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University Health Board

Hywel Dda University Health Board

Annual Report and Accounts 2018/2019

What will this Annual Report tell you?

Our Annual Report is part of a suite of documents that tell you about our organisation, the care we provide and what we do to plan, deliver and improve healthcare for you, in order to meet changing demands and future challenges. It provides information about our performance, what we have achieved in 2018/19 and how we will improve next year. It also explains how important it is to work with you and listen to you to deliver better services that meet your needs and are provided as close to you as possible.

Our priorities are shaped by our [Draft Interim Annual Plan 2019/20](#) which sets out our objectives and plans for 2019/20. You can read this and find out more about us at www.hywelddahb.wales.nhs.uk. Our Annual Report for 2018/19 includes:

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

Our Annual Quality Statement

Published at the same time as the Annual Report, our Annual Quality Statement (AQS) provides details on actions we have taken to improve the quality of our services and is available here:

<http://www.wales.nhs.uk/sitesplus/862/page/75118>

Our Public Health Report

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

<http://www.wales.nhs.uk/sitesplus/862/page/62040>

How to contact us

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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Chapter 1

Welcome from our Chair and Chief Executive

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

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

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

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

Our county and locality planning is, and will be supported further to become, the bedrock of safe, sustainable, accessible and kind care. Our [Draft Interim Annual Plan 2019/20](#) shows key interventions at county and locality level, strengthening prevention and care closer to home, which will really make a difference to people living with long-term chronic conditions.

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

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

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



Mrs Judith Hardisty
Interim Chair
(from 1 March 2019)



Mr Steve Moore
Chief Executive



Mrs Bernardine Rees OBE
Chair
(until 28 February 2019)

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 11,000 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 General in Aberystwyth, Glangwili General in Carmarthen, Prince Philip in Llanelli and Withybush General in Haverfordwest;
- **Seven** community hospitals: Amman Valley and Llandovery in Carmarthenshire; Tregaron, Aberaeron and Cardigan in Ceredigion; and Tenby and South Pembrokeshire Hospital Health and Social Care Resource Centre in Pembrokeshire;
- **48** general practices (**four** of which are managed practices), **47** dental practices (including **three** orthodontic), **99** community pharmacies, **44** general ophthalmic practices (**43** providing Eye Health Examination Wales and **34** low vision services) and **17** domiciliary only providers and **11** health centres;
- Numerous locations providing mental health and learning disabilities services;
- Highly specialised and tertiary services commissioned by the Welsh Health Specialised Services Committee, a joint committee representing seven health boards across Wales.

Our Mission Statement

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

How we will do this

In terms of performance and finances, in 2018/19, the Health Board has made substantial improvement in patient waiting times for planned care, such that by the end of the year we had no patient waiting over 36 weeks for treatment, no one waiting over 8 weeks for access to diagnostics and no one waiting over 14 weeks for access to therapies.

Our deficit has reduced to £35.55m and we recognise that we still have much more to do to stabilise our services, in particular our workforce challenges and thereby, stabilise and improve our finances. Our Integrated Performance Assurance Report evidencing how we track our performance across a range of quality and waiting times targets can be found here <http://tiny.cc/p2ls6y> and our financial performance here <http://tiny.cc/l6ls6y>.

However, we know we have to significantly improve upon waiting times performance and financial performance even further, and, in the [Draft Interim Annual Plan 2019/20](#) we will be looking to scope out how many of our services, through Quality and Pathway improvements, could work towards 26 week waits, and for access to therapy services below 14 weeks and for diagnostics

waits to become even shorter, so moving the organisation even further forward in the delivery of our Mission Statement. The introduction of the single cancer pathway during 2019/20 will make us strive for this, and will bring a step change in the improvement of cancer treatment.

At the same time that we are developing services in primary and community care, the [Draft Interim Annual Plan 2019/20](#) describes how we will deliver the following:

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

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

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

The Health Board’s [health and care strategy](#) was approved in November 2018. This is the first time we have set out a vision for services fit for current and future generations.

Health and care services are only one part of a complex system that needs to work better together to improve health and well-being outcomes for our population. Our vision has been developed from the shared ambitions of our partners as set out in the well-being plans of Carmarthenshire, Ceredigion and Pembrokeshire Public Services Boards. It seeks to empower communities to work together in areas they care about, and feel enabled to contribute to each other.

We recognise we are at the beginning of a long journey toward achieving our vision and strategic goals. We want to be ambitious. We want to deliver excellent clinical services (medical, nursing, therapeutic and others) for our population. We also want to maximise the contribution we make to the wider system, with partners and people, in tackling the causes of ill-health through promotion of health and well-being, prevention and early intervention.

There are many milestones in our 20-year journey, however we must first develop the building blocks for success. Creating a movement for change through continuous involvement of

our staff, patients, people in our communities and those delivering, or interested in, health, care and well-being will be fundamental to win hearts and minds. This is how we will support a change of culture moving to a wellness system, which involves every part of life that affects our health and well-being (a social model for health).

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

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

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

Key achievements and developments

111 rolled out across Health Board region

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

Obstetric and Neonatal facilities investment

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

Use of mobile and landline messaging

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

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

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

Social prescribing pilot

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

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

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

Funding for MRI scanner at Bronglais

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

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

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

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

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

Pharmacy Walk-in Centres

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

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

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

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

www.hywelddahb.wales.nhs.uk/communitypharmacy

Pilot for online testing of STI's Chlamydia and Gonorrhoea

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

The results after the first six months have shown 931 questionnaires have been completed. Of the kits returned, 8% of those tested positive for Chlamydia and 0% positive for Gonorrhoea. The pilot service has also generated a 100% positive response and is being considered for a further period of time by Welsh Government.

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

Our award winning staff and services

Our staff are what make our NHS and we are really proud of the achievements they have made this year. Later in the report (see page 15) there is a wealth of information about our staff, but here we celebrate just some of the awards won during 2018/19 by individuals and teams.

RCN Wales Nurse of the Year 2018 – Eve Lightfoot

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

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

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

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

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

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

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

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

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

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

To find out more about their fantastic work please visit:

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

Queen's Birthday Honours 2018

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

Queen's New Years Honours 2019

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

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

MediWales Innovation Awards 2018

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

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

Royal College of Psychiatry (RCPsych) award

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

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

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

The Hywel Dda team were joint winners of the public award at the Health and Care Research Wales Research Impact Awards which acknowledges the valuable research delivery achievements made by teams and individuals to increase opportunities for patients and the public to participate in, and benefit from, safe ethical research, regardless of geographical locations.

National award for Hywel Dda Midwife

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

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

NHS Wales Award success for Hywel Dda

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

Involving local people, partners and communities

Hywel Dda's Big NHS Change

We undertook a period of public consultation during the summer of 2018 for 12 weeks. During this

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

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

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

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

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

The animated version was particularly beneficial for our online audience, people with low literacy and younger people. We used the animation on our dedicated [Transforming Clinical Services](#) web pages and Health Board social media channels, but also with non-digital audiences at events, on screens in health settings and in smaller groups.

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

Siarad Iechyd/Talking Health involvement and engagement scheme

We continue to provide members with up-to-date information and opportunities to shape health services through this scheme. We have over 1,000 members and are keen to recruit more. For further information, or to join us, please visit www.siaradiechyd.wales.nhs.uk, telephone 01554 899056 or write to Freepost Hywel Dda Health Board.

Continuous engagement

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

Our strategic partnerships

Our ambition is to become a population health organisation, and key to this is our role in key strategic partnerships and collaborations with both public service organisations, stakeholders, staff, patients and the public. There are a number of key strategic partnerships which drive joint working and integration of services and the Health Board is an active partner in these. They include:

- **Public Services Boards (PSBs)** were established in Carmarthenshire, Ceredigion and Pembrokeshire as part of the Well-being of Future Generations (Wales) Act 2015 with the aim

of sustainably improving economic, cultural, social and environmental well-being for local people. Having published an assessment of local well-being in May 2017, each PSB has been developing a Well-being Plan to set out the key priorities for joint collaborative working.

- **The University Partnership Board** comprises membership from the Health Board, Aberystwyth and Swansea universities and the University of Wales Trinity St David. Our three year agreement aims to improve the health and well-being of local people by working together and pooling resources and ideas in areas of mutual benefit to achieve the highest possible standards of care, innovation, education and training.
- **The Mid Wales Healthcare Collaborative** was formed to implement the 12 recommendations of the Mid Wales Healthcare Study and to deliver high quality and sustainable services for people in mid Wales. It comprises membership from the Health Board, Betsi Cadwaladr University Health Board, Powys Teaching Health Board and the Welsh Ambulance Services NHS Trust. In 2018/19, the Collaborative transitioned into the Mid Wales Joint Committee for Health and Care, the vision of which is to ensure 'The population of Mid Wales is provided with equitable access to high level, safe, sustainable, bilingual and high quality integrated health and care services'.
- Established by the **Mid Wales Healthcare Collaborative, Rural Health and Care Wales** (previously the Centre for Excellence in Rural Health and Social Care) is a focal point for the development and collation of high quality research into rural health and well-being; improving the training, recruitment and retention of professional workforces in rural communities and being an exemplar in rural health and well-being on an international stage.
- **The West Wales Regional Partnership Board (RPB)** was established to implement the Social Services and Well-being (Wales) Act 2014. Its membership includes the Health Board, Carmarthenshire, Ceredigion and Pembrokeshire County Councils as well as third sector care providers, carers and people with care needs. The RPB has strategic responsibility for delivering health and social care integration across the region. It published the first West Wales Population Needs Assessment and partners have been working together to develop an area plan for west Wales, setting out how health and social services will be delivered to meet the needs identified.
- The **NHS Wales Health Collaborative**, hosted by Public Health Wales, aims to improve joint working between NHS Wales bodies, NHS Wales and its stakeholders and manage defined clinical networks operating across NHS Wales. Its governance group is the NHS Wales Collaborative Leadership Forum comprising the chairs and chief executives from all NHS Wales organisations.
- **A Regional Collaboration for Health (ARCH)** is health, education and science working together to improve the health, wealth, skills and well-being of the people of south west Wales. It is a partnership between us, Abertawe Bro Morgannwg University Health Board (now Swansea Bay University Health Board) and Swansea University covering six local authority areas and working with social care, voluntary and other public bodies. It aims to improve healthcare through research, innovation and skills across the region.
- **Joint Regional Planning and Delivery Committee (JRPDC)**, to build on the good relationships and foundations of joint working already agreed through the ARCH programme, the JRPDC is a partnership with Abertawe Bro Morgannwg University Health Board (now Swansea Bay University Health Board) to ensure there is alignment with the longer term transformational plans being progressed through the ARCH Service Transformation programme and short term deliverables, with a specific aim to to drive forward a rolling

programme of work to support planning, delivery and service improvement in the short and medium terms.

- **Hywel Dda Community Health Council** – the Health Board, through our Executive team, contributes to the Community Health Council Strategy and Planning Committee.

Hywel Dda Health Charities

Hywel Dda Health Charities is the official charity of Hywel Dda University Health Board. Our charity's aim is to make a positive difference to our local NHS services across Carmarthenshire, Ceredigion and Pembrokeshire.

The continued generosity of our patients, their families and our local communities enables us to support a wide range of services and activities, above and beyond what NHS funding allows, for the benefit of our local population. Examples of expenditure include purchasing the latest medical equipment or items for additional patient comforts, creating more welcoming surroundings and investing in our staff through learning and development opportunities.

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

Equality, diversity and human rights

During 2018/19, we have continued to work collaboratively with our staff, service users, their carers and families, and other key stakeholders, aiming to ensure that no-one may be disadvantaged when accessing our services or in our employment.

Ensuring that our population has equitable access to services and information to improve health and well-being remains one of our main priorities and our work towards changing the way we deliver our services illustrates where the voices of our communities have influenced the way in which service models are developing. We achieved "good practice" in the Consultation Institute's quality assurance process in relation to our formal consultation "*Hywel Dda's Big NHS Change*". This involved engagement with 45 groups representing protected characteristics, in addition to a range of individuals across protected groups attending public events and completing the associated survey.

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

Our Strategic Equality Plan and Objectives Annual Report for 2019 provides examples of work towards meeting our equality objectives: <http://www.wales.nhs.uk/sitesplus/862/page/61233/>

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

Research and Development

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

Research Delivery Team

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

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

Research Management

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

- Implementation of a new national R&D information system to facilitate the management of research studies.
- Development of a new national clinical research approvals process through the Health Research Authority and HCRW.
- The need to demonstrate compliance with the All Wales NHS R&D Finance Policy, including enhanced oversight of Investigators' research accounts.

Researcher Development

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

- The West Wales Academic Health Collaborative (WWAHC) Administrator joined Hywel Dda in June 2018 and is helping to develop research projects linking the Health Board and universities.
- The Grants and Innovation Manager helps staff to develop their research skills and facilitates external research grant applications.
- A new Researcher Development Support Manager post is planned from April 2019 to assist staff in the development of their own research projects.
- With support from the Bevan Commission, the Hwyl Innovation Hub was launched in July 2018 and is designed to foster a culture of innovation the Health Board.

Research Quality Assurance

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

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

Valuing our staff

The Health Board's organisational values and behaviours have now been in place for over two years. The values were developed to support the organisational mission and vision. The values are the driving change of organisational culture and bring a consistent level of leadership to the Health Board. This shift in cultural change and leadership capabilities has impacted positively in employee experience and increased staff engagement. It is recognised that higher levels of staff engagement impacts positively on quality, financial, performance and patients' outcomes.

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

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

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

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

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

Leadership Programmes

The behaviour of leaders is integral to the embedment of the values. The leaders in the Health Board should not only be ensuring that all team members are behaving to expectations but should be role models within the organisation. It has been recognised that there are some inconsistencies within the leadership and to bring some uniformity there has been a thorough review of leadership programmes which are now aligned with NHS Wales's leadership competencies.

The need for further skills regarding effective appropriate leadership styles have led to the OD team designing and facilitating modules on Living the Values; Effective Communication; Conflict Management; Hubris; Psychological Safety; and Compassionate Leadership. The feedback from the new programmes has been excellent and will further enhance the excellence standards of behaviours outlined in the values framework and build compassionate leaders throughout the Health Board.

NHS Wales Staff Survey

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

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

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

Long Service Awards

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

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

Volunteering for Health

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

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

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

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

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

Of those volunteers who left us:

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

Investing In Our Estates and Services

The Health Board's capital investment plans will prioritise both capital developments and backlog maintenance. This investment strategy covers projects that address both business continuity, risk and service development drivers. A summary of these projects are included within this estate plan and where in many cases aligned with the Health Board's Transforming Clinical Services themes.

Short/Medium/Long Term Business Continuity needs (Business Continuity & Risk Driven)

Whilst we are currently developing many longer term strategic investments in our estate, the current challenges we face will require action at differing levels of urgency in order to maintain business continuity.

In order to facilitate this, the Health Board is working to structure investment plans into short, medium and long term needs. This approach is as follows:

Short term investment needs relate to a focused in house maintenance approach where this is possible with low level discretionary capital. This may be simply making the situation safe or undertaking some targeted work to enable clinical services to continue in the short term.

Medium term investments will require investment in Capital/Resources which is beyond that possible by our in house teams. This will involve predominately bids to the Discretionary Capital Programme which will be supported by operational services priorities. Should the investment requirement be in excess of that possible from discretionary capital funding, the work would need to move to the long term plan. Mitigating plans will be put in place to manage any residual risk.

Long term plans will be linked to the Transforming Clinical Services and Major Infrastructure/Ward Refurbishment Plan referred to below.

Discretionary Capital Programme

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

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

- Completion of the work to refurbish existing theatres together with the provision of a new fire evacuation lift for theatres/Intensive care Unit at Bronglais General Hospital (full capital value £5.32m).
- Commencement of the building of the new Cardigan Integrated Care Centre (£23.8m).
- Commencement of the refurbishment work to provide Aberaeron Integrated Care Centre facility (£3.0m)
- Commencement at Withybush General Hospital to refurbish Wards 9 & 10 (£3.5m)
- Commencement of the Women & Children Phase 2 Project at Glangwili General Hospital (£25.3m)

- Commencement of the project to replace the MRI scanner at Bronglais General Hospital (£4.9m)
- Refurbishment of Fishguard Surgery (£0.646m)
- Investment in IT to improve a range of areas including Wi-Fi provision and cyber security projects (£1.8 million).

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

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

Capital Projects

Community and Primary Care Pipeline Developments

There are significant infrastructure issues and concerns around the current community and primary care estate in terms of providing modern, fit for purpose accommodation with the capacity to serve as an enabler to the provision of future health needs outlined in the Health Board's [Draft Interim Annual Plan 2019/20](#). The condition and functional suitability of many existing premises to meet a growing population with changing clinical needs is hampering service developments across primary, community and secondary care.

In addition to issues relating to the existing infrastructure, sustainability concerns around the future of a number of GP Practices within the Health Board.

To address the significant shortfalls in the community and primary care sectors the Welsh Government have allocated a fund amounting to £40 million over the next three years to address the much needed investment in refurbishment, redevelopment and new build schemes across Wales.

Work has already progressed within the health board to secure funding to develop the community and primary care estate with the development of a prioritised list of schemes to address the current shortfalls. The primary care pipeline includes the following schemes:

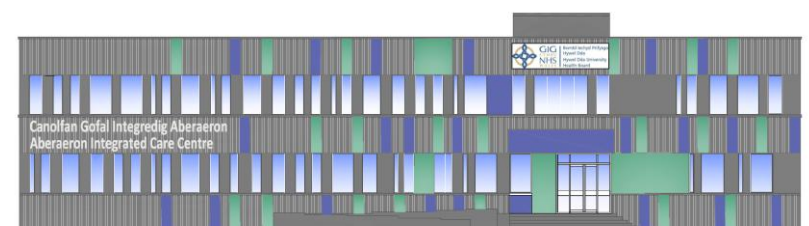
Cardigan Integrated Care Centre, Cardigan



Funding approved and work has commenced to provide a new integrated care centre, located in Cardigan, will provide a modern, fit for purpose healthcare service for the local population, bringing care closer to home and in the community. A wide range of integrated health and social care services will be delivered by the Health Board, GPs, the third sector, local authority and partner organisations. The new facility will replace the existing Cardigan Hospital and Cardigan Health Centre and is due for completion in December 2019.

Aberaeron Integrated Care Centre – Refurbishment

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



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

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

Cross Hands Health and Wellbeing Centre – New build

An outline business case is being developed as part of the All Wales Pipeline for community and

primary care projects. The project offers the opportunity to develop true integration and co-location of community and primary care services in Cross Hands and the surrounding area. A multi-agency, partnership approach to the project is being developed led by the Health Board including GPs, Carmarthenshire County Council, Dyfed Powys Police and third sector organisations. The project provides the opportunity to provide a range of services to improve the health and well-being of the locality. The new facility is due for completion before December 2021.

Cylch Caron Integrated Resource Centre, Tregaron

The full business case is in progress. The project is a joint project between the Health Board and Ceredigion County Council, being managed by the Ceredigion Local Service Board. It brings together primary and community health care services, social care and housing services in a very rural part of Ceredigion. The new facility will replace Tregaron Hospital and the Tregaron GP surgery.

Pond Street Clinic and Penlan Redevelopment, Carmarthen

Planning is ongoing to relocate services from the Pond Street clinic due to immediate concerns relating to the existing poor physical condition, functionality and the sustainability of community services. The property has been identified for disposal and plans are being progressed to relocate services to Penlan, a freehold Health Board facility located near the existing facility. Capital funding has been approved to develop Penlan and relocate services by 2020/21.

As part of the redevelopment of the Penlan site to improve service delivery for community services. Works have commenced on phase 1 of the project to address deficiencies in the external envelope of the building which was completed in December 2018. The second phase of works will enable the internal reconfiguration of the existing premises to provide improved Learning & Disabilities accommodation as well as the development of suitable accommodation for Sexual Health, Podiatry and Community Dental Services.

Acute and other Project Developments

Major Infrastructure and Ward Refurbishment Programme Business Case

The initial phase of the condition review of our four acute facilities in order to produce a programme business case (PBC) for consideration by Welsh Government is now complete. Following discussion with Welsh Government a further piece of work is now underway to review the impact of the emerging Transforming Clinical Services Programme on this programme business case.

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

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

Withybush Hospital Wards 9 & 10

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

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

Other planned / proposed projects include:

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

Mental Health and Learning Disabilities (MHLDD)

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

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

The Health Board will be discussing the programme and funding envelope with Welsh Government. It is expected that a Programme Business Case will need to be developed to support the delivery of each project in line with the service brief requirements.

The Learning & Disability service is currently reviewing a number of strategic plans across the Health Board that will require estate development. As part of this review the service are developing plans to develop a south Pembrokeshire base for Learning & Disability services. Llanion House located in Pembroke Dock will become the new base for an integrated wellbeing centre for people with learning disabilities.

This will be led by people who use services in terms of unmet need around, health, socialising, housing, training and work opportunities etc. It is an innovative project that meets strategy aims and puts people with Learning Disabilities and carers at the centre of shaping future services. It will provide a unique provision in Pembrokeshire that provides an integrated hub for the existing range of services and allows opportunities to develop new facilities and services.

Llanelli Wellness and Life Science Village

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

Endoscopy, Prince Philip Hospital

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

Aseptic & Radio Therapy Suite

The business case for this scheme is currently under review following the Transforming Access to

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

Other Discretionary capital projects

- External fabric repair, Penlan, Carmarthen.
- Installation of additional power and medical gas, Coronary Care Unit, Withybush General Hospital.
- Minor refurbishment Ward 3, Withybush General Hospital.
- Provision of patient toilet, Coronary Care Unit, Withybush General Hospital.
- Provision of medicines room, Coronary Care Unit, Withybush General Hospital.
- Provision of office accommodation, Block 2, Prince Philip Hospital.
- Refurbishment at the Education Centre, Withybush General Hospital.
- Refurbishment and enabling work, X-Ray replacement, Glangwili General Hospital.
- Refurbishment and alterations, Iorwerth Ward, Bronglais General Hospital
- Replacement of endoscope washers and refurbishment – Hospital Sterilisation and Disinfection Unit (HSDU), Withybush General Hospital.

Infrastructure/statutory projects

- Air handling unit replacement, Bronglais and Withybush General Hospitals.
- Cooling unit replacement, Bronglais and Withybush General Hospitals.
- Female toilets refurbishment, Outpatient department, Glangwili General Hospital.
- Fire Code Improvement, Phase 1, Glangwili General Hospital.
- Heating pipe replacement, Hafan Derwen
- Legionella compliance works, Withybush General Hospital.

Charitable funded schemes

- Ty Bryngwyn Hospice, Llanelli

Health Board estate performance

Property performance

Key facts

Current backlog within the estate is £59 million

(high & significant backlog totals £39.9 million)

57% of our estate is over 35 years old

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

Our estate

Our Health Board estate continues to evolve and adapt to the changes in healthcare requirements ensuring that we keep pace with the changing face of current healthcare needs. As it stands the current estate covers circa 52 hectares across Carmarthenshire, Ceredigion and Pembrokeshire, equating to a land mass of approximately a quarter of Wales. Healthcare services at present are

provided via 57 freehold and leasehold properties with a total gross internal floor area equivalent to 187,977m².

Estate acquisitions and disposals

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

Future disposals

As a consequence of considerable investment within community type facilities as well as the impact of the Transforming Clinical Services agenda it is likely that further disposals/acquisitions will be necessary over the intermediate years. This investment programme will result in the disposal of some of the Health Board's older estate and will provide a significant reduction in the Health Boards overall backlog total. The premises identified for disposal include:

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

Acquisitions

Leasehold Acquisitions – 2018/19:

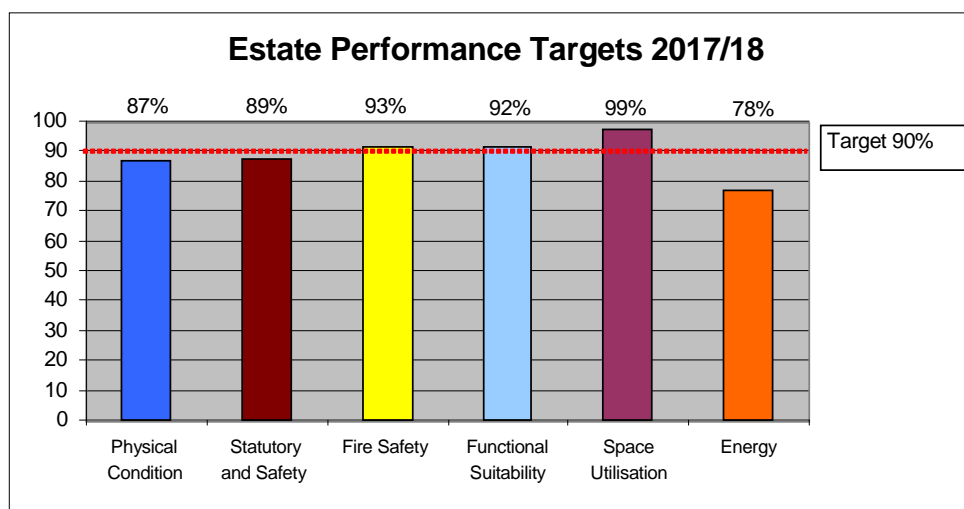
- Blk.14 St David's Park Carmarthen – procured to accommodate the centralisation of the Finance Department.

Planned Leasehold Acquisitions – 2018/19:

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

Estate performance indicators

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



Estate operating costs

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

Operational facilities management and compliance

Operational Delivery

The current approach to estate and facilities management is locally based operational teams at each acute hospital supported by centrally based corporate teams that deliver on wider strategic aims such as property and environmental management, capital project delivery and compliance.

The Health Board recognises its legal obligations in the provision of effective soft and hard FM services and adheres to best practice guidance in the form of:

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

In summary this framework of support will ensure that compliance and risk fundamental to estate management:

- Compliance with statutory requirements and standards for better health;
- Compliance with the Health Act 2006;
- Provision of a safe and appropriate patient environment;
- Reduce hospital acquired infection;
- Effective operational service to support frontline delivery.

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

Operational Facilities Management and Compliance

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

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

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

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

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

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

Specialist Services - Catering

Food Hygiene Inspections ratings

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

Pembrokeshire County Council is now the Unitary Authority for the Health Board providing support and advice to the Health Board.

All Wales Menu Framework (AWMF)

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

Catering Services

The Health Board continues to produce in excess of 23,000 patient meals per week and over 1million patient meals per annum Health Board wide.

Catering services are responsible for meeting the diverse needs of patients, staff and visitors while meeting a range of national standards. A vegan menu was introduced in the last twelve months

Operationally catering services continue to work towards the All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients and the All Wales Menu Framework, the latter underpinning ongoing improvement in catering across NHS Wales, while supporting best value.

The patient experience and quality of meals in Hywel Dda are usually rated highly. Recent patient feedback was 95% either good/very good or excellent

Laundry Services

The "In House" Laundry based on the Glangwili site provides a comprehensive linen service across the whole of the Health Board and to external health organisations. In the financial year 2018/19 in excess of 4.75 million pieces were processed:

- 4.7 million within the Health Board;
- 0.25 million external NHS organisations (Renal Dialysis and Welsh Ambulance Services);
- 0.4 million private health organisations;

In addition to this the laundry department provides a staff uniform and curtain manufacturing service within the Carmarthenshire locality and free ad hoc deliveries across the Health Board of large / bulky items.

Health, safety and security

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

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

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

Review of Health and Safety Conditions within Community Premises

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

Review of COSHH compliance across the Health Board

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

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

Display Screen Equipment (DSE) E-Learning

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

Policies / Procedures

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

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

First Aid Training

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

Security Management

Prevent strategy

In relation to the Government's strategy on Counter Terrorism the Health Board's Security and Case Manager continues to represent the Health Board at the three Local Authority CONTEST and Channel Panel meetings. In addition to the Local Authority Governance arrangements, a

Regional CONTEST Board has been established during 2017 of which the Health Board is an active member.

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

The Regional CONTEST Board also discusses serious and organised crime matters. As part of this extended agenda, the Health Board has been requested to provide data linked to Serious Organised Crime topics including, gangs or drug networks, child sexual exploitation, child criminal exploitation and human trafficking or modern slavery. The data sharing will aid and improve Serious Organised Crime Profiles held for each county.

Manual handling training

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

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

Emergency preparedness

The Health Board has a well-established major incident plan that is reviewed and ratified by the Board on an annual basis. The plan meets the requirements of all relevant guidance and has been consulted upon by partner agencies and assurance reviewed by the Welsh Government's Health Resilience Branch. Together with our other associated emergency plans, it details our response to a variety of situations and how we meet the statutory duties and compliance with the Civil Contingencies Act 2004. Within the Act, the Health Board is classified as a category one responder to emergencies. This means that in partnership with the local authorities, emergency services, Natural Resources Wales and other health bodies, including Public Health Wales, we are the first line of response in any emergency affecting our population. In order to prepare for such events, local risks are assessed and used to inform emergency planning.

We are also represented on the multi-agency Dyfed Powys Local Resilience Forum (LRF) and work as a core partner to train and exercise staff to ensure preparedness for emergency situations.

During 2018/2019, key achievements include:

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



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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Performance Report 2018/2019

Key facts for 2018/19

Members of staff



Employed by the Health Board
on 31st March 2018*

Operations



Performed at our hospitals

Mental health



Outpatient attendances

Emergency attendances



At our accident & emergency
departments / minor injury units

Day cases



Patients treated at
one of our hospitals

Therapies



Outpatient attendances*

Emergency admissions



Patients admitted to one of our
hospital for emergency care

Outpatients



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

Radiology



Total referrals

Ambulances



Patients arrived by ambulance

Did not attend



Patients did not attend their
outpatient appointment

GP Managed Practices



as at 31st March 2019

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

Performance overview

The NHS Finance (Wales) Act 2014 requires us to prepare a plan which sets out our strategy for complying with the three year financial duty to breakeven. Our [Interim Annual Plan 2018/19](#) was unable to evidence financial balance and should therefore be considered as strategic direction for the Health Board and as an interim position only. Further work has continued locally and with Welsh Government to bridge the financial gap through our Turnaround programme and Transforming Clinical Services (TCS) programme to ensure sustainable high quality services. This work is core to our [Draft Interim Annual Plan 2019/20](#).

Our plan for 2018/19 represented a staging post on our journey to becoming a population health organisation focused on keeping people well, developing services in local communities and ensuring our hospital services are safe, of high quality and efficient in their running. Our strategic objectives, as set out in our [Integrated Medium Term Plan \(IMTP\) 2016/17](#) remained the same because the need assessments upon which they were based have not changed.

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

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

These objectives remain at our core and drive what we do and, at a time when the NHS faces significant challenges related to workforce, demographic change and tight financial settlements.

During 2018/19, we concentrated on three key areas - pursuing in-year improvements in waiting times for treatment experienced by our residents, turning around our financial position through a comprehensive Turnaround programme, and looking forward, securing clinical services in the medium to longer term that are safe, sustainable, accessible and kind through our TCS Programme, leading to the [A Healthier Mid and West Wales Programme](#) endorsed by our Board in March 2019. Regional working with partner organisations and Health Boards is of increasing importance in the planning and delivery of our services and this has been strengthened through the year and reflected in work programmes and joint statements in both Integrated Medium Term Plans and Annual Plans.

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

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

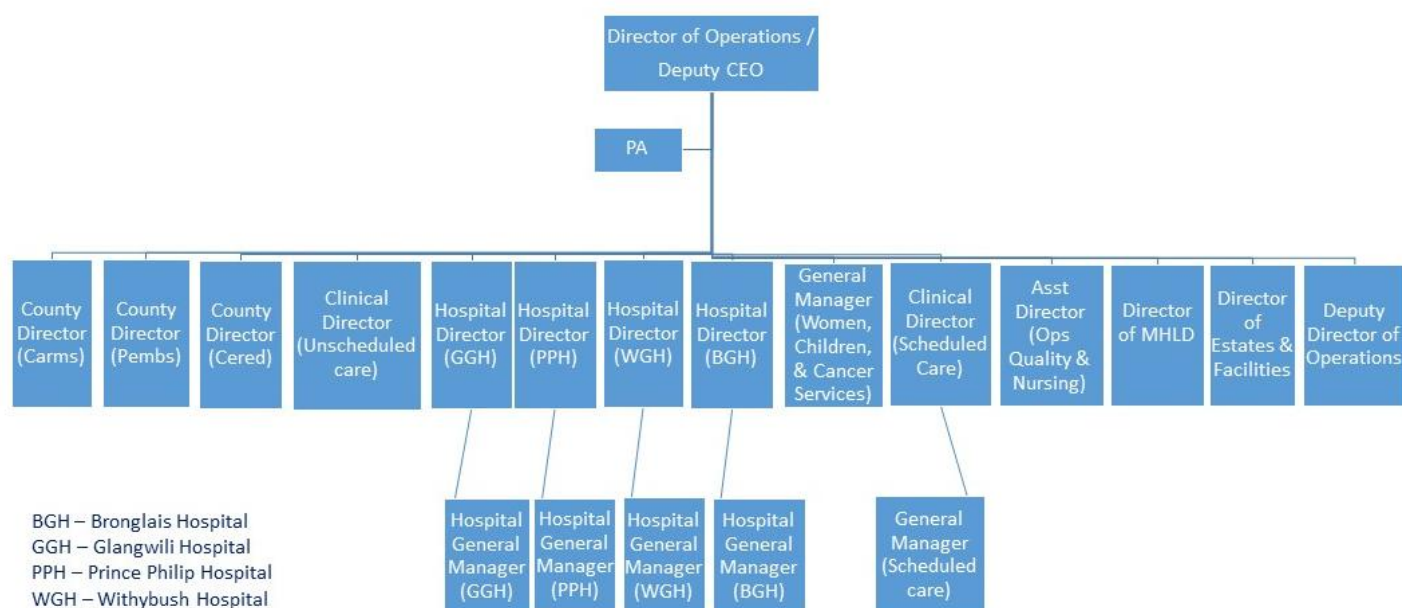
Our focus during 2018/19 has been to work jointly with our staff, service users, carers and other key stakeholders, ensuring a process of continuous engagement, appropriate consultation and monitoring. We aim to ensure that no-one is disadvantaged when accessing our services or in our employment and one of our main priorities is to ensure that our population has equitable access to services and information to improve their health and wellbeing. Our Transforming Mental Health Services and Transforming Clinical Services programmes illustrate where the voices of our communities have influenced the way in which service model options have been developed, and will continue to influence the path of future developments.

Every year, we produce a suite of annual reporting documentation that describes our organisation, the care we provide and what we do to plan, deliver and improve healthcare for you, in order to meet changing demands and future challenges. Our Annual Report provides information about our performance, what we have achieved in 2018/19 and how we will improve next year.

Our priorities are shaped by our Interim Annual Plan which sets out our objectives and plans until 2019. You can read this and find out more about us at www.hywelddahb.wales.nhs.uk

How we operate our business

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



Our Board's role and responsibilities

All our Board members share corporate responsibility for formulating strategy, ensuring accountability, monitoring performance and shaping culture, together with ensuring that the Board operates as effectively as possible. The Board, which comprises individuals from a range of backgrounds, disciplines and areas of expertise, has during the year provided leadership and direction, ensuring that sound governance arrangements are in place. The principal role of the Board is described in more details in our Annual Governance Statement (see page 65).

Capacity to handle risk

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

More information on our risk management is available in our Annual Governance Statement within the Accountability Report (see page 65).

The Board assurance framework (<http://tiny.cc/cm2q6y>) 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. 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 66).

Performance summary

The NHS Wales Delivery Framework contributes towards the goals of the Public Health Outcomes Framework for Wales and aims to ensure that the health and well-being of people living in Wales is improved as part of the Well-being of Future Generations (Wales) Act 2015. The framework provides an annual view of the impact health services are having on improving population outcomes and is supported by a delivery framework. Detailed performance reports are reported routinely to every Board meeting and are available on the [Board's website](#). The table below demonstrates that 2018/19 performance overall has improved with six of the seven domains demonstrating an upward trend. Of the 66 measures, the Health Board has improved performance in 38 measures.

↑ improved performance ↓ decline in performance ↔ sustained performance

	Improved performance	Sustained performance	Decline in performance	Target summary
Staying healthy I am well informed & supported to manage my own physical & mental health	2 measures	0 measures	1 measures	↑
Safe care I am protected from harm & protect myself from harm	9 measures	0 measures	7 measures	↑
Dignified care I am treated with dignity & respect & treat others the same	2 measures	0 measures	1 measures	↑
Effective care I receive the right care & support as locally as possible & I contribute to making that care successful	5 measures	0 measures	2 measures	↑
Timely care I have timely access to services based on clinical need & am actively involved in decisions about my care	9 measures	0 measures	12 measures	↓
Individual care I am treated as an individual, with my own needs & responsibilities	3 measures	0 measures	2 measures	↑
Our staff & resources I can find information about how the NHS is open & transparent on use of resources & I make careful use of them	8 measures	0 measures	3 measures	↑
Summary	38 measures	0 measures	28 measures	↑

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

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

Our delivery against finance and workforce plans

The Health Board ended the 2018/19 financial year with a deficit of £35.4million (2017/18 – deficit £69.43m). This is marginally ahead of the forecast agreed with Welsh Government at the beginning of the financial year. The savings delivery in year was £26.6 million which exceeds that delivered in 2016-17 (£25.1 million).

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

The Annual Accounts for 2018/19 have been qualified as the Health Board did not meet the statutory requirement to achieve break even against its Revenue Resource Limit over the three year period ending 2018/19.

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

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

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

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

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

Performance analysis

Staying Healthy

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

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

Smoking in pregnancy

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

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

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

Childhood vaccinations

Overall uptake of childhood immunisations remained stable in 2018 and the performance trend improved. Uptake of 6 in 1 vaccine by age 1 has increased in Carmarthenshire Local Authority (LA) to greater than 95% target for the first time in the past year, and uptake of 2 doses of MMR has increased in all 3 LAs to between 90-95%. This is partly due to improvements in data quality, and ongoing data cleansing. Scrutiny and analysis of data locally has also led to a better understanding of fluctuations in uptake at a very local level, and initiatives have been targeted to meet areas of need including bespoke immunisation clinics for MMR. This is intensive in both time and resource, but has been well received by families who have found these sessions more accessible. Results from the pilot will be audited fully, before a decision is reached whether to 'roll-out' this programme Health Board wide. The pressure to increase uptake of the Influenza vaccine each year can detract from a focus on childhood immunisations. A robust Childhood Immunisation Delivery Plan, similar to that produced for 'Flu' each year, may resolve some of this issue by facilitating a focused and targeted approach to Childhood Immunisations and Vaccinations. The aim for 2019/20 is to see continued improvements in uptake of childhood immunisations, to meet Welsh Government target, and to improve public health and wellbeing. The uptake in vaccination measures will improve, to protect and prevent infection and support children to have a healthy start to life.

Healthy Child Wales Programme

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

Influenza vaccination

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

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

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

Smoking

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

behaviour change for smoking cessation services by pregnant women to improve the uptake. The findings of this study will be implemented in 2019/20.

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

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

Safe Care

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

Self harm, mortality, patient safety and incidents

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

Self harm admissions

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

Hospital acquired thrombosis

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

Patient safety alerts and notices

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

Serious incidents

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

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

Never events

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

Amenable mortality

Amenable mortality relates to deaths where a cure exists (except for the frail) and therefore could be avoided through timely and effective healthcare. Within the Health Board the amenable mortality rate per 100,000 of the European standardised population has improved from 136.6 in 2015 to 119.9 in 2016. The Health Board is second in Wales for this measure and performs better than the all Wales figure of 140.6.

Infection control and medicines management

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

Sepsis

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

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

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

Antibacterial items prescribed

The Health Board has surpassed the national target of a 5% reduction against the target baseline year of 2016/17 for the first three quarters of 2018/19 and showed a downward trend in the prescribing of antibiotics. This was achieved through the employment of a Primary Care Antimicrobial Pharmacist who worked with practices to improve the appropriateness of their prescribing. The Health Board continues to be the 3rd highest antibiotic prescribing within Wales and is above the all Wales average.

As there is only one whole time equivalent Primary Care Antimicrobial Pharmacist employed within the Health Board, targeted work undertaken with certain GPs provided in-depth reports on

appropriateness of prescribing and individual prescribing practices enabling these GPs to improve the appropriateness of their prescribing. However due to time constraints all practices within the Health Board have not been able to take advantage of the expertise of the Primary Care Antimicrobial Pharmacist. The aim for 2019/20 is to continue with the reduction in antimicrobial prescribing and employ more Antimicrobial Pharmacists to work within Primary Care so that all practices within the Health Board can have targeted interventions on antimicrobial prescribing.

Clostridium difficile (C.diff)

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

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

Escherichia coli (E.coli)

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

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

Staphylococcus aureus (S.aureus)

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

- For services (including clinicians) to have strengthened ownership of their infection data and action plans;
- To roll out Vascular Access Trolleys across all acute sites
- A review of community cases to look for themes and areas of improvement.

Non-steroidal anti-inflammatory drugs (NSAIDs)

The performance trend is improving and for the 3rd quarter 2018 and the Health Board made further progress to reduce the level of prescribing of NSAIDs. This was achieved by sharing good

practice with clinicians working across the Health Board. Despite a reduction in prescribing of NSAIDs, the Health Board remains in 5th place out of the 7 Welsh Health Boards, as all Welsh Health Boards reduced their prescribing of NSAIDs. The aim for 2019/20 is to continue to reduce the prescribing of NSAIDs in line with the lowest prescribing Welsh Health Boards.

Dignified Care

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

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

Postponed procedures

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

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

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

Anticholinergic Effect on Condition (AEC)

The National reduction target has been met for the percentage of patients aged 75+ with an Anticholinergic Effect on Condition (AEC) of 3 or more for items on their active repeat medication list and a decrease seen compared from Q4 2017/18 to Q3 2018/19. A high proportion of the older population are exposed to multiple medicines with low anticholinergic activity and the cumulative burden of these medicines over many years may be associated with accelerated cognitive decline and mortality. The AEC scale was developed to illustrate the negative anticholinergic effects of drugs on cognition. It is good practice to use medicines with AEC scores of zero and to avoid those scored 1, 2 or 3 combined with regular polypharmacy medication reviews with the aim of de-prescribing supports this work. We are always striving to improve our performance position and remain the best performing Health Board in Wales.

Responding to service user experience

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

Responding to concerns raised

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

The public's satisfaction with our health services

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

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

Patient satisfaction with the care provided by our GPs

The National Survey undertaken in Wales for 2017/18 with a sample size of 4,000 shows the Health Board at 86% of responders stating they were either fairly or very satisfied with the care received from the GP. The Health Board is ranked 3rd (out of 7) in Wales; 86% of people in Wales were very/fairly satisfied with the care received at their last appointment. Across Wales there is a shortage of GPs and time pressure is often a factor associated with a reduced level of care. The Health Board is working closely with GP practices to understand the pressures they face, and how the Health Board is best placed to support them. GP clusters play a crucial role in reviewing services, and looking at opportunities to work collaboratively. The National Survey gives us a limited insight into the population's perception, and we continue to work with GP practices, leads and clusters to address local concerns.

Patient satisfaction with their care received at our hospitals

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

People registered with a GP and diagnosed with dementia

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

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

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

Dementia training for NHS staff

The latest information from the Dementia training monitoring return for 2018/19 indicates that 82.4% of NHS staff have completed dementia training at an informed level (October 2018 – March 2019). This is an improvement compared to 45.7% in 2017. Staff being released for training, IT access and staff sickness have impacted on the ability of the service to meet the target of 85%. To improve performance the Health Board is communicating training user guides, facilitating drop in e-learning sessions and supporting staff who experience difficulties accessing the systems. The implementation of the Dementia Action Plan for Wales includes a number of schemes that will broaden staff understanding of the need to be dementia aware and will also increase the number of skilled practitioners available to provide expert advice and coaching. The Health Board aims to reach target over the next few months and subsequently maintain target going forward.

Dementia training for our GP practice staff

The Mental Health Direct Enhanced Services (DES) is available to all practices in the Health Board. For 2018/19, 10 practices undertook the training but none of these practices selected the Dementia training topic. Uptake for this training component of the DES has been low historically in recent years but represents only one component of the work underway at ground level. Since 2013 a total of 17 practices across Hywel Dda have completed this training, representing 35% of practices, many having selected Dementia as the study topic in 2013/14. Progress on increasing this uptake has slowed to a halt and practices are citing other priorities relating to sustainability and the payments as the main reasons they have not participated in the DES. Work is ongoing to support practices to code individuals with Dementia in order to improve data quality in practice

disease registers. This work has included a focus at Cluster level to standardise the recording of diagnoses and to peer review prevalence data. Practices have been encouraged to work in partnership with local and community groups at ground level on the development of dementia friendly communities and memory cafes. Practices undertaking Carers Awards have had a particular focus on the elderly and frailty services. Dementia Friendly communities exist in many localities. Frailty services run by the clusters are available in Carmarthenshire and Ceredigion. Clusters have also focussed on Advanced Care Planning which is now firmly established in many teams. The aim for 2019/20 is to continue to support and promote improved training and wider appropriate diagnoses through practices engaging in cluster and locality-based projects, while continuing to encourage practices to undertake the DES.

Effective Care

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

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

Delayed Transfers of Care: Non-Mental Health

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

- build on the existing close links with Independent and third sector providers to develop new models of care;
- reduce admissions to hospital through the development and successful implementation of a fast and responsive crisis home based service;
- share best practice and work collaboratively with all partners ensuring that there is equitable access to services for patients irrespective of where they live.

Delayed Transfers of Care: Mental Health

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

Universal mortality reviews

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

Crude mortality

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

Clinical coding

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

Despite the Health Board being unable to achieve the 95% national target during the year, the performance trend has improved and there are some positives with both Bronglais and Wthybush General Hospitals achieving the 95% target on a number of occasions. The lack of coders (estimated 5.0 Whole Time Equivalent) makes the 95% target unachievable on a monthly basis. The predominant issues are in Glangwili and Prince Philip Hospitals where the number of coders is insufficient to manage the level of monthly coding activity. The aim in 2019/20, with current staffing levels, is for the Health Board to regularly achieve around 80% to 85% on a monthly basis with Bronglais and Wthybush Hospitals to continue at 95% and improve Community Hospital coding to 95%. For Glangwili and Prince Philip Hospitals, more realistic targets are 70% and 85% respectively.

Availability of new medicines

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

Health and care research studies

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

Timely care

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

Primary care and mental health

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

Out of hours

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

Dental care

The Health Board invested in additional dental services during 2018/19 which increased access for an additional 8,000 patients to be seen over a two year period. The Health Board improved urgent access for dental patients through the provision of additional weekend sessions in south Ceredigion and Llanelli areas. The Health Board's 2018/19 plan for the provision of new contracts

in south Ceredigion and Amman Valley were unsuccessful due to business sustainability and recruitment issues. The funding set aside for these areas was used to provide Orthodontic Service waiting list initiatives to improve access for patients, however, access to Orthodontic Services is not reflected in the key deliverable target. In addition to this, the Health Board had reduced access to dental services due to recruitment and retention issues. The aim for 2019/20 is to improve the key deliverable target from 46% to 48%. This will be achieved through further additional investment and a review of the Health Board's procedure for the Management of Dental Contracts.

Mental health

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

Patient contact with an Independent Mental Health Advocacy

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

GP appointments and opening hours

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

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

Referral to treatment, diagnostics, therapies and follow ups

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

Referral to treatment

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

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

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

Diagnostics

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

Therapies

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

Outpatient follow-up appointments

The number of outpatient delayed follow ups (booked and not booked) delayed past their target date increased over the year from 15,376 in April 2018 to 16,629 in March 2019. However, it is notable that this growth related to those in the longest waiting category (100% delayed past their target date) whilst the number of patients who experienced shorter delays showed an overall reduction year-to-date which indicates that improvement work to change follow-up practice in various specialties is having a positive effect. During the past year, the Health Board did not meet the Welsh Government improvement target. The volume of reported delayed follow-up appointments is inflated by data accuracy challenges which reflect a range of clinical, administrative and service transformation priorities. The increase in reported delayed follow-ups partly reflects the prioritisation of outpatient clinic capacity for new appointments and limited administrative capacity to validate follow up waiting lists to accurately reflect the changing circumstances of patients. Through a number of parallel work streams and actions relating to administrative validation, clinical validation, informatics improvements, removal of duplicate records and modernisation of clinical practice (to move away from traditional model of follow-up care), the Health Board aims to reduce the number of delayed follow ups in 2019/20. Positive early progress is being achieved in several specialties, including Gynaecology, Paediatrics and Respiratory Medicine. The delayed follow-up improvement plan for 2019/20 is designed to support an approximate 20% reduction in the longest waiting follow-ups by March 2020.

Stroke and cancer

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

Stroke

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

Cancer

Whilst the timeliness of treatments offered to newly diagnosed patients with cancer in Hywel Dda via the urgent suspected cancer (USC) and non-urgent suspected cancer (NUSC) routes have generally compared well with other Health Boards across Wales, performance has shown a decline during Quarter 4 due to the impact of treatment delays in the tertiary cancer centres and local capacity pressures within key diagnostic services. To improve performance a variety of actions are being progressed including recruitment to key vacancies (both in Hywel Dda and in the tertiary centres), commissioning of additional activity to supplement existing capacity (eg Dermatology) and continued escalation of delays with tertiary centre providers. In 2019/20 the service aims to re-establish performance levels in excess of 90% for the USC pathway and 98% for the NUSC pathway. In addition, the Health Board will also implement the new Single Cancer Pathway will be monitored in parallel with existing USC & NUSC pathways during the next 12 months.

Unscheduled care

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

Ambulance responses to red calls

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

Ambulance handovers over 1 hour

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

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

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

12 hour waits in A&E & MIU

Performance remains a significant challenge, with demand increasing and performance deteriorating. This is a direct consequence of insufficient capacity within hospitals, inappropriate waiting times in A&E/MIU. Insufficient capacity within Social Care continues to be a challenge across all three counties, with high numbers of medically optimised patients remaining in acute

beds. By March 2020 the Health Board's aim is to not exceed 431 patient breaches compared to 948 in March 2019.

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

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

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

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

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

Hip fracture survival

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

Individual Care

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

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

Equality and good relations

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

Homeless and vulnerable groups

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

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

Communications for people with sensory loss

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

‘More Than Just Words’

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

Calls to helplines (CALL, dementia helpline and DAN)

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

Mental health

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

Our Staff and Resources

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

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

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

Patients who did not attend (DNA)

In December 2018 the percentage of patients who did not attend an appointment was 8.1% for new appointments and 9.7% for follow ups. By March 2019, both metrics have shown a significant improvement with the percentages reducing to 6.6% for new appointments and 7.6% for follow ups. Additionally both metrics met the Welsh national target of showing a 12 month reduction trend. Success has been achieved with the implementation of the Health Board’s pilot text reminder service and through the Scheduled Care Efficiency and Productivity programme, there is a key focus on the improvement of DNA work through access policy rules awareness, sharing of DNA rates with clinical teams and e-referral roll out. Challenges in meeting target are due to the complex variety of reasons patients do not attend appointments. The Health Board is focusing on this area to implement improvements and reduce DNA rates in 2019/20.

Biosimilar medicine

The use of biosimilars increased from 67% to 73.5% at quarter 3 2018/19. This is the best compliance in Wales and the improvement target has been met. This is due, in part, to the introduction of biosimilar adalimumab, rituximab and trastuzumab but also to the efforts of consultants and specialist nurses using biosimilars in new patients and continuing to switch new patients with the support of the Pharmacy Homecare Team. Advanced planning and engagement with clinicians for rituximab and trastuzumab was critical in achieving prompt switches. Progress in adopting biosimilars has been steady and few patients have remained on the originator product. This was achieved through a non-formulary mechanism being available. The rate of switching patients to biosimilar adalimumab is likely to be slow in gastroenterology patients due to the lack of specialist nurses in the speciality. The aim is to increase the number of patients using biosimilar products. Compliance of 100% will not be obtainable; this is because there will always be a small number of patients unable to tolerate biosimilars. Therefore, a reasonable target would be 90-95%.

Do not do

During 2018 the number of procedures undertaken that did not comply with the NICE 'do not do' guidance for procedures with limited effectiveness cumulatively for the year was 21 with 1 procedure in December 2018. This is an average of less than 2 a month. The Health Board continues to minimise any such procedures, other than for exceptional reasons.

Caesarean sections

The elective caesarean section rate has reduced from 13.5% in 2017 to 13.8% in 2018 and the reduction target has been met.

Staff satisfaction, training and appraisals

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

Staff performance appraisals

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

support mechanisms to try and build on the improving position and help the organisation achieve the 85% target in 2019/20.

Core skills and training

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

Helpful appraisals for staff

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

Staff engagement

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

Care for friends and family

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

Staff sickness

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

Long term expenditure trend

The Health Board is required to report on long term expenditure trends and detailed below is the expenditure incurred over the last five years from 2014/15 to 2018/19 within the main programme areas of:

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

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

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

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

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

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

Responding to complaints and compliments

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

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

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

Anti-corruption and anti-bribery

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

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

As well as the Welsh Government directions, NHS bodies are also obliged to demonstrate compliance with the NHS Counter Fraud Authority's Counter Fraud Standards for NHS Bodies

(Wales). A self assessment against each these standards is completed on an annual basis using a RAG rating system. The Health Board's submissions are then tested periodically by the NHS Counter Fraud Authority's Quality Assessment Inspector. The Health Board was inspected by the NHS Counter Fraud Authority on Prevent & Deter and Hold to Account Standards in 2018/19 with Green Ratings upheld for all standards in these areas.

A further self assessment for 2018/19 against the NHS counter fraud standards has been completed and the Health Board achieved an overall green rating.

Our website contains information and advice on counter fraud: <https://bit.ly/2JexqKJ>

Well-being of Future Generations (Wales) Act 2015

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sustainability Report

Introduction

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

Description of organisation

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

Environmental management governance

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

Summary of performance

The Health Board has continued to improve performance in key areas over the last year including waste, energy and transport. This has involved a focus on robust data reporting, energy efficiency projects, recycling and reuse schemes and the expansion of a fuel efficient pool car fleet.

Our waste disposal has improved in line with the waste hierarchy, as less is sent for incineration and more for reuse and recycling. Staff engagement has increased and department driven projects will be a focus for next year to grow our recycling rate from the current 46%. Resource efficiency through the procurement of good and services and a reduction in overall waste is a key objective.

Expenditure on utilities and transport has increased, due mainly to the impact of volatile energy markets and increasing business travel. Corresponding CO₂ emissions have declined however as grid electricity becomes greener, consumption remains steady and vehicles become more fuel efficient.

The pool car fleet has continued to develop and future action will focus on electric vehicles and the supporting infrastructure, for use by both staff and the public.

The level of performance data available on the staff intranet has improved, and we aim to launch an environmental performance internet page for the public to keep up to date with our contribution to Wales' sustainability aspirations.

Greenhouse gas emissions

CO₂ emissions reduced across all energy supplies this year, as UK wide energy generation becomes greener and our own energy consumption decreases, by approximately 5% this year. As with last year, we used less mains and liquid petroleum (LPG) gas however the use of grid electricity increased as we generated less electricity on our acute hospital sites through Combined Heat and Power (CHP) units. Renewable generation dipped this year as solar panels had to be

disconnected during refurbishment works to improve building infrastructure at Minaeron Resource Centre, but will improve again next year.

Targeted energy projects including insulation and steam system upgrades were undertaken at the acute hospital sites which will reduce expenditure by £66,000 per annum and avoid emitting 725 tonnes of CO₂.

Business mileage is now over 8 million miles per annum. Use of fuel efficient pool cars however has increased, up 40% on last year, as more vehicles are added to the fleet. An assessment is underway to determine the feasibility of a phased introduction of electric pool cars and charging points for fleet, staff and visitors.

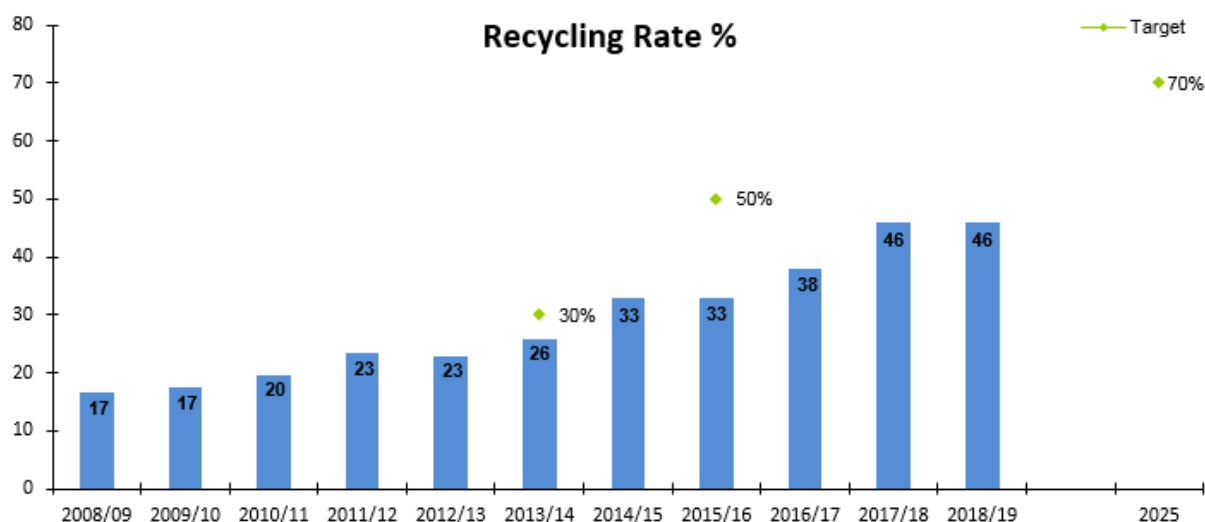
Greenhouse Gas Emissions		2016-17	2017-18	2018-19
Non Financial Indicators (1000 tCO ₂ e)†	Total Gross Emissions	24.272	23.621	21.5
	Gross Emissions	15.346	15.528	14.05
	Scope 1 from Gas and Oil			
	Gross Emissions	8.926	8.093	7.45
	Scope 2 & 3 from electricity and business mileage			
Related Energy Consumption (million KWh)	Electricity: Non Renewable	15.19	16.04	17.82*
	Electricity: Renewable	0.015	0.033	0.016
	Gas	63.57	60.09	55.98*
	LPG	0.211	0.181	0.171
	Oil	13.4	16.14	13.92
	Biomass	6.61	5.56	5.35
Financial Indicators	Expenditure on Energy	£4,160,182	£4,498,985	£4,954,845*
	CRC License Expenditure	£258,968	£297,265	£206,445
	Expenditure on official business travel	£3,038,985	£3,280,784	£3,393,732

*estimated data based on end of year meter readings have been used where actual data

†use DEFRA 'Greenhouse Gas Emissions for Company Reporting' calculations for carbon emissions for 2018

Waste management

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



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

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

*includes Anaerobic Digestion

**provides steam to a nearby facility

Use of resources

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

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

Finite Resource Consumption			2016-17	2017-18	2018-19
Non Financial Indicators (m³)	Water Consumption (Office)*	Supplied	278,399	271,957	290,317
		Abstracted	22,593	8220	0
		Per FTE**	34.51	33.63	34.45
	Water Consumption (Non - Office)***	Supplied	30,216	29,213	28,373
		Abstracted	0	0	0
Financial Indicators	Water Supply Costs (Office)*		£328,458	£354,694	£395,083
	Sewerage Costs (Office)*		£417,064	£442,286	£476,374
	Water Supply Costs (Non - Office)***		£26,915	£26,274	£26,517
	Sewerage (Non -Office)***		£33,872	£32,436	£31,446

*All estate except the main laundry at Glangwili, and the Bryntirion Central Production Unit in 2016/17

** WTE Staff at 31st March 2019.

*** Main laundry at Glangwili, and the Bryntirion Central Production Unit in 2016/17

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

Environmental Management System (EMS) - Implementation

We continue to manage our environmental obligations in line with the ISO 14001 standard, including the production of annual Objectives and Targets and presenting a Management Review of performance via formal committee.

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

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

Other sustainability initiatives

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

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Accountability Report 2018/2019



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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Corporate Governance Report 2018/2019



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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Annual Governance Statement 2018/2019

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.

Effective governance is derived from more than systems and processes; it is built on strong and enduring relationships which engender trust and cooperation between the Board, Executive Team, staff, partners and stakeholders. The seamless alignment of process and people creates a collegiate governance culture that:

- Provides a foundation for ensuring that the Hywel Dda University Health Board (HB) is operating effectively and delivering safe, high quality care;
- Delivers assurance to the Welsh Government (WG), key stakeholders and the public regarding organisational probity and sustainability; and
- Demonstrates leadership that enables the HB to respond to the significant challenges it continues to face.

The HB 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 HB.

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 approving the Health and Care Strategy based upon the outcomes from the Transforming Clinical Services programme of work. It has, therefore, been imperative that a robust governance structure has been enacted around the delivery of such major pieces of work during this year, in order to ensure openness and transparency regarding our future plans.

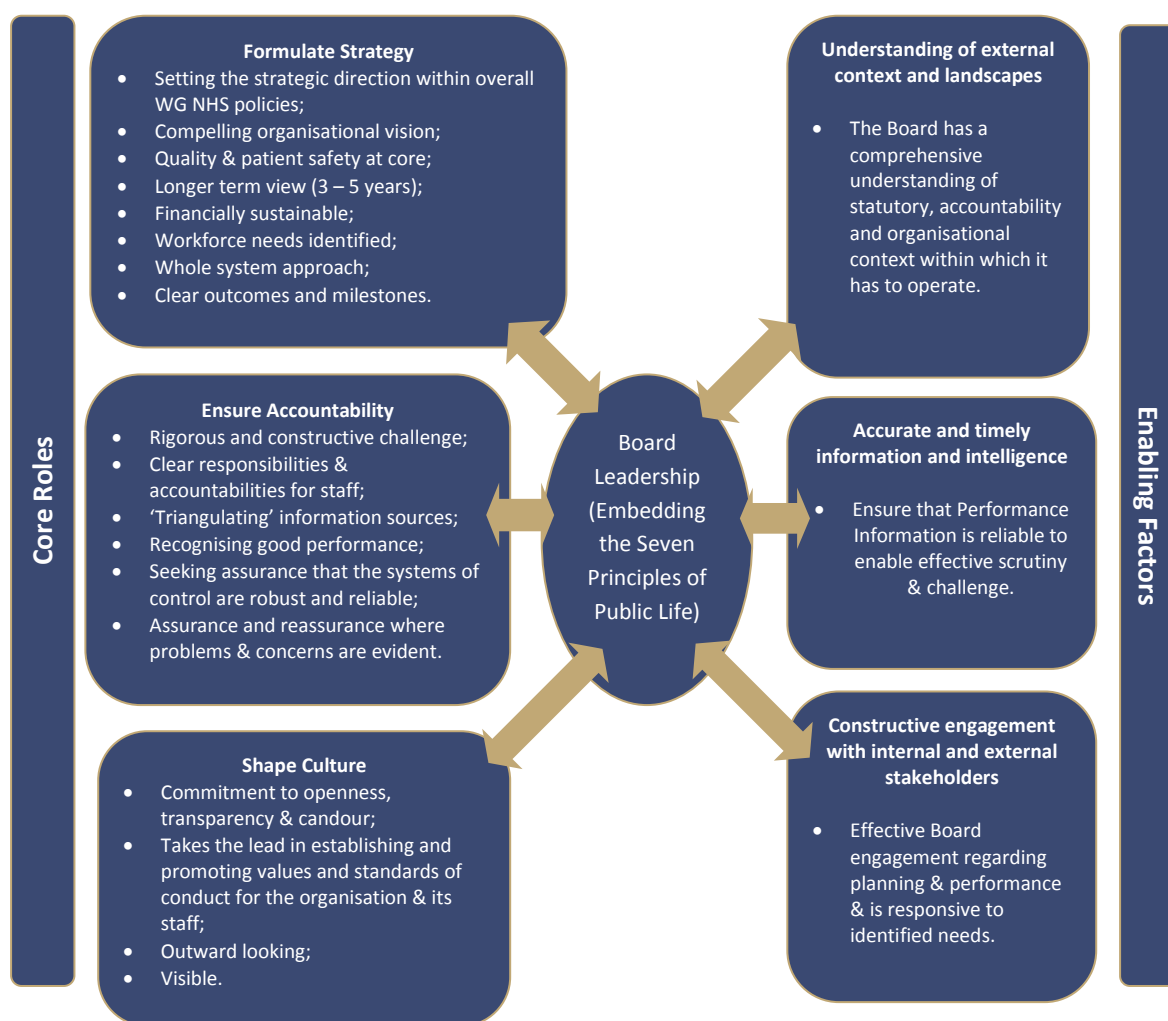
The HB has remained at the “Targeted Intervention” level of the NHS Wales Escalation and Intervention arrangements throughout the year, with no further escalation. The rationale for the HB remaining at Targeted Intervention level is reported regularly to both The Board and the Audit and Risk Assurance Committee. The main focus of the discussions has been in relation to the HB's financial position as the NHS Finance (Wales) Act 2014 requires each HB to prepare a plan which sets out the Board's strategy for complying with the three year financial duty to breakeven. 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 2018/2019, the HB has been in breach of this statutory duty throughout this time.

During the year the HB has, with the support provided from the WG, continued to make progress, particularly in respect of the continuous engagement with our population in respect of the development of the Health and Care Strategy and much improved performance in particularly in relating to the significant reduction in referral to treatment times. Whilst the HB has delivered on a wide range of challenging areas during some particularly pressured operational periods with some areas of progress identified and made, the HB's financial position has remained a dominant factor

throughout the year as has the Board's ability to deliver an approved annual plan for the forthcoming 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, available on the HB'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 members are 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 Chief Executive Officer (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. With the exception of the position of Chair, this year has seen stability in membership from both an Independent Member and Executive Team perspective. Sadly, due to ill health, Bernardine Rees retired from her role as Chair at the end of February 2019 (this role is being undertaken on an interim basis by the HB's Vice-Chair). The recruitment process is underway, with the new Chair due to commence in post in June 2019.

The Board and Committee Membership and Champion roles during 2018/2019 is included as Appendix 1 to this statement.

At a local level, NHS organisations 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 HB 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 2018/2019, with all meetings being quorate:

Table 1

Dates of Meeting												
Meeting	April 2018	May 2018	June 2018	July 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	March 2019
Board	19.04.18	30.05.18 31.05.18		26.07.18		26.09.18 27.09.18		29.11.18		31.01.19		28.03.19
Audit & Risk Assurance Committee	17.04.18	02.05.18 30.05.18	19.06.18		21.08.18		25.10.18		11.12.18		19.02.19	
Charitable Funds Committee			21.06.18				03.10.18		20.12.18			14.03.19
Quality, Safety & Experience Assurance Committee	10.04.18		12.06.18		14.08.18		16.10.18		04.12.18		05.02.19	
Finance Committee						28.09.18	25.10.18	22.11.18	20.12.18	24.01.19	25.02.19	25.03.19
Mental Health Legislation Assurance Committee			07.06.18			20.09.18				15.01.19		21.03.19
Business Planning & Performance Assurance Committee	24.04.18		26.06.18		28.08.18		30.10.18		18.12.18		26.02.19	
Primary Care Applications Committee	30.04.18	10.05.18		04.07.18		04.09.18			06.12.18		21.02.19	
University Partnership Board		16.05.18			02.08.18			21.11.18			12.02.19	
Remuneration & Terms of Service Committee		30.05.19			23.08.18						25.02.19	

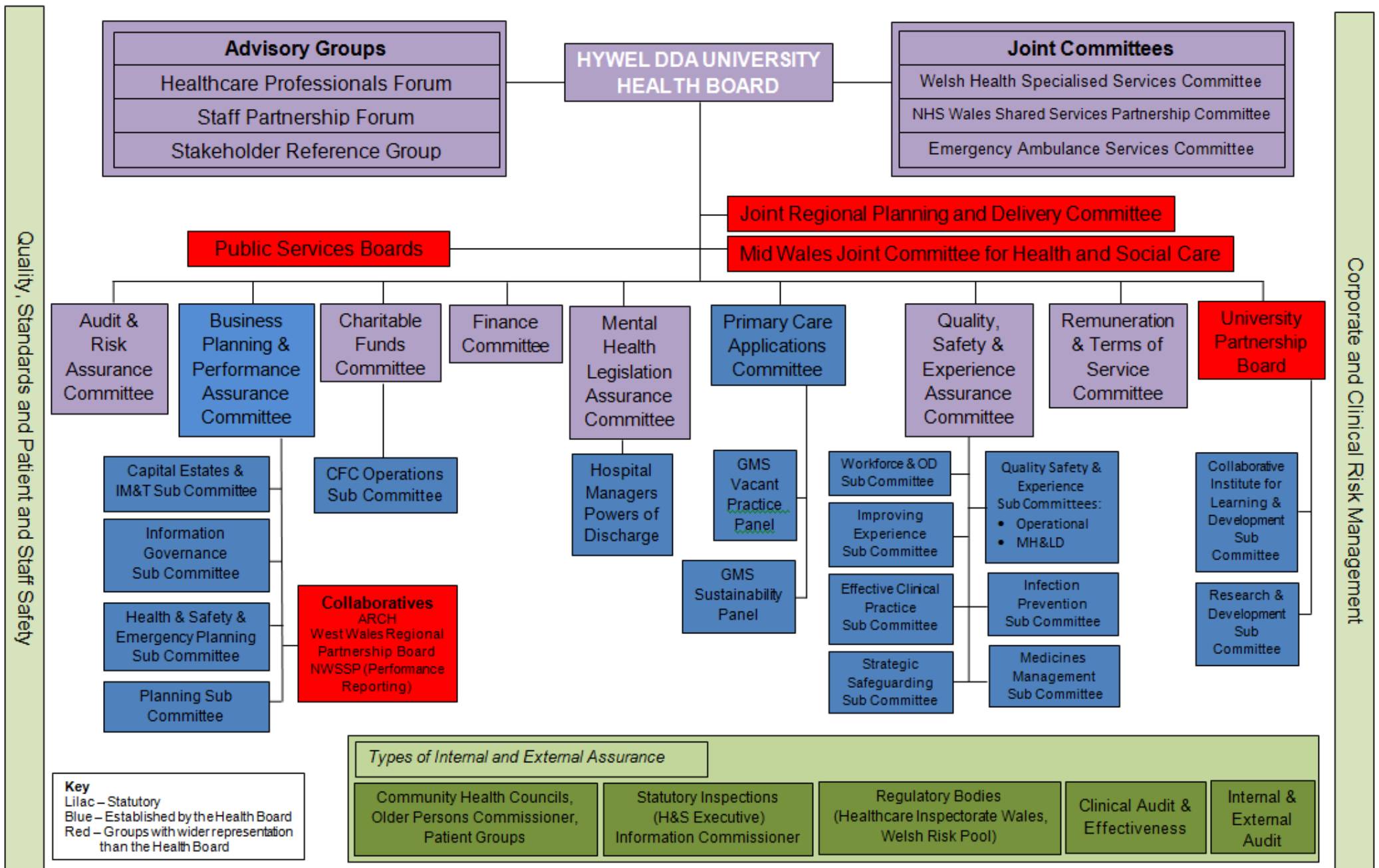
The Board and its Committees

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 HB's functions and its roles and responsibilities. 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 HB 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 HB'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 HB 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.

The Committees have met regularly during the year, with update reports outlining key risks and highlighting areas which need to be brought to the Board's attention to contribute to its assessment of assurance and provide scrutiny against the delivery of objectives. The Committees, as well as reporting to the Board, also work together on behalf of the Board to ensure, where required, that cross reporting and consideration takes place and assurance and advice is provided to the Board and the wider organisation. The Wales Audit Office (WAO) Structured Assessment 2018 acknowledged that the Board continues to be generally well-run, providing a good level of scrutiny and challenge. The Board recognises, however, that further work is required improve its quality and safety governance arrangements and is committed to addressing these issues in the forthcoming financial year. Our system of Governance and Accountability (the assurance arm of the organisation) 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 HB'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 which supports open dialogue. The Board strives to ensure that ethical standards are integral to its governance arrangements and form part of its culture and behaviour and recognises that governance is not a static concept. The HB is committed to being honest and improving values and behaviours, as demonstrated by its Values and Behaviours Framework. The Board continues to hold its meetings across its catchment area of the three Counties, with a focus on local as well as strategic and wider HB issues, enabling wider engagement with the public. There is a Public Forum section of the meeting at which the Chair takes questions submitted in advance. 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. This is further strengthened through a programme of scheduled patient safety walkabouts with which all Board members are engaged, acknowledging that leadership is fundamental in the creation of a culture that supports and promotes safety and wellbeing for patients and colleagues. In order to increase the reach of the work of the Board, webcasting of its meetings commenced in April 2018, enabling its discussions to be accessible to members of the public who are unable to attend. The WAO's 2018 Structured Assessment concluded that the Board continues to be generally well-run with the quality of board level scrutiny and challenge being good.

The Board, whilst complying with 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 HB activity:

<p>HB Wide Issues (Approval)</p>	<ul style="list-style-type: none"> • Approved the Draft Operational Plan for 2018/2019. • Approved the savings element of the interim Financial Plan 2018/2019 as the basis for delivery in year. • 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 WG. • Approved the Annual Report for 2017/2018. • Approved the revised Performance Management & Assurance Framework. • Approved the establishment of the Transforming Clinical Services Design Steering Group, its supporting governance structure and the Terms of Reference for the Group. • Approved the HB's Well-being Objectives Annual Report reporting on the period 1 April 2017-31 March 2018, for publication in order to fulfil the HB's statutory obligations under the Well-being of Future Generations (Wales) Act 2015. • Approved the recommendation from Welsh Health Specialised Services Committee (WHSSC) to undertake a formal public consultation in line with the proposals outlined in the 'draft' public consultation plan and 'draft' core consultation on the Review of Adult Thoracic Surgery and subsequently approved the recommendations that thoracic surgery services for the population of south east Wales, west Wales and south Powys are delivered from a single site with this being Morriston Hospital, Swansea. • Approved the Seasonal Influenza Plan 2018/2019.
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	<ul style="list-style-type: none"> • Approved the updated Major Incident Plan 2018/2019. • Approved the HB's Risk Appetite Statement. • Approved the contents of the Board Assurance Framework based on the HB's strategic objectives and approved updates to existing risks and new principal risks for inclusion. • Approved completion of Stage 2 of the consultation process (public consultation) aligned with Transforming Clinical Services and a number of clinical recommendations as follows – <ul style="list-style-type: none"> - Approved the integration of health and social care to deliver an integrated community model, based on an integrated social model for health and wellbeing (the model), at pace. Working with social care and other partners, this will be a long term commitment focused on prevention, wellbeing, early intervention and help build resilience to enable people to live well within their own communities. - Approved the development of a plan for the existing Community Hospitals, working with local communities. This plan will be focussed on the provision of ambulatory care including out-patient services, diagnostics, treatment, observation, rehabilitation and end of life care. - Approved a modification of the remaining proposals for delivering hospital services. - Approved the progression of a proposed new Planned and Urgent Care hospital on a single site through the business case process (Five Case Model). - Approved development of a plan to redesign the remaining main hospital sites, working with local people, to maximise the range of services and support available aligned to the proposed model, and a new Urgent and Planned Care Hospital. - Approved the development of a detailed plan to address the significant concern heard during the consultation regarding access, travel, transport and infrastructure, ensuring a focus on exploring innovative approaches to accessing care and support. - Approved the development of a plan to maximise the use of technology as a key enabler to the delivery of the proposed model underpinned by secure IT infrastructure with sufficient back-ups, so that patient data is safe, timely and secure. - Approved the development of a workforce redesign and transformation plan – starting now and forward planning – to enable delivery and sustainability of the future model. - Reaffirmed its commitment to continuously engage in innovative ways, and support co-production between staff, and local people, partner organisations and other interested parties with a particular focus on engagement and co-design with those most vulnerable in our population, and those with Protected Characteristics, as set out in the Equalities Act (2010). This includes the co-design of integrated local care and support, clinical pathways and innovative ways of working together. - Approved the further development of all recommendations into the draft Health Strategy for consideration at the Public Board meeting on 29 November 2018.
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	<ul style="list-style-type: none"> • Approved the revised Scheme of Delegation and Reservation of Powers. • Approved the establishment of the Finance Committee as a Committee of the Board. • Approved the HB's Health and Care Strategy and the underpinning updated Integrated Impact Assessment. • Approved the HB's 3 re-framed strategic goals to replace the existing 8 health-related strategic objectives. • Approved the Strategic Equality Plan Annual Report 2017/2018. • Approved the Organ Donation Annual Plan for submission to NHS Blood & Transplant (NHSBT) and WG. • Approved the HB's Health and Wellbeing Framework. • Approved the Hywel Dda Community Health Council and Hywel Dda University Health Board Framework for Continuous Engagement and Consultation. • Approved the preferred option regarding Laundry Services outlined within the Outline Business Case. • Approved the revised version of the HB's Standing Orders and Standing Financial Instructions. • Approved the Scoping, Governance and Delivery document (and the appended Programme Delivery Plans and Check and Challenge process) aligned with the Programme Plan for "A Healthier Mid & West Wales". • Approved the proposed portfolio governance (aligned to the Regional Partnership Board governance), with the view to bringing together the portfolio programme outlined in the Scoping, Governance and Delivery document and the RPB priority groups and Transformation Fund groups in order that there is one key mechanism reporting into shared governance. • Approved the Terms of Reference of the Health and Care Strategy Delivery Group subject to clarification regarding frequency of reporting to Board. • Approved the development of a Transformation Programme Office team to drive forward delivery of the health and care strategy. • Approved the Terms of Reference and endorsed the establishment of, a new Regional Leadership Group (RLG) comprising the four statutory Chief Executives, Chair and or Vice Chair of the HB and Cabinet Members for Social Services from the three local authorities. • Approved the creation of a new Integrated Executive Group (IEG) across the 4 agencies to support joint working and integration at an operational level and oversee delivery of the regional strategies. • Agreed the onward submission to WG of the draft interim 2019/2020 Annual Plan including the draft interim financial plan. • Approved the Policy Statement on the use of the Welsh Language internally.
HB Wide Issues (Endorsement)	<ul style="list-style-type: none"> • Supported the approach being taken to ensure that the requirements of the Nurse Staffing Levels (Wales) Act 2016 are embedded into the HB's governance infrastructures. • Accepted the Health & Care Standards/Fundamentals of Care (2017) audit findings as an assurance that the care delivered within the HB continues to achieve a high level of satisfaction amongst patients, whilst also identifying areas of improvement.

	<ul style="list-style-type: none"> • Received for information the Annual Report from Healthcare Inspectorate Wales (HIW) 2017/2018. • Received for information the Medical Revalidation and Appraisal Annual Report 2017/2018. • Acknowledged the risk in delivering the HB's financial forecast position. • Noted the extent of preparations and planning undertaken ahead of winter 2018/2019 and the content of the winter resilience plan and was assured by the measures the service had designed into its plan to tackle the pressures expected to impact through the period. • Endorsed the Llanelli Wellness and Life Science Village as a Health and Wellbeing Centre in line with the principles set out in the report and the Transforming Clinical Services Strategy. • Supported the content of the Annual Audit Report and Structured Assessment 2018 Report and was assured that it presented a fair and balanced view of the organisation recognising both the positive aspects identified and those areas where further progress is required. • Assured that principal risks are being assessed, managed and reviewed appropriately/effectively through the risk management arrangements in place, noting that these have been fully reviewed by its Board level Committees. • Endorsed the Register of Sealings as appropriate. • Received the progress update for each Public Service Board and the key areas of discussion highlighted in the report.
Focus on Pembrokeshire Issues	<ul style="list-style-type: none"> • Noted the focus on an integrated and united approach to health and social care provision, with focus on how teams work together collectively for the needs of the population, rather than the individual sovereignty of any one organisation. • Received an update on the Tenby Walk-in Service, with it being noted that demand on this service had increased significantly and had recently celebrated its one year anniversary, having seen 1 patient short of 5,000 patients. • 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 multi-professional, multi-agency approach to addressing falls in Ceredigion and the example this gives of how services can deliver comprehensive care to allow patients/clients to be as close to home as possible. • Noted the significant progress on delivering a community health and wellbeing model in Ceredigion to support the future sustainable delivery of care and the important links being built with neighbouring statutory organisations to deliver a consistent model of care across mid-Wales. • Noted the Healthcare Services in Ceredigion: Into the Future report, written from the standpoint of patient pathways. The report demonstrated the complexity and number of people involved in healthcare systems in Ceredigion, including integration and co-dependencies.

Focus on Carmarthenshire Issues	<ul style="list-style-type: none"> • Acknowledged the contribution of the strategic partners, agencies, third sector organisations, staff and unpaid carers that support people in Carmarthenshire. The need for integration between health and social care services was acknowledged with the work of Improving Outcomes for Frail Older Adults and the Integrated Pathway for Older People (IPOP) which the HB was fortunate to be piloting. • Acknowledged assurances that Carmarthenshire community district nursing service provides an accessible, effective, safe and quality service for people living in the county.
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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.

The HB has a comprehensive, Board-approved Board Development Programme designed to provide ongoing developmental support. The programme 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. The programme is delivered in-house with support from Academi Wales and focuses on key development areas that, once completed, will provide members with the enhanced knowledge, skills and behaviours required to improve individual and collective performance.

Throughout 2018/2019, the Independent Members and Executive Directors took part in both separate and joint Board organisational development programmes. A comprehensive programme of development for Independent Members is in place, making good use of both internal and external resources, and there are effective arrangements to support handover for Independent Members. This programme develops the Independent Members personally, as well as strengthening the Board as a whole and is supported by regular six-monthly reviews on an individual basis. There have been regular joint sessions conducted for Independent Members and Executives on a range of issues. In addition, on an individual basis, Independent Members have been 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.

A new Executive Director Performance Framework was introduced in 2018/2019 to provide clarity on performance expectations and role requirements. In addition, Academi Wales have assisted with specific leadership diagnostics and 360 degree feedback tools. These have been taken up by each Executive with the results analysed and discussed in detail, both individually and collectively. Executive coaching provision is also in place.

The above programme has been supplemented by Board Member participation in the HB's Board Seminars which have been held on a regular basis during the year. 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:

- The implications of the Nurse Staffing Level (Wales Act 2016);

- The All Wales HIW summary of activity 2017/2018;
- Performance Management Assurance Framework 2018/2019;
- Adding Value Through Partnership from NHS Wales Shared Services Partnership;
- The Board Assurance Framework, Corporate Risk Register, Risk Appetite & Tolerance;
- Transforming Clinical Services, including Consultation Findings;
- Sustainability of General Medical Services;
- Medical & Dental Education at the HB;
- Health Care Support Worker Framework including the “grow your own nurses” programme;
- An introduction to the work of Health Education & Improvement Wales;
- The Integrated Medium Term Plan/Annual Operating Plan;
- The Board’s future approach to Patient Experience;
- Update on Paediatric Services;
- The HB’s Strategy “A Healthier Mid & West Wales”;
- Violence Against Women, Domestic Abuse & Sexual Violence (Wales) Act 2015.

Audit & Risk Assurance Committee (ARAC)

The ARAC 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 HB’s governance and assurance arrangements and its system of internal control, including risk management. The Committee keeps under review the risk approach of the HB and utilises information gathered from the work of the Board, its own work, the work of other Committees and other activity in the organisation in order to advise the Board regarding its conclusions in relation to the effectiveness of the system of governance and control.

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.

The Committee, through its in-year reporting, has regularly kept the Board informed in respect of the results of its reviews of assurances, together with any exceptional issues. In supporting the Board by critically reviewing governance and assurance processes on which reliance is placed during 2018/2019, a summary of the work of, and key issues considered by, the Committee, on which it has specifically commented in relation to the overall governance of the organisation during the year, is included at Appendix 2 to this statement. Each of the issues highlighted below have been monitored by both ARAC and the Board with clear action taken as a result. Full details are contained within the Committee update reports and the ARAC annual report. The specific concerns included the following issues highlighted to the Board:

- Compliance with agreed timescales in response to recommendations from external organisations resulting in a formalised escalation process and concern regarding the standard of audit management responses;
- Concerns around Consultant and Specialty and Associate Specialist (SAS) job planning compliance;
- Continued concern in relation to the governance regarding private practice;
- Concerns regarding the potential resource impacts (both financial and staff) on Hywel Dda’s Public Health Wales resources arising from the WAO report on Collaborative Arrangements for Managing Local Public Health Resources;

- Continuing concerns regarding the findings of the Physical Verification of Fixed Assets & Personally Identifiable Information (PII) Internal Audit report and the steps being taken to address these;
- Continued concerns regarding the current Single Tender Actions process, in terms of lack of compliance with proper procedures and failure to conduct tender processes when possible;
- Concerns with regard to the Theatres Directorate Internal Audit report, specifically the extended period of time between completion of fieldwork and publication of the final report with recommendations, and the findings around payroll and on-call arrangements;
- In recognition of the significant work undertaken to achieve a Reasonable Assurance rating on the Fire Precautions Follow-up audit, consideration of the requirement for additional investment in this area to maintain and improve compliance;
- Continued concerns regarding clinical audit and governance regarding non-participation, with it noted that this is an area where decisions would be raised to Board level;
- Concerns regarding a lack of patient feedback and patient experience strategy, both specifically in terms of hospital catering & patient nutrition, and that more generally, a clear timeline should be agreed for progress;
- Concerns due to the seriousness of both WAO & Internal Audit reports regarding operating theatres that highlighted significant issues;
- Concerns regarding delays in implementing the RADIS radiology IT system due to losing the slot for implementation;
- Disquiet regarding delays in payments to suppliers, particularly in the case of smaller companies where this can result in a significant impact;
- The need for the HB to strengthen its governance and reporting around maternity services, due to the inherent risks and potential cost, both in human terms and in clinical negligence claims;
- Concerns regarding the lack of assurance provided by management responses to the Internal Audit reports on the Procurement and Disposal of IT Assets and the IM&T Directorate;
- The need for a cultural shift in terms of the way in which the organisation approaches concerns and complaints, and to ensure a continuous improvement programme is established for learning from events/timeliness of responses;
- The Committee's rejection of management responses to Internal Audit Reports on the Radiology Directorate and Glangwili Hospital's Women & Children's Development Phase 2, due to a lack of assurance;
- Concern regarding the pace of progress against the WAO Consultant Contract report on consultant job plans;
- Concerns around adherence to the Internal Audit Charter, resulting in new escalation protocols, timescales, processes and rules;
- Concerns regarding issues relating to Radiology, particularly on-call working practices and payments;
- Concerns around the reduction in Public Health resources proposed in the Public Health Wales Review Closure Report;
- Risks in dealing with private sector companies for capital projects;
- Concerns regarding the HB's financial position, and the risks to delivery of the planned deficit position;
- Concerns regarding ongoing WG questions relating to the organisation's underlying deficit, and suggestions that the reasons for this are not sufficiently understood;
- Concerns regarding European Working Time Directive (EWTD) non-compliance amongst switchboard lone-workers, identified within the IM&T Directorate report;
- Concerns regarding the findings of the Records Management report, particularly a lack of progress and a need for ownership and leadership in this area;

- Continued concerns regarding the implications of HMRC requirements in relation to the GP Out of Hours service and the process to be employed in this regard;
- Concerns regarding the Water Safety and the National Standards for Cleaning Internal Audit reviews, both awarded Limited Assurance ratings.

Throughout the course of the year the ARAC has also made recommendations/undertaken the following actions which have in turn led to improvements in the HB's governance and assurance systems:

- Recommendation by the Committee of the Hywel Dda University Health Board's Annual Report 2017/2018 to the Board for approval;
- Revisions made to the Internal Audit Charter, including new escalation protocols, timescales, processes and rules;
- Development of the new Audit Tracker holding to account process;
- Recommendation by the Committee of the Scheme of Delegation & Reservation of Powers to the Board for approval;
- Monitoring of the Joint Escalation & Intervention Arrangements;
- Recommendation by the Committee of the ARAC's revised Terms of Reference for ratification by the Board.

In keeping with the HB'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, 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 to avoid duplication with the work of the Finance Committee, the Committee has provided one of the internal control mechanisms for providing assurance and where appropriate, highlighting risks to the Board. The purpose of the BPPAC is therefore to assure the Board on the following:

- That the planning cycle is being taken forward and implemented in accordance with HB and WG requirements, guidance and timescales;
- That all plans put forward for the approval of the HB for improving the local population's health and developing and delivering high-quality, safe and sustainable services to patients, and the implementation of change, are consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- That wherever possible, HB plans are aligned with partnership plans developed with Local Authorities, Universities, Collaboratives, Alliances and other key partners;
- That the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed;
- To provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against HB plans and objectives, including delivery of Tier 1 targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern;
- To seek assurance on the management of principle risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and its Sub-Committees and provide assurance to the Board that risks are being managed effectively, reporting any areas of significant concern and recommending acceptance of risks that cannot be brought within the HB's risk appetite/tolerance to the Board through the Committee Update Report.

A summary of those matters on which the Committee made specific comment is included in Appendix 2 of this statement; the following however are some of the key matters which were brought to the Board's attention:

- Fishguard Health Centre Refurbishment and Extension BJC – approval of the Fishguard Health Centre Refurbishment and Extension BJC via Chair's Action for submission to WG;
- Recommending Board approval of the Major Incident Plan 2018/2019;
- Approval of BPPAC Revised Terms of Reference and the Committee Annual Report 2018/2019.

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 HB's website: [Business Planning and Performance Assurance Committee](#).

Quality, Safety and Experience Assurance Committee (QSEAC)

The Committee is responsible for providing evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of health care and services provided and secured by the HB. It also has the role of providing assurance to the Board in relation to the HB's arrangements for safeguarding vulnerable people, children & young people and improving the quality and safety of health care to meet the requirement and standards determined for the NHS in Wales. In discharging its role, the Committee has overseen and monitored activities in accordance with its Terms of Reference with the following three matters requiring Board approval:

- Approval of the Quality Improvement Framework Document;
- Approval of the Annual Quality Statement;
- Approval of QSEAC Revised Terms of Reference.

As highlighted by WAO in the 2018 Structured Assessment, there are weaknesses in the HB's quality and safety governance arrangements, this factor being recognised by the Board, with action already being taken to address the situation. Work has already taken place to revisit and refine the QSEAC supporting structures, however these may need to be further refined once the WAO report of the review of operational quality and safety arrangements has been published.

A summary of those matters on which the Committee has raised to the Board's attention is included in Appendix 2 of this statement. 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 Committee Report to the Board, all of which can be accessed on the HB'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 in the HB's website: www.wales.nhs.uk/sitesplus/862/page/72049.

Finance Committee (FC)

The introduction of the Committee during 2018/2019 has been a welcome addition to the HB's governance structures. Agreement has also been reached with the Minister for Health and Social Services to appoint an additional Associate Member of the Board with significant financial experience with this individual chairing the FC. The purpose of the FC is to provide scrutiny and oversight of financial and the revenue consequences of investment planning (both short term and in relation to longer term sustainability), review (and report to the Board) financial performance and any areas of financial concern, conduct detailed scrutiny of all aspects of financial performance, the financial implications of major business cases, projects, and proposed investment decisions on behalf of the Board; regularly review contracts with key delivery partners, and provide assurance on financial performance and delivery against HB financial plans and objectives and, on financial control, give early warning on potential performance issues and making recommendations for action to

continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern. The Committee has consistently highlighted the risks and concerns regarding the HB's ability to deliver the forecast deficit of £35.4million, however through the work of the Committee assurance have been provided to the Board that the HB was on track to achieve this forecast deficit position.

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:

- Monitoring of issues relating to medical staffing levels within Mental Health and Learning Disabilities Directorate – issues included pressures on current medical workforce and the number of locums being used across the service, as well as recruitment issues having an impact on the timeliness of tribunal and hospital managers' reports.

Other areas of concerns were also brought to the Board's attention:

- Monitoring of specific issues relating to mental health legislation highlighted from HIW inspections and reviews;
- Attendance of local authority representatives.

Primary Care Applications Committee (PCAC)

The purpose of this Committee is to determine the Primary Care contractual matters on behalf of the Board, and in accordance with the appropriate NHS regulations. During 2018/2019 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 consistently advised of the following key concerns:

- Sustainability issues within GMS;
- Challenges within HB's Managed Practices and its impact on the primary care team.

Charitable Funds Committee (CFC)

The Committee is charged with providing assurance to the Board in its role as corporate trustees of the charitable funds held and administered by the HB. 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:

- Concerns in respect of donations to Just Giving and My Donate had decreased by 57%; the rationale may be negative publicity towards the fees charged by some online giving platforms.

University Partnership Board (UPB)

The UPB is a formal partnership arrangement between the HB 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:

- The continuing concern of a lack of regular attendance from all University partners at UPB meetings. Direct dialogue was undertaken with partner universities to resolve this issue;
- A key risk relating to the lack of research space. Discussions are on-going in terms of utilising space at Aberystwyth University.

Health Strategy Committee (HSC)

The Committee was established as part of the strategy development arm of the organisation and therefore due to the nature of this committee this was not incorporated within the assurance arm of the organisation as depicted on page 72. The purpose of the HSC was to provide a forum for meaningful and purposeful engagement and discussion between the Executive Team and Clinical Leaders within the HB and bringing together the Clinical Strategy and the Prevention and Health Inequalities agenda into an overarching Health Strategy with clear linkages with the HB's key stakeholders and partners programmes of work i.e. Local Authority, NHS bodies, etc. Matters brought to the attention of the Board during the year have included:

- Recommending approval of Transforming Clinical Services "Our Big NHS Change" Consultation – Mid Point Review and resulting actions;
- Consideration and approval of the *A Healthier Mid and West Wales: Our Future Generations Living Well* strategy document;
- Consideration of the Integrated Impact Assessment of the above strategy document.

Other areas of concerns were also brought to the Board's attention:

- Further discussions were required in relation to the governance arrangements of the Strategic Objective Groups, which were reflected within the Terms of Reference report to the Health Strategy Committee and the Planning Sub-Committee;
- The finance department were to be made fully aware of the detail of the Transformation Fund bid, for financial planning purposes;
- Risks associated with staff and public perception of the *A Healthier Mid and West Wales: Our Future Generations Living Well* strategy document.

Stakeholder Reference Group (SRG)

The Group is formed from a range of partner organisations from across the HB's area and engages with and has involvement in the HB'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. Matters brought to the attention of the Board during the year have included:

- To extend the role of SRG to act as a reference group to the Regional Partnership Board as well as to the HB, and to review the terms of reference in light of this in conjunction with governance colleagues, for approval by a subsequent Board.

Local Partnership Forum (LPF)

The Forum is responsible for engaging with staff organisations on key issues facing the HB and met regularly during the year. It provides the formal mechanism through which the HB 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.

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 HB 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 HB delivers its services.

It was also acknowledged that through its breadth of different professions within its membership, the Forum were invaluable during the development of the Health and Care Strategy. 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. Matters brought to the attention of the Board during the year have included:

- The importance of HPF having early sight of plans and potential developments, in their infancy, in order to facilitate the HPF's role in providing clinical and professional advice to Board;
- The Forum recommended that a distinction is made between 'prolonging life' and 'prolonging healthy life' in terms of the impact on quality of the prolonged last stage of life;
- IT solutions need to be given priority within transformation and new ways of integrated working.

Other areas of concerns were also brought to the Board's attention:

- A concern that caps on visas affect all departments within the HB, with a joint letter from the Nuffield Trust, Kings Fund and Health Foundation sent to the Prime Minister on this issue;
- In respect of the development of the Health and Care Strategy, the following risks were highlighted:
 - The challenge for the HB to keep everyday services running safely during planning and implementation of the Health and Care Strategy;
 - The challenges of targets within dashboards and the future of Integrated Care Fund (ICF) funding which may impact on capacity and investment to pump prime primary and community care;
 - The capacity of clinicians to contribute to informing the clinical design of the new model, given the current pressure with performance targets and Turnaround;
 - Specific issues relating to GMS Primary Care may be lost, due to this work being merged with the workstream for the community model;
 - Consideration of a separate workstream for GMS Primary Care was requested;
 - The work of the current, individual, workstreams may result in a non-integrated system;
 - Community independent contractors may be planning service development outside the context of the Health and Care Strategy;
- In respect of workforce role design, the following risks were highlighted:
 - The new Band 4 Assistant Practitioners may not have the same level of competency and the appropriate regulation of currently established Band 4 regulated roles in some professions (e.g. pharmacy), posing the risk of appropriate delegation to these new roles;
 - These roles will be internal to the organisation and not externally regulated, there will not be safeguards for other organisations in the case of malpractice or incompetency of a practitioner;
 - The new workforce roles could become a substitute for formal professional training, or become a rationalisation for funding cuts for formal training places at universities, impacting on quality and professional standards in the workplace.
- The risk to services and quality of care whilst services are undergoing change and transition;
- The risk to staff wellbeing during times of change. However, it was noted that there had been an improvement in staff acceptance and engagement with change in recent months, and that staff morale had improved;
- There is a risk of clinical and professional advice being presented by the Forum to Board, without reference to paramedic opinion. In order to resolve this, the Forum agreed to invite Paramedics as 'Members in Attendance' (under the Forum's Terms of Reference);
- There is a risk to the efficiency of integrated working, freeing up GPs through appropriate skills delegation, as some primary care referrals are not being progressed unless issued by a Doctor.

Other Committees of the Board

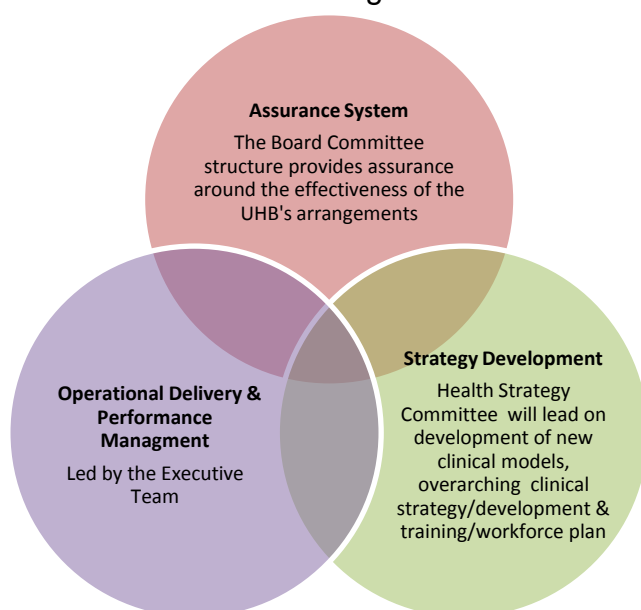
In addition to the above, the WHSCC (Wales) Regulations 2009 (SI 2009 No. 3097) made provision for the constitution of a 'Joint Committee'. This Committee comprises all the Welsh Local Health Boards and is a Committee of each Board, with the HB being represented by the

Chief Executive. The HB also has representation on the NHS Wales Shared Services Partnership Committee which is considered as a Sub-Committee of the Board, at which the HB is represented by the Director of Finance. The Emergency Ambulances Services Committee at which the HB is represented by the Chief Executive is also a Committee of the Board. The Lead Officers and/or Chairs from these Committees, 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. An additional Committee of the Board, established to support and clarify clinical service decisions across the region, is the Joint Regional Planning & Delivery Committee (JRPDC) formed between Swansea Bay University Health Board (formerly Abertawe Bro Morgannwg University Health Board) and the HB. The Committee has a key role to drive forward a range of projects that have been jointly identified 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 A Regional Collaboration for Health (ARCH) Programme Board and that of the Service Transformation Programme. A further role for the JRPDC is 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.

Governance & Accountability

In accordance with good governance practice, the HB'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 HB'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 Interactive Scheme of Delegation, which is recognised as good practice by WAO, reflects the responsibilities and accountabilities delegated to Executive Directors for the delivery of the HB's objectives, whilst ensuring that high standards of public accountability, probity and performance are maintained. The Executive Team has been at full complement during the year, with the respective individual portfolios providing clarity whilst also ensuring that focus remains on capacity, balance and appropriateness.

However, this does not preclude Executive Directors from working collaboratively together as a collective leadership team. This provides the stability and expertise required in order for the Board to execute its duties effectively and ensures each member is 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 HB, 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 WG fit into the picture. To reflect these principles the Board works to a Partnership Governance Framework & Toolkit which assists the organisation in identifying and understanding the risks associated with partnerships, and provides the evidence required should the HB wish to end its relationship with a partner. The HB is required to adhere to a wide range of legislation but there are two specific pieces of partnership legislation, i) The Wellbeing of Future Generations (Wales) Act 2015 and ii) The Social Services and Wellbeing (Wales) Act 2014, which have a statutory requirement for collaboration in the development and implementation of a joint strategic plans.

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 HB 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. These can be found on the HB's website on the following link: <http://www.wales.nhs.uk/sitesplus/862/page/67271>. This sharing of information is further enhanced by the HB's use of a range of social media channels.

The governance structure of the HB accords with the WG'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 HB 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 and contractual issues in Primary Care is the Primary Care Applications Committee, as referred to earlier in this statement. Performance and planning issues are monitored through BPPAC with Quality and Safety issues monitored and reported through the HB wide Operational Quality, Safety and Experience Committee and where required directly to QSEAC. The Operational Quality, Safety & Experience Sub-Committee focuses on both acute, primary and community services quality and safety governance arrangements at an operational level, bringing together accountability and ownership for those quality and safety issues to be resolved operationally.

Other elements of governance are enacted through a number of groups within the Primary & Community Care governance framework, (without being formal committees/sub-committees of the Board) with some of the main channels being as follows:

The Primary Care Risk Register, performance exception reports, Inspection reports and action plans at its bi-monthly meetings with these being signed off by the primary care group. It is recognised within Primary Care that effective risk management is integral to the achievement of all the HB'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 and incidents are discussed, as well as timescales and lessons learned or any further action to be taken. GP Practices and community pharmacies are encouraged to use Datix – the HB's incident reporting system – to report incidents, some of which may occur in Primary Care, however Practices will often also identify incidents that have occurred with patients during their care within community or secondary care and will also use this mechanism for their reporting. The Complaints and Incidents Management 'Putting Things Right' (PTR) Facilitator liaises with GP 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. All Primary Care contractors follow this guidance when dealing with complaints and incidents and all have their own documented complaints procedures which mirror this guidance. 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 HB 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.

There is a robust system of prescribing monitoring in the HB 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 HB with representatives from each practice attending this meeting. Medicines Management are also linked in to cluster work with some clusters appointing Cluster Pharmacists. For full details relating to Primary Care Governance please see Appendix 5.

Future Vision

The strategic direction for the delivery of primary care services across the contractor professions is core to the strategic direction of the HB in delivering the Health and Care Strategy. Through the development and implementation of an integrated model for health and wellbeing (inclusive of social care), the HB has defined the ambition of a long term commitment focussed on prevention, wellbeing, early intervention and to help build resilience to enable people to live well in their own communities. The development of seven integrated localities aligned to the current cluster configuration will establish the platform for service development and modernisation. In considering clusters it is important to recognise the variation between the contractual levers for engagement of GP practices and the associated financial incentive to develop services as well as the need for wider engagement with multi-professional groups and agencies to ensure that the strategic agenda for change is embedded and championed across the geographical area. In line with A Healthier Wales the HB will continue to support the strategic direction of clusters as a key component of the future health and wellbeing service delivery model.

Recognising that recruitment and retention across the contractor professions is a challenge in the more rural areas, the need for a stable primary care footprint is paramount to the modernisation and development of service provision that is aligned to national strategic direction and also that of the HB.

Consideration of how Pacesetter funding is utilised to support both sustainability and the implementation of the Primary Care Model for Wales will be a key action for the HB. Existing schemes will be reviewed and evaluated with the purpose of identifying those that need to be mainstreamed and those that need to be reviewed, refined or terminated. Similarly, potential new schemes will be considered, where innovation in service models to support the national aims of the Pacesetter programme are demonstrated.

It is also important to recognise the current contractual negotiations for both General Medical (GMS) and General Dental Services (GDS) and the challenges and opportunities that these both bring in improving the overall health and wellbeing of the resident population.

The key priorities for 2019/2020 are:

- Implementation of the Primary Care Model for Wales;
- Return managed practices to independent contractor status;
- Modernisation and delivery of accessible NHS dental services.

The purpose of the system of internal control

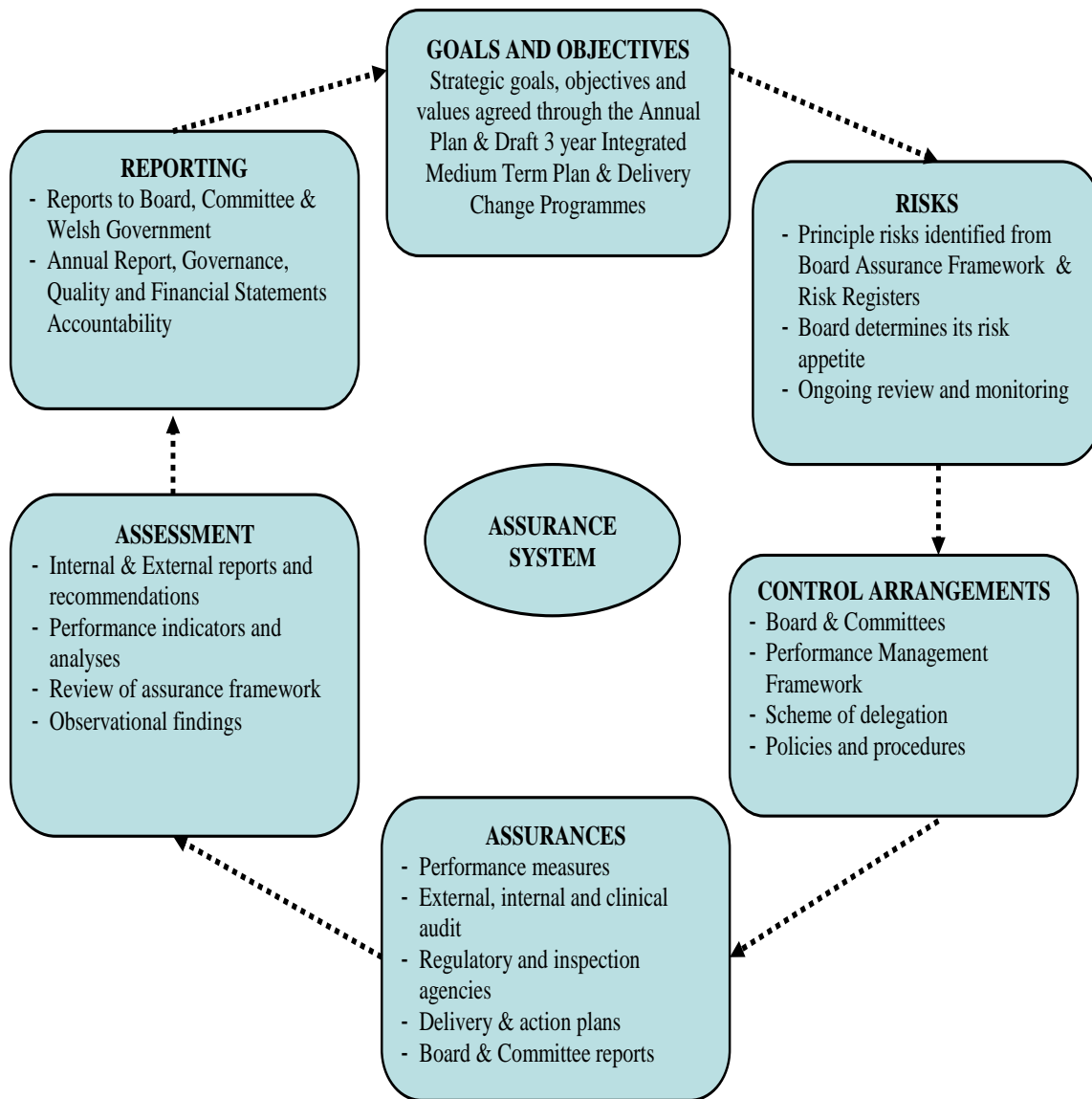
The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

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 2019 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 which 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 68 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 HB 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 remains important at this time when the HB is continuing to respond to the challenge of its targeted intervention status whilst also forging ahead with its long term Health and Care Strategy. 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 overleaf:



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 2019.

Capacity to handle risk

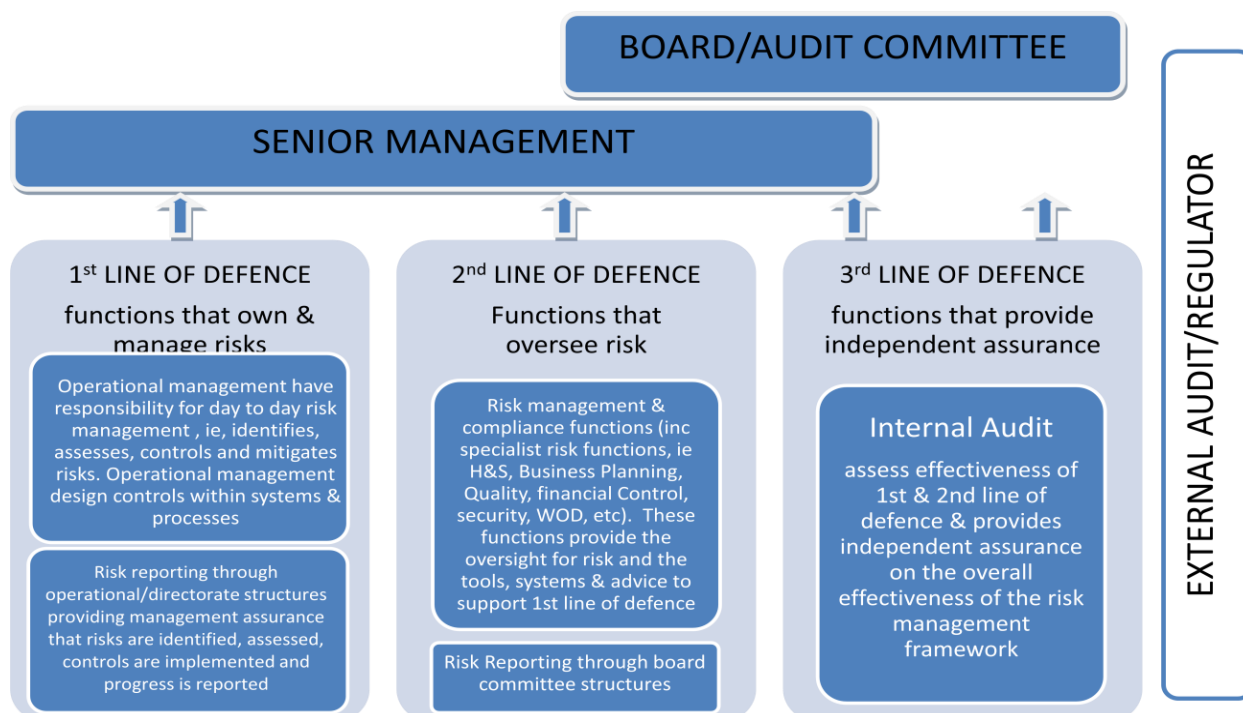
The HB acknowledges that delivery of healthcare services carries inherent risk. This is compounded by delivering healthcare across the large geographical area of Hywel Dda, meeting the needs of its demographic profile and staying within its financial allocation. Over the last year, the HB has continued to develop and strengthen its risk management framework to enable it to make better decisions to provide improved quality and safer care for patients and residents, achieve its strategic objectives, as well as fulfilling its statutory obligations.

Risk management is important to the successful delivery of the HB'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 HB 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

Our Risk Management Framework clearly sets out the components that provide the foundation and organisational arrangements for supporting risk management processes in the HB. It clarifies roles and responsibilities and reduces duplication, particularly in respect of reviewing and monitoring risks by setting out the individual responsibilities and communication lines whilst also outlining the other components, risk strategy and risk protocols which make up the Risk Management Framework.

The HB operates a 'Three Lines of Defence' model that outlines the principles for the roles, responsibilities and accountabilities for risk management throughout the organisation as shown below:



The 'Three Lines of Defence model' advocates that management control is the first line of defence in risk management. The various risk control and compliance oversight functions established by management are the second line of defence, and independent assurance is the third. Each of these three "lines" plays a distinct role within the HB's wider governance framework; however all three lines need to work interdependently to be effective.

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 Strategy and Policy

The Board recognise that risk management is an integral part of good management practice and to be most effective should become part of the HB'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 HB 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. 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 WG guidelines;
- Outlines the HB'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 Assessment Procedure;
- Includes a clear policy statement.

Policy Statement

Hywel Dda University Health Board Hospital (HB) 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 HB 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 HB 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 HB 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 HB 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 HB objectives.

The commitment of the HB is therefore to:

Minimise harm to patients, colleagues or visitors to a level as low as reasonably practicable;

Protect everything of value to the HB (such as high standards of patient care, reputation, community relations, assets and resources);

Maximise opportunity by adapting and remaining resilient to changing circumstances or events;

Assist with managing and prioritising the business/activities of the HB through using risk information to underpin strategy, decision-making and the allocation of resources;

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.

The risk management strategy will be reviewed in 2019/2020, following an assessment of risk maturity and to align with our strategic objectives.

Risk Appetite

The Risk Appetite Statement provides staff with guidance as to the boundaries on risk that are acceptable and how risk and reward are to be balanced, and provides clarification on the level of risk the HB is prepared to accept. It is integrated with the control culture of the organisation to encourage more informed risk taking at strategic level with more exercise of control at operational

level, as well as recognition of the nature of the regulatory environment the organisation operates within.

During 2018/2019, the Board reviewed its risk appetite through detailed Board Seminar discussions and considered it in line with its capability to manage risk, and formally agreed the following at a Board Meeting in Public.

“Hywel Dda’s approach is to minimise its exposure to safety, quality, compliance and financial risk, whilst being open and willing to consider taking on risk in the pursuit of delivery of its objective to become a population health based organisation which focuses on keeping people well, developing services in local communities and ensuring hospital services are safe, sustainable, accessible and kind, as well as efficient in their running.

The HB recognises that its appetite for risk will differ depending on the activity undertaken, and that its acceptance of risk will be based on ensuring that potential benefits and risks are fully understood before decisions on funding are made, and that appropriate actions are taken.

The HB’s risk appetite takes into account its capacity for risk, which is the amount of risk it is able to bear (or loss we can endure) having regard to its financial and other resources, before a breach in statutory obligations and duties occurs.”

The Board also agreed levels of tolerance for risk across its activities, aligned to its risk scoring matrix, to provide management with clear lines of the level to risk it will accept. These can be accessed via the following link:

<http://www.wales.nhs.uk/sitesplus/documents/862/Item%205.4%20Board%20Assurance%20Framework%2C%20Corporate%20Risk%20Register%20and%20Risk%20Appetite.pdf>

The Risk Appetite will be reviewed during 2019/2020, to ensure it remains aligned to the HB’s strategic objectives as they are further developed this year.

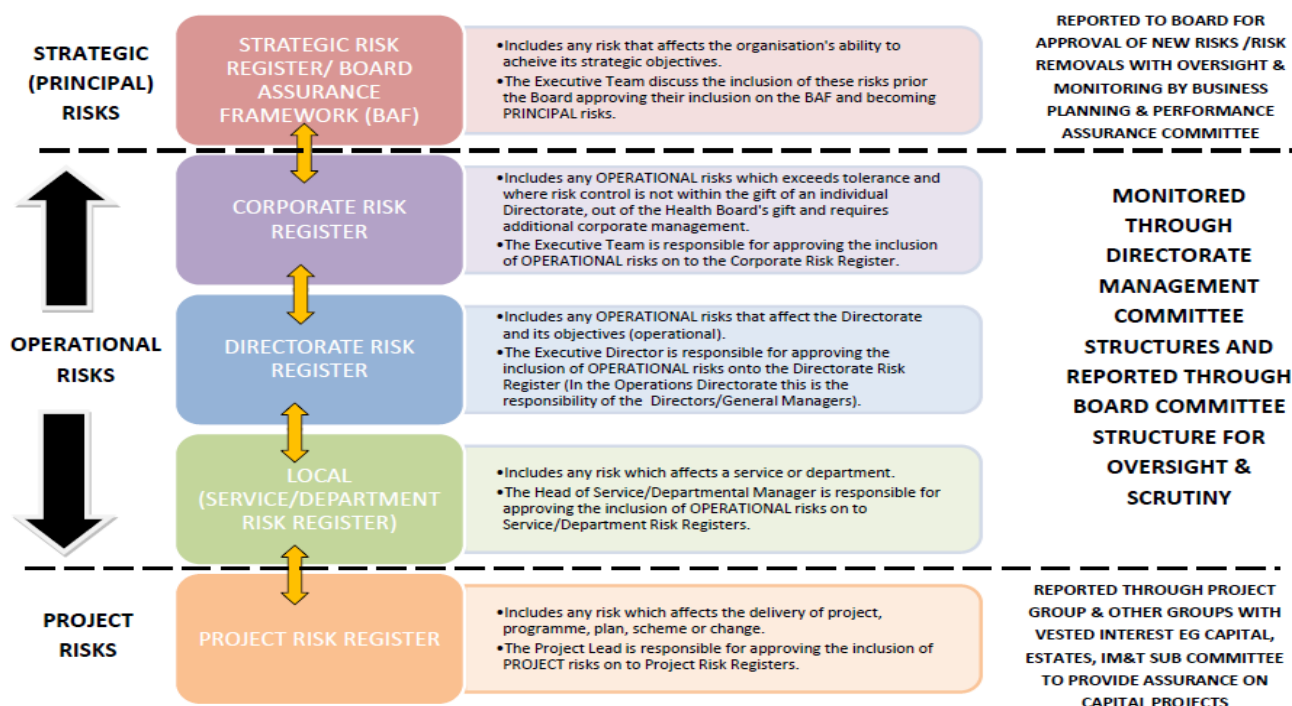
Risk Management Procedure & Protocols

During 2018/2019, the HB has further developed procedures, guidance, systems and tools to assist operational management to identify, assess and manage risks on a day to day basis. This is supported with training and advice from the HB’s assurance and risk team, whose role it is to embed the HB’s risk management framework and process, and facilitate a risk aware culture across the organisation.

Risk Register & Oversight of Risk

In following the Three Lines of Defence Model (above), the HB ensures that operational management are supported in their role of day to day risk management by specialist functions who have expertise and knowledge to help them control risk.

Management are held to account on the effective and efficient management of operational risks through our Performance Management Assurance Framework. Risks are also aligned to the HB’s assurance committee structure whose role it is to provide assurance to the Board that risks are being managed appropriately. This process is outlined overleaf:



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 HB'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 HB 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 HB 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 HB;
- Damage and injuries are reduced, and people's health and wellbeing 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.

Corporate Risk Register (CRR) and Board Assurance Framework (BAF)

During 2018/2019, the Board refreshed its approach to the management of the Board's principal risks to enable it to take full account of risks of non-compliance with statutory obligations, disruption and inefficiency within operations; late delivery of projects, or failure to deliver promised strategy.

The BAF is a key source of evidence that links strategic objectives to risks and assurances, and is one of the main tools that the Board should use in discharging its overall responsibility for internal control. This year was a transitional year for the HB in terms of redefining its strategic direction, therefore it was challenging to develop a robust and meaningful BAF, as its purpose is to provide the Board with a confidence statement on whether it will be able to achieve its strategic objectives. However, the HB did outline a number of key deliverables within its Annual Plan 2018/2019, and

risks to these were identified by Executive Directors. In addition, the Board is advised of any significant new/emerging risks, which it considers is outside of the influence of an individual directorate or the HB to manage.

The CRR contains risks that have been identified in a top down and bottom up approach and are:

- Associated with the delivery of the objectives set out in the Annual Plan 2018/2019 (identified on the BAF).
- Significant operational risks escalated by individual Directors and agreed by the Executive Team as they are of significant concern and need corporate oversight and management.

The Executive Team plays a pivotal role in the management of the Corporate Risk Register and is responsible for agreeing the content through the identification of principal risks and the escalation/de-escalation of operational risks that have been identified on directorate risk registers and/or through discussions from the new Performance Reviews which could have a significant impact on the HB. Whilst each Director is responsible for the ownership of risk(s) and the identification of controls and action to address gaps, it is the role of Executive Team, at its formal monthly Executive Team Meeting, to review the effectiveness of the controls and ensure appropriate action plans are in place, which might include the development of corporate risk management strategies to manage risk(s). The Executive Team also use risk information, including that from discussions at performance reviews, to help inform prioritisation of resources and decision-making, i.e. by ensuring risk information is fed into different business processes within the HB such as capital planning, budget planning, etc.

The risk profile of the HB 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. 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 2019 and up to the date of approval of the Annual Report and financial statements.

The Board receives the CRR/BAF twice a year, however each risk has been mapped to a Board level committee to ensure that principal risks are being managed appropriately, taking into account the gaps, planned actions and agreed tolerances, and to provide assurance to the Board, through their update report, on the management of these risks. Each risk on the CRR/BAF is presented to the Board and its Committees as a risk on a page, which includes a visual representation of the level of risk over a defined reporting period.

The WAO Structured Assessment in 2018 looked at the HB's approach to assuring itself that risks to achieving priorities are well managed and reported that the HB had a well-developed BAF in place which is being refreshed as new strategic objectives are developed. The HB will continue to develop its BAF to ensure the Board has timely and reliable information as to achievement of its strategy.

There were 29 principal risks on the CRR which will be presented to the Board in May 2019. The paper details the movement of risk since its last presentation to the Board in January 2019. Both these reports can be viewed via the following links:

[January 2019 Corporate Risk Report](#)

[May 2019 Corporate Risk Report](#)

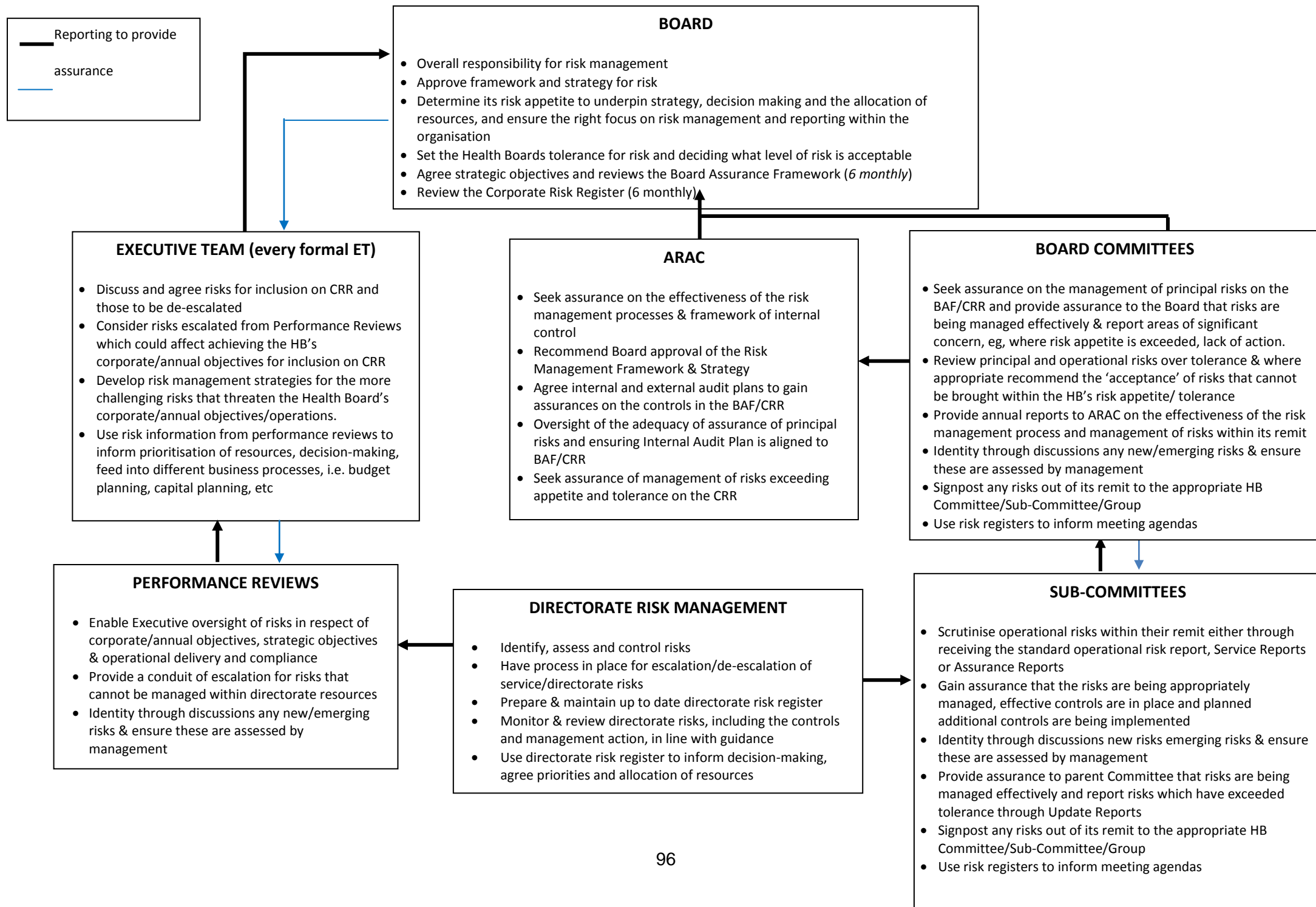
As at the end of March 2019, the profile of the 29 principal risks in terms of their current level of risk is outlined on the matrix below and further detail is included in Appendix 3.

RISK MATRIX					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5		117	508 634	626 627	
MAJOR 4		630 648	295 384 291 43 44 631 636 646 647 652	624 625 628 629 632 686	451 245
MODERATE 3			635 650	633 129	
MINOR 2					
NEGLECTIBLE 1					

These 29 risks were in the following impact domains:

Domain	No of Risks as at March 2019
Safety – Patients, Staff or Public	7
Quality/Complaints/Audit	6
Service/Business interruption/disruption	6
Statutory duty/inspections	4
Finance inc. claims	2
Business objectives/projects	4

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 HB has a clear pathway for ensuring that all identified risks are monitored through Board & Committee Structure, with an overview demonstrated in the figure overleaf:



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 test 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:



Working with Partners/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 HB 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 HB and those who provide services on its behalf.

As the HB 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 involve risks. Given that the HB 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.

The Board approved its Partnership Governance Framework and Toolkit in September 2017. This set 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. The Partnership Governance Framework, based on a Toolkit approach, provides guidance and support to all those involved in partnership working in conjunction with key stakeholders, in adopting a consistent approach for the governance of partnerships, and in ensuring on-going consideration of each partnership's effectiveness. The Framework was reviewed in September 2018, which has resulted in the ongoing evaluation of the governance supporting the HB's strategic partnerships.

Where possible, all existing partnerships and collaborations of which the HB is aware, continue to be mapped to the HB's internal governance structure in terms of its assurance, operational and strategic arms, as 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 HB's existing governance arrangements.

It is recognised that effective risk management is essential for successful partnerships and the framework ensures that the HB's existing risk management arrangements will be used both when reviewing an existing partnership or when 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 HB's objectives and its reputation, feeding the partnership risk registers and inclusion on the HB's risk register as appropriate.

Building upon the value of the Partnership Governance Framework, significant progress has been made in the development of an International Partnership Framework. This will maximise the development of robust governance regarding current and future international health partnerships, and the subsequent engagement in initiatives, demonstrating the HB's commitment to the Charter for International Health Partnerships in Wales, and enhancing opportunities and benefits for staff, the wider population and wider organisations, as well as for our international partners and their beneficiaries.

The Wellbeing Plans of the Public Services Boards (PSBs) 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 wellbeing not just on the absence of disease or the treatment of illness; the PSB Wellbeing Plans will help to re-orientate the focus on the wider determinants of health. Each PSB has established a governance structure to drive forward the delivery of the PSB Wellbeing Plans and a number of new sub-groups established in order to progress this work.

As we move from strategic development of individual organisations towards delivery of a shared model, aligning governance across statutory organisations requires strengthening in order to ensure appropriate accountability and facilitated joint decision making. The Board, at its meeting in

March 2019, approved a number of recommendations which strengthens the West Wales Regional Partnership Board (RPB) governance arrangements.

Leading on from the Inspiring Research and Innovative Practice Conference in 2017, The West Wales Academic Health Collaborative (WWAHC) along with UPB, has continued its work to identify creative solutions and development opportunities to drive research, education and innovation in health improvement. Following appointment of a new WWAHC coordinator, 3 follow-up workshops on 'Getting into Research' have been run through 2018 at both University and HB Sites, attended by representatives from all 4 partners. They have provided a platform for collaboration and to share activities. Additionally, funding was secured in 2018 for 50 HB staff and those University Researchers engaged with the WWAHC to undertake the BMJ Research to Publication Course. This course provides education in research and evaluation skills and supports continued professional development.

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 HB 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 HB 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 HB 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 HB has a well-established Major Incident Plan which 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 WG'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 HB is classified as a Category One responder to emergencies. This means that in partnership with the Local Authorities, Emergency Services, Natural Resources Wales and other NHS Bodies, including Public Health Wales, we are the first line of response in any emergency affecting our population. In order to prepare for such events, local risks are assessed and used to inform emergency planning.

We currently have 10 Executive/Senior Level Staff who have completed Exercise Wales Gold Command Training and/or Tactical Command Training together with 59 Hospital Managers/Senior Nurses who have completed Silver Level Major Incident Training for Health.

The HB 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 2018/2019, key achievements include:

- Annual major review of our Major Incident response arrangements, referencing the Mass Casualty Incident Arrangements for NHS Wales;
- Ongoing progress on Business Continuity development and review across the HB, including significant planning for the consequences of Brexit;
- Planning for, and delivering, as part of an All Wales NHS Training Group
- Health Prepared Wales 2018 - Symposium exploring health resilience at mass gatherings – considering whether we are prepared for the unexpected;
- Further development and facilitation of trained Medical Emergency Response Incident Team capability. The HB currently has 40 trained MERIT Nurses with another 12 scheduled to participate this year.

Brexit

Maintaining high-quality and safe services is our top priority in preparing for Brexit. We are working with the UK and WG, as well as through the LRFs and with other health and social care organisations across Wales to ensure services are protected, as much as possible, from any disruption. Our business continuity plans have been reviewed in light of our forthcoming exit from the EU and we have a HB Brexit Steering Group to manage and respond to the situation. Areas of work include medicines management, procurement and workforce, amongst others. I am very grateful to our workforce for their vigilance and commitment in preparing our organisation.

We have a tremendously talented and dedicated workforce, many of whom are from the EU and are personally affected by Brexit, as well as other international and home-grown NHS staff. The HB is committed to supporting these staff to remain working for us, and this is a key priority in our preparation for Brexit. We have a closed Facebook group for our EU staff where they can receive updates and find peer support. We also have a website for staff and the public where they can obtain local information and signposting to national updates such as the WG Preparing Wales website.

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. The implementation of our Health and Care Strategy 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 however 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, the Integrated Performance Assurance Report (IPAR), 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 has also been developed to support the QSEAC, which includes data for healthcare acquired infections, concerns, incidents, delayed follow-ups, hand hygiene and patient satisfaction.

Following its introduction towards the end of the previous financial year, we now have a formalised programme for the patient safety walkabouts, which are being well evaluated by both staff and the Executive/Independent members. The purpose of these is 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 for leaders to stay 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.

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 e-governance manual), the HB 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.

During March 2019, we launched the HB’s first Quality Improvement Strategic Framework. The Framework, approved by Board in July 2018, describes a new approach to creating a culture of continuous improvement. The launch started the process to deliver the first collaborative training programme to take forward quality improvement projects across the HB, linked to our quality goals and strategic objectives.

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, towards the end of the year we again undertook a Health and Care Standards Fundamentals of Care Audit in a selection of areas across the HB 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. A report is to be taken to a forthcoming meeting of the Board which will focus on the development work which 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 will provide assurance to the Board that the care delivered within the HB 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. The HB recognises that further work needs to be undertaken in strengthening our approach to patient experience and developing a patient charter. These will be priority areas for 2019/2020.

As referred to above, the report on the results of the Health & Care Standards Fundamentals of Care Annual Audit exercise will be based on the themes and standards integral to the Standards. The HB 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 WG guidance that the focus should be on the embedding of the standards

throughout the work of the HB 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.

At the HB, 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 HB has undertaken an assessment of its compliance with the Code. During the year, the HB has strengthened its practices for conducting business in an open and transparent manner. The HB 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 HB, through its scrutiny and review processes, continues 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.

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 HB's self-assessment considered all the questions as set out in the WG's supporting guidance in relation to the standard criteria and the entire assessment can be found within the May 2019 Extraordinary Public 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 HB'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 HB, 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 HB 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 2018/2019 this has been further enhanced by our work towards meeting the duties of the Social Services and Wellbeing (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015. In particular, we have completed a self-assessment in relation to the Wellbeing of Future Generations Act, which has assisted us to identify both good practice and where further work may be needed to progress towards each goal and demonstrate the five ways of working. We have also contributed to the Future Generations Commissioner's Journey Checker project which seeks to highlight examples of good and best practice that can be implemented more broadly throughout Wales.

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. We use an Integrated Impact Assessment Tool in conjunction with our Equality Impact Assessment Tool, enabling equality considerations to be embedded into the core mechanisms of the HB. Integrated Impact Assessment (IIA) (including equality considerations) forms part of the gateway process for service design, strategies, plans and policies. The IIA has been further developed to support the new 'check and challenge' process approved by the Board in March 2019.

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 HB 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. We have also refreshed the existing Equality and Diversity Induction session. Now entitled, "Person Centred Care", it brings together information on key legislation including the Wellbeing of Future Generations (Wales) Act 2015 and the Equality Act 2010, identifying the links across all protected characteristics and considerations in relation to the needs of particular vulnerable groups, e.g. carers', refugees and asylum seekers, veterans and homeless people. This approach supports staff prior to their completion of the mandatory e-learning module. In addition, we have responded to requests for bespoke training to meet the needs identified by individual departments or teams. This has included bespoke training on "trans awareness" and "unconscious bias".

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 which have been reviewed and updated during the year. Progress on the HB's stated Equality Objectives is reported to and scrutinised by a number of sub-committees and committees prior to presentation at Board and subsequent publication in our Annual Equality Report.

These groups/committees constitute wide representation across all functions, facilitating action directly targeted at improving staff and patient experience. The HB has completed its second year of its refreshed Strategic Equality Plan and Objectives 2016/2020 and the Strategic Equality Plan Annual Report (reporting on the year April 2017 – March 2018) was presented to Board prior to

publication in December 2018. This year, we aim to publish our 2018/2019 Strategic Equality Plan Annual Report at the same time as our 2018/2019 HB Annual Report in order to provide a more contemporaneous overview of our progress towards meeting our Equality Objectives.

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 HB 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 On-Line) 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, the HB has included on the organisation's risk register a risk which captures the scale of action needed to meet reduction targets. The development of feasibilities and delivery of smaller scale efficiencies has continued within this context. Best practice initiatives, such as the energy efficiency improvements to the new Minaeron Health and Wellbeing Centre are nearing completion which achieves BREEAM requirements around energy and carbon performance. The HB's Health and Care Strategy and future plans for estate and service delivery which are now underway provide an excellent opportunity to align and deliver significant carbon benefits and reductions. To support this aim, the HB will work closely with the WG's Energy Service to develop an energy and carbon strategy to signpost the opportunities moving forward with the new service strategy.

Integrated Medium Term Plans (IMTP)

The NHS Finance (Wales) Act 2014 requires each HB to prepare a plan which sets out the Board's strategy for complying with the three year financial duty to breakeven. The HB 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 Turnaround Programme. Therefore, the HB was unable to meet the requirement to submit a financially balanced three year IMTP for the period 2018/2021 to WG in accordance with the Act. Instead the HB submitted an Annual Plan for 2018/2019 concentrating on Finance, Performance and Turnaround; whilst also meeting the requirements of the NHS Planning Framework 2019/2022 (WHC/2018/040). To this end a formal accountability letter was submitted to WG supporting this position.

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 WG, noting that the Plan was not financially balanced and therefore could not be formally approved by the Board. At its meeting on 29 March 2018 the Board considered the Financial Plan for 2018/2019 and, 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 the Board meeting on 19 April 2018, at which the Board approved the savings element of the interim Financial Plan 2018/2019 as the basis for delivery in year.

The Annual Plan 2018/2019 set out our intentions for the year including a focus on financial improvement, progressing our Turnaround delivery, performance improvement and progressing the Transforming Clinical Services programme. This in turn was a precursor to the intention to develop a three year IMTP for the 2019/2022 three year planning period. The deliverables and actions for 2018/2019 were agreed with WG, as well as clear milestones for how critical planning components were to be developed or strengthened during the year.

In terms of Performance and Finances against the plan, in 2018/2019 we made substantial improvements in patient waiting times for planned care, such that by the end of the year we had no patients waiting over 36 weeks for treatment and no patients waiting over 8 weeks for access to diagnostics. Our deficit has reduced to £35.4million which is slightly better than the control total agreed at the start of the financial year. We recognise, however, that we still have much more to do to stabilise our services, and address in particular our workforce challenges, and thereby stabilise and improve our finances.

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 2018/2019 Annual Plan, focused on actions to improve the HB'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 detailing 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. The Planning Department also developed an Integrated Planning Assurance Report during 2018/2019 to help deliver the Plan for 2019/2020 and ensure the planning cycle is a stronger process.

The WHC for the Planning Framework also states that "WG 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 have continued to work closely with WG through targeted intervention meetings and quality and delivery and planning meetings. This has been further informed by the outcome of the Health and Care Strategy and the HB is aiming for an approvable IMTP in due course, subject to discussion with WG regarding the transitional plans and the zero-based review which show the journey we will need to take in the bridging years.

In developing the Plan for 2019/2020, the HB continued to be unable to meet compliance with the NHS Finance (Wales) Act 2014, and therefore an Annual Plan for 2019/2020 was submitted to WG. The Annual Plan submitted for 2019/2020 concentrates on Finance, Performance, Turnaround and alignment to the Health and Care Strategy, 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 WG supporting this understanding.

Ministerial Directions

A number of Ministerial Directions were issued during 2018/2019, this information being available by accessing the following links:

[Welsh Government | National Health Service non-statutory instruments 2018](#)

A schedule of the directions, outlining the actions required and the HB'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 HB was not impeded by any significant issues in implementing the actions required as has been the situation in previous years.

Information Governance

The HB 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 as the Senior Information Risk Owner

(SIRO). Information Asset Owners (IAOs) are in place for all service areas and information assets held by the HB and a programme of compiling a full asset register for the HB is underway and due to be completed by November 2019.

The HB has responsibilities in relation to Freedom of Information, Data Protection, Subject Access Requests and the appropriate processing and sharing of personal identifiable information. The HB is currently working towards compliance with the General Data Protection Regulations (GDPR) which came into force on 25 May 2018, together with the Data Protection Act 2018. This work continues to strengthen the arrangements in place to ensure that information is protected and managed in line with relevant legislation and the HB's duty of care to staff and patients. A recent audit on the HB's compliance with GDPR and the level of the effectiveness of the internal control systems to manage the risks associated with GDPR compliance was rated as providing the Board with substantial assurance that these controls are in place.

The HB 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 HB has had contact with the Information Commissioner's Office (the ICO) in relation to eight incidents during the year. The incidents fell into four broad categories:

- Breach of patient confidentiality/S.170 offence by an individual under the Data Protection Act 2018;
- Loss of information sent by post or information sent to another individual in error;
- Subject Access Request – not all information has been released;
- Health records accessed by unauthorised individual.

For seven of those cases closed by the ICO, the ICO have been satisfied with the preventative and follow up action taken by the HB and no fines or enforcement notices have been issued. One case still remains open and the HB is awaiting the response from ICO.

The National Intelligent Integrated Audit Solution (NIAS) which audits access to patient records has been fully implemented within the HB with an associated training programme for staff and procedures for managing any inappropriate access to records. Training sessions are scheduled regularly (2 sessions per month) and staff receive training from the Information Governance Team through the NIAS programme. In addition to the above training, global e-mail, group training sessions and Information Governance 'Drop In' sessions were in place. Posters, leaflets and staff briefings 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 HB has worked hard to increase the level of completed Information Governance mandatory training across the organisation which is 78.2% (as recorded in the Annual Report 2018/2019). The continuance of this work will form a key part of the Information Governance Team's work for 2019/2020.

The HB has refreshed its Information Governance Framework in light of the GDPR and its strengthened governance arrangements. The HB has undertaken a full review of its position against the Caldicott Principles into Practice Assessment with an updated action plan ready for 2019/2020 to target areas that require improvement.

The Information Governance Sub-Committee (IGSC) and its reporting groups provide oversight, advice and assurance to both the BPPAC and the Board with regard to Information Governance.

Data Quality and Information

The HB 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. The HB however does recognise there is further work required in this area following both internal and external audit reviews.

The HB has improved the quality of the data within a number of key clinical systems, and is continuing work to target other systems. The established group of information asset owners are key in the data quality assurance process, and we are therefore concentrating during 2019/2020 in further developing our network of Information Asset Owners. The role of the Information Asset Owners will be pivotal in improving the data quality within the HB.

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. The 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 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 HB 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.

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 2018/2019:

Reasonable assurance	 - + Yellow	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 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	Reasonable
Strategic planning, performance management and reporting	Reasonable
Financial governance and management	Reasonable
Clinical governance, quality and safety	Reasonable
Information governance and IT security	Reasonable
Operational service and functional management	Reasonable
Workforce management	Limited
Capital and estates management	Reasonable

Thus overall a reasonable assurance rating is given to the HB.

Internal Audit is aware of the plans and actions put in place by the HB in response to their recommendations, and will follow these up in the 2019/2020 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 HB is exposed with an annual plan based on this analysis. It should 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 79% of the Internal Audit reports achieved a rating of substantial or reasonable with 12% of the reports receiving a limited or no assurance rating, with 9% of reports where a rating was not applicable.

See table below:

Internal Audit Assurance Rating	2018/2019	
	No.	%
Substantial	8	23
Reasonable	19	56
Limited	4	12
No assurance	0	0
Rating Not Applicable	3	9
Total	34	100

*34 includes 3 draft reports to be finalised. .

Similarly for Capital and PFI it should be noted that 70% of the audit reports achieved a rating of substantial or reasonable assurance, with 10% of reports in receipt of a limited rating. A rating was not applicable for 20% of reports. See table below:

Capital and PFI Audit Assurance Rating	2018/2019	
	No.	%
Substantial	1	10
Reasonable	6	60
Limited	1	10
No Assurance	0	0
Rating Not Applicable	2	20
Total	10	100

During the year internal audit issued the following audit reports with a conclusion of limited assurance:

Subject	Issue	Action
Information Governance & Security Domain		
PC and laptop Security (Follow Up) February 2019	Whilst some aspects of the recommendations from the previous report that were attributable to ICT were addressed and a schedule of concerns has been passed to the Security Manager for the HB, work to	The following recommendations are outstanding: R1 – Should consider a wider

Subject	Issue	Action
	<p>address the recommendation has not been completed in full. This should have been identified in the original management response with additional responsible officers listed at the time. Site visits conducted as part of the Internal Audit follow up confirmed that the situation in relation to ICT related issues observed in three of the six sites visited in the original review remained unchanged. The new recommendations will enable the ADI to identify individuals with jurisdiction to implement the recommendation fully and draw on their expertise and services to coordinate and carry forward a programme of work to improve the security arrangements surrounding the HB's IT assets.</p>	<p>security awareness programme.</p> <p>R2, R3 & R4 – Work with leads at South Pembrokeshire Hospital, Bro Cerwyn and Amman Valley Hospital to coordinate the resolution of weaknesses identified in the security assessment, where necessary drawing on assistance from specialist departments such as Estates and Facilities.</p> <p>ARAC requested that the Management Response was reviewed and strengthened, and clear timescales were provided for outstanding recommendations which should be implemented by February 2020.</p>
Operational Service and Functional Management Domain		
<p>Records Management</p> <p>February 2019</p>	<ul style="list-style-type: none"> • The extant Corporate Records Management Strategy document does not reflect new legislative arrangements. • Lack of health records inventory in place by Service and Departmental Managers; • Current storage arrangements are impacting on the HB capacity-wise and financially. • Patient information continues to be held beyond the required retention period set by the WG, which increases the risk of storage breaching its capacity. • The <i>Access to Health Records Policy</i> does not reference the introduction of new legislation. 	<p>The following actions are outstanding:</p> <ul style="list-style-type: none"> • R1 – Update the Corporate Records Management Strategy • R2 - Information Asset Owners questionnaire to be circulated • R5 - Access to Health Records Policy to be reviewed and updated • R7- possibility of introducing joint IG/Health Records training sessions • R9 - ensure that the Health Records Committee regularly meet as per the frequency detailed in their terms of reference).

Subject	Issue	Action
	<ul style="list-style-type: none"> • Lack of appropriate arrangements for the storage of health records and patient information agreed between third party providers and the HB. • Lack of registers or logs noting the records and patient information currently in storage. • Some staffing groups continue not to have received training for the management of health records. • Policies and terms of reference do not reflect the requirements set out by the WG in the revised Health & Care Standards 2015. • The lack of regular Health Records Committee meetings, as per the terms of reference, could lead to a lack of scrutiny. 	<p>Whilst some timescales have slipped, recommendations should be delivered by September 2019.</p>
<p>National Standards for Cleaning Follow-Up</p> <p>April 2019</p>	<ul style="list-style-type: none"> • Cleaning and Estates issues, although being reported upon are not actually being resolved. • Standards of cleanliness will not be monitored and areas that fall short of the expected standards will be not be identified and corrected if Internal Technical Audits (Cleaning for Credits) are not undertaken. • C4C audits are not always uploaded to the PMS website on the same day as the checks are undertaken. • iPads are not always used to complete audits at WGH and they are never used at GGH during an area visit increasing the likelihood of a delay between carrying out the checks and getting the information 	<p>ARAC have requested the management response to be reviewed to ensure a robust plan is in place to address the findings in the report with this reported back to the next meeting.</p>

Subject	Issue	Action
	<p>onto C4C.</p> <ul style="list-style-type: none"> Audits at peripheral sites to ensure that standards of cleanliness are monitored and areas that fall short of the expected standards will be identified and corrected. 	
Capital and Estates Management		
<p>Water Management</p> <p>April 2019</p>	<ul style="list-style-type: none"> Staff may not be appropriately trained to identify potential hazards or issues. The HB's implemented policy and procedures may not sufficiently address legislative compliance requirements. Plans may not be appropriate to effectively manage an outbreak. Water Safety Plan in place, the document was out of date (last updated in 2015) and did not therefore reflect the latest guidance (published in 2016). A review should be undertaken of all outstanding high priority actions arising from NWSSP: SES audits, including assessment of the risk to the HB of these not being completed. The legionella risk may not be effectively prioritised and managed within Estates. Potential non-compliance with ACOP/WHTM 04-01. Staff may not be appropriately trained to identify potential hazards or issues, or to undertake testing/monitoring in accordance 	<p>All the recommendations have been agreed by management and are being implemented in accordance with the timescales agreed in the management action plan.</p> <p>A follow up has been included in the internal audit plan for 2019/2020.</p>

Subject	Issue	Action
	with the Water Safety Plan.	
Workforce management		
PADRs May 2019	<ul style="list-style-type: none"> Issued May 2019. 	Despite the improvement in PADR compliance, the limited rating was issued in respect of the quality of PADRs undertaken in the HB.
Internal Audit will undertake follow up reviews of all limited audits within 2019/2020. Implementation of recommendations is being monitored by the relevant Executive Performance Review or HB committee and tracked via the HB's audit tracking mechanisms.		

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 Committee, as the host authority for the service.

Wales Audit Office (WAO)

As the HB's appointed external auditor, WAO is responsible for scrutinising the HB's financial systems and processes, performance management, key risk areas and the Internal Audit function. The WAO undertake financial and performance audit work specific to the HB with all individual audit reviews being considered by the ARAC 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 HB, with best practice being shared.

During the year, WAO undertook its annual Structured Assessment review of the HB which examined the arrangements to support good governance and the efficient, effective and economical use of resources. In addition to reviewing the HB's financial management arrangements, the progress made in addressing key issues identified in previous year's structured assessment was also scrutinised, with the overall conclusions being as follows:

- Although the HB has generally good governance arrangements in place, the Board has recognised that quality and safety governance arrangements need to improve and that the current organisational structure needs to be revisited to support delivery of its new strategy;
- The HB is to be commended for its engagement and ambitious approach to longer-term strategic planning but needs to develop joined up and streamlined planning and delivery arrangements and ensure there is sufficient capacity to drive through the necessary change;
- Whilst the Board is strengthening arrangements for financial management and accountability, there remain significant financial challenges and it needs to address asset management risks and increase its focus on improving the efficiency of services. The management of workforce, is however, improving.

The work undertaken as part of Structured Assessment contributed towards the WAO Annual Audit Report 2018. The key findings and conclusions emanating from both the assessment and the report are summarised as follows:

- While there are generally good arrangements to support Board and Committee effectiveness, there are weaknesses in its quality and safety governance arrangements which the HB recognises and is addressing. The Board continues to be generally well-run with the quality of Board-level scrutiny and challenge good. There is a full complement of Independent Members with a comprehensive programme of development in place. Board agendas are well structured, with a clear focus on governance items, strategic issues and performance,

although more work is needed to get the right level of information within the papers. The Board's Committees generally work well although there is recognition that the QSEAC needs to further improve;

- There is a well-developed BAF in place which is being refreshed as new strategic objectives are developed. In refreshing its BAF, the HB has also developed a comprehensive Regulatory and Review Body Assurance Framework, and over time has increased the level of information included in the BAF, including the Board's risk appetite. A well-documented Corporate Risk Register is also in place, and the HB has been working to further embed its revised risk management framework;
- The review of primary care services, maternity services, district nursing, operating theatres and a range of information governance aspects, as well as regional partnership working has found some positive aspects of securing efficient, effective and economical use of resources, but challenges remain, and several previous recommendations are outstanding;
- The HB has made good progress in addressing recommendations from previous audit work but a number remain outstanding, some of which are reliant on national guidance and improvements in IT systems;
- An unqualified opinion was issued on the preparation and accuracy of the accounts for 2017/2018; however due to the HB not achieving financial balance for the three year period ending 31 March 2018, a qualified opinion was issued on the regularity of the financial transactions within the 2017/2018 accounts. This was accompanied with a substantive report highlighting the HB's failure to achieve financial balance and its failure to have an approved three year plan in place.

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 a number of the areas outlined above. A detailed management response was prepared in response to the recommendations made in the Structured Assessment report by WAO, with implementation of these being tracked through the ARAC. The management response can be viewed on the HB'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 HB.

All HIW reports, including the improvement plans, are presented to QSEAC, with an update on progress to date on the implementation of the recommendations within the reports. 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). Services are held to account on the implementation of the recommendations through the Executive Performance Reviews. The Committee is also informed of any immediate assurance letters received by the HB.

During the year, HIW had undertaken eight inspections across acute, mental health and community and primary care (managed practices) services within the HB, as well as a number of thematic reviews the details of which are shown in Appendix 4. The key messages emanating from the inspections were that, overall, patients reported they were happy with the care they received with it being evidenced that patients were treated with dignity and respect. The work also highlighted some issues requiring further action and where issues had been identified, the HB had

generally responded soundly with improvement plans being completed and submitted in a timely manner. It was also stated by HIW that generally, themes identified in the previous inspections were being addressed in follow up work and the HB had been open and responsive to any matters raised.

Audit & 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 HB 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 HB. The tracker is intended to ensure that:

- All external reports received by the HB are received and logged in a central repository;
- It details where reports have been formally received by the HB;
- 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;
- Services are held to account in executive performance reviews.

Throughout 2018/2019, escalation processes were developed for late and non-delivery of recommendations, with progress being monitored quarterly through the executive performance reviews, and which culminates in ARAC inviting lead Executives and Officers to explain reasons behind delays in implementation and the impact to patients.

A strategic log was also developed to ensure that where the HB does not currently have the resources to implement recommendations, these are logged and agreed by the Executive Team to take forward and implement through its strategic and capital plans.

WAO reported in the Structured Assessment 2018 that the HB has a robust process for tracking recommendations from all regulators, not just those identified by Internal and External Audit, and identified it as an area of good practice.

Performance Management Assurance Framework (PMAF)

The HB'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 HB developed and implemented its PMAF in 2018/2019 to enable the Executive Team to enhance its understanding, monitoring and assessment of the HB's quality and performance, enabling appropriate action to be taken when performance against set targets deteriorates. The PMAF also incorporates delivery against the service and directorate plans set out in the Annual Plan 2018/2019. The PMAF will be strengthened further in 2019/2020 following feedback from WAO SA18.

The performance dashboards are updated monthly, with new dashboards available for Mental Health & Learning Disabilities and Theatre cancellations. Also, the Stroke Dashboard has been updated to include a summary by hospital site for the new quality improvement measures. Following a request from the BPPAC, future reports will include the number of patients who are waiting to start an Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD) neurodevelopment assessment.

Work is underway to make the performance dashboards available via a business intelligence tool, to allow easier access across different devices, including iPads. The first dashboards to be migrated are Referral to Treatment Time (RTT) and Cancer.

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.

Legislative Assurance Framework (LAF)

The legal obligations of the HB are wide ranging and complex. In order to provide the Board with a level of assurance of compliance, the Legislative Assurance Framework has been reviewed focusing on those matters that present the highest risk in terms of likelihood and impact of non-compliance. A critical element of compliance is demonstrating the type and level of assurance that is relied upon. The type of assurance relates to the three lines of defence, where first line of assurance is provided by management systems, the second line is provided from oversight and the third line relates to independent and more objective assurance and focuses on the role of internal audit and other external auditors/regulators. The level of assurance follows the internal audit gradings of substantial, reasonable, limited or no assurance.

The framework has been further developed, and now captures:-

- Primary legislation requirement as set out in European law, UK Public Acts or WG measures;
- Relevant Statutory Instruments issued as Regulations and Orders;
- Licences issued by Regulatory Authorities as part of statutory arrangements;
- Summary of requirement;
- Regulatory/monitoring body, where applicable;
- Powers that can be enacted by the Inspectorate/regulatory body;
- Executive and Operational lead arrangements;
- Type of assurance (linked to three lines of defence model);
- Assurance level (this is determined by the appropriate operational lead) and Datix risk score, if there is limited or no assurance;
- Key controls in place to assist the HB in complying with the legislation;
- Date of last inspection and outcome (including actions, where identified);
- Link to Health and Care Standards in Wales;
- This framework does not extend to healthcare professional regulation and certification; neither does it extend to compliance with Alert Notices, which are subject to a separate process.

During 2018/2019, services from across the HB were asked to undertake a baseline assessment of the relevant key laws/legislation (not all legal requirements are included as such a development would require considerable resource) which come under their remit. Where an assurance rating of 'limited' or 'no assurance' has been given, these have been extracted and reported to the ARAC. Services have also undertaken a risk assessment for these areas (if not already in place) to ensure that the impacts are understood and the planned actions detail how risks of limited compliance will be managed/mitigated. Documenting and understanding the level of risk will help to inform HB's annual prioritisation process going forward. These will also be included in the performance management reviews undertaken with services. The LAF enables the HB to understand where there are areas of concern and provides a source of information which can be used to triangulate with other sources of information and assurance.

Review of economy, efficiency and effectiveness on the use of resources

It was recognised in the WAO structured assessment that the HB faces significant and on-going challenges in respect of the organisation's financial position, its ability to meet the requirements of an approvable Integrated Medium Term Plan and concerns around specific aspects of its performance, most notably in relation to unscheduled care and referral to treatment times. The

efficient, effective and economical use of resources largely depends on the arrangements the HB has for managing its workforce, its finances and other physical assets.

The structured assessment found that the HB is managing its workforce effectively, however vacancies continue to present challenges. It is recognised that the HB has generated several innovative initiatives to attract candidates or to develop its own workforce. The assessment highlighted that financial management and accountability had improved, but that the HB's financial position remains a significant and long-term challenge. During the year WG awarded the HB additional recurrent funding of £27million, to reflect the unique set of challenges it faces in relation to its demography and scale that contribute to the continuing financial position. The HB's year-end financial position is a deficit of £35.4million (2016/2017: £69.4million deficit) which is marginally ahead of that agreed with WG at the beginning of the financial year. The savings delivery in year was £26.6million which exceeds that delivered in 2016/2017 (£25.1million). During the year the Turnaround programme has strengthened the internal processes with fortnightly holding to account meetings with directorates, 60-day cycle meetings to identify new areas of efficiencies and a new escalation process with the Chief Executive for Directorates that are failing to deliver.

The structured assessment stressed that the HB's estate and physical assets are deteriorating and that these need to be risk assessed to prioritise actions for replacement. The HB has an Infrastructure Enabling plan which supports its current one-year operational plan. This sets out the estates requirements needed in the short-term and how these will be funded.

In order for the HB to achieve its statutory breakeven duty going forward the pace of change needs to accelerate and it needs to demonstrate a clearer trajectory of improvement and financial sustainability as part of the implementation of the health and care strategy.

Targeted Intervention (TI)

The HB's status remains at TI which is the third level in the NHS Wales Escalation and Intervention Framework. This means the WG and external review bodies continue to review whether to take and co-ordinate action in liaison with the HB to strengthen its capability and capacity in order to drive improvement. When originally escalated to TI, we acknowledged the change as one intended to support us and as an opportunity to accelerate our improvement trajectory. This is still our view and since that time we have welcomed the support that we have been receiving.

The progress we have continued to make over the last year has been acknowledged, particularly in respect of the continuous engagement with our population in the development of our Health and Care strategy, the continued improved performance with the significant achievement of no patients waiting over 36 weeks for treatment, no patient waiting over 36 weeks for treatment and no one waiting over 8 weeks for access to diagnostics and, for the first time in a number of years, reducing the financial deficit of the organisation. The growing effectiveness of the Executive Team and their contribution to progress was also recognised. Whilst the escalation level remains unchanged, some concerns and issues were raised at the last review and these are being addressed by the HB.

The Turnaround programme which we introduced last year provides a robust process for the delivery of savings schemes. The total value of savings achieved was £26million which was our highest performance in a number of years and was also in the higher end of delivery across NHS Wales. Work to further improve our position continues to progress. Under the management of the Turnaround Director the team continues to work with Directorates on a range of areas. The new Performance Management Framework which was introduced during the year, integrates the Turnaround accountability process into it and has generally strengthened the rounded

performance management approach by the Executive Team towards the Directorates, this will be developed further in the new financial year.

In response to the findings of the zero based review of the HB healthcare services, the Minister for Health and Social Services approved the release of £27million additional recurrent funding. This was to reflect that the review confirmed the view of the HB that we face a unique set of healthcare challenges that have contributed to the consistent deficits incurred since the inception of the HB and also carried forward from its predecessor organisations. The review findings were that two factors, demographics and scale, generated excess costs that were unavoidable to the Board, however that the other two factors, remoteness and efficiency, did not generate excess costs for the organisation. The intention of the additional recurring funding is to place the HB 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 WG 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. The Board therefore supports and is grateful to WG for the commissioning of external support to work alongside the organisation to help reduce the deficit and reach a balanced plan position.

Members of the Executive Team and I continue to meet with the Chief Executive NHS Wales and members of his Senior Team in WG, on a monthly basis. These meetings continue to review progress against the issues raised regarding our TI escalation level with the most recent meeting taking place in April 2019. The Board, in recognising the significance of this level of escalation and its implications, is continuing to work with WG colleagues to address the long standing challenges we have been facing and see the escalation process as a helpful support mechanism to make progress. As in previous years, our financial position has constantly dominated the conversation at the TI meetings over the last year, with workforce issues also being a cause for concern. All agreed actions are subject to tracking for monitoring purposes and we will be working hard this year to reduce our escalation status.

Conclusion

This has been a momentous year for the HB which has seen the Board approve its first ever Health and Care Strategy and its enabling strategies for health and wellbeing and continuous engagement, which describes the long term vision for the population health outcomes for current and future generations and the HB's 10 year Health and Care Strategy. This year has also been about hard choices and continuing on the journey to build sustainable services; the authority and accountability for delivery has been with the Directorates and Triumvirate teams, with the Executive Team driving delivery and holding to account.

As detailed above during 2018/2019 we have made substantial improvements in patient waiting times for planned care, such that by the end of the year we had no patients waiting over 36 weeks for treatment and no one waiting over 8 weeks for access to diagnostics. Our deficit has reduced for the first time in a number of years to £35.4million, although we recognise that we still have much more to do to stabilise our services, and address in particular our workforce challenges and thereby, stabilise and improve our finances. Our Integrated Performance Assurance Report evidences how we track our performance across a range of quality and waiting times targets and our financial performance. However, we recognise we need to significantly improve upon waiting times performance, in particular relating to follow ups, and improve our financial performance even further.

Whilst there have been improvements in our performance this year we must also acknowledge the challenges we have faced and continue to face, particularly in relation to operational challenges both in provided and commissioned services, staffing levels, recruitment and with our estate.

There have been occasions when the services we have provided have not been of the standard or quality we would aspire to achieve.

The winter period is without doubt one of the most challenging periods for the NHS. During the year, we have worked very closely with our partners to ensure everything runs as smoothly as possible and to ensure everyone can access the right services when they need them. We want to acknowledge and say thank you to our dedicated staff and volunteers who have shown great commitment and gone above and beyond to rise to these challenges and continue to deliver compassionate and patient centred care.

In the 2019/2020 Annual Plan we will be looking to scope out how many of our services, through Quality and Pathway improvements, could work towards 26 week waits, and for access to therapy services below 14 weeks and for diagnostics waits to become even shorter, so moving the organisation even further forward in the delivery of our Mission Statement. The introduction of the single cancer pathway during 2019/2020 will make us strive for this, and will bring a step change in the improvement of cancer treatment. Delivery of our year end improvement has been acknowledged as a key milestone and momentum needs to continue for 2019/2020.

We acknowledge that because of the significant financial challenges within our current clinical model, we cannot pay as much attention to the prevention agenda as we should. However, in our planning for 2019/2020 we have signalled a step change in the way in which we do business and to that end we have approved our Health and Wellbeing Framework - Our Future Generations: Living Well. This builds upon and supplements our Health and Care Strategy and is designed to help us focus on our long-term ambitions to deliver better health and wellbeing for all. The implementation of the framework will be fundamental to the success of the strategy, as it signals the shift in mind-set and culture needed in order to put prevention and early intervention at the heart of everything we do, to secure a sustainable future and better health and wellbeing for all. This framework will help drive and align our short and medium term planning to deliver our vision for the future. It is equally important for all of our services to get involved in the first step, 'help me to choose and age well', and our 2019/2020 Annual Plan describes the key actions we need to take to do this.

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 2019/2020 to continue in driving down the deficit year on year. This is consistent with messaging from WG in both the TI and Annual Plan feedback meetings. We continue to meet regularly with WG colleagues to review progress against the issues which raised our escalation level to TI.

It is with some regret that the Board has had to approve a deficit budget for the coming financial year, a decision which was not taken lightly. The level of deficit which has been approved by the Board at its meeting on 29th March 2019 is that of £29.8million for the year, reducing from the final 2018/2019 out-turn deficit of £35.4million. However, in light of the control total for 2019/2020 recently having been confirmed as £25million, and accepting the deficit position is a disappointment, a further, more detailed discussion of the challenges and efficiencies needed was held in a subsequent discussion at the In Committee Board on 11 April 2019 and is planned for our Board meeting scheduled to be held in public on 30 May 2019.

Despite our forecast deficit 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 on 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 detailed above the approval of our Health and Care Strategy at the November 2018 Board meeting was a significant strategic milestone in respect of local services and the exemplary way in which this process was taken forward has been recognised by WG. In moving forward with the delivery of the strategy, we are confident as a Board, that we can manage both the delivery of our existing commitments as well as taking forward our future plans.

The behaviour and culture of the Board are key determinants of the Board's performance. 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. The Board is focussed on its statutory duties, quality of services, corporate and service risks and organisational needs, while acting responsibly towards its stakeholders, employees, partners and society as a whole. The Board is also simultaneously driving the organisation forward while keeping it under prudent control and is knowledgeable about local issues whilst also aware of wider influences.

In moving forward, achieving a sustainable funding model for the delivery of health care at the HB will not be a quick task to complete and discussions with WG to find the right approach will continue. It is for this reason that the Board supports the WG approach of commissioning external support to work alongside the organisation towards achieving a balanced plan position.

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 2018/2019. 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
Chief Executive:

Date: 29th May 2019

Appendix 1 – Board and Committee Membership & Champion Roles

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP/ATTENDANCE	ATTENDANCE AT MEETINGS	CHAMPION ROLES
Bernardine Rees	Chair		<ul style="list-style-type: none"> • Board (Chair) • Remuneration & Terms of Service Committee (Chair) • University Partnership Board 	8/8 2/3 1/4	<ul style="list-style-type: none"> • Unscheduled Care
Judith Hardisty	Vice Chair	Mental Health Primary Care & Community Services	<ul style="list-style-type: none"> • Board (Vice Chair) • Audit & Risk Assurance Committee • Business Planning & Performance Assurance Committee (Vice Chair) • Finance Committee • Mental Health Legislation Assurance Committee • Quality, Safety & Experience Assurance Committee • Primary Care Applications Committee 	8/8 7/8 6/6 4/6 2/3 4/6 6/6	<ul style="list-style-type: none"> • Carers
Judith Hardisty	Interim Chair		<ul style="list-style-type: none"> • Board (Chair) 	1/1	<ul style="list-style-type: none"> • Unscheduled Care
Julie James until April 2018	Independent Member	Third Sector	<ul style="list-style-type: none"> • Board • Business Planning & Performance Assurance Committee • Quality, Safety & Experience Assurance Committee • (Vice-Chair) Audit & Risk Assurance Committee • (Vice-Chair) Primary Care Applications Committee 	0/1 0/1 0/1 0/1 1/1	<ul style="list-style-type: none"> • NHS (Concerns; Complaints and Redress Arrangements (Wales))
Anna Lewis	Independent Member	Community	<ul style="list-style-type: none"> • Board • Charitable Funds Committee • Quality, Safety & Experience Assurance Committee • Primary Care Applications Committee 	8/9 2/4 5/5 4/5	<ul style="list-style-type: none"> • Public and Patient involvement
Professor John Gammon	Independent Member	University	<ul style="list-style-type: none"> • Board • Business Planning & Performance Assurance Committee • Quality, Safety & Experience Assurance Committee (Chair) • Remuneration & Terms 	8/9 4/6 6/6	

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP/ATTENDANCE	ATTENDANCE AT MEETINGS	CHAMPION ROLES
			of Service Committee • University Partnership Board (Chair)	3/3 4/4	
Owen Burt	Independent Member	Third Sector	• Board • Audit & Risk Assurance Committee • Business Planning & Performance Assurance Committee • Charitable Funds Committee • Primary Care Applications Committee	8/9 6/7 4/5 4/4 5/5	Design
David Powell	Independent Member	Information Technology	• Board • Audit & Risk Assurance Committee • Business Planning & Performance Assurance Committee (Chair) • Finance Committee • Primary Care Applications Committee (Vice-Chair) • Remuneration & Terms of Service Committee • Quality, Safety & Experience Assurance Committee	9/9 8/8 6/6 7/7 6/6 3/3 6/6	
Simon Hancock	Independent Member	Local Government	• Board • Audit & Risk Assurance Committee • Business Planning & Performance Assurance Committee • Charitable Funds Committee (Chair) • Mental Health Legislation Assurance Committee • University Partnership Board (Vice-Chair)	8/9 7/8 6/6 4/4 2/4 3/4	• Older People • Equalities & Diversity • Flu • Emergency Planning • Armed Forces & Veterans
Adam Morgan	Independent Member	Trade Union	• Board • Charitable Funds Committee • Quality, Safety & Experience Assurance Committee (Vice-Chair) • Mental Health Legislation Assurance Committee • University Partnership Board	7/9 2/4 5/6 3/4 3/4	
Delyth Raynsford	Independent Member	Community	• Board • Charitable Funds (Vice-Chair)	8/9 3/4	• Welsh Language • Cleaning,

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP/ATTENDANCE	ATTENDANCE AT MEETINGS	CHAMPION ROLES
			<ul style="list-style-type: none"> • Mental Health Legislation Assurance Committee (Vice-Chair) • Quality, Safety & Experience Assurance Committee • University Partnership Board 	3/4 6/6 3/4	Hygiene and Infection Management <ul style="list-style-type: none"> • Children, Young People & Maternity Services • Nutrition & Hydration • NHS Concerns complaints and redress arrangements
Mike Lewis	Independent Member	Finance	<ul style="list-style-type: none"> • Board • Audit & Risk Assurance Committee (Vice-Chair) • Business Planning & Performance Assurance Committee • Charitable Funds Committee • Finance Committee (Vice-Chair) • Mental Health Legislation Assurance Committee 	9/9 8/8 6/6 4/4 5/7 2/4	
Paul Newman	Independent Member	Community	<ul style="list-style-type: none"> • Board • Audit & Risk Assurance Committee (Chair) • Remuneration & Terms of Service Committee • Mental Health Legislation Assurance Committee 	7/9 7/8 3/3 3/4	
Steve Moore	Chief Executive Officer		<ul style="list-style-type: none"> • Board • Finance Committee • Remuneration & Terms of Service Committee 	9/9 6/7 3/3	<ul style="list-style-type: none"> • Time to Change Wales Mental Health
Joe Teape	Deputy Chief Executive Officer/ Director of Operations		<ul style="list-style-type: none"> • Board • Business Planning & Performance Assurance Committee • Finance Committee • Quality, Safety & Experience Assurance Committee • Mental Health Legislation Assurance Committee 	9/9 6/6 4/7 6/6 3/4	<ul style="list-style-type: none"> • Delayed Transfers of Care • Sustainable Development • Security • Fire Safety
Karen Miles	Executive Director of Planning, Performance & Commissioning		<ul style="list-style-type: none"> • Board • Business Planning & Performance Assurance Committee • Quality, Safety & 	9/9 6/6 6/6	

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP/ATTENDANCE	ATTENDANCE AT MEETINGS	CHAMPION ROLES
			<ul style="list-style-type: none"> Experience Assurance Committee • University Partnership Board 	2/4	
Stephen Forster (until September 2018)	Executive Director of Finance		<ul style="list-style-type: none"> • Board • Audit & Risk Assurance Committee • Business Planning & Performance Assurance Committee • Charitable Funds Committee • Quality, Safety & Experience Assurance Committee • Finance Committee 	4/4 5/5 3/3 1/1 0/3 1/2	
Huw Thomas	Interim Director of Finance until September 2018 & Executive Director of Finance		<ul style="list-style-type: none"> • Board • Audit & Risk Assurance Committee • Business Planning & Performance Assurance Committee • Charitable Funds Committee • Finance Committee • Quality, Safety & Experience Assurance Committee • University Partnership Board 	5/5 4/4 3/3 3/3 7/7 2/3 1/2	
Mandy Rayani	Executive Director of Nursing, Quality & Patient Experience		<ul style="list-style-type: none"> • Board • Business Planning & Performance Assurance Committee • Quality, Safety & Experience Assurance Committee • University Partnership Board 	9/9 5/6 6/6 3/4	<ul style="list-style-type: none"> • Violence & Aggression • Children's Act 2004 • Children Young People and maternity services
Jill Paterson	Director of Primary Care, Community and Long Term Care		<ul style="list-style-type: none"> • Board • Business Planning & Performance Assurance Committee • Quality, Safety & Experience Assurance Committee • Primary Care Applications Committee 	9/9 3/6 5/6 5/6	
Alison Shakeshaft	Executive Director of Therapies and Health Science		<ul style="list-style-type: none"> • Board • Business Planning & Performance Assurance Committee • Quality, Safety & Experience Assurance Committee 	9/9 5/5 6/6	

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP/ATTENDANCE	ATTENDANCE AT MEETINGS	CHAMPION ROLES
			<ul style="list-style-type: none"> University Partnership Board 	3/4	
Lisa Gostling	Executive Director of Workforce & Organisational Development		<ul style="list-style-type: none"> Board Business Planning & Performance Assurance Committee Finance Committee Quality, Safety & Experience Assurance Committee Remuneration & Terms of Service Committee University Partnership Board 	9/9 5/6 7/7 6/6 3/3 4/4	
Ros Jervis	Executive Director of Public Health		<ul style="list-style-type: none"> Board Business Planning & Performance Assurance Committee Quality, Safety & Experience Assurance Committee University Partnership Board 	9/9 3/6 6/6 1/4	<ul style="list-style-type: none"> Emergency Planning
Sarah Jennings	Director of Partnerships & Corporate Services		<ul style="list-style-type: none"> Board Business Planning & Performance Assurance Committee Charitable Funds Committee Quality, Safety & Experience Assurance Committee University Partnership Board 	7/9 3/6 4/4 3/6 4/4	<ul style="list-style-type: none"> Public Patient Involvement
Joanne Wilson	Board Secretary		<ul style="list-style-type: none"> Board Audit & Risk Assurance Committee Quality, Safety & Experience Assurance Committee Remuneration & Terms of Service Committee 	9/9 8/8 6/6 3/3	
Phil Kloer	Executive Medical Director & Director of Clinical Strategy		<ul style="list-style-type: none"> Board Business Planning & Performance Assurance Committee Quality, Safety & Experience Assurance Committee University Partnership Board 	9/9 5/6 5/6 4/4	<ul style="list-style-type: none"> Patient Information
Andrew Carruthers	Turnaround Director		<ul style="list-style-type: none"> Board Business Planning & Performance Assurance Committee 	9/9 3/6	

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP/ATTENDANCE	ATTENDANCE AT MEETINGS	CHAMPION ROLES
			• Finance Committee	6/7	
Libby Ryan-Davies	Transformation Director		• Board • University Partnership Board	5/9 1/4	
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.					

Appendix 2 – Summary of the work of Board Committees

2.1 Audit & Risk Assurance Committee (ARAC)

The ARAC continues to receive progress updates directly as and when requested, including any reports relating to clinical governance issues, having previously been referred for further consideration to the Quality, Safety & Experience Assurance Committee (QSEAC). In addition, each of the Board Committee Chairs and Lead Executives are requested to attend the ARAC on a cyclical basis, at least annually, to provide assurance that the Committee is fully discharging its duty and complying with the requirements of its Terms of Reference.

Acting on the outcomes of effectiveness reviews is as important as undertaking them and it is desirable that outcomes and associated actions are reported appropriately. Where reports received a less than reasonable assurance audit rating or where there are specific areas of concern, the appropriate Executive Directors were requested to attend Committee meetings. This process provided opportunities to discuss the reports more fully, and for the Committee to satisfy itself that the findings raised in the reports were being addressed and recommendations implemented to address control weaknesses or compliance issues.

All audit recommendations are tracked in one place with a detailed audit tracker being periodically considered by the ARAC. In its Annual Audit Report 2018 WAO recognised that the HB 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 HB, such as risks arising from external factors, e.g. legislative changes or risks arising from changes or initiatives within the organisation.

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 HB 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.

In line with Standing Orders, and in the interest of probity and transparency, the Committee received reports relating to all Single Tender Actions during the course of the year. Although some concern was expressed at the beginning of the year regarding the continuing trend of increasing volume and value of single tender actions being received by the Committee, the most recent internal audit report indicates a reduction in both volume and value.

In accordance with the ARAC Handbook, the Committee reviewed the adequacy of arrangements for declaring, registering and handling gifts, hospitality and sponsorship currently enacted by the Board.

The HB must effectively seek to promote the counter fraud agenda and ensure that the appropriate action is taken when an allegation of fraud is received. The role of the ARAC is to ensure the promotion and implementation of the policy and compliance is monitored by the Committee through the reports of counter fraud activity received and the Annual Counter Fraud Work Plan. The Committee received the 2018/2019 Annual Work Plan of the Local Counter Fraud Officer, ensuring that it had an appropriate level of coverage and received regular reports to monitor progress against the plan. These reports provided an overview of current cases, details of concluded fraud investigations, policy and procedure reviews, actions being taken to deter and prevent fraud and to

raise fraud awareness throughout the HB. The Counter Fraud Service is taking various approaches to achieve this, including the use of tools such as the new Twitter account.

Regular Financial Assurance Reports have been presented to the ARAC. This is consistent with the Committee's role of maintaining an appropriate financial focus by demonstrating robust financial reporting and that the maintenance of sound systems of financial control are enacted. The HB'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 HB faces. The Committee has closely monitored the enhanced escalation status of the HB during the year with the Joint Escalation & Intervention Arrangements being a standing agenda item for its meetings.

Reports from the following Committees were received which provided assurances that the respective Committee's Terms of Reference, as set by the Board, are being adequately discharged:

- University Partnership Board;
- Primary Care Applications Committee;
- Business Planning & Performance Assurance Committee (BPPAC);
- Quality, Safety & Experience Assurance Committee (QSEAC);
- Mental Health Legislation Assurance Committee (MHLAC);
- Finance Committee;
- Charitable Funds Committee.

Whilst it is recognised that Committees are discharging their Terms of Reference adequately, there are still improvements to be made to strengthen the assurance and risk focus of the Sub-Committees. It was highlighted in particular that the QSEAC has been on a development journey with this work continuing.

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 the ARAC, the QSEAC and the BPPAC should be considered as part of the review of their respective Terms of Reference, and the arrangement whereby the Lead Directors for both the QSEAC and the BPPAC are invited to attend the 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.

Given the above outline of the work of the ARAC, the following specific comments/ observations, in addition to those deemed as requiring Board Level Consideration or Approval, were noted during the year:

- Continued concerns regarding Clinical Audit and governance regarding non-participation, with it noted that this is an area where decisions would be raised to Board level;
- Revisions made to the Internal Audit Charter, including new escalation protocols, timescales, processes and rules;
- The revised Audit Tracker holding to account arrangements;

- Concern regarding and the risks to, the financial position and delivery of the planned deficit position;
- Concerns regarding the potential resource impacts (both financial and staff) on Hywel Dda's Public Health Wales Resources arising from the WAO report on Collaborative Arrangements for Managing Local Public Health Resources;
- The continuing concerns regarding the Physical Verification of Fixed Assets & PII Internal Audit report;
- Monitoring of the Joint Escalation & Intervention Arrangements;
- Disquiet regarding delays in payments to suppliers, particularly in the case of smaller companies where this can result in significant impact;
- The need for the HB to strengthen its governance and reporting regarding Maternity Services due to the inherent risks and potential cost, both in human terms and clinical negligence claims;
- Risks in dealing with private sector companies for capital projects.

2.2 Business Planning & Performance Assurance Committee (BPPAC)

In keeping with its purpose as outlined in its Terms of Reference, the BPPAC has provided support to the Board on the following:

- The development of delivery plans within the scope of the Committee, their alignment to the IMTP, their delivery, and any corrective action needed when plans are off track;
- Monitor the development and delivery of the enabling strategies within the scope of the Committee, aligned to organisation objectives and the Integrated Medium Term Plan for sign off by the Board;
- Quality assure and approve all delivery plans required by WG, ensuring alignment with the HB's strategy and priorities;
- Assure that best practice and national guidelines are adopted in service development plans and pathways;
- Ensure significant service change proposals approved by the Board pass through a gateway process before being approved by the Committee for implementation;
- Develop and regularly review the performance management framework and reporting template, ensuring it includes meaningful, appropriate and integrated performance measures, timely performance data and clear commentary relating to the totality of the services for which the Board is responsible, including workforce performance matters;
- Scrutinise the performance reports prepared for submission to the Board, provide exception reports where performance is off track, and undertake deep dives into areas of performance as directed by the Board;
- Scrutinise the performance reports for submission to the Board and related to external providers, the Welsh Health Specialised Services Committee, Emergency Ambulance Services Committee, the NHS Wales Shared Services Partnership, and the Joint Regional Planning & Delivery Committee, and hosted services (including the Low Vision Service Wales), provide exception reports where performance is off track, and undertake deep dives into areas of performance as directed by the Board;
- Ensure robust interface protocols are in place with regard to the NHS Wales Shared Service Partnership and test their efficacy on a planned programme of review;
- Monitor performance and controls with regard to Primary Care contracts;
- Approve the criteria for usage of Prescribing Management Savings and sign off individual applications;
- Provide advice and assurance to the HB in relation to the effectiveness of local partnership governance arrangements;

- Provide assurance to the Board that arrangements for Capital, Estates and IM&T are robust and consider proposals from the Capital, Estates and IM&T Sub Committee on the allocation of capital and agree recommendations to the Board;
- Agree usage of in-year monies from WG, ensuring alignment with the HB's strategy and priorities and sign off business cases;
- Provide assurance to the Board that arrangements for information governance are robust;
- Provide assurance to the Board in relation to the organisation's arrangements for health, safety, security, fire and emergency preparedness, resilience and response, including business continuity;
- Refer business and planning matters which impact on quality and safety to the Quality, Safety Experience & Assurance Committee, and vice versa;
- Receive advice from the Medicines Management Group and agree on the managed entry of new drugs, taking into account the resource and service implications;
- Approve corporate policies and plans within the scope of the Committee;
- Review and approve the annual work plans for the Sub-Committees which have delegated responsibility from the BPPAC and oversee delivery;

Specific comment made during the year by the Committee included the following:

- The scale of the issues involved in relation to the diminishing and sub-standard accommodation facilities in place across the HB;
- Pressure points within unscheduled care which are having an effect on access, quality and patient experience;
- Monitoring of Welsh Health Circulars (WHCs) - Recognising the implications for quality and safety of non-compliance with a number of these circulars, the Committee requested assurance that these were being addressed and directed that firmer updates on progress were required for monitoring by BPPAC in future. The need to ensure the quality & safety implications that derive from these are programmed into QSEAC's agenda was agreed;
- Mortality Exception Report - The Committee received the HB's mortality indicators and members were assured that following a significant review of the handling of the HB's mortality review arrangements, variations in the way in which reviews are undertaken were to be addressed and changed to the All Wales process;
- Concerns regarding the HB's deteriorating financial run rate to be mitigated through operational savings delivering at pace, with the recently established CEO Holding to Account meetings helping to build a rhythm and focus for this work;
- Concerns in regard to the delay in implementing WEDS and other national IT programmes, given the HB's reliance on these and the limited exercise it can individually control;
- Concerns regarding recruitment performance to be considered by the Workforce & OD Sub-Committee;
- Concerns regarding the varied performance with clinical coding across the organisation, with an acknowledgement that although funding for additional coders has been escalated, a resolution would not be forthcoming in the short term;
- Concerns regarding the HB's lack of an organisational wide policy for the storage of confidential waste, to be addressed through guidance issued to staff highlighting the importance of storing confidential waste, with an update on improvements to be presented to the Sub-Committee;
- Concerns that non-compliance against the NIS Directive project could result in a £17million fine, with an All Wales strategy required to address this, and cyber security risks going forward;
- Concerns regarding the number of objectives within the 2018/2019 Annual Plan making it difficult to monitor and provide assurance, with the suggestion that each Director look at their own particular area to reduce the number of objectives and agreed the most 'impactful' actions;

- Concerns that the £2.5million for pre-commitments in association with the 2019/2020 Discretionary Capital Programme (DCP) are significantly higher than that which has previously been considered by BPPAC which could impact on other requests;
- Concerns regarding the delay in implementing the HB's Lockdown Policy;
- Concerns regarding to the increased risk in the HB's ability to provide aseptic medicines due to having to outsource aseptic unit work given the two transgressions of water in the GGH Aseptic Unit during the past 2 months and information requested on the actions taken to manage the risks involved;
- Concerns regarding the roll out of MTED in BGH given that Executive Team had agreed the system is not a sufficient priority for the HB, and suspended further roll out.

2.3. Quality, Safety & Experience Assurance Committee (QSEAC)

In accordance with its Terms of Reference, specific comment was made by the Committee on the following:

- Patient quality and safety concerns due to the on-going challenges in regard to medical recruitment within mental health services, where medical resources will be re-directed to provide essential medical cover where necessary;
- As the Directorate is heavily reliant on locum cover, measures will be established to increase psychiatric training to reduce the impact of this on service provision for patients;
- Continuing concerns in regard to access for children and young people of Hywel Dda to the Sapphire Suite at the SARC in Swansea Bay HB. To ensure regional SARC provision for Hywel Dda patients, a service level agreement has been established with Cardiff & Vale Health Board;
- Concerns with regard to patient impact once the refurbishment works on the aseptic units commence;
- Given the Committee's concerns regarding the current dermatology pathway due to a lack of Consultant capacity, a report on dermatology and the mitigating actions to address these concerns will be presented;
- Given the concerns raised in regard to delayed follow up appointments, a further report to be presented to QSEAC in April 2019 to provide assurance that the current mitigations in place are having an effect;
- Vascular Service Clinical Progress Report and Action – Given the Committee's concerns regarding the impact on patient outcomes due to delays in vascular service provision, an update on recent outcome data will be presented to QSEAC in April 2019;
- Dementia Care Progress Report - Given that funding will be required to increase the workforce to improve patient access to Dementia services, a further report will be provided for the Board's assurance;
- Fragility of Mental Health Services - concerns regarding the 18 month delay on progression to a new Patient Administration System within Mental Health to be addressed by an interim plan put in place by the Assistant Director of Informatics to mitigate against the fragilities within the current system;
- Strategic Safeguarding Sub-Committee Exception Report - concerns regarding learning from safeguarding reviews which regularly identify poor record keeping, information sharing and communication to be addressed both in action plans and in staff training;
- Histopathology Staffing And Accommodation Issues – key service risks facing the Cellular Pathology (Histopathology) service and the potential consequences of these on the HB's patients and staff to be mitigated by consideration of the appointment of Advanced Nurse Practitioners to undertake some of the duties routinely undertaken by Consultant staff within this specialty which is currently a shortage profession, together with an exploration of regional solutions with Swansea Bay HB and the JRPDC.

Appendix 3 – Highest Scoring Strategic Risks on CRR/BAF

<i>Risk 626 Failure to realise all the efficiencies and opportunities from the Turnaround Programme</i>		
Current Risk Score: 20	Target Risk Score: 8	Tolerable Risk Level: 8
<p>This risk represented the possibility that the HB would fail to deliver the full £30.7million savings. The HB did deliver £30.7million savings by the agreed date of 31 March 2019. This was achieved through operational savings of £26.4million with the gap mitigated through a range of recovery savings actions to the value of £6million. A new risk to reflect the HB's new savings target for delivery in 2019/2020 is being drafted and will be considered by Executive Team for the CRR.</p>		

<i>Risk 627 Ability to implement the HB Digital Strategy within current resources to support the HB's long term strategy</i>		
Current Risk Score: 20	Target Risk Score: 6	Tolerable Risk Level: 6
<p>Suitable resources as outlined within the Digital Futures Programme will allow the programme to be delivered in line with the HB's Health and Care Strategy, and therefore realise the benefits.</p>		

<i>Risk 628 Fragility of therapy provision across acute and community services</i>		
Current Risk Score: 16	Target Risk Score: 16	Tolerable Risk Level: 8
<p>There are significant gaps in the therapy service provision across acute, community and primary settings from under-resourcing and vacancies due to recruitment/retention issues and national shortages. Across all therapy services, current demand does not always align to current capacity and whilst this is being mitigated by the controls in place, it is not sustainable and a long term solution needs to be developed and resourced.</p>		

<i>Risk 624 Ability to maintain and address backlog maintenance and develop infrastructure to support long term strategic objectives</i>		
Current Risk Score: 16	Target Risk Score: 16	Tolerable Risk Level: 6
<p>Although there are a number of controls in place, the risk score cannot be reduced significantly within the current capital allocation. The target risk score of 16 reflects the actions and processes planned and controls in place to help mitigate the risk.</p>		

Risk 629 Ability to deliver against Annual Plan targets against rising demand in unscheduled care

Current Risk Score: 16

Target Risk Score: 12

Tolerable Risk Level: 8

Whilst current performance shows an improving trend since December 2017 across Unscheduled Care for 4 hour waits in A&E and ambulance delays, the number of 12 hour waits in A&E continues to increase. In addition, the recent Delivery Unit report on complex discharge advised that although the HB is taking the right actions, they are not being consistently implemented across the system due to workforce and capacity pressures. It is unlikely that the current workforce and service models will support the HB to meet current standards and improve unscheduled care performance. The HB's current financial position makes it unrealistic to reduce the target risk score of 12 at this point in time.

Risk 625 Ability to recruit, retain and engage clinical staff to meet rising demand and deliver the long term clinical services strategy

Current Risk Score: 16

Target Risk Score: 8

Tolerable Risk Level: 8

The HB's current reliance on locum and agency staff use remains higher than it would wish it to be. The fill rates for agency and locum staff however remain good. Recognising the national shortages across a number of areas and our geographical area, it will take a number of years to know whether planned actions are successful in addressing the current recruitment issues. There is renewed focus on retaining staff already employed by the HB by reinforcing the values and behaviours framework and through targeted OD activities to reduce the need to recruit new staff.

Risk 632 Ability to fully implement WG Eye Care Measures (ECM)

Current Risk Score: 16

Target Risk Score: 8

Tolerable Risk Level: 6

The known number of current delays in ophthalmology follow-ups would indicate that the HB would not currently meet the new ECM standards. The HB is developing a 3 year eye care plan and has recently received £196,117 in capital funding to support infrastructure deficits which will help to enable the future implementation of a sustainable model of care.

Risk 686 Delivering the Transforming Mental Health Programme by 2023

Current Risk Score: 16

Target Risk Score: 8

Tolerable Risk Level: 6

The Mental Health and Learning Disabilities Directorate have completed a consultation in respect of a revised service model which should reduce the reliance on our inpatient services. Delivery of the TMH programme within the timescales agreed by Board is dependent on securing the required capital and programme support therefore the target score reflects the uncertainty associated with both these requirements.

Highest Scoring Operational Risks on CRR

<i>Risk 451 Cyber Security Breach</i>		
Current Risk Score: 20	Target Risk Score: 12	Tolerable Risk Level: 6
<p>There are daily threats to systems which are managed by NWIS and HB. Increased patching levels will help to reduce to impact of disruption from a cyber threat however this work is continuous and is dependent on obtaining the appropriate level of resources to undertake the patching anti-virus work at pace. The target risk score of 12 reflects the wider risk to other applications not Microsoft.</p>		
<i>Risk 245 Inadequate facilities to store patient records and investment in electronic solution for sustainable solution</i>		
Current Risk Score: 20	Target Risk Score: 4	Tolerable Risk Level: 6
<p>This risk needs significant resources and planning to identify, fund and implement a long term sustainable solution that will provide more effective patient care, more appropriate working conditions for staff and financial sustainability. Without this, the risk will not be reduced in the near or long term future.</p>		
<i>Risk 634 Overnight theatre provision in Bronglais General Hospital</i>		
Current Risk Score: 15	Target Risk Score: 5	Tolerable Risk Level: 6
<p>There is currently a resident Operating Department Practitioner 24/7 at Bronglais Hospital alongside a resident anaesthetic and obstetric team. The theatre scrub team currently works on an on-call basis from home, which must be within 20 minutes travelling distance from the site. There is the potential for outside factors to impede timely arrival on site which are outside the control of the team which is reflected in the likelihood score of 3. While there have been no breaches of the 30 minute target it remains a potential risk which could have significant consequences. The Bronglais unit is classified as a low risk midwifery centre, with mothers assessed as being at high risk of complications during labour requiring medical intervention, being managed though the Maternity Unit in Carmarthen.</p>		
<i>Risk 508 Insufficient resources in fire safety management to undertake appropriate PPMs, risk assessments and audits</i>		
Current Risk Score: 15	Target Risk Score: 5	Tolerable Risk Level: 6
<p>Significant progress has been made since the NWSSP IA Fire Precautions Report in May 2017 to improve fire safety. Additional resources have been now been approved and posts will be appointed to by March 2019. These posts will help to increase the pace of delivery of required improvements which will lead to an improvement in compliance and the level of fire safety in the HB.</p>		

Appendix 4 – HIW Activity

In respect of inspection activity in the HB's acute hospitals, an inspection was undertaken in Wards 1, 2 and 10 in Wylabush General Hospital which found that the service provided a respectful, dignified, safe and effective service; however improvements were required to further promote the safe and effective care of patients. Although there were 6 immediate concerns related to the checking of resuscitation equipment, fire escape route on Ward 10 and the use of their corridor as a thoroughfare and the daily checking of drug fridge temperatures, these have all now been addressed. There were further recommendations made within the report, all except two have been implemented or are on track to be implemented within agreed timescales.

A follow up inspection took place in the Trauma and Orthopaedic Service in Bronglais General Hospital which reported that the service strived to provide safe and effective care. However, HIW found some evidence that the HB was not fully compliant with all Health and Care Standards in all areas. The HB had implemented and sustained the majority of the improvements listed in the action plan drawn up following the last inspection. However, some areas remained in need of improvement. There were 15 recommendations from this inspection, all except 2 have been implemented to date. HIW also undertook an announced Ionising Radiation (Medical Exposure) Regulations inspection of Bronglais General Hospital. Overall, HIW found compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 however, an additional employer's procedure was needed in respect of a quality assurance programme for X-ray equipment. 9 recommendations were made, 4 of which have been implemented, with the remaining 5 on track for delivery.

In respect of inspection activity across the HB's mental health and learning disabilities, there was an unannounced inspection of Bryngofal Ward, Prince Philip Hospital, which found that the care provided was generally safe and effective, although there was evidence that the HB was not fully compliant with all Health and Care Standards in all areas. There was a requirement to provide HIW with immediate assurance in regard to the effectiveness of the alarm system as this seemed to be an area of concern in many of the mental health and learning disability services provided by the HB which could compromise the safety of patients, staff and visitors. Recommendations made in the final reports related to the auditing of Mental Health Act documentation and the requirement to review compliance with the legislative requirements of the Act. There were also concerns regarding the fragility of the service from a medical staffing perspective. All recommendations have been implemented by the service.

During 2018/2019, HIW undertook 2 announced inspections across general practices, Meddygfa'r Sarn and Meddygfa Minafon that are in the management of the HB. At Meddygfa'r Sarn, HIW found that the HB had made some progress against the improvements identified during the inspection in 2017, although it found others had not been addressed, and additional work was still required to ensure the Health and Care Standards were being met. HIW found that the management team within the practice were committed to making positive changes for the benefit of both staff and patients, and required the support, leadership and guidance from the HB to ensure that all recommendations are achieved. 6 out of the 13 recommendations have slipped beyond the original timescales. The inspection at Meddygfa Minafon found that the practice was unable to demonstrate that progress had been made against all previously identified improvements with many needing further action. A number of additional areas were also identified where the HB was not compliant with all the Health and Care Standards. 15 recommendations were made, with 12 already implemented and the remaining 3 on track for delivery within the agreed timescales.

During 2018/2019, HIW and Care Inspectorate Wales (CIW) undertook a joint thematic review focussing 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 HB

area. As part of this joint review, an announced inspection of the Community Mental Health Team in North Ceredigion took place, which found that the service provided safe and effective care to its service users, although there was some evidence that service was not fully compliant with all Health and Care Standards (2015) and the Social Services and Wellbeing (Wales) Act 2014. It was acknowledged by HIW that the service was in a period of change, with a new model in the process of being designed and implemented, and found that there was a clear focus from management and positivity from both management and staff to implement the changes for the benefit of service users. In addition, the quality of patient care and engagement with service user and their carers was found to be of a good standard and access to the service had improved very recently, meaning that service users were being seen in a timely manner. The quality of record keeping was of a good standard, however hindered on occasion by the use of two IT systems. There was a good multidisciplinary approach with regards to service users' assessments, care planning and reviews. Care plans were strength based and recovery focussed. The Child Mental Health Team (CMHT) and the Crisis Resolution Home Treatment Team (CRHTT) demonstrated positive working relationships for the benefit of their service users. Discharge arrangements were satisfactory, in general, and tailored to the wishes and needs of service users. Staff were found to be clear about their responsibilities in relation to safeguarding adults and children and were able to describe the reporting process. 5 out of the 17 recommendations have been implemented, with the remaining 12 on track with agreed timescales.

HIW also undertook 2 further thematic reviews in 2018/2019, 1 into patient discharges from hospital to general practice which resulted in 13 recommendations, 9 of which have been implemented with the remaining 4 on track for delivery within agreed timescales. The other review related to how healthcare services were meeting the needs of young people. The HB has not yet been asked to respond to the findings within this recently published report.

Appendix 5 Primary Care Governance

Primary and Community Quality, Safety and Experience Working Group

Any issues related to governance including performance dashboards, exception reports and risk registers are presented at this forum. Where the issues relate to information technology (IT) or delivery of the primary care elements of the Integrated Medium Term Plan (IMTP), these issues are discussed at the BPPAC, particularly 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 Concerns 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 GP's, 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 inform the decision regarding whether a formal Performance Concerns process is required in line with national guidance and/or WHC. The group monitors any ongoing conditions that a performer may be working to which have been imposed by the HB 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 HB 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.

Information Governance (IG) Toolkit

Due to the ongoing relaxation of Quality and Outcomes Framework (QOF) there is no formal requirement for Practices to continue to undertake the IG Toolkit; it is however recognised as good practice and Practices are advised to continue with its completion. Community pharmacy contractors must complete an on-line Clinical Governance Toolkit and an Information Security Management System Toolkit (ISMS) every year. NWIS update the HB with details of any outstanding toolkits and forward completed toolkits for responses to be reviewed. Non-response to any question or areas of concern are taken up with the individual contractor.

Community Pharmacy Contractual and Performance Monitoring

The Community Pharmacy Dashboard monitors activity and performance. The main monitoring for Community Pharmacy is via the on-line toolkits, submission of audits, and level of complaints. Pharmacies have to complete an annual on-line 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. Community pharmacy contractors have been subject to Post Payment Verification (PPV) visits since early 2016 for specific services. Reports of PPV visits are provided to the HB detailing any findings and recommendations. These are reviewed and any actions notified to the PPV team. These can include revisits, or recovery of monies.

National Enhanced Service Accreditation

In order to provide a pharmacy based National Enhanced Service, a Pharmacist (or Pharmacy Technician for some services) must complete the new National Enhanced Service Accreditation Process (NESA). An individual must complete 9 Generic Skills & Competency modules on-line.

These include; Improving Quality Together, Safeguarding Children & Young People L2, Protection of Vulnerable Adults, Patient Centred Consultation Skills, Information Governance and Making Every Contact Count. In addition a specific clinical knowledge assessment must be completed related to each enhanced service that the Pharmacist/Technician is seeking to provide e.g. Smoking Cessation, Emergency Contraception. The process is overseen by Health Education & Improvement Wales (HEIW).

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 HB. 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 HB has responsibility.

Further support is provided from the Dental Quality and Safety Group which integrates its work with the HB'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 HB's overarching policies and procedures.

All Primary Care Dental Practices are required to complete a self-assessment QAS questionnaire on an annual basis. The responses submitted are reviewed by the HB's Dental Practice Advisor (DPA) and reported back to the bi-monthly Dental Quality and Safety Group meetings. Recommended actions are then followed up and reported back into the Dental Quality and Safety meetings for sign off or escalation, to the HB's wider Clinical Governance structure.

Optometry Performance

Eye Health Examinations Wales (EHEW) and Low Vision Services Wales (LVSW) are monitored and reported at an All Wales level through the services' Joint Committees. HB reporting is through the HB's Eye Care Collaborative Group (ECCG) which feeds in to the All Wales Eye Care Steering Board. Optometry performance is shown as part of the monthly primary care performance report and is scrutinised in the Primary Care Management Group.

Post Payment Verification (PPV)

PPV is a process, contracted out to NWSSP Primary Care Services, which provides the HB with the assurance that practices are appropriately claiming for enhanced service activity. The PPV team will visit every GP practice on a 3 year rolling programme and audit a selection of the claims submitted in the past 3 years; any claiming errors found will result in a recovery from that practice following authorisation from the HB. 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 3 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 on-line claims is chosen and visits made to pharmacies to verify supporting documentation, including patient consent. A report of each visit is sent to the HB 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 3 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.



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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Directors' Report 2018/2019

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 2018/2019.
- 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
Judith Hardisty	16.01.2017	31.03.2020	Vice Chair
	01.03.2019		Interim Chair
Paul Newman	01.04.2017 (Independent Member)	31.03.2019	Independent Member
	06.03.2019 (Interim Vice Chair)		Interim Vice Chair
Adam Morgan	01.04.2016	31.03.2022	Independent Member
David Powell	01.12.2011	30.11.2019	Independent Member
Professor John Gammon	31.07.2014	31.07.2021	Independent Member
Cllr Simon Hancock	01.08.2013	30.09.2019	Independent Member
Delyth Raynsford	01.04.2017	31.03.2020	Independent Member
Mike Lewis	01.10.2017	30.09.2019	Independent Member
Anna Lewis	01.04.2018	31.03.2022	Independent Member
Owen Burt	01.05.2018	30.04.2021	Independent Member
Steve Moore	05.01.2015		Chief Executive
Joseph Teape	07.09.2015		Deputy Chief Executive/Director of Operations
Karen Miles	01/01/2017 (appointed to new role within the HB previously Director of Finance and Director of Finance and Planning)		Executive Director of Planning, Performance & Commissioning
Lisa Gostling	09.01.2015		Executive Director of Workforce & Organisational Development
Dr Philip Kloer	25.6.15 (previous roles within HB)		Executive Medical Director/Director of Clinical Strategy
Huw Thomas	01.09.2018	9.12.2018	Interim Director of Finance

Name	Date Appointed	Appointment Term	Position on Board/Board Champion
Huw Thomas	10.12.2018	9.12.2020	Executive Director of Finance
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	19.01.2018 (appointed to new role within the HB)		Director of Primary Care, Community and Long Term Care
Joanne Wilson	01.01.2018 (appointed to new role within the HB)		Board Secretary
Sarah Jennings	01.01.2018 (appointed to new role within the HB – previous roles Director of Governance, Communications and Engagement and Director of Partnerships)		Director of Partnerships and Corporate Services
Libby Ryan-Davies	12.09.2016		Transformation Director
Andrew Carruthers	26.06.2017	25.06.2020	Turnaround Director
Jonathan Griffiths	01.03.2018	31.03.2020	Associate Member
Hilary Jones	19.06.2017	01.09.2019	Associate Member
Kerry Donovan	01.09.2017	26.09.2019	Associate Member
Michael Hearty	01.06.2018	31.05.2020	Associate Member
Bernardine Rees	01.07.2014	28.02.2019	Chairman
Stephen Forster	09.05.2017	31.08.2018	Executive Director of Finance
Julie James	01.05.2010	30.04.2018	Independent Member

Name	Position on Board/Board Champion	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
Adam Morgan	Independent Member (TU)	No	No	No	No	No	No	No
Anna Lewis	Independent Member (Community)	No	Sole Trader – Management Consultancy & Executive Coaching Trading under ‘Together Better Collaborative Consultancy’, including coaching undertaken in Cwm Taf University Health Board and consultancy work undertaken in Betsi Cadwaladr University Health Board	No	Board Trustee Tempo Time Credits (also known as Spice Innovations Ltd)	Board Trustee & Interim Chair Tempo Time Credits (also known as Spice Innovations Ltd) Senior Consultant with IMROC Hosted by Nottinghamshire Healthcare NHS FT (Freelance) National Expert Advisor to Mental Health Safety Improvement Programme (RCPsych. England) as of 01.10.2018	Visiting Senior Lecturer at Swansea University (College of Human and Health Sciences)	No
Andrew Carruthers	Turnaround Director	No	No	No	No	No	No	No
Alison Shakeshaft	Director of Therapies & Health Science	No	No	No	No	No	No	No
Bernardine Rees	Chairman	No	No	No	No	No	No	Husband is Independent Member of Shalom House,

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								Pembrokeshire
David Powell	Independent Member	No		No	No	No	No	Sister works in Cardiology Department, PPH, Llanelli Son works as a General Manager in a London Hospital
Delyth Raynsford	Independent Member	No	No	No	No	No	No	No
Huw Thomas	Director of Finance	Trustee of Healthcare Financial Management Association until end December 2018 (no remuneration received for this, purely a voluntary role)	No	No	Chair, Welsh Branch of Healthcare Financial Management Association (voluntary and not remunerated)	Chair, Welsh Branch of Healthcare Financial Management Association (voluntary and not remunerated)	No	Partner works in the Social Services Department of Pembrokeshire County Council
Hilary Jones	Associate Member (Chair, Stakeholder Reference Group)	No	No	No	Chief Executive of Bro Myrddin Housing Association	Chief Executive of Bro Myrddin Housing Association	No	No
Jonathan Griffiths	Associate Member (Director of Social Services)	No	No	No	No	No	No	No
Joanne Wilson	Board Secretary	No	No	No	No	No	No	Husband is employed by the HB (IG Department)
Joseph Teape	Deputy Chief Executive/ Director of	No	No	No	No	No	Chartered Institute of Public Finance	No

Name	Position on Board/Board Champion	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
	Operations						Accountancy Healthcare Financial Management Association – Fellowship and thus free lifetime membership	
John Gammon (Professor)	Independent Member	No	No	No	No	No	No	No
Jill Paterson	Director of Primary Care, Community & Long Term Care	No	No	No	No	No	No	No
Judith Hardisty	Independent Member	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
Julie James	Independent Member	No	No	No	No	No	Health Assessor for the WG Health and Wellbeing at Work Corporate Standard Independent Member Audit Committee Local Democracy Boundary	

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							<p>Commission Wales</p> <p>Trustee of the National Botanic Garden of Wales</p> <p>Member of Court Swansea University</p> <p>Member of Pembrokeshire Coast National Park Authority (from 01.06.17)</p> <p>Member of Court University of Luton</p> <p>Non-Exec 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</p>	

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							County Council's Standards Committee (from 13.12.2017)	
Karen Miles	Director of Planning, Performance & Commissioning	No	No	No	No	No	No	<p>Brother is an Associate Professor, Swansea University Medical School and CEO, Moleculomics</p> <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>
Kerry Donovan	Associate Member (Chair of Healthcare Professionals Forum)	No	No	No	No	No	No	No
Libby Ryan-Davies	Transformation Director	No	No	No	No	No	No	Estranged sister, is a Clinical Neuro-Psychologist with a private practice. There is a potential for her company to obtain business with the HB

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Lisa Gostling	Director of Workforce & Organisational Development	No	No	No	No	No	No	No
Mandy Rayani	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 Board Member of the General Practitioners Defence Fund (GPDF)
Michael Hearty	Associate Member (Finance)	No	No	No	No	Finance Advisor – Betsi Cadwaladr University Health Board	HMRC – Non-Executive Director Blackpool Teaching Hospitals Foundation Trust – Non-Executive Director Public Health England – Non-Executive Director	No
Mike Lewis	Independent Member (Finance)	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,	Wife works for Cwm Taf University Health Board, but has no connection with Hywel Dda University Health Board Son is a Clinical Scientist at Velindre

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							City & County of Swansea Standards Committee Senior Assessor with the College of Policing (ends March 2019)	NHS Trust with effect from September 2018
Owen Burt	Independent Member (Third Sector)	No	Independent consultant working with Park Inn Associates, a housing and social policy consultancy	No	Chair of Trustees SYSHP (Swansea Young Single Homeless Project), and co-opted trustee, Llamau. They are currently in merger discussions	Chair of Trustees, SYSHP (Swansea Young Single Homeless Project) and co-opted trustee, Llamau	Independent voluntary member of the National Lottery Community Fund People and Places Committee (formerly known as the Big Lottery Fund)	Wife is Assistant Dean (Quality) Yr Athrofa, the Institute of Education and Humanities, University of Wales Trinity Saint David
Paul Newman	Independent Member/ Interim Vice-Chair	Bexmoor Ltd Penman Properties Ltd Copper Court Ltd Vivian Court (Swansea) Ltd Llys Felin Newydd Management Company Ltd Rivalsot Ltd	No	No	No	No	No	No

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		Maysouth Ltd Flowlong Ltd Lonpark Ltd Leapgold Ltd Magnettrade Ltd						
Philip Kloer	Medical Director/ Director of Clinical Strategy	No	No	No	No	No	Member of Council of St John, Carmarthen Honorary Professor, Swansea University, Medical School Member of the Faculty of Medical Leadership & Management (FMLM) Council (Welsh lead for FMLM)	No
Ros Jervis	Director of Public Health	No	No	No	No	No	No, however I have fellowship membership of the Faculty of Public Health	A sister-in-law is a Senior Staff Nurse in Intensive Care at Jersey General Hospital, Health and Social Services (not NHS) Another sister-in-law is a Non-Executive Director (NED) for Barnet Enfield and

Name	Position on Board/Board Champion	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
								Haringey Mental Health NHS Trust. She is also a NED for First Community Health and Care (a Community Interest Company) Another sister-in-law is a Senior Manager within Sandwell & West Birmingham Hospitals Trust, Birmingham
Sarah Jennings	Director of Partnerships and Corporate Services	No	No	No	Non Executive Trustee of Community Foundation in Wales – a grant giving charity	No	No	No
Simon Hancock	Independent Member (Local Authority)	No	No	No	Treasurer, Neyland Age Concern Curator/Manager of Haverfordwest Town Museum	Chair of the West Wales Care & Repair Agency Torch Theatre Board Member Member of Pembrokeshire MENCAP Member of Pembrokeshire Blind Society Chair of the Veterans	Vice Chair , Pembrokeshire County Council Magistrate, Pembrokeshire-Ceredigion Bench Member of the Court of Swansea University Member of Neyland Town Council Mayor of Neyland	Brother employed at Argyle Surgery, Pembroke Dock Sister in Law: GP in Newport (Retired) Niece: Nurse, Withybush Hospital

Name	Position on Board/Board Champion	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
						in Community Gallery Board		
Stephen Forster	Director of Finance	No	No	No	No	No	No	Wife works for Aberystwyth University as a Lecturer/Tutor
Steve Moore	Chief Executive	No	No	No	No	No	Honorary Professor, University of Wales, Trinity Saint David	No

Table 3

The membership of the Audit & Risk Assurance Committee (ARAC) during 2018/2019, providing the required expertise was as follows:

Mr Paul Newman	Independent Member – Community Vice-Chair (06.03.19)	Chair of the ARAC
Mr Mike Lewis	Independent Member – Finance	Vice-Chair of the ARAC
Mr David Powell	Independent Member – Information Technology	Member of the ARAC
Cllr Simon Hancock	Independent Member – Local Authority	Member of the ARAC
Mr Owen Burt	Independent Member – Third Sector	Member of the ARAC
Mrs Judith Hardisty	Independent Member - Vice Chair, HB	Member of the ARAC up until 28.02.19 (became Interim Chair)

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 66).

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 include 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;
- Make a positive contribution to the work of Public Services Boards in each of our 3 local authority areas to improve the economic, social, environmental and cultural wellbeing of local people. This has resulted in HB commitment to actions within each of our 3 PSB Wellbeing 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 HB undertakes activities that are not funded directly by the WG the HB receives income to cover its costs. Further detail of income received is published in the HB's Annual Accounts, within note 4 miscellaneous income.

The HB 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 HB are therefore not recognised as an expense nor as a contingent liability. Detailed below are the remote contingent liabilities as at 31 March 2019:

	2018-2019	2017-2018
	£000's	£000's
Guarantees	0	0
Indemnities*	536	266
Letters of Comfort	0	0
Total	536	266

* Indemnities include clinical negligence and personal injury claims against the HB.

Regularity of Expenditure

As a result of pressures on public spending, the HB 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 savings in year of £26.6million, the HB has been unable to deliver the surplus required in 2018/19 to deliver a balance over 3 years of the financial Duty. The expenditure of £160.964million which it has incurred in excess of its resource limit over that period is deemed to be irregular. The HB 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.



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Remuneration and Staff Report 2018/2019

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 HB in the financial year 2018/2019 was £180,000 - £185,000 (2017/2018, £175,000 - £180,000). This was 6 times (2017/2018, 7 times) the median remuneration of the workforce, which was £29,608 (2017/2018, £26,624).

In 2018/2019, 34 (2017/2018, 39) employees received remuneration in excess of the highest-paid Director. Remuneration for staff ranged from £17,460 to £307,299 (2017/2018, £15,404 to £295,365). 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.

	2018/2019	2017/2018
Band of Highest paid Director's Total Remuneration £000	180 - 185	175 – 180
Median Total Remuneration £000	30	27
Ratio	6 times	7 times

- As disclosed in the HB'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 Service Committee (RTSC) is as follows:

Bernardine Rees, OBE (until 28.02.19)	Chair	Chair of RTSC
Judith Hardisty (from 01.03.19)	Interim Chair	Chair of RTSC
Paul Newman	Independent Member – Community & Chair of Audit & Risk Assurance Committee Vice Chair (06.03.19)	Vice Chair of RTSC
David Powell	Independent Member – Information Technology & Chair of Business Planning and Performance Assurance Committee	Member of RTSC
Professor John Gammon	Independent Member – University & Chair of Quality, Safety and Experience Assurance Committee	Member of RTSC

Statement on Remuneration Policy

The remuneration of Senior Managers who are paid on the Very Senior Managers Pay Scale is determined by WG, and the HB pays in accordance with these regulations. For the purpose of clarity, these are posts which operate at Board level and hold either statutory or non-statutory positions. In accordance with the regulations the HB 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 WG 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 HB does not have a system for performance related pay for its Very Senior Managers.

In addition to Very Senior Managers the HB 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 HB 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 HB complies with medical & dental terms and conditions which apply to medical remuneration.

The HB supports the development of its workforce and ensures opportunities are provided for career progression.

The only severance payment policy in place within the HB 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	180-185	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	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 (appointed to new role within HB)	n/a	3 months	n/a	None
Stephen Forster	Executive Director of Finance	125-130	09/05/2017	31/08/2018	3 months	n/a	None
Huw Thomas	Interim Executive Director of Finance	125-130	01/09/2018	09/12/2018	3 months	n/a	None
Huw Thomas	Executive Director of Finance	125-130	10/12/2018	9/12/2020 (2 year fixed term)	3 months	n/a	None
Lisa Gostling	Executive Director of Workforce & Organisational Development	115-120	09/01/2015	n/a	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 Care, Community & Long Term Care	110-115	19/01/2018 (appointed to new role within the HB)	n/a	3 months	n/a	None
Sarah Jennings	Director of Partnerships & Corporate Services	100-105	01/01/2018 (appointed to new role within the HB)	n/a	3 months	n/a	None
Dr Philip Kloer	Executive Medical Director	165-170	25/06/2015	n/a	3 months	n/a	None
Alison Shakeshaft	Executive Director of Therapies & Health Sciences	100-105	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	30/04/2019	3 months	n/a	None
Andrew Carruthers	Turnaround Director	115-120	26/06/2017	25/06/2019	3 months	n/a	None
Joanne Wilson	Board Secretary	95-100	01/01/2018 (appointed to new role within the HB)	n/a	3 months	n/a	None

The HB 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 HB issues All Wales Executive Director contracts which determine the terms and conditions for all Very Senior Managers. The HB 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 WG approval would be made. During the 2018/2019 year, no termination payments were made. However there was one Voluntary Early Release payment made to a Senior Manager (non- Director level).

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 2019 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2019 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2019 £000	Cash Equivalent Transfer Value at 31 March 2018 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension £000
Steve Moore, Chief Executive*	0	0	0	0	0	0	0	0
Joseph Teape, Deputy Chief Executive/ Director of Operations*	0	0	0	0	0	0	0	0
Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience	10 – 12.5	30 – 32.5	55 – 60	175 – 180	1288	927	333	0
Karen Miles, Executive Director of Finance, Director of Planning, Performance and Commissioning	0 – 2.5	0 – (2.5)	50 – 55	150 – 155	1,174	1,008	136	0
Stephen Forster, Executive Director of Finance (to 31/08/2018)	0 – 2.5	0 – 2.5	50 – 55	140 – 145	1,100	949	52	0
Huw Thomas, Executive Director of Finance (from 01/09/2018)	2.5 – 5	0 – 2.5	15 - 20	0 - 5	198	109	50	0
Lisa Gostling, Executive Director of Workforce and Organisational Development	0 – 2.5	0 – (2.5)	40 - 45	95 - 100	763	635	109	0
Dr Philip Kloer, Executive Medical Director	2.5 – 5	0 – 2.5	50 – 55	110 – 115	874	701	152	0

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 2019 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2019 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2019 £000	Cash Equivalent Transfer Value at 31 March 2018 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension £000
Alison Shakeshaft, Executive Director of Therapies and Health Science	0 – 2.5	(2.5) – (5)	40 - 45	100 - 105	825	730	74	0
Ros Jervis, Executive Director of Public Health	2.5 – 5	0 – 2.5	20- 25	45 – 50	387	300	78	0
Jill Paterson, Director of Primary, Community and Long Term Care	0 – 2.5	2.5 – 5	35 – 40	115 – 120	0	0	0	0
Sarah Jennings, Director of Partnerships and Corporate Services	0 – 2.5	0	30 – 35	0	479	390	77	0
Libby Ryan-Davies, Transformation Director	0 – 2.5	0 – (2.5)	30 – 35	75 – 80	521	423	86	0
Andrew Carruthers, Turnaround Director	2.5 – 5	0 – 2.5	25 – 30	60 – 65	402	305	87	0
Joanne Wilson, Board Secretary	0 – 2.5	0 – (2.5)	20 – 25	45 – 50	324	256	60	0
* Steve Moore chose not to be covered by the NHS pension arrangements during the reporting year and Joseph Teape has previously opted out of the NHS pension arrangement								

Severance Payments

There have been no exit packages paid to senior staff during 2018/2019.

Single Total Remuneration

The amount of pension benefits for the year which contributes to the single total figure is calculated similarly 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 HB 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.

2018/2019

Name	Salary (Bands of £5k)	Bonus Payments	Benefits in Kind (£000)	Pension Benefits (£000)	Total (Bands of £5k)
Executive Directors and Directors					
Steve Moore	180 – 185	0	0	0	180 – 185
Joseph Teape	145 – 150	0	0	0	145 – 150
Mandy Rayani	125 – 130	0	0	222	350 - 355
Karen Miles	125 – 130	0	0	18	145 – 150
Stephen Forster (to 31/08/18)	50 – 55	0	0	12	60 – 65
Huw Thomas (from 01/09/18)	75 - 80	0	0	65	140 - 145
Lisa Gostling	115 – 120	0	0	21	135 – 140
Dr Philip Kloer	165 – 170	0	0	59	225 – 230
Alison Shakeshaft	100 – 105	0	0	0	100 – 105
Ros Jervis	110 – 115	0	0	36	145 - 150
Jill Paterson	110 – 115	0	4	8	125 – 130
Sarah Jennings	100 – 105	0	0	21	120 – 125
Libby Ryan-Davies	100 – 105	0	0	20	120 – 125
Andrew Carruthers	115 – 120	0	0	39	155 – 160
Joanne Wilson	95 – 100	0	0	17	110 – 115

Name	Salary (Bands of £5k)	Bonus Payments	Benefits in Kind (£000)	Pension Benefits (£000)	Total (Bands of £5k)
Independent Members					
Bernadine Rees, Chair (to 28/02/19)	55 – 60	0	0	0	55 – 60
Judith Hardisty, Vice Chair (to 28/02/19), Interim Chair (from 01/03/19)	45 – 50	0	0	0	45 – 50
Paul Newman, Independent Member (to 28/02/19), Interim Vice Chair (from 06/03/19)	10 – 15	0	0	0	10 – 15
Mike Lewis	10 – 15	0	0	0	10 – 15
Professor John Gammon	10 – 15	0	0	0	10 – 15
David Powell	10 – 15	0	0	0	10 – 15
Cllr Simon Hancock	10 – 15	0	0	0	10 – 15
Delyth Raynsford	10 – 15	0	0	0	10 – 15
Adam Morgan	5 – 10	0	0	0	5 – 10
Owen Burt (from 01/05/18)	10 - 15	0	0	0	10 - 15
Anna Lewis (from 01/04/18)	10 - 15	0	0	0	10 - 15
Mr M Hearty (from 01/06/18)	0	0	0	0	0
Julie James (to 30/04/18)	0 – 5	0	0	0	0 – 5

Name	Salary (Bands of £5k)	Bonus Payments	Benefits in Kind (£000)	Pension Benefits (£000)	Total (Bands of £5k)
Executive Directors and Directors					
Steve Moore	175 – 180	0	0	40	215 – 220
Joseph Teape	145 – 150	0	8.0	0	150 – 155
Mandy Davies (to 18/06/2017)	25 - 30	0	0	0	25 - 30
Mandy Rayani (from 19/06/2017)	95 – 100	0	0	4	100 – 105
Karen Miles	125 – 130	0	0	23	145 – 150
Stephen Forster	125 – 130	0	0	263	385 – 390
Lisa Gostling	115 – 120	0	0	31	145 – 150
Dr Philip Kloer	155 – 160	0	0	44	200 – 205
Alison Shakeshaft (from 01/01/2018)	20 – 25	0	0	9	30 – 35
Ros Jervis (from 17/07/2017)	75 – 80	0	0	44	120 - 125
Jill Paterson	110 – 115	0	7.6	23	140 – 145
Sarah Jennings	100 – 105	0	0	0	100 – 105
Libby Ryan-Davies	100 – 105	0	0	14	115 – 120
Andrew Carruthers (from 26/06/2017)	85 – 90	0	0	52	135 – 140
Joanne Wilson	90 – 95	0	0	22	110 – 115
Independent Members					
Bernadine Rees, Chair	55 – 60	0	0	0	55 – 60
Judith Hardisty, Vice Chair	45 – 50	0	0	0	45 – 50
Mr Donald Thomas (to 30/09/2017)	5 – 10	0	0	0	5 – 10
Mike Lewis (01/10/2017)	5 – 10	0	0	0	5 – 10
Mike Ponton	10 – 15	0	0	0	10 – 15
Paul Newman	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)
Professor John Gammon	10 – 15	0	0	0	10 – 15
Julie James	10 – 15	0	0	0	10 – 15
David Powell	10 – 15	0	0	0	10 – 15
Cllr Simon Hancock	10 – 15	0	0	0	10 – 15
Delyth Raynsford	10 – 15	0	0	0	10 – 15
Adam Morgan	5 – 10	0	0	0	5 – 10

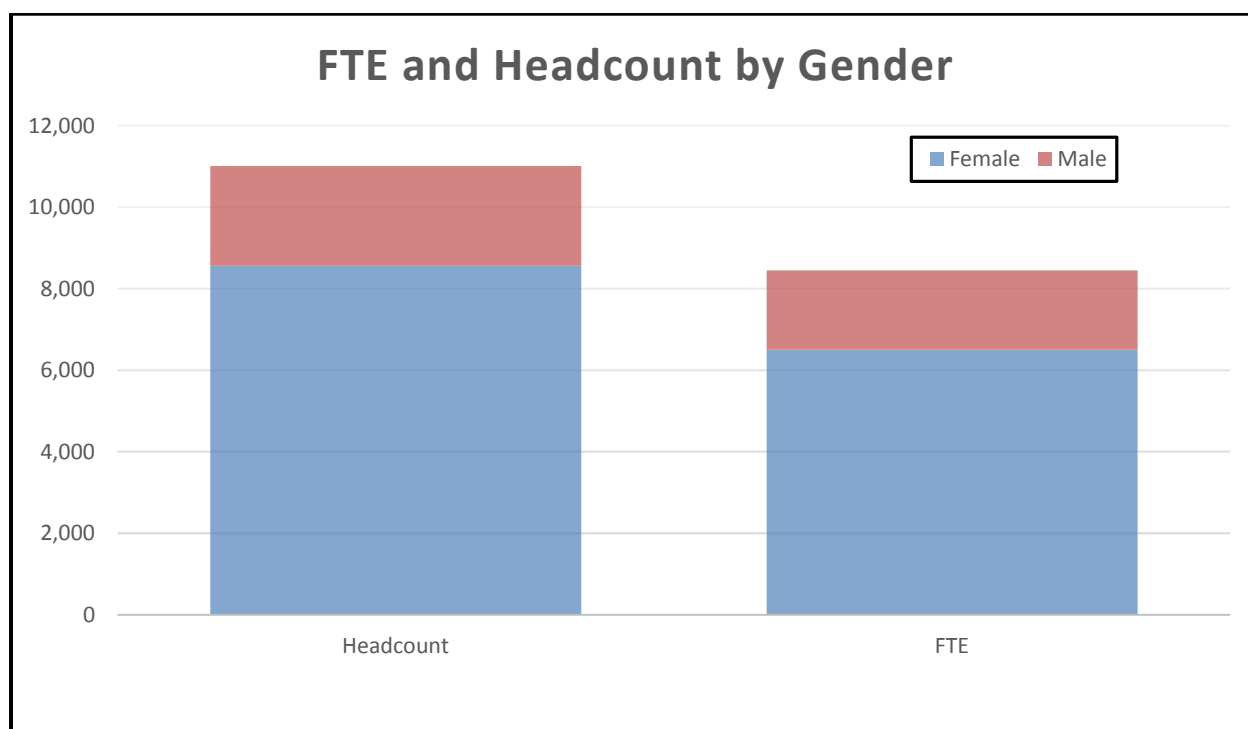
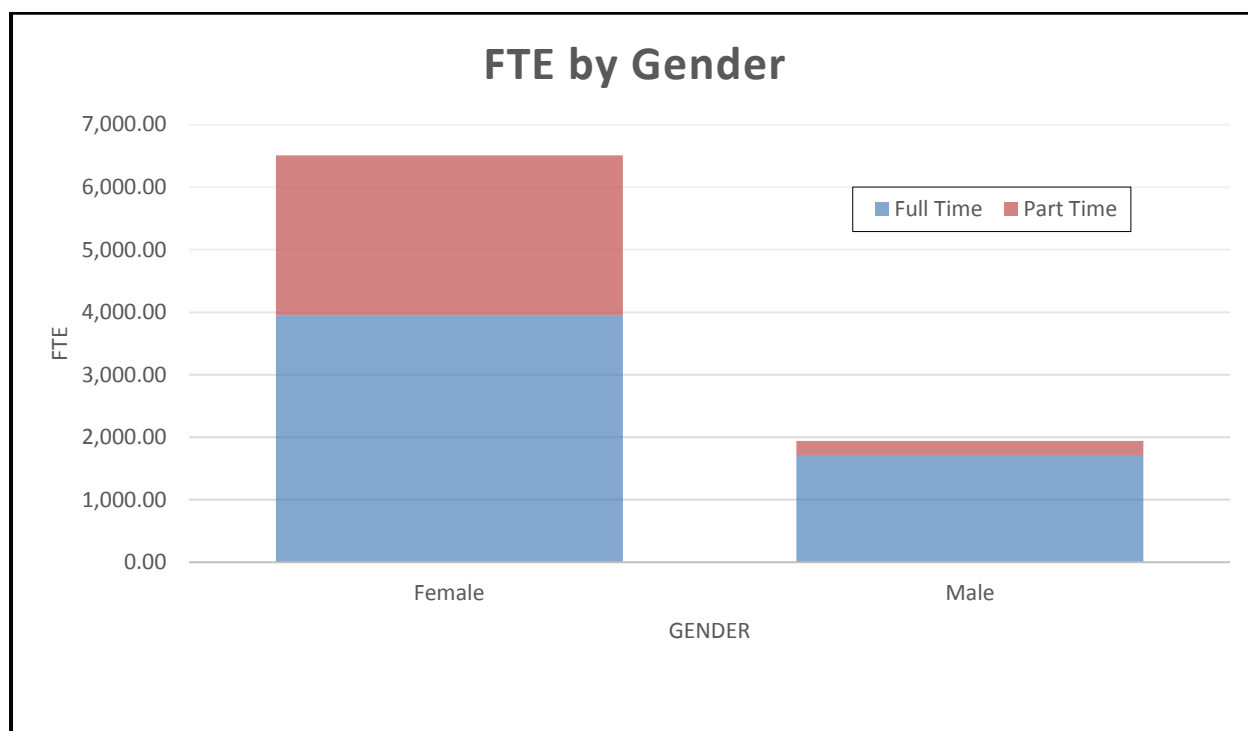
Staff Composition

Staff Composition 31.03.2019

	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 Prof Scientific and Technic	209.32	240	107.30	125	316.62	365
Additional Clinical Services	1,398.75	2,165	310.53	386	1,709.28	2,551
Administrative and Clerical	1,305.91	1,541	272.23	291	1,578.13	1,832
Allied Health Professionals	444.13	520	98.54	107	542.67	627
Estates and Ancillary	369.86	597	401.34	533	771.19	1,130
Healthcare Scientists	94.47	105	79.20	80	173.67	185
Medical and Dental	242.68	383	441.64	656	684.32	1039
Nursing and Midwifery Registered	2,435.71	3,016	229.02	256	2,664.73	3,272
Students	5.00	6	0.00	0	5.00	6
Grand Total	6,505.83	8,573	1,939.80	2,434	8,445.61	11,007

	Female		Male		Total	
Senior Managers	FTE	Headcount	FTE	Headcount	FTE	Headcount
Band 8a	41.20	42	23.00	23	64.20	65
Band 8b	22.80	23	21.00	21	43.80	44
Band 8c	14.39	15	7.00	7	21.39	22
Band 8d	7.00	7	5.00	5	12.00	12
Band 9	2.00	2	5.85	6	7.85	8
Grand Total	87.39	89	61.85	62	149.24	151

The above can be demonstrated pictorially as follows:



At the end of March 2019 the HB employed 11,007 staff including bank and locum staff; this equated to 8,446 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 1.4% of the workforce - 59% of these were Female and 41% Male. The Board does not have any issue with its staff composition.

Sickness absence data

	2018/19	2017/18
Days lost (long term)	105,591	104,117
Days lost (short term)	42,578	44,793
Total days lost	148,169	148,910
Total FTE as at 31 March	8,445.61	8,328.06
Average Working Days Lost	11.10	11.08
Total Staff employed as at 31 March (headcount)	11,007	10,842
Total Staff employed in period with no absence (headcount)	3,534	3,609
Percentage of staff with no sick leave	37.09%	37.20%

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.

The main reasons for long term sickness absence are anxiety/stress/depression, followed by musculoskeletal problems. For short term sickness absence the most prevalent reason stated relates to colds/flu and gastrointestinal problems.

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.

There has been a new All Wales Attendance at Work Policy implemented, along with an All Wales training package which is being rolled out to all those with responsibility for managing absence. This consists of a Workshop and there will be a shorter core module included for experienced managers who require refresher training. The audit programme to assess compliance with the All Wales Attendance Policy includes an action plan provided to the manager which is further monitored. This arrangement has been in place for some time and is continuing.

The HB has an in-house Occupational Health Service with a Consultant Occupational Health Physician and a Staff Psychological Well-being Service which 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 WG 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 & Organisational Development Directorate. The group membership consists of Managers, Trade Union representatives and other 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 Employment Policy Review group that includes a specialist advisor for equality and diversity.

Local policies are subject to formal sign off through both the HB's Partnership Forum and the W&OD-SC. The HB's employment policies can be found - <http://www.wales.nhs.uk/sitesplus/862/page/62308>.

The aim of the HB's Equality and Diversity policy is to ensure that equality and diversity considerations underpin the recruitment, employment and development of staff and the development and delivery of the HB's services to patients and service users. Policies and practices within HB must demonstrate appropriate due regard to relevant equality and diversity issues, thereby ensuring that recruitment and employment and service delivery practices are designed, developed and delivered fairly and equitably, in accordance with equality and human rights legislation.

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 HB spent £1,620,082.73 on consultancy services.

Estates Reviews	£25,148.92
Other Service Reviews	£888.75
Legal Advice and Redress	£203,101.64
VAT	£96,716.05
Transforming Clinical Services	£898,169.77
Referral to Treatment	£378,057.60

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, WG has taken a zero tolerance approach and produced a policy that has been communicated and implemented across the WG. 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 HB's website <http://www.wales.nhs.uk/sitesplus/862/page/89388> following publication of the Annual Report.

Exit Packages

There have not been any costs associated with redundancy in the last year. There has been one Voluntary Early Release which was processed 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 HB has agreed voluntary early retirement, the additional costs are met by the HB 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 HB receives a full business case in respect of each application supported by the line manager. The Directors of Finance & Workforce & Organisational Development approve all applications prior to them being processed. Any payments over an agreed threshold are also submitted to WG for approval prior to HB approval. Details of exit packages and severance payments are as follows:

	2018-2019	2018-2019	2018-2019	2018-2019	2017-2018
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	1	1	1	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	0	0	0	1
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	0	0
	2018-2019	2018-2019	2018-2019	2018-2019	2017-2018
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	6,180	6,180	6,180	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	0	0	0	76,203
£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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Statement of Accountable Officer's Responsibilities 2018/2019

Statement of the Chief Executive's Responsibilities as Accountable 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: 29th May 2019

Steve 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 (Interim): Judith Hardisty..... Dated: 29th May 2019

Chief Executive: Steve Moore..... Dated: 29th May 2019

Director of Finance: Huw Thomas..... Dated: 29th May 2019



GIG
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NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Annual Accounts

2018/2019

HYWEL DDA UNIVERSITY 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 2019

	Note	2018-19 £'000	2017-18 £'000
Expenditure on Primary Healthcare Services	3.1	185,316	183,962
Expenditure on healthcare from other providers	3.2	200,169	197,462
Expenditure on Hospital and Community Health Services	3.3	534,120	506,430
		919,605	887,854
Less: Miscellaneous Income	4	(57,187)	(54,345)
LHB net operating costs before interest and other gains and losses		862,418	833,509
Investment Revenue	5	0	0
Other (Gains) / Losses	6	(13)	(11)
Finance costs	7	9	3
Net operating costs for the financial year		862,414	833,501

See note 2 on page 22 for details of performance against Revenue and Capital allocations.

The notes on pages 8 to 65a form part of these accounts

Other Comprehensive Net Expenditure

	2018-19 £'000	2017-18 £'000
Net (gain) / loss on revaluation of property, plant and equipment	(1,185)	(14,435)
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	0	1,053
Release of Reserves to Statement of Comprehensive Net Expenditure	0	0
Other comprehensive net expenditure for the year	(1,185)	(13,382)
Total comprehensive net expenditure for the year	861,229	820,119

Statement of Financial Position as at 31 March 2019

		31 March 2019 £'000	31 March 2018 £'000
	Notes		
Non-current assets			
Property, plant and equipment	11	266,222	254,395
Intangible assets	12	1,621	1,045
Trade and other receivables	15	43,183	14,697
Other financial assets	16	0	0
Total non-current assets		311,026	270,137
Current assets			
Inventories	14	8,084	7,875
Trade and other receivables	15	34,330	39,598
Other financial assets	16	0	305
Cash and cash equivalents	17	1,460	1,528
		43,874	49,306
Non-current assets classified as "Held for Sale"	11	0	0
Total current assets		43,874	49,306
Total assets		354,900	319,443
Current liabilities			
Trade and other payables	18	(93,484)	(95,090)
Other financial liabilities	19	0	0
Provisions	20	(23,541)	(27,764)
Total current liabilities		(117,025)	(122,854)
Net current assets/ (liabilities)		(73,151)	(73,548)
Non-current liabilities			
Trade and other payables	18	0	0
Other financial liabilities	19	0	0
Provisions	20	(43,497)	(14,971)
Total non-current liabilities		(43,497)	(14,971)
Total assets employed		194,378	181,618
Financed by :			
Taxpayers' equity			
General Fund		167,572	154,822
Revaluation reserve		26,806	26,796
Total taxpayers' equity		194,378	181,618

The financial statements on pages 2 to 7 were approved by the Board on 29th May 2019 and signed on its behalf by:

On Behalf of the Chief Executive and Accountable Officer

Steve Moore

29th May 2019

The notes on pages 8 to 65a form part of these accounts

Statement of Changes in Taxpayers' Equity

For the year ended 31 March 2019

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
Changes in taxpayers' equity for 2018-19			
Balance as at 31 March 2018	154,822	26,796	181,618
Adjustment for Implementation of IFRS 9	-82	0	-82
Balance at 1 April 2018	154,740	26,796	181,536
Net operating cost for the year	(862,414)		(862,414)
Net gain/(loss) on revaluation of property, plant and equipment	0	1,185	1,185
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Movements in other reserves	0	0	0
Transfers between reserves	1,175	(1,175)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from (please specify)	0	0	0
Total recognised income and expense for 2018-19	(861,239)	10	(861,229)
Net Welsh Government funding	874,071		874,071
Balance at 31 March 2019	167,572	26,806	194,378

The notes on pages 8 to 65a 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 31 March 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 (please specify)	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 65a form part of these accounts

Statement of Cash Flows for year ended 31 March 2019

	2018-19	2017-18
	£'000	£'000
Cash Flows from operating activities	notes	
Net operating cost for the financial year	(862,414)	(833,501)
Movements in Working Capital	27 (27,602)	6,595
Other cash flow adjustments	28 56,848	24,150
Provisions utilised	20 (12,908)	(8,194)
Net cash outflow from operating activities	(846,076)	(810,950)
Cash Flows from investing activities		
Purchase of property, plant and equipment	(28,082)	(17,373)
Proceeds from disposal of property, plant and equipment	12	276
Purchase of intangible assets	(945)	(229)
Proceeds from disposal of intangible assets	0	0
Payment for other financial assets	0	(365)
Proceeds from disposal of other financial assets	0	289
Payment for other assets	0	0
Proceeds from disposal of other assets	0	0
Net cash inflow/(outflow) from investing activities	(29,015)	(17,402)
Net cash inflow/(outflow) before financing	(875,091)	(828,352)
Cash Flows from financing activities		
Welsh Government funding (including capital)	874,071	828,034
Capital receipts surrendered	0	0
Capital grants received	952	634
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	875,023	828,668
Net increase/(decrease) in cash and cash equivalents	(68)	316
Cash and cash equivalents (and bank overdrafts) at 1 April 2018	1,528	1,212
Cash and cash equivalents (and bank overdrafts) at 31 March 2019	1,460	1,528

The notes on pages 8 to 65a form part of these accounts

Notes to the Accounts**1. Accounting policies**

The Minister for Health and Social Services has directed that the financial statements of Local Health Boards (LHB) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2018-19 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.

From 2018-19, IFRS 15 Revenue from Contracts with Customers is applied, as interpreted and adapted for the public sector, in the Financial Reporting Manual (FReM). It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. Upon transition the accounting policy to retrospectively restate in accordance with IAS 8 has been withdrawn. All entities applying the FReM shall recognise the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that includes the date of initial application in the opening general fund within Taxpayer's equity. A review consistent with the portfolio approach was undertaken by the NHS Technical Accounting Group members, which

- identified that the only material income that would potentially require adjustment under IFRS 15 was that for patient care provided under Long term Agreements (LTAs) for episodes of care which had started but not concluded as at the end of the financial period;
- demonstrated that the potential amendments to NHS Wales NHS Trust and Local Health Board Accounts as a result of the adoption of IFRS 15 are significantly below materiality levels.

Under the Conceptual IFRS Framework due consideration must be given to the users of the accounts and the cost restraint of compliance and reporting and production of financial reporting. Given the income for LTA activity is recognised in accordance with established NHS Terms and Conditions affecting multiple parties across NHS Wales it was considered reasonable to continue recognising in accordance with those established terms on the basis that this provides information that is relevant to the user and to do so does not result in a material misstatement of the figures reported.

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 FRoM, 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 weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

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 2018-19. The WRP is hosted by Velindre NHS Trust.

1.15 Financial Instruments

From 2018-19 IFRS 9 Financial Instruments is applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales bodies, will be to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM shall recognise the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that includes the date of initial application in the opening general fund within Taxpayer's equity.

1.16 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.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease

receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

NHS Wales Technical Accounting Group members reviewed the IFRS 9 requirements and determined a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS9 to construct a provision matrix.

1.16.1 Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2 Financial assets at fair value through SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4 Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

1.16.5 Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the 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 of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the 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.

1.17 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.

1.17.1 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.

1.17.2 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.

1.17.3 Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18 Value Added Tax

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.

1.19 Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the 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.

1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the LHB has no beneficial interest in them. Details of third party assets are given in Note 29 to the accounts.

1.21 Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had 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.

1.22 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.

1.23 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.

1.24 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.

Provisions

The Health Board provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the Health Board or Trust, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

Remote	Probability of Settlement Accounting Treatment	0 – 5% Contingent Liability.
Possible	Probability of Settlement Accounting Treatment	6% - 49% Defence Fee - Provision Contingent Liability for all other estimated expenditure.
Probable	Probability of Settlement Accounting Treatment	50% - 94% Full Provision
Certain	Probability of Settlement Accounting Treatment	95% - 100% Full Provision

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of -0.75%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

1.25 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.

1.26 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.

1.27 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.

1.28 Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where transfer of function is between LHBs the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

1.29 Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts (The European Financial Reporting Advisory Group recommended in October 2015 that the Standard should not be endorsed as it is unlikely to be adopted by many EU countries.), IFRS 16 Leases, HMT have confirmed that IFRS 16 Leases, as interpreted and adapted by the FReM is to be effective from 1st April 2020.

IFRS 17 Insurance Contracts,

IFRIC 23 Uncertainty over Income Tax Treatment.

1.30 Accounting standards issued that have been adopted early

During 2018-19 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.31 Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the LHB has established that as the LHB is the corporate trustee of the linked NHS Charity (Hywel Dda 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 of Hywel Dda Health Charities within the statutory accounts of the LHB.

The determination of control is an accounting standard test of control and there has been no change to the operation of Hywel Dda 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			
	2016-17 £'000	2017-18 £'000	2018-19 £'000	Total £'000
Net operating costs for the year	809,895	833,501	862,414	2,505,810
Less general ophthalmic services expenditure and other non-cash limited expenditure	1,086	1,956	1,722	4,764
Less revenue consequences of bringing PFI schemes onto SoFP	0	0	0	0
Total operating expenses	810,981	835,457	864,136	2,510,574
Revenue Resource Allocation	761,368	766,027	828,698	2,356,093
Under /(over) spend against Allocation	(49,613)	(69,430)	(35,438)	(154,481)

Hywel Dda UHB has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2016-17 to 2018-19.

The Health Board did not receive any repayable brokerage during the year.

The Health Board received £31.3 million repayable cash only support in 2018-19. The accumulated cash only support provided to the Health Board by the Welsh Government is £160.964 million as at 31 March 2019. 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.

2.2 Capital Resource Performance

	2016-17 £'000	2017-18 £'000	2018-19 £'000	Total £'000
	2016-17 £'000	2017-18 £'000	2018-19 £'000	Total £'000
Gross capital expenditure	18,970	18,474	31,820	69,264
Add: Losses on disposal of donated assets	0	0	0	0
Less: NBV of property, plant and equipment and intangible assets disposed	(258)	(265)	0	(523)
Less: capital grants received	(9)	(11)	0	(20)
Less: donations received	(1,159)	(623)	(952)	(2,734)
Charge against Capital Resource Allocation	17,544	17,575	30,868	65,987
Capital Resource Allocation	17,574	17,613	30,893	66,080
(Over) / Underspend against Capital Resource Allocation	30	38	25	93

The LHB met its financial duty to break-even against its Capital Resource Limit over the 3 years 2016-17 to 2018-19.

2.3 Duty to prepare a 3 year plan

The NHS Wales Planning Framework for the period 2018-19 to 2020-21 issued to LHBs placed a requirement upon them to prepare and submit Integrated Medium Term Plans (IMTP) to the Welsh Government.

Following discussion between Hywel Dda University Health Board and Welsh Government, the Health Board acknowledged that it was not in a position to submit an IMTP for the period 2018-19 to 2020-21 given the status of the Transforming Clinical Services and Turnaround Programmes. In the absence of an IMTP, the Health Board developed an Annual Plan that was submitted to Welsh Government by the Board on 29th March 2018.

The statutory financial duty under section 175 (2A) of the National Health Services (Wales) Act 2006 to prepare a three year plan was therefore not met.

**2018-19
to
2020-21**

The Minister for Health and Social Services approval status

Not Approved

The LHB has not therefore met its statutory duty to have an approved financial plan for the period 2018-19 to 2020-21.

The LHB prepared an Annual Plan for 2017-18 therefore there was not an approved Integrated Medium Term Plan in 2017-18.

3. Analysis of gross operating costs

3.1 Expenditure on Primary Healthcare Services

	Cash limited £'000	Non-cash limited £'000	2018-19 Total £'000	2017-18 £'000
General Medical Services	71,645		71,645	69,407
Pharmaceutical Services	19,453	(5,821)	13,632	13,354
General Dental Services	19,925		19,925	20,002
General Ophthalmic Services	1,238	4,099	5,337	4,983
Other Primary Health Care expenditure	3,943		3,943	4,806
Prescribed drugs and appliances	70,834		70,834	71,410
Total	187,038	-1,722	185,316	183,962

Staff Costs of £4.75m paid by the Health Board are included in General Medical Services (£4.93m 2017-18)

	2018-19 £'000	2017-18 £'000
Goods and services from other NHS Wales Health Boards	38,754	38,946
Goods and services from other NHS Wales Trusts	7,324	6,878
Goods and services from Health Education and Improvement Wales (HEIW)	0	0
Goods and services from other non Welsh NHS bodies	1,189	3,000
Goods and services from WHSSC / EASC	85,495	79,714
Local Authorities	9,331	9,179
Voluntary organisations	1,970	1,819
NHS Funded Nursing Care	3,125	3,744
Continuing Care	47,012	47,599
Private providers	5,790	6,430
Specific projects funded by the Welsh Government	0	0
Other	179	153
Total	200,169	197,462

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

	2018-19	2017-18
	£'000	£'000
Directors' costs	2,451	2,212
Staff costs	400,701	385,248
Supplies and services - clinical	74,317	67,363
Supplies and services - general	5,547	5,672
Consultancy Services	1,691	993
Establishment	8,554	8,357
Transport	1,539	1,245
Premises	15,638	13,653
External Contractors	371	1,646
Depreciation	15,255	15,347
Amortisation	369	352
Fixed asset impairments and reversals (Property, plant & equipment)	4,979	1,139
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	392	387
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	1,856	1,648
Research and Development	0	0
Other operating expenses	460	1,168
Total	534,120	506,430

3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

	2018-19	2017-18
	£'000	£'000
Increase/(decrease) in provision for future payments:		
Clinical negligence	33,970	5,289
Personal injury	368	(207)
All other losses and special payments	167	337
Defence legal fees and other administrative costs	707	267
Gross increase/(decrease) in provision for future payments	35,212	5,686
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	99	38
Less: income received/due from Welsh Risk Pool	(33,455)	(4,076)
Total	1,856	1,648

Personal injury includes £20k (2017-18 £143k) in respect of permanent injury benefits.

Clinical Redress expenditure during the year was £352k in respect of 62 cases (2017-18 £225k re 93 cases).

4. Miscellaneous Income

	2018-19 £'000	2017-18 £'000
Local Health Boards	18,730	18,103
Welsh Health Specialised Services Committee (WHSSC)		
/ Emergency Ambulance Services Committee (EASC)	2,152	2,071
NHS trusts	3,837	3,206
Health Education and Improvement Wales (HEIW)	659	0
Other NHS England bodies	4,342	4,503
Foundation Trusts	0	0
Local authorities	4,535	4,954
Welsh Government	2,963	1,706
Non NHS:		
Prescription charge income	7	6
Dental fee income	3,276	3,240
Private patient income	15	97
Overseas patients (non-reciprocal)	334	349
Injury Costs Recovery (ICR) Scheme	1,272	1,129
Other income from activities	536	556
Patient transport services	0	0
Education, training and research	7,151	8,087
Charitable and other contributions to expenditure	779	833
Receipt of donated assets	952	623
Receipt of Government granted assets	0	11
Non-patient care income generation schemes	481	399
NHS Wales Shared Services Partnership (NWSSP)	0	0
Deferred income released to revenue	399	371
Contingent rental income from finance leases	0	0
Rental income from operating leases	356	0
Other income:		
Provision of laundry, pathology, payroll services	127	78
Accommodation and catering charges	1,459	1,688
Mortuary fees	145	164
Staff payments for use of cars	243	251
Business Unit	0	0
Other	2,437	1,920
Total	57,187	54,345

Injury Cost Recovery (ICR) Scheme income is subject to a provision for impairment of **21.89%** re personal injury claims

5. Investment Revenue

	2018-19 £000	2017-18 £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

	2018-19 £000	2017-18 £000
Gain/(loss) on disposal of property, plant and equipment	13	11
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	13	11

7. Finance costs

	2018-19 £000	2017-18 £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	9	3
Other finance costs	0	0
Total	9	3

8. Operating leases

LHB as lessee

As at 31st March 2019 the LHB had 24 operating leases agreements in place for the leases of premises, 209 arrangement in respect of equipment and 201 in respect of vehicles, with 1 premises, 10 equipment and no vehicle leases having expired in year. The periods in which the remaining 434 agreements expire are shown below:

Payments recognised as an expense	2018-19 £000	2017-18 £000
Minimum lease payments	3,881	1,663
Contingent rents	0	0
Sub-lease payments	0	0
Total	3,881	1,663

Total future minimum lease payments

Payable	£000	£000
Not later than one year	1,197	611
Between one and five years	2,135	297
After 5 years	2,909	0
Total	6,241	908

Number of operating leases expiring	Land & Buildings	Vehicles	Equipment	Total
Not later than one year	3	59	12	74
Between one and five years	7	142	197	346
After 5 years	14	0	0	14
Total	24	201	209	434

Charged to the income statement (£000)	634	3,006	241	3,881
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There are no future sublease payments expected to be received

LHB as lessor

Rental revenue	£000	£000
Rent	304	0
Contingent rents	0	0
Total revenue rental	304	0

Total future minimum lease payments

Receivable	£000	£000
Not later than one year	303	0
Between one and five years	1,210	0
After 5 years	2,019	0
Total	3,532	0

9. Employee benefits and staff numbers

9.1 Employee costs	Permanent Staff	Staff on Inward Secondment	Agency Staff	Other Staff	Total 2018-19	2017-18
	£000	£000	£000	£000	£000	£000
Salaries and wages	320,784	3,743	15,009	4,999	344,535	332,172
Social security costs	31,219	0	0	274	31,493	30,077
Employer contributions to NHS Pension Scheme	38,566	0	0	11	38,577	36,677
Other pension costs	94	0	0	0	94	38
Other employment benefits	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0
Total	390,663	3,743	15,009	5,284	414,699	398,964
Charged to capital					464	388
Charged to revenue					414,235	398,576
					414,699	398,964
Net movement in accrued employee benefits (untaken staff leave accrual included above)					(351)	7

9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Other Staff	Total 2018-19	2017-18
	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	1,545	35	3	0	1,583	1,498
Medical and dental	678	20	1	30	729	733
Nursing, midwifery registered	2,652	2	202	0	2,856	2,860
Professional, Scientific, and technical staff	306	0	0	0	306	281
Additional Clinical Services	1,692	0	3	0	1,695	1,675
Allied Health Professions	523	1	0	18	542	531
Healthcare Scientists	166	0	1	0	167	157
Estates and Ancillary	782	0	0	0	782	793
Students	11	0	0	0	11	16
Total	8,355	58	210	48	8,671	8,544

9.3. Retirements due to ill-health

During 2018-19 there were 15 early retirements from the LHB agreed on the grounds of ill-health (13 in 2017-18 - £597,853). The estimated additional pension costs of these ill-health retirements (calculated on an average basis and borne by the NHS Pension Scheme) will be £567,507.

9.4 Employee benefits

The LHB does not have an employee benefit scheme.

Included in permanent staff in Note 9.2 above there are 577 (522, 2017-18) who are on Fixed Term temporary contracts of which 305 (261, 2017-18) are Medical and Dental

9.5 Reporting of other compensation schemes - exit packages

	2018-19	2018-19	2018-19	2018-19	2017-18
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	1	1	1	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	0	0	0	1
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	1	1	1	1

	2018-19	2018-19	2018-19	2018-19	2017-18
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	6,180	6,180	6,180	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	0	0	0	76,203
£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	6,180	6,180	6,180	76,203

Redundancy costs have been paid in accordance with the NHS Redundancy provisions, other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Where the LHB has agreed early retirements, the additional costs are met by the LHB and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

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 2018-19 was £180,000-£185,000 (2017-18, £175,000 - £180,000). This was 6.16 times (2017-18, 7) the median remuneration of the workforce, which was £29,608 (2017-18, £26,624).

In 2018-19, 34 (2017-18, 39) employees received remuneration in excess of the highest-paid director. Remuneration for staff ranged from £17,460 to £307,299 (2017-18 £15,404 to £295,365).

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.

9.7 Pension costs

PENSION COSTS

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health 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 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

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 5% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 2% 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 £6,032 and £46,350 for the 2018-19 tax year (2017-18 £5,876 and £45,000).

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.

	2018-19 Number	2018-19 £000	2017-18 Number	2017-18 £000
NHS				
Total bills paid	3,748	230,575	3,908	219,791
Total bills paid within target	3,451	227,570	3,504	217,250
Percentage of bills paid within target	92.1%	98.7%	89.7%	98.8%
Non-NHS				
Total bills paid	186,631	334,724	177,339	315,875
Total bills paid within target	179,436	326,310	170,221	305,520
Percentage of bills paid within target	96.1%	97.5%	96.0%	96.7%
Total				
Total bills paid	190,379	565,299	181,247	535,666
Total bills paid within target	182,887	553,880	173,725	522,770
Percentage of bills paid within target	96.1%	98.0%	95.8%	97.6%

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2018-19 £	2017-18 £
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 2018	25,661	196,113	7,494	10,771	65,016	245	22,810	5,821	333,931
Indexation	308	837	75	0	0	0	0	0	1,220
Additions									
- purchased	35	1,833	0	20,926	3,972	0	2,934	222	29,922
- donated	0	576	0	11	200	0	67	98	952
- government granted	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	9,632	0	(9,632)	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	205	1,122	0	0	0	0	0	0	1,327
Impairments	0	(7,033)	0	0	0	0	0	0	(7,033)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(1,494)	(5)	(4,950)	0	(6,449)
At 31 March 2019	26,209	203,080	7,569	22,076	67,694	240	20,861	6,141	353,870
Depreciation at 1 April 2018	0	7,511	343	0	51,822	244	15,092	4,524	79,536
Indexation	0	32	3	0	0	0	0	0	35
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	44	0	0	0	0	0	0	44
Impairments	0	(771)	0	0	0	0	0	0	(771)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(1,496)	(5)	(4,950)	0	(6,451)
Provided during the year	0	7,674	343	0	4,543	1	2,188	506	15,255
At 31 March 2019	0	14,490	689	0	54,869	240	12,330	5,030	87,648
Net book value at 1 April 2018	25,661	188,602	7,151	10,771	13,194	1	7,718	1,297	254,395
Net book value at 31 March 2019	26,209	188,590	6,880	22,076	12,825	0	8,531	1,111	266,222
Net book value at 31 March 2019 comprises :									
Purchased	25,954	184,872	6,880	22,076	11,819	0	8,398	893	260,892
Donated	255	3,718	0	0	1,006	0	107	215	5,301
Government Granted	0	0	0	0	0	0	26	3	29
At 31 March 2019	26,209	188,590	6,880	22,076	12,825	0	8,531	1,111	266,222
Asset financing :									
Owned	26,209	188,590	6,880	22,076	12,825	0	8,531	1,111	266,222
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 2019	26,209	188,590	6,880	22,076	12,825	0	8,531	1,111	266,222

The net book value of land, buildings and dwellings at 31 March 2019 comprises :

	£000
Freehold	219,938
Long Leasehold	1,741
Short Leasehold	0
	221,679

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

	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 :

	£000
Freehold	219,602
Long Leasehold	1,812
Short Leasehold	0
	221,414

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 Hywel Dda Charities and contributions from Ty Bryngwyn Hospice, League of Friends and other charities and organisations.

During 2018-19 fixed assets purchased to the following value were funded by the following:

Hywel Dda General Fund Charity (1147863) Plant and Machinery	£154,528
Hywel Dda General Fund Charity (1147863) Furniture and Fittings	£ 98,112
Hywel Dda General Fund Charity (1147863) Buildings	£ 38,368
Hywel Dda General Fund Charity (1147863) Information Technology	£ 58,344
Ty Bryngwyn Hospice Committee	£547,482
League of Friends & Other Contributions	£54,952

Total Donated Assets	£951,786
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Other Disclosures

i) The LHB is not carrying any temporary idle assets.

Gross carrying amount of all fully depreciated assets still in use as at 31st March 2019 is
£52,203,495

IFRS 13 - Fair Value Measurement

AS at 31st March 2019, 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 2018	0	0	0	0	0	0
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the year	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2019	0	0	0	0	0	0
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

Assets sold in the period**Assets classified as held for sale during the year**

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 2018	2,548	0	79	0	0	0	2,627
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	945	0	0	0	0	0	945
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	(134)	0	(2)	0	0	0	(136)
Gross cost at 31 March 2019	3,359	0	77	0	0	0	3,436
Amortisation at 1 April 2018	1,511	0	71	0	0	0	1,582
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	361	0	8	0	0	0	369
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(134)	0	(2)	0	0	0	(136)
Amortisation at 31 March 2019	1,738	0	77	0	0	0	1,815
Net book value at 1 April 2018	1,037	0	8	0	0	0	1,045
Net book value at 31 March 2019	1,621	0	0	0	0	0	1,621
At 31 March 2019							
Purchased	1,613	0	0	0	0	0	1,613
Donated	8	0	0	0	0	0	8
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2019	1,621	0	0	0	0	0	1,621

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

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 2019 was £964,805.

13 . Impairments

	2018-19		2017-18	
	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)	6,262	0	9,633	0
Reversal of impairments	(1,283)	0	(7,441)	0
Total of all impairments	4,979	0	2,192	0

Analysis of impairments charged to reserves in year :

Charged to the Statement of Comprehensive Net Expenditure	4,979	0	1,139	0
Charged to Revaluation Reserve	0	0	1,053	0
	4,979	0	2,192	0

The impairment charge for the above is made up of :-

Good housekeeping valuations undertaken on schemes completed and brought into use - £6,262K.

14.1 Inventories

	31 March	31 March
	2019	2018
	£000	£000
Drugs	3,776	3,531
Consumables	4,096	4,153
Energy	212	191
Work in progress	0	0
Other	0	0
Total	8,084	7,875
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31 March	31 March
	2019	2018
	£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 2019 £000	31 March 2018 £000
Welsh Government	1,679	1,222
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	95	450
Welsh Health Boards	1,403	1,183
Welsh NHS Trusts	910	404
Health Education and Improvement Wales (HEIW)	96	0
Non - Welsh Trusts	1	2
Other NHS	682	618
Welsh Risk Pool	21,892	27,639
Local Authorities	1,157	2,010
Capital debtors	0	0
Other debtors	5,499	5,299
Provision for irrecoverable debts	(1,053)	(872)
Pension Prepayments	0	0
Other prepayments	1,969	1,643
Other accrued income	0	0
Sub total	34,330	39,598
Non-current		
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Health Education and Improvement Wales (HEIW)	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
Welsh Risk Pool	43,183	14,697
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	43,183	14,697
Total	77,513	54,295
Receivables past their due date but not impaired		
By up to three months	279	339
By three to six months	71	71
By more than six months	30	68
	380	478

Expected Credit Losses (ECL) / Provision for impairment of receivables

Balance at 31 March 2018	(872)	
Adjustment for Implementation of IFRS 9	(82)	
Balance at 1 April 2018	(954)	(834)
Transfer to other NHS Wales body	0	0
Amount written off during the year	55	5
Amount recovered during the year	0	0
(Increase) / decrease in receivables impaired	(154)	(43)
Bad debts recovered during year	0	0
Balance at 31 March	(1,053)	(872)

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	582	613
Other	0	0
Total	582	613

16. Other Financial Assets

	Current		Non-current	
	31 March	31 March	31 March	31 March
	2019	2018	2019	2018
	£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	0	305	0	0
Available for sale at FV	0	0	0	0
Total	0	305	0	0

17. Cash and cash equivalents

	2018-19	2017-18
	£000	£000
Balance at 1 April	1,528	1,212
Net change in cash and cash equivalent balances	(68)	316
Balance at 31 March	1,460	1,528
Made up of:		
Cash held at GBS	1,347	1,708
Commercial banks	88	(202)
Cash in hand	25	22
Current Investments	0	0
Cash and cash equivalents as in Statement of Financial Position	1,460	1,528
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
Cash and cash equivalents as in Statement of Cash Flows	1,460	1,528

The movement relates to cash, no comparative information is required by IAS 7 in 2018-19.

18. Trade and other payables

Current	31 March 2019 £000	31 March 2018 £000
Welsh Government	4	1
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	1,148	133
Welsh Health Boards	1,113	1,318
Welsh NHS Trusts	1,345	790
Health Education and Improvement Wales (HEIW)	0	0
Other NHS	9,182	10,151
Taxation and social security payable / refunds	1,008	3,784
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	1,317	4,550
Non-NHS creditors	6,157	4,283
Local Authorities	3,043	6,064
Capital Creditors	8,068	5,276
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	54,325	51,084
Deferred Income:		
Deferred Income brought forward	399	385
Deferred Income Additions	418	385
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	(399)	(371)
Other creditors	6,356	7,257
PFI assets –deferred credits	0	0
Payments on account	0	0
Total	93,484	95,090
Non-current		
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Health Education and Improvement Wales (HEIW)	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.

Amounts falling due more than one year are expected to be settled as follows:

	31-Mar-19 £000	31-Mar-18 £000
Between one and two years	0	0
Between two and five years	0	0
In five years or more	0	0
Sub-total	0	0

19. Other financial liabilities

Financial liabilities	Current		Non-current	
	31 March	31 March	31 March	31 March
	2019	2018	2019	2018
	£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 2018	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 2019
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Clinical negligence	22,286	0	0	2,185	11,453	(9,094)	(9,225)	0	17,605
Personal injury	3,299	0	0	0	592	(530)	(224)	9	3,146
All other losses and special payments	0	0	0	0	167	(167)	0	0	0
Defence legal fees and other administration	545	0	0	129	827	(345)	(463)		693
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	46			0	13	(22)	0	0	37
Restructuring	0			0	0	0	0	0	0
Other	1,588		0	0	2,391	(1,505)	(414)		2,060
Total	27,764	0	0	2,314	15,443	(11,663)	(10,326)	9	23,541
Non Current									
Clinical negligence	14,614	0	0	(2,185)	32,186	(1,123)	(444)	0	43,048
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	357	0	0	(129)	376	(122)	(33)		449
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	14,971	0	0	(2,314)	32,562	(1,245)	(477)	0	43,497
TOTAL									
Clinical negligence	36,900	0	0	0	43,639	(10,217)	(9,669)	0	60,653
Personal injury	3,299	0	0	0	592	(530)	(224)	9	3,146
All other losses and special payments	0	0	0	0	167	(167)	0	0	0
Defence legal fees and other administration	902	0	0	0	1,203	(467)	(496)		1,142
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	46			0	13	(22)	0	0	37
Restructuring	0			0	0	0	0	0	0
Other	1,588		0	0	2,391	(1,505)	(414)		2,060
Total	42,735	0	0	0	48,005	(12,908)	(10,803)	9	67,038

Expected timing of cash flows:

	In year to 31 March 2020	Between 1 April 2020 31 March 2024	Thereafter	Total
				£000
Clinical negligence	17,605	43,048	0	60,653
Personal injury	3,146	0	0	3,146
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	693	449	0	1,142
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	37	0	0	37
Restructuring	0	0	0	0
Other	2,060	0	0	2,060
Total	23,541	43,497	0	67,038

20. Provisions (continued)

	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

21. Contingencies

21.1 Contingent liabilities

	2018-19 £'000	2017-18 £'000
Provisions have not been made in these accounts for the following amounts :		
Legal claims for alleged medical or employer negligence	61,482	53,939
Doubtful debts	0	0
Equal Pay costs	0	0
Defence costs	1,691	1,655
Continuing Health Care costs	6,925	13,600
Other	0	0
Total value of disputed claims	70,098	69,194
Amounts (recovered) in the event of claims being successful	(59,534)	(51,750)
Net contingent liability	10,564	17,444

21.2 Remote Contingent liabilities

	2018-19	2017-18
	£'000	£'000
Guarantees	0	0
Indemnities	536	266
Letters of Comfort	0	0
Total	536	266

21.3 Contingent assets

	2018-19	2017-18
	£'000	£'000
	0	0
	0	0
	0	0
Total	0	0

22. Capital commitments**Contracted capital commitments at 31 March**

	2018-19	2017-18
	£'000	£'000
Property, plant and equipment	28,124	16,100
Intangible assets	0	0
Total	28,124	16,100

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 2019		Approved to write-off to 31 March 2019	
	Number	£	Number	£
Clinical negligence	124	10,216,769	98	8,658,580
Personal injury	40	530,385	14	237,375
All other losses and special payments	295	167,037	295	167,037
Total	459	10,914,191	407	9,062,992

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			
07RR6MN0006	MN	1,394,905	1,578,905	0
09RYNMN0061	MN	35,000	665,000	0
12RYNMN0077	MN	1,300,000	1,615,021	0
13RYNMN0032	MN	650,000	980,000	0
13RYNMN0074	MN	0	819,000	819,000
14RYNMN0005	MN	680,000	695,000	695,000
14RYNMN0069	MN	2,280,000	2,810,000	2,810,000
14RYNMN0105	MN	0	850,000	850,000
15RYNMN0026	MN	0	362,698	362,698
15RYNMN0034	MN	323,345	573,345	0
16RYNMN0063	MN	100,000	310,000	0
18RYNMN0084	MN	422,000	423,920	0
19RYNMN0007	MN	370,950	370,950	0
Sub-total		7,556,200	12,053,839	5,536,698
All other cases		3,357,991	8,165,392	3,526,294
Total cases		10,914,191	20,219,231	9,062,992

24. Finance leases**24.1 Finance leases obligations (as lessee)****Amounts payable under finance leases:**

Land	31 March 2019 £000	31 March 2018 £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	31 March
	2019	2018
	£000	£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	31 March
	2019	2018
	£000	£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 2019 £000	31 March 2018 £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	<u>0</u>	<u>0</u>
	<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	<u>0</u>	<u>0</u>
	<u>0</u>	<u>0</u>

25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

The LHB has no PFI schemes which are deemed to be off-statement of financial position

Commitments under off-SoFP PFI contracts	Off-SoFP PFI contracts	Off-SoFP PFI contracts
	31 March 2019 £000	31 March 2018 £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

Total obligations for on-Statement of Financial Position PFI contracts due:

	On SoFP PFI Capital element 31 March 2019 £000	On SoFP PFI Imputed interest 31 March 2019 £000	On SoFP PFI Service charges 31 March 2019 £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 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

Total present value of obligations for on-SoFP PFI contracts **£0m**

25.3 Charges to expenditure

	2018-19	2017-18
	£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 2019	31 March 2018
	£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

	On / Off- statement of financial position
PFI Contract	
Number of PFI contracts which individually have a total commitment > £500m	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

	2018-19	2017-18
	£000	£000
(Increase)/decrease in inventories	(209)	201
(Increase)/decrease in trade and other receivables - non-current	(28,486)	8,888
(Increase)/decrease in trade and other receivables - current	5,573	(11,747)
Increase/(decrease) in trade and other payables - non-current	0	0
Increase/(decrease) in trade and other payables - current	(1,606)	10,125
Total	(24,728)	7,467
Adjustment for accrual movements in fixed assets - creditors	(2,792)	(872)
Adjustment for accrual movements in fixed assets - debtors	0	0
Other adjustments	(82)	0
	(27,602)	6,595

28. Other cash flow adjustments

	2018-19	2017-18
	£000	£000
Depreciation	15,255	15,347
Amortisation	369	352
(Gains)/Loss on Disposal	(13)	(11)
Impairments and reversals	4,979	1,139
Release of PFI deferred credits	0	0
Donated assets received credited to revenue but non-cash	(952)	(623)
Government Grant assets received credited to revenue but non-cash	0	(11)
Non-cash movements in provisions	37,210	7,957
Total	56,848	24,150

29. Third Party assets

Hywel Dda University Health Board held £1,400,694 cash at bank and in hand at 31 March 2019 (31 March 2018, £1,178,113) which relates to monies held by the Health Board on behalf of patients. Cash held in Patient's Investment Accounts amounted to £666,248 at 31 March 2019 (31 March 2018, £664,921). This has been excluded from the Cash and Cash equivalents figure reported in the Accounts.

30. Events after the Reporting Period

The LHB has not experienced any events having a material effect on the accounts, between the date of the statement of financial position and the date on which these accounts were approved by its Board.

31. Related Party Transactions

A number of the LHB's Board members have interests in related parties as follows:

Name	Details	Interests
Anna Lewis	Independent Member	Board Trustee Visiting Senior Lecturer Spice Innovations Ltd Swansea University
Julie James	Independent Member	Health Assessor Trustee Welsh Government Health and Wellbeing at Work Corporate Standard National Botanic Garden of Wales Swansea University
		Member of Court Non-Executive Director Welsh Government Dept for Education and Local Government & Communities
		External Voting Member Member Carmarthenshire County Council Audit Committee Carmarthenshire County Council's Standards Committee
Michael Hearty	Associate Member	Finance Advisor Non-Executive Director Betsi Cadwaladr Health Board HMRC
		Non-Executive Director Blackpool Teaching Hospital Foundation Trust
		Non-Executive Director Public Health England
Philip Kloer	Medical Director	Honorary Professor Swansea University
Simon Hancock	Independent Member	Treasurer Age Concern Mencap
		Vice Chair Pembrokeshire County Council
		Member of Court Swansea University
Steve Moore	Chief Executive	Honorary Professor University of Wales Trinity St David
Huw Thomas	Finance Director	Chair HFMA Wales Branch Healthcare Financial Management Association (HFMA)

Total value of transactions are with entities at which Board members and key senior staff have influential interests in 2018-19

	Payments to related party	from related party	Amounts owed to related party	Amounts due from related party
	£000	£	£	£
Age Concern Pembrokeshire	85	0	0	0
Blackpool Teaching Hospitals Foundation Trust	16	0	0	0
Carmarthenshire County Council	12,961	1,983	1,017	765
HFMA	27	0	0	0
HMRC	2,325	0	37,507	0
Mencap	95	0	0	0
National Botanic Gardens of Wales	8	0	0	0
Pembrokeshire County Council	5,050	2,812	1,482	223
Public Health England	15	0	0	0
Spice Innovations Ltd	54	0	0	0
Swansea University	571	2	1,378	66
University of Wales Trinity St David	20	0	2	0

The Welsh Government is regarded as a related party. During the accounting period the Hywel Dda University 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:

	Debtor @ 31-Mar-19	Creditor @ 31-Mar-19	Income @ 31-Mar-19	Expenditure @ 31-Mar-19
	£'000s	£'000s	£'000s	£'000s
Welsh Government	1,679	4	880,945	5
Abertawe Bro Morgannwg University Health Board	406	433	4,150	35,335
Aneurin Bevan University Health Board	23	74	762	808
Betsi Cadwaladr University Health Board	237	27	4,522	410
Cardiff & Vale University Health Board	187	165	553	6,359
Cwm Taf University Health Board	87	76	445	529
Powys Local Health Board	463	339	8,299	580
Public Health Wales NHS Trust	60	225	2,067	2,078
Velindre University NHS Trust	5,061	1,107	2,157	12,051
Welsh Ambulance Services Trust	40	12	178	3,093
Welsh Health Specialised Services Committee	95	1,148	2,152	85,495
Health Education and Improvement Wales (HEIW)	96	0	3,187	0
Total £'000s	8,434	3,611	909,417	146,743

32. Pooled budgets

Hywel Dda University 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. Hywel Dda University 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.

Hywel Dda University 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. Hywel Dda University 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.

Hywel Dda University 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.

Hywel Dda University 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. Hywel Dda University 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 £ 310,781 has been accounted for as expenditure in the accounts of the Health Board.

33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

The Hywel Dda University 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 Hywel Dda University 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

IFRS15

Work was undertaken by the TAG IFRS sub group, consistent with the 'portfolio' approach allowed by the standard. Each income line in the notes from a previous year's annual accounts (either 2016/17 or 2017/18) was considered to determine how it would be affected by the implementation of IFRS 15. It was determined that the following types of consideration received from customers for goods and services (hereon referred to as income) fell outside the scope of the standard, as the body providing the income does not contract with the body to receive any direct goods or services in return for the income flow.

- Charitable Income and other contributions to Expenditure.
- Receipt of Donated Assets.
- WG Funding without direct performance obligation (e.g. SIFT/SIFT@/Junior Doctors & PDGME Funding).

Income that fell wholly or partially within the scope of the standard included:

- Welsh LHB & WHSCC LTA Income;
- Non Welsh Commissioner Income;
- NHS Trust Income;
- Foundation Trust Income;
- Other WG Income;
- Local Authority Income;
- ICR Income ;
- Training & Education income ;
- Accommodation & Catering income

It was identified that the only material income flows likely to require adjustment for compliance with IFRS15 was that for patient care provided under Long Term Agreements (LTA's). The adjustment being, for episodes of patient care which had started but not concluded (FCE's), as at period end, e.g. 31 March.

When calculating the income generated from these episodes, it was determined that it was appropriate to use length of stay as the best proxy for the attributable Work In Progress (WIP) value. In theory, as soon as an episode is opened, income is due. Under the terms and conditions of the contract this will only ever be realised on episode closure so the average length of stay would be the accepted normal proxy for the work in progress value.

For Hywel Dda University Health Board, the summary assessment of the impact of IFRS 15 is below -

Annual Accounts year looked at: 2016/17

Total Income per Accounts in the year 2016/17 :	£52.934m
Total Income looked at as part of the exercise:	£29.595m
Total Income looked at considered to be outside the scope of IFRS 15:	£ 3.873m
Total Income looked at that is inside the scope of IFRS 15	£25.722m
Total Income looked at that is inside the scope of IFRS 15 and potentially requires adjustment for incomplete service provision episodes	£15.014m
Total estimated adjustment required under IFRS 15	£ 0.059m

34. Other Information (continued)

IFRS 9

For consistency across Wales, the practical expedient provision matrix was used to estimate expected credit losses (ECLs) based on the 'age' of receivables as follows:

- Receivables were segregated into appropriate groups
- Each group, was analysed:
 - a) age-bands
 - 1-30 days (including current)
 - 31-60 days
 - 61-90 days
 - 91-180 days
 - 181- 365 days
 - > 1 year
 - b) at historical back-testing dates (data points)
- For each age-band, at each back-testing date the following were determined:
 - a) the gross receivables
 - b) the amounts ultimately collected/written-off. If material, adjustments should be made to exclude the effect of non-collections for reasons other than credit loss (e.g. credit notes issued for returns, short-deliveries or as a commercial price concession)

The average historical loss rate by age-band was calculated, and adjusted where necessary e.g. to take account of changes in:

- a) economic conditions
- b) types of customer
- c) credit management practices

Consideration was given as to whether ECLs should be estimated individually for any period-end receivables, e.g. because information was available specific debtors.

Loss rate estimates were applied to each age-band for the other receivables.

The percentages calculated have been applied to those invoices outstanding as at 31st March 2018 (which don't already have a specific provision against them) to recalculate the value of the HB/Trust non-specific provision under IFRS9.

BREXIT UPDATE

On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. The triggering of Article 50 started a two-year negotiation process between the UK and the EU. On 11 April 2019, the government confirmed agreement with the EU on an extension until 31 October 2019 at the latest, with the option to leave earlier as soon as a deal has been ratified.

In 2018-19 the NHS Estate has been valued using indices provided by the District Valuer and disclosed in the Manual For Accounts.

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Bwrdd Iechyd Prifysgol Hywel Dda

**Adroddiad Blynyddol a
Chyfrifon
2018/2019**

Beth y bydd yr Adroddiad Blynyddol hwn yn ei ddweud wrthyhych?

Mae ein Hadroddiad Blynyddol yn rhan o gyfres o ddogfennau a fydd yn dweud wrthyhych 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 2018-19, a'r modd y byddwn yn gwella y flwyddyn nesaf. Mae hefyd yn egluro pa mor bwysig yw gweithio gyda chi a gwrando 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 Interim Drafft 2019/20](#), sy'n pennu ein hamcanion a'n cynlluniau ar gyfer 2019/20. Gallwch ddarllen y ddogfen hon, a chael rhagor o wybodaeth amdanom, ar www.hywelddahb.wales.nhs.uk. Mae ein Hadroddiad Blynyddol ar gyfer 2018-19 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 threfniadau llywodraethu.
- 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: <http://www.wales.nhs.uk/sitesplus/862/tudalen/75120>

Ein Hadroddiad Blynyddol ar Iechyd y Cyhoedd

Mae'r Bwrdd Iechyd yn mabwysiadu dull gwahanol o gyhoeddi Adroddiad Blynyddol Cyfarwyddwr Iechyd y Cyhoedd yn 2019. Bydd adroddiadau 2018 a 2019 yn cael eu cyfuno'n un adroddiad, gyda'r rhan gyntaf yn edrych yn ôl ar y flwyddyn 2018, a'r ail ran yn edrych ymlaen at y daith yr ydym yn cychwyn arni am yr 20 mlynedd nesaf mewn perthynas â'r gobeithion a'r uchelgais hirdymor sydd gennym fel Bwrdd. Bydd hwn yn cael ei gyhoeddi ym mis Medi 2019, yma <http://www.wales.nhs.uk/sitesplus/862/tudalen/62047>

Sut i gysylltu â ni

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:

Cyfeiriad: Bwrdd Iechyd Prifysgol Hywel Dda, Adeilad Ystwyth, Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job, Caerfyrddin, SA31 3BB.
Ffôn: 01267 239554
Gwefan: www.hywelddahb.wales.nhs.uk
Twitter: [@HywelDdaHB](https://twitter.com/HywelDdaHB) / [@BIHywelDda](https://twitter.com/BIHywelDda)
Facebook: www.facebook.com/HywelDdaHealthBoard
www.facebook.com/BwrddIechydHywelDda

© Bwrdd Iechyd Lleol Prifysgol Hywel Dda. Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda.

Cynnwys

Pennod 1:

Croeso gan ein Cadeirydd a'n Prif Weithredwr	<u>Tud. 4</u>
Amdanom ni	<u>Tud. 5</u>
Prif gyflawniadau a datblygiadau	<u>Tud. 7</u>
Cynnwys pobl leol, partneriaid a chymunedau	<u>Tud. 11</u>
Rhoi gwerth ar ein staff	<u>Tud. 15</u>
Buddsoddi yn ein hystadau a'n gwasanaethau	<u>Tud. 17</u>

Pennod 1 Croeso gan ein Cadeirydd a'n Prif Weithredwr

Eleni, mae'r Bwrdd Iechyd wedi cymryd camau breision i symud ein sefydliad o fod yn un a oedd yn y broses o newid i fod yn un sydd wrthi'n cael ei weddnewid. Ers gormod o amser, rydym wedi gwneud ymdrechion ystyrlon i fantoli'r llyfrau, ond ni allwn wario mwy na'n hincwm mwyach. Rhoddodd Trawsnewid ein Gwasanaeth Iechyd gyfle unwaith mewn oes i sicrhau gwell gwasanaethau iechyd i bawb, i ddarparu gofal o'r safon uchaf, a hynny gyda chanlyniadau rhagorol sy'n gwella iechyd a lles ac yn darparu profiad da ble bynnag yr ydych yn byw ac yn cael eich gofal.

Hoffem ddiolch i bawb a gymerodd ran yn yr ymgynghoriad 12 wythnos hwn a'n herio i wneud pethau'n iawn. Ni fydd ein hymgysylltu yn dod i ben yn y fan honno. Rydym wedi ymrwymo i weledigaeth gyffredin, i dri nod strategol newydd ac i ganlyniadau hirdymor i'n poblogaeth, ynghyd ag i wneud hyn trwy ymgysylltu'n barhaus â'n rhanddeiliaid allweddol, sef ein cleifion, ein staff, ein clinigwyr a'n partneriaid, yn enwedig gofal cymdeithasol a'r trydydd sector.

Mae Ein [Strategaeth Iechyd a Gofal: Canolbarth a Gorllewin Cymru Iachach](#) yn pennu, am y tro cyntaf, weledigaeth strategol ar gyfer gwasanaethau sydd *yn ddiogel, yn gynaliadwy, yn hygyrch ac yn garedig* ar gyfer cenedlaethau'r presennol a'r dyfodol ledled Hywel Dda. Mae'r strategaeth yn seiliedig ar weithredu model iechyd cymdeithasol integredig. Mae'n arwydd o newid yn ein ffocws presennol ar ofal a thriniaeth yn yr ysbyty tuag at ganolbwyntio ar y gwaith atal, ynghyd ag at feithrin cydnherthedd pobl a chymunedau, fel y disgrifiwyd uchod; ac mae'n sefydlu parch cyffelyb i iechyd corfforol, iechyd meddwl ac anableddau dysgu, fel ei gilydd, ar draws y rhychwant oedran.

Yn ystod y flwyddyn nesaf byddwn yn edrych ar faint o'n gwasanaethau, trwy welliannau i ansawdd a llwybrau, a allai weithio tuag at amseroedd aros byrrach, gan gynnwys gwell mynediad at wasanaethau therapi a diagnostig. Bydd cyflwyno'r llwybr canser sengl yn sbardun allweddol ar gyfer hyn, a bydd yn sicrhau newid sylweddol i wella'r broses o drin canser.

Ein gwaith cynllunio sirol a lleol yw'r sylfaen i ofal diogel, cynaliadwy, hygyrch a charedig, a bydd yn cael rhagor o gymorth er mwyn iddo barhau i fod felly. Mae ein [Cynllun Blyneddol Interim Drafft 2019/20](#) yn amlygu ymyraethau allweddol ar lefel sirol ac ardal, sy'n cryfhau'r gwaith atal a gofal sy'n cael ei gyflawni agosaf at y cartref; bydd hyn yn gwneud gwahaniaeth gwirioneddol i bobl sy'n byw â chyflyrau cronig hirdymor.

Rydym yn cydnabod bod gennym lawer rhagor i'w wneud o hyd i sefydlogi ein gwasanaethau, yn enwedig mewn perthynas â'r heriau sy'n ymwneud â'n gweithlu a, thrwy hynny, i sefydlogi a gwella ein cyllid. Rydym hefyd yn cydnabod yr angen i barhau i wella'r perfformiad o ran amseroedd aros a'r perfformiad ariannol.

Hefyd, mae paratoi ar gyfer Brexit wedi bod yn flaenoriaeth sylweddol yn ystod y flwyddyn ddiwethaf ac, fel sefydliad, rydym wedi bod yn cynllunio ar gyfer senario dim cytundeb posibl, gan asesu risg yr effaith bosibl ar y gwaith o ddarparu gwasanaethau, ynghyd â pharhad busnes ledled y Bwrdd Iechyd.

Law yn llaw â hyn, byddwn yn cefnogi ein staff o'r Undeb Ewropeaidd fel y gallant barhau i weithio gyda Bwrdd Iechyd Prifysgol Hywel Dda ac yn y Deyrnas Unedig. Rydym yn gwerthfawrogi pob unigolyn cynhenid, pob aelod o'r Undeb Ewropeaidd a phob unigolyn Rhyngwladol sy'n aelod o'n staff yn Nhîm Hywel Dda, pob un ohonynt yn rhoi ein cleifion wrth wraidd popeth a wnânt. Diolch i chi am eich ymroddiad parhaus, eich ymrwymiad a'ch uniondeb.



Mrs Judith Hardisty,
Cadeirydd Dros Dro
(o 1 Mawrth 2019)



Mr Steve Moore
Prif Weithredwr

4



Mrs Bernardine Rees
OBE, Cadeirydd
(tan 28 Chwefror 2019)

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 11,000 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'r canlynol:

- **Pedwar** prif ysbyty: Ysbyty Cyffredinol Bronglais yn Aberystwyth, Ysbyty Cyffredinol Glangwili yng Nghaerfyrddin, Ysbyty'r Tywysog Philip yn Llanelli, ac Ysbyty Cyffredinol 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;
- **48** o bractisau cyffredinol (gyda **pedwar** o'r rhain yn cael eu rheoli), **47** o bractisau deintyddol (sy'n cynnwys **tri** phractis orthodontig), **99** o fferyllfeydd cymunedol, **44** o bractisau offthalmig cyffredinol (gyda **43** ohonynt yn darparu Archwiliad Iechyd Llygaid Cymru, a **34** yn darparu gwasanaethau golwg gwan), **17** o ddarparwyr gofal cartref yn unig, 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, cydbwyllgor sy'n cynrychioli saith bwrdd iechyd ledled Cymru.

Ein Datganiad Cenhadaeth

- Atal ac ymyrraeth yn ystod y blynyddoedd cynnar yw'r allwedd i'n cenhadaeth hirdymor i ddarparu'r gofal iechyd gorau i'n poblogaeth, a bydd hyn yn cael ei gryfhau ymhellach gan ein cydweithrediad parhaus a'n gwaith partneriaeth gyda sefydliadau eraill, rhanddeiliaid a'r cyhoedd.
- Byddwn yn mynd ati mewn modd rhagweithiol i gefnogi ein pobl leol, yn enwedig y rheiny sy'n byw â phroblemau iechyd, yn ogystal â'r gofalwyr sy'n rhoi cymorth iddynt.
- Os ydych yn credu bod gennych broblem iechyd, bydd prosesau ar waith i sicrhau eich bod yn cael diagnosis cyflym er mwyn i chi allu cael y driniaeth y mae arnoch ei hangen, os bydd arnoch ei hangen, neu fwrw ymlaen â'ch bywyd bob dydd.
- Byddwn yn sefydliad effeithiol nad yw'n disgwyl i chi deithio'n ddiangen nac aros am gyfnodau afresymol; bydd ein gwasanaeth yn gyson, yn ddiogel ac o safon uchel; a byddwn yn meddu ar ddiwylliant o dryloywder ac o ddysgu pan fydd pethau'n mynd o chwith.

Y modd y byddwn yn gwneud hyn

Yn nhermau perfformiad a chyllid, mae'r Bwrdd Iechyd wedi gwneud gwelliannau sylweddol yn ystod 2018-19 o ran amseroedd aros cleifion ar gyfer gofal wedi'i gynllunio; cymaint felly fel na fydd gennym, erbyn diwedd y flwyddyn, glaf yn aros fwy na 36 wythnos am driniaeth, na neb yn aros fwy nag wyth wythnos am ddiagnosis a ni fydd neb yn aros dros 14 wythnos am fynediad at therapïau.

Mae ein diffyg wedi gostwng i £35.5 miliwn, ac rydym yn cydnabod bod gennym lawer rhagor i'w wneud o hyd i sefydlogi ein gwasanaethau, yn enwedig mewn perthynas â'r heriau o ran ein gweithlu, ac, o ganlyniad, i sefydlogi a gwella ein cyllid. Mae ein Hadroddiad Sicrwydd Perfformiad Integredig, sy'n darparu tystiolaeth o'r modd yr ydym yn olrhain ein perfformiad ar draws ystod o

dargedau ansawdd ac amseroedd aros, ar gael yma <http://tiny.cc/p2ls6y> a'n perfformiad ariannol yma <http://tiny.cc/l6ls6y>.

Fodd bynnag, gwyddom fod yn rhaid i ni sicrhau gwelliant sylweddol eto fyth o ran perfformiad yr amseroedd aros a'r perfformiad ariannol. Yn y [Cynllun Blynyddol Interim Drafft 2019/20](#), byddwn yn edrych ar faint o'n gwasanaethau, trwy welliannau i Ansawdd a Llwybrau, a allai weithio tuag at arosiadau o 26 wythnos, a llai nag 14 wythnos yn achos gwasanaethau therapi, ynghyd ag arosiadau hyd yn oed yn fyrrach o ran y gwasanaethau diagnosteg, gan felly symud y sefydliad yn ei flaen eto yn y broses o gyflawni ein Datganiad Cenhadaeth. Bydd cyflwyno'r llwybr canser sengl yn ystod 2019-20 yn peri i ni ymdrechu i wneud hyn, a byddwn yn dod â newid sylweddol i'r broses o wella triniaeth canser.

Ar yr un pryd ag yr ydym yn datblygu gwasanaethau ym maes gofal sylfaenol a gofal cymunedol, mae'r [Cynllun Blynyddol Interim Drafft 2019/20](#) yn disgrifio sut y byddwn yn cyflawni'r canlynol:

- Gwella Perfformiad – cynnal perfformiad yr amseroedd aros ar gyfer triniaethau meddygol a llawfeddygol, gyda chleifion yn aros dim mwy na 36 wythnos o'r atgyfeiriad i'r driniaeth. Yn ogystal â hynny, cynnal y perfformiad cyfredol ar gyfer gwasanaethau Canser, Strôc ac Iechyd Meddwl. Bydd ein ffocws o ran gwella, y mae'n ofynnol i ddatblygiadau yn y gwasanaethau camu-i-fyny a chamu-i-lawr cymunedol a sylfaenol fod ar waith i'n helpu i'w gyflawni, ar Ofal Heb ei Drefnu, yn enwedig perfformiad amseroedd aros Damweiniau ac Achosion Brys, ar wella'r broses rhyddhau, ac ar leihau derbyniadau diangen i'r ysbyty a gostwng hyd arosiadau;
- Cyllid – sicrhau sefyllfa ariannol gytunedig a gwell, ac iddi gamau gweithredu a chynlluniau ar gyfer newid sy'n gadarn;
- Ansawdd – diffinio Cynlluniau Gwella Ansawdd a Llwybrau Cleifion sy'n datblygu ein pum nod ansawdd;
- Newid yn y Gwasanaeth – fel yr eglurwyd, byddwn yn canolbwyntio ar ddatblygu ein Gwasanaethau Iechyd y Boblogaeth, Sylfaenol a Chymunedol, yn unol â 'Cymru Iachach'; ac yn olaf,
- Darparu tystiolaeth, lle bo hynny'n briodol ar gyfer [Cynllun Blynyddol Interim Drafft 2019/20](#), ynghylch y modd yr ydym yn gyson â blaenoriaethau allweddol Ysgrifennydd y Cabinet a Llywodraeth Cymru yn Fframwaith Cynllunio GIG Cymru 2019-22.

Oherwydd yr heriau ariannol sylweddol yn ein model clinigol presennol, rydym yn cydnabod na allwn dalu cymaint o sylw i'r agenda atal ag y dylem. Fodd bynnag, yn ein gwaith cynllunio ar gyfer 2019-20, rydym wedi amlygu newid sylweddol yn y ffordd yr ydym yn gwneud busnes ac, i'r perwyl hwnnw, rydym wedi cyflwyno'r Llwybr Integredig i Bawb, sy'n pennu, yn eglur iawn, y marciwr ar gyfer dull system gyfan llawer mwy rhagweithiol, sy'n cynnwys atal. Mae'r un mor bwysig i bob un o'n gwasanaethau gymryd rhan yn y cam cyntaf, sef 'helpwch fi i ddewis a heneiddio'n dda', ag yw iddynt gymryd rhan yn y cam lle gallent fod yn gweithredu fel y prif ddarparwr gofal, er enghraifft, yn 'Gofal ysbyty da', ac mae ein [Cynllun Blynyddol Interim Drafft 2019/20](#) yn disgrifio'r camau allweddol y mae angen i ni eu cymryd i wneud hyn.

Canolbarth a Gorllewin Cymru Iachach – Ein Cenedlaethau yn y Dyfodol yn Byw'n Dda

Cafodd [strategaeth iechyd a gofal](#) y Bwrdd Iechyd ei chymeradwyo ym mis Tachwedd 2018. Dyma'r tro cyntaf i ni bennu gweledigaeth ar gyfer gwasanaethau sy'n addas ar gyfer cenedlaethau'r presennol a'r dyfodol.

Un rhan yn unig o system gymhleth y mae angen iddi weithio'n well gyda'i gilydd i wella canlyniadau iechyd a lles ar gyfer ein poblogaeth yw gwasanaethau iechyd a gofal. Datblygwyd

ein gweledigaeth o uchelgeisiau cyffredin ein partneriaid, fel y'u pennir yng nghynlluniau lles Byrddau Gwasanaethau Cyhoeddus Sir Gaerfyrddin, Ceredigion a Sir Benfro. Mae'n ceisio grymuso cymunedau i weithio gyda'i gilydd mewn meysydd y maent yn poeni amdanynt, a lle maent yn teimlo y gallant gyfrannu y naill i'r llall.

Rydym yn cydnabod ein bod ar ddechrau taith hir tuag at gyflawni ein gweledigaeth a'n nodau strategol. Rydym am fod yn uchelgeisiol. Rydym am ddarparu gwasanaethau clinigol rhagorol (meddygol, nyrsio, therapiwtig, ac eraill) ar gyfer ein poblogaeth. Rydym hefyd am fwyafu'r cyfraniad a wnawn i'r system ehangach, ar y cyd â phartneriaid a phobl, wrth fynd i'r afael ag achosion afiechyd, a hynny trwy hyrwyddo iechyd a lles, atal, ac ymyrraeth gynnar.

Mae yna lawer o gerrig milltir ar ein taith 20 mlynedd, ond mae'n rhaid i ni ddatblygu'r blociau adeiladu ar gyfer llwyddiant gyntaf. Bydd creu symudiad ar gyfer newid trwy ymrwymiad parhaus ein staff, ein cleifion, pobl yn ein cymunedau a'r rhai sy'n darparu iechyd, gofal a lles, neu sydd â diddordeb mewn iechyd, gofal a lles, yn sylfaenol i ennill calonnau a meddyliau. Dyma sut y byddwn yn cefnogi newid mewn diwylliant, gan symud i system lles sy'n cynnwys pob rhan o fywyd sy'n effeithio ar ein hiechyd a'n lles (model cymdeithasol ar gyfer iechyd).

Mae ein strategaeth yn dangos y newid ffocws hwn. Rydym yn gwybod bod gwasanaethau iechyd a gofal yn gwneud cyfraniad pwysig at iechyd a lles cyffredinol. Gan ei fod yn rhan o'r darlun yn unig, mae'n bwysig cydnabod bod ffactorau eraill, er enghraifft addysg, tai, cyflogaeth a hamdden, gyda'i gilydd, yn chwarae rhan fwy. Er mwyn helpu i gyflawni'r nodau strategol a bennwyd gennym yn ein gweledigaeth hirdymor, byddwn yn ymdrechu i ddylanwadu ar y rôl y gall y gwasanaeth iechyd ei chwarae i gadw pobl yn iach, ac yn hyrwyddo hynny. Mae model cymdeithasol ar gyfer iechyd yn cynnig cyfleoedd enfawr i ni feddwl a gweithredu mewn modd gwahanol o ran y ffordd yr ydym yn darparu gwasanaethau iechyd a gofal ar y cyd â phartneriaid allweddol, er enghraifft y bobl sy'n byw ac yn gweithio yn ardal y Bwrdd Iechyd.

Ers cael cymeradwyaeth y Bwrdd, rydym wedi symud ymlaen yn gyflym i gynllunio'r broses o gyflwyno'r strategaeth. Mae hyn wedi cynnwys: pennu hyd a lled portffolio o raglenni a grwpiau galluogi; datblygu dogfennaeth ar gyfer rhaglenni; cynllunio proses 'gwirio a herio'; ac ystyried y trefniadau llywodraethu angenrheidiol a'r gofynion o ran adnoddau er mwyn cyflawni strategaeth o'r fath faint.

I gael rhagor o wybodaeth, ewch i'r dudalen We hon lle ceir y strategaeth, sef 'Canolbarth a Gorllewin Cymru Iachach: Cenedlaethau'r Dyfodol yn Byw'n Dda', a hynny mewn fformatau gwahanol i ddiwallu eich anghenion <http://www.wales.nhs.uk/sitesplus/862/tudalen/98253> Gallwch hefyd gael gwybod mwy yma am yr hyn yr ydym yn ceisio'i wneud, sut yr ydym yn bwriadu ei wneud, a sut y gallwch gymryd rhan.

Prif gyflawniadau a datblygiadau

111 wedi'i gyflwyno ledled rhanbarth y Bwrdd Iechyd

Ar 31 Hydref 2018, cyflwynwyd y gwasanaeth ffôn 111 ledled Ceredigion a Sir Benfro, yn dilyn ei roi ar waith yn Sir Gaerfyrddin yn 2017. Mae'r rhif ffôn rhad ac am ddim hwn yn rhoi mynediad at wasanaeth y Tu Allan i Oriau Meddygon Teulu a Galw Iechyd Cymru – gan ei gwneud yn hawdd cael y cyngor, y cymorth neu'r driniaeth gywir i gyd mewn un man.

Buddsoddi mewn cyfleusterau obstetrig a newyddenedigol

Dechreuodd y gwaith ar y prosiect cyfleusterau obstetrig a newyddenedigol gwerth £25.2 miliwn yn Ysbyty Glangwili ym mis Hydref 2018. Bydd ail gam y gwaith aildatblygu yn cynyddu gallu'r cyfleusterau yn yr ysbyty. Bydd hyn yn cynnwys darparu cotiau dibyniaeth fawr; cotiau gofal arbennig, ac ystafelloedd aros dros nos ar gyfer rhieni, ynghyd â chynyddu nifer yr ystafelloedd

geni, y theatrau llawdriniaeth a'r cilfannau dadebru. Mae cynlluniau hefyd ar waith ar gyfer 45 o leodedd parcio ychwanegol.

Defnyddio negeseua symudol a llinell dir

Mae'r Bwrdd Iechyd yn ychwanegu at y ffyrdd y mae'n cyfathrebu trwy gyflwyno gwasanaethau negeseua symudol a llinell dir, a hynny er mwyn gwella profiad cleifion a lleihau'r siawns y byddwch yn colli apwyntiad a drefnwyd.

Rydym yn gweithio'n gyson i leihau'r amseroedd aros ar gyfer ein cleifion, ac yn defnyddio gwasanaeth negeseuon testun ar gyfer unrhyw un sydd wedi cofrestru rhif ei ffôn symudol gyda ni, neu sydd ar restr aros ar hyn o bryd, a hynny er mwyn gofyn a ydynt yn dymuno parhau i fod ar y rhestr aros ai peidio. Gall cleifion optio allan o'r gwasanaeth negeseuon testun ar unrhyw adeg.

Mae'r Bwrdd Iechyd hefyd wedi lansio gwasanaeth atgoffa newydd, sef Gwasanaeth Atgoffa SMS ar gyfer Cleifion Allanol, a hynny er mwyn lleihau nifer yr apwyntiadau a gollir, sy'n costio tua £4 miliwn y flwyddyn i'r Bwrdd Iechyd ar hyn o bryd.

Cynllun peilot ar gyfer presgripsiynu cymdeithasol

Mae cleifion yn ardal Llanelli wedi bod yn cymryd rhan mewn cynllun arloesol sy'n galluogi gweithwyr proffesiynol ym maes gofal sylfaenol i 'bresgripsiynu' triniaethau anghlinigol.

Ystyr presgripsiynu cymdeithasol yw pan fydd gweithwyr proffesiynol ym maes gofal sylfaenol yn atgyfeirio cleifion sydd ag anghenion cymdeithasol, emosiynol neu ymarferol at amrywiaeth o wasanaethau lleol ac anghlinigol, er enghraifft therapi grŵp, ymarfer corff, arferion llesiant a gweithgareddau cymunedol.

Mae'r Presgripsiynwyr Cymdeithasol yn gweithio ledled chwe meddygfa, gan gynnig cymorth i gleifion trwy sesiynau un i un a grŵp.

Cyllid ar gyfer sganiwr MRI ym Mronglais

Cafodd cleifion ledled Canolbarth Cymru newyddion calonogol yn dilyn cytundeb gan Lywodraeth Cymru i ddarparu bron £5 miliwn i brynu Sganiwr Delweddu Cyseiniant Magnetig (MRI) ar gyfer Ysbyty Bronglais. Bydd y sganiwr newydd yn ei le erbyn 2020.

Rhaglen gwerth £12 miliwn i weddnewid y ddarpariaeth iechyd, gofal a chymorth yng Ngorllewin Cymru

Ym mis Mawrth 2019, cyhoeddwyd bod Llywodraeth Cymru yn darparu cyllid gwerth £12 miliwn ar gyfer rhaglen uchelgeisiol i foderneiddio a gwella iechyd a gofal cymdeithasol yng Ngorllewin Cymru.

Bydd yr arian yn cefnogi amrywiaeth o fentrau sy'n symud gwasanaethau o'r ysbyty i gartrefi a chymunedau pobl, gan ei gwneud yn haws i bobl gael gafael ar y gofal y mae arnynt ei angen, aros yn iach, a chadw eu hannibyniaeth.

Dan arweiniad y Bwrdd Partneriaeth Rhanbarthol, rhaglen Gorllewin Cymru yw'r ddiweddaraf i gael cyllid o Gronfa Trawsnewid gwerth £100 miliwn Llywodraeth Cymru. Crëwyd y Gronfa i gefnogi camau allweddol yng nghynllun hirdymor Llywodraeth Cymru ar gyfer iechyd a gofal cymdeithasol, *Cymru Iachach*.

Canolfannau Fferyllol Galw i Mewn

Oddi ar Ddydd Gŵyl Dewi 2019, mae nifer o fferyllfeydd cymunedol ledled Sir Gaerfyrddin, Ceredigion a Sir Benfro yn cael eu galw'n Ganolfannau Fferyllol Galw i Mewn.

Fel isafswm, bydd y canolfannau'n darparu'r gwasanaeth mân anhwylderau, sy'n caniatáu i'r fferylllydd ddarparu triniaethau i gleifion ar gyfer amrywiaeth o gyflyrau, o glefyd y gwair i lau pen, ac o heintiau yn y llygaid i boen cefn. Darperir y gwasanaeth hwn gan 93 o fferyllfeydd cymunedol yn ardal Hywel Dda.

Bydd y canolfannau hefyd yn cynnig dulliau atal cenhedlu hormonaidd brys, cyflenwad brys o feddyginiaethau, gwasanaeth rhoi'r gorau i ysmygu, gwasanaeth dychwelyd offer miniog ar gyfer cleifion, brechiadau rhag y fflw, ac adolygiadau o feddyginiaethau.

I weld lle mae eich Canolfan Galw i Mewn agosaf, ewch i

<http://www.wales.nhs.uk/sitesplus/862/tudalen/94142>

Gwasanaeth peilot ar-lein ar gyfer profi am Glamydia a Gonorea, sef heintiau a drosglwyddir yn rhywiol (STI)

Ddiwedd 2018, lansiwyd gwasanaeth profi e-STI peilot fel prosiect cydweithredol rhwng Iechyd Cyhoeddus Cymru, y Bwrdd Iechyd a Signum Health, a ariennir gan Lywodraeth Cymru.

Mae'r canlyniadau ar ôl y chwe mis cyntaf wedi dangos bod 931 o holiaduron wedi cael eu llenwi. O'r pecynnau a ddychwelwyd, roedd 8% ohonynt wedi profi'n bositif ar gyfer Clamydia a 0% yn bositif ar gyfer Gonorea. Mae'r gwasanaeth peilot hefyd wedi ennyn ymateb a oedd yn 100% cadarnhaol, ac mae'n cael ei ystyried ar gyfer cyfnod hirach o amser gan Lywodraeth Cymru.

Mae rhagor o wybodaeth ar gael yma: <https://www.cymruchwareus.org/>

Ein staff a gwasanaethau arobryn

Ein staff yw'r hyn sy'n gwneud ein GIG, ac rydym yn falch iawn o'r hyn y maent wedi'i gyflawni eleni. Yn ddiweddarach yn yr adroddiad (gweler tudalen 15), mae yna gyfoeth o wybodaeth am ein staff, ond dyma ni yma yn dathlu rhai o'r gwobrau a enillwyd yn ystod 2018-19 gan unigolion a thimau.

Nyrs y Flwyddyn RCN Cymru 2018 – Eve Lightfoot

Eve Lightfoot, prif nyrs ardal, a gafodd yr anrhydedd mwyaf yng Ngwobrau Nyrs y Flwyddyn RCN Cymru 2018, sef gwobr Nyrs y Flwyddyn RCN Cymru. Hi hefyd oedd enillydd y categori Gwobr Nyrsio Cymunedol.

Roedd Eve wedi bod yn pryderu fwyfwy nad oedd yna addysg ar gael ar gyfer staff ynghylch sepsis neu ffyrdd o adnabod dirywiad yn gynnar ymysg cleifion yn y gymuned.

Aeth ati i feithrin ymwybyddiaeth o'r mater, gan ddechrau interniaeth ymchwil a chynnal prosiect ymchwil. Erbyn hyn, mae ei gwaith yn arwain at newid cynaliadwy, a hynny nid yn unig yn lleol, ond hefyd ar lefel genedlaethol.

Lluniodd becyn addysgu yn rhan o'i hastudiaeth, gan ymgorffori straeon am gleifion ynddo. Cyflwynodd hwn i dros 100 o nyrsys cymunedol, gyda'r nod o'u grymuso i wneud penderfyniadau priodol.

O ganlyniad i'w gwaith, mae templed Sefyllfa-Cefndir-Asesiad-Argymhelliad (SBAR) ar gyfer y gymuned, a Sgoriau Rhybudd Cynnar Cenedlaethol (NEWS), yn cael eu cyflwyno i fod yn rhan o feini prawf derbyn meddygon teulu.

At hynny, sefydlwyd ymateb cyflym y tu allan i'r ysbyty i grŵp dysgu salwch aciwt yn Hywel Dda,

ac mae'r rhaglen addysg ar adnabod sepsis yn cael ei darparu i gartrefi gofal.

Sêr nyrsio yn disgleirio yng ngwobrau Nyrs y Flwyddyn RCN Cymru 2018

Yn sgil ei gwaith sy'n canolbwyntio ar leihau effeithiau afiechydon hirdymor ac atal cymhlethdodau, enwyd Claire Hurlin, pennaeth strategol rheoli cyflyrau cymunedol a chronig, yn enillydd ar y cyd y Wobr Gwella Iechyd Unigolion a'r Boblogaeth.

Dyfarnwyd Gwobr Comisiynydd Pobl Hŷn Cymru i'r nyrs gofal cymunedol a lliniarol brofiadol, Rachel Griffiths, sy'n uwch-ymarferydd nyrsio, a hynny am ei rôl yn cefnogi clwstwr Aman Gwendraeth, lle mae'n canolbwyntio ar gleifion oedrannus bregus mewn cartrefi gofal.

Llongyfarchiadau hefyd i Emma Booth, bydwraig graidd, a ddaeth yn ail ar gyfer y Wobr Mentora; Janet Edmunds, nyrs arweiniol plant sy'n derbyn gofal, a ddaeth yn ail ar gyfer y Wobr Diogelu; a Ginny Chappell, uwch-ymarferydd nyrsio gofal sylfaenol, a ddaeth yn ail ar gyfer y Wobr Nyrs Gofal Sylfaenol.

I gael gwybod rhagor am eu gwaith gwyh, ewch i:

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

Rhestr Anrhydeddau Pen-blwydd y Frenhines 2018

Llongyfarchiadau mawr i Dr Gareth Collier, a gafodd MBE am wasanaethau i driniaeth canser yr ysgyfaint yng Nghymru ar Restr Anrhydeddau Pen-blwydd y Frenhines 2018. Mae Dr Collier, Meddyg Anadlol Ymgynghorol yn ysbytai Glangwili, y Tywysog Philip a Llwynhelyg, wedi gweithio yn Hywel Dda oddi ar 2008, ac mae wedi cydweithio â chyd-weithwyr i wella gwasanaethau canser.

Rhestr Anrhydeddau'r Flwyddyn Newydd 2019 y Frenhines

Cafodd Jennifer Ladd, cyn Ymarferydd Nyrsio Brys yn Uned Mân Anafiadau Aberteifi, a Mike Ponton, cyn Aelod Annibynnol, eu cydnabod yn Rhestr Anrhydeddau'r Flwyddyn Newydd 2019 y Frenhines. Dyfarnwyd Medal yr Ymerodraeth Brydeinig (BEM) i Jennifer am wasanaethau i Geredigion a Hywel Dda, tra bo Mike yn dod yn Aelod o Urdd Ardderchocaf yr Ymerodraeth Brydeinig (MBE) am wasanaethau i ofal iechyd.

Gwobrau Arloesedd MediWales 2018

Cafodd y Bwrdd Iechyd ddwy wobwr yng Ngwobrau Arloesedd MediWales. Cydnabuwyd ein cyflawniadau yng Nghategori Gwobr Cydweithredu â Diwydiant y GIG ar gyfer ein Tîm Adsefydlu Cleifion yr Ysgyfaint, sydd wedi datblygu'r gwasanaeth Adsefydlu Cleifion yr Ysgyfaint Rhithwir (VIPAR) i gysylltu gwasanaethau safonol i adsefydlu cleifion yr ysgyfaint â neuaddau pentref lleol a chanolfannau byw'n annibynnol cymunedol, a hynny trwy fideogynadleda.

Enillwyd yr ail wobwr, Rhagoriaeth Ymchwil yn GIG Cymru, gan ein Tîm Ymchwil a Datblygu, sydd wedi datblygu'r astudiaeth LungCAST, sef astudiaeth sydd â'r cohort mwyaf yn y byd yn edrych ar effaith ddi-oed smygu parhaus, ynghyd â'r effaith yn yr hirdymor, ar oroesiad, ansawdd bywyd a chymhlethdodau yn achos triniaethau, ynghyd ag effaith rhoi'r gorau i smygu ar ôl cael diagnosis o ganser ar y tair elfen hynny.

Gwobr y Coleg Brenhinol Seiciatreg (RCPsych)

Cafodd y Bwrdd Iechyd wobwr y Coleg Brenhinol Seiciatreg (RCPsych) am ei ymroddiad i wella gwasanaethau iechyd meddwl i oedolion yng Nghanolbarth a Gorllewin Cymru. Mae'r Gwobrau RCPsych yn nodi'r lefel uchaf o gyflawniad mewn seiciatreg, ac yn cydnabod y gwaith sy'n cael ei wneud gan dimau sy'n gweithio ym maes gofal iechyd meddwl.

Enillodd tîm y prosiect y wobwr 'Tîm y Flwyddyn: Ymrwymiad Eithriadol i Ddatblygu Gwasanaethau Cynaliadwy', ar gyfer y prosiect Trawsnewid Gwasanaethau Iechyd Meddwl, 'Taith i Adferiad'.

Llwyddiant cenedlaethol i'r Tîm Ymchwil yng Ngwobrau Effaith Ymchwil y Gwasanaeth Cymorth a Chyflenwi 2019

Roedd tîm Hywel Dda yn gyd-enillwyr y wobr gyhoeddus gan Ymchwil Iechyd a Gofal Cymru yn y Gwobrau Effaith Ymchwil, sef gwobrau sy'n cydnabod y cyflawniadau gwerthfawr a wneir gan dimau ac unigolion ym maes ymchwil i gynyddu cyfleoedd i gleifion a'r cyhoedd fod yn rhan, mewn modd diogel, o ymchwil foesegol, ac i gael budd ohoni, a hynny ni waeth beth yw'r lleoliad daearyddol.

Gwobr genedlaethol i Fydwraig Hywel Dda

Cafodd y fydwraig o Ysbyty Dyffryn Aman, Emma Thomas, ei henwi yn Fydwraig y Flwyddyn Mamau Emma's Diary 2019 ar gyfer Cymru.

Cafodd Emma ei disgrifio gan y fam a oedd yn ei henwebu, sef Emma Rees, yn "un mewn miliwn" gan fod ei rhinweddau yn gyfuniad perffaith o dosturi, proffesiynoldeb, gwybodaeth a chymorth i Emma yn ystod ei beichiogrwydd cymhleth a arweiniodd at enedigaeth efeilliaid.

Llwyddiant i Hywel Dda yng Ngwobrau GIG Cymru

Roedd y prosiect "Datblygu model gwasanaeth adsefydlu cleifion yr ysgyfaint rhithwir (VIPAR) i wella iechyd a lles a lleihau anghydraddoldebau iechyd" wedi ennill y wobr Gwella Iechyd a Lles a Lleihau Anghydraddoldebau, a gefnogid gan Gymdeithas Llywodraeth Leol Cymru, yng Ngwobrau GIG Cymru 2018.

Cynnwys pobl leol, partneriaid a chymunedau

Hywel Dda: Trawsnewid ein Gwasanaeth Iechyd

Yn ystod haf 2018, aethom ati i gynnal ymgynghoriad cyhoeddus am 12 wythnos. Yn ystod y cyfnod hwn, roedd yna lefel ddigynsail o weithgarwch, gan gynnwys 17 o ddigwyddiadau galw heibio cyhoeddus, a estynnodd at dros 1,400 o bobl; 44 o ddigwyddiadau staff a oedd yn cynnwys dros 1,100 o aelodau staff; a 77 o gyfarfodydd gyda grwpiau cymunedol lle roedd dros 1,300 o bobl yn bresennol. Yn ogystal â hyn, cafodd 17 o weithdai cyhoeddus eu cynnal yn annibynnol, ynghyd â saith gweithdy staff, a llwyddodd y rhain i estyn at 261 a 43 o bobl, yn y drefn honno. Llwyddodd ein gweithgarwch i ennyn cyfradd ymateb gadarnhaol iawn, gyda 5,395 o ymatebion ffurfiol i'r ymgynghoriad yn dod i law, ac 17 o fersiynau hawdd eu deall.

Roeddem am roi pob cyfle i bobl gymryd rhan a rhannu eu safbwyntiau, ac felly aethom ati i ddefnyddio amrywiaeth o ddulliau i sicrhau y gallai cynulleidfia mor eang â phosibl gyfrannu. Roedd hyn yn cynnwys cyfarfodydd wyneb yn wyneb, defnyddio grwpiau a oedd yn bodoli eisoes, ymgyrchoedd posteri, hysbysebu, y cyfryngau print a darlledu, a lefel ddigynsail o gyfathrebu digidol. Bu i ni ymrwymo i gwrdd â phobl yn y mannau lle roeddent yn teimlo fwyaf cyfforddus; aethpwyd i amrywiaeth o grwpiau a chyfarfodydd a oedd eisoes yn bodoli ac, yn ogystal â hynny, trefnwyd gweithgareddau penodol mewn lleoliadau cyhoeddus a chymunedol.

Bu i ni ganolbwyntio adnoddau sylweddol ar grwpiau nad ydynt yn cael eu clywed yn aml, gan weithio ar sail yr egwyddor fod safon gwasanaethau yn well i bawb o roi ystyriaeth i anghenion y bobl fwyaf agored i niwed.

Er mwyn cefnogi'r ymgynghoriad ac estyn at gynifer o bobl â phosibl, datblygwyd ystod eang o ddeunyddiau ar gyfer llwyfannau lluosog, gan gynnwys y canlynol:

- Dogfen ymgynghori a holiadur ffurfiol yn Gymraeg ac yn Saesneg
- Fersiynau amgen, er enghraifft fersiwn hawdd ei deall, print bras, Braille a fersiwn sain

- Fersiwn gryno ar ffurf animeiddiad byr, a oedd hefyd ar gael mewn fformatau amgen, gan gynnwys Iaith Arwyddion Prydain (BSL), sain a Phwyleg.

Roedd y fersiwn wedi'i hanimeiddio yn arbennig o fuddiol i'n cynulleidfau ar-lein, pobl â llythrennedd isel, a phobl iau. Cafodd yr animeiddiad ei ddefnyddio ar ein tudalennau Gwe pwrpasol, [Trawsnewid Gwasanaethau Clinigol](#) ac ar sianeli cyfryngau cymdeithasol y Bwrdd Iechyd, ond hefyd gyda chynulleidfaoedd annigydol mewn digwyddiadau, ar sgriniau mewn lleoliadau iechyd, ac mewn grwpiau llai.

Roeddem wedi ymrwymo i wrando, ac i adolygu ein dull gweithredu yn seiliedig ar yr hyn a glywsom trwy gydol yr ymgynghoriad. Felly aethom ati i addasu ein gweithgarwch, neu ei ehangu lle roedd gofyn, er mwyn sicrhau bod pob barn yn cael ei chlywed.

Cynllun cynnwys ac ymgysylltu Siarad Iechyd

Trwy'r cynllun hwn, rydym yn parhau i ddarparu'r wybodaeth ddiweddaraf i aelodau, ynghyd â chyfluoedd i lywio gwasanaethau iechyd. Mae gennym dros 1,000 o aelodau, ac rydym yn awyddus i recriwtio rhagor. I gael rhagor o wybodaeth, neu i ymuno â ni, ewch i www.siaradiechyd.wales.nhs.uk, ffôn 01554 899056, neu ysgrifennwch at Rhadbost Bwrdd Iechyd Hywel Dda.

Ymgysylltu Parhaus

Datblygodd y Bwrdd Iechyd a Chyngor Iechyd Cymuned Hywel Dda y [Fframwaith ar gyfer Ymgysylltu ac Ymgynghori Parhaus](#) a chytunwyd arno gan y Bwrdd ym mis Ionawr 2019. Mae hwn yn ymrwymiad sylweddol a chadarnhaol i ymgysylltu parhaus yn y dyfodol. Mae'r dull hwn o weithredu yn seiliedig ar ethos o ddiwylledd, gonestrwydd, cyfathrebu clir, ymrwymiad i gydraddoldeb ac amrywiaeth, a'r Gymraeg.

Ein partneriaethau strategol

Ein huchelgais yw dod yn sefydliad iechyd y boblogaeth, ac mae ein rôl mewn partneriaethau a chydweithrediadau strategol allweddol â sefydliadau gwasanaethau cyhoeddus, rhanddeiliaid, staff, cleifion a'r cyhoedd, fel ei gilydd, 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 y canlynol:

- **Byrddau Gwasanaethau Cyhoeddus**, a sefydlwyd yn Sir Gaerfyrddin, Ceredigion a Sir Benfro yn rhan o Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015, ac iddynt y 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 i bennu'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 er lles pawb, fel y gellir cyrraedd y safonau uchaf posibl o ran gofal, arloesedd, addysg a hyfforddiant.
- Ffurfiwyd **Grŵp Cydweithredol Gofal Iechyd y Canolbarth** i weithredu'r 12 o argymhellion yn 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. Yn 2018-19, trawsnewidiodd y Gydweithfa i fod yn Gyd-bwyllgor Iechyd a Gofal Canolbarth Cymru, a'i weledigaeth yw sicrhau bod 'Poblogaeth Canolbarth Cymru yn cael mynediad teg i wasanaethau iechyd a gofal integredig sydd o safon ac ansawdd uchel, ac sy'n ddiogel, yn gynaliadwy ac yn ddwyieithog'.

- Mae **lechyd a Gofal Gwledig Cymru** (sef y Ganolfan Rhagoriaeth mewn lechyd a Gofal Cymdeithasol Gwledig gynt), a sefydlwyd gan Grŵp Cydweithredol Gofal lechyd y Canolbarth, yn ganolbwynt ar gyfer datblygu a chasglu ymchwil o ansawdd uchel ar lechyd a lles gwledig; mae'n gwella prosesau hyfforddi, recriwtio a chadw gweithluoedd proffesiynol mewn cymunedau gwledig, ac yn dangos esiampl ym maes lechyd 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 lechyd, Cynghorau Sir Ceredigion, Sir Gaerfyrddin a Sir Penfro, yn ogystal â darparwyr gofal yn y trydydd sector, gofalwyr, a phobl ag anghenion o ran gofal. Mae gan y Bwrdd Partneriaeth Rhanbarthol gyfrifoldeb strategol am gyflawni gwaith i integreiddio lechyd a gofal cymdeithasol ledled y rhanbarth. Aeth ati i gyhoeddi Asesiad o Anghenion Poblogaeth Gorllewin Cymru, sef yr asesiad cyntaf, a bu partneriaid yn cydweithio i lunio cynllun ardal ar gyfer gorllewin Cymru, gan nodi'r modd y bydd gwasanaethau lechyd a gofal cymdeithasol yn cael eu darparu i ddiwallu'r anghenion a nodwyd.
- Mae **Grŵp Cydweithredol lechyd GIG Cymru**, a gynhelir gan lechyd Cyhoeddus Cymru, yn anelu at wella'r cydweithio rhwng cyrff GIG Cymru, GIG Cymru a'i randdeiliaid, 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 lechyd (ARCH)** yw meysydd lechyd, addysg a gwyddoniaeth yn cydweithio i wella lechyd, cyfoeth, sgiliau a lles pobl Dde-orllewin Cymru. Mae'n bartneriaeth rhyngom ni, Bwrdd lechyd Prifysgol Abertawe Bro Morgannwg a Phrifysgol Abertawe, sy'n ymestyn dros chwe ardal awdurdod lleol ac sy'n gweithio gyda chyrff gofal lechyd, cyrff gwirfoddol, a chyrff cyhoeddus eraill. Ei nod yw gwella gofal lechyd trwy ymchwil, arloesedd a sgiliau, a hynny ledled y rhanbarth.
- **Y Pwyllgor Cynllunio a Chyflawni Rhanbarthol ar y Cyd (JRPDC)** Er mwyn meithrin y perthnasoedd da a'r sylfeini o gydweithio y cytunwyd arnynt eisoes trwy'r rhaglen ARCH, mae'r JRPDC yn bartneriaeth gyda Bwrdd lechyd Prifysgol Abertawe Bro Morgannwg i sicrhau bod y cynlluniau trawsnewid yn y tymor hwy sy'n cael eu datblygu trwy raglen Trawsnewid Gwasanaethau ARCH yn gyson â chyraeddiadau byrdymor, a bod iddynt nod penodol i fwrw ymlaen â rhaglen dreigl o waith i gefnogi'r broses o gynllunio, cyflawni a gwella gwasanaethau yn y byrdymor a'r tymor canolig.
- **Cyngor lechyd Cymuned Hywel Dda** – mae'r Bwrdd lechyd, trwy ein tîm Gweithredol, yn cyfrannu at Strategaeth y Cyngor lechyd Cymuned a'r Pwyllgor Cynllunio.

Elusennau lechyd Hywel Dda

Elusennau lechyd Hywel Dda yw elusen swyddogol Bwrdd lechyd Prifysgol Hywel Dda. Nod ein helusen yw gwneud gwahaniaeth cadarnhaol i'n gwasanaethau GIG lleol ledled Sir Gaerfyrddin, Ceredigion a Sir Benfro.

Mae haelioni parhaus ein cleifion, eu teuluoedd a'n cymunedau lleol yn ein galluogi i gefnogi ystod eang o wasanaethau a gweithgareddau, yn ychwanegol at yr hyn y mae cyllid y GIG yn ei ganiatáu, er budd ein poblogaeth leol. Mae enghreifftiau o wariant yn cynnwys prynu'r offer meddygol diweddaraf neu eitemau ar gyfer cysur ychwanegol i gleifion, creu amgylchedd mwy croesawgar, a buddsoddi yn ein staff trwy gyfleoedd dysgu a datblygu.

Bydd manylion llawn am weithgareddau'r elusen yn 2018-19 ar gael yn Adroddiad a Chyfrifon Blynnyddol Elusennau Iechyd Hywel Dda ar gyfer 2018-19, a hynny yn dilyn yr archwiliad yn ystod hydref 2019. Bydd yr adroddiad ar gael yn <http://www.elusennauiechdyhyweldda.org.uk/cyhoeddiadau-w>

Cydraddoldeb, amrywiaeth a hawliau dynol

Yn ystod 2018-19, rydym wedi parhau i gydweithio â'n staff, a defnyddwyr gwasanaethau, eu gofalmwr a'u teuluoedd, ynghyd â rhanddeiliaid allweddol eraill, a hynny gyda'r nod o sicrhau na fydd neb o dan anfantais wrth ddefnyddio ein gwasanaethau nac wrth fod yn gyflogedig gennym.

Mae sicrhau bod gan ein poblogaeth fynediad teg at wasanaethau a gwybodaeth i wella iechyd a lles yn parhau i fod yn un o'n prif flaenoriaethau, ac mae ein gwaith tuag at newid y ffordd yr ydym yn darparu ein gwasanaethau yn dangos lle mae lleisiau ein cymunedau wedi dylanwadu ar y ffordd y mae modelau gwasanaeth yn datblygu. Bu i ni gyflawni "arfer da" ym mhroses sicrhau ansawdd y Sefydliad Ymgynghori mewn perthynas â'n hymgyngoriad ffurfiol "*Hywel Dda: Trawsnewid ein Gwasanaeth Iechyd*". Roedd hyn yn cynnwys ymgysylltu â 45 o grwpiau a oedd yn cynrychioli nodweddion gwarchodedig, yn ogystal ag amrywiaeth o unigolion o sawl grŵp gwarchodedig a fynychodd ddigwyddiadau cyhoeddus ac a lenwodd yr arolwg cysylltiedig.

Rydym wedi diweddarau ein sesiwn Gynefino a gyflwynir i bob aelod newydd o staff er mwyn annog ymagwedd ragweithiol a chydweithredol tuag at greu amgylchedd cynhwysol a darparu gwasanaethau teg 'nawr ac yn y dyfodol.

Mae ein Hadroddiad Blynnyddol ar ein Cynllun Cydraddoldeb Strategol a'n Hamcanion ar gyfer 2019 yn rhoi enghreifftiau o waith tuag at gyflawni ein hamcanion mewn perthynas â chydaddoldeb: <http://www.wales.nhs.uk/sitesplus/862/tudalen/66892>

Gan edrych i'r dyfodol, rydym wedi sefydlu dull cydweithredol amlasiantaethol o ymgysylltu ar yr adolygiad o'n Hamcanion Strategol 2020-2024.

Ymchwil a Datblygu

Mae'r adran Ymchwil a Datblygu wedi bod ynghlwm wrth lawer o newidiadau yn ystod 2018-2019, a hynny yn yr adran ei hun ac yn genedlaethol. Mae rhai uchafbwyntiau allweddol i'w gweld isod.

Timau Cyflawni Ymchwil

Mae'r Timau Cyflawni Ymchwil (Nyrsys Ymchwil, Swyddogion Ymchwil a Chynorthwyyr Ymchwil) wedi colli rhai aelodau o staff, ond mae hyn wedi creu cyfleoedd newydd i fandiau gwahanol o staff ymchwil ddatblygu yn eu rolau, ac mae hefyd wedi darparu cymysgedd sgiliau mwy amrywiol. Mae'r uchafbwyntiau allweddol yn 2018-19 yn cynnwys y canlynol:

- Rhagori ar Ymchwil Iechyd a Gofal Cymru (HCRW), sef targed blynnyddol Llywodraeth Cymru ar gyfer nifer yr astudiaethau portffolio Ymchwil Glinigol a agorir.
- Cael Gwobr Gyhoeddus HCRW ar y cyd am waith rhagorol yn recriwtio cleifion ar gyfer astudiaethau ymchwil cenedlaethol.
- Cael ein cydnabod fel y Bwrdd Iechyd gorau yng Nghymru am recriwtio cleifion i astudiaethau ymchwil i strôc.
- Mae amryw o Nyrsys Ymchwil wedi bod yn dysgu myfyrwyr gradd nyrsio ym Mhrifysgol Cymru y Drindod Dewi Sant, Caerfyrddin.

Rheoli Ymchwil

Yn genedlaethol, mae rheoli ymchwil yn mynd trwy nifer o newidiadau pwysig y mae Hywel Dda yn cymryd rhan weithredol yn eu datblygu. Mae'r newidiadau allweddol yn cynnwys y canlynol:

- Gweithredu system wybodaeth ymchwil a datblygu genedlaethol newydd i hwyluso rheoli astudiaethau ymchwil.
- Datblygu proses newydd o gymeradwyo ymchwil glinigol genedlaethol, a hynny trwy'r Awdurdod Ymchwil Iechyd a HCRW.
- Yr angen i ddangos cydymffurfiaeth â Pholisi Cyllid Ymchwil a Datblygu Cymru Gyfan y GIG, gan gynnwys goruchwyllo cyfrifon ymchwil yr ymchwilwyr yn well.

Datblygu Ymchwilwyr

Er mwyn helpu i ddatblygu diwylliant ymchwil yn y Bwrdd Iechyd a chyda phartneriaid allanol, fel ei gilydd, rhestrir y cyflawniadau allweddol isod:

- Ymunodd Gweinyddwr Cydweithrediaeth Iechyd Academaidd Gorllewin Cymru (WWAHC) â Hywel Dda ym mis Mehefin 2018, ac mae'n helpu i ddatblygu prosiectau ymchwil sy'n cysylltu'r Bwrdd Iechyd â phrifysgolion.
- Mae'r Rheolwr Grantiau ac Arloesedd yn helpu staff i ddatblygu eu sgiliau ymchwil, ac yn hwyluso ceisiadau am grantiau ymchwil allanol.
- Mae swydd Rheolwr Cymorth Datblygu Ymchwilwyr newydd yn yr arfaeth o fis Ebrill 2019 ymlaen, i gynorthwyo staff i ddatblygu eu prosiectau ymchwil eu hunain.
- Gyda chefnogaeth Comisiwn Bevan, lansiwyd yr Hyb Arloesi Hwyl ym mis Gorffennaf 2018 ac mae wedi cael ei gynllunio i feithrin diwylliant o arloesi yn y Bwrdd Iechyd.

Sicrhau Ansawdd Ymchwil

Mae gan y Bwrdd Iechyd gyfrifoldeb i sicrhau bod yr holl waith ymchwil yn cael ei wneud yn unol â'r ddeddfwriaeth a'r canllawiau perthnasol. Mae'r gwaith o oruchwyllo'r gweithgareddau ymchwil yn cael ei gyflawni gan y System Rheoli Ansawdd Ymchwil, ac mae'n cynnwys y gweithgarwch canlynol:

- Mae gan y Swyddog Sicrhau Ansawdd (Ymchwil) oruchwyliaeth dros hyfforddiant staff ar Arfer Clinigol Da, sef y safon foesegol, wyddonol ac ymarferol ryngwladol y mae'r holl ymchwil glinigol yn cael ei chynnal yn unol â hi.
- Mae'r Tîm Sicrhau Ansawdd yn cynhyrchu ac yn diweddarau cyfres o Drefniadau Gweithredu Safonol, Canllawiau a Thempledi ym maes Ymchwil a Datblygu i helpu i reoli gweithgareddau ymchwil allweddol.
- Mae'r tîm Sicrhau Ansawdd yn cynnal archwiliadau rheolaidd ac archwiliadau a sbardunir, yn monitro astudiaethau ymchwil i sicrhau cydymffurfiaeth ag Arfer Clinigol Da, yn darparu trosolwg o gynnydd astudiaethau, ac yn hwyluso adrodd priodol, e.e. adrodd ar ddiogelwch.
- Mae'r Grŵp Rheoli Ansawdd Ymchwil newydd, dan gadeiryddiaeth y Dirprwy Gyfarwyddwr Ymchwil a Datblygu, yn darparu proses annibynnol ar gyfer adolygu materion sicrhau ansawdd ymchwil a mynd i'r afael â nhw.

Rhoi gwerth ar ein staff

Mae gwerthoedd ac ymddygiadau sefydliadol y Bwrdd Iechyd wedi bod ar waith ers dros ddwy flynedd bellach. Datblygwyd y gwerthoedd i gefnogi cenhadaeth a gweledigaeth y sefydliad. Mae'r gwerthoedd yn sbarduno newid yn niwylliant y sefydliad ac yn sicrhau lefel gyson o arweinyddiaeth yn y Bwrdd Iechyd. Mae'r symudiad hwn yn niwylliant y sefydliad ac yng ngalluoedd yr arweinyddiaeth wedi cael effaith gadarnhaol ar brofiad gweithwyr, ac wedi sicrhau rhagor o ymgysylltu o du'r staff. Cydnabyddir bod lefelau uwch o ymgysylltu o du'r staff yn cael effaith gadarnhaol ar ganlyniadau mewn perthynas â safonau, cyllid, perfformiad a chleifion.

Mae Michael West, Athro Gwaith a Seicoleg Sefydliadol, yn disgrifio tri phrif ddylanwad sy'n tyfu o ddiwylliant unrhyw sefydliad:

- gwerthoedd sylfaenol y sefydliad
- y profiadau cynnar ac, o ganlyniad, werthoedd, normau ac ymddygiadau sy'n cael eu meithrin gan y rheiny sy'n ymuno â'r sefydliad
- ymddygiad ei arweinwyr

Y dylanwadau hyn yw'r rhai y mae'r tîm Datblygu Sefydliadol wedi bod yn canolbwyntio eu hymdrechion arnynt er mwyn datblygu diwylliant sy'n dosturiol ac yn gyson â'r gwerthoedd. Mae West hefyd yn disgrifio'r manteision y gall arweinyddiaeth dosturiol eu cynnig: lle bo arweinwyr yn modelu ymrwymiad i ofal tosturiol o ansawdd uchel, mae hyn yn cael effaith fawr ar:

- Effeithiolrwydd clinigol
- Diogelwch cleifion
- Profiad y claf
- Effeithlonrwydd o ran pa adnoddau a ddefnyddir
- Iechyd, lles ac ymgysylltiad y staff

Yn ystod y flwyddyn ddiwethaf, mae'r tîm Datblygu Sefydliadol, sy'n arwain y newid diwylliannol a'r broses o sefydlu gwerthoedd, wedi darparu 30 o sesiynau gwerthoedd pwrpasol ledled safleoedd aciwt a chymunedol. Mae'r sesiynau hyn wedi cael eu cynllunio i amlinellu'r gwerthoedd ac i dynnu sylw pawb sy'n cymryd rhan ynddynt at y fframwaith ymddygiadau penodol. Mae'r sesiwn hefyd yn cyfleu'r angen am ddiogelwch seicolegol, a bod profiad staff yn hanfodol er mwyn i'r sefydliad symud yn ei flaen a datblygu i fod yn 'Gyflogwr Delfrydol'.

Rhaglenni Arweinyddiaeth

Mae ymddygiad arweinwyr yn rhan annatod o'r broses o sefydlu'r gwerthoedd. Dylai'r arweinwyr yn y Bwrdd Iechyd fod nid yn unig yn sicrhau bod holl aelodau'r tîm yn ymddwyn yn unol â'r disgwyliadau, ond dylent hefyd fod yn fodelau rôl yn y sefydliad. Cydnabuwyd bod yna rai anghysondebau yn yr arweinyddiaeth ac, er mwyn sicrhau peth unffurfiaeth, cynhaliwyd adolygiad trylwyr o raglenni arweinyddiaeth, ac maent bellach yn gyson â chymwyseddau arweinyddiaeth GIG Cymru.

Mae'r angen am sgiliau pellach mewn perthynas ag arddulliau arwain effeithiol wedi tywys y tîm Datblygu Sefydliadol i ddylunio a hwyluso modiwlau ar Fyw'r Gwerthoedd; Cyfathrebu Effeithiol; Rheoli Gwrthdaro; Balchder; Diogelwch Seicolegol; ac Arweinyddiaeth Dosturiol. Mae'r adborth o'r rhaglenni newydd wedi bod yn rhagorol, a bydd yn gwella'r safonau ymddygiad rhagorol a amlinellir yn y fframwaith gwerthoedd ymhellach, ac yn meithrin arweinwyr tosturiol ledled y Bwrdd Iechyd.

Arolwg Staff GIG Cymru

Mae canlyniadau arolwg staff 2018 GIG Cymru yn parhau i ddangos gwelliannau cadarnhaol oddi ar arolwg 2016, ac mae'r sefydliad yn uwch na sgoriau cyffredinol GIG Cymru yn achos llawer o'r cwestiynau. Mae llawer o'r gwelliannau yn sylweddol y tro hwn.

O'r 59 o gwestiynau cymaradwy (yr oedd un ohonynt yn gwestiwn sylwadau), gwelodd y Bwrdd Iechyd welliant mewn 49 ohonynt, gyda 31 ar gyfartaledd GIG Cymru neu'n uwch. Gwelodd y cwestiynau eraill un canlyniad a oedd yr un fath ag arolwg 2016 ac 18 o gwestiynau a oedd yn is – er bod mwyafrif y rhain yn llai na phum pwynt oddi tanodd.

- Mae 79% o'r staff yn cytuno neu'n cytuno'n gryf bod gan y sefydliad set glir o werthoedd y maent yn eu deall. Mae'n bosibl bod hyn yn amlygu'r gwaith sy'n cael ei gwblhau o ran sefydlu'r gwerthoedd ym mhopeth y mae'r sefydliad yn ei wneud.
- Byddai 67% o'r ymatebwyr yn argymhell y Bwrdd Iechyd fel lle i weithio, sydd +4% yn uwch na 2016 a +1% yn uwch na chyfartaledd Cymru.
- Roedd yna hefyd gynydd o 7%, o gymharu â'r arolwg blaenorol, yn nifer y staff a oedd yn honni eu bod yn falch o ddweud eu bod yn gweithio i'r Bwrdd Iechyd, ac roedd hyn yn unol â chyfartaledd GIG Cymru.

- Mae'r holl sgoriau ar gyfer y cwestiynau ynghylch rheoli llinell wedi gwella'n sylweddol iawn oddi ar 2016, gyda chynnydd o 10% yn nifer y staff sy'n honni y gallant siarad yn agored am weithio hyblyg (cynnydd o 67% i 77%).
- Gwelwyd cynnydd o 12% yn nifer yr ymatebwyr a oedd yn dweud bod eu rheolwyr llinell yn rhoi adborth clir iddynt ar eu gwaith (cynnydd o 54% i 66%).
- Cafwyd cynnydd o 8% yn yr ymatebion a oedd yn dweud bod eu rheolwyr yn amlygu gofal a phryder gwirioneddol dros eu gweithwyr, a chynnydd o 10% yn nifer y staff a oedd yn honni bod eu rheolwyr llinell yn amlygu agwedd gadarnhaol at waith, ac yn arwain trwy esiampl.
- Gwelodd y Bwrdd lechyd gynnydd nodedig yn y Sgôr Mynegai Ymgysylltu, a gododd i 3.85 o 3.68 yn 2016; roedd hyn yn uwch na'r cyfartaledd cenedlaethol o 3.65. Mae'r sgoriau hyn yn amlygu'r cynnydd cadarnhaol y mae'r sefydliad yn ei gyflawni o ran ymgysylltu â chyflogeion ac arweinyddiaeth effeithiol a thosturiol.

Gwobrau Gwasanaeth Hir

Trefnodd y Bwrdd lechyd ddau ddigwyddiad yn 2018 i ddathlu cyd-weithwyr a oedd wedi cyflawni 40 mlynedd o wasanaeth ymroddedig yn y GIG. Cynhaliwyd y digwyddiadau yn Ysbyty Cyffredinol Glangwili, ac roeddent yn cynnwys fideos o ddiolch gan y Bwrdd lechyd a chyd-aelodau timau am eu hymrwymiad a'u gwasanaeth. Cyflwynodd y Cadeirydd wobwr wydr a cherdyn i dros 50 o fynychwyr, yn gydnabyddiaeth am eu cyfraniad i'r Bwrdd lechyd a GIG Cymru.

Roedd y digwyddiadau hyn yn arwydd bach o werthfawrogiad yr oedd y sefydliad am eu cynnig i gyd-weithwyr ysbrydoledig sydd wedi treulio mwyafswm eu gyrfaoedd yn gofalu am gleifion.

Gwirfoddoli dros lechyd

Gwirfoddoli dros lechyd yw gwasanaeth gwirfoddolwyr y Bwrdd lechyd, ac mae wedi parhau i helpu i wella profiad gofal iechyd ein cleifion trwy recriwtio a chefnogi pobl leol i wirfoddoli yn ein holl ysbytai aciwt a chymunedol.

Mae mwyafrif ein gwirfoddolwyr yn gweithredu fel Cyfeillion Cleifion Gwirfoddol ar ein wardiau, gan ddod ag agwedd gymdeithasol i arhosiad y cleifion. Fodd bynnag, mae yna gyfres o rolau gwirfoddoli eraill y gall pobl leol ymgymryd â nhw, gan gynnwys; Cwrdd a Chyfarch yn nerbynfeydd ysbytai, gwirfoddolwyr Wardiau Plant, gwirfoddolwyr Mamolaeth, gwirfoddolwyr Adrannau Damweiniau ac Achosion Brys, gwirfoddolwyr Fferyllfeydd, gwirfoddolwyr Trolis Siop, gwirfoddolwyr Trolis Llyfrgell, a Garddwyr gwirfoddol.

Yn ystod y flwyddyn hon, rydym wedi parhau i weithio gyda Gwasanaeth Gwybodaeth Cancer MacMillan i recriwtio gwirfoddolwyr ar gyfer y gwasanaeth hwn yn ein hysbytai, ac rydym wedi bod yn rhan o'r Fenter lechyd Gwyrdd yn Ysbyty Cyffredinol Llwynhelyg.

Datblygiad cyffrous arall yw sefydlu a chynnal Fforymau Gwirfoddolwyr yn Sir Benfro a Sir Gaerfyrddin, gyda Cheredigion yn yr arfaeth. Mae hyn yn galluogi gwirfoddolwyr i gwrdd â gwirfoddolwyr eraill ac i fwydo eu barn, eu pryderon a'u syniadau i'r Bwrdd lechyd.

Yn ystod y flwyddyn hon, mae rhai o'n gwirfoddolwyr wedi llwyddo i gael lleoedd mewn prifysgolion yn astudio meddygaeth, nyrsio neu ddisgyblaethau eraill. Dechreuodd 80 o wirfoddolwyr newydd wirfoddoli gyda ni yn ystod y flwyddyn hon.

O blith y gwirfoddolwyr hynny a'n gadawodd:

- Aeth pedwar i brifysgol i astudio meddygaeth
- Aeth 13 i brifysgol i astudio nyrsio
- Cyflogwyd un gwirfoddolwr gan Fwrdd lechyd Prifysgol Hywel Dda
- Symudodd 14 o wirfoddolwyr i gyflogaeth arall

Buddsoddi yn ein Hystadau a'n Gwasanaethau

Bydd cynlluniau buddsoddi cyfalaf y Bwrdd Iechyd yn blaenoriaethu datblygiadau cyfalaf a gwaith cynnal a chadw ar ôl-groniadau. Mae'r strategaeth fuddsoddi hon yn cwmpasu prosiectau sy'n mynd i'r afael â sbardunau parhad busnes, risg a datblygu gwasanaethau, fel ei gilydd. Mae crynodeb o'r prosiectau hyn yn cael eu cynnwys yn y cynllun ystadau hwn ac, mewn sawl achos, maent yn cyd-fynd â themâu Trawsnewid Gwasanaethau Clinigol y Bwrdd Iechyd.

Anghenion Parhad Busnes Byrdymor/Tymor Canolig/Hirdymor (Sbardunau Parhad Busnes a Risg)

Er ein bod ar hyn o bryd yn datblygu llawer o fuddsoddiadau strategol tymor hirach yn ein hystad, bydd yr heriau sy'n ein hwynebu yn gofyn am weithredu ar lefelau gwahanol o frys er mwyn cynnal parhad busnes.

Er mwyn hwyluso hyn, mae'r Bwrdd Iechyd yn gweithio i strwythuro cynlluniau buddsoddi yn anghenion byrdymor, tymor canolig a hirdymor. Mae'r dull fel a ganlyn:

Buddsoddiad Byrdymor: mae'r anghenion hyn yn berthnasol i ddull cynnal a chadw mewnol canolbwyntiedig lle bo hyn yn bosibl gyda chyfalaf dewisol lefel isel. Yn syml, gall hyn olygu gwneud y sefyllfa'n ddiogel neu ymgymryd â rhywfaint o waith targededig i alluogi gwasanaethau clinigol i barhau yn y byrdymor.

Buddsoddiadau Tymor Canolig: bydd y rhain yn gofyn am fuddsoddiad mewn Cyfalaf/Adnoddau sydd y tu hwnt i'r hyn sy'n bosibl gan ein timau mewnol. Bydd hyn, yn bennaf, yn cynnwys ceisiadau i'r Rhaglen Cyfalaf Dewisol, a gefnogir gan flaenoriaethau gwasanaethau gweithredol. Pe byddai'r gofyniad buddsoddi yn fwy na'r hyn sy'n bosibl o gyllid cyfalaf dewisol, byddai angen i'r gwaith symud i'r cynllun hirdymor. Bydd cynlluniau lliniaru yn cael eu rhoi ar waith i reoli unrhyw risg weddilliol.

Cynlluniau Hirdymor: bydd y rhain yn cael eu cysylltu â'r Cynllun Trawsnewid Gwasanaethau Clinigol, ynghyd â'r Cynllun Adnewyddu Seilwaith Mawr/Wardiau, y cyfeirir ato isod.

Rhaglen Gyfalaf Ddewisol

Mae Bwrdd Iechyd Hywel Dda yn parhau i fuddsoddi yn ei ystad, a chyfanswm y buddsoddiad cyfalaf yn 2018-19 oedd £30.893 miliwn.

Roedd y buddsoddiadau allweddol trwy gyllid canolog Llywodraeth Cymru yn 2018-19 yn cynnwys y canlynol:

- Cwblhau'r gwaith o adnewyddu'r theatrau presennol, yn ogystal â darparu lifft newydd ar gyfer gwacáu'r theatrau/Uned Gofal Dwys yn Ysbyty Bronglais yn achos tân (gwerth cyfalaf llawn o £5.32 miliwn).
- Dechrau adeiladu Canolfan Gofal Integredig Aberteifi, sy'n ganolfan newydd (£23.8 miliwn).
- Dechrau'r gwaith adnewyddu i ddarparu cyfleuster Canolfan Gofal Integredig Aberaeron (£3.0 miliwn).
- Dechrau adnewyddu Wardiau 9 a 10 (£3.5 miliwn) yn Ysbyty Cyffredinol Llwynhelyg.
- Dechrau'r Prosiect Cam 2 Menywod a Phlant yn Ysbyty Cyffredinol Glangwili (£25.3 miliwn)
- Dechrau'r prosiect i amnewid y sganiwr MRI yn Ysbyty Cyffredinol Bronglais (£4.9 miliwn)
- Adnewyddu Meddygfa Abergwaun (£0.646 miliwn)
- Buddsoddi mewn TG er mwyn gwella amrywiaeth o feysydd, gan gynnwys y ddarpariaeth Wi-Fi a phrosiectau seiberddiogelwch (£1.8 miliwn).

Mae elfennau allweddol gwariant ein Rhaglen Cyfalaf Dewisol wedi'u nodi yn y tabl isod:

Sir Gaerfyrddin	
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Ysbyty'r Tywysog Philip: Peiriannau Anesthetig Newydd	£139,276
Ysbyty'r Tywysog Philip: Peiriannau Anadlu Newydd	£201,077
Ysbyty'r Tywysog Philip: Dadansoddwr Maes Offthalmoleg Newydd	£34,172
Ysbyty Glangwili: Peiriant Biometreg Offthalmoleg	£50,888
Ysbyty Glangwili: Sganwyr Cardiaidd Newydd	£143,883
Ysbyty'r Tywysog Philip: Sganiwr Cardiaidd Newydd	£62,415
Ysbyty Glangwili: Microsgopau Newydd	£67,852
Ceredigion	
Ysbyty Cyffredinol Bronglais: Sganiwr y Fron Newydd	£36,171
Clinig Offthalmoleg Ffordd y Gogledd: Peiriant Biometreg Lensys Mewnlllygadol (IOL) Offthalmoleg	£50,888
Ysbyty Cyffredinol Bronglais: Uned Monitro Cardiaidd Ganolog Newydd i Fonitro Cleifion	£119,898
Sir Benfro	
Ysbyty Cyffredinol Llwynhelyg: Sganiwr y Fron Newydd	£36,171
Ysbyty Cyffredinol Llwynhelyg: Peiriant Biometreg Lensys Mewnlllygadol (IOL) Offthalmoleg	£50,888
Ysbyty Cyffredinol Llwynhelyg: Microsgopau Newydd	£38,996
Ysbyty Cyffredinol Llwynhelyg: Diheintyddion Golchi Newydd	£291,217

Prosiectau Cyfalaf

Datblygiadau Gofal Cymunedol a Sylfaenol sydd yn yr Arfaeth

Mae yna faterion a phryderon seilwaith sylweddol yn bodoli ynghylch yr ystad gofal sylfaenol a chymunedol bresennol, a hynny o ran sicrhau llety modern, addas i'r diben, ac iddo'r capasiti i wasanaethu fel galluogydd yn y gwaith o ddarparu ar gyfer anghenion ieuchyd y dyfodol, a amlinellir yng [Nghynllun Blynnyddol Interim Drafft 2019/20](#) y Bwrdd Iechyd. Mae cyflwr ac addasrwydd swyddogaethol llawer o'r adeiladau presennol i ddiwallu anghenion poblogaeth sy'n tyfu, ac sydd ag anghenion clinigol newidiol, yn llesteirio datblygiad gwasanaethau ledled gofal sylfaenol, cymunedol ac eilaidd.

Yn ogystal â materion sy'n ymwneud â'r seilwaith presennol, mae yna hefyd bryderon ynghylch cynaliadwyedd nifer o bractisau meddygon teulu yn y Bwrdd Iechyd yn y dyfodol.

Er mwyn mynd i'r afael â'r diffygion sylweddol yn y sectorau cymunedol a gofal sylfaenol, mae Llywodraeth Cymru wedi dyrannu cronfa o £40 miliwn dros y tair blynedd nesaf i fynd i'r afael â'r buddsoddiad y mae mawr angen amdano mewn cynlluniau adnewyddu, ailddatblygu ac adeiladu o'r newydd ledled Cymru.

Mae gwaith eisoes yn mynd rhagddo yn y Bwrdd Iechyd i sicrhau cyllid i ddatblygu'r ystad gofal cymunedol a sylfaenol, a hynny trwy lunio rhestr o gynlluniau â blaenoriaeth i fynd i'r afael â'r diffygion presennol. Mae'r hyn sydd yn yr arfaeth o ran gofal sylfaenol yn cynnwys y cynlluniau canlynol:

Canolfan Gofal Integredig Aberteifi



Gyda'r arian wedi'i gymeradwyo, mae'r gwaith wedi dechrau i ddarparu canolfan gofal integredig newydd yn Aberteifi, a fydd yn darparu gwasanaeth gofal iechyd modern, addas i'r diben ar gyfer y boblogaeth leol, gan sicrhau bod gofal ar gael yn y gymuned ac yn nes at y cartref. Bydd yna amrywiaeth eang o wasanaethau iechyd a gofal cymdeithasol integredig yn cael eu darparu yno, a hynny gan Fwrdd Iechyd Prifysgol Hywel Dda, meddygon teulu, y trydydd sector, yr awdurdod lleol a sefydliadau partner. Bydd y cyfleuster newydd yn disodli Ysbyty Aberteifi a Chanolfan Iechyd Aberteifi, a disgwylir iddo gael ei gwblhau ym mis Rhagfyr 2019.

Canolfan Gofal Integredig Aberaeron – Adnewyddu

Yn rhan o Yn yr Arfaeth Cymru Gyfan (*All Wales Pipeline*), mae cyllid wedi cael ei gymeradwyo ar gyfer prosiectau gofal sylfaenol a chymunedol. Yn dilyn prynu'r eiddo Minaeron gan Gyngor Sir Ceredigion yn 2016-17, mae'r gwaith o adnewyddu'r adeilad i ddarparu gwasanaethau gofal cymunedol, cymdeithasol a sylfaenol yn Aberaeron, eisoes wedi dechrau. Bydd y cyfleuster yn disodli Ysbyty Aberaeron a'r feddygfa meddygon teulu, a disgwylir iddo gael ei gwblhau ym mis Awst 2019.



Canolfan Iechyd/Canolfan Gofal Integredig Abergwaun – Adnewyddu (Cam I) ac Adeilad Newydd (Cam II)

Cafodd y gwaith hwn ei gymeradwyo yn rhan o Yn yr Arfaeth Cymru Gyfan ar gyfer prosiectau gofal sylfaenol a chymunedol. Mae'r prosiect wedi mynd i'r afael â phwysau uniongyrchol o ran cynaliadwyedd gwasanaethau ac uno dau bractis meddygon teulu. Er mwyn diwallu anghenion y boblogaeth a wasanaethir, mae'r gwaith wedi cynnwys codi estyniad dwy ystafell, a gwneud mân waith adnewyddu i'r eiddo a oedd yno eisoes. Cafodd y gwaith ei gwblhau ym mis Mawrth 2019.

Canolfan Iechyd a Lles Cross Hands – Adeilad newydd

Mae achos busnes amlinellol yn cael ei ddatblygu ar hyn o bryd, yn rhan o Yn yr Arfaeth Cymru Gyfan ar gyfer prosiectau cymunedol a gofal sylfaenol. Mae'r prosiect yn cynnig cyfle i ddatblygu

gwasanaethau cymunedol a gofal sylfaenol gwir integredig, sydd wedi'u cydleoli yn Cross Hands a'r ardal gyfagos. Dan arweiniad y Bwrdd Iechyd, ac ar y cyd â meddygon teulu, Cyngor Sir Caerfyrddin, Heddlu Dyfed Powys a sefydliadau trydydd sector, mae ymagwedd partneriaeth ac amlasiantaeth yn cael ei datblygu at y prosiect. Mae'r prosiect yn rhoi cyfle i ddarparu ystod o wasanaethau i wella iechyd a lles pobl yr ardal. Disgwylir i'r cyfleuster newydd gael ei gwblhau cyn mis Rhagfyr 2021.

Canolfan Adnoddau Integredig Cylch Caron, Tregaron

Mae'r achos busnes llawn yn mynd rhagddo. Mae'r prosiect hwn yn brosiect ar y cyd rhwng y Bwrdd Iechyd a Chyngor Sir Ceredigion, ac mae'n cael ei reoli gan Fwrdd Gwasanaethau Lleol Ceredigion. Mae'n dwyn ynghyd wasanaethau gofal iechyd sylfaenol a chymunedol, gwasanaethau gofal cymdeithasol a gwasanaethau tai mewn rhan wledig iawn o Geredigion. Bydd y cyfleuster newydd yn disodli Ysbyty Tregaron a meddygfa meddygon teulu Tregaron.

Clinig Stryd yr Afon ac Ailddatblygu Pen-lan, Caerfyrddin

Oherwydd pryderon dybryd ynghylch cyflwr ffisegol yr adeilad a'i ymarferoldeb, ynghyd â chynaliadwyedd gwasanaethau cymunedol, mae yna gynllun yn mynd rhagddo i adleoli gwasanaethau o Glinig Stryd yr Afon. Mae adeilad y clinig wedi cael ei nodi i'w waredu, ac mae cynlluniau'n mynd rhagddynt i adleoli gwasanaethau i Ben-lan, sef cyfleuster Bwrdd Iechyd rhydd-ddaliadol sydd wedi'i leoli ger y cyfleuster presennol. Mae cyllid cyfalaf i ddatblygu Pen-lan ac i adleoli gwasanaethau erbyn 2020-21 wedi cael ei gymeradwyo.

Yn rhan o'r broses o ailddatblygu safle Pen-lan i wella'r gwaith o ddarparu gwasanaethau cymunedol, cafodd cam 1 y prosiect, sef mynd i'r afael â diffygion yn amlen allanol yr adeilad, ei gwblhau ym mis Rhagfyr 2018. Bydd ail gam y gwaith yn galluogi i'r adeiladau presennol gael eu had-drefnu'n fewnol i ddarparu gwell llety Dysgu ac Anableddau, yn ogystal â datblygu llety addas ar gyfer Iechyd Rhywiol, Podiatreg a Gwasanaethau Deintyddol Cymunedol.

Datblygiadau Acíwt a Datblygu Prosiectau eraill

Achos Busnes dros Raglen Fawr i Adnewyddu Seilwaith a Wardiau

Mae cam cyntaf yr adolygiad o gyflwr ein pedwar cyfleuster aciwt, er mwyn cynhyrchu achos busnes y rhaglen i'w ystyried gan Lywodraeth Cymru, eisoes wedi'i gwblhau. Yn dilyn trafodaeth â Llywodraeth Cymru, mae darn pellach o waith ar y gweill erbyn hyn, i adolygu effaith y Rhaglen Trawsnewid Gwasanaethau Clinigol ddatblygol ar achos busnes y rhaglen hon.

Menywod a Phlant, Cam 2, Ysbyty Glangwili, Caerfyrddin (£25.3 miliwn)

Cymeradwywyd yr achos busnes llawn ar gyfer y cynllun hwn gan Lywodraeth Cymru ym mis Ebrill 2018, ac mae'r gwaith ar y safle yn mynd rhagddo'n dda, gyda'r sylfeini, y brif ffrâm ac adeiledd y lloriau bron wedi eu cwblhau. Mae'r gwaith o adeiladu'r cyfleuster swyddfeydd deulawr newydd ar gyfer adleoli'r Gwasanaeth Technoleg Gwybodaeth hefyd yn mynd yn ei flaen yn dda. Disgwylir i gam cyntaf y cynllun aml-gam hwn gael ei drosglwyddo yn gynnar yn 2021.

Wardiau 9 a 10 Ysbyty Llwynhelig

Ar ôl sicrhau tua £2.5 miliwn, dechreuodd y gwaith ym mis Mehefin 2018 ar y cynllun i adnewyddu Ward 10 i ffurfio Ward Gofal Lliniarol, Hematoleg ac Oncoleg Arbenigol, a fydd yn cynnwys 18 o welyau cleifion mewnol a Lofa Rhyddhau.

Er mwyn galluogi i'r gwaith hwn gael ei gyflawni, mae'r cynllun hefyd yn cynnwys ailddatblygu Ward 9 i ganiatáu i brosiect Ward 10 fynd yn ei flaen, ynghyd â darparu 14 o welyau ychwanegol ar Ward 9, gan felly greu cyfleuster a chapasiti i liniaru pwysau'r gaeaf yn y dyfodol.

Mae prosiectau cynlluniedig/arfaethedig eraill yn cynnwys y canlynol:

- Uned MRI Ysbyty Cyffredinol Bronglais;
- Sganiwr MRI yn Ysbyty Cyffredinol Llwynhelyg;
- Uned Ddydd Cemotharapi yn Ysbyty Cyffredinol Bronglais;

Y Gyfarwyddiaeth Iechyd Meddwl ac Anableddau Dysgu

Mae'r Rhaglen Trawsnewid Iechyd Meddwl bellach wedi cael ei sefydlu'n gadarn yn y cam gweithredu. Yn dilyn cymeradwyaeth y Bwrdd ym mis Ionawr 2018, sefydlwyd Grŵp Gweithredu Iechyd Meddwl. Mae'r gofynion o ran ystadau i gefnogi'r gwaith o gyflawni'r rhaglen fel a ganlyn:

- Uned Asesu Ganolog i'w hadeiladu ar safle presennol Morlais (Caerfyrddin)
- Uned Driniaeth Ganolog i'w datblygu yn Llanelli, ar safle Bryngofal (Llanelli)
- Canolfan Iechyd Meddwl Gymunedol 24/7 ar gyfer Sir Benfro i'w datblygu ar safle Bro Cerwyn, gyda gwelyau lletygarwch
- Canolfan Iechyd Meddwl Gymunedol 24/7 ar gyfer Ceredigion i'w datblygu yn nhref Aberystwyth, gyda gwelyau lletygarwch
- Canolfan Iechyd Meddwl Gymunedol 24/7 ar gyfer Llanelli i'w datblygu yn nhref Llanelli, gyda gwelyau lletygarwch
- Canolfan Iechyd Meddwl Gymunedol 12 awr i'w datblygu yn nhref Caerfyrddin, heb welyau
- Cysoni â'r Rhaglen Trawsnewid Gwasanaethau Clinigol, e.e. y potensial ar gyfer Canolfan Iechyd Meddwl Gymunedol yn hyb Glangwili, sef uned asesu a thriniaeth wedi ei chydleoli ar safle'r ysbyty newydd.

Bydd y Bwrdd Iechyd yn trafod y rhaglen a'r amlen ariannu â Llywodraeth Cymru. Disgwylir y bydd angen datblygu Achos Busnes Rhaglen i gefnogi'r broses o gyflawni pob prosiect yn unol â gofynion briff y gwasanaeth.

Ar hyn o bryd, mae'r gwasanaeth Dysgu ac Anabledd yn adolygu nifer o gynlluniau strategol ledled y Bwrdd Iechyd a fydd yn gofyn am ddatblygu ystadau. Yn rhan o'r adolygiad hwn, mae'r gwasanaeth yn datblygu cynlluniau i ddatblygu canolfan De Sir Benfro ar gyfer gwasanaethau Dysgu ac Anabledd. Llanion House yn Noc Penfro fydd y ganolfan lles integredig newydd ar gyfer pobl ag anableddau dysgu.

Bydd y gwaith hwn yn cael ei arwain gan bobl sy'n defnyddio gwasanaethau sy'n ymwneud ag angen heb ei ddiwallu mewn perthynas ag iechyd, cymdeithasu, tai, hyfforddiant a chyfleoedd gwaith, ac ati. Mae'n brosiect arloesol, sy'n bodloni nodau'r strategaeth ac yn rhoi pobl ag Anableddau Dysgu a gofalmwr wrth wraidd y gwaith o lunio gwasanaethau yn y dyfodol. Bydd yn cyflenwi darpariaeth unigryw yn Sir Benfro trwy ddarparu canolbwynt integredig ar gyfer yr ystod bresennol o wasanaethau a sicrhau cyfleoedd i ddatblygu cyfleusterau a gwasanaethau newydd.

Pentref Llesiant a Gwyddorau Bywyd Llanelli

Y cynnig yw y bydd Gwasanaethau Iechyd a Gofal a ddarperir ym Mhentref Llesiant a Gwyddorau Bywyd Llanelli yn rhan o'r rhwydwaith gwasanaethau integredig yn Sir Gaerfyrddin ac, yn ehangach, yn y siroedd a Byrddau Iechyd cyfagos, ynghyd ag yn rhan o'r Rhwydweithiau Cenedlaethol. Yr ethos fydd newid cyfleoedd bywyd trwy wella iechyd mor gynnar â phosibl. Y gwasanaethau clinigol a fydd yn cael eu darparu ar y safle yw'r rhai y mae tystiolaeth yn bodoli yn eu cylch eu bod yn sicrhau'r canlyniadau gorau o'u darparu mewn lleoliad cymunedol trwy gyfrwng dull tîm amlddisgyblaethol. Rhagwelir y bydd y gwasanaethau clinigol yn cynnwys cysylltiadau ledled iechyd, gofal cymdeithasol, busnes a'r trydydd sector, fel y bo'n briodol. Yn cael ei archwilio hefyd y mae'r opsiwn i ddatblygu Canolfan Iechyd Meddwl Gymunedol yn y Ganolfan Llesiant, yn rhan o'r Rhaglen Trawsnewid Iechyd Meddwl.

Endosgopi, Ysbyty'r Tywysog Philip

Mae adolygiad o'r gwasanaethau endosgopi ledled y Bwrdd Iechyd, yn rhan o broses achredu'r Grŵp

Cynghori ar y Cyd, wedi nodi gofyniad i gael gwell cyfleusterau yn Ysbyty'r Tywysog Philip. Mae'r achos busnes yn cael ei lunio ar hyn o bryd.

Ystafelloedd Therapi Aseptig a Radio

Mae'r achos busnes ar gyfer y cynllun hwn yn cael ei adolygu ar hyn o bryd yn dilyn adolygiad y rhaglen Trawsnewid Mynediad at Feddyginiaethau (TRAM) o'r broses o ddarparu Gwasanaethau Aseptig Arbenigol ledled Cymru. Mae proses gwerthuso opsiynau ddiwygiedig ar y gweill ar hyn o bryd i werthuso opsiynau amgen. Mae'r llinell amser ar gyfer cyflwyno achosion busnes a chyflawni'r cynllun diwygiedig i'w sefydlu.

Prosiectau cyfalaf dewisol eraill

- Atgyweirio'r adeiladwaith allanol, Pen-lan, Caerfyrddin.
- Gosod pŵer a nwy meddygol ychwanegol, Uned Gofal Coronaidd, Ysbyty Cyffredinol Llwynhelig.
- Gwaith adnewyddu bach, Ward 3, Ysbyty Cyffredinol Llwynhelig.
- Darparu toiled clefion, Uned Gofal Coronaidd, Ysbyty Cyffredinol Llwynhelig.
- Darparu ystafell feddyginiaethau, Uned Gofal Coronaidd, Ysbyty Cyffredinol Llwynhelig.
- Darparu swyddfeydd, Bloc 2, Ysbyty'r Tywysog Philip.
- Ailwampio'r Ganolfan Addysg, Ysbyty Cyffredinol Llwynhelig.
- Gwaith adnewyddu a galluogi, Adran Pelydr-X, Ysbyty Cyffredinol Glangwili.
- Adnewyddu ac addasu, Ward Iorwerth, Ysbyty Cyffredinol Bronglais
- Amnewid wasieri endosgop ac adnewyddu – Uned Sterileiddio a Diheintio Ysbytai, Ysbyty Cyffredinol Llwynhelig.

Prosiectau seilwaith/statudol

- Adnewyddu unedau trin aer, Ysbytai Cyffredinol Bronglais a Llwynhelig.
- Adnewyddu unedau oeri, Ysbytai Cyffredinol Bronglais a Llwynhelig.
- Adnewyddu toiledau menywod, Adran Clefion Allanol, Ysbyty Cyffredinol Glangwili.
- Gwellu'r Cod Tân, Cam 1, Ysbyty Cyffredinol Glangwili.
- Amnewid pibell wresogi, Hafan Derwen.
- Gwaith cydymffurfio o ran clefyd y llengfilwyr, Ysbyty Cyffredinol Llwynhelig.

Cynlluniau a ariennir gan elusennau

- Hosbis Tŷ Bryngwyn, Llanelli

Perfformiad ystad y Bwrdd Iechyd

Perfformiad eiddo

Ffeithiau Allweddol

Mae'r ôl-groniad cyfredol yn yr ystad yn £59 miliwn
(cyfanswm yr ôl-groniadau uchel a sylweddol yw £39.9 miliwn)
Mae dros 57% o'n hystad dros 35 mlwydd oed
Mae'r costau rhedeg cyfartalog ar gyfer gwasanaethau rheoli
cyfleusterau yn £171/m² y flwyddyn

Ein hystad

Mae ystad ein Bwrdd lechyd yn parhau i esblygu ac ymaddasu 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, a darperir gwasanaethau gofal iechyd mewn 57 o adeiladau rhydd-ddaliadol a lesddaliadol, sy'n cyfateb i arwynebedd llawr mewnol gros o 187,977 m².

Prynu a gwaredu safleoedd yr ystad

Er mwyn sicrhau bod ein hystad yn parhau i ymaddasu ac esblygu i fodloni'r gofynion gofal iechyd cyfredol, rydym yn mynd ati mewn modd rhagweithiol i'w datblygu yn unol â hynny. Mae'r dull hwn hefyd yn ceisio mynd i'r afael â rhai o'r pryderon a amlygwyd o ganlyniad i broffil oedran cyffredinol yr ystad.

Gwarediadau yn y Dyfodol

O ganlyniad i fuddsoddiad sylweddol mewn cyfleusterau cymunedol eu math, yn ogystal ag effaith yr agenda Trawsnewid Gwasanaethau Clinigol, mae'n debygol y bydd gwarediadau/caffaeliadau ychwanegol yn ofynnol yn ystod y blynyddoedd canolig. Bydd y rhaglen fuddsoddi hon yn arwain at waredu rhai o ystadau hyn y Bwrdd lechyd, a bydd yn darparu gostyngiad sylweddol yng nghyfanswm ôl-groniad cyffredinol y Bwrdd lechyd. Mae'r adeiladau a nodwyd i'w gwaredu yn cynnwys y canlynol:

- Ysbyty Aberaeron – sy'n gysylltiedig â datblygu safle Minaeron.
- Ysbyty Tregaron – sy'n gysylltiedig â datblygu cynllun Cylch Caron.
- Ysbyty a Chanolfan lechyd Aberteifi – sy'n gysylltiedig â'r datblygiad newydd yn Aberteifi.
- Clinig Stryd yr Afon – sy'n gysylltiedig ag ailddatblygu Pen-lan.
- Canolfan lechyd Cross Hands – sy'n gysylltiedig â Chanolfan lechyd a Llesiant arfaethedig Cross Hands

Caffaeliadau

Caffaeliadau Lesddaliadol – 2018-19:

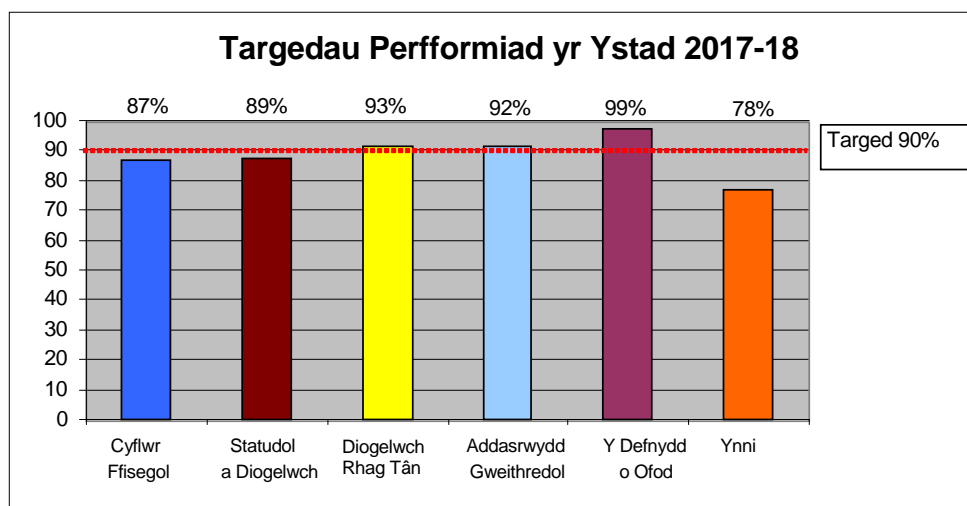
- Bloc 14 Parc Dewi Sant Caerfyrddin – wedi'i gaffael i letya'r Adran Gyllid yn ganolog.

Caffaeliadau Lesddaliadol Cynlluniedig – 2018-19:

- Bloc 01 Parc Dewi Sant, Caerfyrddin – ar gyfer y Gwasanaeth Awtistiaeth Integredig.

Dangosyddion perfformiad yr ystad

Caiff perfformiad ystadau ei fesur yn unol â Chyfartaledd Cymru Gyfan mewn perthynas â chwe dangosydd perfformiad cenedlaethol, fel yr adroddir trwy'r System Mesur Perfformiad, Ystadau a Chyfleusterau. Ar y cyfan, mae sefyllfa Bwrdd lechyd Prifysgol Hywel Dda yn gyson iawn 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 gwelir yn y tabl isod:



Costau gweithredu'r ystad

Mae gwybodaeth gynhwysfawr a chywir yn hollbwysig er mwyn i sefydliad fonitro a rheoli perfformiad ei ystad. Gellir priodoli'r gwariant mwyaf i'r gwasanaethau glanhau, arlwyio a rheoli ynni. Mae'r costau rhedeg cyfartalog o ran safleoedd cyfleusterau cyffredinol ledled yr ystad yn cyfateb i £171/m² yn 2017-18 (£159/m² yn 2016-17, £151/m² yn 2015-16, £153/m² yn 2014-15, £156/m² yn 2013-14) er y bydd costau fesul lleoliad yn amrywio yn ôl deiliadaeth a gweithgarwch.

Rheoli cyfleusterau gweithredol a chydymffurfiaeth

Cyflawni Gweithredol

Y dull presennol o reoli ystadau a chyfleusterau yw trwy dimau gweithredol lleol ym mhob ysbyty aciwt, a gefnogir gan dimau corfforaethol canolog sy'n cyflawni nodau strategol ehangach, er enghraifft rheoli eiddo a rheoli amgylcheddol, cyflawni prosiectau cyfalaf, a chydymffurfiaeth.

Mae'r Bwrdd Iechyd yn cydnabod ei rwymedigaethau cyfreithiol wrth iddo ddarparu gwasanaethau rheoli cyfleusterau meddal a chaled effeithiol, ac mae'n glynu wrth ganllawiau arfer gorau ar ffurf:

- Memoranda Technegol Iechyd – canllawiau ar gyfer dylunio, rheoli a chynnal a chadw systemau peirianeg gofal iechyd – diheintio, nwyon meddygol, gwres, trydanol, diogelwch rhag tân, asbestos, ac ati;
- Nodiadau Adeiladau Iechyd – canllawiau dylunio ar amgylcheddau gofal iechyd, gan gynnwys egwyddorion dylunio arfer gorau ar gyfer pob swyddogaeth, cynllunio cydnerthedd, Estatecode, rheoli heintiau, ac ati;
- Dogfennau rheoli cyfleusterau meddal (Gwasanaethau Gwesty) sy'n gysylltiedig â safonau glanhau, rheoli gwastraff, diogelwch, maeth ac arlwyio, ac ati.

Yn gryno, bydd y fframwaith cymorth hwn yn sicrhau bod cydymffurfiaeth a risg yn hanfodol i reoli ystadau:

- Cydymffurfio â gofynion a safonau statudol ar gyfer gwell iechyd;
- Cydymffurfio â Deddf Iechyd 2006;
- Darparu amgylchedd diogel a phriodol ar gyfer cleifion;
- Lleihau'r achosion o haint a geir mewn ysbyty;
- Sicrhau gwasanaeth gweithredol effeithiol i gefnogi'r ddarpariaeth rheng flaen.

Mae'r ddyletswydd gofal sy'n ofynnol mewn perfformiad gweithredol yn cyfrannu at effeithlonrwydd a diogelwch cyffredinol sefydliad gofal iechyd. Rheolir y gofynion hyn trwy rwydwaith o safonau ac archwiliadau, ac maent yn fwyaf effeithiol pan fyddir yn cydweithio â rhanddeiliaid allweddol yn amgylchedd y cleifion. Er mwyn dangos bod buddsoddiad yn cael ei flaenoriaethu ar gyfer meysydd ac iddynt y risg fwyaf, cafodd cofrestr risgiau/proses flaenoriaethu ddatblygedig, yn unol â phrosesau corfforaethol a chronfa ddata ôl-groniad gynhwysfawr, ei datblygu i reoli risgiau a chefnogi cynigion o'r rhaglen gyfalaf ddewisol a chyfalaf a ariennir yn ganolog.

Rheoli cyfleusterau gweithredol a chydymffurfiaeth

Mae'r dasg o ddiwygio'r bartneriaeth weithredol rhwng timau Rheoli Cyfleusterau meddal a chaled yn parhau er mwyn gwella profiad y claf, a hynny trwy wneud y canlynol:

- Parhau â'n hymdrechion i sicrhau bod yr amgylchedd adeiledig yn addas i'r diben;
- Parhau i wella'r safonau o ran monitro a sgorio glendid ledled y Bwrdd Iechyd, yn unol â'r safonau glanhau 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 system yn darparu gwybodaeth gywir ac amserol am lendid yr amgylcheddau ym mhob ardal cleifion.

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 i weithrediadau rheoli cyfleusterau meddal a chaled, fel ei gilydd, yn llwyddo i wella safonau glendid y wardiau. Mae'r timau cyfleusterau yn gweithio'n agos gydag uwch-staff y wardiau i sicrhau bod mynediad yn cael ei ganiatáu ar yr adeg sydd fwyaf addas i'r wardiau. Mae timau ymateb cyflym yn parhau i ofalu bod newid gwelyau yn digwydd cyn lleied â phosibl er mwyn helpu i sicrhau bod y llif cleifion yn cael ei gynnal.

Bydd swyddogaeth y cyfleusterau yn parhau i ganolbwyntio sylw ar yr ardaloedd clinigol a chleifion risg uchel iawn a risg uchel, er mwyn sicrhau bod safonau glendid amgylcheddol yn cael eu cynnal i leihau'r risg o heintiau yn cael eu trosglwyddo yn ystod gofal iechyd.

Gwasanaethau arbenigol – Arlwy

Sgoriau Archwiliadau Hylendid Bwyd

Mae holl brif safleoedd y Bwrdd Iechyd wedi cyflawni'r sgôr uchaf posibl, sef 5.

Cyngor Sir Penfro, bellach, yw'r Awdurdod Unedol ar gyfer y Bwrdd Iechyd sy'n darparu cymorth a chynghor i'r Bwrdd Iechyd.

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 ar gyfer cleifion. Nid yw Ysbyty Cyffredinol Llwynhelyg yn cydymffurfio'n llawn eto oherwydd problemau recriwtio parhaus.

Y Gwasanaethau Arlwy

Mae'r Bwrdd Iechyd yn parhau i gynhyrchu dros 23,000 o brydau bwyd yr wythnos a thros filiwn o brydau cleifion y flwyddyn ledled y Bwrdd Iechyd.

Mae'r gwasanaethau arlwy yn gyfrifol am ddiwallu anghenion amrywiol y cleifion, y staff a'r ymwelwyr, ac am sicrhau eu bod yn bodloni ystod o safonau cenedlaethol ar yr un pryd. Cyflwynwyd bwydlen figan yn ystod y deuddeg mis diwethaf.

Yn weithredol, mae'r gwasanaethau arlwy yn parhau i weithio tuag at Safonau Maeth ac Arlwy 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 arlwy ledled GIG Cymru, ac yn cefnogi gwerth gorau ar yr un pryd.

Mae profiad y claf ac ansawdd prydau bwyd Hywel Dda fel arfer yn cael sgoriau uchel. Roedd adborth diweddar gan gleifion yn 95% o ran naill ai da/da iawn neu ragorol.

Gwasanaethau Golchi Dillad

Mae'r golchdy mewnol ar safle Ysbyty Glangwili yn darparu gwasanaeth golchi dillad cynhwysfawr ar hyd a lled y Bwrdd Iechyd cyfan, yn ogystal ag ar gyfer sefydliadau iechyd allanol. Yn ystod blwyddyn ariannol 2018-19, proseswyd dros 4.75 miliwn o eitemau dillad:

- 4.7 miliwn o fewn y Bwrdd Iechyd;
- 0.25 miliwn o sefydliadau allanol y GIG (Dialysis Arennol a Gwasanaethau Ambiwlans Cymru);

- 0.4 miliwn o sefydliadau iechyd preifat.

Yn ogystal â hyn, mae'r adran golchi dillad yn darparu gwasanaeth gwisgoeddd staff a gweithgynhyrchu llenni yn ardal Sir Gaerfyrddin, ynghyd â gwasanaeth dosbarthu eitemau mawr/swmpus yn rhad ac am ddim ar hyd a lled y Bwrdd Iechyd.

Iechyd, diogelwch a sicrwydd

Mae'r adran Iechyd, Diogelwch a Sicrwydd hon yn darparu sicrwyddau o ran y gwaith a wnaed gan yr adran yn ystod y flwyddyn ariannol flaenorol. Mae cynllun gweithredu ar waith ac yn mynd rhagddo, a hynny'n bennaf yn unol â'r targedau a'r nodau a nodir yng Nghynllun Gwaith Blyneddol yr Is-bwyllgor Iechyd a Diogelwch a Chynllunio rhag Argyfwng.

Gwaith a Wnaed yn 2018-19

Mae'r Cynllun Gwaith Blyneddol yn cynnwys adrannau sy'n ymwneud ag arbenigeddau penodol, gan gynnwys y canlynol:

- Iechyd a Diogelwch
- Sicrwydd
- Trais ac Ymddygiad Ymosodol
- Symud a Codi a Chario

Adolygiad o Amodau Iechyd a Diogelwch mewn Adeiladau Cymunedol

Yn ystod 2018-19, cynhaliwyd 25 o arolygiadau iechyd a diogelwch mewn adeiladau cymunedol, ac adroddwyd ar y canfyddiadau i ystadau a thimau rheoli lleol. Datblygwyd cynlluniau gweithredu ac maent yn mynd rhagddynt.

Adolygiad o gydymffurfiaeth â COSHH ledled y Bwrdd Iechyd

Mae'r Bwrdd Iechyd wedi gweithredu Cynllun Gwaith Blyneddol, sydd:

- Yn cynhyrchu'r Polisi COSHH ac yn ceisio cymeradwyaeth yn yr Is-bwyllgor Iechyd a Diogelwch a Chynllunio rhag Argyfwng. Cafodd hyn ei gyflawni, gyda'r Polisi COSHH yn cael ei gymeradwyo gan yr Is-bwyllgor Iechyd a Diogelwch a Chynllunio rhag Argyfwng ym mis Mai 2018;
- Yn ymgymryd ag ymweliadau i asesu a oes asesiadau risg COSHH ar waith ym mhob adran lle defnyddir cyfeintiau uchel o sylweddau niweidiol.

Cyfarpar Sgrin Arddangos (DSE): E-ddysgu

Mae'r broses o gyflwyno'r modiwl e-ddysgu DSE gorfodol wedi cael ei chwblhau. Y cam nesaf yw i'r tîm gysylltu â Dysgu a Datblygu i nodi 'Defnyddwyr' ar gyfer y modiwl, a fydd yn cael eu neilltuo i bob defnyddiwr sgrin arddangos a nodwyd.

Polisiâu/Gweithdrefnau

Ysgrifennwyd/adolygwyd y Polisiâu/Gweithdrefnau Iechyd a Diogelwch canlynol yn ystod 2018-19:

- Polisi a Gweithdrefn COSHH – cymeradwywyd mis Mai 2018
- Polisi Trais ac Ymddygiad Ymosodol – cymeradwywyd mis Mai 2018
- Gweithdrefn Cymorth Cyntaf yn y Gweithle – cymeradwywyd mis Mai 2018
- Gweithdrefn Mamau Newydd a Beichiog – cymeradwywyd mis Tachwedd 2018
- Polisi Gwahardd Pob Symudiad – cymeradwywyd mis Ionawr 2019
- Polisi Iechyd a Diogelwch – cymeradwywyd mis Mawrth 2019

Hyfforddiant Cymorth Cyntaf

Ym mis Awst 2018, cwblhawyd gwerthusiad o'r achos busnes a'r opsiynau ar gyfer darparu hyfforddiant Cymorth Cyntaf Brys yn y Gweithle yn y Bwrdd Iechyd. Cafodd ei gymeradwyo gan yr

Is-bwyllgor lechyd a Diogelwch a Chynllunio rhag Argyfwng ym mis Mai 2018, a'i gyflwyno i Dysgu a Datblygu iddynt benodi hyfforddwr Cymorth Cyntaf ar gyfer y Bwrdd lechyd.

Rheoli Diogelwch

Strategaeth atal

O ran strategaeth Gwrthderfysgaeth y Llywodraeth, mae Rheolwr Diogelwch ac Achosion y Bwrdd lechyd yn parhau i gynrychioli'r Bwrdd lechyd yng nghyfarfodydd CONTEST a Phanel Sianel (Channel Panel) y tri Awdurdod Lleol. Yn ogystal â'r trefniadau llywodraethu Llywodraeth Leol, sefydlwyd Bwrdd CONTEST Rhanbarthol yn ystod 2017, ac mae Bwrdd lechyd Prifysgol Hywel Dda yn aelod gweithredol ohono.

Mae adrodd am bryderon mewnol, ynghyd ag atgyfeiriadau ffurfiol posibl i'r Paneli Sianel a reolir gan yr Awdurdod Lleol, bellach wedi'u hymgorffori yn nhrefniadau diogelu presennol y Byrddau lechyd, ac mae'r Tîm Diogelu wedi cyfrannu at gyfarfodydd y Paneli Sianel trwy gydol 2018-19.

Bu'r Bwrdd CONTEST Rhanbarthol hefyd yn trafod materion yn ymwneud â throddu difrifol a chyfundrefnol. Yn rhan o'r agenda estynedig hon, gofynnwyd i'r Bwrdd lechyd ddarparu data sy'n gysylltiedig â phynciau Troseddau Cyfundrefnol Difrifol, gan gynnwys gangiau neu rwydweithiau cyffuriau, camfanteisio'n rhywiol ar blant, camfanteisio'n droseddol ar blant, masnachu pobl neu gaethwasiaeth fodern. Bydd y prosesau rhannu data hyn o gymorth ar gyfer Proffiliau Troseddau Cyfundrefnol Difrifol a gedwir ar gyfer pob sir, ac yn eu gwella.

Hyfforddiant Codi a Chario

Yn ystod 2018-19, parhaodd y Tîm Symud, Codi a Chario i ddefnyddio'r model asesydd gweithle i wella'r cyfraddau cydymffurfio â hyfforddiant, ac i ddarparu gwell cymorth a goruchwyliaeth i'r aseswyr gweithle a staff clinigol. Mae hyn wedi cynnwys lleihau nifer y diweddariadau yn yr ystafell ddosbarth wrth i hyfforddwyr dreulio diwrnod yr wythnos yn y gweithle gyda'r aseswyr ar y ward. Mae'r lefel hon o gymorth amgenach wedi cynyddu nifer yr asesiadau sy'n cael eu cynnal yn y gweithle, ac, yn ei thro, wedi lleihau'r angen i ddarparu nifer y diweddariadau bwriadedig yn yr ystafell ddosbarth. Cafwyd adborth hefyd gan staff clinigol fod cynnydd ym mhresenoldeb yr hyfforddwyr codi a chario ar y wardiau wedi lleihau nifer yr achosion o arferion codi a chario gwael a oedd yn cael eu hadrodd yn flaenorol; yn ogystal, mae'r cynnydd hwn wedi arwain at ostyngiad sylweddol yn yr oriau y mae staff i ffwrdd o'r ardal glinigol yn mynychu hyfforddiant ystafell ddosbarth.

Roedd y Cynllun Gwaith Blyneddol yn cynnwys targed i sicrhau cydymffurfiaeth o 85% o ran hyfforddiant codi a chario lefel 1 a lefel 2, ac i ddarparu hyfforddiant codi a chario yn yr ystafell ddosbarth i grwpiau o staff nad oes ganddynt asesydd gweithle. Ddechrau 2018, roedd cydymffurfio â hyfforddiant codi a chario lefel 2 yn 36%. Mae'r ffigur hwn wedi codi bob mis hyd at fis Mawrth 2019, lle mae bellach wedi cyrraedd 47%. Bu nifer o resymau'n gyfrifol am y methiant i gyrraedd y targed cynlluniedig, ond yn bennaf oll nifer y staff asiantaeth sy'n gweithio mewn meysydd clinigol; golygodd hyn y bu cynnal asesiadau gweithle gyda staff parhaol yn fwy heriol na'r disgwyl; mae swydd wag a salwch hirdymor yn y tîm hefyd wedi gwaethgu'r sefyllfa. Mae'r Tîm Symud, Codi a Chario yn gweithio'n agos gydag uwch-nyrsys a rheolwyr wardiau i sicrhau bod mynediad at asesiadau gweithle ar gyfer staff parhaol yn cynyddu. Mae'r Cynllun Gwaith Blyneddol ar gyfer 2019-20 yn nodi'r meysydd sydd i'w targedu o ran gwella'r cydymffurfio fel y gellir cyflawni cydymffurfiaeth o 85% ar lefel 1 a lefel 2.

Parodrwydd am Argyfwng

Mae gan y Bwrdd lechyd gynllun digwyddiadau mawr hirsefydlog, sy'n cael ei adolygu a'i gadarnhau gan y Bwrdd yn flynyddol. Mae'r cynllun yn bodloni gofynion yr holl ganllawiau perthnasol, ac mae'r asiantaethau partner wedi ymgynghori yn ei gylch a Changen Cydnerthedd lechyd 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. Mae hyn yn golygu ein bod ni, mewn partneriaeth â'r awdurdodau lleol, y gwasanaethau argyfwng, Cyfoeth Naturiol Cymru, a chyrff iechyd eraill, gan gynnwys Iechyd Cyhoeddus Cymru, yn y rheng flaen o ran ymateb i 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 ar gyfer 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 yn barod ar gyfer sefyllfaoedd o argyfwng.

Ymhlith cyflawniadau allweddol 2018-2019 y mae'r canlynol:

- Brexit – cynllunio ar gyfer senario bosibl o ddim bargaen, asesu risgiau'r effaith bosibl ar y gwaith o ddarparu gwasanaethau a pharhad busnes ledled y Bwrdd Iechyd. Ymgysylltu â ffrydiau gwaith lleol, rhanbarthol a chenedlaethol ar lefelau strategol, tactegol a gweithredol i ddatblygu, a phrofi, cynlluniau wrth gefn priodol i atal tarfu posibl.
- Cynnal adolygiad sylweddol o'n trefniadau ar gyfer ymateb i ddigwyddiadau mawr, gan gyfeirio at Drefniadau GIG Cymru ar gyfer Digwyddiadau â Llawer o Anafusion, sy'n drefniadau newydd.
- Darparu pecyn hyfforddiant pwrpasol ar Ddigwyddiadau Mawr, hyd at lefel arian/dactegol, ar gyfer rheolwyr ysbytai sy'n gyfrifol am redeg canolfan cydlynus ysbyty;
- Cynnydd sylweddol parhaus o ran datblygu ac adolygu cynllunio parhad busnes ledled y Bwrdd Iechyd;
- Cynllunio a chyflawni'r canlynol, a hynny'n rhan o Grŵp Hyfforddi Cymru Gyfan y GIG:
 - Bu i symposiwm Health Prepared Wales 2018 ganolbwyntio ar gydnerthedd iechyd mewn cynullïadau torfol a pharodrwydd ar gyfer yr annisgwyl. Roedd nifer o areithiau nodedig proffil uchel wedi galluogi cynadledwyr i ystyried natur gymhleth y risgiau sy'n gysylltiedig â chynullïadau torfol, ynghyd â'r effaith ar ymateb y GIG a'r ymateb amlasiantaethol.
 - Datblygu a hwyluso ymhellach allu hyfforddedig y Tîm Ymateb i Argyfwng Meddygol (MERIT). Ar hyn o bryd, mae gennym 41 o nyrsys MERIT hyfforddedig, ac mae wyth yn rhagor yn bwriadu hyfforddi eleni.