lefelau platinwm ac aur

Rydym yn adeiladu'n barhaus ar y gwaith a sicrhodd ein bod yn cadw achrediaadau aur a phlatinwm, fel ei gilydd, y Safon Iechyd Corfforaethol clodfawr yn 2017. Cynhelir cyfarfodydd rheolaidd o'n Grŵp Llywio Iechyd a Lles, a aeth ati y llynedd i ddatblygu a gweithredu canllawiau ar weithgarwch corfforol ledled y sefydliad.

Gwella gwasanaethau a gofal cleifion

Gweithio gyda'r boblogaeth leol

Digwyddiad gofal rhagweithiol integredig

Gan adeiladu ar lwyddiant cynadleddau blaenorol, gwelwyd rhaglen 2017 yn herio ac yn cefnogi'r modd yr ydym yn gweithio mewn partneriaeth â chyd-weithwyr a phartneriaid. Archwiliodd y gynhadledd y modd y gallwn gydweithio ar draws ffiniau, gan gefnogi cleifion i'w helpu i sicrhau gwelliannau hirdymor cynaliadwy, nid yn unig o ran eu cyflwr, ond hefyd eu hiechyd a'u lles cyffredinol, a hynny trwy gymryd rhan weithredol yn eu gofal.

Mynediad at y Gwasanaeth Meddygol Cyffredinol

Mae canran y practisau yn ardal Hywel Dda sydd ar agor am lai nag 80% o gyfanswm yr oriau wythnosol wedi disgyn i 2%, tra bo targedau eraill yn fwy heriol (<https://gov.wales/docs/statistics/2018/180321-gp-access-wales-2017-en.pdf>). Mae hyn yn adlewyrchu'r heriau o ran cynaliadwyedd a wynebwr ledled yr ardal. Hywel Dda oedd un o'r ychydig o fyrddau iechyd i gynnig mynediad estynedig ar ôl 6.30pm, a chymerodd pedwar practis ran yn 2017-18.

Apwyntiadau â meddyg teulu

Oherwydd problemau o ran cynaliadwyedd, mae'r cynnydd a welwyd yn 2016 o ran y gallu i weld meddyg teulu, gan gynnwys ystod yr apwyntiadau a'r oriau agor mewn practisau, wedi lleihau ychydig yn 2017 wrth i feddygon teulu frwydro i ddarparu gwasanaeth ar yr un lefel

gyda gweithlu llai ledled y Bwrdd Iechyd. Bu gostyngiad o 43% i 39% yn nifer y practisau a oedd ar agor am yr holl oriau craidd (8am-6.30pm yn ystod yr wythnos), a gostyngiad o 68% i 67% o ran y rheiny a oedd ar agor am 95% o'r oriau craidd; mae'r practisau sy'n cau am hanner diwrnod yn parhau ar 2%.

Gwella adeiladau

Yn ystod 2017-18, buddsoddodd y Gyfarwyddiaeth Gofal Sylfaenol dros £197,000 mewn 20 o adeiladau meddygon teulu, gan wella mynediad cleifion at adeiladau, cynyddu'r gofod clinigol a oedd ar gael, mynd i'r afael â materion yn ymwneud â rheoli haint, darparu gwell cyfleusterau parcio, a gwella profiad cleifion yn gyffredinol. Mae'r Gyfarwyddiaeth Gofal Sylfaenol hefyd wedi cefnogi 11 o bractisau trwy ariannu costau blwyddyn gyntaf y gwasanaeth Storio a Sganio Cofnodion Meddygol Cleifion Ar Alw y Bartneriaeth Cydwasanaethau.

Rheoli gwybodaeth a thechnoleg gofal sylfaenol

Mae **Fy Iechyd Ar-lein (MHOL)** yn rhoi cyfle i gleifion drefnu apwyntiadau â meddyg teulu, archebu presgripsiynau amlroddadwy, a diweddarau eu manylion cyffredinol, er enghraifft newid cyfeiriad, trwy'r dydd, bob dydd, a hynny yn gyfleus ar eu cyfrifiadur/dyfaeis eu hunain. Mae MHOL ar gael i bob practis. Cynigir hyfforddiant diweddarau i bractisau.

Erbyn mis Gorffennaf 2017:

- roedd 20/51 o bractisau yn cynnig y dewis i gleifion drefnu apwyntiad â meddyg teulu trwy MHOL;
- roedd 43/51 o bractisau yn cynnig y dewis i gleifion archebu presgripsiynau amlroddadwy trwy MHOL.

Mae **Cais Meddyg Teulu am Brawf (GPTR)** yn rhaglen sy'n galluogi staff mewn Meddygfeydd Teulu i wneud cais electronig am brofion cleifion gan labordy eu hysbyty lleol, ac yna edrych ar ganlyniadau'r profion yn electronig. Gwnaed cais am 34,728 o brofion patholeg trwy GPTR rhwng misoedd Ebrill 2017 a Mawrth 2018. Ym mis Mawrth 2018, gwnaed cais am gyfanswm o 3,836 o brofion patholeg, sy'n cynrychioli 10.2% o'r ceisiadau patholeg gan bractisau meddygon teulu.

Mae **Neges Destun Fy Iechyd (MHT)** yn wasanaeth negeseuon testun y gall practisau ei ddefnyddio i anfon negeseuon atgoffa am apwyntiadau, yn ogystal â negeseuon eraill, at eu cleifion. Mae'r gwasanaeth ar gael am ddim i'r practis – a dyrennir dwy neges destun fesul claf y flwyddyn i bob practis.

Nifer y Practisau EMIS* (*Egton Medical Information System)	11
Nifer y Practisau Golwg	40
Cyfanswm Nifer y Practisau Meddygon Teulu	51
Nifer y Practisau EMIS sy'n defnyddio MHT yn weithredol	6
Nifer y Practisau Golwg sy'n defnyddio MHT yn weithredol	29
Cyfanswm Nifer y Practisau sy'n defnyddio MHT yn weithredol	35
Cyfanswm Nifer y Negeseuon Neges Destun Fy Iechyd a Anfonwyd 2015-2016	27,302
Cyfanswm Nifer y Negeseuon Neges Destun Fy Iechyd a Anfonwyd 2016-2017	114,551
Cyfanswm Nifer y Negeseuon Neges Destun Fy Iechyd a Anfonwyd 2017-2018	205,363

Offeryn Hunanasesu ar gyfer Arferion Llywodraethu Clinigol (CGPSAT)

Mae'r dull cydweithredol hwn wedi cyfrannu at gynnydd yn nifer y practisau meddygon teulu sy'n hunanasesu ar lefel uwch.

Y Tîm Cymorth Gofal Sylfaenol – Pacesetter

Mae'r wybodaeth isod yn crynhoi'n fyr fuddion allweddol gwaith Pacesetter y Tîm Cymorth Gofal Sylfaenol yn ystod y cyfnod o fis Ebrill 2017 hyd at fis Mawrth 2018. Mae rhagor o fanylion am y meysydd a ystyriwyd yn rhai mwyaf ffrwythlon hefyd i'w gweld isod, gan grynhoi rôl y Tîm Cymorth Gofal Sylfaenol yn y dyfodol.

Amrywio'r gweithlu gofal sylfaenol

- 4.4 o fferyllfeydd cyfwerth ag amser llawn sy'n darparu 30 o sesiynau yr wythnos dros bedwar safle, 'nawr yn ceisio secondio i rôl 1.0 technegydd fferyllfa gradd is cyfwerth ag amser llawn;
- 0.25 cyfwerth ag amser llawn (saith diwrnod y mis, gydag ychydig o hyblygrwydd yn seiliedig ar argaeledd rota Ymddiriedolaeth Gwasanaethau Ambiwylans Cymru GIG Cymru);
- Yn ystod 2017-18, bu gwasanaeth therapi galwedigaethol clwstwr Llanelli, sy'n canolbwyntio ar iechedd meddwl, yn gweithredu dros ddau safle, sef Tŷ Elli ac Avenue Villa, gydag 1.0 therapydd galwedigaethol cyfwerth ag amser llawn yn cymryd atgyfeiriadau uniongyrchol ac yn ymweld â chartrefi. Roedd yr adborth gan y ddau bractis yn gadarnhaol, gyda Thŷ Elli yn ceisio penodi yn uniongyrchol i'r rôl hon.

Rôl uwch-ymarferydd parafeddygol (APP) mewn partneriaeth ag Ymddiriedolaeth Gwasanaethau Ambiwylans Cymru

Mae darpariaeth APP Ymddiriedolaeth Gwasanaethau Ambiwylans Cymru i'r tîm wedi newid ychydig, gyda dau APP yn gadael, ac un APP newydd gymhwyso yn ymuno â'r tîm. Mae'r olaf yn rhoi cyfle i'r Tîm Cymorth Gofal Sylfaenol gefnogi a meithrin y sgiliau a'r cymwyseddau sydd fwyaf addas i ddiwallu anghenion ein poblogaeth leol.

Cynllun peilot therapi galwedigaethol

Yn ystod y cyfnod 18 Rhagfyr 2017 hyd at 27 Mawrth 2018, cafwyd 123 o atgyfeiriadau at y gwasanaeth peilot – 62 gan Dŷ Elli a 58 gan Avenue Villa.

Atgyfeiriadau gan:

Meddyg Teulu	65
Nyrs practis	17
Nyrs gofal lliniarol	3
Gweithiwr cymdeithasol	1
Y teulu/yr unigolyn ei hun	4
Staff gweinyddol/derbynfa/rheolwr practis	13 (pob un yn Avenue Villa)
Rhestr o'r rhai sy'n ymweld yn aml	14
Therapi Galwedigaethol y Tîm Iechyd Meddwl Cymunedol	1
Fferylllydd	1
Cynorthwydd gofal iechyd y practis	2

Recriwtio

Dechreuodd meddyg teulu o dramor ym mis Chwefror 2018, ac mae yna broses ymgeisio llwybr carlam yn cael ei threialu o ran y 'rhestr perfformwyr meddygol'. Bydd rolau meddygon

teulu (cyflogedig ac ar gontractau dim oriau) yn cael eu hysbysebu'n barhaus ar gyfer y Tîm Cymorth Gofal Sylfaenol. Bydd parafeddyg sy'n gweithio yn y practis yn cael ei benodi i'r tîm, er mwyn sicrhau gwasanaeth parhaus mewn practis sy'n wynebu newidiadau o ran y bartneriaeth a'r berchenogaeth. O ganlyniad, dim ond contract byrdymor sy'n cael ei gynnig.

Mae fferyllwyr sy'n gweithio yn y practis mewn swyddi ac yn cefnogi practisau trwy ailawdurdodi meddyginiaethau amlroddadwy a sicrhau bod yr archwiliadau a'r profion clinigol priodol yn cael eu cynnal mewn modd amserol. Mae gwaith mwy manwl ar bolisiâu a gweithdrefnau ar gyfer meddyginiaeth a rhagnodi hefyd yn cael ei wneud pan fo angen. Mae cyfle secondiad ar gyfer 1.0 technegydd fferyllfa cyfwerth ag amser llawn yn cael ei greu er mwyn cefnogi'r gwaith hwn mewn practisau, gan felly ryddhau fferyllwyr gradd uwch i ddatblygu clinigau sy'n wynebu'r cleifion, yn ogystal â datblygu cronfa o staff gofal sylfaenol medrus.

Mae'r gwaith Pacesetter hwn wedi bod yn werthfawr iawn o ran creu cyfleoedd i brofi gwerth amrywio rolau ym maes gofal sylfaenol. Mae hyn wedi cyflwyno'r fantais o gefnogi cynaliadwydd practisau a datblygu'r staff dan sylw ar hyd y daith. Cynhelir digwyddiad ar gyfer meddygon teulu ymgynghorol yn haf 2018, a fydd yn edrych ar y modd y gellir datblygu'r model gwasanaeth hwn yn ymarferol.

Cymorth hunanreoli ar gyfer pobl â chyflyrau hirdymor

Trwy gydol 2017-18, mae'r rhaglen addysg ar gyfer cleifion wedi parhau i gefnogi pobl a'u gofalmwyr i fynychu cyrsiau iechyd a lles ledled y saith clwstwr o feddygon teulu.

Mae tîm Rhaglen y Cleifion sy'n Arbenigwyr (EPP) yn cynnig dewislen o opsiynau sy'n berthnasol i raglenni hunanreoli. Ar hyn o bryd, mae yna 11 o opsiynau, gan gynnwys:

- Cyflwyniad i Iechyd a Lles;
- COPD + sesiynau Addysg a Gweithgareddau gyda'i gilydd;
- Rhaglen Hunanreoli Diabetes (DSMP).

Gwasanaethau iechyd y geg

Gwasanaethau deintyddol cyffredinol

Yn ystod 2017-18, llwyddodd y Bwrdd Iechyd i gynnal lefel mynediad 2016-17 at Wasanaethau Deintyddol y GIG, sef 46%. Mae yna her o hyd o ran recriwtio a chadw. Yn 2016-17, buddsoddodd y Bwrdd Iechyd £141 mil er mwyn gwella mynediad ar gyfer y cleifion hynny a oedd yn aros am Wasanaethau Deintyddol y GIG, yn ogystal ag £80 mil mewn menter rhestrau aros Gwasanaethau Mân Lawdriniaethau'r Geg. Ar hyn o bryd, mae gan y Bwrdd Iechyd dri phractis deintyddol sy'n cymryd rhan yn Rhaglen Diwygio Contractau Deintyddol Cyffredinol Cymru Gyfan, a bydd y ffigur hwn yn cynyddu i bum practis yn 2018-19.

Orthodonteg

Unwaith eto, bu 2017-18 yn flwyddyn heriol ar gyfer y gwasanaethau orthodontig, gyda'r galw am y gwasanaethau yn fwy na'r gwasanaethau a gomisiynwyd. Mae hyn wedi golygu bod yr amser cyfartalog y mae claf yn ei dreulio yn aros am gael dechrau triniaeth wedi cynyddu o bedair blynedd i bedair blynedd a hanner. Yn 2017-18, penderfynodd y Bwrdd Iechyd gyfuno'r contractau ar gyfer triniaethau orthodontig ac asesiadau orthodontig i ffurfio un contract triniaethau, gan olygu y bydd 41 o gleifion yn ychwanegol yn dechrau ar eu triniaethau yn 2018-19.

Hyrwyddo iechyd y geg

Cynllun Gwên

Rhoddwyd rhestr newydd Mynegai Amddifadedd Lluosog Cymru i dîm Cynllun Gwên ym mis Mehefin 2017; gan nodi ehangiad pellach i'r drydedd cwintel amddifadedd. O ran niferoedd, roedd hyn yn golygu cysylltu â thros 80 o ysgolion a meithrinfeydd ychwanegol, a'u derbyn. Bwrïodd tîm Cynllun Gwên iddi'n syth ym mis Medi 2017, a disgwylir y bydd pob lleoliad ysgol a dargedir yn brwsio eu dannedd yn ddyddiol erbyn mis Rhagfyr 2018.

Mae'r Rheolwr Hybu Iechyd y Geg wedi datblygu protocol farnais fflworid newydd, a fydd yn cael ei dreialu ym mis Medi 2018. Bydd hyn yn sicrhau bod yr holl ddisgyblion sy'n rhan o'r rhaglen Cynllun Gwên yn cael farnais fflworid ar eu dannedd ddwywaith y flwyddyn.

Ymgyrch 100 o Fwydau

Mae'r Tîm Hybu Iechyd y Geg wedi gwneud cynnydd aruthrol o ran darparu hyfforddiant mewn ysbytai.

Gwên am Byth – Gwella iechyd y geg ar gyfer oedolion mewn cartrefi gofal

Erbyn mis Ebrill 2018, roedd y Tîm Hybu Iechyd y Geg wedi treialu'r rhaglen mewn 18 o gartrefi.

Mae 87% o staff cymwys cartrefi gofal wedi cael hyfforddiant, a sefydlwyd cynllun gofal y geg cyfoes ar gyfer 507 o breswylwyr, i'w gyflwyno'n ddyddiol. Bydd y tîm yn gweithio i ehangu ymhellach i 22 o gartrefi erbyn mis Ebrill 2019.

Gwasanaethau fferyllol cymunedol

Cyflenwi meddyginiaeth frys

Ym mis Mawrth 2016, sefydlwyd y gwasanaeth cyflenwi meddyginiaeth frys mewn 27 o fferyllfeydd. Mae'r gwasanaeth hwn yn darparu meddyginiaeth amlroddadwy y mae ei hangen ar frys i gleifion na allant gael presgripsiwn gan feddyg teulu cyn bod angen iddynt gymryd eu dos nesaf. Yn 2016-17, cynyddodd nifer y fferyllfeydd a oedd yn cynnig y gwasanaeth hwn i 39. Y nod ar gyfer 2017-18 oedd cynyddu nifer y fferyllfeydd i 50.

Gwasanaeth anhwylderau cyffredin

Dechreuwyd ar y gwaith o gyflwyno'r llwyfan TG, Dewis Fferyllfa, yn ardal Hywel Dda ym mis Chwefror 2017. Mae'r llwyfan yn rhaglen gyfrifiadurol sy'n eiddo i'r GIG, a ddatblygwyd gan Wasanaeth Gwybodeg GIG Cymru i gefnogi'r gwaith o ddarparu gwasanaethau trwy fferyllfeydd cymunedol.

Monitro diffyg ceulo mewn fferyllfa gymunedol

Rhoddwyd gwasanaeth peilot ar waith yn Fferyllfa Porth Tywyn Cyf ym mis Rhagfyr 2017. Mae'n cynnig profion lleol ar gyfer cleifion addas, sy'n eu hatal rhag gorfod teithio i Ysbyty Tywysog Philip, Llanelli.

Mae ein fferyllfeydd cymunedol hefyd yn cynnig gwasanaeth rhoi'r gorau i smygu a gwasanaeth brechu rhag y fflwi, fel yr amlinellir yn yr adran 'Gwella iechyd a lles' isod.

Gwasanaethau optometrig cymunedol

Archwiliadau Iechyd Llygaid Cymru

Mae Archwiliadau Iechyd Llygaid Cymru yn wasanaeth gofal llygaid estynedig, sy'n galluogi cleifion i gael gwasanaethau gofal llygaid yn nes at y cartref, yn eu practis optometreg lleol, os oes ganddynt broblem â'u llygaid y mae angen rhoi sylw brys iddi, yn eu barn nhw, yn hytrach na gorfod mynd i'w practis meddyg teulu, i'r adran Damweiniau ac Achosion Brys, neu i adran

llygaid mewn ysbyty. Roedd gan y Bwrdd Iechyd 42 o bractisau achrededig yn 2016-17, a chynyddodd hyn i 48 o bractisau yn ystod 2017-18. Erbyn hyn, mae'r gweithgarwch wedi cynyddu 24% o gymharu â lefelau gweithgarwch 2016-17. Roedd y cynnydd ar gyfer Cymru gyfan yn ystod yr un cyfnod yn 13%.

Gwasanaeth Golwg Gwan Cymru

Yn 2017-18, cynhaliwyd cyfanswm o 1,255 o asesiadau golwg gwan gan ymarferwyr achrededig golwg gwan mewn lleoliadau optegwyr gofal sylfaenol (ac, mewn rhai achosion, yng nghartrefi'r cleifion eu hunain) yn ardal Hywel Dda. Ar hyn o bryd, mae 33 o bractisau yn cynnig y gwasanaeth ledled yr ardal, ac mae yma wasanaeth cartref ffyniannus hefyd ar waith.

Nam ar y synhwyrâu

Un o'r meysydd yr ydym yn cael ein cydnabod yn arbennig amdano yw darparu cymorth cyfathrebu i gymuned y byddar. Mae Cyngor Cymru i Bobl Fyddar yn darparu Iaith Arwyddion Prydain (BSL) a chymorth arall, ac mae nifer y bobl sy'n cael y cymorth hwn yn cynyddu dros 20% o flwyddyn i flwyddyn. Bob blwyddyn, rydym wedi darparu cymorth i dros 200 o apwyntiadau, ac mae'r model tra chosteffeithiol hefyd wedi cael ei gydnabod yn genedlaethol gan Dîm Arfer Da Swyddfa Archwilio Cymru. At hynny, bu i ni ennill gwobrau cenedlaethol yn ystod 2017-18. Mae gwobrau pum seren cyfunol Cyngorau Cymru i Bobl Fyddar a Phobl Ddall wedi'u seilio'n llwyr ar enwebiadau gan gleifion.

Datblygiadau eraill

Ymgynghorydd yn Ysbyty Tywysog Philip wrth wraidd astudiaeth i wella'r broses o hunanreoli diabetes

Eleni, mae astudiaeth beilot fechan wedi canfod bod gwylio ffilmiau gwybodaeth byr am iechyd ar-lein, ar ffôn clyfar neu ar dabled, yn gallu helpu cleifion sydd â diabetes math 2 i leihau lefel eu glwcos gwaed. Cafodd cyfres o ffilmiau byrion eu 'rhagnodi' i bobl a oedd newydd gael diagnosis o ddiabetes math 2, ochr yn ochr â thriniaethau safonol, a hynny gan feddyg teulu neu nyrs practis mewn dau bractis meddyg teulu ym Mwrdd Iechyd Prifysgol Hywel Dda a Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg. Roeddent yn cynnwys teitlau fel 'What is diabetes?'; 'What can I eat?'; 'Diabetes and weight'; 'Looking after your feet'; 'Stopping smoking'; a 'Medication and monitoring'.

Ar ôl dim ond tri mis, dangosodd profion rheolaidd welliant arwyddocaol yn glinigol o ran HbA1c – arwydd sefydledig o reoli diabetes. Ar y llaw arall, ni welwyd gostyngiad o ran HbA1c yn y rhai nad oeddent wedi gwylio'r ffilmiau. Cynhaliwyd yr astudiaeth gan Brifysgol Abertawe mewn cydweithrediad â byrddau iechyd Hywel Dda, Abertawe Bro Morgannwg a Chaerdydd a'r Fro, ac fe'i cefnogwyd gan Diabetes UK.

Rhif 111 newydd am ddim i gleifion Sir Gaerfyrddin

Yn 2017, cyflwynwyd rhif 111 am ddim newydd i gleifion sy'n byw yn Sir Gaerfyrddin, er mwyn iddynt gael mynediad at y gwasanaeth meddyg teulu y tu allan i oriau a Galw Iechyd Cymru. Cafodd y cynllun – sy'n cael ei gynnal mewn partneriaeth gan y Bwrdd Iechyd, Gwasanaeth Ambiwylans Cymru a Llywodraeth Cymru – ei weithredu yn Sir Gaerfyrddin i gychwyn, ac mae yna gynlluniau ar y gweill i'w gyflwyno ledled Sir Benfro a Cheredigion yn y dyfodol.



Codwch, gwisgwch, byddwch yn egnïol

Ym mis Medi 2017, aeth ein staff ledled Bwrdd Iechyd Prifysgol Hywel Dda ati i helpu i gefnogi ymgyrch genedlaethol sy'n anelu at helpu cleifion i adfer yn gynt pan fyddant yn aros mewn ysbyty.

Cafodd yr ymgyrch #EndPjparalysis ei mabwysiadu gan sefydliadau GIG ledled y Deyrnas Unedig, ac mae ganddi negeseuon syml ar gyfer cleifion; 'Codwch, gwisgwch a symudwch'; 'bwytwch brydau bwyd i ffwrdd o'r gwely'; ac 'ymwelwch â'r ystafell ddydd'. Mae #EndPjparalysis yn ymwneud ag annog cleifion i wisgo a dechrau symud o gwmpas cyn gynted â phosibl, er mwyn helpu i gynnal eu hurddas a'u cynorthwyo i adfer yn gynt.

Safonau Iechyd a Gofal: Hanfodion Gofal

Yn yr un modd â blynyddoedd blaenorol, rydym wedi parhau i weithio i wella ein perfformiad o ran yr Hanfodion Gofal yn y Safonau Iechyd a Gofal. Daeth archwiliad o'r gofal a ddarparwn i'n cleifion ledled ein gwasanaethau, a gynhaliwyd yn 2017, i'r casgliad ein bod wedi cyflawni'r targed a osodwyd ar gyfer y rhan fwyaf o'r meysydd dan sylw. Mae yna waith i'w wneud o hyd mewn perthynas â rhai agweddau ar ofal cleifion, ac, yn ystod y 12 mis nesaf, byddwn yn parhau â gwaith gwella ym maes cyfathrebu, atal briwiau pwyso, gofal traed, hylendid y geg, gofal anymataliaeth a chadw cofnodion. Byddwn hefyd yn gwneud gwaith penodol ar gwsig a gorffwys, yn ogystal â hybu iechyd.



Dengys yr adborth gan y cleifion ein bod yn cael pethau'n iawn bron bob amser; fodd bynnag mae achlysuron yn codi pan nad yw hynny'n digwydd, ac mae angen i ni ganolbwyntio ein hymdrechion er mwyn gwella gofal mewn achosion o'r fath. Roedd y llynedd yn flwyddyn heriol i ni, ac adlewyrchir hyn yn yr adborth gan y staff, sy'n dangos nad yw'r staff yn teimlo ei bod yn bosibl cyflawni safonau gofal uchel bob amser oherwydd cyfyngiadau o ran staffio ac amser, a hynny er gwaetha'r ffaith eu bod yn anelu at gyflawni'r safonau hynny. Yn ystod y 12 mis nesaf, byddwn yn parhau i weithio gyda'n staff i sicrhau eu bod yn cael eu cefnogi yn ystod yr adegau anodd; yn cael cyfleoedd i leisio pryderon; yn cael eu cynnwys mewn unrhyw benderfyniadau ynghylch newidiadau i'r gwasanaeth, ac yn teimlo eu bod yn cael eu gwerthfawrogi yn y sefydliad.

Cynnydd sylweddol ym maes ymchwil a datblygu

Yn ystod y flwyddyn ddiwethaf, bu lefel gweithgarwch ein Tîm Ymchwil a Datblygu ar ei huchaf erioed. At hynny, llwyddodd i benodi staff newydd i swyddi allweddol. Mae hyn wedi cynyddu ein hymchwil bortffolio (2016-2017) ac wedi arwain at ein dyraniad mwyaf o gyllid seiliedig ar weithgarwch (ABF) gan Lywodraeth Cymru, sef ychydig dros £1 filiwn ar gyfer 2017-18. Rydym yn ymgorffori ar draws rhwydweithiau clinigol amrywiol; mae gan Hywel Dda fwy o bobl yn cymryd rhan mewn treialon anadlol nag unrhyw fwrdd iechyd arall yng Nghymru (wedi'u noddi gan y llywodraeth ac yn fasnachol), yn ogystal â thimau gweithredol o ran diabetes a chanser y fron. Rydym yn 'meithrin' ymchwilwyr newydd, yn enwedig ym maes strôc a gofal dwys.

Ymhlith yr uchafbwyntiau allweddol hyd yma eleni y mae:

- mwy o gleifion nag erioed yn cymryd rhan mewn treialon masnachol, sy'n dod â meddyginiaethau o'r radd flaenaf (nad ydynt ar gael eto gan y GIG) i'r Bwrdd Iechyd, yn ogystal â chyllid ychwanegol;
- gweithio'n agos gyda Chomisiwn Bevan, gyda'n staff yn Gymrodyr, yn Arloeswyr ac yn Esiamplwyr Bevan, yn cynnal prosiectau diddorol ledled ardal Hywel Dda;
- agor Canolfan Arloesi newydd yn Llanelli (Gorffennaf 2018);
- perfformiad rhagorol o ran recriwtio i'r portffolio ac astudiaethau canser yn Ysbyty Llwynhelyg;
- cydweithredu'n barhaus â phrifysgolion Abertawe, Aberystwyth a'r Drindod Dewi Sant, a hynny ar brosiectau sy'n amrywio o brintio mygydau 3-D i greu biofarcwyr ac apiau;
- cydweithio ymhellach ag ymchwilwyr o bob cwr o'r Deyrnas Unedig ac Ewrop, yn ogystal â'r Ariannin erbyn hyn, gyda gwerth dros £600 mil o grantiau eleni.

I gael rhagor o wybodaeth am ein gweithgareddau a'n cynnydd o ran ymchwil a datblygu, ewch i: www.hywelldahb.wales.nhs.uk/research.

Gwella iechyd a lles

Rhoi'r gorau i smygu ac atal smygu

Roedd Cynllun Gweithredu Cymru ar Reoli Tybaco 2012 yn gosod targedau ar gyfer lleihau nifer yr oedolion sy'n smygu yng Nghymru i 20% erbyn 2016, ac i 16% erbyn 2020. Yng Nghynllun Cyflawni newydd Cymru ar Reoli Tybaco 2017-20, mae lleihau nifer y bobl sy'n smygu i 16% yn parhau i fod yn darged. Yn ôl canlyniadau arolwg cenedlaethol 2016-17 ar gyfer Cymru, mae nifer y bobl sy'n smygu wedi disgyn i 19%. Yn ystod 2017-18, aeth Iechyd Cyhoeddus Cymru ati i lansio Helpa Fi i Stopio, sef brand integredig newydd ar gyfer Cymru, sy'n cynnwys Dim Smygu Cymru, pob cynllun fferyllfa lefel 3, a phob gwasanaeth gofal eilaidd sy'n ymwneud â rhoi'r gorau i smygu. Mae Helpa Fi i Stopio yn darparu un pwynt cyswllt i smygwyr sydd am roi'r gorau iddi, ac yn sicrhau eu bod yn cael eu hatgyfeirio at y gwasanaeth gorau i ddiwallu eu hanghenion.

Erbyn hyn, mae 44 o'n fferyllfeydd cymunedol yn cynnig gwasanaeth rhoi'r gorau i smygu un stop, sydd ar gael i smygwyr 12 oed throsodd. Mae'r rhaglen 12 wythnos yn cynnwys cyflenwad am ddim o gynhyrchion disodli nicotin, cymorth ysgogol a phroffion monitro CO. Hyd yn hyn yn ystod 2017-18 (dros y tri chwarter cyntaf), gwyddom fod 405 o smygwyr wedi defnyddio'r gwasanaeth hwn, o gymharu â 334 o smygwyr yn ystod 2016-17.

Mae'r holl ysbytai dosbarth ledled ardal Hywel Dda bellach yn darparu cymorth rhoi'r gorau i smygu i gleifion mewnol yn ystod eu harhosiad yn yr ysbyty, yn ogystal â g i'r rheiny sydd am roi'r gorau iddi. Mae hon hefyd yn rhaglen 12 wythnos, sy'n cynnig sesiynau monitro CO wythnosol, cymorth ymddygiadol a mynediad at therapi disodli nicotin, yn ogystal â darparu cymorth i gleifion allanol. Yn y flwyddyn ddiwethaf, treialwyd cynllun atgyfeirio 'optio allan' ar gyfer

cleifion sy'n defnyddio gwasanaethau resbiradol a phodiatreg, a'r rheiny sy'n aros am lawdriniaeth ddewisol.

Hyd yma, yn ystod naw mis cyntaf 2017-18, gwyddom fod 429 o smygwyr wedi cael eu trin gan y gwasanaeth hwn. Mae hyn yn welliant o gymharu â'r un cyfnod yn 2016-17 (260 o smygwyr a gafodd eu trin).

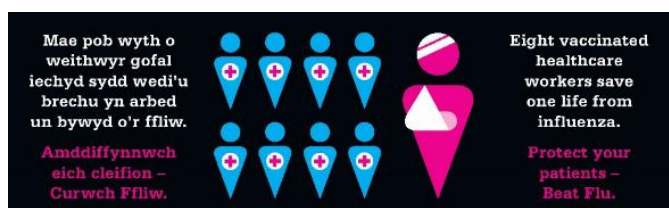
Cynigir cymorth hefyd i fenywod beichiog, wrth i'r bydwagedd sicrhau bod y fam a'r baban yn cael y gofal y mae arnynt ei angen trwy gynnal prawf anadlu CO yn ystod yr apwyntiad archebu.

Mae'r llyfryn *Have a word about e-cigarettes*, a grëwyd gan aelod o'r tîm iechyd y cyhoedd lleol gan ddefnyddio tystiolaeth a ffigurau diweddar am e-sigarêts, yn darparu amrywiaeth eang o wybodaeth i nyrsys ysgol y gellir ei chyflwyno trwy ddefnyddio cyfweiliadau ysgogol neu sgwrs fer mewn arddull ymyrraeth.

Imiwneiddio a brechu

Dangosodd ein hymgyrch dymhorol i frechu rhag y fflw yn 2017-18 gynnydd yn y mwyafrif o grwpiau targed cymwys Llywodraeth Cymru, a hynny o gymharu â chynnydd cyffredinol yn genedlaethol.

Fodd bynnag, at ei gilydd, mae'r gyfradd gwella mewn rhai meysydd allweddol yn lleol yn gofyn am waith ychwanegol, yn arbennig ymhlith pobl dros 65 oed, a babanod chwe mis i bobl 64 oed mewn grwpiau risg clinigol. Mae nifer o ddatblygiadau arloesol o ran



cynllunio, monitro perfformiad ac arfer wedi helpu i gynyddu nifer y bobl sy'n cael eu brechu, er enghraifft ymgyrch hynod lwyddiannus y staff, lle cynyddwyd y gyfradd frechu, sef 60%, yn gysurus, gan arwain at gynnydd o 13.6% o gymharu â'r llynedd, ynghyd â'r gyfradd wella orau yng Nghymru.

Dosbarthwyd llyfryn copi caled o'r enw *Have a word about the influenza vaccine* i Feddygon Teulu a Nyrsys Practis yn yr ardal. Mae'r llyfryn yn rhoi arweiniad ar gynnal sgysiau effeithiol â chleifion gan ddefnyddio technegau ymyrraeth fer/cyfweliad ysgogol i annog y cleifion cymwys i fanteisio ar y cyfle i gael eu brechu. Cafodd yr adnodd groeso mawr gan gydweithwyr, ac enillodd y categori 'Ymgyrch Fwyaf Arloesol' yn y Gwobrau Curwch Ffliw cenedlaethol eleni.

Ers i Lywodraeth Cymru wahodd fferyllfeydd cymunedol i gymryd rhan yn y gwaith o ddarparu brechiadau'r GIG rhag y fflw ar gyfer pobl dros 65 oed a'r rhai sydd mewn grwpiau risg o dan 65 oed, mae'r gwasanaeth wedi tyfu bob blwyddyn, a hynny o 301 o frechiadau yn y tymor cyntaf hwnnw i 5,155 yn 2017-18.

Yn ystod y flwyddyn ddiwethaf, rydym hefyd wedi gwneud rhywfaint o gynnydd o ran nifer y plant sy'n cael eu brechu, a gwelwyd cynnydd yn nifer y plant pedair oed a oedd wedi cael yr holl imiwneiddiadau arferol. Yn debyg i'r sefyllfa yng Nghymru gyfan, mae nifer y plant sy'n cael y brechiad MMR dau ddos cyn eu pen-blwydd yn 5 oed yn is na'r 95% sy'n ofynnol i sicrhau imiwneidd ar raddfa fawr ac i atal achosion lleol o'r clefydau y mae'n amddiffyn rhagddynt. Rydym yn ymdrechu'n weithredol i fynd i'r afael â hyn. Mae ein gwasanaeth nyrsio mewn ysgolion yn parhau i gynnig rhaglen brechu effeithiol, gan gyrraedd lefelau sydd gystal, os nad yn well, na'r lefel ar gyfer Cymru gyfan o ran nifer y plant sy'n cael eu brechu mewn ysgolion.

Gorbwysau a gordewdra

Y llynedd, aethom ati i wneud gwaith ymchwil gyda phobl sy'n gweithio yn y gwasanaethau mamolaeth a blynyddoedd cynnar, er mwyn darganfod rhagor am y ffordd orau o fynd i'r afael â gorbwysau a gordewdra. Eleni, aethom ati i rannu'r canfyddiadau â thimau ymwelwyr ieuchyd a thimau nyrsio ysgolion, gan gydweithio ag ymwelwyr ieuchyd i gynllunio a chyflwyno pecyn o ddeunyddiau hyfforddi a chymorth sy'n canolbwyntio ar fwyta'n iach ar gyfer y teulu cyfan. Mae hwn bellach yn cael ei ddefnyddio bob dydd wrth ymdrin â theuluoedd. Dangosodd ein gwerthusiad o 'Baby Let's Move' (rhaglen ymarfer corff ar gyfer darpar famau) fod yr adnodd yn effeithiol, ond dim ond ar gyfer nifer bach o fenywod. Mae angen i ni gyrraedd rhagor o ferched, felly mae ein hadnoddau bellach yn cael eu defnyddio i hyrwyddo cadw'n egniol ac yn iach cyn, yn ystod, ac ar ôl beichiogrwydd, a hynny mewn amrywiaeth o ffyrdd, gan gynnwys cerdded a nofio.

Eiriolwyr ffordd o fyw: hyrwyddo ieuchyd ar waith

2017-18 oedd trydedd flwyddyn y Rhaglen Eiriolwyr Ffordd o Fyw, lle dysgodd staff gofal sylfaenol sgiliau effeithiol i annog cleifion i fabwysiadu ffordd iach o fyw trwy dechnegau newid ymddygiad. Mae'n annog cleifion i wneud dewisiadau cadarnhaol ynghylch materion tebyg i dybaco, alcohol, gweithgarwch corfforol, bwyta'n iach a lles meddyliol. Yn ogystal â'r 60 o eiriolwyr sydd eisoes yn bodoli ledled ardal Hywel Dda, aeth nifer o leoliadau gofal sylfaenol ati i fabwysiadu 'ymagwedd meddygfa gyfan', lle cymerodd amrywiaeth ehangach o staff ran mewn rhaglen hyfforddi, gyda'r nod o sicrhau y byddai'r cyhoedd yn cael gwybodaeth am ffordd o fyw mewn dull cadarnhaol ac amserol, ni waeth gyda pha aelod o'r staff y byddent yn siarad.

Hyfforddwyd 27 aelod arall o'r staff, o amrywiaeth o ddisgyblaethau, i gyflwyno negeseuon tebyg i 'Mae Pob Cyswllt yn Cyfrif'. Roedd y staff yn cynnwys nyrsys, rheolwyr practis, staff derbynfa, a dosbarthwyr fferyllfa, ac, fel mewn blynyddoedd blaenorol, nododd y rheiny a fu'n

rhan o'r rhaglen hyfforddi 15 awr ei bod wedi effeithio ar eu dewisiadau eu hunain o ran eu ffordd o fyw, yn ogystal â dewisiadau eu cleifion. Trefnwyd hyfforddiant pwrpasol hefyd ar gyfer pob practis a oedd yn cymryd rhan, gan ymdrin â phynciau megis alcohol, dementia a materion iechyd meddwl. Roedd y digwyddiad dathlu blynyddol hefyd yn cynnwys digwyddiad rhwydweithio llwyddiannus, gyda thros 15 o sefydliadau partner ac 20 o eiriolwyr yn bresennol, ac roedd yn amlwg bod yna awydd i'r rhaglen symud yn ei blaen.

Presgripsiynu cymdeithasol

Mae yna amrywiaeth o weithgarwch ledled Bwrdd Iechyd Prifysgol Hywel Dda sy'n dod o dan ymbarél 'presgripsiynu cymdeithasol'. Mae yna glystyrau o feddygon teulu ym mhob sir sy'n ymgysylltu ac yn buddsoddi, ac mae yna achosion sefydledig o weithio mewn partneriaeth sy'n ymgorffori amrywiaeth o 'ddewisiadau amgen yn lle cael presgripsiwn' ym maes gofal sylfaenol, gofal cymdeithasol, a sefydliadau cymunedol a gwirfoddol. Mae dulliau gwerthuso arloesol, megis 'y newid mwyaf arwyddocaol', yn cael eu gweithredu gyda chefnogaeth Prifysgol Abertawe, ac mae ymchwil i rôl y gweithiwr cyswllt yn mynd rhagddi ym Mhrifysgol Aberystwyth. Mae'r tîm iechyd y cyhoedd lleol yn datblygu 'cymuned ymarfer' i gefnogi gwaith gwerthuso, hyfforddi, ariannu, rhannu arfer gorau ac adnoddau, yn ogystal â datblygu rhwydweithiau cymorth cyfoedion ar draws ffiniau daearyddol a sefydliadol.

Cynnwys pobl leol, partneriaid a chymunedau

Ymgysylltu parhaus

Mae gennym ddyletswydd statudol i ymgysylltu ac ymgynghori'n barhaus ynghylch newidiadau i wasanaethau iechyd. Yn 2017-18, parhaom i ymgysylltu â staff, cleifion, gofalwyr, rhanddeiliaid a dinasyddion mewn ffyrdd gwahanol. Estynnem wahoddiad i bobl o bob cwr o Sir Gaerfyrddin, Ceredigion a Sir Benfro ddod i'n digwyddiadau 'Sgwrs Fawr'. Ar y cyd â Chyngor Iechyd Cymuned Hywel Dda, cynhaliwyd gweithdai i ofyn am eich barn ar ein rhaglen Trawsnewid Gwasanaethau Clinigol ym mis Mehefin 2017, a chynhaliwyd ymarfer gwrando ac ymgysylltu 12 wythnos, yn rhan o'r 'Sgwrs Fawr', i ddisgrifio'r achos dros newid a chasglu barn y bobl.



Cynhaliwyd dros 80 o gyfarfodydd a digwyddiadau a daeth oddeutu 400 o ymatebion i law gan amrywiaeth eang o grwpiau, gan gynnwys ein staff, cleifion, y cyhoedd a'n partneriaid. Cynhaliwyd dwsinau o ddigwyddiadau yn y cam datblygu opsiynau, gan ddenu bron 400 o bobl, yn cynnwys meddygon a chlinigwyr eraill, aelodau o'r staff ehangach, sefydliadau yr ydym yn gweithio gyda nhw i ddarparu gofal, a chynrychiolwyr cleifion (gan gynnwys aelodau o Siarad Iechyd/Talking Health, y mae rhai ohonynt yn ymgyrchwyr iechyd gweithredol; Cyngor Iechyd Cymuned Hywel Dda; grwpiau cynrychioli cleifion ac aelodau o'r trydydd sector), a hynny er mwyn profi syniadau a lleihau nifer y cynigion, a'u mireinio.

Yn dilyn rhaglen fanwl o gyd-gynhyrchu ac ymgysylltu parhaus, a fu ar waith er 2015, llwyddom i gyflwyno ein model ar gyfer gwasanaethau iechyd meddwl (gyda'r nod o helpu i newid gwasanaethau iechyd meddwl i oedolion er gwell ledled Sir Gaerfyrddin, Ceredigion a Sir Benfro) yn rhan o'n proses ymgynghori. Cynhaliwyd yr ymgynghoriad rhwng misoedd Mehefin a Medi 2017, ac, yn ystod y cyfnod hwnnw, aethom ati i arwain a mynychu tua 75 o sesiynau galw heibio, cyfarfodydd a digwyddiadau er mwyn gwrando ar y bobl. Ymgysylltwyd yn uniongyrchol â mwy na 1,171 o bobl, a daeth 323 o holiaduron wedi'u llenwi i law, yn ogystal â 22 o gyflwyniadau ysgrifenedig. Defnyddiwyd yr adborth a gawsom i lywio'r broses o

wneud penderfyniadau, a chyflwynwyd ein hopsiynau terfynol i'r bwrdd ym mis Ionawr 2018 er mwyn iddo benderfynu arnynt. Dyfarnwyd statws 'arfer gorau' i'n proses ymgynghori gan y Sefydliad Ymgynghori. Byddwn yn parhau i ymgysylltu a chyd-gynhyrchu yn y dyfodol, a hynny'n unol â'n rhaglen Trawsnewid Gwasanaethau Clinigol.

Cynllun cynnwys ac ymgysylltu Siarad Iechyd/Talking Health

Rydym yn parhau i roi'r wybodaeth a'r cyfleoedd diweddaraf i'r aelodau, er mwyn llywio gwasanaethau iechyd trwy'r cynllun hwn. Mae gennym dros 1,000 o aelodau, ac rydym yn awyddus i recriwtio mwy. I gael rhagor o wybodaeth, neu ymuno â ni, ewch i www.talkinghealth.wales.nhs.uk, ffoniwch 01554 899056, neu ysgrifennwch i Rhadbost Bwrdd Iechyd Hywel Dda.



Cyd-gynhyrchu

Mae cyd-gynhyrchu yn canolbwyntio ar weithio gyda'n rhanddeiliaid, pobl leol, staff, asiantaethau statudol, Cyngor Iechyd Cymuned Hywel Dda, y trydydd sector, ac eraill ar bob cam wrth adolygu, cynllunio, dylunio a gwerthuso gwasanaethau. Mae'r dull hwn o weithredu yn seiliedig ar ethos o ddiwylledd, gonestrwydd, cyfathrebu clir, ymrwymiad i gydraddoldeb ac amrywiaeth, a'r Gymraeg. Mabwysiadodd ein Rhaglen Trawsnewid Gwasanaethau Iechyd Meddwl ymagwedd gyd-gynhyrchu at gynllunio gwasanaethau yn y dyfodol, ac, yn dilyn gwaith ymgysylltu ac ymgynghori helaeth, mae'n parhau â'r ymagwedd hon yn ei chyfnod gweithredu. Byddwn hefyd yn parhau â'r ymagwedd hon dros y flwyddyn i ddod, wrth i ni ddatblygu ein cynigion ar gyfer trawsnewid ein gwasanaethau cymorth a gofal iechyd ledled ardal Hywel Dda.



Cynhadledd agoriadol partneriaeth yn arddangos y datblygiadau diweddaraf ym maes iechyd y boblogaeth

Daeth cynrychiolwyr ynghyd yn yr haf i arddangos y modd y mae arloesedd, addysg ac ymchwil arloesol yn cyfrannu at iechyd pobl leol ledled Sir Gaerfyrddin, Ceredigion a Sir Benfro.

Trefnwyd y 'Gynhadledd Ymchwil Ysbrydoledig ac Arfer Arloesol' gyntaf hon, a agorwyd gan Vaughan Gething AC, Ysgrifennydd y Cabinet dros Iechyd, Llesiant a

Chwaraeon, gan Fwrdd Iechyd Prifysgol Hywel Dda a'i dair

prifysgol bartner, sef Prifysgol Aberystwyth, Prifysgol Abertawe a Phrifysgol Cymru y Drindod Dewi Sant, ac roedd yn ddathliad o'r modd y mae cydweithio wedi arwain at well profiadau i gleifion a gwell canlyniadau iechyd. Roedd hefyd yn gyfle perffaith i gyd-weithwyr o bob rhan o'r sector iechyd a'r sector addysg gwrdd a rhannu syniadau yn rhan o'u datblygiad proffesiynol parhaus.

Llwyddiant y Rhaglen Trawsnewid Gwasanaethau Iechyd Meddwl

Cyrhaeddodd Grŵp ein Rhaglen Trawsnewid Gwasanaethau Iechyd Meddwl rownd derfynol gwobrau cenedlaethol Rhwydwaith Profiad y Claf (PEN) eleni. Dyma'r gwobrau cyntaf ar gyfer profiad y claf i'w cynnal yn y Deyrnas Unedig, ac maent yn dathlu gwaith y rheiny yn y diwydiant iechyd a gofal cymdeithasol sy'n darparu profiadau rhagorol i gleifion. Cyrhaeddodd ein 'Partneriaeth ar gyfer Iechyd Meddwl sy'n Canolbwyntio ar yr Unigolyn' y rhestr fer yn y categori 'Hyrwyddo'r Cyhoedd' hefyd. Dyma'r ail llwyddiant o ran gwobrau i'r rhaglen, a enillodd Wobr GIG Cymru eleni yn y categori 'Dinasyddion wrth Wraidd Ailgynllunio a Darparu Gwasanaethau'.



Myfyriwr yn cefnogi ymgyrch recriwtio leol y GIG

Cawsom help gan fyfyrwr lleol o Goleg Sir Benfro, Charlie Humphreys, yn ein hymgyrch i ddenu darpar weithwyr gofal iechyd i'r ardal trwy greu fideo hyrwyddo sy'n canolbwyntio ar rolau therapyddion galwedigaethol a ffisiotherapyddion, a hynny yn rhan o'n hymgyrch ehangach i ddenu gweithwyr meddygol a nyrsio, yn ogystal â gweithwyr proffesiynol eraill ym maes gofal iechyd, i ddod i weithio yn y GIG yn lleol yng ngorllewin Cymru.

Hywel Dda yn ffurfio partneriaeth â thîm rygbi'r Scarlets er mwyn codi ymwybyddiaeth o ganser yr ysgyfaint

Diolch yn fawr iawn i dîm rygbi'r Scarlets gan Robbie Ghosal, Meddyg Ymgynghorol ac Ymgynghorydd Arbenigol Coleg Brenhinol y Meddygon ar gyfer Meddygaeth Anadlol yng Nghymru, ynghyd â gweddill tîm Bwrdd Iechyd Prifysgol Hywel Dda am gefnogi ein hymgyrch ymwybyddiaeth canser yr ysgyfaint yn ystod y flwyddyn ddiwethaf.



Llwyddiant i Wirfoddolwyr Iechyd

Nod ein gwasanaeth Gwirfoddoli dros lechyd yw gwella profiad cleifion o ofal iechyd. Mae ein gwirfoddolwyr yn gweithredu'n bennaf fel cyfeillion i gleifion ar wardiau, fel cyfarchwyr wrth dderbynfeydd ysbytai, ar wardiau plant a mamolaeth, mewn adrannau damweiniau ac achosion brys, gofal dwys, adsefydlu ar ôl strôc, a fferyllfeydd, ac fel cyfarchwyr addysg diabetes a gwirfoddolwyr gweinyddol.



Eleni, aethom ati i ddatblygu rolau gwirfoddol ychwanegol: y gwasanaeth Troli Llyfrgell ar gyfer cleifion mewnol yn Ysbyty Bronglais, ynghyd â'r gwasanaeth Troli Siop yn Ysbyty Glangwili. Recriwtiwyd 127 o wirfoddolwyr ar gyfer pob maes, ynghyd â 34 yn benodol ar gyfer ein hysbytai cymunedol. Ymhlith y gwirfoddolwyr hynny, mae chwech wedi cael eu cyflogi gan Fwrdd Iechyd Prifysgol Hywel Dda, aeth chwech i'r brifysgol i astudio meddygaeth, 12 i astudio nyrsio, tri i astudio cyrsiau eraill, a symudodd deg ymlaen i gyflogaeth arall.

Aethom ati hefyd i weithio gyda Gwasanaeth Gwybodaeth Canser Macmillan i recriwtio gwirfoddolwyr ar gyfer y gwasanaeth, gan barhau i weithio gyda gorsafoedd radio ysbytai a sefydliadau trydydd sector eraill. Os oes gennych ddiddordeb mewn gwirfoddoli, cysylltwch â: Y Gwasanaeth Gwirfoddoli dros lechyd, Bwrdd lechyd Prifysgol Hywel Dda, 1 Heol Penlan, Sir Gaerfyrddin SA16 OBB.

Cydnabod gwasanaethau am gefnogi gofalwyr

Nod y fenter Buddsoddwyr Mewn Gofalwyr yw helpu lleoliadau iechyd a gofal cymdeithasol, er enghraifft practisau meddygon teulu, fferyllfeydd, wardiau ysbytai ac adrannau cleifion allanol, i wella ein hymwybyddiaeth o ofalwyr a gwella'r cymorth y maent yn ei roi i ofalwyr. Cyflawnir hyn mewn cydweithrediad ag awdurdodau lleol yn Sir Gaerfyrddin, Ceredigion a Sir Benfro, ac mae sefydliadau trydydd sector, ysgolion, colegau a lleoliadau cymunedol eraill hefyd yn gwneud cais am wobrau Buddsoddwyr mewn Gofalwyr. Ym mis Mawrth 2018, roedd cyfanswm o 7,339 o ofalwyr wedi cofrestru yn eu meddygfa deulu, gyda 762 o ofalwyr yn cytuno i gael eu cyfeirio i wasanaethau cymorth lleol eraill trwy'r cynllun Buddsoddwyr mewn Gofalwyr.

Trwy gydol y flwyddyn, cyflwynwyd amryw wobrau Buddsoddwyr Mewn Gofalwyr i gydnabod yr ymrwymiad a'r gefnogaeth a roddir i ofalwyr a'u teuluoedd – **(Arian)** Meddygfa Deulu Preseli, gogledd Sir Benfro; ac ailddilyswyd categori efydd nifer o feddygfeydd.

(Efydd) Fferyllfa Boots, Abergwaun; Ward Santes Non a Thîm Iechyd Meddwl Cymunedol Ysbyty Bro Cerwyn, Hwlfordd; Ward Morlais, Caerfyrddin; Canolfan Adnoddau Gorwelion, Aberystwyth, Haven Way yn Noc Penfro; Tîm Iechyd Meddwl Sylfaenol y Gwasanaethau Iechyd Meddwl Plant a'r Glasoed Arbenigol (S-CAMHS); Tŷ Helyg, Ceredigion; Canolfan Gwili, Caerfyrddin; y Clinig Cyn-asesu yn Ysbyty Llwynhelyg; Ysgol Bro Gwaun, Abergwaun; Ysgolion Coedcae a Glanymor yn Llanelli, Ysgol Penglais yn Aberystwyth, Coleg Ceredigion; Llyfrgell Gymuned Trefdraeth a Doc Penfro; Ymddiriedolaeth y Gofalwyr, Croesffyrdd, Sir Gaerfyrddin; prosiect cymunedol Workways+ a menter gymdeithasol Norman Industries yn Sir Benfro.



Digwyddiad arddangos 'Mwy na Geiriau'

Enillodd aelodau'r bwrdd y wobwr am Arweinyddiaeth yn nigwyddiad arddangos 'Mwy na Geiriau' Llywodraeth Cymru ym mis Medi 2017. Cafodd y Bwrdd ei wobrwyo am arwain trwy

esiampol o ran defnyddio'r Gymraeg yn y gweithle. Dywedodd Dr Andrew Goodall, Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol: "Mae gan uwch-aelodau o staff gyfrifoldeb i sefydlu diwylliant cefnogol sy'n sicrhau ein bod yn ymgorffori gwaith cynllunio iaith, ac yn gofalu bod gwasanaethau yn hygyrch i siaradwyr Cymraeg trwy gyfeiriad polisi strategol, prosesau recriwtio, gwaith cynllunio'r gweithlu, rhaglenni hyfforddi a datblygiad proffesiynol parhaus."



Gwobrau Shwmae Sir Benfro

Enillodd Betsan Ifans Wobr Shwmae Sir Benfro am ei gwaith gwyb yn hybu'r Gymraeg ymhlith cleifion newydd. Mae Betsan yn gweithio gyda theuluoedd unigol, yn ogystal â threfnu sesiynau grŵp ar gyfer rhieni newydd – cyfle i gymdeithasu a rhannu profiadau trwy gyfrwng y Gymraeg. Mae'n chwarae rôl allweddol o ran datblygiad plant, a chymeradwywn ei gwaith rhagorol.



Y diweddaraf o ran nwyddau 'Rho gynnig arni'

Cafodd mat llygoden newydd ei gynhyrchu ar gyfer staff swyddfa, gyda ffocws penodol ar negeseuon e-bost: sut i ysgrifennu ymateb 'allan o'r swyddfa', ymadroddion defnyddiol i ddechrau a gorffen neges e-bost, a sut i gynnwys llofnod e-bost dwyieithog. Eleni, aethom ati hefyd i gynhyrchu fideo i bwysleisio pwysigrwydd y Gymraeg ym maes gofal iechyd. Seren y fideo yw Siôn Davies, a gafodd ei atgyfeirio am therapi oherwydd gorbryder – Cymraeg yw ei iaith gyntaf. Dangosir y fideo i staff newydd yn rhan o'u rhaglen ymsefydlu, yn ogystal ag mewn sesiynau ymwybyddiaeth o'r Gymraeg, er mwyn amlygu pwysigrwydd dewis o ran iaith.

Cydraddoldeb, amrywiaeth a hawliau dynol

Yn ystod 2017-18, rydym wedi bod yn canolbwyntio ar gydweithredu â'n staff, defnyddwyr gwasanaethau, eu gofalmwr a'u teuluoedd, a rhanddeiliaid allweddol eraill. Rydym wedi ymrwmo i sicrhau bod y modd yr ydym yn cynllunio, yn datblygu ac yn darparu gwasanaethau yn cynnwys ymgysylltu parhaus, ymgynghori priodol, a monitro.

Rydym yn parhau i weithio tuag at sicrhau nad oes neb dan anfantais wrth gyrchu ein gwasanaethau neu wrth weithio i ni. Un o'n prif flaenoriaethau yw sicrhau bod gan ein poblogaeth fynediad teg at wasanaethau a gwybodaeth i wella iechyd a lles. Mae ein rhaglenni [Trawsnewid Gwasanaethau Iechyd Meddwl](#) a [Trawsnewid Gwasanaethau Clinigol](#) yn amlygu lle y mae lleisiau ein cymunedau wedi dylanwadu ar y ffordd y cafodd yr opsiynau ar gyfer y model gwasanaethau eu datblygu, a'r modd y byddant yn parhau i ddylanwadu ar y llwybr datblygu yn y dyfodol.

Trwy'r broses o drawsnewid gwasanaethau, rydym wedi datblygu ymhellach ein dealltwriaeth sefydliadol o egwyddorion Asesu'r Effaith ar Gydraddoldeb. Anelwn at sicrhau, cyn belled ag y bo modd, bod ein darpariaeth o ran gwneud penderfyniadau, datblygu strategaethau a pholisïau, a chyflenwi gwasanaethau yn deg, yn atebol ac yn dryloyw, gan ystyried anghenion a hawliau pawb y gellid effeithio arnynt.

Mae ein Hadroddiad Blynnyddol ar gyfer 2016-17 (a gyhoeddwyd yn 2018) yn cynnwys enghreifftiau o waith tuag at fodloni ein hamcanion ran cydraddoldeb:

<http://www.wales.nhs.uk/sitesplus/862/page/61233/>

a chyhoeddir ein hadroddiad sy'n cwmpasu mis Ebrill 2017 hyd at fis Mawrth 2018 erbyn 31 Mawrth 2019.



Ein partneriaethau strategol

Ein huchelgais ni, bwrdd iechyd y brifysgol, yw dod yn sefydliad iechyd y boblogaeth, ac mae ein rôl mewn partneriaethau a chydweithrediaidau strategol allweddol â sefydliadau gwasanaeth cyhoeddus, rhanddeiliaid, staff, cleifion a'r cyhoedd, yn allweddol yn hyn o beth. Mae yna nifer o bartneriaethau strategol allweddol sy'n llywio'r broses o gydweithio ac integreiddio gwasanaethau, ac mae'r Bwrdd Iechyd yn rhan weithredol o'r rhain. Maent yn cynnwys:

- **Byrddau Gwasanaethau Cyhoeddus**, a sefydlwyd yn Sir Gaerfyrddin, Ceredigion a Sir Benfro y rhan o Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015, gyda'r nod o wella lles economaidd, diwylliannol, cymdeithasol ac amgylcheddol ar gyfer pobl leol, a hynny mewn modd cynaliadwy. Wedi cyhoeddi asesiad o lesiant lleol ym mis Mai 2017, bu pob Bwrdd Gwasanaethau Cyhoeddus yn llunio Cynllun Llesiant er mwyn nodi'r prif flaenoriaethau ar gyfer cydweithio.
- Mae **Bwrdd Partneriaethau'r Brifysgol** yn cynnwys aelodau o'r Bwrdd Iechyd, Prifysgolion Aberystwyth ac Abertawe, a Phrifysgol Cymru y Drindod Dewi Sant. Mae ein cytundeb tair blynedd yn anelu at wella iechyd a lles pobl leol trwy gydweithio a chyfuno adnoddau a syniadau mewn meysydd sydd o fudd i bawb, er mwyn cyrraedd y safonau uchaf o ran gofal, arloesedd, addysg a hyfforddiant.
- Ffurfiwyd **Grŵp Cydweithredol Gofal Iechyd y Canolbarth** i weithredu 12 o argymhellion Astudiaeth Gofal Iechyd Canolbarth Cymru, ac i ddarparu gwasanaethau cynaliadwy o ansawdd uchel i bobl yn y Canolbarth. Mae'n cynnwys aelodau o'r Bwrdd Iechyd, Bwrdd Iechyd Prifysgol Betsi Cadwaladr, Bwrdd Iechyd Addysgu Powys, ac Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru.
- Mae **Iechyd a Gofal Gwledig Cymru** (y Ganolfan Rhagoriaeth mewn Iechyd a Gofal Cymdeithasol Gwledig gynt), a sefydlwyd gan Grŵp Cydweithredol Gofal Iechyd y Canolbarth, yn ganolbwynt ar gyfer datblygu a chasglu ymchwil o ansawdd uchel ar iechyd a lles gwledig; mae'n gwella prosesau hyfforddi, recriwtio a chadw gweithluoedd proffesiynol mewn cymunedau gwledig, ac yn dangos esiampl ym maes iechyd a lles gwledig ar lwyfan rhyngwladol.
- Sefydlwyd **Bwrdd Partneriaeth Rhanbarthol Gorllewin Cymru** i roi Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 ar waith. Mae ei aelodaeth yn cynnwys y Bwrdd Iechyd, Cynghorau Sir Ceredigion, Sir Gaerfyrddin a Sir Penfro, yn ogystal â darparwyr gofal yn y trydydd sector, gofalmwyr a phobl ag anghenion gofal. Mae gan y Bwrdd Partneriaeth Rhanbarthol gyfrifoldeb strategol am gyflawni gwaith i integreiddio iechyd a gofal cymdeithasol ledled y rhanbarth. Cyhoeddodd yr Asesiad cyntaf o Anghenion Poblogaeth Gorllewin Cymru, a bu partneriaid yn cydweithio i lunio cynllun ardal ar gyfer gorllewin Cymru, gan nodi'r modd y bydd gwasanaethau iechyd a gofal cymdeithasol yn cael eu darparu i ddiwallu'r anghenion a nodir.
- Mae **Grŵp Cydweithredol Iechyd GIG Cymru**, a gynhelir gan Iechyd Cyhoeddus Cymru, yn anelu at wella'r cydweithio rhwng cyrff GIG Cymru, GIG Cymru a'i rhanddeiliaid, a rheoli rhwydweithiau clinigol penodol sy'n gweithredu ledled GIG Cymru. Ei grŵp llywodraethu yw Fforwm Arweinyddiaeth Grŵp Cydweithredol GIG Cymru, sy'n cynnwys cadeiryddion a phrif weithredwyr holl sefydliadau GIG Cymru.
- **Cydweithrediad Rhanbarthol ar gyfer Iechyd (ARCH)** yw meysydd iechyd, addysg a gwyddoniaeth yn cydweithio i wella iechyd, cyfoeth, sgiliau a lles pobl De-orllewin Cymru. Mae'n bartneriaeth rhyngom ni, Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg a Phrifysgol Abertawe, sy'n ymestyn dros chwe ardal awdurdod lleol ac sy'n gweithio gyda chyrff gofal iechyd, cyrff gwirfoddol, a chyrff cyhoeddus eraill. Ei nod yw gwella gofal iechyd trwy ymchwil, arloesi a sgiliau, a hynny ledled y rhanbarth.
- **Cyngor Iechyd Cymuned Hywel Dda** – mae'r Bwrdd Iechyd, trwy ein tîm Gweithredol, yn cyfrannu at Strategaeth y Cyngor Iechyd Cymuned a'r Pwyllgor Cynllunio.

Elusennau Iechyd Hywel Dda

Mae Elusennau Iechyd Hywel Dda yn elusen gofrestredig sy'n cefnogi cleifion, staff a gwasanaethau ledled ein Bwrdd Iechyd. Mae'n gwneud gwahaniaeth i filoedd o gleifion ledled ardal Hywel Dda a thu hwnt bob blwyddyn. Mae haelioni parhaus ein cleifion, eu teuluoedd a'n cymunedau lleol yn ein galluogi i gyfeirio ein rhoddion elusennol i gefnogi amrywiaeth eang o wasanaethau a gweithgareddau, y tu hwnt i'r hyn y gall y GIG ei ddarparu, er budd ein cleifion.

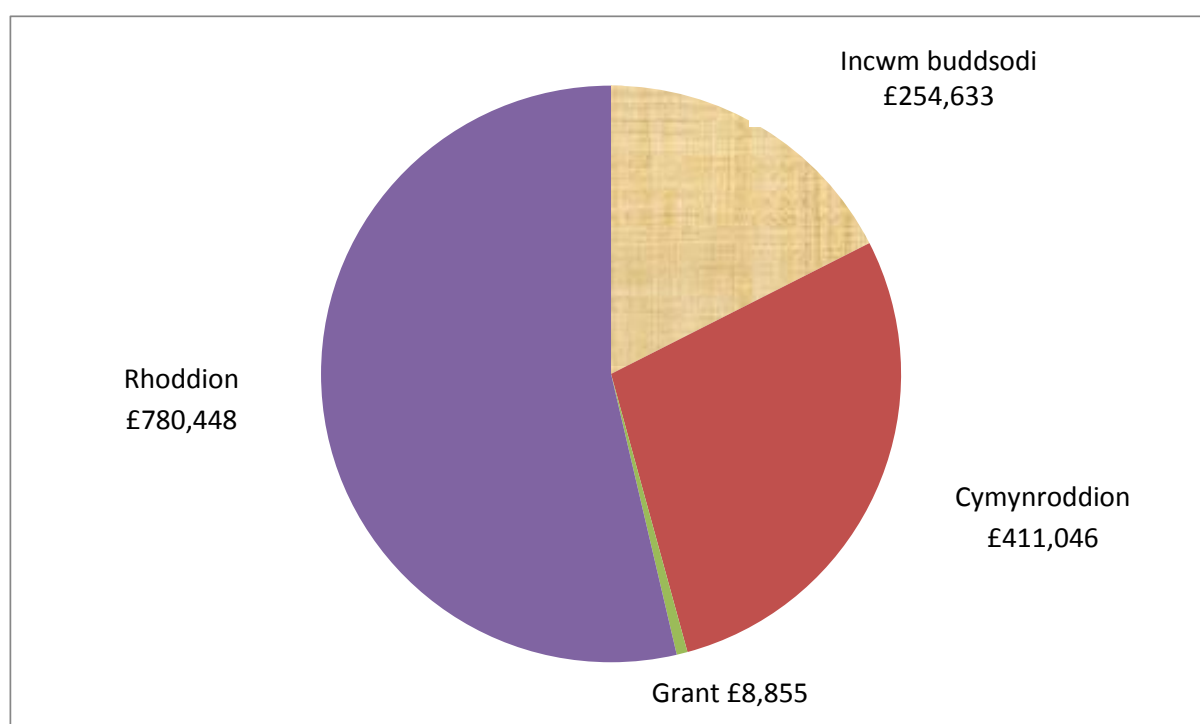


Elusennau Iechyd Hywel Dda
Hywel Dda Health Charities

Rhif Elusen Gofrestredig: 1147863
Registered Charity Number: 1147863

Ein hincwm

Cyfanswm yr incwm yn 2017-18 oedd £1,455,012.

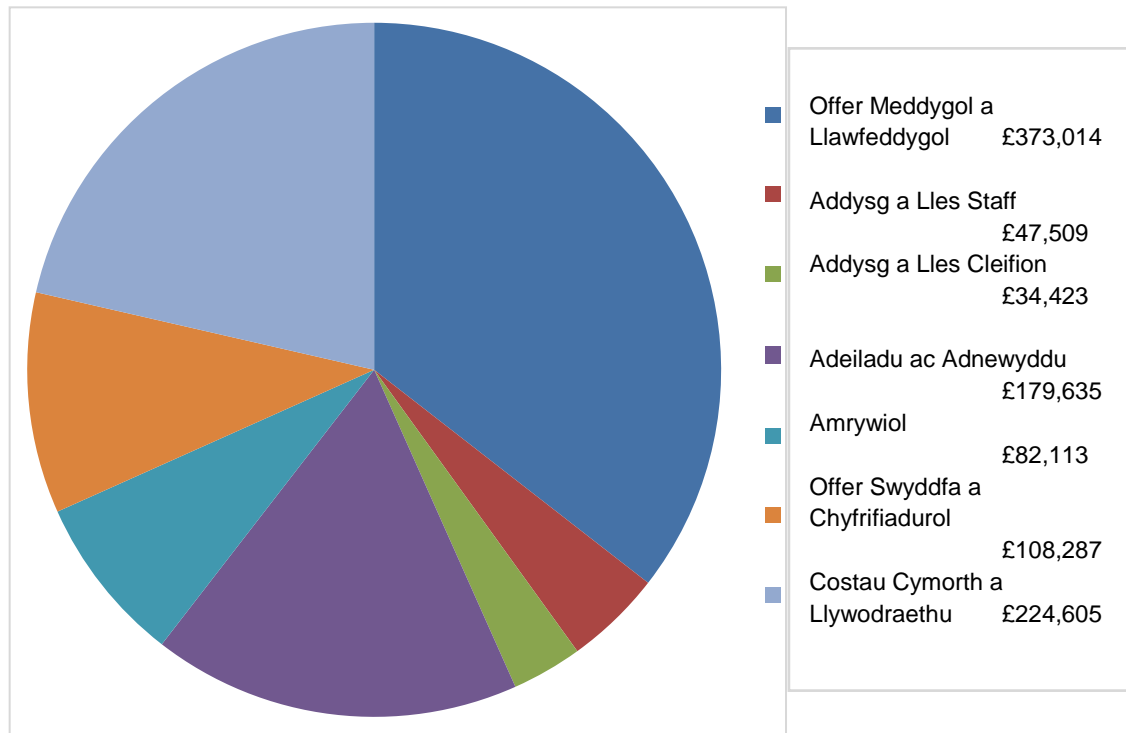


**Noder: Bydd y ffigurau a ddyfynnir yn cael eu harchwilio gan Swyddog Archwilio Cymru ym mis Medi/Hydref 2018*

Ein gwariant

Corff rhoi grantiau yw Elusennau Iechyd Hywel Dda, sy'n dyrannu grantiau i Fwrdd Iechyd y Brifysgol yn gyfraniad at gost darparu gofal iechyd, gan ychwanegu gwerth at yr hyn y mae'r GIG yn ei ddarparu. Mae ein rhoddion elusennol yn darparu cymorth amhrisiadwy ar gyfer gwariant sy'n canolbwyntio ar gleifion.

Eleni, gwariwyd £1,049,586 ar weithgareddau elusennol, gan gefnogi amrywiaeth eang o weithgareddau elusennol a rhai a oedd yn gysylltiedig ag iechyd.



**Noder: Bydd y ffigurau a ddyfynnir yn cael eu harchwilio gan Swyddog Archwilio Cymru ym mis Medi/Hydref 2018*

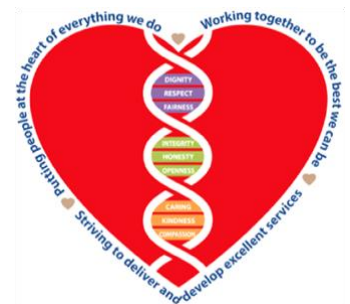
Bydd manylion llawn am weithgareddau'r elusen yn 2017-18 ar gael yn Adroddiad a Chyfrifon Blynnyddol Elusennau Iechyd Hywel Dda 2017-18, a hynny yn dilyn yr archwiliad yn hydref 2018. Bydd yr adroddiad ar gael ar www.hywelddahealthcharities.org.uk/publications.

Gwerthfawrogi ein staff

Ein gwerthoedd sefydliadol

Lansiwyd ein fframwaith gwerthoedd ac ymddygiadau ym mis Gorffennaf 2017. Cynlluniwyd y rhain i gorffori'r holl werthoedd personol a ddylai fod yn rhan annatod o fywydau ein staff, yn eu barn nhw, ac fe'u hategwyd gan ein tri gwerth sefydliadol:

- Rhoi pobl wrth wraidd popeth a wnawn
- Cydweithio hyd eithaf ein gallu i roi o'n gorau
- Ymdrechu i ddarparu a datblygu gwasanaethau rhagorol



Mae ein fframwaith ymddygiadau yn amlinellu'r ymddygiadau yr ydym yn eu disgwyl gan ein staff:

- **Craidd** – Yr hyn a wnawn o ddydd i ddydd, a'r hyn a ddisgwylir gan bob un ohonom. Mae'n rhan annatod o DNA y sefydliad.
- **Uwch** – Y modd yr ydym yn newid ein ffordd o weithio er mwyn creu profiad cadarnhaol. Mae hyn yn amlygu effaith gadarnhaol ar gleifion a gwasanaethau.
- **Rhagoriaeth** – Mae gwerthoedd yn rhan annatod o'n diwylliant, ac yn dod yn arfer. Rydym yn arwain trwy esiampl ac mae gennym dystiolaeth o'r hyn a wnawn.

Mae ein Tîm Datblygu Sefydliadol wedi bod yn hwyluso sesiynau hyfforddi pwrpasol parhaus ar werthoedd, wedi'u teilwra i gyd-fynd ag anghenion unigol y gwasanaeth, gan alluogi timau i

feithrin diwylliant o werthoedd ar gyfer y ffordd y byddant yn byw eu bywydau. Mae'r tîm hefyd yn cwblhau sesiynau dilynol chwe misol ar gyfer staff newydd a'r rheiny a fu'n rhan o raglenni arweinyddiaeth, a hynny er mwyn adolygu effeithiolrwydd y sesiynau a meithrin ymddiriedaeth, fel bod modd i bryderon gael eu codi.

Mae ein gwerthoedd a'n hymddygiadau bellach wedi cael e cynnwys yn y broses Gwerthuso Perfformiad ac Adolygu Datblygiad, ynghyd â chanllawiau ategol, ac mae'r adborth wedi bod yn hynod o gadarnhaol.

Mae cyfweiliadau ymadael yn parhau i gael eu cwblhau gyda chynnydd yn y cyfraddau ymateb, ac mae adroddiadau chwarterol yn cael eu darparu i Is-bwyllgor y Gweithlu a Datblygu Sefydliadol, er mwyn nodi unrhyw dueddiadau o ran ymadawyr.

Cynllun Gwobr Gweithiwr/Tîm y Mis y Cadeirydd

Yn 2017-18 cafodd 62 o aelodau unigol o'r staff a thimau ledled y sefydliad gydnabyddiaeth am weithio y tu hwnt i alwad dyletswydd (gellir gweld lluniau o rai ohonynt ar y clawr blaen). Cyflwynir tystysgrif o gydnabyddiaeth i enillwyr y wob, a hynny'n bersonol gan y Cadeirydd, a rhoddir cyhoeddusrwydd i'r ffotograffau ar y cyfryngau cymdeithasol, sydd bob amser yn cael croeso mawr gan y cyhoedd.

Cyflwyno pecynnau cymorth cenedlaethol

Rydym wedi lansio dau becyn cymorth gweithwyr yn rhan o'r broses genedlaethol o gyflwyno'r Pecyn Cymorth Iechyd a Lles; roedd dau aelod o'n staff yn rhan o'r grŵp cenedlaethol a'r gwaith o ddatblygu'r pecynnau cymorth hyn. Mae'r pecynnau cymorth ar gyfer yr holl staff, ac maent yn cynnwys cofnodion myfyrdod a chysylltiadau â meysydd penodol er mwyn cefnogi eu hiechyd a lles, yn ogystal â nifer o awgrymiadau o ran arfer gorau ar gyfer y gwasanaethau. Rydym hefyd wedi ychwanegu cwestiwn gorfodol yn ein dogfennau gwerthuso, er mwyn rhoi cyfle i'n gweithwyr drafod eu hiechyd a lles â'u rheolwr llinell.

Rhaglenni arwain

Mae ein rhaglenni arwain a rheoli wedi cael eu hadolygu, a bellach mae yna fwy o ffocws ar les staff ac ymgysylltu â staff. Rydym wedi cynnwys modiwl ar feithrin diwylliant o les a gwytnwch er mwyn arfogi rheolwyr â'r sgiliau i reoli eu gwytnwch eu hunain a gwytnwch eu timau, yn ogystal â modiwl ar feithrin diwylliant o les er mwyn adolygu'r hyn a olygir gan les, a'r modd y dylai rheolwyr enghreifftio ymddygiadau a sicrhau bod eu tîm yn deall pam y mae iechyd a lles mor bwysig.

Canlyniadau arolwg staff GIG Cymru

Yn ystod y flwyddyn ddiwethaf, rydym wedi gweithio'n galed i fwrw ymlaen â chamau gweithredu a ddeilliodd o arolwg staff GIG Cymru 2016-17, a'u cwblhau. Yn gyffredinol, roedd yr arolwg yn gadarnhaol iawn ar gyfer ein Bwrdd Iechyd, ac rydym bellach yn paratoi ar gyfer arolwg 2018-19, a fydd yn dechrau ar 11 Mehefin am gyfnod o chwe wythnos. Yn dilyn hyn, byddwn yn adolygu'r data er mwyn asesu'r tueddiadau a ddaw i'r amlwg o'r arolwg hwn, ac o arolygon yn y gorffennol, ac yn llunio cynlluniau gweithredu, fel y bo'n briodol.

Buddion a gwobrau staff

Rydym yn cynnig amrywiaeth o fuddion a gwobrau i bob aelod o staff. Mae'r rhain yn cynnwys cynlluniau aberthu cyflog i brynu technoleg i'r cartref, prydlesu ceir, beiciau, absenoldeb a thalebau gofal plant. Cafodd staff hefyd fudd o samplau hyrwyddol rhad ac am ddim. Mae gwirfoddolwyr yn rhan o'r gwaith o barhau â'r fenter gwobrwyo staff boblogaidd hon.

Gwasanaethau lles staff

Rydym wedi cynyddu ein ffocws ar weithio'n rhagweithiol er mwyn galluogi rheolwyr ac arweinwyr i greu'r amgylchiadau angenrheidiol ar gyfer cydnherthedd a lles yn y gwaith. Mae

ein Rhaglen Datblygu Lles arloesol, "You Matter", yn cael ei chyflwyno ledled y tair sir, a hynny er mwyn helpu i feithrin gwynwch unigol, ac mae'r mewnbwn i'r broses gynefino yn sicrhau ein bod yn amlygu pwysigrwydd lles staff ar ddechrau taith cyflogaeth pawb.

Trwy gydol y flwyddyn ddiwethaf, mae'r Gwasanaeth Iechyd Galwedigaethol wedi canolbwyntio ar wella mynediad, ac mae llawer o ddefnyddwyr gwasanaethau 'nawr yn defnyddio systemau electronig i drefnu a rheoli apwyntiadau ac i olrhain cynnydd ceisiadau. Mae'r gwasanaeth wedi canolbwyntio ar ddarparu apwyntiadau mwy amserol, er mwyn lleihau amserau aros ledled y Bwrdd Iechyd, sydd, ar gyfartaledd, yn dair neu bedair wythnos ar gyfer pob clinigwr ym maes Iechyd Galwedigaethol.

Ymgyrch adnoddau staff

Ein staff yw adnodd mwyaf gwerthfawr y Bwrdd Iechyd, a'n hamcan allweddol yw sicrhau bod gan ein gwasanaethau y staff iawn yn y lle iawn, â'r sgiliau iawn. Bu 2017-18 yn flwyddyn heriol iawn o ran recriwtio digon o feddygon, nyrsys a staff therapi mewn rhai achosion, a hynny o ganlyniad i brinder cenedlaethol ledled Cymru a'r Deyrnas Unedig yn gyffredinol.

Mae ein tîm recriwtio yn defnyddio nifer o gynlluniau hysbysebu arloesol, gan gynnwys cyfryngau cymdeithasol sydd wedi'u targedu at ardaloedd daearyddol penodol a hysbysebu ar Gludiant Cyhoeddus Llundain, yn ogystal â digwyddiadau recriwtio targededig. Cynhyrchwyd deunyddiau hyrwyddo dwyieithog, gan gynnwys fideos a llenyddiaeth a hysbysebair ar lwyfannau cyfryngau cymdeithasol yn genedlaethol ac yn rhyngwladol. Mae'r wybodaeth a gynhyrchir ynghlwm wrth swyddi gwag ar NHS Jobs er mwyn sicrhau mynediad rhwydd.

Er mwyn sicrhau ein bod yn darparu gwybodaeth recriwtio berthnasol, gyfoes, o ansawdd uchel ar gyfer ein darpar recriwtiaid, mae gwasanaethau ledled y sefydliad wedi gweithio'n agos gyda Thîm Recriwtio'r Bwrdd Iechyd yn ystod y 12 mis diwethaf. Mae hyn wedi cynnwys creu tudalennau gwe, fideos a thystebau pwrpasol ar gyfer y gwasanaeth recriwtio, sydd wedyn yn cael eu hyrwyddo trwy ein llwyfannau cyfryngau cymdeithasol. Mae'r ymgyrchoedd a gynhaliwyd yn ystod y flwyddyn ddiwethaf i'w gweld ar ein gwefan, yma:

www.hywelddahb.wales.nhs.uk/recruitment.

Ar ddiwedd 2017 roedd gennym 28 yn rhagor o weithwyr proffesiynol perthynol i iechyd a 91 yn rhagor o nyrsys cofrestredig (yr unig fwrdd iechyd yng Nghymru i brofi cynnydd yn nifer y nyrsys cofrestredig). Aethom ati hefyd i benodi 65 o uwch-staff meddygol, sef dwywaith y nifer yn 2015.

Mae'r holl ddeunydd ymgyrch a gynhyrchwyd yn unol ag ymgyrch genedlaethol #TrainWorkLive, ac rydym wedi cael ein canmol gan Lywodraeth Cymru am ein gwaith. Lansiodd Ysgrifennydd y Cabinet gam nesaf ymgyrch #TrainWorkLive Prydain Fawr ym mis Hydref 2017. Mae'r cyfryngau cymdeithasol yn chwarae rhan allweddol yn ein strategaeth hysbysebu. Cynhyrchir ein holl ymgyrchoedd yn ddwyieithog, a rhoddir cyhoeddusrwydd iddynt yn bennaf trwy ein llwyfannau ar-lein/cyfryngau cymdeithasol er mwyn sicrhau bod cynifer o bobl â phosibl yn eu gweld, gan gynnwys peth hysbysebu wedi'i dargedu'n ddaearyddol.

Buddsoddi yn ein hystadau a'n gwasanaethau

Mae Bwrdd Iechyd Hywel Dda yn parhau i fuddsoddi yn ei ystad, ac roedd cyfanswm y buddsoddiad cyfalaf ar gyfer 2017-18 yn £16.938 miliwn.

Roedd y buddsoddiadau allweddol trwy gyllid canolog Llywodraeth Cymru yn 2017-18 yn cynnwys:

- Parhau â'r gwaith i adnewyddu'r theatrau presennol, yn ogystal â darparu lifft newydd ar gyfer gwagio adeg tân ar gyfer y Theatrau/Uned Gofal Dwys yn Ysbyty Bronglais (gwerth cyfalaf llawn £5.32 miliwn).

- Cyllid ar gyfer diweddarau llety cleifion mewn cyfleusterau iechyd meddwl ledled y Bwrdd Iechyd, er mwyn cydymffurfio â'r rheolau o ran pwyntiau rhwymo (£3.0 miliwn).
- Buddsoddi mewn TG er mwyn gwella amrywiaeth o feysydd, gan gynnwys darpariaeth Wi-Fi a phrosiectau seiberddiogelwch (£1.3 miliwn).

Mae elfennau allweddol gwariant ein Rhaglen Cyfalaf Dewisol wedi'u nodi yn y tabl isod:

Sir Gaerfyrddin	
Sgopau Newydd, Ysbyty Glangwili	£42,106
Peiriant Golchi Sgopau Newydd, Ysbyty Glangwili	£93,596
Peiriannau Sganio'r Bledren Newydd, Ysbyty Glangwili	25,230
Peiriannau Uwchsain Newydd, Ysbyty Glangwili	£255,291
Peiriannau Uwchsain Newydd, Ysbyty Tywysog Philip	£67,605
Diweddarau Amgylchedd Adran Cleifion Allanol Ysbyty Glangwili	£40,211
Datblygu Uned Mân Anafiadau Ysbyty Glangwili	£321,120
Ceredigion	
Peiriannau Sganio'r Bledren	£16,830
Peiriant Uwchsain Newydd	£35,796
Adleoli ac Ehangu'r Clinig Iechyd Rhywiol	£143,625
Peiriant Eco Cardiaidd Newydd	£76,000
Peiriant Monitro Cleifion ar gyfer Strôc/Cardiaidd	£128,000
Sir Benfro	
Trolïau Bwyd Newydd ar gyfer y Gwasanaeth Cleifion	£94,986
Offer i Gefnogi Cleifion Bariatrig	£34,008
Peiriannau Sganio'r Bledren	£16,830
Sgopau Newydd	£131,485
Peiriannau Anaesthetig Newydd	£63,426
Peiriant Uwchsain Newydd	£82,987
Datblygu'r Cyfleuster Triniaethau Dydd	£213,884
Iechyd Meddwl	
Peiriant ECT Newydd	£19,606
Gwaith uwchraddio yn Nhŷ Bryn	£69,000
Gwaith uwchraddio ystafelloedd gwely ac ystafelloedd ymolchi cleifion yn Sant Caradog	£63,000

Prosiectau mawr

Achos Busnes dros Raglen Gwella Seilwaith ac Adnewyddu Wardiau

Ar hyn o bryd, rydym yn cynnal adolygiad o gyflwr ein pedwar cyfleuster aciwt, er mwyn llunio achos busnes i'w ystyried gan Lywodraeth Cymru.

Bydd yr achos busnes yn nodi'r prif faterion o ran yr ystad, ac yn darparu rhaglen fuddsoddi ar sail risg i fynd i'r afael â hi dros nifer o flynyddoedd yn y dyfodol. Nid yw'r gwaith hwn yn gysylltiedig yn uniongyrchol â'r rhaglen Trawsnewid Gwasanaethau Clinigol barhaus. Fodd bynnag, bydd y canlyniadau yn hyblyg er mwyn ymateb i unrhyw fodelau ar gyfer darparu gwasanaethau yn y dyfodol.

Blaen Tŷ Ysbyty Bronglais (£43.3 miliwn)

Mae'r prosiect hwn ar fin â dod i ben, gyda cham olaf y gwaith o adnewyddu'r Prif Theatrau ac adeiladu'r lifft ychwanegol ar gyfer gwagio adeg tân i'w gwblhau yr haf hwn.



Endosgopi, Ysbyty Tywysog Philip

Mae adolygiad o'r gwasanaethau endosgopi ledled y Bwrdd Iechyd, yn rhan o broses achredu'r Grŵp Cyngori ar y Cyd, wedi nodi gofyniad i gael gwell cyfleusterau yn Ysbyty Tywysog Philip. Mae'r achos busnes yn cael ei lunio ar hyn o bryd.

Canolfan Gofal Integredig Aberteifi, Aberteifi (£23.8 miliwn)

Cymeradwywyd y cynllun busnes llawn ar gyfer y cynllun hwn gan Lywodraeth Cymru ym mis Rhagfyr 2017, a dechreuodd y gwaith ar y safle ddechrau mis Mawrth 2018. Mae'r gwaith daear, gan gynnwys gwaith gosod y pyst sylfaen, yn mynd rhagddo ar hyn o bryd ar y safle. Disgwylir i'r gwaith adeiladu gael ei gwblhau yn ystod hydref 2019.



Menywod a Phlant, Cam 2 Ysbyty Glangwili

Yn ddiweddar, cyhoeddodd Llywodraeth Cymru werth tua £25 miliwn o gyllid ar gyfer ailddatblygu gwasanaethau menywod a phlant ar y safle. Disgwylir i'r gwaith adeiladu ddechrau yn ystod hydref 2018.

Cynllun Cathetr Cardiaidd

Mae opsiynau'n cael eu hasesu ar hyn o bryd i gynyddu'r gallu i gynnal angiograffeg dewisol a thriniaethau rheoli curiad y galon. Mae hyn yn debygol o fod yn ateb byrdymor, gyda'r ateb hirdymor yn dibynnu ar ganlyniad y rhaglen Trawsnewid Gwasanaethau Clinigol.

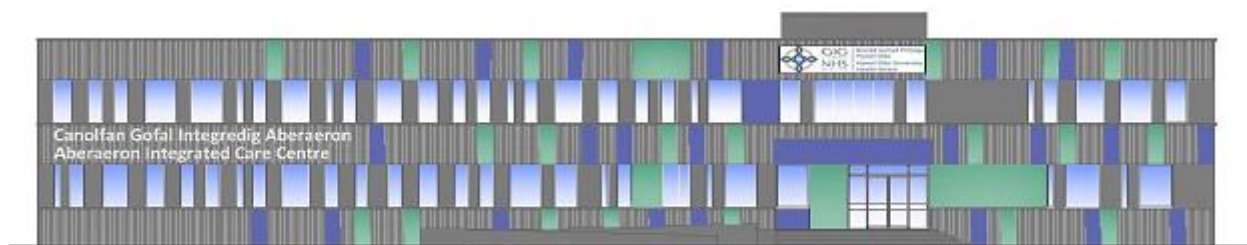
Ystafelloedd Aseptig

Ar hyn o bryd, rydym yn symud ymlaen ag achos busnes i adleoli'r gwasanaethau aseptig i safle Ysbyty Tywysog Phillip yn Llanelli. Cyflwynir yr achos cyfiawnhad busnes dros y cynllun hwn i Lywodraeth Cymru yn ystod hydref 2018.

Prosiectau Dewisol/Cyfalaf

Y cam cyfiawnhad busnes

- Canolfan Gofal Integredig Aberaeron – gwaith adnewyddu ac addasu ym Minaeron;



Argraff Arlunydd / Artist's Impression

Prynodd y Bwrdd Iechyd adeilad Minaeron gan Gyngor Sir Ceredigion yn 2016-17 yn dilyn cadarnhad o gyllid gan Lywodraeth Cymru. Wedi hynny, datblygwyd cynlluniau i adnewyddu'r adeilad er mwyn darparu gwasanaethau gofal cymunedol, cymdeithasol a sylfaenol newydd yn Aberaeron. Bydd y gwasanaethau cyfredol yn Ysbyty Aberaeron, Felin Fach a Meddygfa Tanyfron yn cael eu hadleoli i'r cyfleuster newydd. Bydd

ystafelloedd hefyd ar gael i'w defnyddio gan bartneriaid eraill y gwasanaeth, gan gynnwys Ymddiriedolaeth Gwasanaeth Ambiwlans Cymru a'r trydydd sector. Mae'r prosiect yn cynnig cyfle i fynd i'r afael â'r problemau hirsefydlog o ran llety a mynediad yn Ysbyty Aberaeron, a bydd yn cefnogi'r gwaith o gyflwyno ffyrdd integredig newydd o weithio. Bydd amrywiaeth o wasanaethau cleifion allanol, meddyg teulu, gofal cymdeithasol, hybu iechyd ac iechyd cymunedol yn cael eu lleoli yn y cyfleuster newydd, ynghyd â Thîm Rheoli y Sir. Mae'r achos cyfiawnhad busnes wedi cael ei gymeradwyo. Mae grŵp y prosiect wrthi'n symud y cynlluniau comisiynu yn eu blaen, ac mae gweithdai parhaus i ddatblygu trefniadau gweithio integredig yn mynd rhagddynt. Disgwylir i'r gwaith adeiladu ddechrau ym mis Mehefin 2018. Dylai'r cyfleuster a gomisiynwyd fod yn barod ar gyfer mis Mai/Mehefin 2019.

- Peiriant MRI newydd – camau 1 i 3 yn Ysbyty Bronglais;
- Gwaith i adnewyddu ac addasu wardiau 9 a 10 yn Ysbyty Llwynhelyg.

Prosiectau cyfalaf dewisol

- Cyfleuster newydd: Canolfan Gofal Iechyd Rhywiol ac Atgenhedlol Aberystwyth ar safle Meddygfa Padarn;
- Uned Mân Anafiadau newydd yn Ysbyty Glangwili;
- Llyfrgelloedd Offer Meddygol newydd yn ysbytai Bronglais a Glangwili;
- Adnewyddu'r ystafelloedd deintyddol a chyfleuster OPT newydd yng Nghlinig Elizabeth Williams;
- Gwaith i wella pwyntiau rhwymo ar gyfer holl wasanaethau iechyd meddwl ac anableddau dysgu y Bwrdd Iechyd;
- Gwaith galluogi ar gyfer holl unedau dosbarthu awtomatig y Bwrdd Iechyd;
- Cyfleuster newydd: Canolfan Diabetig Gymunedol Meurig Williams yn Ysbyty Tywysog Philip;
- Uned Gofal Dydd newydd yn Ysbyty Llwynhelyg;
- Gwaith adnewyddu'r Theatrau Ôl-raddedig/Darlithio yn ysbytai Tywysog Philip a Llwynhelyg;
- Cyfleusterau swyddfa newydd yng Nghanolfan Derwen, Parc Dewi Sant.

Prosiectau seilwaith/statudol

- Diweddaru adeiladwaith yr Uned Cleifion Allanol – Camau 4 i 6 yn Ysbyty Glangwili;
- Gwaith ar y seilwaith draenio – Cam 2 yn Ysbyty Glangwili;
- Prosiect i osod to newydd ar yr uned hydrotherapi yn Ysbyty Glangwili;
- Gwaith i osod drysau tân newydd yn Ysbyty Tywysog Philip;
- Gwaith atgyweirio'r to a'r cladin yn Ysbyty Llwynhelyg;
- Gwaith gwella/adnewyddu a diweddaru ar gyfer holl wasanaethau Iechyd Meddwl ac Anawsterau Dysgu y Bwrdd Iechyd.

Cynlluniau a ariennir gan elusennau

- Ardal ward newydd ac iddi chwe gwely yn y Banwy, Ysbyty Bronglais;
- Gwaith adnewyddu ystafell wely gofal arbennig yn Ysbyty Llanymddyfri.

Perfformiad ystad y Bwrdd Iechyd

Perfformiad eiddo

Ffeithiau Allweddol

Mae'r ôl-groniad cyfredol yn yr ystad yn £60.8 miliwn
(cyfanswm yr ôl-groniadau uchel a sylweddol yw £42 miliwn)

Mae dros 51% o'n hystad dros 32 mlwydd oed

Mae'r costau rhedeg cyfartalog ar gyfer gwasanaethau rheoli
cyfleusterau yn £158/m² y flwyddyn

Ein hystad

Mae ystad ein Bwrdd Iechyd yn parhau i esblygu ac addasu i'r newidiadau o ran gofynion gofal iechyd, gan sicrhau ein bod yn ymdopi â'r anghenion gofal iechyd cyfredol ar eu newydd wedd. Ar hyn o bryd, mae'r ystad yn cynnwys tua 52 hectar ledled Sir Gaerfyrddin, Ceredigion a Sir Benfro, sy'n cyfateb i tua chwarter tir Cymru. Bellach, darperir gwasanaethau gofal iechyd trwy 57 o adeiladau rhydd-ddaliad a lesddaliad sy'n cyfateb i arwynebedd llawr mewnol gros o 188,043m².

Prynu a gwaredu safleoedd yr ystad

Er mwyn sicrhau bod ein hystad yn parhau i addasu ac esblygu i fodloni'r gofynion gofal iechyd cyfredol, rydym yn mynd ati mewn modd rhagweithiol i ddatblygu'r ystad yn unol â hynny. Trwy nodi adeiladau diangen i'w gwaredu, a phrynu adeiladau addas, naill ai trwy bryniannau cyfalaf a/neu drefniadau prydles allanol, prynwyd/gwaredwyd yr eiddo canlynol yn 2017-18:

Gwaredu

Gwaredu Rhydd-ddaliadau:

- Uned Gynhyrchu Ganolog Bryntirion, Heol Goffa, Llanelli.

Mae'r gwarediad hwn wedi cynhyrchu derbyniad cyfalaf o oddeutu £190 mil ar gyfer y cyfnod 2017-18.

Prynu

Prynu Lesddaliadau:

- Uned 9 The Beacon, Dafen – swyddfeydd Ymchwil a Datblygu;
- Padarn, Aberystwyth – Canolfan Gofal Iechyd Rhywiol ac Atgennedlol.

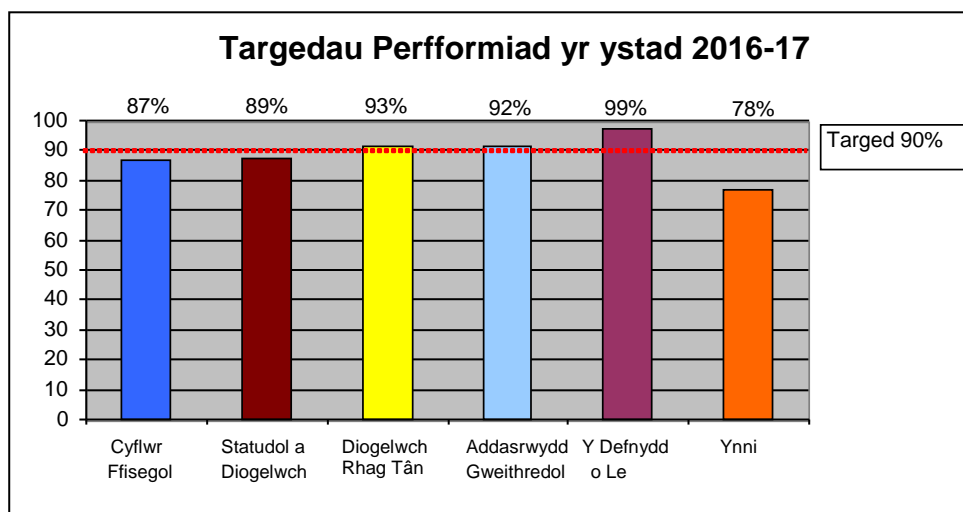
Prynu Rhydd-ddaliadau:

- Cyn Swyddfeydd Cyngor Sir Penfro, Minaeron, Aberaeron – wedi'u prynu er mwyn datblygu cyfleuster gofal integredig i wasanaethu ardal Aberaeron, a'n galluogi i waredu safle presennol Ysbyty Aberaeron.

Dangosyddion perfformiad yr ystad

Caiff perfformiad ystadau ei fesur yn erbyn cyfartaledd Cymru Gyfan yn ôl chwe dangosydd perfformiad cenedlaethol, fel yr adroddir trwy'r System Mesur Perfformiad, Ystadau a

Chyfleusterau. Ar y cyfan, mae Bwrdd Iechyd Prifysgol Hywel Dda yn cydweddu'n agos â'r sefyllfa gyfartalog ar gyfer Cymru Gyfan, er bod y perfformiad o ran ynni a diogelwch rhag tân, fel y nodwyd yn flaenorol, yn dal i fod yn her, fel y nodir yn y tabl isod:



Costau gweithredu'r ystad

Mae gwybodaeth gyflawn a chywir yn hollbwysig er mwyn i sefydliad fonitro a rheoli perfformiad ei ystad. Gellir priodoli'r gwariant mwyaf i'r gwasanaethau glanhau, arlwygo a rheoli ynni. Mae'r costau rhedeg cyfartalog o ran safleoedd cyfleusterau cyffredinol ledled yr ystad yn cyfateb i £158/m² yn 2016-17 (£151/m² yn 2015-16, £153/m² yn 2014-15, £156/m² yn 2013-14) ond bydd y costau fesul lleoliad yn amrywio yn ôl deiliadaeth a gweithgarwch.

Rheoli cyfleusterau gweithredol a chydymffurfiaeth

Mae'r dasg o wella'r bartneriaeth waith rhwng timau Rheoli Cyfleusterau meddal a chaled yn parhau i wella profiad y claf trwy:

- barhau â'n hymdrechion i sicrhau bod yr amgylchedd adeiledig yn addas i'r diben; a
- pharhau i wella safonau'r gwaith o fonitro a sgorio glendid ledled y Bwrdd Iechyd, yn unol â'r safonau glendid cenedlaethol yn GIG Cymru.

Mae'r gwasanaeth yn parhau i ddatblygu nifer o fentrau i gefnogi timau nyrsio i ddarparu gwell profiad i'r claf. Defnyddir y feddalwedd Credits for Cleaning (C4C) yn barhaus er mwyn sefydlu sgoriau ar gyfer y rhanddeiliaid. Mae'r dechnoleg newydd a gyflwynwyd ledled y Bwrdd Iechyd (iPads mini) yn cipio'r data er mwyn ein galluogi i lunio ystadegau manwl ar gyfer glanhau, a gwaith glanhau nyrsys ac ystadau. Trafodir y rhain, a chreffir arnynt, mewn amryw o fforymau ledled y Bwrdd Iechyd. Mae yna welliant yn amlwg o ganlyniad i'r ymarfer hwn, ac mae'r system yn darparu gwybodaeth gywir ac amserol mewn perthynas â glendid yr amgylchedd yn yr holl ardaloedd i gleifion.

Mae ein rheolwyr cyfleusterau yn parhau i gael eu cynrychioli ar y grŵp fframwaith cenedlaethol ar gyfer C4C, ac maent hefyd yn rhan o'r grŵp sy'n edrych ar safonau glendid cenedlaethol Cymru. Bydd hyn yn sicrhau bod y Bwrdd Iechyd yn parhau i weithio yn unol â chanllawiau arfer gorau.

Mae'r gwaith o integreiddio staff gweithredol ar swyddogaethau rheoli cyfleusterau meddal a chaled, fel ei gilydd, wedi datblygu ymhellach, ac mae'n llwyddo i wella safonau glendid y wardiau. Mae'r timau cyfleusterau yn gweithio'n agos gydag uwch-staff ein wardiau i sicrhau bod mynediad yn cael ei ganiatáu ar yr adeg sydd fwyaf addas ar gyfer y wardiau. Mae timau ymateb cyflym yn parhau i ofalu bod trosiant gwelyau yn cael ei gadw mor isel â phosibl, er mwyn helpu i sicrhau bod llif y cleifion yn cael ei gynnal.

At hynny, rydym yn dal i ddefnyddio technoleg glanhau Microfibre i wella glendid yr amgylchedd adeiledig, ac rydym yn parhau i safoni hyn ledled yr holl safleoedd.

Gwasanaethau arbenigol – arlwyo

Archwiliadau hylendid bwyd/sgoriau'r Asiantaeth Safonau Bwyd

Mae'r cylch diweddaraf o archwiliadau hylendid bwyd wedi cael eu cynnal gan yr Adran Iechyd Amgylcheddol, yn unol â Chynllun Sgoriau Hylendid Bwyd diwygiedig yr Asiantaeth Safonau Bwyd. Mae holl safleoedd y Bwrdd Iechyd wedi cyrraedd y sgôr uchaf posibl, sef 5.

Fframwaith Bwydlenni Cymru Gyfan

Mae cydymffurfiaeth mewn perthynas â Fframwaith Bwydlenni Cymru Gyfan yn parhau i ddatblygu fesul tipyn, ac mae tri o'r pedwar ysbyty aciwt yn cydymffurfio'n llwyr o ran eu bwydlenni mewnol. Mae adnoddau'n cael eu buddsoddi yn Ysbyty Llwynhelyg, a bydd cydymffurfiaeth yn cael ei sicrhau yn ystod 2018-19.

Gwasanaethau arlwyo

Ar hyn o bryd, rydym yn cynhyrchu dros 23,000 o brydau cleifion yr wythnos a thros filiwn y flwyddyn ledled y Bwrdd Iechyd, a hynny ar gost gyfartalog o £4.29 fesul pryd claf.

At hynny, rydym yn darparu cyfleusterau arlwyo ar gyfer staff ac ymwelwyr, gan gynhyrchu dros £1.1 miliwn y flwyddyn (EFPMS 2016-17).

Mae'r gwasanaethau arlwyo yn gyfrifol am ddiwallu anghenion amrywiol y cleifion, y staff a'r ymwelwyr, ac, ar yr un pryd, maent yn bodloni amrywiaeth o safonau, canllawiau a chyfarwyddbau cenedlaethol sy'n berthnasol i'r effaith y mae'r gwasanaeth arlwyo yn ei chael ar iechyd a lles.

Byddwn yn comisiynu gwaith ychwanegol i estyn cwrddpas achos amlinellol strategol gwreiddiol mis Awst 2016 ar gyfer darpar wasanaethau arlwyo y Bwrdd Iechyd, er mwyn casglu gwybodaeth ansoddol allweddol. Bydd y gwaith hwn yn cael ei wneud yn unol â chanlyniadau Trawsnewid Gwasanaethau Clinigol.

Yn weithredol, mae'r gwasanaethau arlwyo yn parhau i weithio tuag at Safonau Maeth ac Arlwyo Cymru Gyfan ar gyfer Bwyd a Diod i Gleifion Preswyl mewn Ysbytai a Fframwaith Bwydlenni Cymru Gyfan. Mae'r olaf yn sail i welliannau parhaus ym maes arlwyo ledled GIG Cymru, ac yn cefnogi gwerth gorau ar yr un pryd.

Er gwaethaf ein systemau amrywiol, mae gan brofiad cyffredinol y cleifion ac ansawdd y prydau bwyd enw da ledled y Bwrdd Iechyd. Yn ôl tystiolaeth leol, mae lefel bodlonrwydd y cleifion yn uwch ar gyfer arlwyo confensiynol, gan godi ar gyfer prydau a weinir ar y wardiau a lle mae Fframwaith Bwydlenni Cymru Gyfan wedi'i weithredu'n llawn. Ar y llaw arall, dywedodd y cleifion fod ansawdd y prydau wedi dirywio'n amlwg yn Ysbyty Tywysog Philip pan newidiwyd o weini bwyd coginio-oeri a baratowyd yn fewnol yn yr Uned Gynhyrchu Ganolog i fwyd coginio-rhewi a brynwyd i mewn. Eleni, aethpwyd ati i ddarparu prydau cleifion a baratowyd yng nghegin Ysbyty Tywysog Philip, ac mae'r cleifion ar safle Hafan Derwen bellach yn cael rhai prydau a baratowyd yng nghegin Ysbyty Glangwili; ac mae'r safon wedi gwella.

Gwastraff bwyd

Gwnaed gwelliannau sylweddol o ran mesur a monitro lefelau gwastraff, ac adrodd arnynt, yn arbennig mewn perthynas â phrydau na chawsant eu gweini. Er hynny, bydd angen gwneud rhagor o waith er mwyn cyflawni targed Llywodraeth Cymru, sef <5%. Mae'r adroddiadau hyn yn cael eu hanfon at ein Grŵp Cynllunio Bwydlenni a'n Grwpiau Maeth Sirol er mwyn iddynt

graffu arnynt. Mae'r rheolwyr bellach yn cynnal archwiliadau misol o'r gwastraff ar lefel y wardiau, ac yn darparu adborth i staff y wardiau. Disgwylir hefyd y bydd y Datrysiad TG Cymru Gyfan ar gyfer Arlwyio yn helpu i leihau gwastraff.

Gwasanaethau golchi dillad

Ar hyn o bryd, mae ein Gwasanaeth Golchi Dillad Canolog, sydd wedi'i leoli yn Ysbyty Glangwili, yn cymryd rhan mewn adolygiad o'r holl unedau golchi dillad yng Nghymru. Comisiynwyd yr adolygiad hwn gan Lywodraeth Cymru er mwyn nodi bylchau o ran cydymffurfiaeth, ac er mwyn pennu nifer a ffurfwedd optimwm yr unedau golchi dillad ar gyfer y ddarpariaeth ledled y dywysogaeth yn y dyfodol. Cynhelir cyfarfodydd rheolaidd i friffio'r staff a rhoi'r wybodaeth ddiweddaraf iddynt am y cynllun.

Iechyd a diogelwch

Wrth gyflawni'r rôl hon, mae'n ofynnol i'r Is-bwyllgor Iechyd a Diogelwch a Chynllunio Brys oruchwylio a monitro'r agenda iechyd a diogelwch a chynllunio brys ar gyfer y Pwyllgor Cynllunio Busnes a Sicrhau Perfformiad mewn perthynas â'i waith o gynghori'r Bwrdd, a sicrhau bod yr agenda honno yn cael ei gweithredu yn ôl y meysydd cyfrifoldeb a ddisgrifir isod.

Y Cyfarwyddwr Nyrsio, Ansawdd a Phrofiad Cleifion a gadeiriodd y Grŵp Rheoli Iechyd a Diogelwch, er mwyn sicrhau bod y camau gweithredu a nodir yng nghynllun gweithredu'r Bwrdd Iechyd yn debygol o gael eu cwblhau. Cydymffurfiwyd yn swyddogol â'r hysbysiad gwella ym mis Mai 2017, ac mae cynnydd pellach wedi'i wneud erbyn hyn trwy benodi llyfrgellwyr offer, gwella gwybodaeth a hyfforddiant, yn ogystal â sicrhau bod llyfrgelloedd offer yn weithredol ym mhob ysbyty aciwt (erbyn mis Mai 2018). Datblygwyd cynlluniau cynnal a chadw gan yr adran peirianeg clinigol, ac mae matresi rhyddhau pwysau bellach y cael eu cynnal.

Hyfforddiant ar ymyrraeth gorfforol gyfyngol (RPI) yn achos trais ac ymddygiad ymosodol

Cydnabu'r is-bwyllgor fod angen i staff ychwanegol (gweithwyr cymorth gofal iechyd, nyrsys, therapyddion a staff cyfleusterau) wella eu sgiliau mewn perthynas â'r uchod.

Mae'r Tîm Atal a Rheoli Trais ac Ymddygiad Ymosodol (PAMOVA) wedi datblygu cwrs hyfforddi deuddydd ar gyfer staff clinigol, a bydd hwn yn ael ei gyflwyno'n ffurfiol i Fforwm yr Uwch-nyrsys a Bydwagedd a Fforwm y Gweithlu a Datblygu Sefydliadol er mwyn cymeradwyo'r strategaeth hyfforddi. Gwnaed gwelliannau i'r hyfforddiant ar ymyrraeth gorfforol gyfyngol ar gyfer y staff porthora, ac mae'r Is-bwyllgor Iechyd a Diogelwch a Chynllunio at Argyfwng wedi monitro cydymffurfiaeth o ran y maes gwaith hwn yn ystod y 12 mis diwethaf.

Prosiect i gynyddu cydymffurfiaeth o ran hyfforddiant ar godi a chario

Cyflwynodd y tîm codi a chario ddull newydd o ddarparu hyfforddiant, a hynny trwy fynychu ardaloedd y wardiau am un diwrnod yr wythnos a chynorthwyo'r aseswyr ar y wardiau. Y nod oedd gwella diogelwch y cleifion a'r staff, cynyddu cyfraddau cydymffurfio â hyfforddiant, a darparu gwell cefnogaeth a goruchwyliaeth i aseswyr y gweithle a holl staff y wardiau.

Canlyniad y prosiect chwe mis oedd y gwelliannau canlynol:

- Cynyddodd cydymffurfiaeth â hyfforddiant 40% yn ardaloedd y prosiect;
- nid oedd angen i 69 o aelodau o staff, yr aseswyd eu cymwyseddau yn y gweithle, fynd i ddosbarthiadau diweddarau, gan arbed 278 awr o amser nyrsio;
- Mae'r gwaith o gwblhau a diweddarau dogfennau asesu o ran codi a chario cleifion mewn modd priodol wedi gwella;
- Mae gofal a phrofiad y cleifion wedi gwella am fod gan y cleifion fynediad at wybodaeth arbenigol a chynghor gan yr hyfforddwyr codi a chario ar y ward.

Parodrwydd am Argyfwng

Mae gan y Bwrdd Iechyd gynllun digwyddiadau mawr sefydledig, sy'n cael ei adolygu a'i gadarnhau gan y Bwrdd yn flynyddol. Mae'r cynllun yn bodloni gofynion yr holl ganllawiau perthnasol, ymgynghorwyd arno gan asiantaethau partner, ac mae'r asiantaethau partner wedi ymgynghori yn ei gylch a Changen Cydnerthedd Iechyd Llywodraeth Cymru wedi ei adolygu o ran sicrwydd. Ynghyd â'n cynlluniau brys cysylltiedig eraill, mae'n manylu ar ein hymateb i amrywiaeth o sefyllfaoedd a'r modd yr ydym yn bodloni'r dyletswyddau statudol ac yn cydymffurfio â Deddf Argyfyngau Sifil Posibl 2004. Yn y Ddeddf, dosberthir y Bwrdd Iechyd yn ymatebwr categori un i argyfyngau. Golyga hyn mai ni, mewn partneriaeth â'r awdurdodau lleol, y gwasanaethau brys, Cyfoeth Naturiol Cymru, a chyrff iechyd eraill, gan gynnwys Iechyd Cyhoeddus Cymru, yw'r llinell ymateb gyntaf mewn unrhyw argyfwng sy'n effeithio ar ein poblogaeth. Er mwyn paratoi ar gyfer digwyddiadau o'r fath, caiff risgiau lleol eu hasesu a'u defnyddio i lywio'r gwaith o gynllunio at argyfyngau.

Mae gennym hefyd gynrychiolaeth ar y fforwm amlasiantaeth, Fforwm Lleol Cymru Gydnerth Dyfed Powys, ac rydym yn gweithio fel partner craidd i hyfforddi ac ymarfer staff er mwyn sicrhau eu bod y barod ar gyfer sefyllfaoedd o argyfwng.

Ymhlith cyflawniadau allweddol 2017-2018 y mae:

- Adolygiad sylweddol o'n trefniadau ar gyfer ymateb i ddigwyddiadau mawr, gan gyfeirio at Drefniadau newydd GIG Cymru ar gyfer Digwyddiadau lle mae Llauer o Anafusion.
- Darparu pecyn hyfforddiant pwrpasol ar Ddigwyddiadau Mawr hyd at lefel arian/tactegol ar gyfer rheolwyr ysbytai sy'n gyfrifol am redeg canolfan gydgyssylltu yr ysbyty;
- Cynnydd sylweddol o ran cynllunio, datblygu ac adolygu parhad busnes;
- Cynllunio a chyflawni'r canlynol yn rhan o Grŵp Hyfforddi GIG Cymru Gyfan:
- Ymarfer Nightingale – ymarfer pen bwrdd GIG Cymru, a ystyriodd y modd y byddai GIG Cymru yn rheoli ei ymateb tactegol i ddigwyddiad ar nifer o safleoedd lle roedd yna lawer o anafusion;
- Roedd symposiwm Health Prepared Wales 2017 yn gyfle i rannu gwersi a nodwyd ymhlith cyd-weithwyr a fu'n rhan o'r ymateb iechyd i'r gweithredoedd erchyll diweddar yn y Deyrnas Unedig (yr ymosodiadau yn San Steffan, ar Bont Llundain ac ym Manceinion);
- Datblygu a hwyluso ymhellach allu hyfforddedig y Tîm Ymateb i Argyfwng Meddygol (MERIT). Ar hyn o bryd, mae gennym 28 o nyrsys MERIT hyfforddedig, ac mae 12 yn rhagor y bwriadu cymryd rhan eleni.

Cynlluniau atal pob symudiad

Bydd cynlluniau atal pob symudiad yn cael eu datblygu ar gyfer safle pob ysbyty, a hynny yn seiliedig ar Bolisi Atal Pob Symudiad y Bwrdd Iechyd.

Strategaeth atal

O ran strategaeth Gwrthderfysgaeth y Llywodraeth, mae Rheolwr Diogelwch ac Achosion y Bwrdd Iechyd yn dal i gynrychioli'r Bwrdd Iechyd mewn cyfarfodydd Awdurdod Lleol, CONTEST a'r Panel Sianel. Yn ogystal â threfniadau Llywodraethu Llywodraeth Leol, sefydlwyd Bwrdd CONTEST Rhanbarthol yn ystod 2017, ac mae Bwrdd Iechyd Prifysgol Hywel Dda yn aelod gweithredol ohono.

Mae'r gwaith o adrodd ar bryderon mewnol ac atgyfeiriadau ffurfiol posibl i'r Paneli Sianel, a reolir gan yr Awdurdod Lleol, bellach yn rhan annatod o'n trefniadau diogelu presennol, ac mae'r Tîm Diogelu wedi gweithio'n agos gyda'n Tîm Iechyd, Diogelwch a Sicrhad yn ystod 2017-18.

Bu'r Bwrdd CONTEST Rhanbarthol hefyd yn trafod materion yn ymwneud â throseddu difrifol a chyfundrefnol. Mae'r strategaeth CONTEST yn atgyfnerthu'r angen i asiantaethau sy'n gorfodi'r gyfraith, y sectorau cyhoeddus a phreifat, a'r trydydd sector gydweithio'n agos, gyda phartneriaethau amlasiantaethol lleol yn allweddol i'r gwaith o leihau'r bygythiad, y risg a'r niwed a achosir gan droseddau difrifol a chyfundrefnol. Yn rhan o'r agenda estynedig hon, gofynnwyd i'r Bwrdd lechyd gynnal hunanasesiad er mwyn sefydlu ein cydymffurfiaeth â'n cyfrifoldeb o dan y Ddeddf Gwrthderfysgaeth a Throseddu Cyfundrefnol Difrifol. Mae Cyfarwyddwr lechyd y Cyhoedd, Ros Jervis, yn adolygu'r prosesau llywodraethu ac adrodd yn y Bwrdd lechyd, ac yn cynnig profiad o'i rôl flaenorol yn Gadeirydd Bwrdd CONTEST Awdurdod Lleol.

Rydym yn parhau i godi ymwybyddiaeth o Prevent yn rhan o Raglen Hyfforddi Pasbort y Rheolwyr a thrwy ein tudalen mewnwyd.

Rydym yn falch o gefnogi Ymgyrch Action Counters Terrorism (ACT) yr Heddlu Gwrthderfysgaeth (gov.uk/ACT) i annog y cyhoedd i helpu'r heddlu i fynd i'r afael â therfysgaeth ac achub bywydau trwy roi gwybod am ymddygiad a gweithgareddau amheus. Ym mis Mawrth 2018, aethom ati i roi gwybodaeth a chynghor i'r staff er mwyn cefnogi'r ymgyrch ACT, gan gynnwys codi ymwybyddiaeth o'r ap 'CitizenAID' newydd. Yn wyneb y bygythiad oesol gan derfysgwyr, mae'n bwysicach nag erioed bod pawb – gan gynnwys ein staff – yn chwarae eu rhan wrth fynd i'r afael â therfysgaeth. Gallai ein gweithredoedd achub bywydau.