Bundle Public Board 25 July 2019

1	09:30 - Public Forum / Fforwm Cyhoeddus
1.1	Open Agenda for Responding to Questions Raised in Advance by Members of the Public / Agenda Agored er mwyn ymateb i gwestiynau a godwyd o flaen llaw gan aelodau'r cyhoedd *Presenter: Chair* Public Questions Response Template Bill Parker
2	09:35 - Governance / Llywodraethu
2.1	Apologies / Ymddiheuriadau *Presenter: Chair*
2.2	Declaration of Interests / Datganiad o Ddiddordeb *All*
2.3	Minutes of the Extraordinary Public Meeting held on 29 May 2019 / Cofnodion y Cyfarfod Cyhoeddus Arbennig ar 29 Mai 2018 *Presenter: Chair* Unapproved Board Minutes 29 May 2019
2.4	Minutes of the Public Meeting held on 30 May 2019 / Cofnodion y Cyfarfod Cyhoeddus ar 30 Mai 2019 *Presenter: Chair* Unapproved Board Minutes 30 May 2019
2.5	Matters Arising & Table of Actions from the Meeting held on 30 May 2019 / Materion sy'n Codi a Thabl o Gamau Gweithredu o'r cyfarfod ar 30 Mai 2019 *Presenter: Chair* Table of Actions from Health Board Meeting in Public held on 30 May 2019
2.6	Report of the Chair / Adroddiad y Cadeirydd *Presenter: Chair* Chair's Report July 2019
2.7	Report of the Chief Executive / Adroddiad y Prif Weithredwr *Presenter: Steve Moore* Chief Executive's Report July 2019 Appendix A - Register of Sealings July 2019 Appendix B - Consultation Report July 2019
2.8	Report of the Audit & Risk Assurance Committee / Adroddiad y Pwyllgor Archwilio a Sicrwydd Risg *Presenter: Paul Newman* ARAC Update Report July 2019
2.8.1	HDdUHB Annual Report 2018/19 / Adroddiad Blynyddol BIPHDd 2018/19 *Presenter: Steve Moore* SBAR HDdUHB Annual Report 2018/19 HDdUHB Annual Report and Accounts 2018/19 BIPHDd Adroddiad Blynyddol a Chyfrifon 2018/19
2.9	Mental Health Legislation Assurance Committee Annual Report 2018/19 / Adroddiad Blynyddol Pwyllgor Sicrwydd Deddfwriaeth Iechyd Meddwl 2018/19 *Presenter: Chair* MHLAC Annual Report 2018/19
2.10	10:30 - Morning Break / Egwyl Fore
3	10:40 - Strategic Issues/For Decision / Materion Strategol/I'w Penderfynu
3.1	Health and Care Strategy Delivery - Update on Establishment of Portfolio of Programmes / Cyflawni'r Strategaeth Iechyd a Gofal - Diweddariad ar y gwaith o Sefydlu Portffolio o Raglenni *Presenter: Dr Philip Kloer* SBAR Health & Care Strategy Delivery July 2019 Appendix 1 - Delivering Excellent Rural Acute Care: A Strategy for Bronglais - Draft for Public Board Appendix 2 - Health & Care Strategy Timeline July 2019 - March 2020

4 11:40 - Patient/Staff Story / Stori Claf/Staff

4.1 Presentation of the Learning Disabilities Charter / Cyflwyno'r Siarter Anableddau Dysgu

Presenter: Joe Teape

5 12:00 - Lunch Break / Egwyl Ginio

6 12:45 - Quality, Safety & Performance / Ansawdd, Diogelwch a Pherfformiad

6.1 Focus on Healthcare Services in Pembrokeshire / Ffocws ar Wasanaethau Gofal Iechyd yn Sir Benfro

Presenter: Joe Teape

SBAR Focus on Healthcare Services in Pembrokeshire July 2019

Focus on Healthcare Services in Pembrokeshire

6.2 Report of the Finance Committee / Adroddiad y Pwyllgor Cyllid

Presenter: Michael Hearty

Finance Committee Update Report to Board May 2019

Appendix 1 Finance SoD March19 for Board Approval

Finance Committee Update Report to Board June 2019

6.3 Finance/Turnaround Update – Month 3 2019/20 / Diweddariad Cyllid/Trawsffurfio – Mis 3 2019/20

Presenters: Huw Thomas/Andrew Carruthers

Finance and Turnaround Update Month 3 2019/20

6.4 Report of the Business Planning & Performance Assurance Committee / Adroddiad y Pwyllgor Sicrwydd Cynllunio Busnes a Pherfformiad

Presenter: David Powell

BPPAC Update Report July 2019

6.5 Integrated Performance Assurance Report – Month 3 2019/20 / Adroddiad Sicrwydd Perfformiad Integredig – Mis 3 2019/20

Presenter: Karen Miles

SBAR IPAR Month 3 2019/20

IPAR Month 3 2019/20

6.6 Report of the Quality, Safety & Experience Assurance Committee / Adroddiad y Pwyllgor Sicrwydd Ansawdd, Diogelwch a Phrofiad

Presenter: Professor John Gammon

QSEAC Update Report July 2019

6.6.1 Internal Assurance Review of Quality and Safety of Maternity Services Following Recent Independent Review of Maternity Services at the former Cwm Taf University Health Board/ Adolygiad Sicrwydd Mewnol o Ansawdd a Diogelwch Gwasanaethau Mamolaeth yn dilyn Adolygiad Annibynnol Diweddar o Wasanaethau Mamolaeth yn hen Fwrdd Iechyd Prifysgol Cwm Taf

Presenter: Joe Teape

SBAR Maternity Services July 2019

Appendix 1 - Maternity Letter to AG 14 5 2019

Appendix 2 - Assurance Framework v 0 4 May 2019 Maternity Services

Appendix 3 - Schedule of Assurance Evidence

6.7 Bi-Annual Improving Experience Report / Adroddiad Chwemisol Gwella Profiad

Presenter: Mandy Rayani

SBAR Improving Experience Report July 2019

Improving Experience Report July 2019

6.8 Dental Plan Progress Update / Diweddariad Cynnydd Y Cynllun Deintyddol

Presenter: Jill Paterson

Dental Plan Update July 2019

7 15:00 - Committee Update Reports / Adroddiadau Diweddaru Pwyllgorau

7.1 Committee Update Reports / Adroddiadau Diweddaru Pwyllgorau

Presenters: see below

SBAR Committee Update Reports July 2019

7.1.1 Board Level Committees Update Report / Adroddiad Diweddaru Pwyllgorau Lefel Bwrdd

Presenters: Joanne Wilson/Committee Chairs

HCSDG Update Report July 2019

UPB Update Report July 2019

PCAC Update Report July 2019

CFC Update Report July 2019

MHLAC Update Report July 2019

Annexe A - RTSC TORs

7.1.2 In Committee Board / Bwrdd Y Pwyllgor

Presenter: Chair

In-Committee Board Update Report July 2019

7.1.3 HDdUHB Advisory Groups / Grwpiau Cynghori BIPHDd

Presenter: Advisory Group Chairs

PF Update Report July 2019

HPF Update Report July 2019

7.2 HDdUHB Joint Committees & Collaboratives / Cyd-bwyllgorau a Grwpiau Cydweithredol BIPHDd

Presenter: Steve Moore

HDdUHB Joint Committees and Collaboratives Update Report July 2019

Joint Committees and Collaboratives Update

7.3 Statutory Partnerships Update / Diweddariad ar Bartneriaethau Statudol

Presenter: Sarah Jennings

Statutory Partnerships Update July 2019

8 15:15 - For Information / Er gwybodaeth

8.1 Healthcare Inspectorate Wales Annual Report 2018/19 / Arolygiaeth Gofal Iechyd Cymru Adroddiad Blynyddol 2018/19

HIW Annual Report Presentation

8.2 HDdUHB Primary Care Annual Report 2018/19 / Adroddiad Blynyddol Gofal Sylfaenol BIPHDd 2018/19

SBAR Primary Care Annual Report 2018/19

Primary Care Annual Report 2018/19

8.3 HDdUHB Medical Revalidation & Appraisal Annual Report 2018/19 / Adroddiad Blynyddol 2018/19 Ailddilysu Meddygol ac Arfarnu

SBAR Medical Revalidation and Appraisal Annual Report 2018/2019

Revalidation and Appraisal Annual Report 2018/2019

8.4 NHS Wales Fighting Fraud Strategy / Strategaeth Gwrth-dwyll GIG Cymru

Fighting Fraud Strategy

8.5 Board Annual Workplan / Cynllun Gwaith Blynyddol Y Bwrdd

Board Work Programme 2019-20

9 Date and Time of Next Meeting / Dyddiad ac amser y cyfarfod nesaf

9.30am, Thursday 26th September 2019, venue TBC

10 In Committee Session / Sesiwn Y Pwyllgor

Motion to exclude the public from the meeting in accordance with the provisions of section 1 (2) and (3) of the Public Bodies (Admissions to Meetings) Act 1960
Cynnig i eithrio'r cyhoedd o'r cyfarfod yn unol â darpariaeth Adran 1 (2) a (3) o Ddeddf Cyrff Cyhoeddus (Derbyniadau i Gyfarfodydd) 1960

PUBLIC FORUM – QUESTIONS AND RESPONSES

Question a)

Name

Mr Bill Parker

Question

There are no Changing Places toilets in Withybush or Glangwili hospital ,I am not sure there are any at all anywhere on the Hywel Dda estate.

This appears to contradict the requirement not to disadvantage anyone with protected characteristics, which I feel sure includes the severely disabled who need the included equipment if their personal care needs are to be met.

Apart from any legal considerations it is remarkable that the Board who developed 'Investors in Carers' have apparently overlooked the impact on the carers who of necessity accompany the disabled person. It is likely that at best they are somewhat disillusioned, and perhaps when they consider that after some eight years, no action has been taken to fulfil the regulation's good intentions some may be somewhat angry.

Personally I find it disappointing that the Board which I believe, regardless of location, does try to deliver kind care, and seeks generally to encourage patients to prevent infection and chronic illness, both of which are possible outcomes of urine retention and soiled pads, have not paid attention to this lack of provision, particularly at Withybush, which I know has been brought to its attention on several occasions.

Is there anything the public can do to ensure the Changing Places toilet facilities are speedily made available across the Hywel Dda estate wherever severely disabled patients are likely to need to attend which I believe is a requirement of the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 and Equality Act 2010 (Specification of Relevant Welsh Authorities) Order 2011 ?

Response from Sarah Jennings, Director of Partnerships and Corporate Services

From the perspective of the Partnerships, Diversity and Inclusion Directorate, we would always advocate and support the provision of Changing Places facilities and would advise that consideration is given to establishing facilities during refurbishments and new builds and where opportunities may arise on an ad hoc basis.

PUBLIC FORUM – QUESTIONS AND RESPONSES

Such considerations would form part of the Equality Impact Assessment undertaken for each project. An example of where a Changing Places facility is planned to be provided is in the new build Cross Hands Integrated Health and Wellbeing Centre in Carmarthenshire. Provision of such facilities would also be recommended for the planned new build hospital for urgent and planned care located between Pembrokeshire and Carmarthenshire.

Question b)

Name

Mr Bill Parker

Question

How many patients presented to A & E with Pressure Ulcers acquired in the Community during May and June 2019? How many of those went on to be admitted primarily because of the pressure ulcers?

How many hospital acquired Pressure Ulcers occurred during May and June 2019?

If possible could you please show figures for each hospital individually in each answer?

Response from Mandy Rayani, Director of Nursing, Quality and Patient Experience

The number of patients presenting to A&E with pressure ulcers:

	May 19	June 19
Carmarthenshire	44	38
Ceredigion	16	17
Pembrokeshire	11	9
	69	64

Clinical coding do capture the data where the primary reason for admission is pressure ulcers. Unfortunately, like most Health Boards, there is a backlog for clinical coding at this present time. We are able to provide, outside this meeting as a Freedom of

PUBLIC FORUM – QUESTIONS AND RESPONSES

Information (FoI) response, the data from 2018/19 if this is something that would be useful and would also be publically available on the Health Board's website.

In May and June 2019 there were 29 patients who were known to the Tissue Viability Nurses as having hospital acquired pressure ulcers.

	May 19	June 19
Carmarthenshire	7	10
Ceredigion	<5	<5
Pembrokeshire	<5	<5

Due to low numbers we are unable to provide the information by hospital site (considered patient identifiable).

The Health Board is committed to reducing the number of pressure damage whilst receiving healthcare incidents. A Health Board wide pressure damage group is in place and to ensure progress within the community setting a specific community task and finish group has been established. Scrutiny meetings where each pressure damage report is scrutinised are held to ensure that improvement and learning takes place locally and across the Health Board.

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COFNODION Y CYFARFOD BWRDD IECHYD PRIFYSGOL HEB EU CYMERADWYO/UNAPPROVED
MINUTES OF THE UNIVERSITY HEALTH BOARD MEETING

Date of Meeting:	**1.30PM, WEDNESDAY 29TH MAY 2019**
Venue:	**BOARDROOM, YSTWYTH BUILDING, ST DAVID'S PARK, CARMARTHEN**

Present:	Mrs Judith Hardisty, Interim Chair, Hywel Dda University Health Board Mr Paul Newman, Interim Vice-Chair, Hywel Dda University Health Board Mr Owen Burt, Independent Member Professor John Gammon, Independent Member (part) Cllr. Simon Hancock, Independent Member Ms Anna Lewis, Independent Member Mr Mike Lewis, Independent Member Mr Steve Moore, Chief Executive Mr Joe Teape, Deputy Chief Executive/Director of Operations Mrs Lisa Gostling, Director of Workforce & Organisational Development Mrs Ros Jervis, Director of Public Health Ms Mandy Rayani, Director of Nursing, Quality & Patient Experience Ms Alison Shakeshaft, Director of Therapies & Health Science Mr Huw Thomas, Director of Finance
In Attendance:	Mrs Joanne Wilson, Board Secretary Ms Jill Paterson, Director of Primary Care, Community & Long Term Care Ms Sarah Jennings, Director of Partnerships and Corporate Services Mr Andrew Carruthers, Turnaround Director Mr John Evans, Assistant Director, Medical Directorate, deputising for Dr Philip Kloer, Medical Director and Director of Clinical Strategy Mr Jeremy Saunders, Wales Audit Office Ms Clare Moorcroft, Committee Services Officer (Minutes)

PM(19)64	**INTRODUCTIONS & APOLOGIES FOR ABSENCE**	
	The Interim Chair, Mrs Judith Hardisty, welcomed everyone to the meeting. Apologies for absence were received from: • Mr Adam Morgan, Independent Member • Mr David Powell, Independent Member • Ms Delyth Raynsford, Independent Member • Dr Philip Kloer, Medical Director and Director of Clinical Strategy • Mrs Karen Miles, Director of Planning, Performance & Commissioning • Mr Michael Hearty, Associate Member • Dr Kerry Donovan, Chair, Healthcare Professionals Forum • Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services, Local Authority Representative • Mr Mansell Bennett, Chair, HDdUHB Community Health Council • Ms Donna Coleman, Chief Officer, HDdUHB Community Health Council	

PM(19)65	**DECLARATION OF INTERESTS**	
	No declarations of interest were made.	

PM(19)66	**COMMITTEE ANNUAL REPORTS: AUDIT & RISK ASSURANCE COMMITTEE**	
	Mr Paul Newman presented the Audit & Risk Assurance Committee (ARAC) Annual Report 2018/19, advising that this represents a summary of the Committee's work during the year. The report had been discussed by ARAC at its meetings on 7th May and 29th May 2019, and Members had agreed that it presents a fair reflection of the work undertaken by the committee.	
	The Board **ENDORSED** the Audit & Risk Assurance Committee Annual Report for 2018/19.	

PM(19)67	**COMMITTEE ANNUAL REPORTS: QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE**	
	Professor John Gammon outlined the Quality, Safety & Experience Assurance Committee (QSEAC) Annual Report for 2018/19, advising that this presents a summary of the Committee's activities during the year. The report highlights particular areas where the Committee has been provided with assurance, and others where more scrutiny has been and is required. Professor Gammon outlined significant changes during the year, which had focused on QSEAC's function on behalf of Board in considering the impact of quality and safety on patient care. A new structure had been developed in response, which is detailed in the report. Members were informed that QSEAC continues to consider the metrics which it can utilise to assess quality and safety and that work around this is ongoing. Where it is deemed necessary to examine issues in more detail, 'deep dives' are conducted by the Committee in order to obtain the required assurance. Professor Gammon reported that progress has been made in terms of complaints and concerns, together with how the UHB responds to external reports and reviews. The latter is now more timely, with a clearly defined response mechanism. Members heard that QSEAC has spent time scrutinising and reviewing the risks allocated to it on behalf of the Board, in order to provide the appropriate assurance. Professor Gammon concluded by drawing Members' attention to the annual reports from QSEAC's Sub-Committees appended to the main report. Referencing the main QSEAC Annual Report, Mrs Hardisty noted concerns regarding attendance at the Effective Clinical Practice Sub-Committee (ECPSC) and requested confirmation that this is now being monitored. Professor Gammon confirmed that QSEAC's expectations had been made clear, particularly around National Institute for Health and Care Excellence (NICE) guidelines and clinical audit. Mrs Mandy Rayani advised that Dr Philip Kloer had chaired the most recent ECPSC meeting and would also chair the next. Mr John Evans added that the supporting structure for the Medical Director should be confirmed by the end of September 2019, and that the ECPSC Chair will form part of this structure.	
	The Board **ENDORSED** the Quality, Safety and Experience Assurance Committee Annual Report for 2018/19.	

PM(19)68	**COMMITTEE ANNUAL REPORTS: UNIVERSITY PARTNERSHIP BOARD**	
	Professor Gammon introduced the University Partnership Board (UPB) Annual Report for 2018/19, suggesting that this is self-explanatory in	

	terms of actions and areas discussed. Members heard that the UPB Strategy had been a particular focus for the Committee, and that delivery of Year 2 missions is on track. There have been a number of challenges in terms of embedding the functions of the UPB, along with a number of key developments; the latter including apprenticeships, rural medical education and placements and research. Professor Gammon suggested that the report is positive overall, noting that HDdUHB is seen as an exemplar across Wales in this area. It is recognised, however, that a number of further developments are required, and that next year's UPB report will need to reflect these and how they have been taken forward. *Professor Gammon left the Board meeting.*	
	The Board **ENDORSED** the University Partnership Board Annual Report for 2018/19.	

PM(19)69	**COMMITTEE ANNUAL REPORTS: BUSINESS PLANNING & PERFORMANCE ASSURANCE COMMITTEE**	
	Mr Mike Lewis, on behalf of Mr David Powell, introduced the Business Planning & Performance Assurance Committee (BPPAC) Annual Report for 2018/19. The report presented is comprehensive, and Members heard that BPPAC had met on six occasions, being quorate at each meeting. Appended to the main report are annual reports from each of BPPAC's Sub-Committees, with Members reminded that the Finance Sub-Committee had become a full Board level committee in September 2018. It was suggested that BPPAC has matured significantly as a committee, particularly in terms of risk management.	
	The Board **ENDORSED** the Business Planning & Performance Assurance Committee Annual Report for 2018/19.	

PM(19)70	**COMMITTEE ANNUAL REPORTS: CHARITABLE FUNDS COMMITTEE**	
	Cllr. Simon Hancock presented the Charitable Funds Committee (CFC) Annual Report for 2018/19, confirming firstly that the Committee has effectively discharged its Terms of Reference. All meetings of the CFC during the year had been quorate, and the Charitable Funds Operations Sub-Committee is functioning well. The Committee had been pleased during the year to receive an unqualified audit opinion on its annual accounts from Wales Audit Office. The UHB's charitable funds are being managed effectively by the Investment Advisor. Cllr. Hancock concluded by reporting that a strategic workshop is planned for later in the year. Ms Sarah Jennings advised that there is an error on page 7, with a date of 2018 rather than 2019 being stated. Mr Owen Burt also suggested that the figure of £88.746 on page 4 should read £88,746.	
	Subject to the above corrections, the Board **ENDORSED** the Charitable Funds Committee Annual Report for 2018/19.	

PM(19)71	**COMMITTEE ANNUAL REPORTS: FINANCE COMMITTEE**	
	Mr Lewis, on behalf of Mr Michael Hearty, introduced the Finance Committee Annual Report 2018/19, reiterating that this is now a full committee of the Board. The Committee considers a number of standing items at its meetings, together with specific agenda items on particular themes, such as the Electronic Staff Record (ESR) and Oracle systems.	

	Members heard that the Committee had highlighted the risk of achieving the UHB's forecast deficit on a number of occasions during the year.	
	The Board **ENDORSED** the Finance Committee Annual Report for 2018/19.	

PM(19)72	**COMMITTEE ANNUAL REPORTS: MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE**	
	DEFERRED to 25th July 2019 meeting.	

PM(19)73	**COMMITTEE ANNUAL REPORTS: PRIMARY CARE APPLICATIONS COMMITTEE**	
	Mrs Hardisty presented the Primary Care Applications Committee (PCAC) Annual Report for 2018/19, stating that this provides a good indication of the work undertaken during the year, particularly the work around managed practices. Ms Jill Paterson advised that concerns have been raised by a number of practices regarding the level of detail in certain reports to PCAC, as this information could be regarded as 'commercial, in confidence'. Further consideration will be given to this matter. Members were informed that Mrs Hardisty has discussed with the Board Secretary changing the format of all Committee Annual Reports to be consistent with that of ARAC.	
	The Board **ENDORSED** the Primary Care Applications Committee Annual Report for 2018/19.	

PM(19)74	**GOVERNANCE, LEADERSHIP & ACCOUNTABILITY STANDARD**	
	Mr Steve Moore outlined the Governance, Leadership & Accountability (GLA) Standard report, which had been considered and approved by ARAC earlier in the day. The GLA Standard is a formal requirement and follows a prescribed format. Mr Moore thanked Mrs Joanne Wilson and her team for their work in preparing this document. Mrs Wilson reported that the GLA Standard had been reviewed by ARAC at its meetings on 7th May and 29th May 2019 and that it had also been circulated to Wales Audit Office, Internal Audit and Board Members for comment. All feedback had been incorporated, with an audit trail of amendments compiled. Amendments had been approved by the Chair of ARAC, via Chair's Action. Mr Newman confirmed that the document had been subject to the required processes and had received the level of scrutiny required.	
	The Board **APPROVED** the completed GLA Standard, noting that work will continue in line with the Governance Enabling Plan.	

PM(19)75	**ACCOUNTABILITY REPORT**	
	Mr Moore introduced the Accountability Report, advising that this is one of the three components which make up the HDdUHB Annual Report, the others being the Performance Report and the Financial Statements. Mrs Wilson stated that she could confirm that the Accountability Report complies with the Manual for Accounts, advising that it has been considered by ARAC, Internal Audit, Welsh Government, Wales Audit Office and Board Members. Again, all comments had been reflected in the final version, with an audit trail of amendments compiled. Amendments had been approved by the Chair of ARAC, via Chair's	

	Action, and Mr Newman confirmed that the required processes had been undertaken.	
	The Board **APPROVED** the Accountability Report.	

PM(19)76	**ANNUAL QUALITY STATEMENT**	
	Mrs Rayani presented the Annual Quality Statement (AQS) to members, advising that this had been prepared to much reduced timescales than previous years, with the Welsh Health Circular issued on 13th February 2019, noting publication of the AQS by 31st May 2019. Members heard that the public and service user groups have been involved in preparation of the AQS to the greatest extent possible, and that attempts have been made to produce a document which is easier to read. Various elements have been utilised, including case studies, patient feedback and patient stories. Mrs Rayani highlighted in particular the Quality Improvement Strategic Framework, launched in March 2019, and the 5 Quality Improvement Goals, which are becoming embedded in practice. Members noted that the UHB had seen 164,000 patients in its A&E departments, and treated 64,000 on an inpatient basis. Mrs Rayani advised that there is an error on page 10 of the AQS, where the numbers of pressure damage incidents should read 103 in 2017/18 and 133 in 2018/19; this will be corrected. Pages 49 and 50 detail a number of areas where work will be focused during 2019/20. Mrs Rayani concluded by confirming that the AQS has been considered by both QSEAC and ARAC, and approved by QSEAC as required. Mr Newman commended the team involved in preparing the AQS, which is easy to read, with good content, particularly around investment in the UHB's infrastructure.	
	Subject to the above amendment, the Board **ENDORSED** the University Health Board's Annual Quality Statement for 2018/19 for publication, noting that a detailed review of the report has been undertaken through the Quality, Safety & Experience Assurance Committee, on behalf of the Board.	

PM(19)77	**WALES AUDIT OFFICE ISA 260 & LETTER OF REPRESENTATION**	
	Mr Jeremy Saunders introduced the Wales Audit Office ISA 260 and Letter of Representation, advising that this is a report which the UHB receives on an annual basis, immediately prior to confirmation of audit of its Annual Accounts. As outlined in the report, it is the Auditor General's intention to issue a qualified audit opinion on the financial statements. Mr Saunders stated that the report had been discussed in detail by ARAC at its meeting earlier in the day, and concluded by thanking Mr Huw Thomas and his team for their cooperation during the audit process. Mr Newman confirmed that the report had been discussed by ARAC prior to the discussion on the financial accounts and confirmed these discussions were consistent. Mr Newman expressed gratitude for both the positive feedback from Wales Audit Office and for the efforts of the Finance team.	
	The Board **NOTED** the Wales Audit Office ISA 260 and Letter of Representation.	

PM(19)78	**FINAL ACCOUNTS FOR 2018/19**	
	Mr Thomas introduced the Final Accounts for 2018/19, advising that	

	these are prepared to a prescribed Welsh Government format. Members heard that the Annual Accounts had been discussed in detail by ARAC at its meetings on 7th May and 29th May 2019, and by the Finance Committee. Mr Thomas reminded Members that the UHB had met its Control Total of £35.5m for 2018/19, which was a testament to staff across the organisation who had successfully delivered savings plans, whilst also maintaining services. £26.6m in savings had been delivered with an element of this being recurrent. There had been a small underspend on the Capital Resource Limit, of approximately £25k; despite work with colleagues across a number of directorates to maximise the use of capital. Mr Thomas advised that three particular risks relating to the Annual Accounts highlighted by WAO in April 2019 had been discussed at ARAC earlier in the day. These were as follows: management override, year-end bias and the new finance team structure. The response received from WAO has confirmed that the first two of these risks have been managed without material impact on the accounts. With regards to the third risk, the Finance team had completed the Annual Accounts in compliance with the required deadline, and had worked effectively with WAO. In terms of key judgements, Mr Thomas highlighted Primary Care Accruals, particularly Primary Care prescribing; Continuing Health Care (CHC) Claims and Clinical Negligence Claims. It has been agreed that the latter two will be examined in more detail and reports presented to ARAC. Mr Thomas concluded by highlighting the single material change to the Annual Accounts made during the process, a change to the Operating Lease notes on page 28, wherein the UHB has declared details of land and building operating leases. Mr Newman confirmed that ARAC had considered both the draft and final Annual Accounts for 2018/19.	
	The Board **APPROVED** the final accounts for 2018/19.	

PM(19)79	**HEAD OF INTERNAL AUDIT OPINION AND ANNUAL REPORT**	
	Members were presented with the Head of Internal Audit Opinion and Annual Report, which recorded an overall opinion of Reasonable Assurance. Mr Newman confirmed that the draft and final versions of this document had been considered by ARAC at its meetings on 7th May and 29th May 2019, with a detailed accompanying verbal report provided by the Head of Internal Audit. The overall outcome is considered to be a fair reflection of the audits conducted.	
	The Board **RECEIVED** the Head of Internal Audit Report and Opinion for 2018/19.	

PM(19)80	**ANY OTHER BUSINESS**	
	There was no other business reported.	

PM(19)81	**DATE AND TIME OF NEXT MEETING**	
	9.30am, Thursday 30th May 2019, Y Stiwdio Fach, Canolfan S4C Yr Egin, College Road, Carmarthen, SA31 3EQ	

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

COFNODION Y CYFARFOD BWRDD IECHYD PRIFYSGOL HEB EU CYMERADWYO/UNAPPROVED MINUTES OF THE UNIVERSITY HEALTH BOARD MEETING

Date of Meeting:	**9.30AM, THURSDAY 30TH MAY 2019**
Venue:	**Y STIWDIO FACH, CANOLFAN S4C YR EGIN, COLLEGE ROAD, CARMARTHEN SA31 3EQ**

Present:	Mrs Judith Hardisty, Interim Chair, Hywel Dda University Health Board Mr Paul Newman, Interim Vice-Chair, Hywel Dda University Health Board Mr Owen Burt, Independent Member Professor John Gammon, Independent Member Cllr. Simon Hancock, Independent Member Ms Anna Lewis, Independent Member Mr Mike Lewis, Independent Member Mr David Powell, Independent Member (part) Mr Steve Moore, Chief Executive Mr Joe Teape, Deputy Chief Executive/Director of Operations Mrs Lisa Gostling, Director of Workforce & Organisational Development Mrs Ros Jervis, Director of Public Health Dr Philip Kloer, Medical Director and Director of Clinical Strategy Ms Mandy Rayani, Director of Nursing, Quality & Patient Experience Ms Alison Shakeshaft, Director of Therapies & Health Science Mr Huw Thomas, Director of Finance
In Attendance:	Mrs Joanne Wilson, Board Secretary Ms Jill Paterson, Director of Primary Care, Community & Long Term Care Ms Sarah Jennings, Director of Partnerships and Corporate Services Mr Andrew Carruthers, Turnaround Director Dr Kerry Donovan, Chair, Healthcare Professionals Forum Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services, Local Authority Representative Mr Mansell Bennett, Chair, Hywel Dda Community Health Council Mr Sam Dentten, Chief Officer, Hywel Dda Community Health Council Ms Sally Owen, Interim Head of Strategic Resourcing (part) Ms Amanda Glanville, Senior Workforce Advisor(part) Ms Shelley Dony, Future Workforce Development Manager (part) Ms Rhian Dawson, County Director Carmarthenshire (part) Ms Clare Moorcroft, Committee Services Officer (Minutes)

PM(19)82	**PUBLIC FORUM**	
	The Interim Chair, Mrs Judith Hardisty, welcomed everyone to the meeting. Mrs Hardisty advised of several questions received from two members of the public for the Public Forum section of the meeting, indicating that copies of the questions and the responses had been provided to members of the public present and to Board Members. These would also be published on the University Health Board website and formal letters of response provided.	**JH**

PM(19)83	**STAFF STORY**	
	Mrs Lisa Gostling advised that, at an event for Health Care Support Workers (HCSW) last year, a decision had been made to develop an	

apprenticeship scheme. To take this forward, a joint meeting had taken place with Health Education and Improvement Wales (HEIW) and, following significant work, the apprenticeship scheme is being formally launched today. Mrs Gostling introduced the team involved in developing the scheme, Ms Sally Owen, Ms Amanda Glanville and Ms Shelley Dony, who provided a presentation entitled 'Apprenticeship Academy'. Members heard that the first apprenticeship scheme to be introduced is the Healthcare Apprentice. Apprenticeships are available at several levels: Foundation, Advanced, Higher and Degree. The need to be mindful of the benefits of developing the existing workforce was emphasised, as demonstrated in the video 'Kerry's Story'. As previously mentioned, the first initiative to be launched is the Health Care Apprentice Programme, the structure of which was outlined. A total of 40 apprentices (10 per acute site) will commence the programme, with the intention of producing qualified nurses in 2027. It is intended that this programme will supply the nurses of the future; those who participate will be expected to remain as UHB employees for a minimum of two years following qualification. Extensive collaboration has taken place with various local colleges and universities. The apprentices will attend college for 1 day per week, and will have numerous opportunities to obtain qualifications in addition to healthcare qualifications, including Welsh Language qualifications. The programme is intended to be sufficiently flexible to meet the requirements of both apprentices and patients. It will offer a holistic experience of the UHB, with four 6 month placements where apprentices will work alongside registered nurses and other healthcare professionals. The programme is also intended to provide insight around how support services impact on nursing services.

The importance of robust governance is recognised, and various measures have been put in place to ensure this. Each apprentice will be required to participate in performance reviews to evaluate their performance; other measures include a competency framework and evaluations from college assessors. The apprenticeship programme has been designed in conjunction with service leads; and, alongside qualifications, there will be mandatory training and bespoke training. Panel reviews need to be fit for purpose, in order to offer the best possible experience and outcome for both apprentices and the UHB. Members heard that an apprenticeship advert had been launched online, and had already received a significant number of 'hits' and requests for further information. The recruitment campaign will be run at pace, with three information events in each county. It is vital for apprentices to feel valued, and with the key audience being young people, there is a need to reach out to their parents and educators also. Information regarding the scheme has been designed for the target audience, and includes two short films, online information, an animation, together with more traditional formats such as printed booklets. The importance of reaching out to young males has also been recognised, in an effort to address the current gender imbalance in nursing. Members viewed a second video entitled 'Isn't Nursing a Girls Job?', which focuses on this issue. All information regarding the apprenticeship programme will be shared on relevant information platforms, and the programme is already attracting good levels of interest. There will be a single point of contact within the UHB for all apprenticeship enquiries. Whilst the content of the Assessment Days is currently confidential, they

have been designed to be both enjoyable and interactive.

Mrs Hardisty thanked Mrs Gostling and her team and congratulated all of those involved in developing the apprenticeship programme. Mr Sam Dentten commended the presentation and suggested that it was 'intrinsically right' that the UHB 'grows its own' in an area where there have traditionally been challenges in recruiting staff. Mr Dentten enquired whether the programme has been designed to be scalable to increase numbers in the future. Mrs Gostling assured Members that this is absolutely the case, emphasising that learning from this first programme will be applied to future cohorts of apprentices. Mrs Ros Jervis reminded Members that health and well-being is impacted significantly by the social determinants of health, which include environment and employment opportunities. These are more important in many cases than healthcare. The proposed apprenticeship scheme will offer vital opportunities for future generations, and should be commended. Cllr. Simon Hancock echoed this, and welcomed the video outlining the experiences of male nurses. With regard to the expectation of two years' service post-qualification, Cllr. Hancock enquired whether this is an expectation or a requirement. Mrs Gostling advised that it will be the latter, with it being a condition of the apprenticeship in the same way that it is a condition of certain bursaries. Ms Alison Shakeshaft congratulated the team on a fantastic achievement and looked forward to the scheme being extended into therapies. Ms Shakeshaft enquired whether the Assessment Days would benefit from the involvement of other professions, and was informed that input would be welcomed.

Whilst welcoming the proposals, Mr Jonathan Griffiths reminded Members that the intention is to work more collaboratively across health and social care; there are already issues in recruiting to posts in social care, and Mr Griffiths suggested that there were opportunities for 'joined up thinking' in this regard. Mrs Gostling assured Members that the possibilities in this regard are already being considered. Professor John Gammon welcomed the apprenticeship programme as an excellent example of how the UHB is working with its university partners, and suggested that the involvement of local further education providers should be acknowledged in particular. Professor Gammon emphasised the need to ensure that quality assurance mechanisms are sufficiently robust to appropriately assess skills and competencies, in order to make certain that the programme produces safe practitioners. Mrs Gostling advised that higher education providers will be involved, together with university partners, to ensure that apprentices are adequately prepared for university entry. Ms Anna Lewis congratulated the team, especially on the pace of delivery of this programme. Noting that initial advertising had already potentially generated more interest than could be accommodated in the first cohort, Ms Lewis enquired how the team proposed to maintain the interest of those individuals who are unsuccessful in obtaining a place. Mrs Gostling, whilst acknowledging that this requires further consideration, was hopeful that it will be possible to offer alternative opportunities. In addition to the interest from external parties, the team has been pleasantly surprised by the levels of interest from the UHB's existing workforce. In response to Ms Lewis' query, Ms Amanda Glanville explained that unsuccessful applicants will not simply receive rejection letters; there will be feedback sessions,

	which will include information regarding other potential training and employment opportunities. Ms Jill Paterson echoed the sentiments of other Board Members, emphasising that a whole system approach was being taken and confirming that Primary Care and Long Term Care teams have been involved. Ms Paterson advised that apprenticeship opportunities have been a topic of conversation with staff during Board to Ward Walkabouts. Dr Kerry Donovan welcomed the proposals, particularly assurances regarding scalability, and encouraged consideration of nursing apprenticeships in Psychiatry and Learning Disabilities. Dr Donovan queried whether the apprenticeships will offer a guaranteed post on completion, or whether those participating will have to compete with other applicants for posts; potentially leaving individuals the UHB has invested in without jobs. Mrs Gostling advised that posts will be guaranteed for apprentices who qualify as nurses, as part of a separate commissioning process, so these individuals will be prioritised. Members were also informed that Mental Health and Learning Disabilities have been involved in discussions around apprenticeships. Mrs Gostling concluded by stating that she is extremely proud of the Apprenticeships team, who have undertaken this work in addition to their substantive roles. Once recruited, the Apprenticeship scheme will make a significant difference to 40 individuals and to the wider local community. Mrs Hardisty thanked Mrs Gostling and her team for their work and looked forward to further updates. *Ms Sally Owen, Ms Amanda Glanville and Ms Shelley Dony left the Board meeting.*	

PM(19)84	**INTRODUCTIONS & APOLOGIES FOR ABSENCE**	
	Apologies for absence were received from: • Mr Adam Morgan, Independent Member • Ms Delyth Raynsford, Independent Member • Mrs Karen Miles, Director of Planning, Performance & Commissioning • Mr Michael Hearty, Associate Member • Ms Donna Coleman, Chief Officer, HDdUHB Community Health Council • Dr Owen Cox, LMC Representative • Ms Hilary Jones, Chair, Stakeholder Reference Group	

PM(19)85	**DECLARATION OF INTERESTS**	
	No declarations of interest were made.	

PM(19)86	**MINUTES OF THE PUBLIC MEETING HELD ON 28TH MARCH 2019**	
	RESOLVED – that the minutes of the meeting held on 28th March 2019 be approved as a correct record, subject to the following amendments: **PM(19)47** – to amend 'With regard to the CARER programme, Ms Shakeshaft noted that Therapy training has until now been very Cardiff-centric; however, a number of new **trainees** have been secured as a result of increased rural placements.'	**CM**

	To read 'With regard to the CARER programme, Ms Shakeshaft noted that Therapy training has until now been very Cardiff-centric; however, a number of new **employees** have been secured as a result of increased rural placements.' **PM(19)55** – to amend 'Referencing waits for treatment, Ms Lewis enquired regarding the risk of potential harm to patients, and whether there is a sense of how this harm materialises and impacts upon individuals' day to day lives.' To read 'Referencing waits for **Orthodontic** treatment, Ms Lewis enquired regarding the risk of potential harm to patients, and whether there is a sense of how this harm materialises and impacts upon individuals' day to day lives.'	

PM(19)87	**MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 28TH MARCH 2019**	
	An update was provided on the table of actions from the Public Board meeting held on 28th March 2019. In terms of matters arising: **PM(19)37** – Mr Paul Newman enquired whether there was any update in regards to timescale for roll-out of the 'Friends and Family Test' system. Mrs Mandy Rayani advised that timing will be dependent on recruitment of an additional member of staff to the Concerns Hub; it is anticipated that this will take place in the next quarter, although roll-out of the system will take longer. It is expected that the UHB will be in a much improved position in this regard by the end of the year. In response to a further query, Members heard that progress will be reviewed and monitored by the Improving Experience Sub-Committee, which reports to the Quality, Safety & Experience Assurance Committee (QSEAC). Mr Newman requested that a further update, via the table of actions, be provided at the next meeting. **PM(19)52** – Ms Lewis queried whether there should have been an action relating to trend reporting within the Integrated Performance Assurance Report (IPAR). Despite this having been discussed on a number of occasions, it has not yet been progressed. Whilst Mr Steve Moore assured Ms Lewis that the Executive Team has discussed this matter, he agreed that it should be an action from today's meeting to include this data in the next IPAR iteration.	**MR** **KM**

PM(19)88	**REPORT OF THE CHAIR**	
	Mrs Hardisty introduced her report on relevant matters undertaken as Chair of Hywel Dda University Health Board since the previous Board meeting. Mrs Hardisty highlighted in particular the successes and awards outlined on pages 2 and 3, together with those nominated for Employee or Team of the Month. With regard to the latter, Mrs Hardisty thanked the other Independent Members who had been involved in presenting these awards. Drawing Members' attention to page 7 of the report, Mrs Hardisty advised that Mr Adam Morgan will be leaving the UHB, and thanked him for his contribution as the Independent Member (Trade Unions) and for bringing fresh views and thinking to the Board. Mr Morgan was wished well for his new post at the Chartered Society of Physiotherapy. Cllr. Hancock further advised that Mr Morgan was getting	

	married today and sent best wishes to him and his wife.	
	The Board **SUPPORTED** the work engaged in by the Chair since the previous meeting and **NOTED** the topical areas of interest.	

PM(19)89	**REPORT OF THE CHIEF EXECUTIVE**	
	Mr Moore thanked S4C for providing the venue and facilities for today's meeting, and presented his report on relevant matters undertaken as Chief Executive of Hywel Dda University Health Board since the previous meeting. Mr Moore drew attention in particular to the update regarding Communications and Engagement work, which provides a good sense of what is important to the general public in 'real time' and will assist in developing the UHB's Health & Care Strategy. Ongoing consideration is being given to utilisation of more accessible forms of communication. Members were reminded of the recently publicised issues relating to Maternity Services at the former Cwm Taf University Health Board (UHB) and directed to the letter and response on this topic appended to the report. This attempts to strike a balance between acknowledging and managing the challenges and fragilities which may exist. Mr Moore reported that he has met with the clinical team in this specialty and had been impressed by their commitment to quality and safety. A great deal of work has been undertaken in this regard, and QSEAC are planning to conduct a 'deep dive' into this area in June 2019. This will be followed by a report to Board in July 2019. Professor Gammon advised that he has scrutinised, in conversation with the Medical Director and Director of Nursing, Quality and Patient Experience, the letter and response attached as Appendix C and had gained assurance from this. Professor Gammon had also participated in walkabouts with Mrs Rayani and Mr Huw Thomas to various departments within maternity services. These had proved extremely useful in answering numerous questions, particularly around the quality metrics which were being employed. The level of scrutiny and information which staff were able to provide had been impressive. Whilst there are undoubtedly issues and challenges, these were being openly discussed and staff were aware of the risks. Issues are escalated when necessary and action plans are in place. Professor Gammon had been reassured by these visits, which would be repeated in the coming months, and Members were assured that Maternity Services will be a focus for both QSEAC and Board. Mr Moore agreed regarding the reassurance provided by staff in Maternity Services, suggesting that a similar attitude and 'tone' regarding quality and safety is needed across the whole organisation. Ms Lewis felt that it was important to acknowledge that the failures at the former Cwm Taf UHB sit within the governance processes as well as the clinical services. These could apply in any service, and lessons should be learned from the broader failures. Agreeing, Mr Moore advised Members that the Executive Team are considering this issue and have requested that Dr Philip Kloer and Mrs Rayani also examine it in more detail, particularly the 'softer' culture issues involved, with the aim of a establishing a quality surveillance meeting. Members were reminded of previous discussions around Thoracic Surgery and heard that there would be a special meeting of the Welsh	

	Health Specialised Services Committee (WHSSC) during June 2019 to sign-off the proposed Thoracic Surgery Services model. Letters regarding this matter were appended to the report. Mr Moore would provide an update at the next Board meeting. With regard to Major Trauma, whilst this is a service with a relatively small number of patients, it is crucial to ensure that the correct provision is in place. Mr Moore also emphasised the need to recognise the particular needs of Bronglais General Hospital (BGH) given its geographical location. Again, a further update will be provided in due course. Members' attention was drawn to the update on the UHB's Targeted Intervention status, which covers various areas of discussion with Welsh Government. Mr Moore advised that there will be a significant meeting with Welsh Government at the end of June 2019 to discuss Core Team resource requirements. Finally, Mr Moore thanked all of those staff involved in achieving the Referral to Treatment (RTT) target of zero patients waiting more than 36 weeks for treatment. Members were reminded that three years ago, more than 7,000 patients were waiting more than 36 weeks. Mr Moore reiterated the UHB's ambitions to surpass this achievement by reducing waiting times even further. Ms Lewis enquired regarding the level of confidence around the organisation's ability to sustain and improve RTT performance. Mr Moore reported that there has been a minor drop in performance during April 2019, which was due to staff leave and which had been predicted. A return to previous levels and further improvement was, however, expected. Referencing social media usage, whilst Mr Owen Burt welcomed the 100% response rate, he suggested that the volume of enquiries is likely to increase. Ms Sarah Jennings explained that the Communications team aim to respond to direct social media enquiries within an hour. Responding to letters takes longer, with a target of 10 days, although the organisation wishes to reduce this response time. Telephone enquiries are directed to the most appropriate individual. Overall, Ms Jennings assured Members that response times have improved, with response times being achieved. Mr Newman enquired whether the UHB has received any feedback regarding its Annual Plan from Welsh Government. Mr Moore was not aware of any, and committed to follow this up. With regards to the Cwm Taf UHB Maternity Services issues, Mr Mansell Bennett wished to highlight that the local Community Health Council (CHC) had brought these to the attention of the Health Board several years previously. Hywel Dda CHC was reassured by the fact that they are members of both QSEAC and Board, allowing them to raise issues directly with the Health Board and currently did not have any concerns regarding maternity services.	**SM**
	The Board: • **ENDORSED** the Register of Sealings since the previous report on 28th March 2019; • **NOTED** the status report for Consultation Documents received/ responded to.	

PM(19)90	**REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE**	
	Mr David Powell joined the Board meeting. Mr Newman, Audit & Risk Assurance Committee (ARAC) Chair, outlined	

	the ARAC update report, drawing Member's attention to the Key Risks and Issues/Matters of Concern section. Mr Newman advised that the European Working Time Directive (EWTD) issue flagged in ARAC's previous update report to Board has not yet been resolved, and is dependent on implementation of a technological solution. There are also concerns regarding the significant challenges in meeting the Clinical Coding targets, with Mr Newman emphasising the importance of this area. ARAC had noted and recognised improvements in Clinical Audit performance. Focusing on the Internal Audit National Standards for Cleaning Follow-up report, Mr Newman reminded those responsible for preparing management responses that these need to be written in a SMART (Specific, Measurable, Achievable, Realistic, Timely) format. With regards to the Royal College of Paediatrics & Child Health Improvement Plan, ARAC had been pleased to note that all recommendations bar two had been met, with these being strategic issues which will form part of the UHB's Health and Care Strategy. Mrs Hardisty requested that the Chief Executive take up the EWTD non-compliance issue with Mrs Karen Miles and provide an update position at the next meeting detailing how this issue would be resolved.	**SM/KM**
	The Board **NOTED** the ARAC update report and **ACKNOWLEDGED** the key risks, issues and matters of concern together with actions being taken to address these.	

PM(19)91	**REVISED STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS AND COMMITTEE TERMS OF REFERENCE**	
	Mrs Joanne Wilson presented the Hywel Dda University Health Board's revised Standing Orders (SOs) and revised Standing Financial Instructions (SFIs) for approval to the Board, following agreement of these amendments by the Audit and Risk Assurance Committee (ARAC) on 23rd April 2019. Mrs Hardisty thanked Mrs Wilson and her team for their work.	
	The Board: • **APPROVED** the revised version of HDdUHB's Standing Orders; • **APPROVED** the revised version of HDdUHB's Standing Financial Instructions; • **APPROVED** the following Board level Committee and Advisory Group ToRs: ➢ Charitable Funds Committee ➢ Finance Committee ➢ Primary Care Applications Committee ➢ Healthcare Professionals Forum	

PM(19)92	**PARTNERSHIP AGREEMENTS – POOLED FUNDING AND CEREDIGION COMMUNITY EQUIPMENT SERVICES: SECTION 33 AGREEMENT**	
	Ms Sarah Jennings introduced the Partnership Agreements – Pooled Funding and Ceredigion Community Equipment Services: Section 33 Agreement report. Members heard that this is a position statement with regard to the virtual pooled funds Agreement established under the Social Services and Well-being (Wales) Act 2014, and is also seeking approval of an updated Agreement for Ceredigion's Integrated Provision of Community Equipment Services. Ms Jennings advised that it is intended, going forward, to present an integrated, cohesive report for	

	any partnership items; rather than considering these under separate agenda items.	
	The Board: • **NOTED** the update provided on virtual pooled funding Agreement; • **APPROVED** the revised Agreement for Ceredigion's Integrated Provision of Community Equipment Services made pursuant to Section 33 of the *National Health Service (Wales) Act 2006*, in order for this to be sealed and signed by both Hywel Dda University Health Board and Ceredigion County Council.	

PM(19)93	**FOCUS ON HEALTHCARE SERVICES IN CARMARTHENSHIRE**	
	Mr Joe Teape presented the Focus on Healthcare in Carmarthenshire report, advising that a number of Members have been involved in the Integrated Executive Group meeting with representatives from the Local Authorities. In order to ensure benefits are realised, lessons must be learned, and the potential uses of innovation, including technology, is one of the major elements of the region's Transformation Fund bid. Ms Rhian Dawson advised that the report focuses on innovative models of care and service structure, particularly Technology Enabled Care (TEC), considered through the 'lens' of Teulu Jones. This is not limited to traditional TEC, it also considers mechanisms used in other countries. The paper also provides an update on the Cross Hands Wellbeing Centre, and how this will utilise TEC. The report represents a high level brief; however, Board Members requiring further information would be welcome to make enquiries or to visit. Mr David Powell commended the vision presented, recognising that this is clearly the direction of travel. He was concerned, however, regarding whether it is dependent on the UHB to provide TEC solutions, in view of the difficulties experienced in delivering other IT projects. Mr Powell also enquired regarding the TEC company Llesiant Delta Wellbeing and whether the UHB has any contractual protection; also whether Delta has been 'benchmarked' against other similar companies. Ms Dawson explained that Delta is 100% owned by Carmarthenshire County Council and that a robust governance structure is in place, with an integrated management structure. There is no contractual obligation on the part of the UHB; investment has been on the basis of recognising the value of such innovation, and the risk associated with growing the workforce sits with Carmarthenshire County Council. The relevant business case is publically available, however Ms Dawson was happy to share this as required. Mrs Jervis thanked Ms Dawson for her report, and particularly welcomed alignment with the organisation's three Strategic Goals. It was also pleasing to see tangible actions, which make the wellbeing movement 'real'. Mrs Jervis enquired how the UHB will know when TEC is making a difference to local people, in terms of the more 'soft metrics'. Ms Dawson emphasised that this area is starting from a zero baseline. Work is commencing in terms of outbound calls to people on the basis of them having pressed their Careline buzzers. There are ambitions to become more proactive in helping people to stay well. Mr Mike Lewis welcomed the pertinent reminder regarding the benefits of wider use of technology, whilst enquiring about the steps being taken to assist the population to be more confident in utilising technology. Ms	

Dawson acknowledged this comment, adding that staff also need to be trained and encouraged to use technology. It was emphasised, however, that the intention is to integrate traditional care and TEC, not to replace one with the other. Dr Kloer echoed comments around the use of TEC, emphasising the need to scale up projects in order to make a tangible difference to the Hywel Dda population. Dr Kloer also suggested that it is important to prioritise efforts, by means of risk stratification, in order to focus on those who would benefit the most. It is also necessary to identify quickly those TEC projects or solutions which are not effective. Dr Kloer suggested that, in terms of technology and its requirements, Delta and Carmarthenshire County Council are likely to be more 'agile' than the UHB can be. However, there will be considerations for the UHB, such as reliance on its systems and staff. Members heard that this represents a significant moment for the organisation, with major expectations. Ms Jennings assured Members that the Transformation Fund bid is to support healthcare across the whole of west Wales, not solely Carmarthenshire. In response to a query regarding confidence around effective use within 2 years of the £7m funding allocated to this specific field, Ms Dawson confirmed that there is a programme group in place which includes representatives from the three counties. Whilst success is dependent on recruiting sufficient numbers of staff to the hub, the Local Authority trading company does facilitate work to progress at pace. Members were reminded that this is only 1 programme of 8 within the Transformation Fund, and that all are interdependent. Ms Paterson agreed that there is integration and interdependency between the programmes, and reiterated the importance of a whole system approach. Ms Paterson added that the UHB does have experience in delivering tele-care and can build on this experience. Members were reminded of the significant challenges around domiciliary care in Hywel Dda, and it was suggested that if the 'front end' of systems can be used to maintain individuals at home for as long as possible, this will be beneficial. Ms Dawson stated that it is important to note that, where tele-health is not up-scaled, the limiting factor is an inadequate digital infrastructure. It was suggested, however, that the opportunity to introduce and develop this innovative approach to healthcare should be grasped now.

Professor Gammon, focusing on an earlier comment, enquired how the organisation intends to up-skill its workforce in the use of TEC. Ms Dawson explained that training will be co-designed with staff, to ensure involvement of healthcare practitioners, and that it will apply lessons learned from the experience of other organisations. It will also be vital to ensure that the TEC equipment itself delivers what is required, which will involve influencing the type of equipment purchased. Mr Moore reiterated that proposals relate to the entire HDdUHB population, not only Carmarthenshire. The UHB has taken time to examine systems used elsewhere and models of best practice. This also represents an example of demonstrable partnership working with Local Authorities. Recognising concerns expressed by the public regarding services being removed before they are replaced, Mr Moore emphasised that this will be a case of implementing new services ahead of changes to provision, or in addition to existing services. The use of Teulu Jones in demonstrating how TEC will deliver person-centred care was welcomed. It was also pleasing to note the support from the hospital leadership

	teams, as it will be vital to obtain the endorsement of clinical staff. Mr Moore emphasised that much of the UHB's Health and Care Strategy is dependent on TEC and digital infrastructure. Mrs Hardisty concluded discussions by thanking Ms Dawson for her contribution. *Ms Dawson left the Board meeting.*	
	The Board **NOTED** and **DISCUSSED** issues arising from the Focus on Healthcare in Carmarthenshire report.	

PM(19)94	**REPORT OF THE FINANCE COMMITTEE**	
	Mr Lewis, on behalf of Mr Michael Hearty, outlined the Finance Committee reports from meetings in March and April 2019, adding that the Committee had also met on 20th May 2019. Mr Lewis suggested that it would be remiss if achievement of the UHB's forecast deficit was not acknowledged. Aside from this, Members heard that the Finance Committee is conducting prospective work in addition to reviewing past performance. This includes consideration of savings plans for 2019/20, the draft Financial Plan and the Control Total set by Welsh Government. Ongoing issues include pressures in Unscheduled Care and associated costs; Continuing Health Care (CHC) claims/costs; and delivery of savings on a recurrent basis in order to reduce the financial deficit.	
	The Board **NOTED** the Finance Committee update report and A**CKNOWLEDGED** the risk in delivering the Health Board's financial forecast position.	

PM(19)95	**FINANCE/TURNAROUND UPDATE – MONTH 12 2018/19**	
	Mr Thomas presented the Finance/Turnaround Update report Month 12 2018/19, advising that this had been discussed in detail by the Finance Committee. Members were reminded that the UHB's Annual Accounts had been approved at the Extraordinary Public Board meeting on 29th May 2019. Mr Thomas drew Members' attention to achievement of the forecast year-end deficit/outturn, which represents a £7m improvement on last year's deficit after Welsh Government Zero Based Review funding. This achievement would not have been possible without the efforts of staff across the organisation. The report details the various challenges and issues facing the organisation during 2018/19, a number of which will be carried over into 2019/20.	
	The Board **NOTED** and **DISCUSSED** the financial position for Month 12 2018/19.	

PM(19)96	**FINANCE/TURNAROUND UPDATE – MONTH 1 2019/20**	
	Mr Thomas presented the Finance/Turnaround Update report Month 1 2019/20. Members heard that the Control Total of £29.8m upon which the UHB had been basing its financial plans had been reduced by Welsh Government to £25m. This had increased the organisation's savings target from £24m to £28.8m. The current gap in identified assured savings schemes is £10.3m, against which there are identified pipeline opportunities of £8.3m, leaving a shortfall of £2m. Savings plans of £20.3m will require a £1m increase over last year; with £6.8m identified pipeline opportunities, there is a £1.7m gap. Mr Thomas emphasised the need to identify deliverable savings schemes and to address associated risks. Members' attention was drawn to page 14 of the report and the planned savings profile, risk and delivery. In terms of Month 1	

performance, this represented an adverse variance against plan of £0.4m, caused by staff costs, particularly in Critical Care.

Mr Andrew Carruthers stated that the savings position and how this has altered has already been outlined by Mr Thomas. A review of 2018/19 has taken place and plans have been made to strengthen savings delivery going forward. The Chief Executive Holding to Account process has been strengthened with the addition of the Director of Nursing, Quality & Patient Experience, to ensure that the impact of savings schemes on quality, safety and patient experience is considered. The assurance process around delivery of savings plans has also been strengthened. When pan-organisational themes have been identified, steps are being taken to gain assurance regarding the total quantum across the organisation. Changes made to the RAG rating system for savings plans have proved helpful in discussions with both Welsh Government and UHB directorates. Members heard that Month 1 savings delivery of £0.8m has been achieved, in line with the plan. There will be a limited step up in savings required for the remainder of first quarter; however, a significant step up in delivery is required from Month 4 onwards. Mr Carruthers emphasised the need to accelerate the de-risking of savings plans. In terms of risks, it is a priority to ensure that there is a robust set of Project Initiation Documents (PIDs) in place for each saving scheme, as this represents an important part of the discipline. The risk around delivery will continue to exist until the organisation has in place additional staff resources in the Core Team. Welsh Government feedback at Targeted Intervention meetings suggests that the UHB's savings plans contain all the required elements, although they are viewed as ambitious. Mr Carruthers advised that the 60 day cycles will begin to look very different going forward.

Referencing page 7 of the report, Cllr. Hancock noted that the Mental Health & Learning Disabilities (MHLD) Directorate has reported a breakeven position in-month, predominately due to a high level of staff vacancies. Cllr. Hancock queried whether quality and safety is potentially compromised by high rates of vacancies. Also, in view of the increasing number of clients with complex needs, whether the Board can take assurance that CHC decision-making tools are being consistently applied across the HDdUHB region. In response to Cllr. Hancock's first query, Mrs Rayani assured Members that vacancy rates are closely monitored, with issues flagged, scrutinised and escalated where necessary. Mrs Rayani personally monitors Serious Incidents, and there is consideration of whether staffing is a contributory factor. All Wales principles are being developed following testing. Members heard that Bank Staff are utilised for gaps in staffing. Mr Thomas added that the number of vacancies is not financially driven; they are 'naturally occurring' vacancies. There are also new vacancies which have not yet been filled. Dr Kloer advised that Mental Health is an area in which there are significant fragilities in staffing, with high locum usage. Having permanent staff in place is better for quality and safety, and this was one of the drivers for the Transforming Mental Health programme. In response to Cllr. Hancock's query regarding CHC claims, Ms Paterson assured Members that the framework is being applied consistently. In certain cases, treatment costs are perceived by claimants to be CHC costs when they are not. It is recognised that the UHB needs to bring

together the decision-making process for MHLD and general claims, as these are currently separate, although they utilise the same framework. Members were informed that a high number of claims are jointly funded by both the UHB and the relevant Local Authority, rather than being funded entirely by the UHB.

Mr Powell noted that savings for Month 1 are £1.8m and enquired whether these are recurrent or non-recurrent. Mr Thomas stated that a small proportion (less than £0.1m) was non-recurrent. Mr Carruthers confirmed that a maximum of 10% of the savings target is non-recurrent, and that it is intended that directorates utilise this to provide the flexibility required in order to make plans recurrent by the end of the year. Observing that there are a number of areas in which directorates have been unable to identify savings schemes, for example Ceredigion County and Women & Children, Mr Newman requested assurance regarding delivery of savings targets. Mr Carruthers advised that a round of Holding to Account meetings have taken place and that it is likely that a couple of directorates can be de-escalated. Overachievements in savings schemes at BGH partially mitigate Ceredigion County. There are two areas of particular concern, which will be subject to a meeting on 31st May 2019. Mr Bennett drew Members' attention to specific Community Health Council concerns relating to the UHB's ability to maintain RTT performance, particularly in view of concerns expressed by local Optometrists. Also, the closure of 33 funded beds, about which it was suggested that the CHC had not been informed/consulted. Mr Bennett indicated that he would take these issues up through the service planning structure of the CHC. Whilst happy to engage further outside the meeting, Mr Carruthers assured Members that the bed closures had been discussed with the CHC a year ago with the CHC kept fully informed throughout the process. Ms Paterson also expressed an interest in being involved in discussions regarding Optometry, emphasising that there is a formal programme of training for Optometrists to provide them with the required skills. It was recognised, however, that more may need to be done in terms of public and professional engagement to build confidence in community based Optometry services. Mrs Rayani confirmed that quality improvement processes are now fully embedded in the Turnaround/ savings process. Directorates are challenged where appropriate regarding certain of the language used in PIDs, for example around usage of funding from vacancies. In the case of suggested service changes which may require engagement/consultation, teams are instructed to review and reconsider these.

Mrs Hardisty suggested that the organisation should, by now, be in a position to recognise trends and predict where it should be financially. Mrs Hardisty queried whether, when performance goes 'off plan', this is always unforeseen, and whether trends from previous years have been analysed. Mr Thomas acknowledged the need for the UHB to better link its finances going forward to the underlying costs drivers. Mr Moore also agreed that this needs to be kept continually under review, whilst noting that individual pressures do arise at different times, which cannot always be planned for. With regard to CHC engagement, Mr Moore recognised the need to engage on all the UHB's plans and maintain communication channels. It was emphasised, however, that removal of beds is with the

	aim of becoming more efficient and improving patient experience. Mr Moore suggested that the Turnaround process has probably provided a greater level of assurance than has been the case in previous years, and was pleased by potential opportunities to de-escalate a number of directorates. Whilst there is now the additional challenge of a reduced Control Total, Mr Moore felt that Turnaround is increasingly becoming a more embedded behaviour, rather than regarded as a separate process. There are a number of risks; however, there are also more possibilities and opportunities.	
	The Board **NOTED** and **DISCUSSED** the financial position for Month 1 2019/20.	

PM(19)97	**REPORT OF THE BUSINESS PLANNING & PERFORMANCE ASSURANCE COMMITTEE**	
	Mr Powell introduced the Business Planning & Performance Assurance Committee (BPPAC) update report, advising that a great deal of the meeting had been taken up with year-end reporting requirements, such as approval of the Sub-Committee reports. BPPAC had considered the Corporate Risks allocated to it by Board, with Mr Powell noting that the Corporate Risk Register appears as a separate agenda item. As outlined in the report, it had been suggested that the risk score for one Operational Risk (Risk 54 relating to agreed performance for urgent & non-urgent suspected cancers) may need to be adjusted. Whilst acknowledging that performance relating to urgent cases had dropped in February and March 2019, Mr Teape advised that this has improved during the last couple of months. Members were informed that it was not appropriate to adjust the risk score at the time of the BPPAC meeting.	
	The Board **NOTED** the BPPAC update report and **ACKNOWLEDGED** the key risks, issues and matters of concern together with actions being taken to address these.	

PM(19)98	**INTEGRATED PERFORMANCE ASSURANCE REPORT – MONTH 12 2018/19 AND MONTH 1 2019/20**	
	Mr Moore presented the Integrated Performance Assurance Report (IPAR) for Month 12 of 2018/19, which Members heard had been discussed in detail at BPPAC. With regard to Primary Care, Ms Paterson drew Members' attention to the appendices relating to Managed Practices and the Primary Care Quality and Performance Assurance Report. There have been a number of positive developments in terms of Managed Practices, with various aspects of these being considered. Four Managed Practices remain, and the UHB continues to recruit successfully to posts in these. Ms Paterson advised that the UHB is hoping to move to a position going forward of tendering for the return of Managed Practices to independent contractor status. The Board would be kept informed. In terms of the Primary Care Quality and Performance Assurance Report, Members heard that this contains a mixture of Month 12 2018/19 and Month 1 2019/20 information. The report represents significant progress in bringing metrics on Primary Care before BPPAC and the Board. Ms Paterson highlighted the information on Eye Health Examinations Wales (EHEW) towards the end of the report. Whilst recognising that there is an overspend in this area, it was suggested that this reflects the investment required in this important area. Members noted that HDdUHB is ranked top in terms of access to GP appointments at the beginning and end of the day. Ms Paterson	

reminded Members of discussions around Dental services at the March 2019 Public Board, and advised that a further update would be provided to the next meeting. The UHB is considering potential opportunities within Community Pharmacies for the public to access various services. Providing that it is possible to continue to utilise Optometry and Pharmacy services, demand on hospital services will be reduced.

Referencing the graphs relating to Dental Access on page 134 of the IPAR and the HDdUHB performance of 41.67%, Professor Gammon requested assurance that a more positive position would be presented to Board in July 2019. Ms Paterson reminded Members that the UHB is in its second year of a three year programme of investment in General Dental Services (GDS). There is a need to robustly monitor independent contractors; one of the UHB's largest providers continues to underperform despite some improvement. Once a provider has underperformed for two years, a Health Board can discuss whether it decommissions the contract or continues to work with the provider. Ms Paterson emphasised that HDdUHB is committed to ensuring that the public have adequate access to dental services. As stated at the previous Board meeting, there has been limited success in securing GDS provision in South Ceredigion and the UHB is exploring alternative opportunities and models. It is hoped that taking a different approach will assist in this regard. In respect of the data on page 133 regarding Influenza immunisation rates, Professor Gammon observed that other Health Boards perform better than HDdUHB in a number of categories. Professor Gammon requested assurance that the UHB is instigating early planning in this area and is learning from other Health Boards where applicable. Mrs Jervis confirmed that HDdUHB is actively planning for the 2019/20 Influenza season and that learning from successes in other Health Boards is being applied. It was suggested, however, that trend data would better represent the true position, with it not being the case that other Health Boards have suddenly improved their performance. Mrs Jervis emphasised that HDdUHB has significantly improved its performance in uptake of the Influenza vaccination among staff, with the best improvement across Wales. This has massively impacted upon overall performance rates; and the number of vaccinations given in every category has exceeded that given last year. Mrs Jervis concluded by advising that a detailed paper reporting on Influenza immunisation performance will be presented to the June 2019 meeting of BPPAC.

Mr Moore presented the Integrated Performance Assurance Report (IPAR) for Month 1 for 2019/20. Mr Teape highlighted the statement in the SBAR regarding Executive Directors highlighting their key concerns, suggesting that the performance data itself should be the focus, rather than perceived personal priorities of individuals and therefore requested that members disregard this element and focus on the data and associated risks. Members noted that, as mentioned earlier, there had been 213 breaches in the number of patients waiting more than 36 weeks from referral to treatment, meaning that the RTT target has not been met during Month 1. These breaches are spread across 12 different specialties. Mr Teape advised that this drop in performance had been anticipated, with staff leave following year-end and reduced outsourcing provision over the Easter period. Further work is required in

Cardiology; all other specialties have plans in place to re-attain the zero target. Members' attention was drawn to performance relating to urgent suspected cancers. Whilst the 95% waiting time target was not met in March 2019, an improvement was seen from 80.7% in February to 84.2% in March. This is expected to improve further to 88-89% in April 2019. Mr Teape advised that, with regard to recruitment to medical posts, there are long-term plans for a regional network/solution in Dermatology. Members heard that there have been zero breaches in waiting times for diagnostic tests, with HDdUHB ranking first in Wales in this indicator. It was noted, however, that the MRI scanner at BGH has been removed from service, with installation of a new scanner planned for December 2019. In the interim, a number of temporary measures have been put in place, including a mobile scanner, outsourcing and relocation of work to Glangwili General Hospital (GGH). Challenges in Unscheduled Care have continued into April 2019, with a significant increase in demand resulting in various pressures. A great deal of improvement work has and will continue to take place, particularly at Withybush General Hospital (WGH).

Dr Kloer endorsed Mr Teape's comments around Executive Directors' key concerns, emphasising that these should not be viewed as a comprehensive list. In Dr Kloer's case, there would be various other additional concerns, for example Clinical Coding. Referencing page 26 of the IPAR, Cllr. Hancock expressed concern regarding the number of Hospital Initiated Cancellations (HIC) particularly those at Withybush General Hospital, and queried whether this is a regular pattern, or unusual. Also, whether these patients receive a personal telephone call and explanation. Mr Teape confirmed that there are individual discussions with patients in this situation. It was suggested that the performance at WGH has been very challenging and it is perhaps particularly contrasted by that at Prince Philip Hospital (PPH), detailed in the Winter Evaluation report, and highlights the continued challenges at WGH. Members heard that Mr Carruthers is leading work on this area ahead of the Winter Planning process for 2019/20. Ms Lewis suggested that, with more intelligent use of data, the organisation would have a better understanding of the nature of the issues, which is key to providing better quality services. To clarify, if a variation in performance is noted, different responses are required, depending on whether this is a normal variation within the system or an unusual/unexpected occurrence. Such analysis would, potentially, also allow improved support to Executive Directors and their teams. Mr Newman suggested that it would be useful to have a wider range of information in this regard; based on a whole-system approach, including community-based services, as well as hospital-based. Mr Teape agreed that this is a whole-system issue.

Referencing the decline in therapy wait performance, Ms Shakeshaft advised that the demand/capacity gap in therapies is clearly defined. A change in either can result in a significant impact. Performance has been affected by the timescales involved in graduation and registration of incoming Band 5 staff (July and September respectively). A number of agency staff have left, which was not anticipated; neither was the lack of availability of replacements. In terms of positive developments, Members heard that the UHB has agreed to fund a roll-out of the Virtual

	Pulmonary Rehabilitation (VIPAR) project. It is anticipated that the full service model will be implemented by Quarter 3, with the backlog being cleared within a 12 month period. Mr Teape reminded Members that the UHB has received a significant sum of Welsh Government funding to achieve a zero rate for therapies waits, and emphasised the need to maintain the focus and momentum in this area. Mr Teape committed to work with Ms Shakeshaft in this regard. Members were assured that the UHB does not anticipate a return to previous levels of waiting times. In response to a query from Mrs Hardisty regarding whether it is possible to influence the timing of registration for therapists, Members heard that this is dependent on the individual submitting an application. Mrs Gostling reported that performance in terms of sickness absence rates remains strong. Whilst it was disappointing that the UHB has not met targets for Performance Appraisal and Development Review (PADR), Mrs Gostling emphasised that quality is as important as quantity. Discussions in this vein had taken place at ARAC on 29th May 2019. A number of services have indicated that they will achieve the target by the end of June 2019. Steps are also being taken to address the issue of those departments not yet using the Electronic Staff Record (ESR) system for PADRs. Mr Newman confirmed that ARAC had discussed an Internal Audit report on PADRs, which had received a rating of Limited Assurance and agreed that quality, as well as quantity, is important. Members noted that the report had identified instances of PADR over-reporting, which Mrs Gostling is addressing. Mr Newman advised that Internal Audit has been asked to conduct a follow-up audit on this area in 2020, to reflect how important PADRs are in valuing and developing staff. Mrs Hardisty noted that the Job Planning data which has previously appeared within the IPAR appears to be missing, and requested that this be rectified in future iterations. Mrs Rayani drew Members' attention to performance in Infection Prevention and Control, where a reduction in rates had been achieved, reflecting an improving trend. Mrs Rayani suggested that an over-focus on the targets risks losing recognition of this improvement. A whole-system approach is required, as opposed to individual actions, and Mrs Rayani assured Members that she and her team were continuing to discuss how to move forward. Currently, the UHB is awaiting confirmation of this year's targets from Welsh Government. Whilst it is ambitious, the organisation also needs to be realistic in its expectations. New antibiotic guidance is being launched on 3rd June 2019, and this will be accompanied by a number of other initiatives, which are being discussed at QSEAC. Professor Gammon suggested that the Board recognises the significant impact Healthcare Acquired Infections (HCAIs) can have on patients. The report does not present a positive picture with regard to performance in this area, and Professor Gammon queried whether it is acceptable to suggest that the organisation needs to be realistic about achieving targets. Noting that the Chief Executive holds all Executive Directors to account regarding financial performance, Professor Gammon enquired how individuals are held to account regarding performance in areas of quality and safety such as HCAIs. Mr Moore acknowledged the further work required, whilst emphasising that improvements have been made. Members were assured that quality and safety performance is regularly reviewed at Executive Team meetings,	**KM**

	together with potential actions to improve the UHB's position. The organisation should avoid taking the attitude of certain areas being a particular individual's responsibility. There is a concerted move towards joint/organisational objectives, which had been discussed in detail at the recent Executive Team residential. Mr Moore emphasised that quality and safety is considered equally as important as financial performance. Professor Gammon added that infection control should remain a focus for the Board, as performance needs to improve; and that by the next meeting the Board need to review again the performance and actions to mitigate the current risks. Referring back to the Month 12 2018/19 IPAR, specifically page 28, Professor Gammon noted the deteriorating position in terms of potentially preventable hospital acquired thrombosis. This matter had been discussed at the previous meeting of QSEAC. Professor Gammon observed that the current position is no different from that 3 years ago, and suggested that this warrants further discussion by both QSEAC and the Board. Mrs Rayani advised that the Quality Improvement team is working with services to establish why a previously improved position is not being maintained. The team is also considering potential new approaches which might be employed. Members were informed that every case of hospital acquired thrombosis is subject to a root-cause analysis. Also referencing the Month 12 IPAR, and Appendix 4 (Improving the Health and Well-being of Homeless & Specific Vulnerable Groups) Mr Burt welcomed this information regarding the work being undertaken in this area. It was suggested, however, that it would be useful for Members to understand what is being done to improve access for members of these groups to the UHB's services. Ms Jennings accepted that, whilst there has been good progress, the pace of this could be increased. A new member of staff had recently been appointed, and it is hoped that this will result in improvements in this regard. Although partnership working in this area is good, more could be done within the UHB. It was agreed that this topic should form the basis of a separate report to the Board meeting in November 2019. Concluding discussions, Mrs Hardisty suggested that Executive Directors give further thought to how best to present information to Board within the IPAR.	**MR** **SJ** **SM**
	The Board **DISCUSSED** the reports and raised any issues arising from their content.	

PM(19)99	**CORPORATE RISK REGISTER**	
	Mr Moore introduced the Corporate Risk Register (CRR) report, reminding Members that this outlines the principal risks linked to UHB objectives. Changes to the latter may result in changes to the CRR going forward. Members were advised that no existing risks have increased in severity, and Mr Moore outlined the reasons behind the risks detailed within the report. Mrs Wilson reminded Members that the Board agreed the approach, format and content of the CRR and Board Assurance Framework (BAF) at its meeting on 27th September 2018, and that it should receive and discuss both documents twice a year. As has been mentioned earlier, in-depth scrutiny and monitoring of corporate risks is delegated to Board committees and reported via committee update reports. The CRR contains risks which have been identified by individual Executive Directors, associated with the delivery of objectives set out in	

the Annual Plan, together with significant operational risks. At the current time, the BAF only contains the risks associated with the achievement of UHB objectives, as the Strategic Objectives are being refreshed. Members' attention was drawn to page 2 of the report, which details the process for monitoring and reviewing the CRR. Page 2 also notes that there are 29 principal risks on the CRR/BAF which have been aligned to the 7 UHB objectives; corporate risks have been reviewed since they were last presented to the January 2019 meeting of Board. The changes made since the CRR was last presented are outlined on page 2; with Members noting that of the 29 risks, 4 are new risks, 4 risks have been closed, 3 have been reduced in risk score and 23 risks are unchanged. The 4 new risks relate to: replacement programme for radiology equipment; health and safety capacity; failure to realise all opportunities from the Turnaround programme; ability to deliver the financial plan. Page 5 of the report provides Members with a reminder of the Board's agreed risk appetite and tolerance levels. Mrs Wilson drew Members' attention to discussions at BPPAC on 30th April 2019, where BPPAC discussed the risks assigned to it, and considered in detail the risks where the target risk score was above the UHB agreed tolerance level. BPPAC agreed to request that the Board 'accept' that that these risks will not be reduced to the UHB agreed tolerance level during the 2019/20 financial year unless there are significant changes in resources or circumstances. In requesting the Board to undertake this action it was noted that every effort would be made to continue to reduce the risks and to continue to the risk at the current mitigated level.

Professor Gammon assured Members that QSEAC has scrutinised and provided feedback on each of the 14 risks allocated to it, noting this had been undertaken with the same level of scrutiny and risk as had been undertaken in BPPAC. Referencing the impact section at the end of the report, Ms Lewis noted that this states 'No direct impacts' for patient care, despite the fact that a number of the corporate risks are directly related to delivery of patient care. Mrs Wilson acknowledged this comment and agreed that consideration should be given to rewording responses in this section noting the patient impact, where applicable, was annotated within each risk register entry. In reviewing the risk register, Ms Lewis enquired how the UHB advises patients who are trying to access services and are struggling to do so; in order that they are able to make informed choices regarding their own care. Ms Paterson recognised the need to ensure patients are provided with information regarding services in Primary Care, and for effective liaison with Secondary Care. More work is required in terms of communicating the options available, and the UHB needs to optimise service availability in Primary Care in order to improve access. Mr Teape also conceded that this is an area for improvement, noting that the Delivery Unit has recently published a report focusing on the impact of long waits on patients. The period between patients being seen by their GP and being seen by a specialist is particularly lacking in terms of communication. Mr Teape reminded Members that the UHB has secured funding for specific work in relation to Eye Care, and there is ongoing and planned work around communication with patients on a more generic basis. Whilst Mrs Rayani acknowledged the importance of improved activity in this regard, she also emphasised the importance of shared decision-making. It is vital to ensure that patients have the correct information to allow them to

	make informed decisions and share in decision-making around their care. Agreeing that there must be informed choice, Ms Lewis emphasised the need for honest conversations with patients in instances when the UHB is unable to provide services in a timely fashion. Patients must be clear what this means for them in their individual situation. Mr Moore advised that, as part of its discussions regarding the UHB's 3 year plan, the Executive Team recognises that there is a list of items the UHB must 'get right'. However, there are other ambitions over and above these, which are about being a good employer and about how the UHB becomes an organisation which empowers patients and the public. The issue of helping patients to make informed choices will form part of this wider discussion. Noting the estates maintenance backlog, and the fact that this will only increase, potentially leading to Health & Safety issues or legal claims, Mr Newman enquired whether risks in this area are being stratified. Mr Moore confirmed that this is the case, with the highest level risks having been addressed. The amount of capital available, however, does not allow the UHB to address all estates and maintenance issues. Mr Teape emphasised that the organisation will need to maintain its existing estate during the transitional period associated with the Health & Care Strategy. Referencing the request for Board to accept the risk around Cyber Security, Mrs Hardisty suggested that there is little more the organisation can do in this regard and queried why this risk was so high profile. It was agreed that this matter would be taken up with Mrs Miles. Dr Kloer noted that there are situations relating to Cyber Security which could cause significant risk to the continuation of patient care. Mrs Hardisty also suggested that the recommendations be revised to reflect the need for open and honest conversations with the public regarding the risks faced by the organisation.	**SM/KM**
	The Board: • **CONSIDERED** if they have sufficient assurance 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. • **APPROVED** BPPAC's recommendation that the aforementioned risks will be unable to be reduced to within the UHB agreed tolerance level during the 2019/20 financial year, unless there are significant changes in resources or circumstances, and 'accept' that that the risks will not be reduced lower than the target risk score. • **AGREED** that there should be open and honest conversations with the Hywel Dda population around the risks being faced by the UHB and the potential implications of these, with these featuring in the UHB's communications messages.	**SJ**

PM(19)100	**REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE**	
	Professor John Gammon outlined the Quality, Safety & Experience Assurance Committee (QSEAC) update report, highlighting in particular discussions around the Annual Quality Statement (AQS), which had subsequently been approved at the Extraordinary Public Board meeting on 29th May 2019. Professor Gammon stated that the update report demonstrates where QSEAC had and had not received assurance regarding the various topics of discussion. Members noted that there	

	were ongoing concerns regarding the lack of pace and progress in terms of the Effective Clinical Practice Sub-Committee (ECPSC) and that QSEAC will continue to review this. The Committee has, however, been assured by the ongoing work around Improving Experience and development of the Patient Charter. QSEAC had considered a report on the NHS Wales Laundry Production Units and the potential impact on patients, which had also provided the required assurance. Professor Gammon concluded by drawing Members' attention to the Key Risks and Issues/Matters of Concern section, and concerns around how the Operational Quality, Safety & Experience Sub-Committee manages and reports risks. QSEAC had been advised that as operational risks are being discussed at the CEO Performance Reviews meetings, it has been agreed to only receive risks by exception, and that going forward, a 'deep dive' into 2 or 3 risks of particular concern would be undertaken during the year. Dr Donovan emphasised the importance of the ECPSC and enquired whether the membership of this sub-committee is fit for purpose. Professor Gammon advised that membership of ECPSC is being considered and reviewed by its Chair, Dr Kloer. This has included detailed discussion of how it can link with the University Partnership Board, as the current membership of ECPSC does not necessarily possess the skills to make the judgements required. In response to a further query, Members were assured that membership is multi-professional. Dr Kloer advised that he had taken over as Chair of ECPSC, which has always been a challenging sub-committee. It is not easy to secure the range of expertise required to advise on the range of issues discussed. Proposals on how the sub-committee will be managed and strengthened going forward will be presented to the next meeting of QSEAC. Ms Lewis has been identified as the Independent Member on ECPSC and Dr Kloer hoped that the changes proposed will result in improvements. Noting the plans for management of operational risks, Dr Donovan enquired whether QSEAC is satisfied with the proposals. Professor Gammon stated that, whilst he was satisfied with the discussions to date, more time is required in order to judge how this process works in practice and whether it provides the required assurance. Ms Shakeshaft offered to discuss the process in more detail with Dr Donovan outside the meeting, explaining that when the Operational Quality, Safety & Experience Sub-Committee had been established, discussion of operational risks had been unmanageable. It had then been determined that directorates would escalate risks as necessary, which had not been satisfactory either. The new process of a 'deep dive' into 1 or 2 areas at each meeting feels more appropriate. Mrs Rayani advised Members that the UHB has received an initial briefing from Wales Audit Office following their review of local quality and safety arrangements. The report outlining the findings of this review is currently being finalised and will be shared with Professor Gammon. It will include relevant guidance, which should assist in the areas discussed above. Mr Moore reminded Members that the CEO Performance Review meetings also provide a further source of assurance.	**AS**
	The Board **NOTED** the QSEAC update report and **ACKNOWLEDGED** the key risks, issues and matters of concern together with actions being	

	taken to address these.	

PM(19)101	**NURSE STAFFING LEVELS (WALES) ACT – ANNUAL REPORT 2018/19**	
	Mrs Rayani introduced the Nurse Staffing Levels (Wales) Act Annual Report, noting that there is a typographical error on page 4 of the report itself (Appendix 1) where there is reference to Section 28B. This should read Section 25B. Members were reminded that 31 wards currently fall under the Act, 19 medical and 12 surgical. 14 wards have triggered the need for re-calculation detailed on page 5 of Appendix 1. It is estimated that approximately 7 cycles of re-calculation are required before the system is fully 'bedded-in'. Mrs Rayani advised that none of the re-calculations have resulted in significant changes. Members heard that it has been possible to progress at pace other related work which is bringing benefits, such as pilot work around care hours per patient day. Other measures are being considered at a national level and are likely to be tested locally. Members noted that detailed reports are also being submitted on a regular basis to QSEAC. Mrs Hardisty thanked Mrs Rayani and her team for the detailed and extensive report. Mr Newman advised that Internal Audit had conducted an audit on preparedness for the Nurse Staffing Levels Act, which had been assigned a Substantial Assurance rating. ARAC had, however, expressed concern regarding findings around the need for agency staff to meet requirements, and the potential implications of this. Mrs Rayani reported that a number of tools are being developed in various specialty areas, with further work required in District Nursing and Mental Health. It is likely that the Act will be extended into Paediatrics. If this is the case, the gap currently is negligible; however, the UHB will need to be conscious of this in its workforce planning and recruitment strategy. Referencing data around harm on page 15 of the Annual Report, Ms Lewis enquired what this is telling us; and whether it indicates a link between understaffing and serious harm. Mrs Rayani advised that 19 incidents where there had been reference to staffing levels had been identified and examined. 16 had been explored in detail, with no evidence of significant harm, although there may be low level harm. 3 are being examined in more detail. Ms Lewis enquired why – if this is a typical pattern, with no link between harm and understaffing – Health Boards are being required to implement the Act. Mrs Rayani emphasised that acuity changes by hour to hour, not just shift to shift. The fact that significant harm has not been seen at this time does not mean that this will always be the case. The UHB needs to deploy its workforce in a responsive way; there is an evidence base to suggest that higher nurse levels minimise harm. Mrs Hardisty suggested that this matter be considered in more detail by QSEAC.	**MR**
	The Board **NOTED:** • The content of the Annual Report; • That the implementation plan will continue to remain a live document subject to continuous review and iteration. Prioritisation and phasing within the implementation plan will, by necessity, be continually monitored by the Director of Nursing, Quality and Patient Experience; • That, as the committee to which Board has delegated responsibility for monitoring compliance with the NSLWA, QSEAC will continue to	

	receive regular updates on the risks which have been identified within the annual report and any impact on care as a result of not maintaining the nurse staffing levels.	

PM(19)102	**EVALUATION OF UNSCHEDULED CARE PERFORMANCE THROUGH WINTER 2018/19**	
	Mr Teape introduced the Evaluation of Unscheduled Care Performance through Winter 2018/19 report, thanking all front-line staff for navigating the UHB safely through the winter period. Mr Teape also thanked front-line on call staff for their contribution. Whilst it is always possible to do better, there have been improvements this winter, with valued input from Public Health, Communications and Finance. Members also heard that, for the first time, the 2018/19 winter plan had displayed the logos of the five partner organisations. The financial support provided by Welsh Government was welcomed; the distribution of funds had not been restricted to acute services, with £400k being directed to community services, more appropriately reflecting the integrated structure of the UHB. Whilst demand for services was relatively flat, and escalation reduced, performance has worsened. If, however, WGH were removed from the equation, performance would have improved. Mr Teape emphasised that this reflects the fragile nature of services on this site rather than any lack of effort on the part of staff. There are a number of successes, including in Cardiology, which can be built upon in the future. In terms of next steps, the UHB will contribute to the All Wales work around winter planning and identify the initiatives which create the greatest impact. Whilst there have been improvements, Mr Teape emphasised that winter pressures remain challenging and there is a continuing need for lessons to be learned. Offering his impressions of the report, Professor Gammon suggested that, for the first time, interventions put in place have resulted in significant impacts on the way in which the UHB manages the care of patients and patient experience. There had been no cancelled operations at PPH, and the number of falls had reduced. Mr Bennett welcomed the improvements in Cardiology and enquired whether the 6 bed cardiac facility at PPH will be maintained on a permanent basis. Mr Teape confirmed that this will be the case, as there is recurrent funding for this facility. Noting the statement on page 2 around closing a calculated gap of 150 beds, Mr Newman queried the UHB's capacity to manage such a gap, and how the organisation will learn from this in terms of bed numbers for the coming year. Mr Newman suggested that the 2019/20 winter plan should include more detail around the planning processes and how it is intended to avoid ad hoc decision-making. Mr Teape explained that implementing surge beds without adequate staffing creates a downward spiral, whilst a substantive bed base with lower numbers of properly staffed beds results in better care. Members were assured that this issue will be revisited during discussion of the 2019/20 winter plan. Whilst acknowledging these comments, Mr Newman expressed concern regarding the organisation's capacity for such decisions, when it is also undertaking work in a number of other areas. Referencing the various initiatives outlined in the report, Mrs Hardisty enquired whether these should, in fact, be operating all year rather than restricted to the winter period. Mr Teape confirmed that this is being explored, with Welsh Government having extended certain	

	initiatives. The UHB is considering whether others, such as the bridging service, can be mainstreamed; subject to securing robust evidence of benefits. Mr Moore recognised that the issue of beds is one of currency. Whilst the UHB can consider the number of beds which should be in place, these need to be staffed adequately and safely. It is possible to put in place measures which remove beds whilst improving patient experience. Mr Moore suggested that there are many interlocking issues, certain of which are influenced by the planned new hospital. On behalf of the Board, Mr Moore and Mrs Hardisty recorded their thanks to staff for their efforts and for once again going above and beyond.	
	The Board **RECEIVED** this report and discuss any issues arising from its content.	

PM(19)103	**HEALTH & CARE STANDARDS FUNDAMENTALS OF CARE 2018 ANNUAL REPORT**	
	Mrs Rayani presented the Health & Care Standards Fundamentals of Care Annual Report for 2018, advising that this is the tenth such report. Year on year, the number of areas participating has increased, with 138 taking part this year. Statements and questions are reviewed each year, which can make comparison between years challenging. The areas for improvement identified in this year's report are: rest and sleep, help and advice regarding pressure damage prevention and ability to speak to staff in Welsh. Various actions are being taken to address these. Members noted that there had been a reduction in the number of patients participating compared with last year, with 124 less. The number of staff participating was similar to last year. The reduction was not statistically significant, however Mrs Rayani emphasised that the UHB is not complacent in this regard, and will be considering how to improve participation rates. Dr Donovan welcomed the increase in staff who responded that the organisation provides opportunities to enhance their skills and professional development. It was noted, however, that from a staff body of more than 11,000 only 1,011 completed the survey, representing just 10%. Dr Donovan suggested that steps to increase this participation rate should be considered, as responses could feed into other processes such as PADRs. Dr Donovan also queried the patient participation figure as a percentage of the UHB's patient numbers, and suggested that responses when in hospital may differ to those when discharged, which may provide a more accurate appraisal. Mrs Rayani acknowledged that the group of patients who participated represent a 'snapshot' and stated that she would welcome the opportunity to survey a different cohort of patients. However, the survey is just one of the mechanisms to assess patient experience; the Friends and Family Test system which the UHB is planning to introduce will provide another source of feedback. The UHB provides services to 64,000 inpatients; it is recognised, therefore, that the participation rate of 1,500 represents a small proportion. In terms of staff participation, it is difficult to correlate this survey with the NHS Staff Survey; responses to the Fundamentals of Care survey are predominantly from Registered Nurses and Health Care Support Workers. Referencing patient responses around ability to speak to staff in Welsh, Ms Jennings assured Members that the Welsh Language team will work with medical staff in this regard. Other statistics relating to language access were encouraging, with 100% of responders whose	

	first language is not English stating that they have access to translation services. In considering the recommendation made to Board, Mrs Hardisty suggested that this be amended to reflect that the Fundamentals of Care audit is one of the measures used.	
	Recognising that this is only one small measure used to assess patient experience, the Board **ACCEPTED** the Health & Care Standards/ Fundamentals of Care 2018 audit findings presented in this report as one source of assurance that the care delivered within HDdUHB continues to achieve a high level of satisfaction amongst patients, whilst also identifying areas of improvement.	

PM(19)104	**COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES**	
	Mrs Wilson outlined the Board Level Committees update report, drawing Members' attention to those matters requiring consideration or approval by the Board and the areas of concern and risk which had been raised by the Committees. Members were reminded that the Charitable Funds Committee Terms of Reference had been approved during consideration of an earlier agenda item.	
	The Board **ENDORSED** the updates and **RECOGNISED** any matters requiring Board level consideration or approval and the key risks and issues/matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings.	

PM(19)105	**COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD**	
	The Board **RECEIVED** the update report of the In-Committee Board meeting.	

PM(19)106	**COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS**	
	The Board **RECEIVED t**he update report in respect of recent Advisory Group meetings.	

PM(19)107	**HDDUHB JOINT COMMITTEES & COLLABORATIVES**	
	Mr Moore introduced the HDdUHB Joint Committees & Collaboratives update report, reminding Members that he had made reference to the Thoracic Surgery and Major Trauma consultations in his earlier Chief Executive's Report. Mr Moore advised that he has been nominated to be Vice-Chair of the Emergency Ambulance Services Committee (EASC), an opportunity which had been welcomed and accepted.	
	The Board **RECEIVED** for information the HDdUHB Joint Committees & Collaboratives update report.	

PM(19)108	**STATUTORY PARTNERSHIPS UPDATE**	
	Ms Jennings presented the Statutory Partnerships Update report, advising Members that this is a new report format, combining updates from the Regional Partnership Board (RPB) and Public Services Boards (PSBs). Ms Jennings recognised that there can be a perception of duplication and/or overlap between the work of these bodies, and hoped that the combined report format will provide clarification. Members' attention was drawn to particular items, including the Welsh Government Energy Service, wherein work is taking place with the UHB on capital projects, such as the new hospital, and the various opportunities which exist. Also, work relating to children's services and family teams. In	

	terms of the RPB, discussions had taken place around the Transformation Fund bid. The Integrated Executive Group, which includes a number of UHB representatives, has now been established and is meeting on a weekly basis. Mrs Hardisty drew Members' attention to the inaugural meeting of local PSBs and RPBs detailed on page 5, which represents important progress.	
	The Board **NOTED**: • Progress updates for each PSB and the RPB, and the key areas of discussion highlighted in the report. • Links to the PSB and RPB websites where the agenda, papers and minutes of recent meetings can be accessed.	

PM(19)109	**BOARD ANNUAL WORKPLAN**	
	The Board **NOTED** the Board Annual Workplan.	

PM(19)110	**ANY OTHER BUSINESS**	
	There was no other business reported.	

PM(19)111	**DATE AND TIME OF NEXT MEETING**	
	9.30am, Thursday 25th July 2019, venue TBC	

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

TABLE OF ACTIONS FROM
HEALTH BOARD MEETING IN PUBLIC
HELD ON 30TH MAY 2019

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
PM(19)82	**PUBLIC FORUM:** • To provide letters of response to the questions received and to ensure that responses are available on the UHB website.	JH	June 2019	Completed.
PM(19)86	**MINUTES OF THE PUBLIC MEETING HELD ON 28 MARCH 2019:** • To make the amendments required.	CM	June 2019	Completed.
PM(19)87	**MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 28TH MARCH 2019:** • To provide a further update regarding implementation of the 'Friends and Family Test' system to the next meeting;	MR	July 2019	An Implementation Group was established in June 2019 and a demonstration of the new system provided to stakeholders. The first phase of the implementation will commence in July 2019, with the intention that all services will be completed by the end of 2019/20.
	• To include information regarding trend reporting within the next iteration of the IPAR.	KM	July 2019	Information regarding trend reporting will be included within the next iteration of the IPAR.

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
PM(19)89	**REPORT OF THE CHIEF EXECUTIVE:** • To establish whether the UHB has received any feedback regarding its Annual Plan from Welsh Government.	SM	July 2019	The University Health Board has received the Accountability Letter from Welsh Government on the 2019/20 Annual Plan and the UHB will be submitting its Quarter 1 response by the 31st July 2019 deadline. Targeted intervention meetings have identified unscheduled care trajectories and infection control measures as areas needing further consideration Informal feedback from Welsh Government on the 2019/20 Annual Plan have indicated that the following key areas of our submission will need to be strengthened moving forward: ○ The need to articulate the bridge from Turnaround to Transformation, and what will be delivered in Year 1; ○ Plans for in hospital transformation; ○ Further detail on our turnaround programme; ○ The performance and finance plans need to be fully aligned; ○ In terms of the financial position and plan, the feedback is that there was insufficient evidence of the

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
				organisation understanding its underlying deficit
PM(19)90	**REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE:** • To discuss the EWTD non-compliance issue and provide an update to the next meeting.	SM/KM	July 2019	Included within agenda item 7. Report of the Chief Executive on the July 2019 Public Board agenda.
PM(19)98	**INTEGRATED PERFORMANCE ASSURANCE REPORT – MONTH 12 2018/19 AND MONTH 1 2019/20:** • To reinstate data around Job Planning in future iterations of the IPAR; • To discuss in more detail at QSEAC the deteriorating position in relation to hospital acquired thrombosis;	KM MR	July 2019 July 2019	Data around Job Planning will be reinstated in future iterations of the IPAR. The Thrombosis Group meets quarterly and provides oversight and scrutiny to all episodes of Hospital Acquired Thrombosis (HAT). The criteria underpinning HAT reporting has been standardised and this has contributed to a spike in reporting. The Quality Improvement team has identified a programme of work with clinical colleagues to drive improvements particularly associated with reporting, assessment and prescribing, and this will be progressed during the coming year.

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
	• To prepare a separate report on Improving the Health and Well-being of Homeless & Specific Vulnerable Groups for a future Board meeting;	SJ	November 2019	Forward planned for 28th November 2019 Public Board meeting.
	• For Executive Directors to give further thought to how best to present information to Board within the IPAR.	SM	July 2019	Following approval from the Executive Team, from July onwards the IPAR prepared for Board meetings will include run charts with interpretation instead of exception reports. However, if an astronomical data point is seen in the reporting month (steep decline in performance) then an exception report will be called.
PM(19)99	**CORPORATE RISK REGISTER:** • To discuss further the risk around Cyber Security;	SM/KM	July 2019	Discussed with Mrs Karen Miles, who will review the position and update the Corporate Risk Register accordingly.
	• To conduct open and honest conversations with the Hywel Dda population around the risks being faced by the UHB and the potential implications of these, and to feature these in the UHB's communications messages.	SJ	July 2019	The Health Board always aims to be open and honest with our population and want to do more. As we work through how we meet the new Duty of Candour within the Health and Social Care (Quality and Engagement) (Wales) Bill, we will be able to systematically work through how we communicate on each of our

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
				risk areas to explain the impact on patients and the options.
PM(19)100	**REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE:** • To discuss with Dr Donovan the process for management of operational risks utilised by the Operational Quality, Safety & Experience Sub-Committee.	AS	July 2019	Completed. Discussion held.
PM(19)101	**NURSE STAFFING LEVELS (WALES) ACT – ANNUAL REPORT 2018/19:** • To discuss in more detail at QSEAC the potential correlation between staffing levels and harm.	MR	July 2019	Update being provided to QSEAC in August 2019; however, further work is progressing on an all-Wales basis on nurse sensitive indicators which can be used in addition to the existing indicators.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 July 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Report of the Chair
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mrs Judith Hardisty, Interim Chair
SWYDDOG ADRODD: **REPORTING OFFICER:**	Joanne Wilson, Board Secretary

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

To provide an update to the Board on relevant matters undertaken by the Interim Chair of Hywel Dda University Health Board (the UHB) since the previous Board meeting.

Cefndir / Background

This overarching report highlights the key areas of activity and strategic issues engaged in by the Chair and also details topical areas of interest to the Board.

Asesiad / Assessment

Chair's Action

There may be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances the Chair, supported by the Board Secretary as appropriate, may deal with these matters on behalf of the Board. There has been no such action to report since the previous meeting of the Board.

Matters Arising since the Board Meeting Held on 30th May, 2019

Board Seminar

On 20th June 2019, in the first morning session of the Board Seminar, Board Members received a presentation from Healthcare Inspectorate Wales (HIW) outlining both an All Wales summary of its activity for 2018-19 and the work specific to Hywel Dda UHB, which also constitutes an annual report for the year.

The work undertaken at Hywel Dda related to the following areas:

- 4 hospital inspections
- 3 general practice inspections
- 5 dental practice inspections
- 2 Mental Health & Learning Disability Unit inspections
- 1 Community Mental Health Team
- 1IR (ME) R inspection

The overall summary of HIW's work at Hywel Dda concluded in:

- Overall positive responses by patients regarding their care and treatment in all inspections undertaken by HIW at Hywel Dda UHB;
- Pleasing to see staff engage in all inspections and focus on improving standards of care and treatment;
- No immediate assurance letters were issued in regards to Dental, CMHT and IR(ME)R Inspections;
- Two of the five dental practices inspected did not receive any recommendations;
- Medicines management – issues identified in all hospital inspections. Also identified in last year's Hywel Dda UHB annual report;
- Standards of documentation - issue identified in all of the hospital inspections;
- Physical environment;
- Engagement with the Health Board on matters of concern was positive with the UHB receptive to issues raised and prompt with its responses;
- The Health Board had been open and responsive to the HIW Relationship Manager providing access to committees, information and staff.

In the discussion that ensued following the presentation, reference was made to the reporting mechanisms and monitoring where areas re improving and queries were raised on what the Board is doing to manage organisational concerns or common themes. Comments were also made that the Health Board should not be waiting for external inspectors to highlight issues, as the culture of the organisation should be explicit in supporting staff to raise issues to ensure continued improvement and enabling staff to be the best they can be, emphasising that no external review would achieve this.

The full report is included for information on the agenda for today's meeting (see item 25. Healthcare Inspectorate Wales (HIW) Annual Report 2018/19)

For the second session of the morning, the Board received an update on the UHB's Health & Care Strategy, with a further update on the establishment of portfolios & programmes being included on today's Board agenda. The morning session closed with an update on the financial position, which again is on the agenda for today's meeting.

The afternoon session commenced with an update on the work the Equalities team are undertaking to improve services across the Health Board, together with an update on the Equality Act 2010 and the responsibility of the Board, including legal obligations. The Board then welcomed Officers from the Equality and Human Rights Commission. Members were presented with a brief breakdown of the work of the Commission, the Public Sector Equality Duty as well as an overview of the findings from the reviews that have been undertaken across the NHS.

This was followed by an update on the work the Communications team are progressing and a demonstration of the new website 'Mura' was presented to Members.

The next item was the quality assurance framework and a discussion was held on the quality assurance and scrutiny arrangements, the reviewing of assurance and reassurance. The Board discussed the assurance that had been gained on the UHB's maternity services following the Cwm Taf Maternity Service review and the quality culture within Hywel Dda. The four themes identified from this include:

- Patient Safety
- Clinical Effectiveness

- Patient Experience
- Assurance

Following a detailed discussion, the Board agreed a way forward was to develop quality and safety tools as well as the overall quality management system.

Finally, the Board received an update on the requirements and duties under the Additional Learning Needs (ALN) and Education Tribunal (Wales) Act 2018 including the implications to the Health Board. The Act requires the Health Board to:

- Comply with requests for information and help.
- Identify children under compulsory school age who may have an additional learning need.
- Identify whether there is additional learning provision that the Health Board can provide.
- Appoint a designated Education Clinical Lead Officer

The system requirements were also described in detail alongside the governance requirements. There is a need to understand the capacity and demand within the services to deliver on the requirements of the Act whilst reviewing the governance arrangements for ensuring the Board is discharging its duties in relation to the Act. A paper will be submitted to the Executive Team in the near future to enable a further discussion on these areas and the impact of learning for the wider strategy.

Key Meetings

On behalf of the UHB, the Interim Chair has met with or attended the following meetings/events since the previous Board meeting:

- NHS Chairs Ministerial Meeting
- Aspiring Medical Leaders Programme
- West Wales Regional Partnership Board
- Healthcare Inspectorate Wales Annual Visit with CEOs and Chairs
- NHS Chairs Meeting
- 2 Wish Upon A Star Charity
- Regional PSB meeting
- National Programme for USC Board meeting
- Pembrokeshire PSB Meeting

Celebrating Success/Awards

Hywel Dda University Health Board is celebrating after 3 of its projects made the finals of this year's NHS Wales Awards. Now in its 12th year, the annual NHS Wales Awards celebrate the work of organisations and teams across Wales who have shown innovation in transforming the quality and safety of patient care. The winners will be announced in a ceremony on 19th September 2019. The judging panel of NHS experts had the tough task of selecting the 24 finalists in the 8 award categories. The next stage is for the judging panels to visit each finalist to find out more and see first-hand the benefits they've brought to patients. The 3 projects, in their respective categories, from Hywel Dda are:

- Delivering higher value health and care
  Hywel Dda UHB - Implementing Healthy Footsteps a Partnership Approach with Podiatry and the Education Programme for Patients (EPP) in Hywel Dda

- Empowering people to co-produce their care
  Hywel Dda UHB - The Learning Disabilities Dream Team

- Working seamlessly across the public and third sector
  Hywel Dda UHB; MIND Cymru; Department of Work and Pensions - Working Collaboratively to Improve Vocational Outcomes for Individuals Accessing The Early Intervention in Psychosis Service

Deserved Recognition
Following a recent visit to Ty Bryngwyn, Lee Waters AM, nominated Sister Marlene Thomas and Dr Helen Fielding to attend a Royal Garden Party at Buckingham Palace in May this year in recognition of their work at the hospice. Welsh Language Services Manager, Enfys Williams was also invited to attend for her contribution to Welsh Language. Her Majesty The Queen accompanied by The Duke of Edinburgh and other members of the Royal Family welcomed the Health Board representatives into the gardens of Buckingham Palace where they were joined by a broad range of people from all walks of life, all of whom have made a positive impact on their community.

Employee or Team of the Month
Members of staff, patients, service users and the public are invited to nominate those who have gone above and beyond the call of duty and to highlight the excellent work being undertaken across the University Health Board. Since the Board was last updated at its May 2019 meeting, the following employees/teams have received the 'Employee or Team of the Month' award.

Employee or Team	Reason for Nomination
Rob Blake and Jackie Wright, Senior OD Manager and OD Project Support Manager	Nominated for the support provided to another of the Health Board's Teams over the last 18 months, when faced with several difficult, challenging and emotional events. They did everything they could to support and ensure that the correct information was being accessed to improve the team and ultimately impact on the service provided to staff and patients across the Health Board. They are both strong ambassadors of the Health Board's values, both living them themselves and sharing them with the Health Board.
Napoleon Lorin, GPST in Mental Health	A member of the Health Board's staff was diagnosed with Guillain–Barré syndrome (GBS), which is a very rare and serious condition which affects the nerves. It only affects 1 in 100,000 people. Dr Lorin provided the highest quality support and took time to explain what was happening. After the patient was transferred to Morriston Hospital, Dr Lorin continued to show support to the individual, providing a boost at a low point in the journey of recovery.
Hywel Dda Oral Health Promotion Team, Community Dental Service	The Designed to Smile Team have worked collaboratively to implement the refocus of the Welsh Government's Designed to Smile Programme. This work is demonstrated with an expansion of the programme into more schools and nurseries to enable children to brush teeth every day in schools with fluoride toothpaste. The Oral Health Promotion Officers not only deliver all

	training to staff for Designed to Smile, but have also undertaken the Gwen am Byth Improving Mouth Care for Residents in Care Homes programme as well as delivering training for all new and existing hospital staff. Thanks must also go to the dental nurses who support the programme and to our dentists who carry out domiciliary care. The team are a small team who are working smartly and prudently together in order to deliver.
Radiology Department, Withybush Hospital	Nominated in recognition of their constant commitment to improving patient outcomes by delivering excellent services. Patients with a suspected diagnosis of lung cancer need radiological tests – often at very short notice in order that these test results are available for urgent clinic appointments. For patients with a suspected lung cancer, early diagnosis is key, and radiological examinations are essential to this. The department staff work so hard to ensure that patients are given timely appointments and feedback from patients always reflects their caring, professional approach.
Rose Lloyd, Clinical Nurse Specialist and the Anticoagulant Team, Anticoagulation Department, Outpatients, Glangwili General Hospital	From its inception Rose Lloyd has worked with managers and colleagues to provide an invaluable Anticoagulation service to patients. Demand on the service has increased significantly over the years as GPs and hospital doctors came to rely on this teams' expertise and support. They work incredibly long hours, giving up holidays and days off, cancelling personal plans, to put patients first to cover the service across sites. Rose has encouraged and supported members of the team to study to become Prescribers and Specialist Nurses to ensure that the service remains viable.
Angela Griffiths, Resourcing Administrator	Nominated by a colleague for the dedication shown in helping managers navigate the TRAC system. Angela is very kind, understanding and shows empathy to whoever she talks to and has great customer service skills, demonstrating all the values displayed in our organisation's Heart.
Transformation Programme Management Office	The Programme Team for the Transforming Clinical Services Transformation programme have driven the programme since 2017 to tight deadlines, with complex independent priorities and always in an engaging, considerate and professional manner. They have managed the work-plan through the establishment of the programme, formal engagement and public consultation with over 150 events, particularly focusing on those voices hardest to reach and in a flexible way, engaging in the methods and environments where people are most comfortable. The team have managed the programme delivery,

	through rigorous governance and programme management processes, achieving good practice standard through quality assurance by the Consultation Institute for the public consultation process.
Sam Hussell, Head of Health Emergency Planning	Sam has shown amazing dedication to the Health Board and to her profession, and real adaptability, over the last six months in particular, in relation to the development of the Health Board's organisational contingency arrangements for Brexit - and to manage a no-deal exit. She has also contributed significantly on a regional footprint through the Local Resilience Forum and at a national level showing fantastic leadership and planning skills across the Emergency Planning community. More than just a safe pair of hands, her competence, knowledge and skills in business continuity, contingency planning, communication, mutual aid and collaboration locally, regionally and nationally have been exceptional.
Jane Whalley, Perinatal Nurse Specialist ,	Jane goes above and beyond on a daily basis to ensure every single woman that may need support during her pregnancy and first year of a baby's life get what they require. Jane is so passionate about her job and her passion for helping these women constantly exudes from her and she is also a great mentor to others.
CAMHS Primary Mental Health Team	The Primary Mental Health Team CAMHS was nominated for their hard work and determination in providing children, young people and their families the best intervention and support. They have all been supportive to their fellow team members during challenging times, working across locality to make sure that we remain a child focus service and that we do not breech on our targets.
Matthew Richards, Head of Service, MHLD Commissioning	Since starting in the Health Board as Head of Service for the Commissioning Mental Health and Learning Disabilities team, Matthew has shown dedication and passion for his role and the service. He has ensured service needs are met as well as overseeing the wellbeing of all his staff and the improvement he has made to the team and the ability to achieve objectives is insurmountable.
Radiology Department, Glangwili Hospital	During the past couple of months, the radiology department has been under significant pressure due to a major refit of one of the two main x-ray rooms. Despite this, staff have endeavoured to maintain high quality, timely service and patient throughput. Throughout this time, staff have remained enthusiastic and dedicated to their role, doing their utmost to provide patients with the best possible experience during this difficult period.

Judith Davies, Day Surgical Unit Sister and her team of staff, Glangwili Hospital	The Day Surgical Unit have a fantastic team of nursing staff that are dedicated, friendly, hardworking and approachable. There is never anything they wouldn't try to do to help support other staff in the department and other wards. Judith is a hands on sister and helps support all the staff on the DSU ward and goes above and beyond her duties to support other departments.
Ruth Elliott, Senior Nurse, Ashgrove Medical Centre, Llanelli	Nominated by the practice manager, Ruth demonstrates an extremely high level of care and compassion towards her patients on a daily basis. She has led her team of nurses and health care support workers through some very tough times especially with the transfer of the practice from an independent contractor to a managed practice and has been instrumental in the success of the transfer.
Carmarthen Crisis Team Morlais Ward Glangwili General Hospital	The team was nominated in recognition of its great efforts, often in difficult situations, greeting people with a welcoming and dignified approach. The team's consistent hard work continues to provide quality assurance.

On behalf of the Board, we are always immensely proud of every award winners' commitment and achievements, all of which benefit our patients across Hywel Dda.

Independent Board Members Update

- I am very pleased to announce the appointment of Maria Battle as Chair of HDdUHB, who will be taking up the post from the 19th August 21019. Maria comes to us from Cardiff and Vale University Health Board where she has also held the role of Chair for the last eight years, leading the Health Board out of targeted intervention and delivering significant improvements in performance. On behalf of the Board, a very warm welcome is extended to Maria and we wish her all the best when she takes up her tenure. On a personal note I would like to thank all IMs for the support provided to me in the interim period and I am really grateful to you for the extra work that you have all undertaken during this time. Particular thanks to Mr Newman for taking on the Vice Chair role, this has not just been in a caretaker role Paul has moved this agenda forward significantly. It has been an absolute privilege and a pleasure to serve as the Interim Chair and I look forward to continuing to work with you all when I return to the Vice Chair role.
- I would also like to take this opportunity to extend my gratitude to my fellow Board members for the support provided during my time as Interim Chair.
- I am pleased to confirm that, following approval by the Minister for Health & Social Services, Mrs Hilary Jones has been re-appointed as Chair of the Stakeholder Reference Group (SRG) for a further one year until June 2020 when her tenure will cease.
- I am also pleased to confirm that, following approval by the Minister for Health & Social Services, Mr Michael Hearty has been reappointed as an Associate Member to the Board for a further one year from 1 June 2019.

Argymhelliad / Recommendation

The Board is asked to support the work engaged in by the Chair since the previous meeting and to note the topical areas of interest.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Chairman's Diary & Correspondence
Rhestr Termau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Chairman

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No impact
Ansawdd / Gofal Claf: Quality / Patient Care:	Ensuring the Board and its Committees makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Gweithlu: Workforce:	No impact
Risg: Risk:	No impact
Cyfreithiol: Legal:	No impact

Enw Da: **Reputational:**	No impact
Gyfrinachedd: **Privacy:**	No impact
Cydraddoldeb: **Equality:**	No EqIA is considered necessary for a paper of this type.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 July 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Chief Executive's Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Steve Moore, Chief Executive
SWYDDOG ADRODD: **REPORTING OFFICER:**	Sian-Marie James (Head of Corporate Office) and Yvonne Burson (Head of Communications)

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this Report is to:

- Update the Board on relevant matters undertaken as Chief Executive of Hywel Dda University Health Board (the UHB) since the previous Board meeting held on 30th May 2019; and
- Provide an overview of the current key issues, both at a local and national level, within NHS Wales.

Cefndir / Background

This Report provides the opportunity to present items to the Board to demonstrate areas of work that are being progressed and achievements that are being made, which may not be subject to prior consideration by a Committee of the Board, or may not be directly reported to the Board through Board reports.

Asesiad / Assessment

1. Register of Sealings

The UHB's Common Seal has been applied to legal documents and a record of the sealing of these documents has been entered into the Register kept for this purpose. The entries at ***Appendix A*** have been signed by the Chair and Chief Executive or the Deputy Chief Executive (in the absence of the Chief Executive) on behalf of the Board (Section 8 of the UHB's Standing Orders refers).

2. Consultations

The UHB receives consultation documents from a number of external organisations. It is important that the UHB considers the impact of the proposals contained within these consultations against its own strategic plans, and ensures that an appropriate corporate response is provided to highlight any issues which could potentially impact upon the

organisation. A status report for Consultation Documents received and responded to is detailed at ***Appendix B***, should any Board Member wish to contribute.

3. Listening and what we've heard

This is Me Conference

A significant highlight for me since my last report, was co-chairing the *This is Me* Conference with Tracy Myhill (Chief Executive, Swansea Bay University Health Board) at the National Botanic Garden of Wales on 4th July 2019. This was our first conference to promote diversity and inclusion within the workplace and included inspirational speakers, many from our workforce, sharing their personal stories and reflections.

The well-attended conference was moving, joyful and inspirational, and generated a positive message about the importance of our staff living their values and beliefs on a daily basis. I hope it has also given delegates the challenge and mandate to go back into the workplace to create a movement and implement their learning across the whole organisation.

There was also considerable social media engagement on the day on Twitter and Facebook, from staff and their families and friends, as well as the wider community. This resulted in almost 13,000 engagements (when someone, likes/shares/comments/clicks on a social media post), and an increase by 60 in people following the UHB's Facebook channel as a result. You can catch up and read some of our social media stories here: http://www.hywelddahb.wales.nhs.uk/DymaFi-ThisIsMe

I was also delighted to launch our first Diversity and Inclusion Innovation Fund, which will encourage teams within the UHB to submit bids for funding, of up to £500, to implement projects or initiatives that will promote equality, diversity and inclusion for staff and communities. I look forward to following progress of the Fund and seeing the difference it will make.

4. Strategic Issues

The following information is to update and advise Members of recent strategic issues affecting the UHB and NHS Wales:

Wales Trauma Network

The Welsh Health Specialised Services Committee (WHSSC) is responsible for commissioning the Network and the Major Trauma Centre, and will work closely with the Emergency Ambulance Services Committee (EASC), who commission the Welsh Ambulance Services NHS Trust (WAST) and the Emergency Medical Retrieval and Transfer Service (EMRTS). Health Boards will commission Trauma Units and Local Emergency Hospitals.

Locally, the UHB is engaging on a proposal to designate Glangwili General Hospital as the local Trauma Unit for the Hywel Dda area, in the interim to a new hospital for urgent and planned care being built between Narberth and St Clears. We have been out speaking to our communities on the potential benefits to patient outcomes that being part of a Trauma Network offers us, answering people's questions and gathering their views and experiences. The engagement runs until 5th August 2019; you can find out more by visiting www.hywelddahb.wales.nhs.uk/traumaservices and you can complete a survey at: https://www.surveymonkey.co.uk/r/TS-HDdUHB

Update on the Joint Executive Committee Meeting

Members of the Executive Team and I meet bi-annually with the Chief Executive NHS Wales and members of his senior team as a Joint Executive Team (JET); the most recent meeting was held on 19th June 2019. This was a positive meeting that covered a wider set of topics than are discussed at Targeted Intervention meetings. I was pleased with the level of discussion at the meeting and felt that there was a positive tone that ran throughout the afternoon. My team valued the opportunity to discuss progress and challenges on their areas of responsibility and appreciated the feedback from the Health & Social Services Group's Executive Team.

Adult Thoracic Surgery in South Wales

The Welsh Health Specialised Services Committee (WHSSC) received a paper that re-confirmed the advice from the provider Medical Directors and provided the Joint Committee with further information regarding the adult thoracic surgery consultant workforce arrangements required for a single service located at Morriston Hospital, Swansea and the cover arrangements for the Major Trauma Centre (MTC).

This included:

- Detail regarding the anticipated demand for thoracic surgery in south Wales, this included out-patient and surgical activity and allowed for the planned 20% increase in activity;
- Expert advice on the level of activity required to maintain consultant thoracic surgeons' skills;
- Development of indicative job plans for consultant thoracic surgeons to inform an assessment of the appropriate number of consultants;
- Detailed costings for any proposed increase in consultant thoracic surgeons above the original WHSSC recommended level of six consultants;
- Clarity on the role of trauma surgeons in the immediate management of emergency trauma patients and the requirement for input from thoracic surgeons (e.g. telephone advice or on site input); and
- Clarity on the interface of thoracic surgeons in managing trauma patients with other specialties (e.g. rib fixation with orthopaedic surgeons).

Members carefully considered the information provided in the paper and, after protracted discussion, proposed two alternative motions that were voted on, being:

(i) To acknowledge and support the views of the Medical Directors and clinical body across CVUHB and SBUHB, balanced with the independent experts' opinions; at this stage committing to the appointment of an additional consultant thoracic surgeon to support implementation of the MTC from April 2020 and thereafter to act on the real world experience from the MTC and updated activity figures to ensure that we have the appropriate number of consultant thoracic surgeons in place by the time of opening the new Thoracic Surgery Centre at Morriston Hospital, Swansea.

(ii) To accept and support the recommendations of the Medical Directors and clinical body across CVUHB and SBUHB, balanced with the independent experts' opinions; at this stage committing to 7 consultant thoracic surgeon posts with effect from April 2020 with phasing to 8 (or the appropriate final number required) as demonstrated by the real world experience from the MTC and updated activity figures, based on needs and succession planning, to ensure that we have the appropriate number of consultant thoracic surgeons in place by the time of opening the new Thoracic Surgery Centre at Morriston Hospital, Swansea.

Neither motion achieved the required two-thirds majority to succeed. It was agreed that the Managing Director of WHSSC would seek advice from Welsh Government on next steps.

In addition, the paper made recommendations regarding the future consultant workforce model and emergency cover of the MTC.

Crosshands Health & Well-being Project
We have had some very productive discussions with communities in the Gwendraeth Valley during the past few weeks about their thoughts and ideas on the Crosshands Health & Well-being project.

In order to progress the Outline Business Case (OBC), Members are asked to agree that the Interim Chair and I will have delegated authority to approve the OBC (following its discussion at Executive Team and Finance Committee) and to submit to Welsh Government for consideration by 16th August 2019.

National Assembly for Wales Committees
In the last two months, we have attended and provided evidence to the following National Assembly Committees:

(i) Health, Social Care & Sport Committee: on 13th June 2019, the Deputy Chief Executive/Director of Operations, Medical Director/Director of Clinical Strategy and I attended a general scrutiny session and provided evidence to the Health, Social Care & Sport Committee. This was an opportunity to discuss a wide range of issues affecting the UHB, including planning and integration, strategic direction, performance, finance, and workforce.
(ii) Public Accounts Committee: on 8th July 2019, the Deputy Chief Executive/Director of Operations, the Director of Finance and the Director of Nursing, Quality & Patient Experience provided evidence to the Public Accounts Committee about NHS Finances and the implementation of the NHS Finances (Wales) Act 2014.
(iii) Finance Committee: on 11th July 2019, the Finance Director provided evidence to the Finance Committee about the audit process and the relationship with the Wales Audit Office.

Brexit
The UHB continues to maintain a Brexit Steering Group, which leads on planning, preparing and responding to the consequences of Brexit, and participates in preparations at regional (Local Resilience Forum) and national (Welsh Government) levels.

The Welsh Government has announced a new package of support to help EU citizens prepare for Brexit and continue to live and work in Wales. We want our staff to feel welcome and supported in Hywel Dda and we are helping to communicate these messages and support our staff. Health and care staff can get more health related information on Brexit from a *Frequently Asked Questions* document from the Welsh NHS Confederation, available from the UHB's Intranet pages on Brexit; and the public can get further information from the Preparing Wales website.

5. Operational Issues

Midwifery Services in Pembrokeshire
We are currently engaging with our midwifery staff in Pembrokeshire as part of our Organisational Change Policy. I want to confirm that expectant mothers in Pembrokeshire under midwifery-led care can, and will, continue to be able to deliver their babies at Withybush Maternity Led Unit (MLU), supported by midwives through the daytime and overnight, seven days of the week. Midwives will be available 24 hours a day for expectant mothers, in their own homes, or for those wishing to undergo labour in the MLU.

We are discussing how we can most effectively organise our staff. Currently, we have midwives dedicated to the MLU and midwives working from community teams within Pembrokeshire.

Our discussions are about a proposal for MLU-based midwives to be integrated into the community teams. This will mean whilst midwives will not be based in the MLU, they will be available for women 24-hours a day and will be able to use the MLU for birth at any time. This integration will improve continuity of care for women, as they are more likely to have labour supported by a midwife they have known through pregnancy, and whom will support them after birth also. It will also ensure that midwives' time is fully utilised and matched with the needs of women under their care.

No decision on these proposals has yet been made as the UHB will continue discussions with staff.

European Working Time Directive

The UHB is aware of current challenges in meeting fully the European Working Time Directive (EWTD) within the switchboards for Glangwili, Prince Philip and Bronglais Hospitals. The Withybush switchboard is not included as this is managed and operated by the Welsh Ambulance Services NHS Trust (WAST).

The UHB is having difficulty in fulfilling this requirement using other hospital site staff, given that our switchboard operators provide more specialist cover in addition to a regular switchboard services e.g. cardiac arrest crash calls and alarms, and this will require extensive training.

However, the UHB is committed to fulfilling this requirement, and as such, a switchboard modernisation project has been progressing for the last 13 months, which will provide a modern telephony infrastructure to improve the ability of patients, citizens, and patients to contact the UHB, and ensure current challenges in meeting the EWTD are addressed. In the interim, a short term solution will be operational from October 2019, which will go further in partially addressing the EWTD, as a precursor to the long term solution to fully address the EWTD, which will be implemented by 2021.

Argymhelliad / Recommendation

The Board is invited to:

Register of Sealings: Appendix A
Endorse the Register of Sealings since the previous report on 30th May 2019;

Consultation Documents: Appendix B
Note the status report for Consultation Documents received/responded to; and

Crosshands Health & Well-being Project
Agree that approval of the Outline Business Case (OBC) for the Crosshands Health & Well-being Project is delegated to the Interim Chair and Chief Executive following discussion at the Executive Team and Finance Committee.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce Support people to live active, happy and healthy lives

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Chief Executive's meetings (internal, external and NHS Wales wide), diary and correspondence
Rhestr Termau: Glossary of Terms:	CVUHB – Cardiff and Vale University Health Board SBUHB – Swansea Bay University Health Board
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Any financial requirements are identified in Appendices, where appropriate.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Ensuring the Board and its Sub-Committees makes fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Gweithlu: **Workforce:**	Midwife Led Unit proposals will be considered as part of the Organisational Change Policy (OCP).
Risg: **Risk:**	This Report provides evidence of current key issues at both a local and national level, which reflect national and local objectives and development of the partnership agenda at national, regional and local levels.

	Ensuing that the Board is sighted on key areas of its business, and on national strategic priorities and issues, is essential to assurance processes and related risks.
Cyfreithiol: **Legal:**	Any issues are identified in the Report.
Enw Da: **Reputational:**	Any issues are identified in the Report.
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	• Has EqIA screening been undertaken? Not on the Report • Has a full EqIA been undertaken? Not on the Report

Appendix A: Register of Sealings from 10th May – 5th July 2019

Entry Number	Details	Date of Sealing
249	Section 33 of the National Health Service (Wales) Act 2006 Partnership Agreement in respect of a Pooled Fund for the Integrated Provision of Community Equipment Services between Ceredigion County Council and Hywel Dda University Health Board.	19.06.2019
250	Contract Documentation in Respect of Refurbishment Works, HSDU, Glangwili General Hospital between Messrs Lewis Construction and Hywel Dda University Local Health Board.	05.07.2019

Appendix B: Consultations Update Status Report up to 4th July 2019

Ref No	Name of Consultation	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
396	Proposal to amend the Government of Wales Act 2006 (Budget Motions and Designated Bodies) Order 2018	Welsh Government	Huw Thomas	03.05.2019	31.07.2019	No response required as the consultation does not have a material impact on the Health Board's position and therefore there is no need to submit a consultation response.
397	Children and Young People's Continuing Care	Welsh Government	Joe Teape, Margaret Devonald Morris	20.05.2019	09.08.2019	
398	Draft National Framework for continuing NHS healthcare	Welsh Government	Jill Paterson, Vicki Broad	30.05.2019	21.08.2019	
399	Workforce Strategy for Health and Care	Social Care Wales & Health Education and Improvement Wales	Lisa Gostling	18.06.2019	31.08.2019	
400	WHSSC consultation CP174 paediatric epilepsy surgery commissioning policy	Welsh Health Specialised Services Committee	Keith Jones, Prem Kumar Pitchaikani, Paula Evans	01.06.2019	12.07.2019	02.07.2019
401	WHSSC Consultation CP49 War Veterans - Enhanced Prosthetic Provision and CP89, Prosthetic Provision	Welsh Health Specialised Services Committee	Karen Miles, Mandy Rayani, Sarah Jennings	21.06.2019	19.07.2019	
402	Health and Social Care (Quality and Engagement) (Wales) Bill	National Assembly for Wales	Mandy Rayani, Sarah Jennings, Louise O'Connor, Sian Passey	27.06.2019	02.08.2019	

Appendix B: Consultations Update Status Report up to 4th July 2019

Ref No	Name of Consultation	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
403	WHSSC: Cochlear Implant for children and adults with severe to profound deafness, Commissioning Policy (CP35)	Welsh Health Specialised Services Committee	Joe Teape, Keith Jones, Claire Jones, Paula Evans	06.06.2019	04.07.2019	04.07.2019
404	Substance Misuse Delivery Plan 2019 – 2022	Welsh Government	Ros Jervis	05.07.2019	09.08.2019	

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Enw'r Pwyllgor: Name of Committee:	Audit & Risk Assurance Committee (ARAC)
Cadeirydd y Pwyllgor: Chair of Committee:	Mr Paul Newman, Independent Member
Cyfnod Adrodd: Reporting Period:	Meetings held on 29th May and 25th June 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor:
Key Decisions and Matters Considered by the Committee:

In accordance with the guidance provided in the NHS Wales Audit Committee Handbook, the Board should look to their Audit Committee to review and report on the relevance and rigour of the governance processes in place and the assurances provided to the Board. Hywel Dda University Health Board's (HDdUHB's) Audit & Risk Assurance Committee's primary role is, as such, to ensure the system of assurance is valid and suitable for the Board's requirements and to support the Board by seeking and providing assurance that controls are in place and are working as designed, and to challenge poor sources of assurance.

This report summarises the work of the Audit & Risk Assurance Committee (ARAC) at its meetings held on 29th May and 25th June 2019, in monitoring, reviewing and reporting to the Board on the processes of governance, and facilitating and supporting the attainment of effective processes. At its meeting on 29th May 2019, the Committee critically reviewed governance and assurance processes for a number of service/business areas, with the following highlighted:

- **Hywel Dda University Health Board Annual Report 2018/19** – the Committee considered the draft Overview and Performance Chapter, which form the front part of the Hywel Dda University Health Board Annual Report. The Committee delegated authority to the Chair of ARAC to action sign-off of the final version prior to submission to Welsh Government on 1st July 2019 and for onward ratification by Board at its 25th July 2019 meeting.

- **Audit & Risk Assurance Committee Annual Report** – the Committee approved the Audit & Risk Assurance Committee Annual Report 2018/19 for onward ratification by the Board at its 29th May 2019 meeting.

- **Head of Internal Audit Opinion & Annual Report (Reasonable Assurance)** – the Committee received the Head of Internal Audit Opinion & Annual Report 2018/19 (Reasonable Assurance rating) for information.

- **Governance, Leadership and Accountability Standard** – the Committee approved the Governance, Leadership and Accountability Standard for onward ratification by the Board at its 29th May 2019 meeting.

- **Accountability Report** – the Committee approved the Accountability Report for onward ratification by the Board at its 29th May 2019 meeting.

- **Audit Enquiries to Those Charged with Governance and Management** – the Committee discussed the proposed response and approved its submission via the

Annual Accounts process to the Auditor General for Wales.

- **Wales Audit Office Audit of Financial Statements Report - Hywel Dda University Health Board 2018/19 (ISA 260) and Letter of Representation** – the Committee noted the Audit of Financial Statements Report - Hywel Dda UHB 2018/19 (ISA 260) and Letter of Representation.

- **Final Accounts for 2018/2019** – the Committee approved the Final Accounts for 2018/19 for onward ratification by the Board at its 29th May 2019 meeting.

- **Internal Audit (IA)** – the Committee reviewed the following IA reports which had achieved substantial and reasonable assurance:
  - Integrated Care Fund Follow-up (Reasonable Assurance)
  - Discharge Processes Follow Up (Reasonable Assurance)
  - Preparedness & Compliance with the Nurse Staffing Act (Substantial Assurance)

  Members discussed in detail the rating awarded for the Preparedness & Compliance with the Nurse Staffing Act audit. Whilst accepting the results of the audit, the Committee was unsure that it reflected the position across the whole organisation. It was recognised, however, that a great deal of work is taking place within the UHB to implement the requirements of the Nurse Staffing Act. Members were informed that a report on this topic is due to be considered by the Quality, Safety & Experience Assurance Committee (QSEAC), with the UHB being in the midst of a roll-out exercise which is being conducted on a risk-based approach. It was noted, however, that the findings highlight how meeting the Nurse Staffing Act is often dependent on utilisation of temporary staff. Future issues with workforce demand and supply may result in the UHB being unable to recruit sufficient numbers of temporary staff, impacting on the organisation's ability to comply with the Act. It was agreed that it would be useful for ARAC to receive more detailed information regarding numbers, in order to gauge potential risk. Also, that this area should be re-audited in 6 months.

- **Internal Audit Review of Personal Appraisal Development Review (PADR) Process (Limited Assurance)** this report, which had examined PADR processes across a sample of areas, considering both compliance and quality, was presented to the Committee. The audit had resulted in a Limited Assurance rating, due to the quality of objectives within a number of PADRs not meeting UHB policy requirements. There were also issues relating to training and compliance levels; however, the one high priority recommendation related to quality of PADRs. The Director of Workforce & OD outlined the actions taken to address the findings of this report, which had included requesting and examining copies of all the PADRs which had been reviewed as part of the audit. Whilst those from one particular ward were of very poor quality, it was suggested that the others were reasonable, although they lacked detail in terms of actions and timescales for objectives. In response to a query regarding reference to 'unacceptable objectives', an example was provided, which did not accord with the Values and Behaviours expected of UHB staff. The Director of Workforce & OD would be meeting with both the manager who had signed off the PADR, and the staff member who had suggested this objective. It was suggested that there is a variety of reasons for the below standard PADRs, and that the current PADR form is not particularly conducive to defining timescales for actions and objectives. The Workforce & OD department will look into changing the format to address

this issue. Various other actions are being taken, including additional training, with two sessions having taken place already. All PADRs in the audit will be reviewed on an individual basis with managers. Those identified as requiring improving will need to be reviewed further. A random sample of future PADRs will also be reviewed by the Director of Workforce & OD. It was noted that other matters had been highlighted within the report, such as issues around the Electronic Staff Record (ESR) system. Whilst under-reporting of PADRs had been implied on numerous occasions previously, Members were surprised to see a suggestion that the number of PADRs had been overstated on ESR. The Director of Workforce & OD explained that this was an issue with one department, where a data entry error had occurred, with the number of PADRs required being erroneously entered as the number of PADRs conducted. The Committee recognised that the recommendations have been responded to, and that most would be concluded by the end of this calendar year. It was agreed that this area should be re-audited in 2020, to emphasise the importance of PADRs in identifying meaningful objectives for staff, and in valuing their contribution to the organisation. The format, content and quality of the report were commended, in particular the methodology utilised during the audit.

- **Welsh Health Circular WHC/2019/006: NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2019/20** – the Committee received this WHC and agreed that it was of particular interest in view of planned discussions on Clinical Audit at ARAC's August 2019 meeting. Referencing previous discussions around non-participation, it was suggested that the statement on page 2 that 'Health boards and trusts in Wales are required to fully participate in all national clinical audits and outcome reviews listed in the annual National Clinical Audit & Outcome Review Annual Plan' is fairly unambiguous in this regard.

At its meeting on 25th June 2019, the Committee critically reviewed governance and assurance processes for a number of service/business areas, with the following being highlighted:

- **Matters Arising (National Standards for Cleaning Follow-up)** – in considering the updated management response, the Committee noted statements around lack of capital and infrastructure funding. Whilst recognising the various demands on capital, particularly this year, Members were reminded that the UHB's performance around infection rates has been challenging for some time and it was suggested that the issues highlighted in the cleaning audits are not unconnected. It was agreed that this issue should be highlighted to Board.

- **Targeted Intervention** – the Committee was provided with an update from the Targeted Intervention meeting held with Welsh Government (WG) on13th May 2019. The tone of the meeting had been positive, although WG continue to express concern regarding this year's financial performance, and delivery of the additional £5m savings required by the revised Control Total. Unscheduled Care performance remains an area of concern, particularly the ongoing pressures at Withybush General Hospital. WG has suggested that the trajectory of improvement in terms of Infection Control is not sufficient, and they plan to revisit this issue. Members heard that there had also been a Joint Executive Team (JET) meeting with Welsh Government on 19th June 2019; this had included topics such as Public Health and Quality and Safety. The meeting had again been positive, although WG representatives had given the sense that they need to see rhetoric around

the new Health & Care Strategy converted into tangible actions.

- **Annual Review of the Committee's Self-Assessment of Effectiveness** – the Committee received the outcome report from this exercise. There had been a high response rate to the survey, with feedback generally suggesting that ARAC is operating well as a Committee. The following were identified as areas for improvement: Quality of Management Responses to internal and external audits; Senior managers/clinicians from relevant departments attending to present audit responses; Better understanding of the risk register.

- **Financial Assurance Report** – the Committee received the Financial Assurance report. Continued disquiet regarding the implications of IR35 was expressed, together with concerns around the timescale for recovery of overpayment of salaries. Single Tender Actions (STAs) were also discussed, with the Committee noting the general downward trend in STA usage. The Committee approved the losses and debtors write-offs noted within the report.

- **Post Payment Verification Update** – representatives from the Post Payment Verification (PPV) Team provided an update on the team's work, highlighting that strong links exist with the Primary Care team and local Counter Fraud team. The Committee heard that there will be a new format for PPV reports going forward, which will include Health Board statistics and mapping against All Wales averages. This will result in a more intuitive report, which will assist in supporting and training practices. There is an ongoing project around provision of remote access with regard to GMS visits, which is intended to allow the PPV team remote access to GP patient records, to negate the need for and impact of visits to practices. Various measures will be put in place to ensure compliance with Information Governance requirements. Members expressed concern regarding error rates, particularly in practices which are being revisited, who have received additional training and support; where it would be reasonable to expect improved performance. Whilst noting that the numbers involved are not high, it was agreed that more robust responses are required. The Director of Finance agreed to look at escalation procedures where errors re-occur on a revisit.

- **Operating Theatres Update** – the Committee received an update on Operating Theatres which suggested that there have been general improvements in this area. Updates were provided on the two outstanding recommendations, with the first of these being progressed satisfactorily. The second presents more of a challenge due to HR implications. . Members thanked the theatres management team for their efforts in implementing these recommendations, emphasising that the team is taking actions at the behest of the UHB and has the support of the UHB in doing so. It was requested that there be a further update regarding progress on the second recommendation to the next meeting, via the Table of Actions.

- **Wales Audit Office Update Report** – the Committee received the Wales Audit Office (WAO) Update Report, providing an update on current and planned performance audit work. Members were informed that the UHB's final accounts had been signed off by the Auditor General and that Charitable Funds audit work was progressing. In terms of performance audit, publication of the national Integrated Care Fund (ICF) Review has been further delayed until 4th July 2019. Discussions are due to commence regarding the

Orthopaedics Follow-up Review.

- **WAO Review of Operational Quality & Safety Arrangements** – the Committee received the report on this review, noting that there had been discussions with the ARAC Chair and Executive Lead regarding whether it should be presented to ARAC without a management response due to the report only being received on the day ARAC papers were issued. Members heard that the report would be submitted to QSEAC for discussion before consideration again by ARAC, together with the management response. The findings were briefly summarised, with the Committee advised that, whilst a number of the UHB's quality and safety arrangements are very good, there is a perceived disconnect between committee level and directorate level. A number of recommendations have been made which are intended to address this. These include recommendations relating to the Operational Quality, Safety and Experience Sub-Committee (QSESC), including its membership; and how Primary Care feeds into quality and safety processes, with the suggestion that there should be a single system; and corporate arrangements. The Committee heard that the Director of Nursing, Quality & Patient Experience is undertaking discussions with the Medical Director around increasing medical engagement. The post of Associate Medical Director for Quality is being recruited as a matter of priority. Quality Leads for each of the four acute sites have been identified and will be briefed appropriately. Work will take place with the Corporate Governance team to explore standardisation of agendas and templates, etc. Initial feedback has been received from colleagues in Mental Health & Learning Disabilities (MHLD) regarding the recommendation that the MHLD Quality, Safety and Experience Sub-Committee be merged with the Operational QSESC. Preliminary discussions have taken place between the Director of Therapies & Health Science and the Director of Primary Care, Community & Long Term Care regarding Primary Care input. There was discussion regarding the recommendation that the MHLD Quality, Safety and Experience Sub-Committee be merged with the Operational QSESC; and whether this will cause issues and/or result in a forum which is unwieldy and which potentially duplicates the remit of QSEAC. In response, it was emphasised that it is difficult to consider common themes if individual directorates sit outside the main quality and safety governance structure. The ARAC Chair welcomed the report; stating that, whilst a number of Independent Board Members had expressed concerns regarding the quality and safety governance arrangements, the relevant evidence had not previously existed. The review and report had provided the detail required.

- **WAO Structured Assessment 2017 and 2018** – a report updating the Committee on progress with WAO recommendations was presented.

- **Internal Audit (IA) Progress Report** – the Committee reviewed the Internal Audit Progress Report, noting developments since the previous meeting.

- **Internal Audit (IA)** – the Committee reviewed the following IA reports which had achieved substantial and reasonable assurance:
  - Health and Care Standards (Reasonable Assurance)
  - Savings Planning & Cost Improvement Programmes (Reasonable Assurance)
  - Budgetary Planning (Reasonable Assurance)

Asset Management Systems – the Committee received a briefing note on this topic.

- **University Partnership Board (UPB) Assurance Report around the Discharge of their Terms of Reference** – the Committee received a report detailing UPB activities during 2018/19. The Committee was assured that the UPB is operating in accordance with its Terms of Reference and discharging its duties effectively on behalf of the Board.

- **Audit Tracker** – the UHB Central Tracker, which tracks progress against audits and inspections undertaken within the UHB, was presented.

- **Counter Fraud Update** – an update was received, with discussion of Counter Fraud training and the recent agreement of a Memorandum of Understanding between Dyfed Powys Police and the UHB.

Materion y Mae Angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu Cyfer:
Matters Requiring Board Level Consideration or Approval:

- **Year End Documentation** – all documentation relating to year-end was approved by the Board at its meeting on 29th May 2019 and therefore no further action is required.
- **Hywel Dda University Health Board Annual Report 2018/19** – the Committee recommends the HDdUHB Annual Report 2018/19 to the Board for approval on 25th July 2019 with subsequent presentation to the Annual General Meeting on 30th July 2019.
- Concerns around **lack of capital investment**, its impact on ability to improve cleaning audit levels and potential implications for infection rates.
- Significant progress made in relation to the implementation of Internal Audit recommendations relating to **Operating Theatres** noting the outstanding action requires HR support to reach a resolution with it was agreed that an update would be provided at the next meeting.

Risgiau Allweddol a Materion Pryder:
Key Risks and Issues/Matters of Concern:

- Concerns in relation to whether the findings of the Preparedness & Compliance with the Nurse Staffing Act Internal Audit reflect the position across the whole organisation:
  - It was agreed that it would be useful for ARAC to receive more detailed information regarding numbers, in order to gauge potential risk;
  - It was agreed that this area should be re-audited in 6 months.
- Concerns in relation to the findings of the Internal Audit Review of PADR Process:
  - It was agreed that this area would be re-audited in 2020.
- Concerns regarding PPV error rates, particularly in practices which are being revisited:
  - It was agreed that a more robust response and escalation process in cases of continued high error rates would be considered.
- WAO Review of Operational Quality & Safety Arrangements noting a detailed management response will be prepared for the August 2019 ARAC meeting.

Busnes Cynlluniedig y Pwyllgor ar Gyfer y Cyfnod Adrodd Nesaf:
Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol:
Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf:

Date of Next Meeting:
27th August 2019

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CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 July 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	HDdUHB Annual Report 2018/19
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Jennings, Director of Partnerships and Corporate Services
SWYDDOG ADRODD: **REPORTING OFFICER:**	Alexandra Williams-Fry, Senior Communications Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Board is asked to approve the HDdUHB Annual Report 2018/19, ensuring that it reflects, in line with guidance in the NHS Wales Manual for Accounts 2018/19, an analysis of the main business, performance and accountabilities, key achievements and successes of the organisation between April 2018 and March 2019. The Annual Report has been approved by the Chair of ARAC, under Chair's Action.

Cefndir / Background

All NHS bodies are required to publish, as a single document, the Annual Report and Accounts following strict guidance set out by Welsh Government in the NHS Wales Manual for Accounts 2017-18 (Chapter 3). The Annual Report and Accounts is a suite of reports and includes:

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

In addition, an Annual Quality Statement must be produced separately from the main Annual Report and Accounts as a public-facing document. The above suite of documents are ratified independently through the University Health Board and its Committees. The final publication comprises the entire suite of documents and must be made available for distribution at the UHB's Annual General Meeting to be held on 30 July 2019.

Asesiad / Assessment

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

• The audited Annual Accounts and Accountability Report were approved at a special Public Board meeting on 29 May 2019
• The Performance Report, which was discussed at ARAC on 29 May 2019 and subsequently, was submitted to WAO and Welsh Government on 1 July 2019.
• The full Annual Report and Accounts to be approved by our public Board and presented at our Annual General Meeting on 30 July 2019.

Argymhelliad / Recommendation

The Board is asked to discuss and approve the HDdUHB Annual Report 2018/19 incorporating the approved annual accounts and accountability report.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	NHS Wales 2018/19 Manual for Accounts
Rhestr Termau: Glossary of Terms:	Included in the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	• The audited Annual Accounts and Accountability Report were approved at a special Public Board meeting on 29 May 2019 • The Performance Report, which was discussed at ARAC on 29 May 2019 and subsequently submitted to WAO and Welsh Government on 1 July 2019.

Effaith: (rhaid cwblhau) **Impact: (must be completed)**

Ariannol / Gwerth am Arian: **Financial / Service:**	Cost of translation of report (circa £1200).
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not Applicable
Gweithlu: **Workforce:**	Not Applicable
Risg: **Risk:**	Associated risk is non-compliance due to unforeseen circumstances and tight deadlines. The process has been actively managed to minimise risks.
Cyfreithiol: **Legal:**	Associated legal impact is non-compliance with statutory duty to produce Annual Report and Accounts in time for the Annual General Meeting on 30th July 2019 due to unforeseen circumstances and tight deadlines. The process is being actively managed to minimise risks.
Enw Da: **Reputational:**	Potential for media interest once the Annual Report is published.
Gyfrinachedd: **Privacy:**	Not applicable – statutory requirement.
Cydraddoldeb: **Equality:**	Not applicable – statutory requirement.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda 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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Contents

Chapter 1 Overview:

Welcome from our Chair and Chief Executive	Page 4
About us	Page 5
Key achievements and developments	Page 7
Involving local people, partners and communities	Page 10
Valuing our staff	Page 15
Investing in our estates and services	Page 17

Chapter 2 Performance Report:

Key facts for 2018/19	Page 30
Performance overview	Page 31
Performance analysis	Page 35
Sustainability report	Page 59

Chapter 3 Accountability Report

Corporate Governance Report	Page 65
Annual Governance Statement	Page 66
Annual Governance Statement Appendix 1	Page 121
Annual Governance Statement Appendix 2	Page 127
Annual Governance Statement Appendix 3	Page 132
Annual Governance Statement Appendix 4	Page 135
Annual Governance Statement Appendix 5	Page 137
Directors' Report	Page 139
Remuneration and Staff Report	Page 154
Statement of Accountable Officers Responsibility	Page 172

Chapter 4 Annual Accounts Page 175

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 and we will have no one waiting over 8 weeks for access to diagnostics.

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 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.hywelddahb.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 on1 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 leaded 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 Withybush 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 (MHLD)

The Transforming Mental Health (TMH) Programme is now firmly established in the implementation stage. Following Board approval in January 2018 a Mental Health Implementation Group 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/m^2 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 to187,977m2.

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:

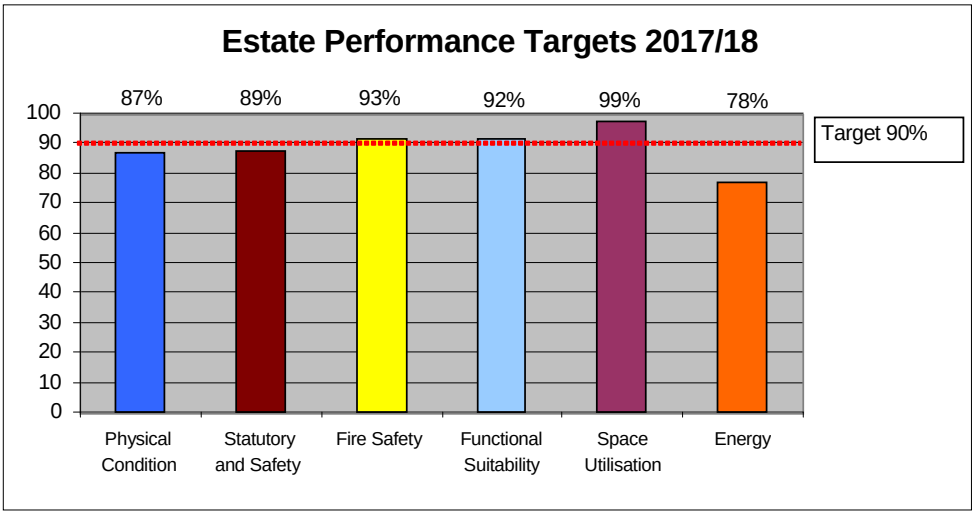
- Blk.14 St David's Park Carmarthen – procured to accommodate the centralisation of the Finance Department.

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/m^2 in 2017/18 (£159/m^2 in 2016/17, £151/m^2 in 2015/16, £153m^2 in 2014/15, £156m^2 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 Leaning & 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.

GIG CYMRU NHS WALES

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.

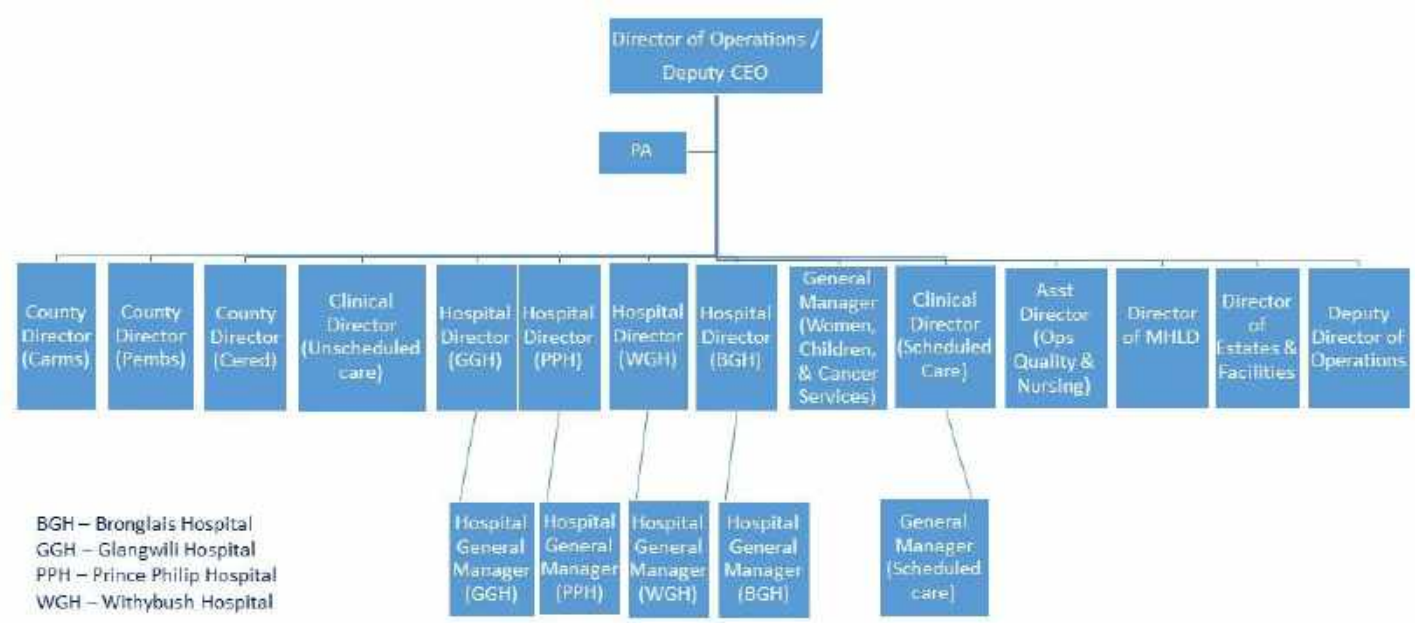
Our focus during 2018/19 has been to work jointly with our staff, service users, carers and other key stakeholders, ensuring a process of continuous engagement, appropriate consultation and monitoring. We aim to ensure that no-one is disadvantaged when accessing our services or in our employment and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

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 establish 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 response 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	✗
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	✗
% of universal mortality reviews undertaken within 28 days of a death	Annual improvement	Mar-19	87.1%	↑	95%	✗
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%	✗
% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend	Dec-18	84.1%	↑	95%	✗
% 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%	✗

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

Despite the Health Board being unable to achieve the 95% national target during the year, the performance trend has improved and there are some positives with both Bronglais and Withybush General Hospitals achieving the 95% target on a number of occasions. The lack of coders (estimated 5.0 Whole Time Equivalent) makes the 95% target unachievable on a monthly basis. The predominant issues are in Glangwili and Prince Philip Hospitals where the number of coders is insufficient to manage the level of monthly coding activity. The aim in 2019/20, with current staffing levels, is for the Health Board to regularly achieve around 80% to 85% on a monthly basis with Bronglais and Withybush 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 ≥ 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	✓
Stroke - Thrombolysed with a door to needle time (<= 45 mins)	12 month improvement trend	Mar-19	33.3%	↓	12 month improvement trend	✗
% newly diagnosed with cancer, not via urgent route, started def treat <31 days of diagnosis	12 month improvement trend	Mar-19	95.8%	↓	98%	✗
% newly diagnosed with cancer, via urgent route, started def treat <62 days of referral	12 month improvement trend	Mar-19	84.2%	↓	95%	✗

Stroke

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

Cancer

Whilst the timeliness of treatments offered to newly diagnosed patients with cancer in Hywel Dda via the urgent suspected cancer (USC) and non-urgent suspected cancer (NUSC) routes have generally compared well with other Health Boards across Wales, performance has shown a decline during Quarter 4 due to the impact of treatment delays in the tertiary cancer centres and local capacity pressures within key diagnostic services. To improve performance a variety of actions are being progressed including recruitment to key vacancies (both in Hywel Dda and in the tertiary centres), commissioning of additional activity to supplement existing capacity (eg Dermatology) and continued escalation of delays with tertiary centre providers. In 2019/20 the service aims to re-establish performance levels in excess of 90% for the USC pathway and 98% for the NUSC pathway. In addition, the Health Board will also implement 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%	✗
Number ambulance handovers over one hour	12 month improvement trend	Mar-19	407	↓	0	✗
% of patients spend < 4 hours in emergency care from arrival until admit, transfer or discharge	12 month improvement trend	Mar-19	81.7%	↓	95%	✗
Number patients spent >=12 hrs in emergency care from arrival until admit, transf or discharge	12 month improvement trend	Mar-19	948	↓	0	✗
% 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 met 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	✗
Number calls to Wales dementia helpline by Welsh res per 100,000 of population (age 40+)	4 quarter improvement trend	Q4 2018/19	13.7	↑	4 quarter improvement trend	✓
Number of calls to the DAN 24/7 helpline by Welsh residents per 100,000 of population	4 quarter improvement trend	Q4 2018/19	25.8	↑	4 quarter improvement trend	✓
% of HB residents in receipt of secondary MH services (all ages) who have a valid CTP	12 month improvement trend	Mar-19	91.1%	↓	90%	✓
% of HB residents sent their outcome assessment report within 10 working days after assessment	12 month improvement trend	Mar-19	100.0%	↑	100%	✓

Equality and good relations

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

Homeless and vulnerable groups

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

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

Communications for people with sensory loss

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

‘More Than Just Words’

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

Calls to helplines (CALL, dementia helpline and DAN)

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

Mental health

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

Our Staff and Resources

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

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

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

Patients who did not attend (DNA)

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%	✗
% compliance for all completed Level 1 comps within Core Skills & Training Framework	12 month improvement trend	Dec-18	78.6%	↑	85%	✗
% 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	✗

Staff performance appraisals

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

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

Core skills and training

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

Helpful appraisals for staff

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

Staff engagement

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

Care for friends and family

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

Staff sickness

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

Long term expenditure trend

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

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

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

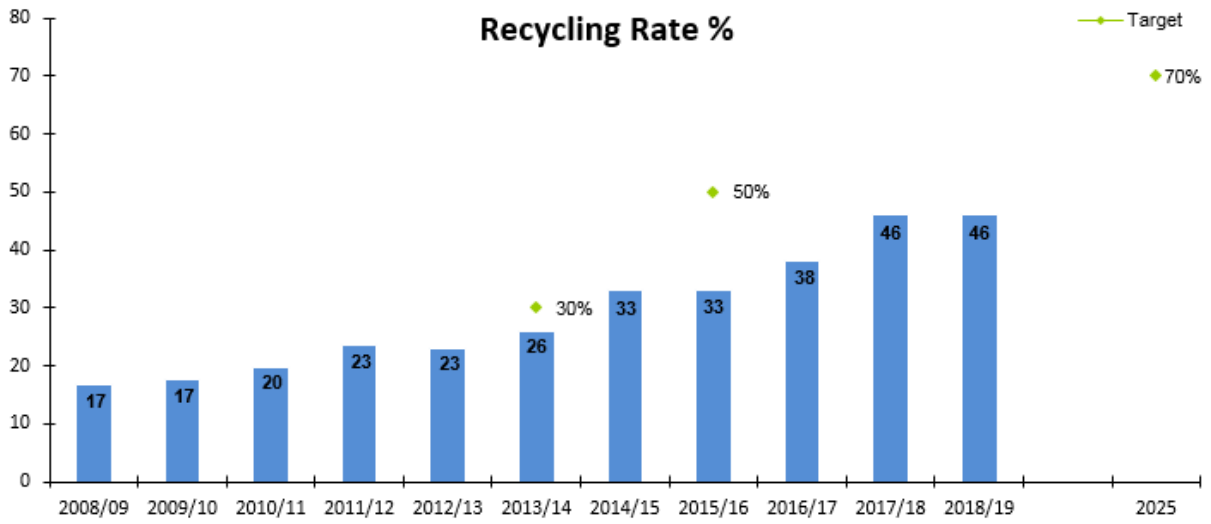
Business mileage is now over 8 million miles per annum. Use of fuel efficient pool cars however has increased, up 40% on last year, as more vehicles are added to the fleet. An assessment is underway to determine the feasibility of a phased introduction of electric pool cars and charging points for fleet,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

Greenhouse Gas Emissions		2016-17	2017-18	2018-19
Non Financial Indicators (1000 tCO_2e)†	Total Gross Emissions	24.272	23.621	21.5
	Gross Emissions Scope 1 from Gas and Oil	15.346	15.528	14.05
	Gross Emissions Scope 2 & 3 from electricity and business mileage	8.926	8.093	7.45
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 (m^3)	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

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Corporate Governance Report 2018/2019

GIG CYMRU NHS 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.

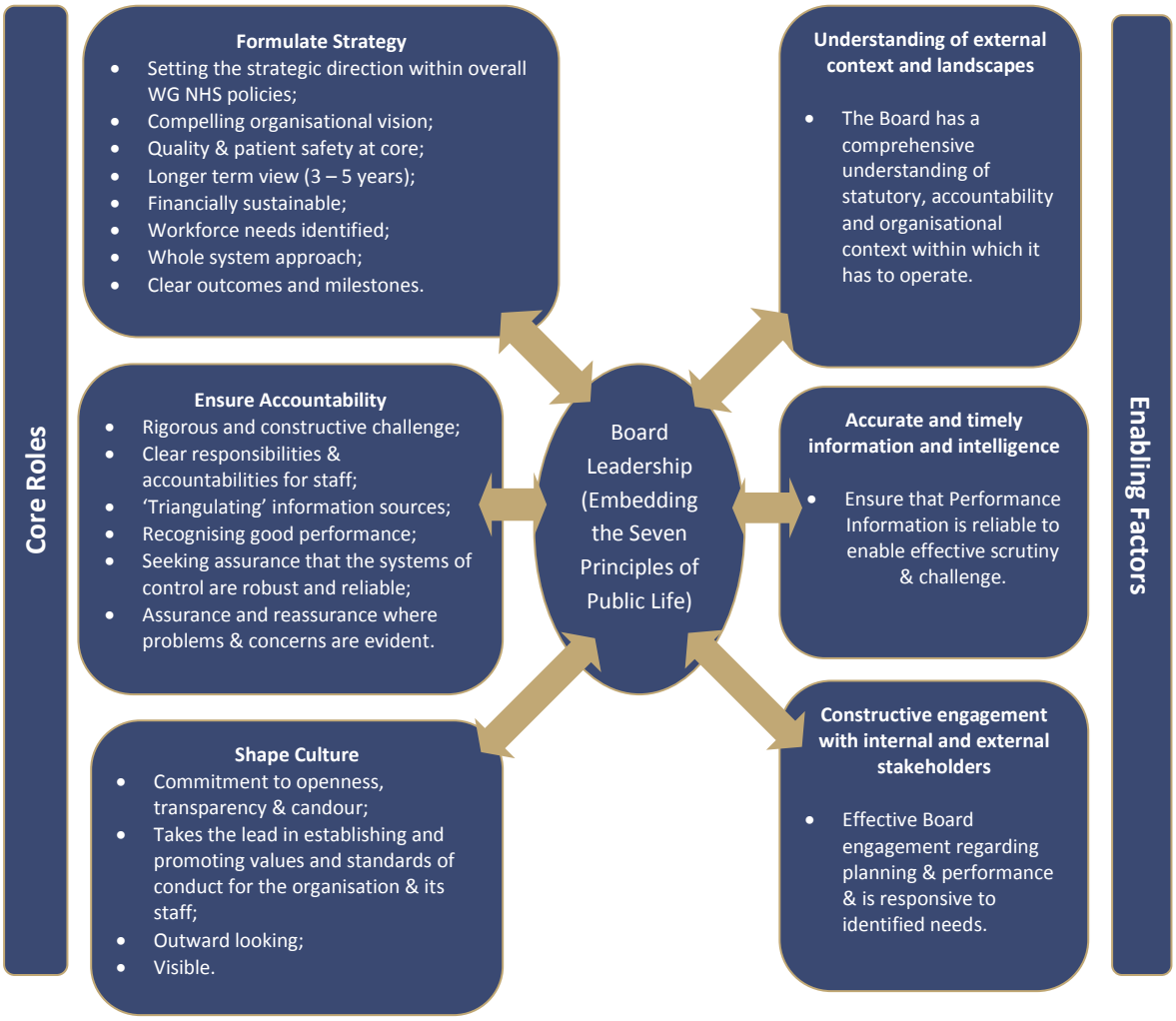
The HB has remained at the “Targeted Intervention” level of the NHS Wales Escalation and Intervention arrangements throughout the year, with no further escalation. The rationale for the HB remaining at Targeted Intervention level is reported regularly to both The Board and the Audit and Risk Assurance 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	

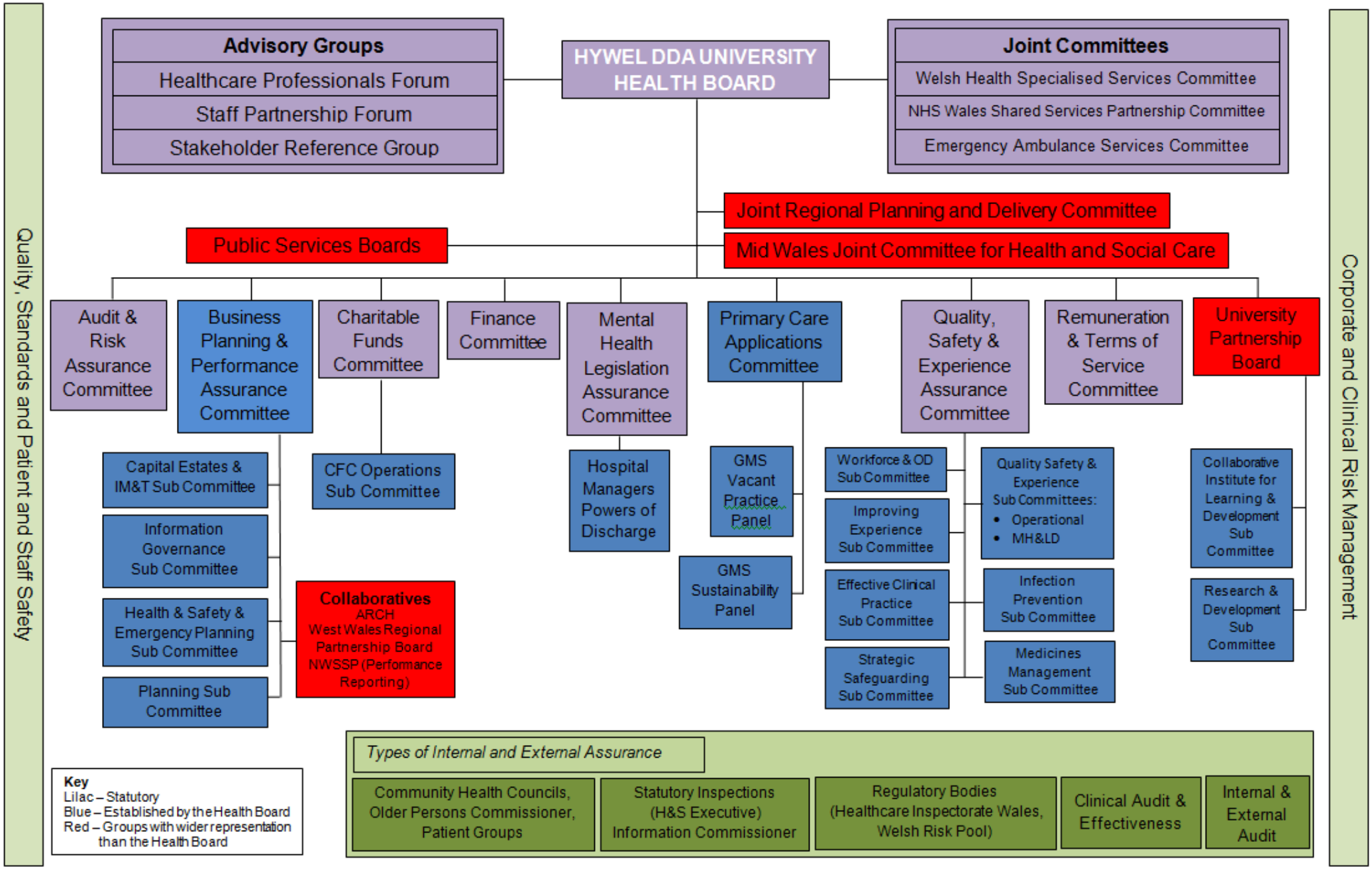
The Board and its Committees

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:


Quality, Standards and Patient and Staff Safety
Advisory Groups
Healthcare Professionals Forum
Staff Partnership Forum
Stakeholder Reference Group
HYWEL DDA UNIVERSITY HEALTH BOARD
Joint Committees
Welsh Health Specialised Services Committee
NHS Wales Shared Services Partnership Committee
Emergency Ambulance Services Committee
Joint Regional Planning and Delivery Committee
Public Services Boards
Mid Wales Joint Committee for Health and Social Care
Audit & Risk Assurance Committee
Business Planning & Performance Assurance Committee
Charitable Funds Committee
Finance Committee
Mental Health Legislation Assurance Committee
Primary Care Applications Committee
Quality, Safety & Experience Assurance Committee
Remuneration & Terms of Service Committee
University Partnership Board
Capital Estates & IM&T Sub Committee
Information Governance Sub Committee
Health & Safety & Emergency Planning Sub Committee
Planning Sub Committee
CFC Operations Sub Committee
Collaboratives
ARCH
West Wales Regional Partnership Board
NWSSP (Performance Reporting)
Hospital Managers Powers of Discharge
GMS Vacant Practice Panel
GMS Sustainability Panel
Workforce & OD Sub Committee
Improving Experience Sub Committee
Effective Clinical Practice Sub Committee
Strategic Safeguarding Sub Committee
Quality Safety & Experience Sub Committees:
• Operational
• MH&LD
Infection Prevention Sub Committee
Medicines Management Sub Committee
Collaborative Institute for Learning & Development Sub Committee
Research & Development Sub Committee
Corporate and Clinical Risk Management
Key
Lilac – Statutory
Blue – Established by the Health Board
Red – Groups with wider representation than the Health Board
Types of Internal and External Assurance
Community Health Councils, Older Persons Commissioner, Patient Groups
Statutory Inspections (H&S Executive) Information Commissioner
Regulatory Bodies (Healthcare Inspectorate Wales, Welsh Risk Pool)
Clinical Audit & Effectiveness
Internal & External Audit

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:

HB Wide Issues (Approval)	• 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.

	• 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 – - 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.

	• 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)	• 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.

	• 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	• 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	• 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	• 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.

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 breech 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 UBP 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

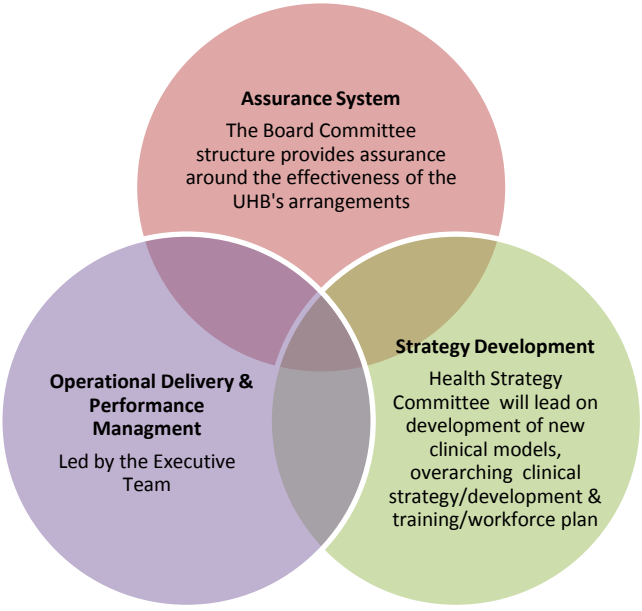
In addition to the above, the WHSCC (Wales) Regulations 2009 (SI 2009 No. 3097) made provision for the constitution of a 'Joint Committee'. This Committee comprises all the Welsh Local Health Boards and is a Committee of each Board, with the HB being represented by the

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

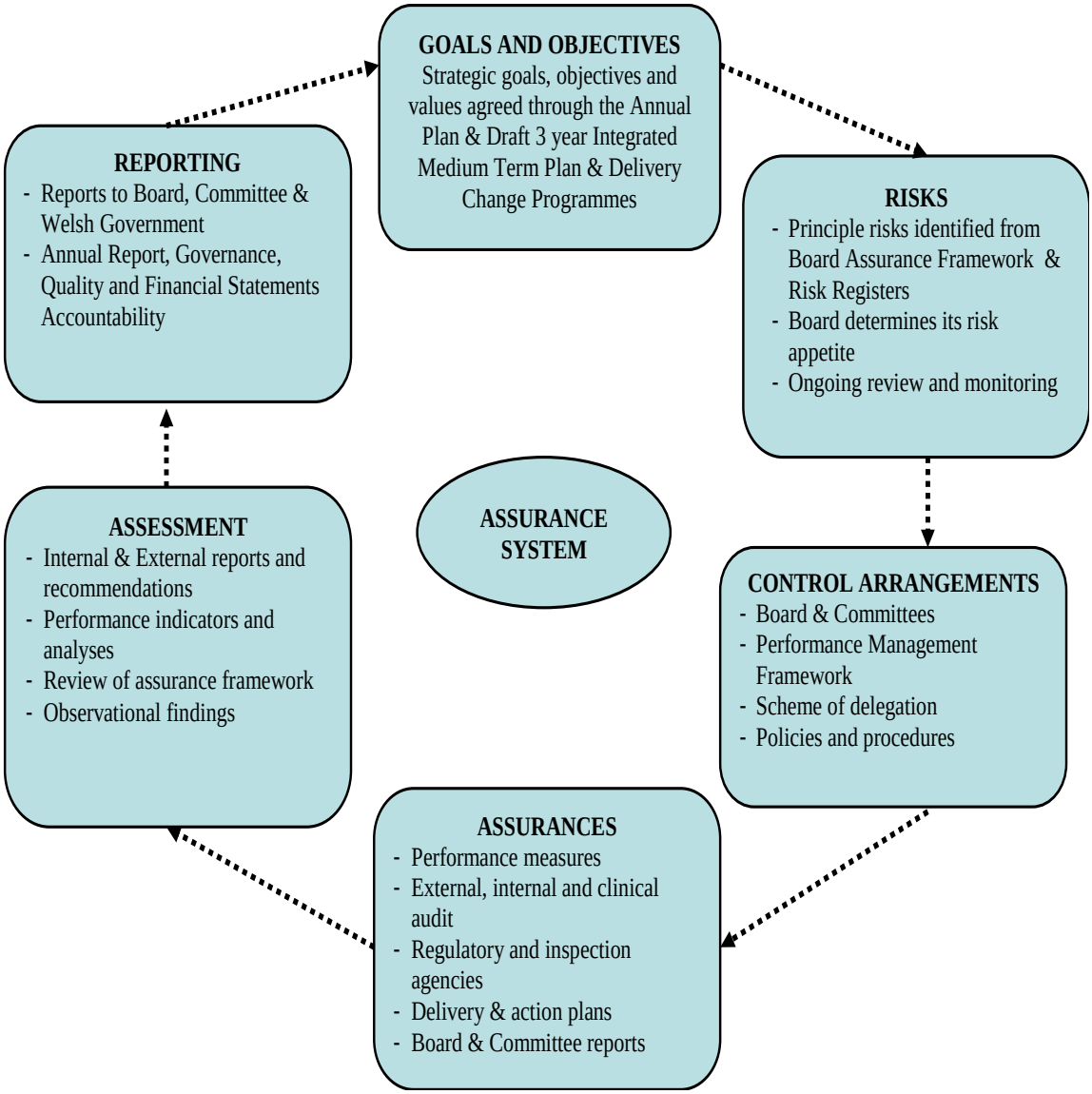
The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

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

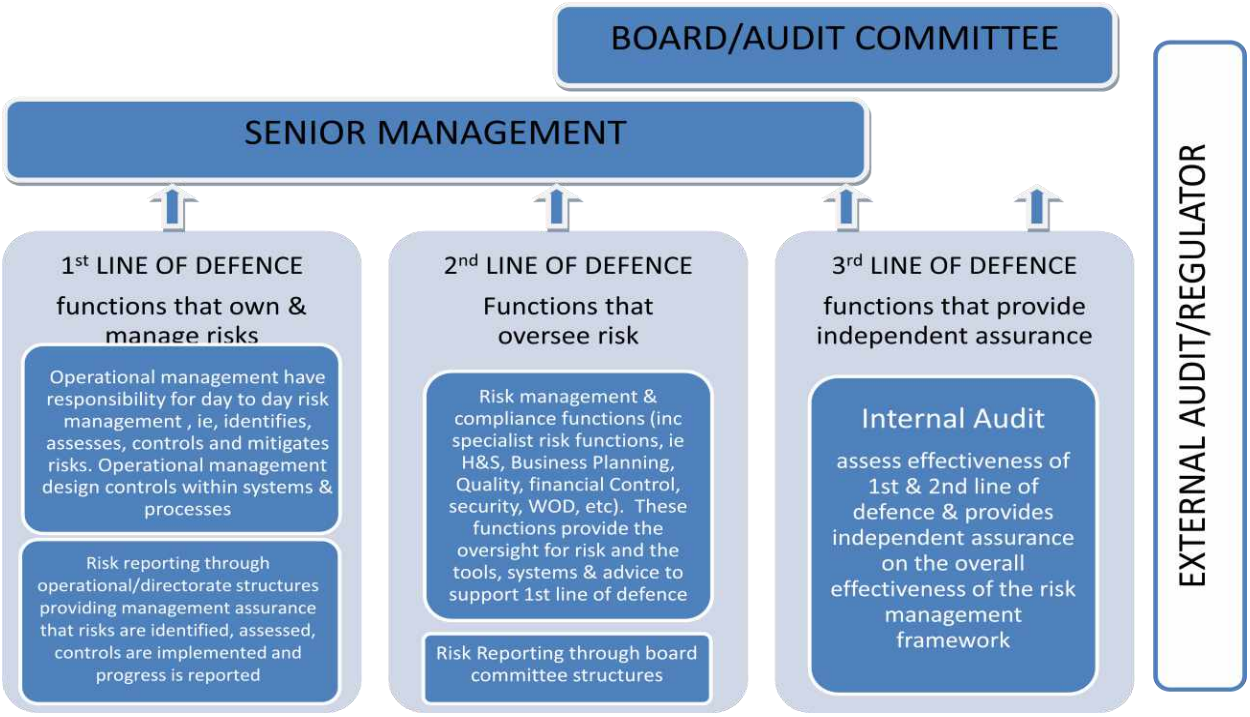
The HB acknowledges that delivery of healthcare services carries inherent risk. This is compounded by delivering healthcare across the large geographical area of Hywel Dda, meeting the needs of its demographic profile and staying within its financial allocation. Over the last year, the HB has continued 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.

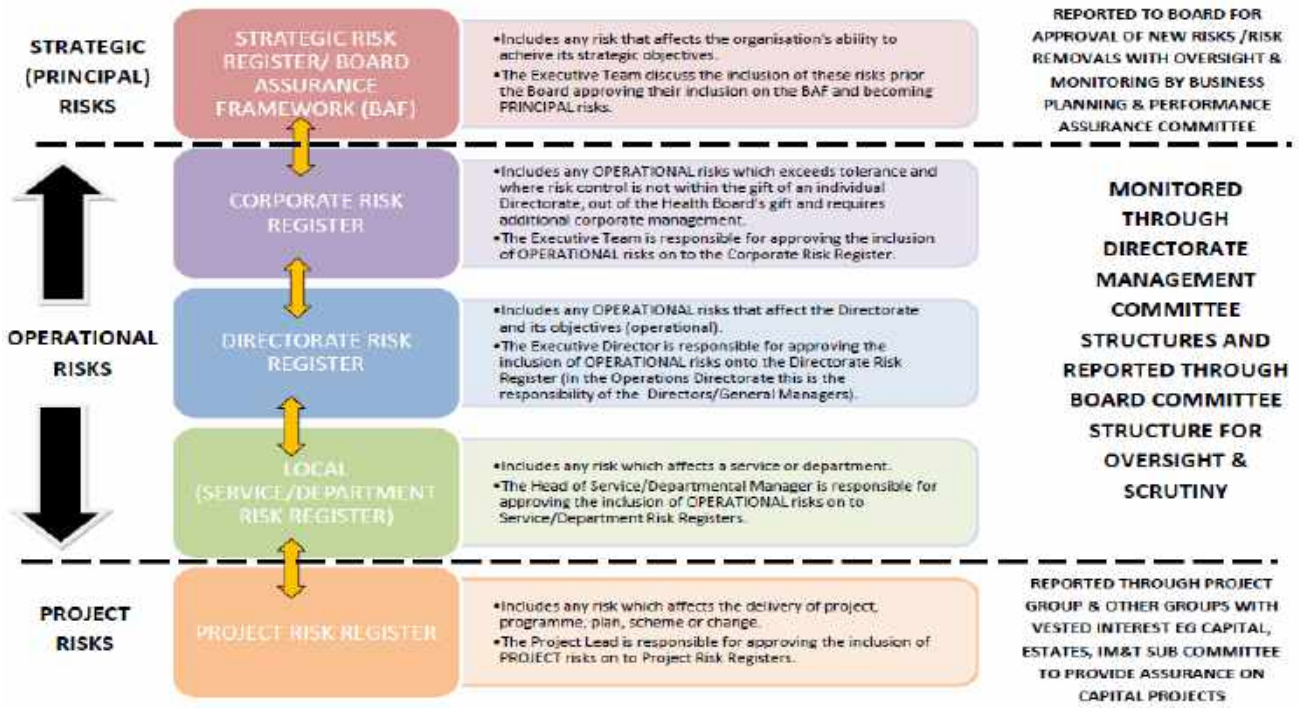
Risk Management Procedure & Protocols

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					
NEGLIGIBLE 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:

Reporting to provide

assurance

BOARD

- Overall responsibility for risk management
- Approve framework and strategy for risk
- Determine its risk appetite to underpin strategy, decision making and the allocation of resources, and ensure the right focus on risk management and reporting within the organisation
- Set the Health Boards tolerance for risk and deciding what level of risk is acceptable
- Agree strategic objectives and reviews the Board Assurance Framework (*6 monthly*)
- Review the Corporate Risk Register (6 monthly)

EXECUTIVE TEAM (every formal ET)

- Discuss and agree risks for inclusion on CRR and those to be de-escalated
- Consider risks escalated from Performance Reviews which could affect achieving the HB's corporate/annual objectives for inclusion on CRR
- Develop risk management strategies for the more challenging risks that threaten the Health Board's corporate/annual objectives/operations.
- Use risk information from performance reviews to inform prioritisation of resources, decision-making, feed into different business processes, i.e. budget planning, capital planning, etc

ARAC

- Seek assurance on the effectiveness of the risk management processes & framework of internal control
- Recommend Board approval of the Risk Management Framework & Strategy
- Agree internal and external audit plans to gain assurances on the controls in the BAF/CRR
- Oversight of the adequacy of assurance of principal risks and ensuring Internal Audit Plan is aligned to BAF/CRR
- Seek assurance of management of risks exceeding appetite and tolerance on the CRR

BOARD COMMITTEES

- Seek assurance on the management of principal risks on the BAF/CRR and provide assurance to the Board that risks are being managed effectively & report areas of significant concern, eg, where risk appetite is exceeded, lack of action.
- Review principal and operational risks over tolerance & where appropriate recommend the 'acceptance' of risks that cannot be brought within the HB's risk appetite/ tolerance
- Provide annual reports to ARAC on the effectiveness of the risk management process and management of risks within its remit
- Identity through discussions any new/emerging risks & ensure these are assessed by management
- Signpost any risks out of its remit to the appropriate HB Committee/Sub-Committee/Group
- Use risk registers to inform meeting agendas

PERFORMANCE REVIEWS

- Enable Executive oversight of risks in respect of corporate/annual objectives, strategic objectives & operational delivery and compliance
- Provide a conduit of escalation for risks that cannot be managed within directorate resources
- Identity through discussions any new/emerging risks & ensure these are assessed by management

DIRECTORATE RISK MANAGEMENT

- Identify, assess and control risks
- Have process in place for escalation/de-escalation of service/directorate risks
- Prepare & maintain up to date directorate risk register
- Monitor & review directorate risks, including the controls and management action, in line with guidance
- Use directorate risk register to inform decision-making, agree priorities and allocation of resources

SUB-COMMITTEES

- Scrutinise operational risks within their remit either through receiving the standard operational risk report, Service Reports or Assurance Reports
- Gain assurance that the risks are being appropriately managed, effective controls are in place and planned additional controls are being implemented
- Identity through discussions new risks emerging risks & ensure these are assessed by management
- Provide assurance to parent Committee that risks are being managed effectively and report risks which have exceeded tolerance through Update Reports
- Signpost any risks out of its remit to the appropriate HB Committee/Sub-Committee/Group
- Use risk registers to inform meeting agendas

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 (NIIAS) 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 NIIAS 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.

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
	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.	security awareness programme. 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. 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.
Operational Service and Functional Management Domain		
Records Management February 2019	• 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 *Access to Health Records Policy* does not reference the introduction of new legislation.	The following actions are outstanding: • 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
	• 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.	Whilst some timescales have slipped, recommendations should be delivered by September 2019.
National Standards for Cleaning Follow-Up April 2019	• 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	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.

Subject	Issue	Action
	onto C4C. • 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		
Water Management April 2019	• 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	All the recommendations have been agreed by management and are being implemented in accordance with the timescales agreed in the management action plan. A follow up has been included in the internal audit plan for 2019/2020.

Subject	Issue	Action
	with the Water Safety Plan.	
Workforce management		
PADRs May 2019	• 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 it 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 it 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		• Board (Chair) • Remuneration & Terms of Service Committee (Chair) • University Partnership Board	8/8 2/3 1/4	• Unscheduled Care
Judith Hardisty	Vice Chair	Mental Health Primary Care & Community Services	• 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	• Carers
Judith Hardisty	Interim Chair		• Board (Chair)	1/1	• Unscheduled Care
Julie James until April 2018	Independent Member	Third Sector	• 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	• NHS (Concerns; Complaints and Redress Arrangements (Wales)
Anna Lewis	Independent Member	Community	• Board • Charitable Funds Committee • Quality, Safety & Experience Assurance Committee • Primary Care Applications Committee	8/9 2/4 5/5 4/5	• Public and Patient involvement
Professor John Gammon	Independent Member	University	• 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
			• 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 • Children, Young People & Maternity Services • Nutrition & Hydration • NHS Concerns complaints and redress arrangements
Mike Lewis	Independent Member	Finance	• 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	• 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		• Board • Finance Committee • Remuneration & Terms of Service Committee	9/9 6/7 3/3	• Time to Change Wales Mental Health
Joe Teape	Deputy Chief Executive Officer/ Director of Operations		• 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	• Delayed Transfers of Care • Sustainable Development • Security • Fire Safety
Karen Miles	Executive Director of Planning, Performance & Commissioning		• 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
			Experience Assurance Committee • University Partnership Board	2/4	
Stephen Forster (until September 2018)	Executive Director of Finance		• 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		• 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		• Board • Business Planning & Performance Assurance Committee • Quality, Safety & Experience Assurance Committee • University Partnership Board	9/9 5/6 6/6 3/4	• Violence & Aggression • Children's Act 2004 • Children Young People and maternity services
Jill Paterson	Director of Primary Care, Community and Long Term Care		• 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		• 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
			• University Partnership Board	3/4	
Lisa Gostling	Executive Director of Workforce & Organisational Development		• 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		• Board • Business Planning & Performance Assurance Committee • Quality, Safety & Experience Assurance Committee • University Partnership Board	9/9 3/6 6/6 1/4	• Emergency Planning
Sarah Jennings	Director of Partnerships & Corporate Services		• 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	• Public Patient Involvement
Joanne Wilson	Board Secretary		• 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		• Board • Business Planning & Performance Assurance Committee • Quality, Safety & Experience Assurance Committee • University Partnership Board	9/9 5/6 5/6 4/4	• Patient Information
Andrew Carruthers	Turnaround Director		• 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 Practitoners 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

Risk 626 Failure to realise all the efficiencies and opportunities from the Turnaround Programme		
Current Risk Score: 20	Target Risk Score: 8	Tolerable Risk Level: 8
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.		

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

Risk 628 Fragility of therapy provision across acute and community services		
Current Risk Score: 16	Target Risk Score: 16	Tolerable Risk Level: 8
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.		

Risk 624 Ability to maintain and address backlog maintenance and develop infrastructure to support long term strategic objectives		
Current Risk Score: 16	Target Risk Score: 16	Tolerable Risk Level: 6
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.		

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

Risk 451 Cyber Security Breach		
Current Risk Score: 20	Target Risk Score: 12	Tolerable Risk Level: 6
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.		

Risk 245 Inadequate facilities to store patient records and investment in electronic solution for sustainable solution		
Current Risk Score: 20	Target Risk Score: 4	Tolerable Risk Level: 6
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.		

Risk 634 Overnight theatre provision in Bronglais General Hospital		
Current Risk Score: 15	Target Risk Score: 5	Tolerable Risk Level: 6
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.		

Risk 508 Insufficient resources in fire safety management to undertake appropriate PPMs, risk assessments and audits		
Current Risk Score: 15	Target Risk Score: 5	Tolerable Risk Level: 6
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.		

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 Withybush 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 Ward10 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 it 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.

GIG CYMRU NHS WALES

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 01.03.2019	31.03.2020	Vice Chair Interim Chair
Paul Newman	01.04.2017 (Independent Member) 06.03.2019 (Interim Vice Chair)	31.03.2019	Independent Member 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,

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
								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

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	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	

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
							Commission Wales Trustee of the National Botanic Garden of Wales Member of Court Swansea University Member of Pembrokeshire Coast National Park Authority (from 01.06.17) Member of Court University of Luton Non-Exec Director of WG Dept for Education and Local Government Corporate Governance Committee Trustee of Brecon Beacons Trust External Voting Member of Carmarthenshire County Council Audit Committee (from 08.06.2016) Member of Carmarthenshire	

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
							County Council's Standards Committee (from 13.12.2017)	
Karen Miles	Director of Planning, Performance & Commissioning	No	No	No	No	No	No	Brother is an Associate Professor, Swansea University Medical School and CEO, Moleculomics Sister is a Development officer for Centre for Excellence in Rural Health & Social Care Sister in law is an Associate Professor in Information Systems, University of Wales Trinity Saint David
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

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
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

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
							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

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
		Maysouth Ltd Flowlong Ltd Lonpark Ltd Leapgold Ltd Magnetrade 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.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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 Manger (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

2017-2018

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

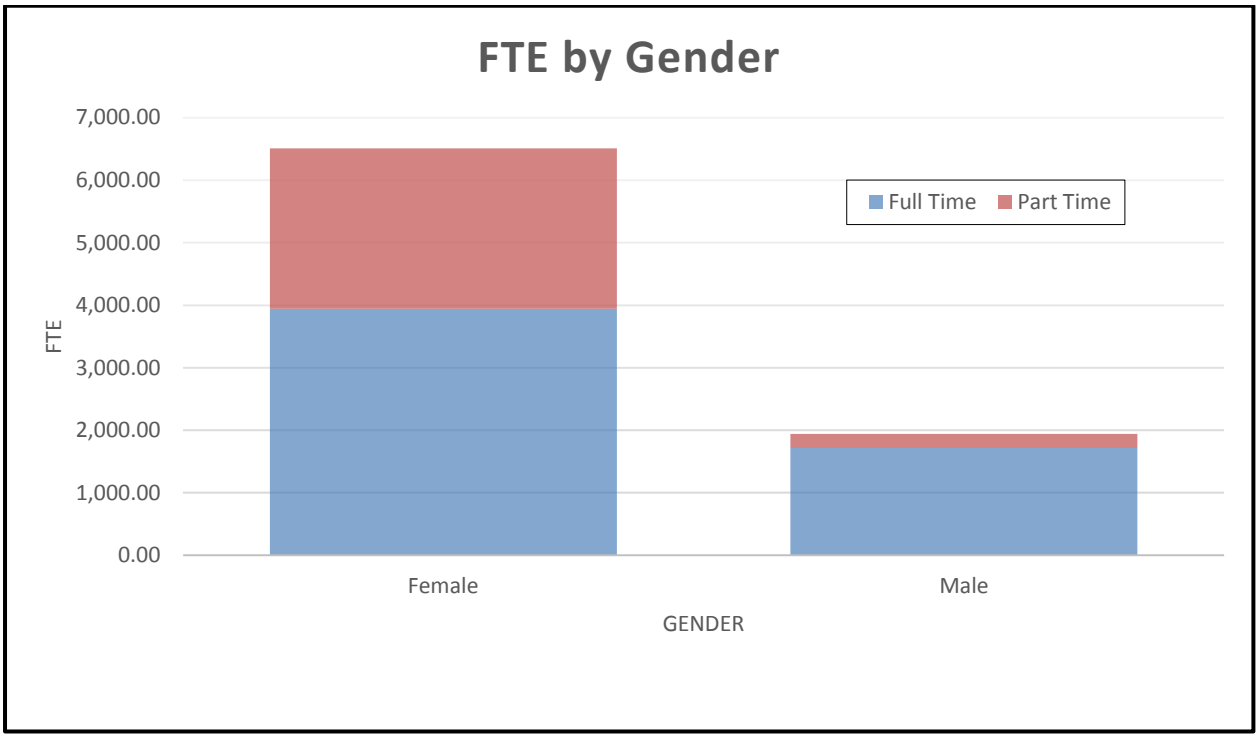
Staff Composition

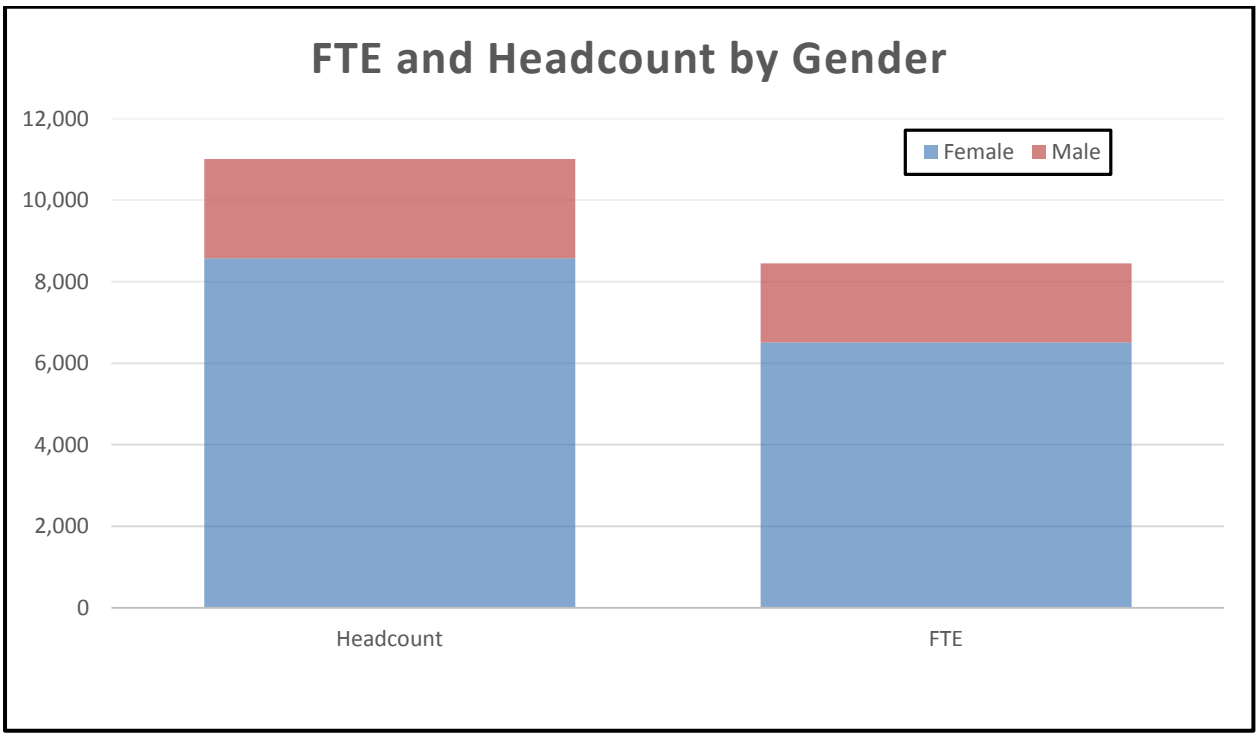
Staff Composition 31.03.2019

	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 though 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

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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

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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	2017-18
	£'000	£'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

	Notes	31 March 2019 £'000	31 March 2018 £'000
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

	notes	2018-19 £'000	2017-18 £'000
Cash Flows from operating activities			
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 FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the entity or the asset which would prevent access to the market at the reporting date. If the LHB could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current
value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

Subsequent expenditure
Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated, NHS bodies are required to get all All Wales Capital Schemes that are completed in a financial year revalued during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

1.7 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the LHBs business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the LHB; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to use the intangible asset
- how the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8 Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the LHB expects to obtain economic benefits or service potential from the asset. This is specific to the LHB and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the LHB checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

1.9 Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from 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.
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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 reponsible, 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**
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)

3.2 Expenditure on healthcare from other providers

	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 £'000	2017-18 £'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

Increase/(decrease) in provision for future payments:	2018-19 £'000	2017-18 £'000
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	2017-18
	£000	£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	2017-18
	£000	£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	2017-18
	£000	£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**	2017-18
	£000	£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**

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 Ancilliary	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

Exit packages cost band (including any special payment element)	2018-19 Number of compulsory redundancies	2018-19 Number of other departures	2018-19 Total number of exit packages	2018-19 Number of departures where special payments have been made	2017-18 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**

Exit packages cost band (including any special payment element)	2018-19 Cost of compulsory redundancies	2018-19 Cost of other departures	2018-19 Total cost of exit packages	2018-19 Cost of special element included in exit packages	2017-18 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	**2018-19**	2017-18	2017-18
NHS	**Number**	**£000**	Number	£000
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**
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 . LHB s 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 whih as 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) Bulidings	£ 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**

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**
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 2019 £000	31 March 2018 £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 2019 £000	31 March 2018 £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 2019 £000	31 March 2018 £000	**31 March 2019 £000**	31 March 2018 £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 £000	2017-18 £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

	Current		Non-current	
Financial liabilities	**31 March 2019 £000**	31 March 2018 £000	**31 March 2019 £000**	31 March 2018 £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
Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
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
Current	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
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

Provisions have not been made in these accounts for the following amounts :	**2018-19 £'000**	2017-18 £'000
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 £'000	2017-18 £'000
Guarantees	0	0
Indemnities	536	266
Letters of Comfort	0	0
Total	**536**	**266**

21.3 Contingent assets

	2018-19 £'000	2017-18 £'000
	0	0
	0	0
	0	0
Total	**0**	0

22. Capital commitments

Contracted capital commitments at 31 March	2018-19 £'000	2017-18 £'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

Cases exceeding £300,000	Case type	**Amounts paid out in year** £	**Cumulative amount** £	**Approved to write-off in year** £
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

24.1 Finance leases obligations (as lessee) continue

Amounts payable under finance leases:

Buildings	**31 March 2019**	31 March 2018
Minimum lease payments	**£000**	£000
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

Other	**31 March 2019**	31 March 2018
Minimum lease payments	**£000**	£000
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

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	31 March 2018
Gross Investment in leases	**£000**	£000
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

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	31 March 2018
	£000	£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	**0**	0

The LHB is committed to the following annual charges

	31 March 2019	31 March 2018
PFI scheme expiry date:	**£000**	£000
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	**0**	0

The estimated annual payments in future years will vary from those which the LHB is committed to make during the next year by the impact of movement in the Retail Prices Index.

25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	**Number of off SoFP PFI contracts**
Number of PFI contracts	0	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

PFI Contract	**On / Off-statement of financial position**
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 £000	2017-18 £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 £000	2017-18 £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	Spice Innovations Ltd
		Visiting Senior Lecturer	Swansea University
Julie James	Independent Member	Health Assessor	Welsh Government Health and Wellbeing at Work Corporate Standard
		Trustee	National Botanic Garden of Wales
		Member of Court	Swansea University
		Non-Executive Director	Welsh Government Dept for Education and Local Government & Communities
		External Voting Member	Carmarthenshire County Council Audit Committee
		Member	Carmarthenshire County Council's Standards Committee
Michael Hearty	Associate Member	Finance Advisor	Betsi Cadwaladr Health Board
		Non-Executive Director	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
		Member	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 £'000s	Creditor @ 31-Mar-19 £'000s	Income @ 31-Mar-19 £'000s	Expenditure @ 31-Mar-19 £'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 wrthych?

Mae ein Hadroddiad Blynyddol yn rhan o gyfres o ddogfennau a fydd yn dweud wrthych 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/@BIHywelDda
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Cynnwys

Pennod 1:

Croeso gan ein Cadeirydd a'n Prif Weithredwr Tud. 4

Amdanom ni Tud. 5

Prif gyflawniadau a datblygiadau Tud. 7

Cynnwys pobl leol, partneriaid a chymunedau Tud. 11

Rhoi gwerth ar ein staff Tud. 15

Buddsoddi yn ein hystadau a'n gwasanaethau Tud. 17

Pennod 2 Adroddiad ar Berfformiad:

Ffeithiau allweddol ar gyfer 2018-19 Tud. 31

Trosolwg o'r perfformiad Tud. 32

Dadansoddiad o'r perfformiad Tud. 36

Adroddiad ar gynaliadwyedd Tud. 60

Pennod 3 Adroddiad Atebolrwydd

Adroddiad Llywodraethu Corfforaethol Tud. 66

Datganiad Llywodraethu Blynyddol Tud. 67

Datganiad Llywodraethu Blynyddol Atodiad 1 Tud. 122

Datganiad Llywodraethu Blynyddol Atodiad 2 Tud. 128

Datganiad Llywodraethu Blynyddol Atodiad 3 Tud. 133

Datganiad Llywodraethu Blynyddol Atodiad 4 Tud. 135

Datganiad Llywodraethu Blynyddol Atodiad 5 Tud. 137

Adroddiad y Cyfarwyddwyr Tud. 139

Adroddiad ar Gydnabyddiaeth Ariannol a Staff Tud. 151

Datganiad o Gyfrifoldebau'r Swyddogion Atebol Tud. 169

Pennod 4 Cyfrifon Blynyddol Tud. 172

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 cydnerthedd 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 Blynyddol 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

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 Hwlffordd;
- **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.

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 ailddatblygu 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 leoedd 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 milliwn 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 fferyllydd 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 ffliw, 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 acíwt 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 gwych, 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 wobr 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 fideogynadledda.

Enillwyd yr ail wobr, 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 wobr 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 wobr '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 cynulleidfa 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 cynulleidfa 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 annigidol 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 chyfleoedd 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 ddidwylledd, 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 **Iechyd a Gofal Gwledig Cymru** (sef y Ganolfan Rhagoriaeth mewn Iechyd a Gofal Cymdeithasol Gwledig gynt), a sefydlwyd gan Grŵp Cydweithredol Gofal Iechyd y

Canolbarth, yn ganolbwynt ar gyfer datblygu a chasglu ymchwil o ansawdd uchel ar iechyd a lles gwledig; mae'n gwella prosesau hyfforddi, recriwtio a chadw gweithluoedd proffesiynol mewn cymunedau gwledig, ac yn dangos esiampl ym maes iechyd a lles gwledig ar lwyfan rhyngwladol.

- Sefydlwyd **Bwrdd Partneriaeth Rhanbarthol Gorllewin Cymru** i roi Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 ar waith. Mae ei aelodaeth yn cynnwys y Bwrdd Iechyd, Cynghorau Sir Ceredigion, Sir Gaerfyrddin a Sir Penfro, yn ogystal â darparwyr gofal yn y trydydd sector, gofalwyr, a phobl ag anghenion o ran gofal. Mae gan y Bwrdd Partneriaeth Rhanbarthol gyfrifoldeb strategol am gyflawni gwaith i integreiddio iechyd 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 iechyd a gofal cymdeithasol yn cael eu darparu i ddiwallu'r anghenion a nodwyd.

- Mae **Grŵp Cydweithredol Iechyd GIG Cymru**, a gynhelir gan Iechyd Cyhoeddus Cymru, yn anelu at wella'r cydweithio rhwng cyrff GIG Cymru, GIG Cymru a'i 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 Iechyd (ARCH)** yw meysydd iechyd, addysg a gwyddoniaeth yn cydweithio i wella iechyd, cyfoeth, sgiliau a lles pobl Dde-orllewin Cymru. Mae'n bartneriaeth rhyngom ni, Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg a Phrifysgol Abertawe, sy'n ymestyn dros chwe ardal awdurdod lleol ac sy'n gweithio gyda chyrff gofal iechyd, cyrff gwirfoddol, a chyrff cyhoeddus eraill. Ei nod yw gwella gofal iechyd trwy ymchwil, 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 Iechyd 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 Iechyd Cymuned Hywel Dda –** mae'r Bwrdd Iechyd, trwy ein tîm Gweithredol, yn cyfrannu at Strategaeth y Cyngor Iechyd Cymuned a'r Pwyllgor Cynllunio.

Elusennau Iechyd Hywel Dda

Elusennau Iechyd Hywel Dda yw elusen swyddogol Bwrdd Iechyd 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 Blynyddol 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.elusennauiechydhyweldda.org.uk/cyhoeddiadau-w

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Cydraddoldeb, amrywiaeth a hawliau dynol

Yn ystod 2018-19, rydym wedi parhau i gydweithio â'n staff, a defnyddwyr gwasanaethau, eu gofalwyr 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 hymgynghoriad 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 diweddaru 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 Blynyddol ar ein Cynllun Cydraddoldeb Strategol a'n Hamcanion ar gyfer 2019 yn rhoi enghreifftiau o waith tuag at gyflawni ein hamcanion mewn perthynas â chydraddoldeb: 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 Chynorthwywyr 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 blynyddol 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 goruchwylio 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 oruchwylio'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 diweddaru 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 acíwt 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 argymell y Bwrdd Iechyd fel lle i weithio, sydd +4% yn uwch na 2016 a +1% yn uwch na chyfartaledd Cymru.
- Roedd yna hefyd gynnydd 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 Iechyd 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 Iechyd 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 Iechyd a chyd-aelodau timau am eu hymrwymiad a'u gwasanaeth. Cyflwynodd y Cadeirydd wobr wydr a cherdyn i dros 50 o fynychwyr, yn gydnabyddiaeth am eu cyfraniad i'r Bwrdd Iechyd 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 Iechyd

Gwirfoddoli dros Iechyd yw gwasanaeth gwirfoddolwyr y Bwrdd Iechyd, 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 acíwt 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 Canser MacMillan i recriwtio gwirfoddolwyr ar gyfer y gwasanaeth hwn yn ein hysbytai, ac rydym wedi bod yn rhan o'r Fenter Iechyd 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 Iechyd.

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 Iechyd 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	
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 Mewnllygadol (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 Mewnllygadol (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 iechyd y dyfodol, a amlinellir yng Nghynllun Blynyddol 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.

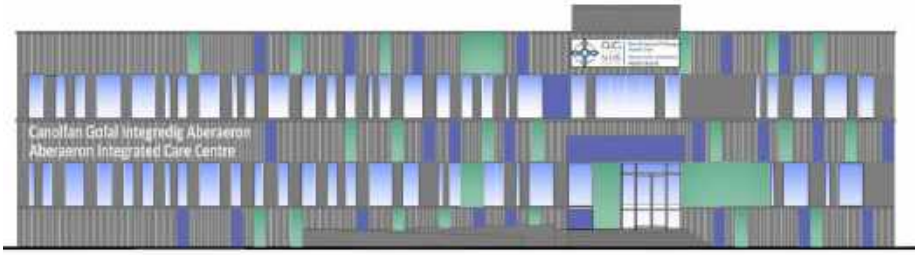
Mae gwaith eisoes yn mynd rhagddo yn y Bwrdd Iechyd i sicrhau cyllid i ddatblygu'r ystad gofal cymunedol a sylfaenol, a hynny trwy lunio rhestr o gynlluniau â blaenoriaeth i fynd i'r afael â'r diffygion presennol. Mae'r hyn sydd yn yr arfaeth o ran gofal sylfaenol yn cynnwys y cynlluniau canlynol:

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 acíwt, 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 Llwynhelyg

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 Lolfa 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 Cemotherapi 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 gofalwyr 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 Llwynhelyg.
- Gwaith adnewyddu bach, Ward 3, Ysbyty Cyffredinol Llwynhelyg.
- Darparu toiled cleifion, Uned Gofal Coronaidd, Ysbyty Cyffredinol Llwynhelyg.
- Darparu ystafell feddyginiaethau, Uned Gofal Coronaidd, Ysbyty Cyffredinol Llwynhelyg.
- Darparu swyddfeydd, Bloc 2, Ysbyty'r Tywysog Philip.
- Ailwampio'r Ganolfan Addysg, Ysbyty Cyffredinol Llwynhelyg.
- 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 Llwynhelyg.

Prosiectau seilwaith/statudol

- Adnewyddu unedau trin aer, Ysbytai Cyffredinol Bronglais a Llwynhelyg.
- Adnewyddu unedau oeri, Ysbytai Cyffredinol Bronglais a Llwynhelyg.
- Adnewyddu toiledau menywod, Adran Cleifion Allanol, Ysbyty Cyffredinol Glangwili.
- Gwella'r Cod Tân, Cam 1, Ysbyty Cyffredinol Glangwili.
- Amnewid pibell wresogi, Hafan Derwen.
- Gwaith cydymffurfio o ran clefyd y llengfilwyr, Ysbyty Cyffredinol Llwynhelyg.

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/m^2 y flwyddyn

Ein hystad

Mae ystad ein Bwrdd Iechyd 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 m^2.

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 hŷn y Bwrdd Iechyd, a bydd yn darparu gostyngiad sylweddol yng nghyfanswm ôl-groniad cyffredinol y Bwrdd Iechyd. 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 Iechyd Aberteifi – sy'n gysylltiedig â'r datblygiad newydd yn Aberteifi.
- Clinig Stryd yr Afon – sy'n gysylltiedig ag ailddatblygu Pen-lan.
- Canolfan Iechyd Cross Hands – sy'n gysylltiedig â Chanolfan Iechyd a Llesiant arfaethedig Cross Hands

Caffaeliadau

Caffaeliadau Lesddaliadol – 2018-19:

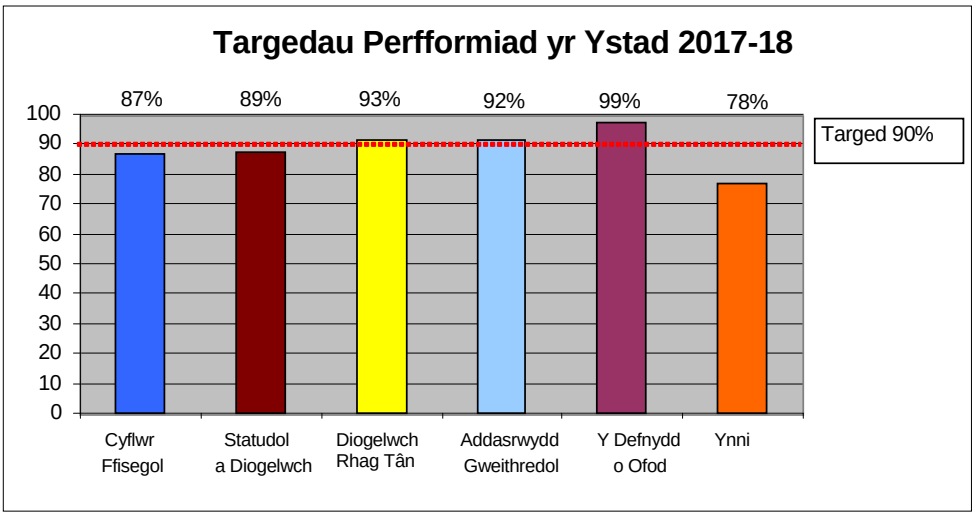
- Bloc 14 Parc Dewi Sant Caerfyrddin – wedi'i gaffael i letya'r Adran Gyllid yn ganolog.

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 Iechyd 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, arlwyo a rheoli ynni. Mae'r costau rhedeg cyfartalog o ran safleoedd cyfleusterau cyffredinol ledled yr ystad yn cyfateb i £171/m^2 yn 2017-18 (£159/m^2 yn 2016-17, £151/m^2 yn 2015-16, £153/m^2 yn 2014-15, £156/m^2 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 acíwt, 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 peirianneg 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 arlwyo, 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 – Arlwyo

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 chyngor 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 acíwt 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 Arlwyo

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 arlwyo 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 arlwyo yn parhau i weithio tuag at Safonau Maeth ac Arlwyo Cymru Gyfan ar gyfer Bwyd a Diod i Gleifion Preswyl mewn Ysbytai a Fframwaith Bwydlenni Cymru Gyfan. Mae'r olaf yn sail i welliannau parhaus ym maes arlwyo ledled GIG Cymru, ac yn cefnogi gwerth gorau ar yr un pryd.

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 gwisgoedd 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 Blynyddol yr Is-bwyllgor Iechyd a Diogelwch a Chynllunio rhag Argyfwng.

Gwaith a Wnaed yn 2018-19

Mae'r Cynllun Gwaith Blynyddol 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 Iedled y Bwrdd Iechyd

Mae'r Bwrdd Iechyd wedi gweithredu Cynllun Gwaith Blynyddol, 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.

Polisïau/Gweithdrefnau

Ysgrifennwyd/adolygwyd y Polisïau/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 Iechyd 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 Iechyd.

Rheoli Diogelwch

Strategaeth atal

O ran strategaeth Gwrthderfysgaeth y Llywodraeth, mae Rheolwr Diogelwch ac Achosion y Bwrdd Iechyd yn parhau i gynrychioli'r Bwrdd Iechyd 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 Iechyd 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 Iechyd, 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 throseddu difrifol a chyfundrefnol. Yn rhan o'r agenda estynedig hon, gofynnwyd i'r Bwrdd Iechyd 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 Blynyddol 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 gwaethygu'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 Blynyddol 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 Iechyd 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 Iechyd Llywodraeth Cymru wedi ei adolygu o ran sicrwydd. Ynghyd â'n cynlluniau brys cysylltiedig eraill, mae'n manylu ar ein hymateb i amrywiaeth o sefyllfaoedd a'r modd yr ydym yn bodloni'r dyletswyddau statudol ac yn cydymffurfio â Deddf Argyfyngau Sifil Posibl 2004. Yn y Ddeddf, dosberthir y Bwrdd Iechyd yn ymatebwr categori un i argyfyngau. 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 bargen, 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 cydlynu 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 cynulliadau torfol a pharodrwydd ar gyfer yr annisgwyl. Roedd nifer o areithiau nodedig proffil uchel wedi galluogi cynadleddwyr i ystyried natur gymhleth y risgiau sy'n gysylltiedig â chynulliadau 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.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Adroddiad ar Berffomiad 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.

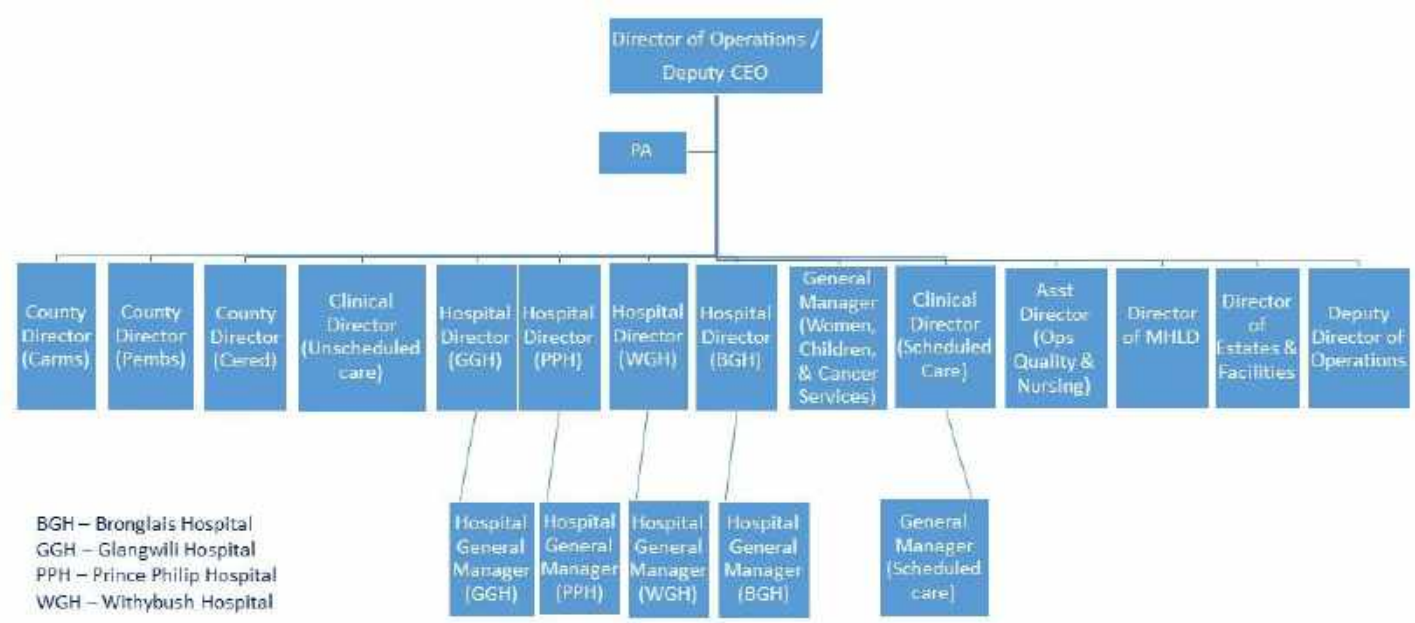
Our focus during 2018/19 has been to work jointly with our staff, service users, carers and other key stakeholders, ensuring a process of continuous engagement, appropriate consultation and monitoring. We aim to ensure that no-one is disadvantaged when accessing our services or in our employment and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

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 establish 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 response 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	✗
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	✗
% of universal mortality reviews undertaken within 28 days of a death	Annual improvement	Mar-19	87.1%	↑	95%	✗
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%	✗
% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend	Dec-18	84.1%	↑	95%	✗
% 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%	✗

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

Despite the Health Board being unable to achieve the 95% national target during the year, the performance trend has improved and there are some positives with both Bronglais and Withybush General Hospitals achieving the 95% target on a number of occasions. The lack of coders (estimated 5.0 Whole Time Equivalent) makes the 95% target unachievable on a monthly basis. The predominant issues are in Glangwili and Prince Philip Hospitals where the number of coders is insufficient to manage the level of monthly coding activity. The aim in 2019/20, with current staffing levels, is for the Health Board to regularly achieve around 80% to 85% on a monthly basis with Bronglais and Withybush 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 ≥ 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	✓
Stroke - Thrombolysed with a door to needle time (<= 45 mins)	12 month improvement trend	Mar-19	33.3%	↓	12 month improvement trend	✗
% newly diagnosed with cancer, not via urgent route, started def treat <31 days of diagnosis	12 month improvement trend	Mar-19	95.8%	↓	98%	✗
% newly diagnosed with cancer, via urgent route, started def treat <62 days of referral	12 month improvement trend	Mar-19	84.2%	↓	95%	✗

Stroke

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

Cancer

Whilst the timeliness of treatments offered to newly diagnosed patients with cancer in Hywel Dda via the urgent suspected cancer (USC) and non-urgent suspected cancer (NUSC) routes have generally compared well with other Health Boards across Wales, performance has shown a decline during Quarter 4 due to the impact of treatment delays in the tertiary cancer centres and local capacity pressures within key diagnostic services. To improve performance a variety of actions are being progressed including recruitment to key vacancies (both in Hywel Dda and in the tertiary centres), commissioning of additional activity to supplement existing capacity (eg Dermatology) and continued escalation of delays with tertiary centre providers. In 2019/20 the service aims to re-establish performance levels in excess of 90% for the USC pathway and 98% for the NUSC pathway. In addition, the Health Board will also implement 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%	✗
Number ambulance handovers over one hour	12 month improvement trend	Mar-19	407	↓	0	✗
% of patients spend < 4 hours in emergency care from arrival until admit, transfer or discharge	12 month improvement trend	Mar-19	81.7%	↓	95%	✗
Number patients spent >=12 hrs in emergency care from arrival until admit, transf or discharge	12 month improvement trend	Mar-19	948	↓	0	✗
% 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 met 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	✗
Number calls to Wales dementia helpline by Welsh res per 100,000 of population (age 40+)	4 quarter improvement trend	Q4 2018/19	13.7	↑	4 quarter improvement trend	✓
Number of calls to the DAN 24/7 helpline by Welsh residents per 100,000 of population	4 quarter improvement trend	Q4 2018/19	25.8	↑	4 quarter improvement trend	✓
% of HB residents in receipt of secondary MH services (all ages) who have a valid CTP	12 month improvement trend	Mar-19	91.1%	↓	90%	✓
% of HB residents sent their outcome assessment report within 10 working days after assessment	12 month improvement trend	Mar-19	100.0%	↑	100%	✓

Equality and good relations

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

Homeless and vulnerable groups

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

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

Communications for people with sensory loss

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

‘More Than Just Words’

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

Calls to helplines (CALL, dementia helpline and DAN)

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

Mental health

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

Our Staff and Resources

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

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

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

Patients who did not attend (DNA)

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%	✗
% compliance for all completed Level 1 comps within Core Skills & Training Framework	12 month improvement trend	Dec-18	78.6%	↑	85%	✗
% 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	✗

Staff performance appraisals

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

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

Core skills and training

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

Helpful appraisals for staff

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

Staff engagement

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

Care for friends and family

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

Staff sickness

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

Long term expenditure trend

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

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

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

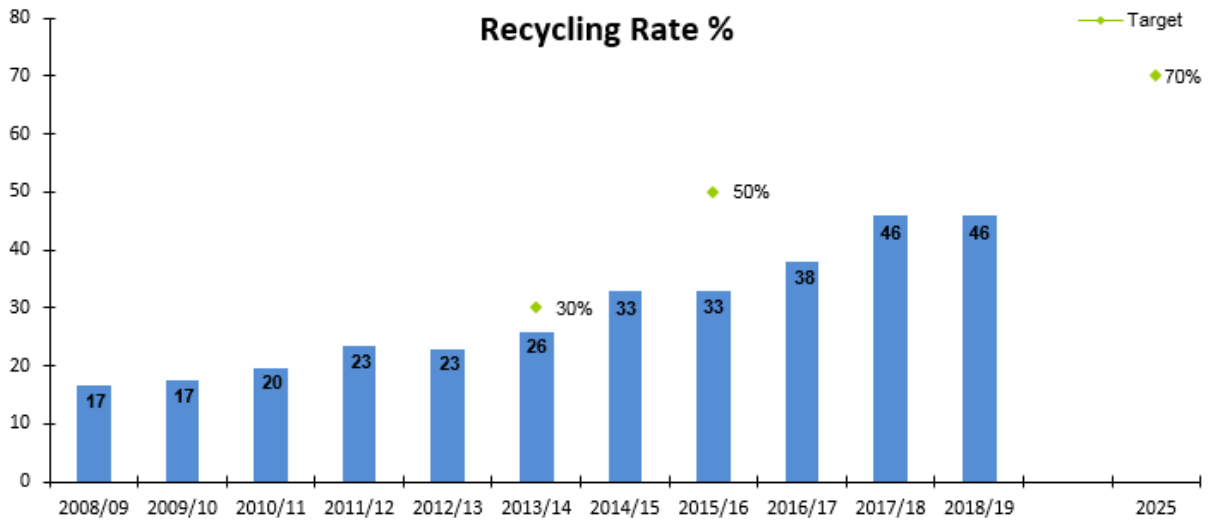
Business mileage is now over 8 million miles per annum. Use of fuel efficient pool cars however has increased, up 40% on last year, as more vehicles are added to the fleet. An assessment is underway to determine the feasibility of a phased introduction of electric pool cars and charging points for fleet,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

Greenhouse Gas Emissions		2016-17	2017-18	2018-19
Non Financial Indicators (1000 tCO_2e)†	Total Gross Emissions	24.272	23.621	21.5
	Gross Emissions Scope 1 from Gas and Oil	15.346	15.528	14.05
	Gross Emissions Scope 2 & 3 from electricity and business mileage	8.926	8.093	7.45
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 (m^3)	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

Adroddiad Atebolrwydd 2018/2019

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Adroddiad Llywodraethu Corfforaethol 2018/2019

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Datganiad Llywodraethu Blynyddol 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.

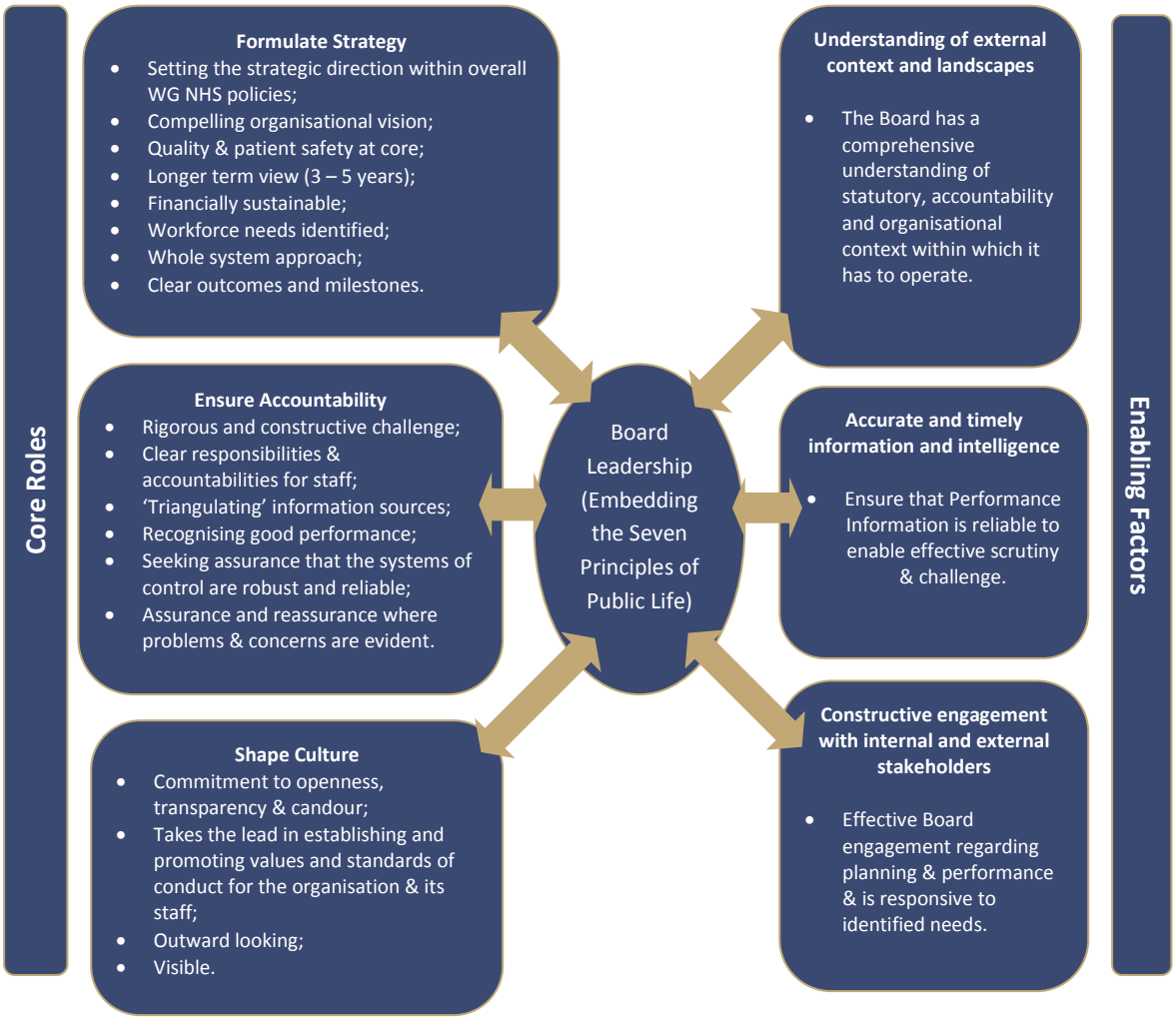
The HB has remained at the “Targeted Intervention” level of the NHS Wales Escalation and Intervention arrangements throughout the year, with no further escalation. The rationale for the HB remaining at Targeted Intervention level is reported regularly to both The Board and the Audit and Risk Assurance 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	

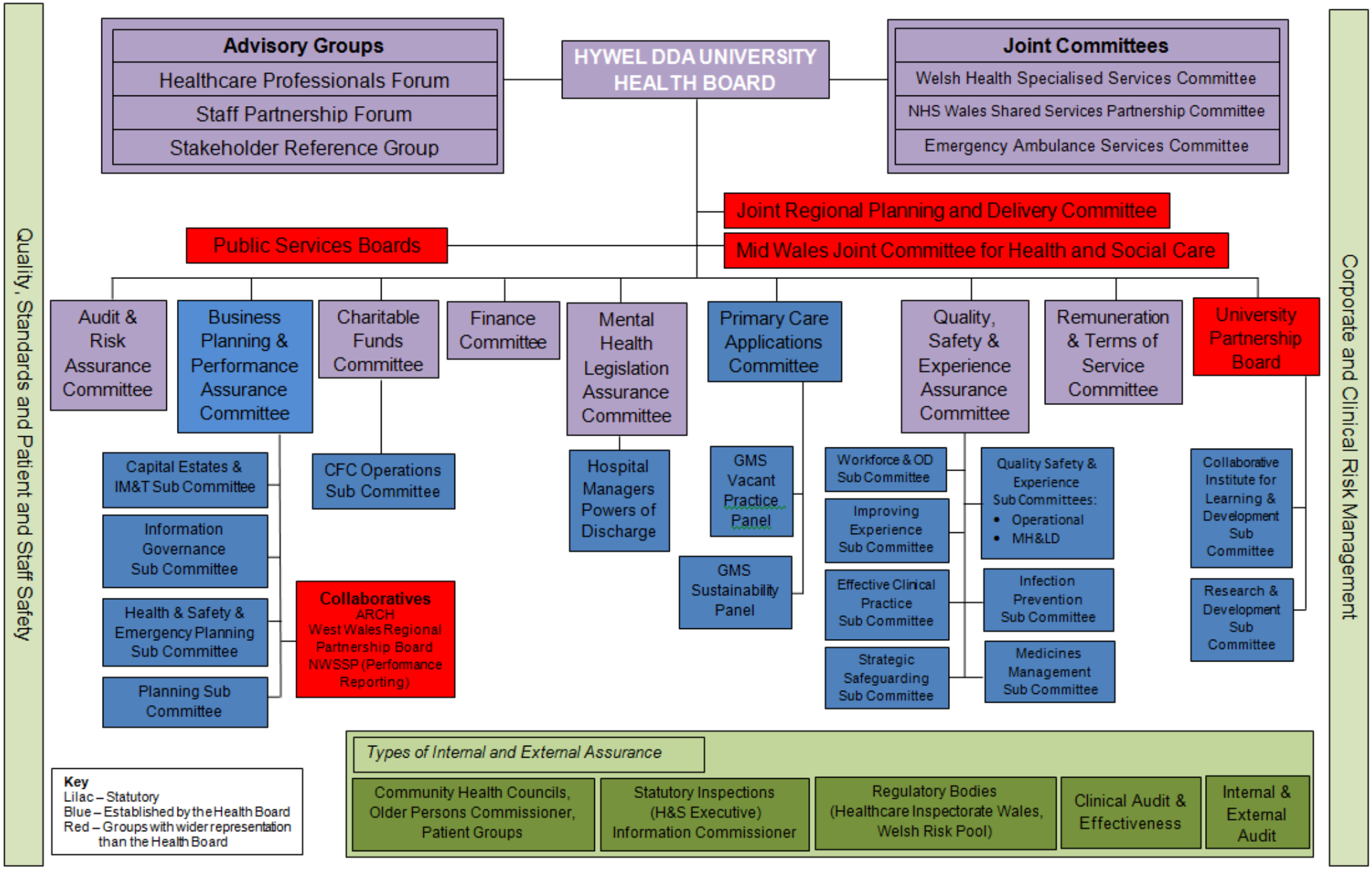
The Board and its Committees

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:


Quality, Standards and Patient and Staff Safety
Advisory Groups
Healthcare Professionals Forum
Staff Partnership Forum
Stakeholder Reference Group
HYWEL DDA UNIVERSITY HEALTH BOARD
Joint Committees
Welsh Health Specialised Services Committee
NHS Wales Shared Services Partnership Committee
Emergency Ambulance Services Committee
Joint Regional Planning and Delivery Committee
Public Services Boards
Mid Wales Joint Committee for Health and Social Care
Audit & Risk Assurance Committee
Business Planning & Performance Assurance Committee
Charitable Funds Committee
Finance Committee
Mental Health Legislation Assurance Committee
Primary Care Applications Committee
Quality, Safety & Experience Assurance Committee
Remuneration & Terms of Service Committee
University Partnership Board
Capital Estates & IM&T Sub Committee
Information Governance Sub Committee
Health & Safety & Emergency Planning Sub Committee
Planning Sub Committee
CFC Operations Sub Committee
Collaboratives
ARCH
West Wales Regional Partnership Board
NWSSP (Performance Reporting)
Hospital Managers Powers of Discharge
GMS Vacant Practice Panel
GMS Sustainability Panel
Workforce & OD Sub Committee
Improving Experience Sub Committee
Effective Clinical Practice Sub Committee
Strategic Safeguarding Sub Committee
Quality Safety & Experience Sub Committees:
• Operational
• MH&LD
Infection Prevention Sub Committee
Medicines Management Sub Committee
Collaborative Institute for Learning & Development Sub Committee
Research & Development Sub Committee
Corporate and Clinical Risk Management
Key
Lilac – Statutory
Blue – Established by the Health Board
Red – Groups with wider representation than the Health Board
Types of Internal and External Assurance
Community Health Councils, Older Persons Commissioner, Patient Groups
Statutory Inspections (H&S Executive) Information Commissioner
Regulatory Bodies (Healthcare Inspectorate Wales, Welsh Risk Pool)
Clinical Audit & Effectiveness
Internal & External Audit

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:

HB Wide Issues (Approval)	• 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.

	• 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 – - 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.

	• 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)	• 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.

	• 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	• 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	• 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	• 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.

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 breech 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 UBP 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

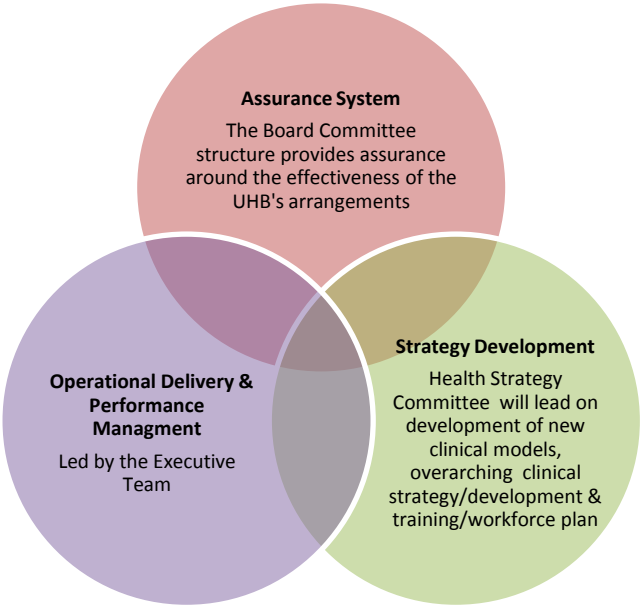
In addition to the above, the WHSCC (Wales) Regulations 2009 (SI 2009 No. 3097) made provision for the constitution of a 'Joint Committee'. This Committee comprises all the Welsh Local Health Boards and is a Committee of each Board, with the HB being represented by the

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

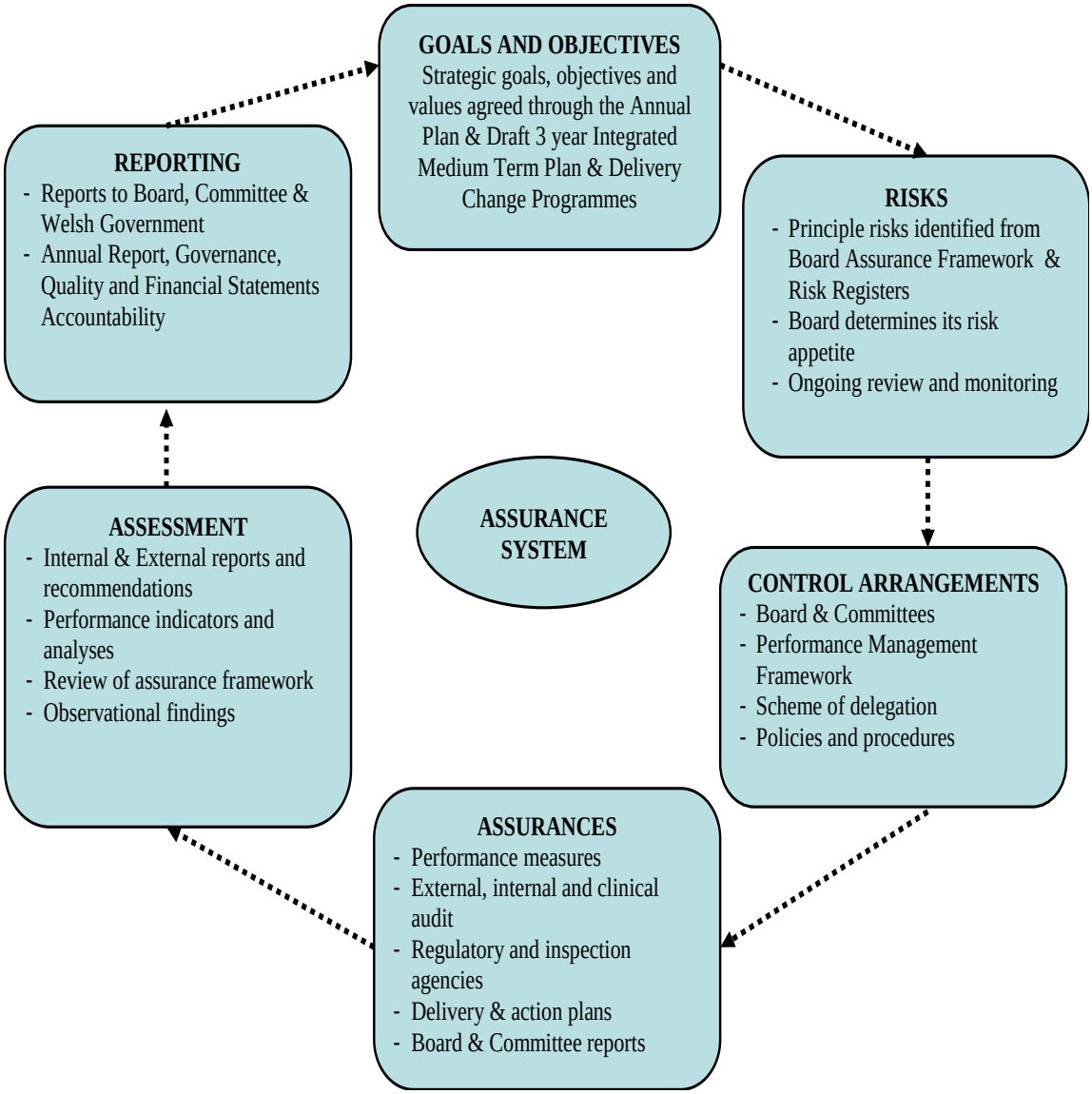
The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

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

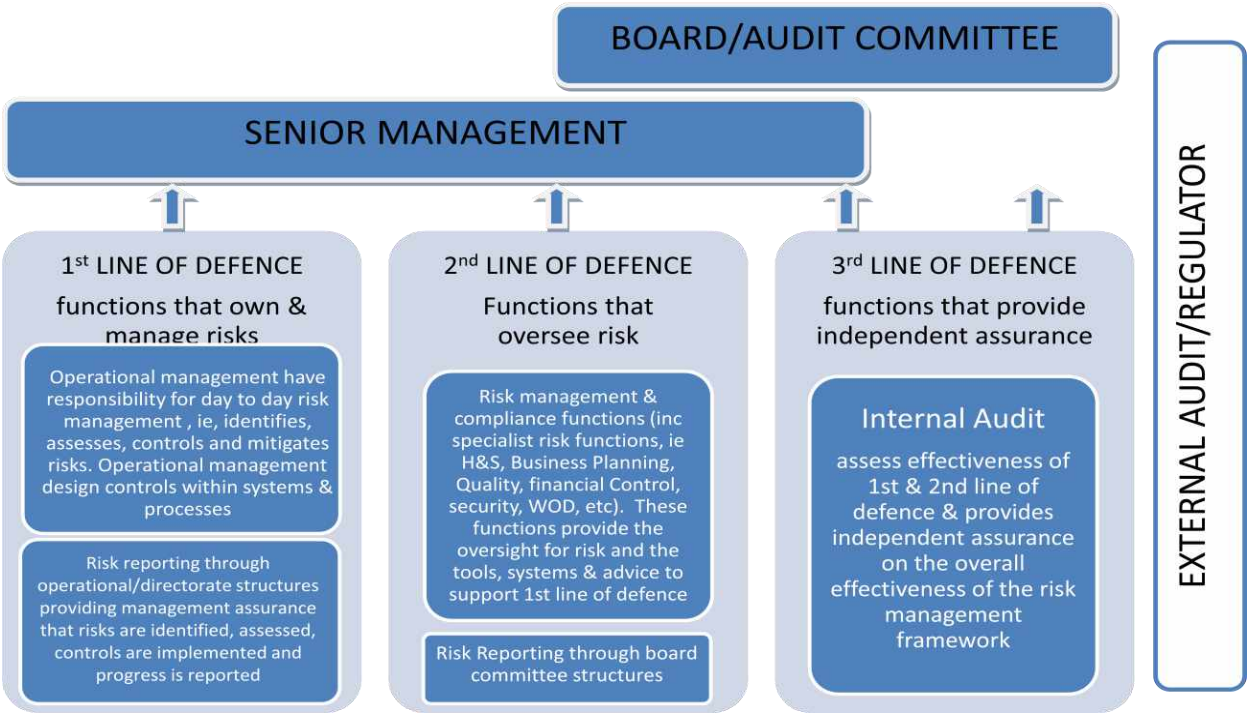
The HB acknowledges that delivery of healthcare services carries inherent risk. This is compounded by delivering healthcare across the large geographical area of Hywel Dda, meeting the needs of its demographic profile and staying within its financial allocation. Over the last year, the HB has continued 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.

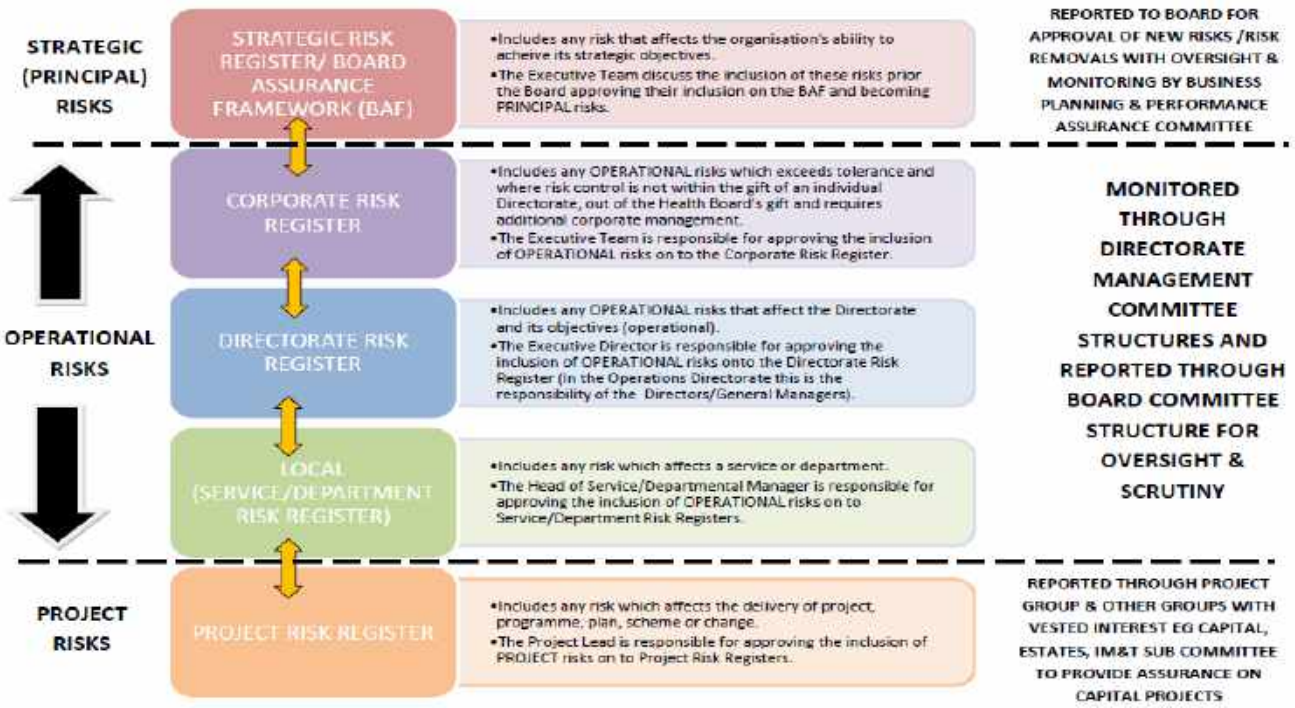
Risk Management Procedure & Protocols

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					
NEGLIGIBLE 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:

Reporting to provide

assurance

BOARD

- Overall responsibility for risk management
- Approve framework and strategy for risk
- Determine its risk appetite to underpin strategy, decision making and the allocation of resources, and ensure the right focus on risk management and reporting within the organisation
- Set the Health Boards tolerance for risk and deciding what level of risk is acceptable
- Agree strategic objectives and reviews the Board Assurance Framework (*6 monthly*)
- Review the Corporate Risk Register (6 monthly)

EXECUTIVE TEAM (every formal ET)

- Discuss and agree risks for inclusion on CRR and those to be de-escalated
- Consider risks escalated from Performance Reviews which could affect achieving the HB's corporate/annual objectives for inclusion on CRR
- Develop risk management strategies for the more challenging risks that threaten the Health Board's corporate/annual objectives/operations.
- Use risk information from performance reviews to inform prioritisation of resources, decision-making, feed into different business processes, i.e. budget planning, capital planning, etc

ARAC

- Seek assurance on the effectiveness of the risk management processes & framework of internal control
- Recommend Board approval of the Risk Management Framework & Strategy
- Agree internal and external audit plans to gain assurances on the controls in the BAF/CRR
- Oversight of the adequacy of assurance of principal risks and ensuring Internal Audit Plan is aligned to BAF/CRR
- Seek assurance of management of risks exceeding appetite and tolerance on the CRR

BOARD COMMITTEES

- Seek assurance on the management of principal risks on the BAF/CRR and provide assurance to the Board that risks are being managed effectively & report areas of significant concern, eg, where risk appetite is exceeded, lack of action.
- Review principal and operational risks over tolerance & where appropriate recommend the 'acceptance' of risks that cannot be brought within the HB's risk appetite/ tolerance
- Provide annual reports to ARAC on the effectiveness of the risk management process and management of risks within its remit
- Identity through discussions any new/emerging risks & ensure these are assessed by management
- Signpost any risks out of its remit to the appropriate HB Committee/Sub-Committee/Group
- Use risk registers to inform meeting agendas

PERFORMANCE REVIEWS

- Enable Executive oversight of risks in respect of corporate/annual objectives, strategic objectives & operational delivery and compliance
- Provide a conduit of escalation for risks that cannot be managed within directorate resources
- Identity through discussions any new/emerging risks & ensure these are assessed by management

DIRECTORATE RISK MANAGEMENT

- Identify, assess and control risks
- Have process in place for escalation/de-escalation of service/directorate risks
- Prepare & maintain up to date directorate risk register
- Monitor & review directorate risks, including the controls and management action, in line with guidance
- Use directorate risk register to inform decision-making, agree priorities and allocation of resources

SUB-COMMITTEES

- Scrutinise operational risks within their remit either through receiving the standard operational risk report, Service Reports or Assurance Reports
- Gain assurance that the risks are being appropriately managed, effective controls are in place and planned additional controls are being implemented
- Identity through discussions new risks emerging risks & ensure these are assessed by management
- Provide assurance to parent Committee that risks are being managed effectively and report risks which have exceeded tolerance through Update Reports
- Signpost any risks out of its remit to the appropriate HB Committee/Sub-Committee/Group
- Use risk registers to inform meeting agendas

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 (NIIAS) 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 NIIAS 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.

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 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	The following recommendations are outstanding: R1 – Should consider a wider security awareness programme. R2, R3 & R4 – Work with leads at South Pembrokeshire Hospital, Bro Cerwyn and Amman Valley Hospital to coordinate the

Subject	Issue	Action
	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.	resolution of weaknesses identified in the security assessment, where necessary drawing on assistance from specialist departments such as Estates and Facilities. 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.
Operational Service and Functional Management Domain		
Records Management February 2019	• 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 *Access to Health Records Policy* does not reference the introduction of new legislation. • 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	The following actions are outstanding: • 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). Whilst some timescales have slipped, recommendations should be delivered by September 2019.

Subject	Issue	Action
	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.	
National Standards for Cleaning Follow-Up April 2019	• 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 onto C4C. • 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.	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.

Subject	Issue	Action
Capital and Estates Management		
Water Management April 2019	• 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 with the Water Safety Plan.	All the recommendations have been agreed by management and are being implemented in accordance with the timescales agreed in the management action plan. A follow up has been included in the internal audit plan for 2019/2020.
Workforce management		
PADRs May 2019	• 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.

Subject	Issue	Action
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 it 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 it 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		• Board (Chair) • Remuneration & Terms of Service Committee (Chair) • University Partnership Board	8/8 2/3 1/4	• Unscheduled Care
Judith Hardisty	Vice Chair	Mental Health Primary Care & Community Services	• 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	• Carers
Judith Hardisty	Interim Chair		• Board (Chair)	1/1	• Unscheduled Care
Julie James until April 2018	Independent Member	Third Sector	• 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	• NHS (Concerns; Complaints and Redress Arrangements (Wales)
Anna Lewis	Independent Member	Community	• Board • Charitable Funds Committee • Quality, Safety & Experience Assurance Committee • Primary Care Applications Committee	8/9 2/4 5/5 4/5	• Public and Patient involvement
Professor John Gammon	Independent Member	University	• 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
			• 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 • Children, Young People & Maternity Services • Nutrition & Hydration • NHS Concerns complaints and redress arrangements
Mike Lewis	Independent Member	Finance	• 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	• 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		• Board • Finance Committee • Remuneration & Terms of Service Committee	9/9 6/7 3/3	• Time to Change Wales Mental Health
Joe Teape	Deputy Chief Executive Officer/ Director of Operations		• 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	• Delayed Transfers of Care • Sustainable Development • Security • Fire Safety
Karen Miles	Executive Director of Planning, Performance & Commissioning		• 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
			Experience Assurance Committee • University Partnership Board	2/4	
Stephen Forster (until September 2018)	Executive Director of Finance		• 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		• 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		• Board • Business Planning & Performance Assurance Committee • Quality, Safety & Experience Assurance Committee • University Partnership Board	9/9 5/6 6/6 3/4	• Violence & Aggression • Children's Act 2004 • Children Young People and maternity services
Jill Paterson	Director of Primary Care, Community and Long Term Care		• 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		• 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
			• University Partnership Board	3/4	
Lisa Gostling	Executive Director of Workforce & Organisational Development		• 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		• Board • Business Planning & Performance Assurance Committee • Quality, Safety & Experience Assurance Committee • University Partnership Board	9/9 3/6 6/6 1/4	• Emergency Planning
Sarah Jennings	Director of Partnerships & Corporate Services		• 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	• Public Patient Involvement
Joanne Wilson	Board Secretary		• 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		• Board • Business Planning & Performance Assurance Committee • Quality, Safety & Experience Assurance Committee • University Partnership Board	9/9 5/6 5/6 4/4	• Patient Information
Andrew Carruthers	Turnaround Director		• 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 Practitoners 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

Risk 626 Failure to realise all the efficiencies and opportunities from the Turnaround Programme		
Current Risk Score: 20	Target Risk Score: 8	Tolerable Risk Level: 8
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.		

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

Risk 628 Fragility of therapy provision across acute and community services		
Current Risk Score: 16	Target Risk Score: 16	Tolerable Risk Level: 8
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.		

Risk 624 Ability to maintain and address backlog maintenance and develop infrastructure to support long term strategic objectives		
Current Risk Score: 16	Target Risk Score: 16	Tolerable Risk Level: 6
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.		

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

Risk 451 Cyber Security Breach		
Current Risk Score: 20	Target Risk Score: 12	Tolerable Risk Level: 6
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.		

Risk 245 Inadequate facilities to store patient records and investment in electronic solution for sustainable solution		
Current Risk Score: 20	Target Risk Score: 4	Tolerable Risk Level: 6
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.		

Risk 634 Overnight theatre provision in Bronglais General Hospital		
Current Risk Score: 15	Target Risk Score: 5	Tolerable Risk Level: 6
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.

Risk 508 Insufficient resources in fire safety management to undertake appropriate PPMs, risk assessments and audits		
Current Risk Score: 15	Target Risk Score: 5	Tolerable Risk Level: 6
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.		

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 Withybush 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 Ward10 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 it 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.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Adroddiad y Cyfarwyddwyr 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 01.03.2019	31.03.2020	Vice Chair Interim Chair
Paul Newman	01.04.2017 (Independent Member) 06.03.2019 (Interim Vice Chair)	31.03.2019	Independent Member 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, 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	No	No	Chair, Welsh Branch of Healthcare Financial Management	Chair, Welsh Branch of Healthcare Financial Management	No	Partner works in the Social Services Department of

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		December 2018 (no remuneration received for this, purely a voluntary role)			Association (voluntary and not remunerated)	Association (voluntary and not remunerated)		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 Operations	No	No	No	No	No	Chartered Institute of Public Finance Accountancy Healthcare Financial Management Association – Fellowship and thus free lifetime membership	No
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	

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							Independent Member Audit Committee Local Democracy Boundary Commission Wales Trustee of the National Botanic Garden of Wales Member of Court Swansea University Member of Pembrokeshire Coast National Park Authority (from 01.06.17) Member of Court University of Luton Non-Exec Director of WG Dept for Education and Local Government Corporate Governance Committee Trustee of Brecon Beacons Trust External Voting Member of Carmarthenshire County Council Audit Committee (from 08.06.2016) Member of Carmarthenshire County Council's Standards Committee (from 13.12.2017)	
Karen Miles	Director of Planning, Performance & Commissioning	No	No	No	No	No	No	Brother is an Associate Professor, Swansea University Medical School and CEO, Moleculomics Sister is a Development officer for

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
								Centre for Excellence in Rural Health & Social Care Sister in law is an Associate Professor in Information Systems, University of Wales Trinity Saint David
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
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	No	Independent Member, South Wales Police	Wife works for Cwm Taf University Health

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
					registered charity whose beneficiaries are exclusively in former soviet countries		Audit Committee Independent Member, South Wales Police Ethics Committee Independent Member, City & County of Swansea Standards Committee Senior Assessor with the College of Policing (ends March 2019)	Board, but has no connection with Hywel Dda University Health Board Son is a Clinical Scientist at Velindre 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 Maysouth Ltd Flowlong Ltd Lonpark Ltd Leapgold Ltd Magnetrade Ltd	No	No	No	No	No	No
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	No

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							of Medical Leadership & Management (FMLM) Council (Welsh lead for FMLM)	
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 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	Vice Chair , Pembrokeshire County Council Magistrate, Pembrokeshire-Ceredigion Bench Member of the Court of Swansea University Member of Neyland Town Council	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
						Society Chair of the Veterans in Community Gallery Board	Mayor of Neyland	
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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Adroddiad ar Gydnabyddiaeth Ariannol a Staff 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 Manger (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

2017-2018

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

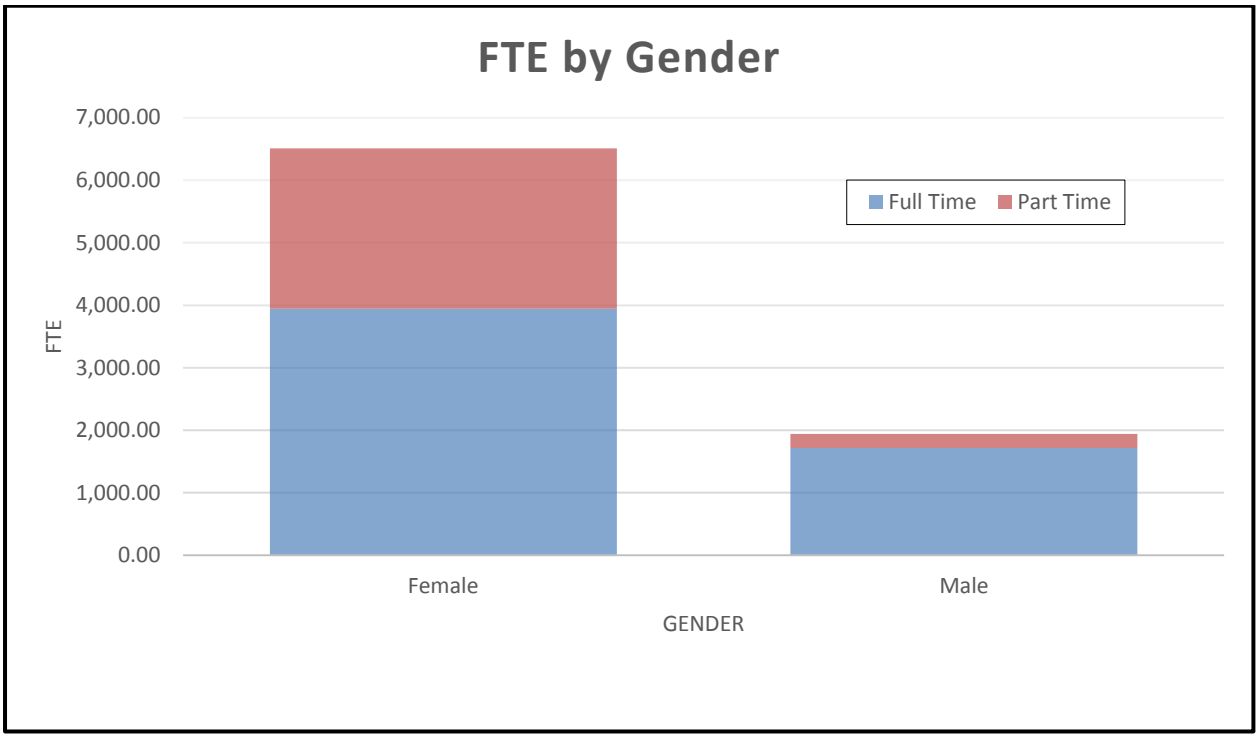
Staff Composition

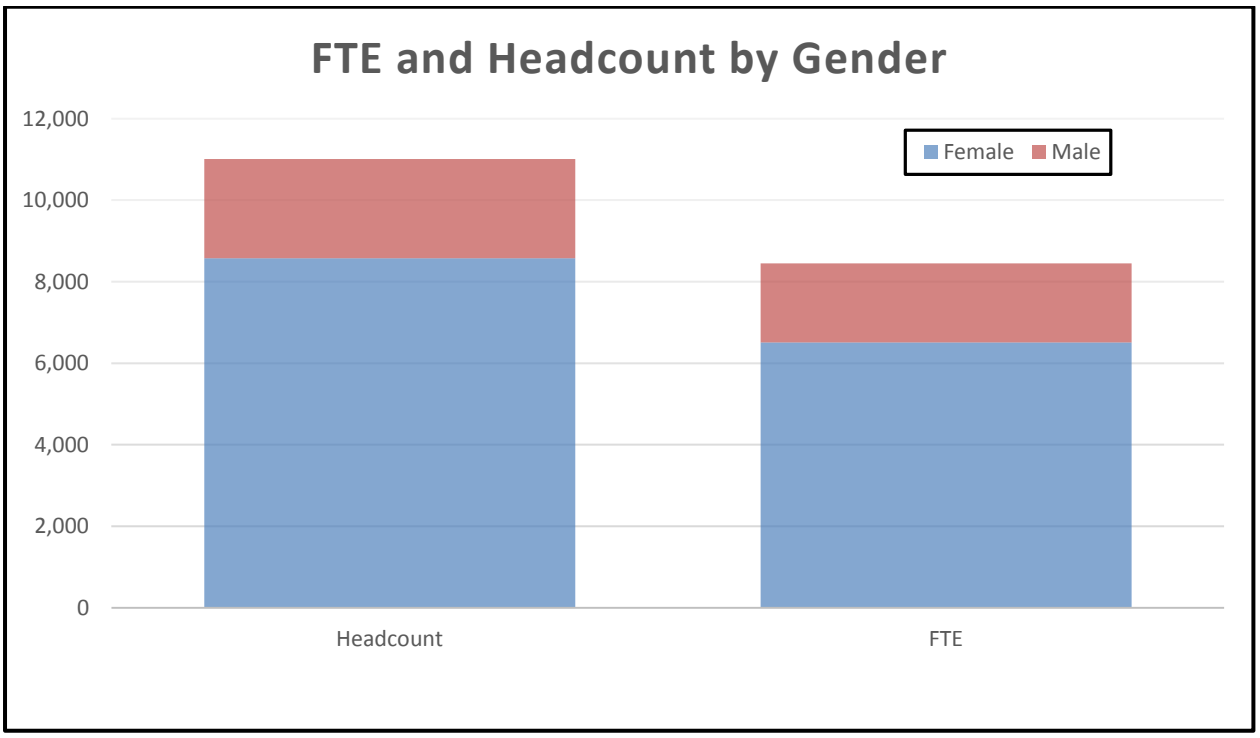
Staff Composition 31.03.2019

	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 though 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

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Datganiad o Gyfrifoldebau'r Swyddogion Atebol 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 CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Cyfrifon Blynyddol 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	2017-18
	£'000	£'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

	Notes	31 March 2019 £'000	31 March 2018 £'000
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

	notes	2018-19 £'000	2017-18 £'000
Cash Flows from operating activities			
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 FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the entity or the asset which would prevent access to the market at the reporting date. If the LHB could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current
value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

Subsequent expenditure
Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated, NHS bodies are required to get all All Wales Capital Schemes that are completed in a financial year revalued during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

1.7 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the LHBs business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the LHB; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to use the intangible asset
- how the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8 Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the LHB expects to obtain economic benefits or service potential from the asset. This is specific to the LHB and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the LHB checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

1.9 Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from 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.
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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 reponsible, 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**
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)

3.2 Expenditure on healthcare from other providers

	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 £'000	2017-18 £'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

Increase/(decrease) in provision for future payments:	2018-19 £'000	2017-18 £'000
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	2017-18
	£000	£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	2017-18
	£000	£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	2017-18
	£000	£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**	2017-18
	£000	£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**

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 Ancilliary	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

Exit packages cost band (including any special payment element)	2018-19 Number of compulsory redundancies	2018-19 Number of other departures	2018-19 Total number of exit packages	2018-19 Number of departures where special payments have been made	2017-18 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**

Exit packages cost band (including any special payment element)	2018-19 Cost of compulsory redundancies	2018-19 Cost of other departures	2018-19 Total cost of exit packages	2018-19 Cost of special element included in exit packages	2017-18 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	**2018-19**	2017-18	2017-18
NHS	**Number**	**£000**	Number	£000
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**
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 . LHB s 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 whih as 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) Bulidings	£ 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**

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**
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 2019 £000	31 March 2018 £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 2019 £000	31 March 2018 £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 2019 £000	31 March 2018 £000	**31 March 2019 £000**	31 March 2018 £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 £000	2017-18 £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

	Current		Non-current	
Financial liabilities	**31 March 2019 £000**	31 March 2018 £000	**31 March 2019 £000**	31 March 2018 £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
Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
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
Current	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
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

Provisions have not been made in these accounts for the following amounts :	**2018-19 £'000**	2017-18 £'000
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 £'000	2017-18 £'000
Guarantees	0	0
Indemnities	536	266
Letters of Comfort	0	0
Total	**536**	**266**

21.3 Contingent assets

	2018-19 £'000	2017-18 £'000
	0	0
	0	0
	0	0
Total	**0**	0

22. Capital commitments

Contracted capital commitments at 31 March	2018-19 £'000	2017-18 £'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

Cases exceeding £300,000	Case type	**Amounts paid out in year** £	**Cumulative amount** £	**Approved to write-off in year** £
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

24.1 Finance leases obligations (as lessee) continue

Amounts payable under finance leases:

Buildings	**31 March 2019**	31 March 2018
Minimum lease payments	**£000**	£000
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

Other	**31 March 2019**	31 March 2018
Minimum lease payments	**£000**	£000
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

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	31 March 2018
Gross Investment in leases	**£000**	£000
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
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	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

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	31 March 2018
	£000	£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	**0**	0

The LHB is committed to the following annual charges

	31 March 2019	31 March 2018
PFI scheme expiry date:	**£000**	£000
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	**0**	0

The estimated annual payments in future years will vary from those which the LHB is committed to make during the next year by the impact of movement in the Retail Prices Index.

25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	**Number of off SoFP PFI contracts**
Number of PFI contracts	0	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

PFI Contract	**On / Off-statement of financial position**
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 £000	2017-18 £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 £000	2017-18 £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	Spice Innovations Ltd
		Visiting Senior Lecturer	Swansea University
Julie James	Independent Member	Health Assessor	Welsh Government Health and Wellbeing at Work Corporate Standard
		Trustee	National Botanic Garden of Wales
		Member of Court	Swansea University
		Non-Executive Director	Welsh Government Dept for Education and Local Government & Communities
		External Voting Member	Carmarthenshire County Council Audit Committee
		Member	Carmarthenshire County Council's Standards Committee
Michael Hearty	Associate Member	Finance Advisor	Betsi Cadwaladr Health Board
		Non-Executive Director	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
		Member	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 £'000s	Creditor @ 31-Mar-19 £'000s	Income @ 31-Mar-19 £'000s	Expenditure @ 31-Mar-19 £'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

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 July 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Mental Health Legislation Assurance Committee Annual Report 2018/19
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Paul Newman, Chair, Mental Health Legislation Assurance Committee
SWYDDOG ADRODD: **REPORTING OFFICER:**	Joe Teape, Deputy Chief Executive Officer, Director of Operations

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to present the Mental Health Legislation Assurance Committee's Annual Report for 2018/19. The Annual Report outlines how the Mental Health Legislation Assurance Committee has complied with the key responsibilities set through its terms of reference and also identifies key areas of work intended to provide further assurance that the Committee's terms of reference are being adequately discharged.

Cefndir / Background

The UHB's Standing Orders and terms of reference for the Mental Health Legislation Assurance Committee (MHLAC) require submission of an Annual Report with the intention of outlining the work of the Committee and to identify how it has fulfilled the duties required of it.

Whilst the Board retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its patients, service users, staff and the wider public, it has delegated authority to the Committee to undertake functions as set out within the Terms of Reference of the Committee.

In respect of its provision of advice to the Board, the Mental Health Legislation Assurance Committee is required to:

- Review reports from Healthcare Inspectorate Wales visits, the Delivery Unit and other external scrutiny bodies and approve the action plans for monitoring through its sub-committee structure;
- Review the Mental Health & Learning Disabilities Risk Register bi-annually to ensure that risks relating to compliance with mental health legislation are being appropriately managed by the Mental Health Legislation Scrutiny Group;
- Receive Mental Health Legislation Scrutiny Group updates;
- Consider issues arising from its sub-committee and group structure;
- Receive the Hywel Dda Mental Health Partnership Board Annual Report and consider issues in relation to the implementation of the Mental Health Strategy across the Hywel Dda area;
- Receive update reports from the Mental Health Programme Group on improvement

programmes for high quality, safe and sustainable mental health services which are consistent with the Board's overall strategic direction.
- Receive Hospital Manager's Power of Discharge Committee Update Report & Minutes from previous meetings.

Membership of the Mental Health Legislation Assurance Committee consists of Independent Members. The Vice Chair of the Health Board undertakes the role of Chair of the Committee given their specific responsibility for overseeing the Board's performance in relation to Mental Health Services. Membership of the Committee consists of four Independent Members only – for assurance purposes.

In attendance membership includes University Health Board manager representation, a wide range of partner organisations, including local authority, police, advocacy, user representation, carer representation, Welsh Ambulance Services NHS Trust and the Community Health Council. The Committee may also request the attendance of any other officers of the Health Board as required.

In discharging its duties, the Committee receives information of all activity undertaken in relation to the 1983 Act and the MH Measure which includes:

- Regular reporting on the use of the Mental Health Act within the area served by the University Health Board;
- Regular reporting on the activity and compliance with the Mental Health (Wales) Measure 2010;
- Performance reporting;
- Healthcare Inspectorate Wales reviews.

The Committee has one Sub-Committee following the UHB's governance review in 2015; the Hospital Managers Power of Discharge Sub-Committee.

The Committee agreed to the establishment of the Hospital Managers Power of Discharge Sub-Committee (the Sub-Committee), made up of all Independent Members and Lay Members. Section 23 of the 1983 Act (the power of discharge) was delegated to the Sub-Committee. Officers can attend but are not members. A panel of three or more members drawn from the Sub-Committee hear individual cases where patients or their nearest relative have applied for discharge. The panels also sit on renewal hearings – these are collectively known as Hospital Managers reviews.

In respect of its provision of assurance to the Board, the Sub-Committee is required to:

- Review and monitor how the operation of the delegated functions under Section 23 of the 1983 Act are being exercised;
- Discuss the work of individual panels;
- Discuss the training requirements of review panel members;
- Discuss any impact of legislative change on the role of Hospital Managers;
- Highlight any impact of service changes; and
- Provide learning opportunities.

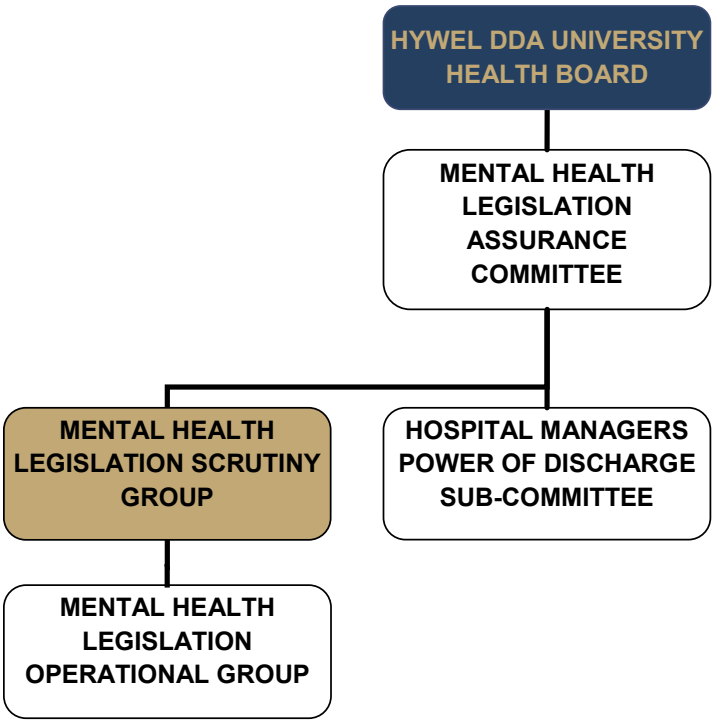
The Sub-Committee meetings are held three times each year and are divided into two parts: the first part deals with the Sub-Committee's governance and the second part has a training focus to ensure members are kept up to date with current legislation and of changes within the University Health Board.

The Chair of the Sub-Committee is Professor John Gammon (Independent Member) who took over those duties in January 2016. This provides an additional level of assurance and scrutiny. The Mental Health Act administration lead is an attendee.

During the year members received training on the following areas:

- All Wales Hospital Managers Conference – Edge Training
- The role of the Mental Health Review Tribunal for Wales
- Medication for a mental disorder – Gwen Hughes, Pharmacist
- Part 3 patients – Ruth Bourke, Mental Health Act Administrator
- Joint training event - The Role and Functions of the Hospital Managers, Richard Griffith, Swansea University

Compliance with Mental Health Legislation (Sub-Groups)
The Mental Health Legislation Assurance Committee has two Sub-Groups that provide additional layers of scrutiny to the University Health Board's (UHB) compliance with statutory mental health legislation.



The Mental Health Legislation Scrutiny Group (Scrutiny Group) representation consists of senior service managers from health and local authority stakeholders. It also includes representatives of service users, carers and advocacy groups. It is chaired by the Head of Adult Inpatient Services and it meets quarterly, four weeks prior to MHLAC. Its purpose is to scrutinise the UHB's compliance with mental health legislation and to investigate any areas of concern, independently or as directed by MHLAC. It reports directly to MHLAC through a quarterly performance paper and may also provide additional papers to MHLAC on areas of concern being investigated.

Beneath the Scrutiny Group, the Mental Health Legislation Operational Group (Operational Group) consists of team leaders and other relevant clinicians from health and local authority stakeholders. It is chaired by the Mental Health Act administration lead for the UHB. It meets quarterly, prior to the Scrutiny Group. Within this group, team leaders, local authority leads and external agencies are able to review data and highlight any operational issues or difficulties they encounter, as well as areas of good practice. This information is reported to the Scrutiny

Group on a quarterly basis. The Scrutiny Group may task the Operational Group with gathering evidence of any problems reported in order to be able to critically analyse any difficulties and agree solutions.

The roles of the Scrutiny Group and Operational Group are evolving, however their primary benefits to date have been to:

- More clearly identify any areas of concern and present greater clarity of exception reporting to MHLAC;
- Provide a clear line of communication between practicing clinicians and managers to the MHLAC assurance process;
- Quickly identify any areas of concern and instigate further investigation and intervention, thereby improving the quality of care delivery.

Asesiad / Assessment

The Mental Health (Wales) Measure 2010

	Target	Apr 18	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar 19
Part 1, T1	80%	94.9%	97.1%	96.6%	96.2%	93.4%	93.8%	96.6%	93.0%	93.5%	92.5%	96.5%	91.9%
Part 1, T2	80%	88.0%	96.0%	88.9%	95.1%	90.7%	87.5%	92.5%	95.6%	93.8%	87.2%	85.5%	81.5%
Part 2	90%	93.4%	92.3%	91.8%	91.1%	93.3%	91.2%	91.8%	92.1%	92.5%	91.3%	91.6%	91.1%
Part 3	100%	100.0%	44.4%	100.0%	62.5%	100.0%	100.0 %	100.0%	100.0 %	no P3 reports	100.0%	100.0%	100.0%
Part 4	100%	100.0%	90.1%	97.6%	89.9%	97.5%	94.7%	97.6%	95.7%	94.4%	97.7%	98.5%	100.0%

Part One – Target One – Assessed within 28 days of referral
Target Two – Treated within 28 days of assessment

Compliance with this target has been consistent in the main – the services are made up of small teams of staff which are sensitive to vacancies and sickness absence. Waiting time initiatives are used at times, resourced by funding available through vacancies.

Part Two – Patients in secondary care to have a valid Care and Treatment Plan

The service has been consistently compliant, albeit marginally at times. Fluctuations are mostly seen in adult services in teams where there are vacancies – this target is monitored at service level.

Part Three – 100% of assessment reports sent within ten working days

There is some variation in compliance with this target; the numbers of individuals involved are small.

Part Four – (Internal Target) – All patient admissions offered Independent Mental Health Advocate

The variation in compliance with this target is largely down to the adult acute inpatient units and

is often due to higher levels of acuity as well as instances where patients on admission are less receptive to a discussion about advocacy services.

Inspections

Two Joint Inspections (Healthcare Inspectorate Wales and Care Inspectorate Wales) took place in Pembrokeshire and Ceredigion; both were Adult Community Mental Health Teams.

There were two unannounced Healthcare Inspectorate Wales visits:

- Bryngofal Ward (Adult Acute Inpatient) 5th-6th April 2018
- Cwm Seren (Low Secure Unit and Psychiatric Intensive Care Unit) 14th-16th January 2019

Action plans are devised for each visit that takes place and these are monitored through the Mental Health and Learning Disabilities Quality, Safety and Experience Sub-Committee.

Other Areas of Responsibility

- The Committee agreed new policies on Section 5(2) Doctors Holding Power, Section 5(4) Nurses Holding Power, Community Treatment orders, an updated Hospital Mangers Scheme of Delegation, Section 132 Patients' Rights, Section 17 leave and also approved the Section 117 after-care policy.
- The Committee was provided with an update on the use of Section 136 following the implementation of the Policing and Crime Act in 2017.
- The finalised standard operating procedure for commissioned out of county placements was presented to the Committee, this will be incorporated into the annual work plan.
- The Healthcare Inspectorate Wales Annual Report was noted for information.

Annual Work Plan

The Committee will continue to review all work undertaken by the UHB which lies within its remit and provide assurance to the Board that its statutory obligations are being met.

The Committee takes an annual work plan-based approach to the management of its work and reminds members and stakeholders at every meeting that they can influence this work plan at any time. In addition to the previous work highlighted within this paper, this included:

- Regular updates from the Mental Health Programme Group on the MH transformation project. The Committee will continue to receive these quarterly.
- Regular updates from the Mental Health Partnership Board. The Committee will continue to receive regular updates throughout 2018/19.
- Regular updates on out-of-area placements.

Argymhelliad / Recommendation

The Board is asked to endorse the Mental Health Legislation Assurance Committee Annual Report for 2018/19.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability 2. Safe Care 3. Effective Care 4. Dignified Care
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Assurance Committee meeting 2018/19
Rhestr Termau: Glossary of Terms:	Included within body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Director of MH&LD Vice Chair/Chair of Mental Health & Legislation Assurance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Non-compliance with Mental Health Legislation could result in legal proceedings being brought against the University Health Board
Ansawdd / Gofal Claf: Quality / Patient Care:	There is a Service User representative on the Mental Health Legislation Assurance Committee
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Safety of patients Assurance – use of statutory mechanisms
Cyfreithiol: Legal:	Risk of non-compliance with the 1983 Act and with the Welsh Government's *Mental Health Act 1983 Code of Practice for Wales*; the *Mental Health (Wales) Measure 2010 Code of Practice;* and with the *Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance*.

Enw Da: **Reputational:**	Not applicable
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 July 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Health and Care Strategy Delivery – update on establishment of portfolio of programmes
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Dr Philip Kloer, Medical Director & Director of Health and Care Strategy
SWYDDOG ADRODD: **REPORTING OFFICER:**	Mrs Libby Ryan-Davies, Strategic Programme Director

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

At its March 2019 meeting the Health Board (HB) approved the Portfolio of Programmes - Scoping, Governance and Delivery document, and in doing so approved the initiation of a portfolio of programmes to deliver Hywel Dda University Health Board's (HB) health and care strategy *A Healthier Mid and West Wales: Our future generations living well*, namely Transforming our Communities, Transforming our Hospitals and Transforming Mental Health & Learning Disabilities.

Board Members requested a progress update on the establishment of the portfolio and programmes, at its July 2019 Public Board meeting. This paper describes the work undertaken since March 2019 to establish and progress the work of the portfolio of programmes.

Cefndir / Background

Since Board approval of the health and care strategy in November 2018, significant work has been undertaken to plan for the delivery phase. This has included: scoping a portfolio of programmes and enablers; considering the necessary governance structure in the context of ongoing work to strengthen regional governance; and developing a 'check and challenge' process to underpin the portfolio.

This work was included in the scope, governance and delivery document that was presented for Board's approval in March 2019. The document describes the scope of the portfolio and its programmes, how the work in each programme will be organised and the associated governance arrangements. It is an initial document that is subject to change as the portfolio is established and the programmes mature. Initial milestones, benefits and risks are identified,

with the caveat that the programme groups will develop these further and in more detail as programmes are further established, and more detailed programme documentation will be developed including Programme Initiation Documents and detailed Implementation Plans.

The March 2019 Board paper provided background on:

1. Portfolio of Programmes
   i. *Change programmes and Programme Delivery Plans*
   ii. *Enablers*
2. Governance
3. Check and Challenge Process
4. Approach to Communications and Continuous Engagement
5. Resourcing the Portfolio and Delivering the Health and Care Strategy

Asesiad / Assessment

1. Establishment of the Portfolio of Programmes

1.1. Portfolio Milestones Update

The Scoping, Governance and Delivery document included a number of key milestones associated with the establishment of the Portfolio of Programmes. Regular review of the milestones will demonstrate progress, highlight risks and issues and provide assurance that the establishment of the portfolio of programmes is progressing at the expected pace.

Portfolio Establishment Milestone	Target date	Status
Establishment of three programme groups and associated project groups and workstreams with schedule of regular meetings in place.	**30-06-2019**	Complete
Establishment of Integrated Enabling Group with schedule of regular meetings in place.	**30-06-2019**	Complete
Development of detailed plans for all programmes.	**31-07-2019**	In progress
Identification of programme milestones.	**31-07-2019**	In progress
Development of a detailed portfolio timeline (Gantt chart) based on detailed programme milestones.	**31-08-2019**	Subject to development of detailed programme plans.

Review and re-design of HB and regional governance arrangements to ensure alignment with the portfolio of programmes, through a phased approach.	**31-03-2020**	In progress
Development of a benefits realisation management methodology.	**30-06-2019**	In progress
Development of a robust process for the management of risks.	**31-07-2019**	In progress
Establishment of a variety of evaluation methods.	**31-07-2019**	In progress
Completion of Integrated Impact and Equalities Impact Assessments for the portfolio to identify interdependencies and cumulative potential impact of changes across the portfolio of programmes.	**30-06-2019**	Commenced
Development of detailed communications and engagement plan based on the final programme plans.	**31-07-2019**	Subject to development of detailed programme plans.
Allocation of leadership of each of the fragile service pathways to an individual change programme to lead service re-design across the whole system.	**31-07-2019**	Complete
Progress update to Public Board on the establishment of the portfolio and programmes.	**25-07-2019**	Complete
Recognition of the linkage with existing productivity and efficiency projects (as part of the Turnaround programme) and map the key deliverables for the first 12 months.	**01-04-2019**	Complete

1.2. Health and Care Strategy Delivery Group Update

The Health and Care Strategy Delivery Group (HCSDG) has been established to oversee the delivery of the HB's strategy *A Healthier Mid and West Wales*, in accordance with the timescales directed by the Board. The HCSDG consists of the HB's Executive Team and is Chaired by the Chief Executive Officer; moving forward it is proposed an Independent/Associate Board Member will be in attendance. Furthermore, it is proposed that membership will be expanded to include Local Authority Directors of Social Services (in attendance), in line with the HB's commitment to align governance and assurance mechanisms across health and social care.

The HCSDG has met on two occasions since March 2019 – on 20 May 2019 and 24 June 2019. A Board Committee update report is presented to Board, setting out the key decisions and matters considered at the two meetings of the HCSDG, the matters requiring Board level consideration or approval, and the key risks and issues (Board paper 22).

Meetings of the HCSDG are currently scheduled on a bi-monthly basis, in order to coincide with Board reporting. The frequency of meetings will be reviewed and potentially increased to ensure timely reporting of progress, risks and issues, and to establish programme activity with pace.

1.3. Portfolio Programmes

Three change programmes have been established, as follows:

- Transforming our Communities (Director Lead: Jill Paterson, Director of Primary Care, Community and Long-Term Care)
- Transforming our Hospitals (Director Lead: Joe Teape, Deputy Chief Executive and Director of Operations)
- Transforming Mental Health and Learning Disabilities (Director Lead: Joe Teape, Deputy Chief Executive and Director of Operations)

Since March, significant work has been progressed by the Executive Team in collaboration with the Transformation Programme Office (TPO) to map out and establish the change programmes. This mapping will be used to further define the scope of the programmes as they are established. Specifically, this work includes mapping the change programmes with existing meeting group and project structures, Annual Plan key actions and deliverables including Turnaround project actions, Transformation Fund and Innovation Fund work-streams, and priority pathway redesign. This mapping activity has provided a more comprehensive overview of the HB's strategic and operational activity and has identified any duplication where this can be aligned.

The first meetings of each programme group have taken place, as follows:

- Transforming our Communities – Wednesday 5th June and Tuesday 2nd July
- Transforming our Hospitals – Wednesday 12th June
- Transforming Mental Health and Learning Disabilities – Friday 14th June

The initial meetings took place in the format of a workshop. Following an introduction to the context, background and programme structure, draft Terms of Reference and group membership were discussed. This was followed by a workshop designed to further define the scopes of the programmes and inform the development of detailed programme implementation plans.

A schedule of meetings is in place for each change programme group which allows reporting to

the HCSDG and onward to Board.

1.4. Strategic Enabling Group Updates (formerly Integrated Enabling Group)

The three change programmes will be supported by a number of enabling mechanisms. These include a Strategic Enabling Group (SEG) which was previously referred to within the Scoping, Governance and Delivery document presented to Board in March 2019 as the Integrated Enabling Group. There was a requirement to amend the naming of the group in recognition of the potential confusion with the Integrated Executive Group due to the similarities in naming and identical group acronym – IEG.

The SEG will incorporate membership from the following key areas and include partner agencies where appropriate to inform the development of the models described in the strategy:

- Workforce and Organisational Development
- Finance and Procurement
- Capital, Estates and Infrastructure (physical estate and digital infrastructure)
- Informatics and Modelling

The inaugural meeting of the SEG took place on 10 June 2019 and involved a smaller meeting of core Executive Directors. Matters considered at this initial meeting included a review of the draft Terms of Reference and membership; discussion around the role and function of the group; and the management approach across this and the programme groups. The first full meeting of the SEG took place on 27 June 2019 and included a review of the group's Terms of Reference; discussion and agreement of ways of working; and a workshop to highlight the work that should be prioritised to support the three change programmes. A key focus for the group will be consideration of a draft SEG work programme and identification of priority areas.

The SEG will be supported by other enabling mechanisms, which will further advise and inform the development of future models, i.e.:

- Continuous Engagement, Diversity and Inclusion
- Digitally enabled Mid and West Wales
- Continuous Improvement
- Transport and Access
- Risk and Governance

The SEG is currently advising on the development of an Invitation To Tender (ITT) to procure a Strategic Business Partner which will provide the thought leadership and subject matter expertise required to deliver the transformation set out in the strategy. The HCSDG will provide oversight of the ITT.

1.5. Programme Launch Workshop

The HB formally launched the portfolio of programmes at a multi-stakeholder workshop on 14th June 2019. The purpose of the workshop was to bring key stakeholders back together to refresh the journey to date, update on progress since the strategy was approved and set out the work that is required to deliver the strategy and how this will be approached.

The workshop was very well attended with over 120 staff and stakeholders, including clinical, non-clinical and support staff from the HB; key patient representative groups; and colleagues from partner organisations including the Community Health Council, Local Authorities, WAST and the third sector. Following a brief presentation on the journey to date, a refresh of the strategy and vision and a launch of the strategy resources, participants took part in two workshops which were designed to inform the next stage of development. At the first workshop attendees were asked to identify their individual and collective contribution to the delivery of the strategy and identify priorities for the first year for each of the change programmes. The second workshop used Teulu Jones to help participants identify patient and organisational benefits through a family members' lens. The output of both workshops are being used to inform the development of the detailed programme implementation plans for each of the three change programmes.

At the workshop participants were also asked to complete a personal pledge, indicating their own individual commitment to progress the delivery of the strategy.

1.6. Projects

Emerging projects within each programme are beginning to be identified (see section 2 below) and further projects will emerge as a result of ongoing mapping and scoping, and the development of the detailed programme plans.

It is recognised that the change programmes are interconnected and therefore it is expected that there will be a number of projects which span across all three change programmes.

1.7. Priority pathway re-design

Four clinical pathways have been prioritised within the portfolio of programmes for re-design during 2019-20 to support delivery of the health and care strategy: trauma; stroke; paediatrics; and adult mental health. The cardiology pathway was identified as a further priority for pathway redesign in 2019-20 at the initial meeting and workshop of the Transforming our Hospitals programme (12th June 2019). Allocation of the priority pathways to change programmes is as follows:

- Transforming our Hospitals - stroke, trauma, cardiology and paediatrics pathway re-design
- Transforming Mental Health and Learning Disabilities - adult mental health pathway

re-design

Beyond 2019-20, work will commence to support further pathways re-design at pace, for example to accelerate existing delivery work taking place through other mechanisms such as Together for Health delivery groups.

2. Programme Group Updates

2.1. Transforming our Communities

The Transforming our Communities Programme Group met for the first time on 5th June 2019, and was well attended by 22 representatives from across the HB and partner organisations including Local Authorities and third sector. The workshop was condensed due to time constraints therefore the Programme Group reconvened on the 2nd July 2019. This reconvened session focused in more detail on further defining the scope, remit and purpose of the Group; and the Transformation Fund bids.

There are four emerging projects within the Transforming our Communities Programme:

- Transformation Fund projects - proposals have been developed at County level as part of Programme 3 of the regional Transformation Fund Bid – Fast Tracked, Consistent Integration. County Directors and Commissioners are developing detailed implementation plans in respect of each of the programmes as part of wider transformation plans for Carmarthenshire, Ceredigion and Pembrokeshire:
    - *A Healthier Carmarthenshire*
    - *A Healthier West Wales Transformation Fund Bid Pembrokeshire Plan*
    - *Ceredigion plan*
- GP Out of Hours Project – initial meetings have taken place to scope out a pilot project and a wider strategic re-design of the out of hours service. The scope of the project will be informed by a large engagement event with GP's, proposed to take place in September 2019;
- Chronic Conditions – initial meetings have been scheduled to scope this project, with the early emergence of multi-morbidity rehab being identified as a priority area;
- Amman Valley Hospital – scoping meeting to be arranged. This will reflect initial meetings that have taken place with local interest groups and hospital staff.

In addition to Programme 3 of the Transformation Fund, the Transforming our Communities Programme Group will need to be cognisant of the wider Transformation Fund programmes being undertaken by the West Wales Regional Partnership Board (RPB) within the *Healthier West Wales* proposal – Programme 1 Proactive, Technology Enabled Care; and Programme 7 - Creating Connections for all, and the opportunities this will provide to support early and tangible progress in the community. Intensive preparatory activity has been ongoing in relation to the three approved programmes and outline programme plans have been developed

alongside detailed financial profiles outlining how the £12m will be deployed over the period of funding and these were signed off by the Integrated Executive Group (IEG) in June. Furthermore, the outcome of Welsh Government consideration of re-submitted bids provides further opportunity to secure early delivery within the community. Regular updates will be provided at Transforming our Communities Programme Group (please see Board Paper 24 - Statutory Partnerships Update, for a full update on Transformation Fund).

2.2. Transforming our Hospitals

The first meeting of the Transforming our Hospitals programme was held on 12th June and was attended by 19 members of the programme group. Members approved the draft Terms of Reference and membership subject to minor amendments, and received updates on key project activity on capital and feasibility, and the development of the Bronglais General Hospital strategy document. A draft programme structure (which is still in development) was presented, which illustrates proposed project activity to develop models for each hospital site and the cross-cutting services and pathways that will be developed across the whole hospital system.

The remit of the programme group is to deliver the transformation set out in the health and care strategy, informed by best practice locally, nationally and internationally; it is not a new group to oversee business as usual activities. A workshop was held as part of the first meeting to further define the scope and early priorities of the programme group, building on the scope and deliverables set out in the Scoping, Governance and Delivery document approved by Board in March 2019.

Emerging project activity of the programme group focuses on:

- The Bronglais General Hospital strategy document
- The processes and arrangements for capital planning and feasibility
- The priority pathway re-design projects assigned to the programme group (i.e. stroke, trauma, cardiology, and women and children's)

Further project activity will be identified as the programme group agrees its scope, deliverables and early priorities.

2.2.1. Bronglais General Hospital strategy document

The Bronglais General Hospital (BGH) strategy document '*Delivering Excellent Rural Acute Care*' (currently in drafting phase) sets out the 'Bronglais Commitment' to provide high quality services, on-time and as locally as possible (draft BGH strategy document attached at Appendix 1). It does not provide detailed plans for how this will be achieved, but sets the direction of travel for the future to make a real difference to the health and wellbeing of the people of mid Wales, and deliver the HB's health and care strategy.

The HB's health and care strategy - and the formal public consultation that preceded it – has recognised the strategic importance of BGH as a provider of healthcare to the population of mid Wales. This has enabled BGH to become the first of the acute hospital sites within the HB to develop its own strategic document as part of the Transforming our Hospitals programme. Its development has been clinically led on the BGH site, and approximately 150 people have been involved so far in developing the document via individual meetings, engagement events and workshops. The lessons learned from the process of its development will be shared within the programme group to inform the development of strategic direction documents for the health board's other acute hospital sites.

The development of the strategic document has been informed by:

- The work of the Transforming Clinical Services programme
- The Board approval of the health and care strategy
- The Board approval of the health and wellbeing framework
- The vision and aims of the Mid Wales Joint Committee for Health and Social Care

It is recognised within the document that BGH does not function in isolation, and that partnership working will continue in order to develop the collaborative pathways, networks, service models and support services that need to be enhanced and implemented in order to achieve the transformation set out in the health and care strategy and the objectives of the Mid Wales Joint Committee for Health and Social Care. The Hywel Dda mid and west Wales family 'Teulu Jones' is used in the document to effectively illustrate how the development of BGH will impact upon patients and resident and visiting populations.

Detailed planning and actions to realise the ambition set out in the BGH strategy will be developed following approval of the strategic document by the HB, including:

- Operational Delivery Plan
- Clinical Network Development and Governance Plan
- Workforce Development, Recruitment and Retention Plan
- Estates Plan
- Financial, Investment, Sustainability and Transformation Plan.
- Future Technology Plan

Updates on the BGH strategy will be provided to the Transforming our Hospitals programme group as a standing meeting agenda item.

2.2.2. Capital planning and feasibility

Capital planning and feasibility will form key project activity for the programme group, relating to the new urgent and planned care hospital, the repurposing of Glangwili and Withybush General hospitals plus the capital related to community developments and Transforming Mental Health.

The processes and arrangements for capital planning and feasibility have commenced and will be informed by further discussions with Welsh Government officials. High-level milestones and dates have been drafted and set out to guide the development of the business case for the new hospital. Further discussions with Welsh Government will be progressed and will define the scope and business case route for the HB to follow which is expected to commence with the production of a Strategic Programme Business Case.

2.2.3. Priority pathway redesign

Currently, activity on each of the four priority pathway redesign projects assigned to the Transforming our Hospitals programme group (stroke, trauma, cardiology, women and children's) is at different stages of development (see below). The programme group will oversee project progress to deliver pathway redesign at pace as a key early programme group priority.

2.2.3.1. Stroke

A workshop was held on 18th June 2019 to generate potential scenarios for the future configuration of stroke services across Hywel Dda. Over 20 health professionals involved in stroke care attended the workshop, with representation from Stroke Clinical Nurse Specialists, therapists (Occupational Therapy, Physiotherapy, Speech and Language Therapy, Dietetics), Stroke Consultants, Public Health and the Welsh Ambulance Service Trust.

This is the first in a planned series of workshops and focused on long term configuration (i.e. when Hyper Acute Stroke Unit (HASU) at Morriston Hospital (Swansea Bay University Health Board, SBUHB) and Hywel Dda's new hospital are operational). Stories featuring three members of Teulu Jones were used to help the groups work through all potential service configuration scenarios.

Delegates split into three groups and considered family situations, travel times, ability to staff units, number of patient transfers etc. as they generated scenarios for acute stroke care (post-72 hrs) and in-patient rehabilitation. The final element of the workshop considered the future model for community based stroke rehabilitation.

The second workshop will be held on 9th July and will focus on medium term scenarios (when the Morriston Hospital HASU is open which will be prior to the new hospital within the Hywel Dda area) of catchment area flows to Morriston Hospital and the impact of these on flows on admissions to other sites in the Health Board.

The long list of potential scenarios generated through both workshops will be taken through a Strengths Weaknesses Opportunities and Threats (SWOT) analysis at a future workshop, planned for the end of July. The resulting shortlist will be modelled in terms of patient flows, bed numbers and required staffing.

2.2.3.2. Trauma

Work is underway to scope the remit of the trauma pathway redesign project. It has been confirmed that the scope will cover major trauma and major trauma rehabilitation.

The trauma pathway redesign project will be informed by the engagement exercise for major trauma which was launched on 24th June 2019 and will run for six weeks to 5th August 2019. The proposal that has been taken forward through public engagement is to develop the HB interim Trauma Unit at Glangwili General Hospital in the years leading up to the building of the new Urgent and Planned Care Hospital where the Trauma Unit will be situated. This programme is alongside work by the national Major Trauma Network to locate a major trauma centre for south Wales at the University Hospital of Wales in Cardiff.

In this proposal, Bronglais Hospital and Withybush Hospital will support the Trauma Unit at Glangwili Hospital. All current acute and emergency services will remain at Bronglais and Withybush hospitals, which will continue to deal with less severe traumatic injury and will retain the ability to stabilise and transfer patients who suffer moderate or severe trauma either to the Trauma Unit or Major Trauma Centre, which has been shown to improve outcomes for patients. Aligned with the ambitions of the Health and Care Strategy, the Trauma Unit will be located in the new Urgent and Planned Care Hospital when operational.

2.2.3.3. Cardiology

A meeting is to be convened with key clinicians to scope the remit of the cardiology pathway redesign project, following its identification as a key priority pathway at the first meeting of the Transforming our Hospitals programme group.

2.2.3.4. Women and children's

Work is underway to scope the remit of the women and children's pathway redesign project. An initial planning meeting with lead clinicians is to be convened. It has been confirmed that the scope will cover paediatrics and maternity, and further work will scope the remit of other existing work (for example, the HB paediatrics task and finish group activity). The women and children's pathway redesign project will be informed by the outputs of ongoing modelling activity on the potential impacts of paediatrics and maternity flows out of the HB into Morriston Hospital (part of Swansea Bay University Health Board (SBUHB)), which the HB will seek to mitigate as much as possible.

2.3. Transforming Mental Health and Learning Disabilities

The first meeting of the reconstituted Transforming Mental Health and Learning Disabilities programme group took place on the 14th June, with 22 people in attendance including representatives from the Local Authorities and the Community Health Council (CHC).

The Transforming Mental Health and Learning Disabilities programme has evolved from merging existing programmes (namely Transforming Mental Health and Learning Disabilities Service Improvement) and the inclusion of a specific project for older adult mental health (OAMH) services.

As such the first part of the meeting dealt with existing business as part of Transforming Mental Health and included a review of activity within already developed work-streams.

A workshop session followed to ascertain how the newly formed Transforming Mental Health and Learning Disabilities programme group would function and key priorities for the group moving forward.

Key points noted from the workshop included:

- CAMHS; Neuro developmental; transition through the ages; Dementia; Substance misuse – noted as possible projects as part of the TMHLD programme
- Actions as part of the TMHLD programme should be aligned with area plan (regional actions)
- Future workforce needs to be taken into account when recruiting for the new model (e.g. type of staff needed in the next 5 years)
- Close working with Local Authorities required i.e. LA's to drive/ lead some priorities whilst HB to drive/ lead others (joint plan of activity)
- The need to revisit planning assumptions and focus on primary care
- Development of a multi-agency strategy
- Year 1 priorities to include: Estates; Infrastructure; IT (along with delivery of existing work plans already formulated as part of TMH and TLD)

2.3.1. Transforming Mental Health (TMH)

The TMH project includes work to implement a consensus model of care with staff, stakeholders, service and carers. This project is within the delivery phase following public consultation in 2017 which agreed a preferred model of care. As such the capital and estate requirements of the new model are being confirmed/ agreed. As part of this process a Programme Business Case (Capital) is underway and will be submitted to Welsh Government to agree a way forward in relation to accessing capital funding.

Piloting elements of the new model in different areas within the Health Board is also underway – these being based on the new pathway design and include:

24/7 CMHT in Aberystwyth: The Aberystwyth Community Mental Health Team (CMHT) will open for 24h hours, seven days a week within the next quarter. They are already available as a drop in service in the area and plan to provide a more local place of safety for those detained

by police officers under Section 136 of the Mental Health Act. Two people have been employed in new roles as Peer Support Workers, people with a lived experience of mental health problems who are experts in recovery.

Llanelli Drop-In Service: Mind and Hafal have been commissioned to open a drop-in service in Llanelli town. The service being open from 6pm to 2am, Thursday to Sunday. They will employ a mixture of third sector workers and peer support workers to offer freely available support and advice to people with mental health problems and their carer's.

Transport Service: This will be based with the Llanelli drop-in service and pilot HB staff working alongside the third sector to deliver the initial welcome and advice element to the new Community Mental Health Centres.

Pembrokeshire Primary Care Mental Health Service: A mental health nurse will be based in a GP cluster in Pembrokeshire to work alongside GPs to make earlier access to mental health expertise more accessible. They will work closely with a commissioned third sector support service to provide early intervention and advice. This is anticipated to improve early access and intervention, reduce a burden on GPs and reduce the numbers of referrals to secondary mental health service, particularly reducing the number of people in crisis.

Single Point of Assessment: A single point of assessment is being developed in Llanelli and Pembrokeshire to reduce the delays experienced by people who have been referred to primary or secondary mental health services.

As part of on-going development evaluation of each of the pilot sites with a focus on outcome measures and what demonstrable impact they have on service user care and experience is being undertaken as part of the project. This information will inform any changes required to the co-produced model of care.

2.3.2. Transforming Learning Disabilities

The Transforming Learning Disabilities project was formed in May 2018 with its ethos to:

- Build strong communities, support people to live closer to home and to only admit people to hospital when absolutely necessary.
- Work with our social care and third sector partner organisations on the development of person-centred services; working across organisational boundaries to support improved outcomes for the population with learning disabilities

The project includes activity associated with, secondary care services, residential care services and Community Teams for Learning Disabilities. The work completed to date along with the planned activity/ outputs includes:

2.3.2.1. Secondary Care Learning Disabilities Services

Work to date:

- Review of long-stay inpatients, with six successful discharges within the past 12-months
- Combining existing staff groups within the assessment & treatment unit and the long-term complex care unit, to support safe staffing levels on the latter unit
- Considerations of the roles and establishment, the remit and the outcome measures of the intensive support team

Planned activity and outputs:

- Safe and appropriate resettlement of all patients experiencing long-stays within inpatient environments
- Flexible use of resource in the piloting of new models of care, including an intensive support team, aimed at helping patients remain within the community, as opposed to being admitted to inpatient environments
- Use of outcomes data from pilot studies to inform future model for learning disability secondary care services

2.3.2.2. Residential Care Learning Disabilities Services

Work to date:

- Review of residential care clients, considering their best interests and the statutory guidance regarding service provision
- Review of / improvement in residential care units' performance against Healthcare Inspectorate Wales (HIW) improvement plans

Planned activity and outputs:

- Best interest decisions for each residential care client
- Final decision regarding the long-term provision of residential care services by the HB

2.3.2.3. Community Teams for Learning Disabilities

Work to date:

- Audit into activity of staff (disease classifications, severity scores, care planning and delivery, training, commissioning, meetings, travel time etc.)
- Development of caseload weighting tools, for use in clinical supervision and evidencing demand on our services
- Early considerations of the roles and establishment of the future Community Teams for Learning Disabilities

Planned activity and outputs:

- Full service review, encompassing teams' capacity to deliver care, current demand on

our services, forecasted demand etc.

- Organisational change process, resulting in modern, evidence-based service for the future
- Workforce training & development plan, linked with the above Organisational Change Process

2.3.3. Transforming Older Adult Mental Health

The current activity as part of Transforming Older Adult Mental Health is based on a collaborative shared care model involving the twinning of wards namely: Older Adult Mental Health (OAMH) and Care of the Elderly (COTE) at Bronglais General Hospital. There then being a formal agreement to share resources and skills within a defined shared care and learning approach. Mental Health staff provide enhanced psychiatric support to their partnered general ward and vice versa for physical health support.

Approval was granted by the Executive Team in late April 2019 to progress the model at Bronglais General Hospital (Enlli) and evaluate.

Phase 1 has commenced (proof of concept), and includes cross referencing with existing areas of work. Specifically this includes cross referencing to the Dementia Strategy Group and Bronglais Hospital re-development plans.

As part of developing the project scope a successful application has been made for the project team to join cohort 1 of the EQIiP (Enabling Quality Improvement in Practice) Quality Improvement Collaborative Training Programme 2019.

This training programme will assist the project team in outlining the overall vision and scope for the project and will assist in the development of admission criteria and overall pathway.

2.3.4. Priority pathway redesign (TMHLD programme)

There is currently one pathway (adult mental health) noted as a priority for redesign within the Transforming Mental Health & Learning Disabilities programme. An initial meeting has taken place regarding how this piece of work should be taken forward. Any further work planned will need to be cognisant of pathway redesign activity already underway as part of the Transforming Mental Health project. A follow-up meeting between the Transformation Programme Office and the Mental Health & Learning Disabilities directorate is diarised to agree next steps.

3. Portfolio risks

A portfolio risk register is under development, as one of the key portfolio milestones and as part of the development of ‘The Hywel Dda Way’ (see point 5 for further information).

Workshops will be held with each of the change programme groups to identify programme-level risks and issues. It will be the responsibility of the programme groups to manage these risks, and any future risks identified throughout the lifespan of the programme, providing assurance at portfolio level that risks are being managed effectively, and reporting where there are risks that exceed tolerance and threaten delivery of the programme within the agreed budget, timescales and specification. This will be overseen by the HCSDG.

A planned workshop with the HCSDG will identify and score risks, and their mitigations, at a portfolio level, informed by the risks identified within the change programme groups, as well as any potential threats, both internal and external, to delivery of the overall portfolio. The HCSDG will also define its risk appetite, which will be in accordance with the Board approved risk appetite, to achieve the portfolio objectives, and consider its tolerance in respect of how much risk it can accept. Risks in respect of the portfolio that threaten achievement of the Health Board's strategic objectives will be considered for escalation to the Board Assurance Framework and Corporate Risk Register.

This key work will build upon the identification of risks included in the Scoping, Governance and Delivery document approved by Board in March 2019, for which mitigations will be identified at the HCSDG workshop. These risks are as follows:

- Continuous engagement:
  - capacity to maintain continuous engagement, especially to work more actively with key groups;
  - political and public interest, ongoing protective activity particularly focussed on Pembrokeshire and other key areas.
- Finance:
  - current and ongoing financial constraints;
  - availability of capital and revenue funding;
  - failure to deliver within resources and release the value;
  - failure to secure resources to deliver the portfolio.
- Capacity: availability of key individuals and their ability to commit time as required to implement the selected service model
- Capability: availability of specific and specialist skills and knowledge required to deliver the programme plan, both internally and externally
- Continuity: management of the disruptive aspects of change for patients
- Transport and Access: failure to work with partners to design and deliver travel, transport and infrastructure solutions which mitigate the access challenges identified by communities.
- Workforce:
  - resistance to change in terms of possible opposition from existing staff to adapt ways of working to fit proposed programme model;
  - complex workforce planning and re-design; multi-sector workforce consideration including unpaid carers;

- ongoing retention of existing workforce;
- difficulty regarding recruitment of new workforce and workforce availability;
- ensuring skills development timelines are aligned to service transformation.

➢ Brexit: continuity of safe service provision, effective management of the consequences of Brexit

The HCSDG has identified further portfolio-level risks; namely, that delivery of the health and care strategy requires significant investment in organisational development, continuous engagement and digital resources, which without investment would represent key risks to delivery of the portfolio of programmes.

4. Summary of Check and Challenge

The 'check and challenge' process outlined as part of the approved portfolio management approach is in the process of being piloted and further refined. The Executive Team has agreed three distinct areas of work to test the check and challenge process in practice. These are:

- *A Healthier Carmarthenshire* programme initiation document
- Defined projects of the Transforming Mental Health and Transforming Learning Disabilities programme – initially the shared care project at BGH
- GP Out-of-Hours

Feedback from the process so far has been positive, and has led to the further refinement of check and challenge as a mutually supportive mechanism for delivering the strategy and supporting teams and individuals to develop and evaluate project activity that is truly transformational and evidence-based and is aligned with organisational priorities, and the Board approved frameworks for health and wellbeing, continuous engagement, and quality improvement. The approach has been refined to include a staged process, involving individual screening at project initiation stage; and a more supportive process, aided by identified key experts, at the project development stages. It has been agreed that the HCSDG will receive and sign-off summaries of the check and challenge undertaken for each project, on the basis that assurance can be provided through the involvement of key experts throughout the project initiation and development stages, to inform key stages of decision making. It has also been proposed that check and challenge is used as part of project evaluation.

5. 'The Hywel Dda Way'

Work is progressing to develop a standard HB project methodology, called 'The Hywel Dda Way', to include the necessary tools, documentation and guidance to ensure a standardised and effective approach to delivering transformation and change. The method will cover both programme and project management and will include a change management process with annotated guidance.

The Hywel Dda Way is a non-intrusive, supportive process that supports staff and users to submit, develop and deliver change projects and programmes, whilst giving assurance to the organisation and external stakeholders of the Transformation Programmes' progress. The approach unifies and standardises the way change is approached, from submission of an idea to measurement of its success.

6. Core team resourcing

Additional resourcing of circa £2.6m to advance delivery of the portfolio was approved at the March 2019 Public Board. Since then, the TPO has worked with the Executive Team to confirm the details of the core team resource requirements and how additional capacity will be allocated, to inform ongoing discussions with Welsh Government colleagues in relation to support through targeted intervention. The resourcing of the programme includes specific support for Executive Directors, which will release capacity to support the mainstreaming of the strategy and this will continue to be assessed as the programme develops.

At the time of writing, six posts have been recruited to and eight posts are currently advertised. A phased approach to recruitment of core team resource will be adopted, with recruitment as required to deliver the work programme outputs and deliverables.

In the interim, internal expertise and resource will be used to best ability to progress this important area of work with the pace and diligence it requires.

Additionally, the HB is seeking to renew its contract for portfolio support to facilitate the delivery of the portfolio of programmes through access to required subject matter and strategic thinking expertise, through the procurement of a strategic partner.

The recruitment of strategic partnering support will be via mini competition under recently issued Health Systems Support Framework, Lot 6 Transformation and Change Support, made available to the Welsh NHS by NHS England. An Invitation to Tender (ITT) for the required support has been issued.

7. A Healthier Mid and West Wales Strategy Communication Resources

As part of its framework for continuous engagement the HB is committed to ongoing conversations with the public, staff and stakeholders, about the vision that was set out in *A Healthier mid and west Wale*s, and how this vision will be achieved.

Communication resources to set the scene and provide the context for the strategy have been developed and are available from a dedicated web resource – www.hywelddahb.wales.nhs.uk/healthiermidandwestwales

As well as being available online, resources have been printed for use in hard copy, at

meetings, events or in community and healthcare settings and will be used to support ongoing continuous engagement in our communities. Alternative versions have been created, which are targeted for audience need identified during the listening and engagement exercise to reflect the needs of our diverse communities. These include:

- A full version of the strategy
- A written, illustrated summary version available bilingually in English and Welsh
- An animated version of the summary in English, Welsh and British Sign Language
- Polish and Arabic versions of the summary
- An audio version of the summary
- An Easy Read version
- A Youth version

The summary is currently being mailed out to stakeholders and Siarad Iechyd Talking Health members and the documents are being used in engagement events in our communities.

8. Regional Governance

In March 2019 the Board approved the proposed portfolio governance, which included a commitment to align to the Regional Partnership Board (RPB) governance, with 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 mechanisms reporting into shared governance.

Since March 2019, governance structures have been strengthened and an Integrated Executive Group (IEG) comprising the HB's Deputy Chief Executive/Executive Director of Operations, Executive Medical Director and Director of Health and Care Strategy, Director of Primary Care, Community and Long-Term Care and Director of Partnerships and Corporate Services, Executive Director of Public Health, alongside the three Directors of Social Services and a Chief Officer from the third sector is in now in place. This has recently been further strengthened with the addition of the HB's Strategic Programme Director attending as and when required, in order to secure more robust alignment with the portfolio of programmes. Together with robust, integrated programme governance overseeing delivery of the range of programmes across *A Healthier West Wales* and *A Healthier Mid & West Wales* these improvements will ensure clear strategic direction and timely delivery of shared priorities.

The HB's Strategic Programme Director and Head of Regional Collaboration for the RPB are meeting regularly to progress this shared agenda to secure alignment across the RPB's activity and delivery of the health and care strategy. Primarily, this will be achieved through:

- Joint meetings every two months of the Health and Care Strategy Delivery Group and the IEG
- Establishing formal links between the HDdUHB Programme Groups and regional

programme groups in place under the RPB providing operational oversight of delivery (the possibility of integrating governance arrangements for Mental Health and Learning Disability will be explored as part of this)

- Regular reporting by the RPB to the HDdUHB Programme Groups
- Shared evaluation where practicable
- Incremental alignment of activity across the HDdUHB's Programme Office and the Partnership Office supporting the RPB, through regular joint meetings and development of common approaches to programme management, reporting etc.
- Monthly meetings between the HDdUHB Director of Finance, Director of Partnerships and Corporate Services and Head of Regional Collaboration to consider financial implications of both programmes

This will be further progressed over the next 3-6 months.

9. Priorities for next stage

Ongoing work by the TPO includes integrated and equality impact assessments and the development of approaches to benefits realisation, evaluation and risk management.

The TPO will work with programme group Chairs and members to develop detailed programme implementation plans, informed by the outputs of the programme launch and programme group workshops, as well as alignment with the development of the IMTP. The programme implementation plans and timeline for strategy delivery will be aligned to the key stages of the capital Programme Business Case. Formal discussions with Welsh Government will be progressed in relation to the development of a Strategic Business Case and programme business cases.

Communication and engagement plans for each of the programmes will be developed as the three programme group work-plans are agreed and will include community based events in each of the seven localities on a continuous basis.

10. Post July Timeline

A high level timeline indicating deliverables and key meetings dates from July 2019 to March 2020 is appended (Appendix 2). The TPO will develop longer term timelines in line with the emerging programme implementation plans.

Argymhelliad / Recommendation

The Board is asked to:

1. Receive the update on progress of the Health and Care Strategy delivery programmes and take assurance that the establishment of the portfolio of programmes is progressing in accordance with the identified timescales.
2. Receive and consider the draft Bronglais General Hospital strategy document, for comment,

which will inform the final drafting of the document.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	NA – no open risks on Datix Risk Register. A Portfolio Risk Register is under development, to be informed by a HCSDG workshop. Identified risks which threaten achievement of the Health Board's strategic objectives will be considered for escalation to Board Assurance Framework and Corporate Risk Register.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	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 Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Transforming Clinical Services: • Engagement Review findings (ORS Report) • Phase 1: 'Discover' Output Report - The Case for Change (Phase 1 Output Report) • Consultation closing Report The Parliamentary Review of Health and Social Care in Wales – A Revolution from Within: Transforming Health and Care in Wales The King's Fund - Developing accountable care systems Lessons from Canterbury, New Zealand (2017) The King's Fund - Transforming our health care system: Ten priorities for commissioners (2016) The King's Fund - Reimagining community services: making the most of our assets (2018) The King's Fund - New care models Emerging innovations in governance and Organisational form (2015)

	http://www.wales.nhs.uk/sitesplus/862/page/95249
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	HDdUHB Executive Team HDdUHB Board Seminar HDdUHB Community Health Council Integrated Executive Group of the Regional Partnership Board

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Discussions are progressing with Welsh Government on the resourcing of the core team. Further impact assessment will be undertaken during the delivery of the health and care strategy to identify any specific financial/service impacts and mitigations. Integrated Impact Assessment approved by Board 29th November 2018
Ansawdd / Gofal Claf: Quality / Patient Care:	No adverse quality and/ or patient care outcomes/ impacts are expected. Further impact assessment will be undertaken during the delivery of the health and care strategy to identify any specific quality/patient care impacts and mitigations. Integrated Impact Assessment approved by Board 29th November 2018
Gweithlu: Workforce:	No adverse or future staffing impacts are expected. Communications and continuous engagement with staff will seek to reduce any potentially adverse workforce impacts. Further impact assessment will be undertaken during the delivery of the health and care strategy to identify any specific workforce impacts and mitigations. Integrated Impact Assessment approved by Board 29th November 2018

Risg: **Risk:**	A comprehensive risk management approach for the delivery of the strategy is in development with the TPO and the Head of Assurance and Risk. Further impact assessment will be undertaken during the delivery of the health and care strategy to identify any specific risks and mitigations. Integrated Impact Assessment approved by Board 29th November 2018
Cyfreithiol: **Legal:**	There are potential legal impacts or potential legal challenge to any design that would alter the way services are operated. Further impact assessment will be undertaken during the delivery of the health and care strategy to identify any specific legal impacts and mitigations. Integrated Impact Assessment approved by Board 29th November 2018
Enw Da: **Reputational:**	There is significant political and media interest in service changes as a part of the delivery of the health and care strategy. Further impact assessment will be undertaken during the delivery of the health and care strategy to identify any specific reputational impacts and mitigations. Integrated Impact Assessment approved by Board 29th November 2018
Gyfrinachedd: **Privacy:**	No impact on individual's privacy rights, confidentiality or an information security risk anticipated. Further impact assessment will be undertaken during the delivery of the health and care strategy to identify any specific privacy impacts and mitigations. Integrated Impact Assessment approved by Board 29th November 2018

Cydraddoldeb: **Equality:**	The Equality Impact Assessment (EqIA) for Phase 2 of the TCS programme identified that certain people with one or more protected characteristics, and other potentially vulnerable groups, may be disadvantaged by service changes. It also identified how these risks may be mitigated and where there may be positive impacts. Further impact assessment - and specifically equality impact assessment - will be undertaken during the delivery of the health and care strategy to identify any specific equality impacts and mitigations. Integrated Impact Assessment approved by Board 29th November 2018.

Appendix 1

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

A HEALTHIER MID AND WEST WALES: OUR FUTURE GENERATIONS LIVING WELL

Bronglais General Hospital:

'Delivering Excellent Rural Acute Care'

Executive Summary

The delivery of high quality, sustainable and accessible care to the people of mid Wales is a priority for Hywel Dda University Health Board.

Bronglais District General Hospital (BGH) in Aberystwyth is a strategically important provider of accessible high quality emergency and elective health care services to a largely remote, rural population who would otherwise experience significant disruption to their lives and to who we would otherwise be challenged to the best possible outcomes.

BGH's unique position in Wales means that a significant part of its role is providing care to residents from other Health Boards. In addition, BGH's adjacency with the University and National Library creates, in effect a "Penglais Campus of Learning, Information and Health" which presents significant opportunities to develop partnerships that will promote the delivery or healthcare to remote rural populations and promote Aberystwyth and BGH as an employment location of choice for health care professionals.

Because BGH serves both a remote urban population and residents of three health boards (Hywel Dda, Betsi Cadwaladr and Powys) from a geographically large rural area, pathways need to be able to access the most appropriate specialist care that ensures patients who need to be transferred, are transferred to the most local centre to their home. For some this will be Cardiff and Swansea, for others possible destinations include Bangor, Wrexham, Stoke, Shrewsbury, Manchester and Liverpool.

Partnership with a wide range of specialist units will promote learning networks and offer opportunities to access training and development both by rotation out of and by bringing trainers into BGH. The opportunity to use the high quality clinical environments at BGH as a training hub will offer benefit to the whole of Hywel Dda University Health Board.

The concept of "rural" can be applied to every service, specialty and sub-specialty providing services from BGH and will promote recognition of the complexity of providing accessible care across the wide geographical catchment area.

Rural also defines a way of working that recognises the need for services to work across traditional "health and social", "primary and secondary", "physical and mental" and professional boundaries in a way that promotes the realisation

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of the benefits a network of NHS facilities provides to deliver "care" as close as is possible to people's homes.

Sustainability of service provision is no less important because a service is "essential" and we recognise the importance of doing more at BGH so that it achieves a cost effective and efficient scale of provision.

We will:

- Maximise the utilisation of BGH's modern facilities
- Maximise the benefit of BGH's high quality services
- Develop the range of services provided
- Extend BGH's catchment area

So that:

- BGH becomes the provider of choice for access to specialist health care services both within the main hospital and at networked "Bronglais@" services across the mid Wales area.

The "Bronglais Commitment" will be to provide high quality services, on-time and as locally as possible.

Within the hospital, provision of acute emergency and urgent care services is a 24/7 collaboration of all "essential" services. BGH provides these services and will continue so to do. A patient's emergency care pathway starts in the community and is supported by primary care, 111 and 999 services. In order to ensure long term sustainability, however, we need to recognise that services will have to change what is provided and how this is done. The progress of technological advancement will increasingly challenge services to be provided in a different way, some of which will increase the opportunity to do more locally while others will redirect certain clinical presentations to specialist centres to ensure the optimal outcome.

BGH will also need to do more to support the attainment of the Health Board's strategic goals, repatriating care for people across the whole of Ceredigion to support delivery across the whole Hywel Dda University Health Board whilst also recognising the need to do more for patients for whom BGH becomes the closest provider as the Health Board's Health and Care strategy is implemented.

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Improvements are required in both emergency and urgent care and planned care. Because of the economies of scale required at BGH, co-location is necessary, but the workflows need to be separated to ensure elective care is protected.

Primary care services will be an essential component of the emergency "front door". Appropriate streaming into a Community Urgent Integrated Care Centre located on the hospital site will direct patients whose clinical presentation can be managed within primary care, but require rapid access to hospital based diagnostics or specialist advice will not be admitted to a hospital bed and will be able to return home following consultation. The relationship between the hospital based and community based services will be fluid so that the appropriate skill set can be directed to meet patient needs no matter which care setting they are currently in.

The front door service will be able to access a wide range of specialist medical and surgical support with all essential life-saving interventions available onsite other than those for which there are specific treatment pathways specified on a regional/all-Wales basis (where a patient would usually be taken from the scene).

Because of its remoteness, BGH receives patients who have suffered trauma or are obstetric and paediatric emergencies and the models of service required for each are set out in this Strategy.

Supporting the provision of the emergency services will be access to 24/7 hot (time critical) diagnostics and pharmacy with daily access to other key services, therapies, social services and diagnostics that will promote diagnosis, treatment and discharge, but which are not a first line diagnostic for emergency patients (e.g. MRI).

Access to therapy and on-site pharmacy services daily will also support patient recovery and discharge and is a key investment in order to achieve optimal length of stay.

In order to ensure patients waiting for elective/planned treatment receive their procedure on time, we will re-provide the day surgery unit as a 23:59 unit. This will support day-case as the norm by protecting the recovery capacity required and allowing day cases to be operated on as part of an extended theatre list.

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Protection of in-patient capacity will be dependent upon the implementation of Ceredigion's vision for community delivered services ("Caredigion") so that there is sufficient capacity in the community to ensure patients are discharged to an appropriate setting when they are ready to be discharged rather than waiting for the package of care they need or space in an appropriate setting to become available. Once this is achieved, elective capacity will be ring-fenced and BGH will be able to deliver on its commitment to provide its high quality services on time and, at this point, be able offer its services to a wider catchment population.

The importance of networking with our neighbouring services and those within Hywel Dda cannot be understated. This is essential to ensure skills are maintained and developed and patient pathways promote timely access to high quality care. Cardiac services are a model of how a service can be delivered, developed and grown in a rural setting and are described to give an example of what effective collaboration can achieve.

Significant opportunities are presented by the adjacency of BGH to Aberystwyth University and the National Library of Wales which forms a campus of Health, Care and Learning. The development of a School of Nursing and Health Science together with provision of General Practitioner and Biomedical Science courses and modules will enable clinicians to achieve academic ambitions and academics and clinicians to work together on research and development across a broad spectrum of interests. The opportunity to develop as a University Hospital is something that BGH should explore as part of a package of incentives to promote recruitment and retention while also supporting initiatives to strengthen local economy and industry.

Moving services closer to people's homes will allow resources to be re-profiled across the health community. For BGH and mid Wales, delivering sustainability will be achieved by:

1) *An emphasis on population health, health promotion and prevention to enable people to live well for as long as possible*
2) *Services moving from acute settings into community settings across mid Wales*
3) *Acute services being re-profiled across Hywel Dda so that more is provided at BGH thus reducing the need for patients and families to travel further for treatment*

BGH will deliver value at a local level by:

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- Providing more within our existing resource allocation
- Delivering better outcomes for patients
- Ensuring additional investment supports the above

When considering patient outcomes, we will need to consider:

- Clinical outcomes; these should be as good as or better than is available anywhere else
- Patient centred outcomes; patients as individuals have their own specific view of what "good" is to them. This will include many factors, but is principally a balance of how long they will wait against how accessible the service is both for them and their family

BGH will play an important role in the provision of some population health activities, such as screening and surveillance, but other activities such as healthy diet and lifestyle will be focussed across the services working in community settings and extend into other areas such as education. The attainment of population health goals will result in reduced presentation of certain conditions in acute settings and promote people remaining at home, but an ageing population brings with it its own challenges for the whole care system and is not in itself without its costs.

Services that have traditionally been provided at BGH will move into community settings across mid Wales to improve access for patients and allow BGH to focus on the delivery of more complex acute care and support the planned service changes in the south.

An initial high level review of the financial implications of this strategy shows a resource requirement of approximately £3m. This is split evenly between:

- Improvements and developments that would need to be implemented whether or not this strategy existed, e.g. therapy provision
- Strategic developments set out in the Health Board's strategy
- Strategic developments to deliver excellent acute health care in mid Wales

The Health Board's overall strategic model shows that a shift to a community based services would enable inpatient hospital beds to be re-profiled. For BGH this would not necessarily result in a reduction of beds, but allow the hospital to increase throughput to support both the repatriation of services from the south of Hywel Dda to meet the service changes in that area and also to offer a broader range of services to be population of mid Wales on an in, day and

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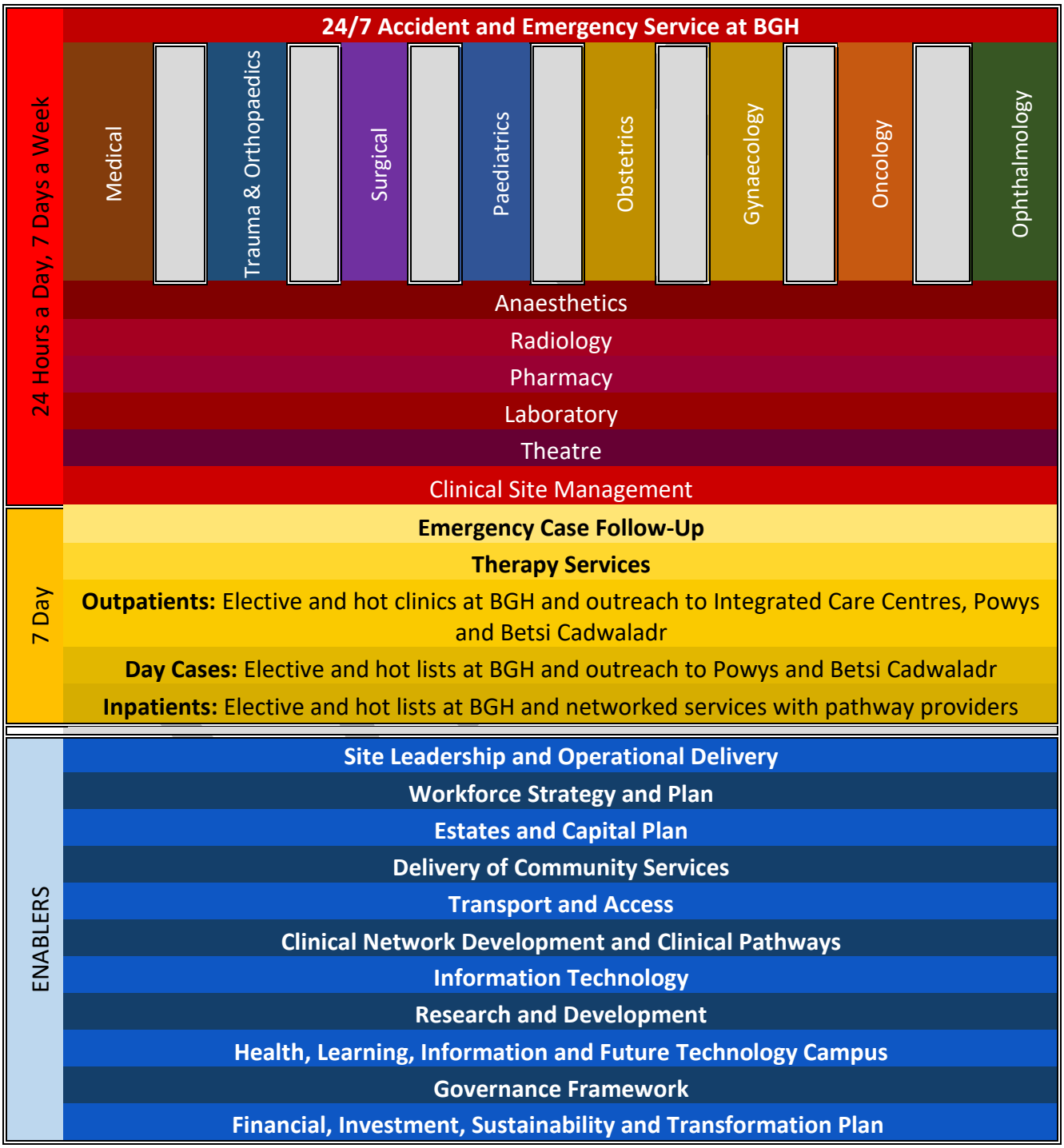
outpatient basis in partnership with other providers thereby balancing the income and expenditure for the hospital.

This document combines a number of different perspectives which are threaded throughout its sections. Detailed planning encompassing both the operational services and the supporting "enabling" functions to realise our vision will be developed following approval of this document by Hywel Dda University Health Board:



A Healthier Mid and West Wales:

Our Future Generations Living Well

Delivering

Excellent

Rural

Acute

Care

THE ROLE OF BRONGLAIS HOSPITAL IN DELIVERING THE HIGHEST QUALITY SERVICES & CARE FOR THE PEOPLE AND FAMILIES OF MID WALES

FINAL DRAFT JUNE 2019

Safe *Sustainable* *Accessible* *Kind*

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Contents

Why are we here? 1
Cyflawni i Gymraeg *(Committed to Welsh)* 4
Strategic Context 8
Affordability and Sustainability 10
Setting the Scene 13
What will the service look like? 24
How will we know it is working? 24
Rural Emergency and Urgent Care Services 28
Rural Acute Medical Centre 36
Rural Acute Surgical Unit 42
Rural Trauma Facility 52
Rural Obstetric Unit 60
Rural Paediatric Unit 68
Rural Intensive Care Service 76
Rural Cardiac Unit 82
Rural Laboratory Services 98
Rural Acute Pharmacy 108
Rural Therapy Services 114
Rural Elective Care Services 120
Future Technology Campus 130
Implementing Our Strategy 136
Clinical and Staff Engagement 145

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Why are we here?

Uniquely placed in Wales, Bronglais General Hospital (BGH) is an Acute District General Hospital serving a diverse and rural population living across mid Wales.

BGH's location is relatively isolated with travel times to the next nearest hospitals being:

- 90 minutes to the south (Glangwili)
- 120 minutes to the east (Shrewsbury)
- 120 minutes north-east (Wrexham)
- 200 minutes to the north (Bangor)

Consequentially, BGH has been identified as strategically important by Welsh Government and Hywel Dda University Health Board for the delivery of health care to a population for whom there is no readily accessible alternative to acute care.

Because of its unique situation, BGH does not always fit into nationally established service protocols and pathways which may be completely appropriate for services in an urban environment. In response, BGH has developed a reputation for being agile and adaptable with services evolving over time to meet presenting needs across the whole spectrum of care, but this requires careful mitigation to ensure safe and sustainable outcomes.

Health Services organisation is described by levels, 1 being the least complex and 3 the most. The services BGH must provide to meet the immediate presenting needs of its population straddle levels 1 and 2, but some emergency presentations at BGH are more serious and complex and encroach on level 3, e.g. strangulated hiatus hernia or perforated oesophagus where the hospital must be able to meet the immediate needs of these patients and stabilise them prior to decisions being made about their onward management. In these circumstances, the intervention BGH provides aims to stabilise the patient in order to maximise their outcome potential following transfer to an appropriate specialist centre.

For elective care, it is essential to recognise that requirements of a rural, agricultural community are not consistent with that of a more urban population. Rural populations already travel relatively long distances to access their health service and further travel for patients, carers and relatives can significantly

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disrupt lives and business. It is essential, therefore, that innovative approaches are used to meet these access requirements and ensure patients only have to travel away from their home area for the most complex procedures that cannot be sustainably provided at BGH.

The health care workforce, therefore, need to be able to respond to as wide a range of conditions as would present more frequently in more urban centres whilst recognising that increased specialisation means that health care professionals cannot work in isolation. A culture based around the needs of the patient and continuous improvement will support the attainment of our plans.

This will be achieved by a combination of:

- Developing the concept of Rural Facilities, Units and Centres across the spectrum of services
- Utilising enabling technologies in a way that challenges the perceived limits regarding their application in health care delivery
- Establishing agile rural health improvement networks in every specialty from primary to tertiary care that adapt to the different patients' pathways and ensure clinicians link with specialist centres
- Enabling a full range of emergency and elective surgical and medical services to be provided at BGH

The care service will adopt anticipatory approaches that utilise current and emergent technological solutions, so that timely intervention is achieved both for patients with known health conditions and, at a population health level, screen for certain conditions which are best, or can only be safely managed by planned intervention that is not available locally.

With the minor cases being managed appropriately in community settings, a greater proportion of emergency presentations at BGH will be major/higher acuity cases and the delivery of resulting treatment and care will be supported by the increased range of elective services being provided locally.

Although BGH has many unique characteristics, it cannot provide its services in isolation. The historic agility that BGH and Ceredigion Community services have demonstrated has resulted in the development of innovative approaches with our Hywel Dda colleagues and wider partners in the Welsh Ambulance Services NHS Trust, local authority services and Powys and Betsi Cadwaladr Health

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Boards to meet the challenge of rural isolation and this provides a firm foundation upon which to build services that deliver care as close to home as possible.

This document sets out the ambition for BGH. In so doing, we recognise that BGH does not function in isolation. Recognising the relative complexity of services commissioned by three health boards and provided by many more providers across Wales and England, we will continue to develop, with our partners, the collaborative pathways, networks, service models and support services that need to be enhanced and implemented in order to achieve the objectives set out in Hywel Dda Health Board's Health and Care Strategy, "*A Healthier Mid and West Wales: Our future generations living well*" and the objectives of the Mid Wales Joint Committee for Health and Care.

Bronglais General Hospital will build its reputation as an excellent rural provider of acute and planned-care. It will therefore continue to provide urgent, emergency and planned care services, with more specialist cases transferred to our new urgent and planned care hospital as part of our wider hospitals network (as well as other regional sites for more critical care).

A Healthier Mid and West Wales 2018

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Cyflawni i Gymraeg *(Committed to Welsh)*

Daeth y Safonau Gymraeg i'r rym yn mis Mehefin 2018 ac mae nhw'n ei gwneud yn ofynnol i sefydliadau statudol gydymffurfio a'r rhain erbyn 31 Mai 2019. Mae'r safonau yn sicrhau:

- eglurder i sefydliadau mewn perthynas â'r iaith Gymraeg
- eglurder i siaradwyr Cymraeg ar ba wasanaethau y gallant ddisgwyl eu derbyn yn Gymraeg
- mwy o gysondeb mewn gwasanaethau Cymraeg a gwella ansawdd i ddefnyddwyr

Yr egwyddor allweddol yw na ddylid trin yr iaith Gymraeg yn llai ffafriol na'r Saesneg.

Mae yna lawer iawn o amrywiad yn nifer y siaradwyr Cymraeg ar draws dalgylch Bronglais gyda chyfrannau uwch yn y gorllewin a llai yn y dwyrain, ond mae nifer y siaradwyr Cymraeg yn tyfu o flwyddyn i flwyddyn ac wrth i ein gwasanaethau tyfu mae angen i ni sicrhau bod eu hanghenion yn cael eu diwallu.

Ar gyfer rhai cyflyrau fel strôc a dementia, rydym yn cydnabod yn llawn, mai iaith gyntaf rhywun yn aml yw'r iaith y maent yn rhagosod i a byddwn yn sicrhau bod cleifion yn derbyn y cymorth sydd angen arnynt yn yr iaith honno.

The Welsh Language Standards came into force in June 2018 and require statutory organisations to comply with them by 31 May 2019. The standards ensure:

- clarity to organisations in relation to the Welsh language
- clarity to Welsh speakers on what services they can expect to receive in Welsh
- greater consistency in Welsh language services and improve quality to users

The key principle is that the Welsh language should not be treated less favourably than the English language.

There is a great deal of variation in the numbers of Welsh speakers across the Bronglais' catchment area with greater proportions in the west and fewer in the east, but the number of Welsh speakers is growing year on year and we need to ensure that as our services grow, that their needs are met.

We fully acknowledge that for some conditions such as stroke and dementia, a person's first language is often the language to which they default and we will ensure that patients receive the support they require in that language.

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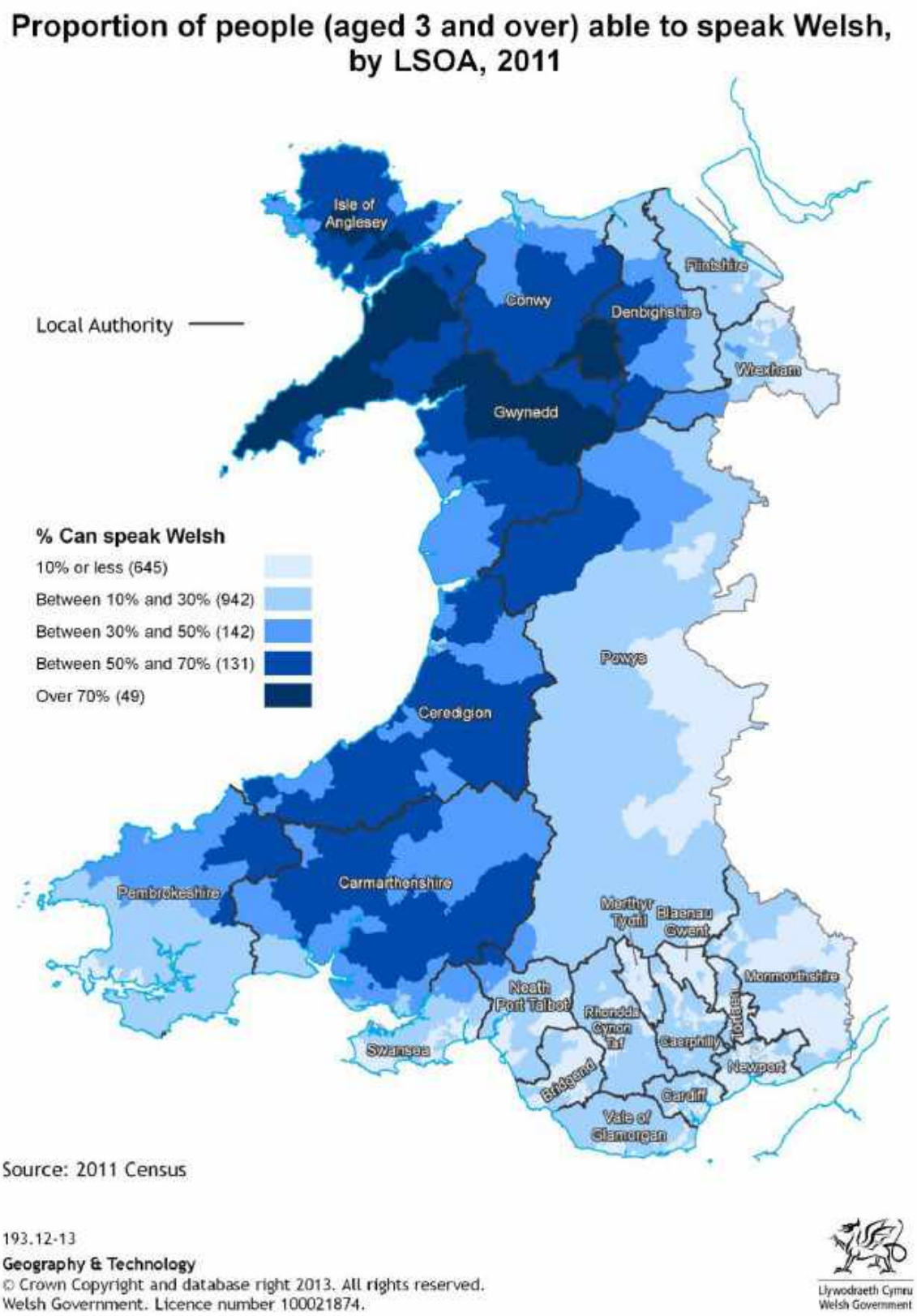
Proportion of people (aged 3 and over) able to speak Welsh, by LSOA, 2011
Local Authority
% Can speak Welsh
10% or less (645)
Between 10% and 30% (942)
Between 30% and 50% (142)
Between 50% and 70% (131)
Over 70% (49)
Isle of Anglesey
Conwy
Denbighshire
Flintshire
Wrexham
Gwynedd
Powys
Ceredigion
Pembrokeshire
Carmarthenshire
Merthyr Tydfil
Blaenau Gwent
Monmouthshire
Torfaen
Neath Port Talbot
Rhondda Cynon Taf
Caerphilly
Newport
Swansea
Bridgend
Cardiff
Vale of Glamorgan
Source: 2011 Census
193.12-13
Geography & Technology
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Llywodraeth Cymru
Welsh Government

Mae Ysbyty Cyffredinol Bronglais yn recriwtio staff o gymunedau lleol ac yn cynnig gwasanaethau yn Gymraeg. Fodd bynnag, ar gyfer rhai gwasanaethau, ni allwn recriwtio siaradwyr Cymraeg a lle mae hyn yw'r achos, byddwn, lle bynnag y bo modd, yn cynnig aelod o staff sydd yn siarad Cymraeg gyda profiad addas i gyfieithu a helpu i hwyluso sgwrs / ymgynghoriad ystyrlon.

Byddwn yn gweithio i sicrhau bod y gwasanaethau yr ydym yn eu darparu a'u comisiynu yn bodloni'r gofynion a nodir yn Safonau'r Gymraeg a, lle nodir nad ydym yn bodloni safon, byddwn yn cymryd camau i unioni hyn.

Bronglais General Hospital recruits staff from local communities and offers services in Welsh. However, for some services we are unable to recruit Welsh speakers and where this is the case we will, wherever possible, offer a Welsh speaking member of staff with suitable experience to translate and help facilitate a meaningful conversation/consultation.

We will work to ensure services we provide and commission meet the requirements set out in the Welsh Language Standards and, where it is identified that we do not meet a standard, we will take action to remedy this.

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Teulu Jones Family; the Mid Wales Perspective

In order to understand the impact of plans upon people living in Hywel Dda, the Teulu Jones Family were created:

What does it mean to…?	
Mari	Mari is 78 years old and lives at home with Alun, her husband of 50 years. A retired teacher and a former President of the local Women's Institute which she still attends. She loves cooking, especially baking cakes. In recent months, Mari has developed mild dementia and has become increasingly frail. She is becoming more confused and has often been found wandering.
Alun	Alun is 80 years old, is husband to Mari and is a retired electrician. Alun enjoys his daily walk to the local shop to get the newspaper. He is a non-insulin dependent diabetic and takes medication to control it. He has a history of ischaemic heart disease and had a heart attack when he was 70. His sight is starting to fail due to a cataract.
Gareth	Gareth is 38 years old and the younger brother of Sioned. He is the finance director of an engineering company, and is married with two sons. Gareth is a keen cyclist and has been a social smoker. He tries to visit his older parents as much as he can, and stays in contact with Sioned.
Ayesha	Ayesha is 39 years old and the wife of Gareth, with whom she shares a love of cycling. She is a primary school teacher and is expecting her third child, a sister for the two sons she has with Gareth.
Sioned	Sioned is 47 years old, is mum to Lianne and grandmother to Ben. She works part-time as a healthcare support worker at her local hospital and is enrolled on an access to nursing course at her local college. Sioned is carer to both her ageing parents and her young grandson, and has been suffering with stress, anxiety and low mood.
Rhys	Rhys is 52 years old. He lives with his wife Sioned, daughter Lianne and grand-son Ben. Rhys is a long distance lorry driver and is away from home a couple of nights a week. He has smoked and at is overweight, due to a combination of poor diet and limited physical activity.
Lianne	Lianne is 19 years old and lives with her parents. She has a three-year-old son, Ben, and is pregnant with her second child. Lianne hopes to become a childcare assistant. She is enrolled on a part-time course at her local college but is currently unable to attend due to pregnancy related sickness.
Ben	Ben is three years old. He was born prematurely and has lived with respiratory problems from birth. He has a mild developmental delay and has recently been diagnosed with a rare genetic condition. He lives with his mum and grandparents.

Teulu Jones will be used in this document to illustrate how the development of BGH will impact upon our patients and both our resident and visiting populations. Gareth and his wife Ayesha live with their children in the village of Talybont in north Ceredigion. The other members of the Jones family enjoy visiting, and they often take holidays together in the caravan parks along the Ceredigion coastline.

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Strategic Context

This document outlines our vision and strategy for the future of Bronglais District General Hospital (BGH), Aberystwyth. It does not provide detailed plans for how this will be achieved, rather setting the direction of travel and our aspirations for the future to make a real difference to the health and wellbeing of the people of mid Wales.

The development of our vision for BGH has been informed by a number of key recent developments, namely:

- The work of the HDdUHB Transforming Clinical Services programme
- The Board approval of the HDdUHB health and care strategy
- The Board approval of the HDdUHB health and wellbeing framework
- The vision and aims of the Mid Wales Joint Committee for Health and Social Care

In addition, services provided from BGH are also influenced by the strategic and Integrated Medium Term Plans (IMTP) arising from a number of other organisations/collaborations, including:

- Powys Teaching Health Board
- Betsi Cadwaladr University Health Board
- Swansea Bay and Hywel Dda University Health Boards "ARCH"
- South Wales Trauma Network
- Welsh Ambulance Services NHS Trust
- Shrewsbury and Telford NHS Trust "Future Fit"

Detailed planning and actions to realise our vision will be developed following approval of this document by the Hywel Dda University Health Board. This will include:

- **Operational Delivery Plan**
- **Clinical Network Development and Governance Plan**
- **Workforce Development, Recruitment and Retention Plan**
- **Estates Plan**
- **Financial, Investment, Sustainability and Transformation Plan.**
- **Future Technology Plan**

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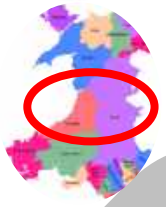
The Hywel Dda Strategic Context

Hywel Dda University Health Board's agreed health and care strategy sets out the future of BGH as a District General Hospital within a wider hospital network across HDdUHB. Building upon previous successes at BGH, the strategy provides an opportunity to address the challenges in the delivery of health and care services that characterise the communities and geography of mid Wales, for example:

Population ageing and a rise in chronic conditions

The need to **travel** often long distances to access health and care services and a reliance for many on infrequent public transport

Recruiting and deploying skilled health and care staff



Delivering safe, sustainable, accessible and kind health and care services across a large and mainly rural geography, including considerations of equity

Providing digital solutions and ways of working to underpin health and care, including access to digital information, tools and services to help people maintain and improve their health and wellbeing

BGH is a key service provider for residents in Ceredigion, mid-Powys and South Gwynedd. Hywel Dda's strategic direction will extend the catchment area to the south of Ceredigion and the strategic direction of the Future Fit programme (the strategic plans for Shrewsbury and Telford NHS Trust) is likely to see an increase in demand for elective care from Powys residents which will be delivered by outreach into and partnership with Powys' other providers. It is, therefore, important to set out the plans for service enhancements and change that will ensure there is the capacity to meet this demand in collaboration with neighbouring health boards and providers.

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Affordability and Sustainability

The assumptions set out in the Health Board's strategy are that more will be done closer to people's homes and that will allow resources to be re-profiled across the health community.

In the context of BGH and mid Wales, this has three main strands:

1) ***Emphasis on population health, health promotion and prevention to enable people to live well for as long as possible***
2) ***Services moving from acute settings into community settings across mid Wales***
3) ***Acute services being re-profiled across Hywel Dda so that more is provided at BGH thus reducing the need for patients and families to travel further for treatment***

Just because something is affordable, does not necessarily mean that it is sustainable or vice-versa. Sustainability also takes a longer term and broader view of a service than affordability and requires us to examine how our services deliver value.

It has long been recognised that expenditure on health care supports the delivery of both well-being and prosperity. At a population health level, immunisation against preventable illness and improvements in child health are relatively low cost interventions that provide significant value for the whole life of a person.

At a macro-economic level, interventions to prevent and treat illnesses improves workforce productivity and health and safety improvements reduce the chance of people becoming ill because of their occupation. A healthy population delivers a healthy workforce and, as a result, promotes the overall economic wellbeing of a country which in turn supports investment in health improvement activities and in the provision of a broader range of health care services.

To be sustainable, health services must allocate its finite resource in a way that maximises population health and responds to the overall healthcare needs of its population. In essence the key challenge for the NHS is to deliver a service that promotes macro-economic benefit, but that also responds to needs on the

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smallest of scales, that of the individual and it is in this context that the concept of delivering value at a local level is brought into focus.

In this strategy, we will deliver value by:

- Providing more within our existing resource allocation
- Delivering better outcomes for patients
- Ensuring additional investment supports the above

When considering patient outcomes, we will need to consider:

- Clinical outcomes; these should be as good as or better than is available anywhere else
- Patient centred outcomes; patients as individuals have their own specific view of what "good" is to them. This will include many factors, but is principally a balance of how long they will wait against how accessible the service is both for them and their family

A centralised care service may be financially efficient and produce clinically optimum outcomes immediately post treatment, but if it comes at a cost of greater travel and more difficulty in maintaining independence through deconditioning before, during and after treatment, this may not provide an optimum outcome for the patient and their family.

In order to achieve the Health Board's commitment to deliver care closer to home, we need to promote people remaining in their own homes and localities so that they can, as far as possible, maintain their normality and routine. As our population ages, the need to preserve independence and support informal care arrangements will become paramount; failing to do so will significantly challenge the sustainability of health and social care in the longer term.

BGH will play an important role in the provision of some population health activities, such as screening and surveillance, but other activities such as healthy diet and lifestyle will be focussed across the services working in community settings and extend into other areas such as education. The attainment of population health goals will result in reduced presentation of certain conditions in acute settings, but an ageing population brings with it its own challenges for the whole care system and is not in itself without its costs.

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The movement of services that have traditionally been provided in acute settings into the community is a key development that will both improve access for patients and allow BGH to focus on the delivery of more complex acute care. Key opportunities are for consultants at Bronglais to provide outreach services to facilities in Ceredigion, Powys and Gwynedd with the aim of treating patients in those settings unless their clinical need requires more specialist input. Alongside this, all clinical pathways will need to be reviewed so that they are appropriate both clinically and geographically while ensuring they achieve the benefits of prudent healthcare.

In order to achieve the Hywel Dda University Health Board's strategic objectives, re-profiling of services across its catchment will be required so that the new configuration of acute and community provision can deliver as planned. This will mean that BGH will need to do more work for patients within Hywel Dda. Some of this being provided from community facilities and some will be provided at BGH. This is, in essence, both an expansion of BGH's catchment area and of the services it provides and will be achieved by delivering efficiency improvements to allow increased throughput which will support future investment for extended service delivery.

There are opportunities, costs and compromises to strategic developments across the whole Health Board, but it has been agreed that there needs to be investment in community services to deliver the Health Board's objectives.

An initial high level review of the financial implications of this strategy shows a resource requirement of approximately £3m over the next 5 to 10 years. This is split evenly between:

- Improvements and developments that would need to be implemented whether or not this strategy existed, e.g. therapy provision
- Strategic developments set out in the Health Board's strategy
- Strategic developments to deliver excellent acute health care in mid Wales

The Health Board's overall strategic model shows that a shift to a community based services would enable inpatient hospital beds to be re-profiled. For BGH this would not necessarily result in a reduction of beds, but allow the hospital to increase throughput to support both the repatriation of services from the south of Hywel Dda to meet the service changes in that area and also to offer a broader range of services to be population of mid Wales on and in, day and outpatient basis in partnership with other providers which will improve long term sustainability across the whole of the mid Wales health and care system.

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Setting the Scene

Bronglais District General Hospital is a strategically important hospital that provides accessible care for the remote, rural population of mid Wales.

Access to services is one of the most significant factors affecting rural populations that can impact on a patient's clinical outcome and also their perception of the service they receive, their family life, education, employment and income.

The most critical element of the service provided is "Urgent Care":

Urgent Care must be accessible within reasonable period of time. The "golden hour" has been used as one measure of this, but as healthcare evolves, some condition specific critical time limits will be agreed. Transport and transfer protocols will be put in place that allow patients to access care from specialist centres that are further away, but who may require initial assessment and stabilisation either at scene or in a local District General Hospital to achieve the best possible outcome.

Urgent care can be provided by primary and community services, but treatment and stabilisation of life threatening conditions requires the support of a range of diagnostic services and multi-disciplinary teams that is only available in an acute hospital setting.

However, the population also requires access to planned (elective) care which,

Planned Care, although not time critical in terms of intervention, is traditionally provided during the "normal working week", 9-5 on Mondays to Fridays. Accessing planned care that is not local to the patient can impact family life, education, income and employment all of which can impact upon the patient's perception of their outcome.

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although less urgent, can present significant challenges to them:

BGH is also the most remote hospital in Wales with travel times to the nearest neighbouring hospital of at least 90 minutes.

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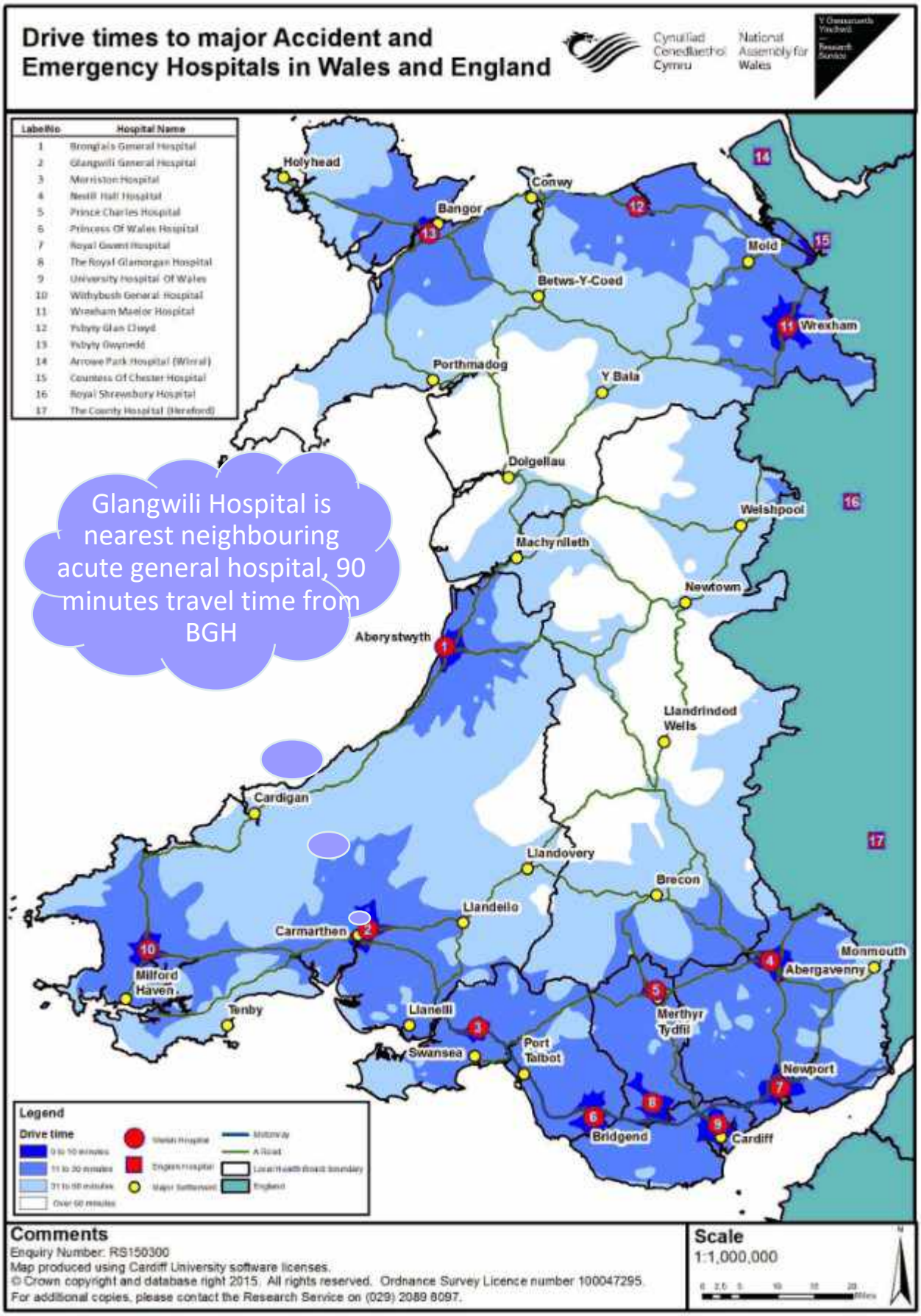

From the perspective of urgent care, this means that the hospital receives a large range of conditions, from relatively minor (could possibly be seen in

another setting if service was available/available in time) to highly complex major presentations. With a significant elderly demographic, there are often added factors of multiple co-morbidities and a break-down of established care networks, for example when a family member becomes ill.

BGH must, therefore, be able to provide a comprehensive range of emergency interventions across a wide range of clinical specialisms, including:

Medicine	Surgery	Trauma & Orthopaedics	Obstetrics & Gynaecology	Paediatrics
Anaesthetics				

The 24 hours a day, 7 days a week (24/7) on site, consultant provided Anaesthetic service at BGH is an operationally important service that provides all other clinical services with essential specialist input to ensure the diverse range of conditions and presentations at BGH can be safely and sustainably managed.

In addition, a wide range of allied services supports the delivery of emergency services and need to be provided in, or readily accessible through, the emergency and urgent Care stream:

• Theatres	• Diagnostics
• Therapies	• Pharmacy
• Transport	• Social Care
• Third Sector	• Housing
• Communication & Information	• Administration & Management

Ideally, these would be available 7 days a week if not 24/7:

There are 168 hours in a week

Monday to Friday, 9 to 5 = 40 hours

The service operates for 128 hours outside of the "normal working week

This is when Urgent Care must be provided

This is when Planned Care is provided

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Both the population's rurality and the wide range and complexity of urgent conditions with which they present, sets the stage for the organisation of the whole of BGH's operation plan, that is that the service must respond at any time, day or night, to patients who self-present or are brought here by the ambulance service.

It is essential, therefore, that there are sustainable rotas of senior clinicians supported by appropriately resourced teams to provide high quality "generalist" response in an emergency.

For some medical emergencies, there are specific pathways for certain conditions with what are described as "red flag" symptoms (e.g. **F***ace* **A***rms* **S***peech* **T***ime* for stroke). However, much of what people present with as an emergency is less than clear and a generalist approach to their assessment, diagnosis and treatment is required.

Similarly, for some surgical and trauma emergencies, there are specific pathways that will direct patients to specialist services that are out of area. These are, however, less well established and, again, the cause of presenting symptoms is not always clear which also necessitates an initial wide ranging diagnostic approach. The South Wales Major Trauma Network is developing pathways for major trauma for implementation by 2020 and these are reflected in the section on rural trauma later in this document.

Although the "normal working week" is only one-quarter of the week, the provision of planned care is essential to ensure that staff are able to have exposure and are skilled in a wide range of clinical conditions and presentations whilst carrying on caring for patients who have presented as an emergency during the other three-quarters of the week.

It will not, however, be possible to provide every service from BGH and some will need to be supported by clinicians in other hospitals via agreed clinical pathways which will be enabled by technological opportunities such as tele-health.

Throughout this document, we explore service provision to set out what needs to be provided 24/7 days a week and what needs to be provided on a daily basis.

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What is Rural Care?

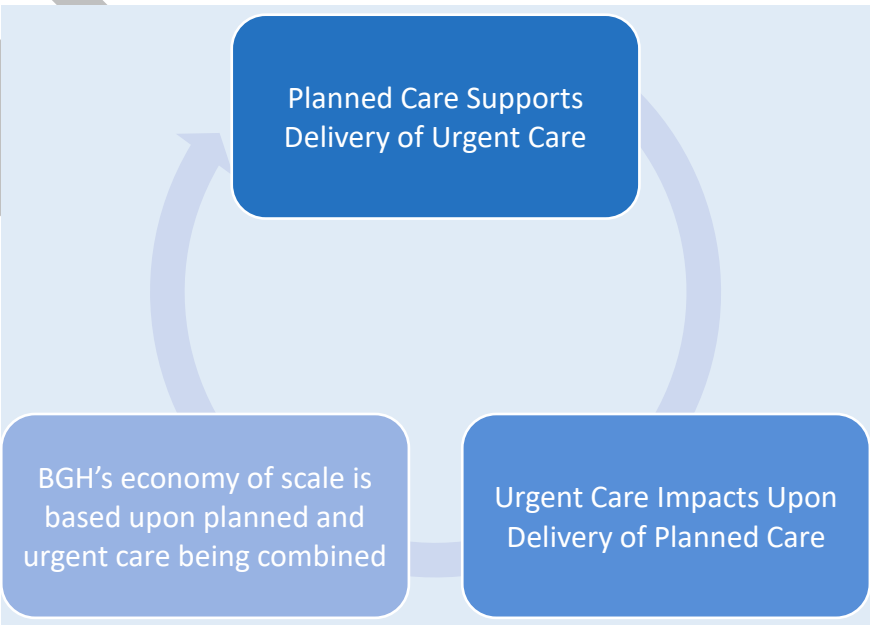
Rural is not a definition of location, but of character. Rural areas co-exist adjacent to large urban areas and those that do can have access to a comprehensive range of services and public utilities that do not exist, per se, in rural areas.

When people talk about the challenges of being "rural", they are really talking about the challenge of being "remote" from services typically available in more urban areas.

It is the relative remoteness of the population of mid Wales with its two urban centres of Aberystwyth (c.20-25,000) and Newtown (c.10-15,000) that requires us to define a service that will properly respond to the routine, urgent, ongoing and long term needs of a population that are not significantly different to those presented by populations in more urban areas, but do need different service models to deliver.

The Care Conundrum

We have described above how a site such as BGH relies upon the co-location and co-operation between planned and unplanned care. However, there is a fundamental conundrum that needs to be understood and properly addressed if services are going to be reliably provided.



This is not to say that all the solutions lie within

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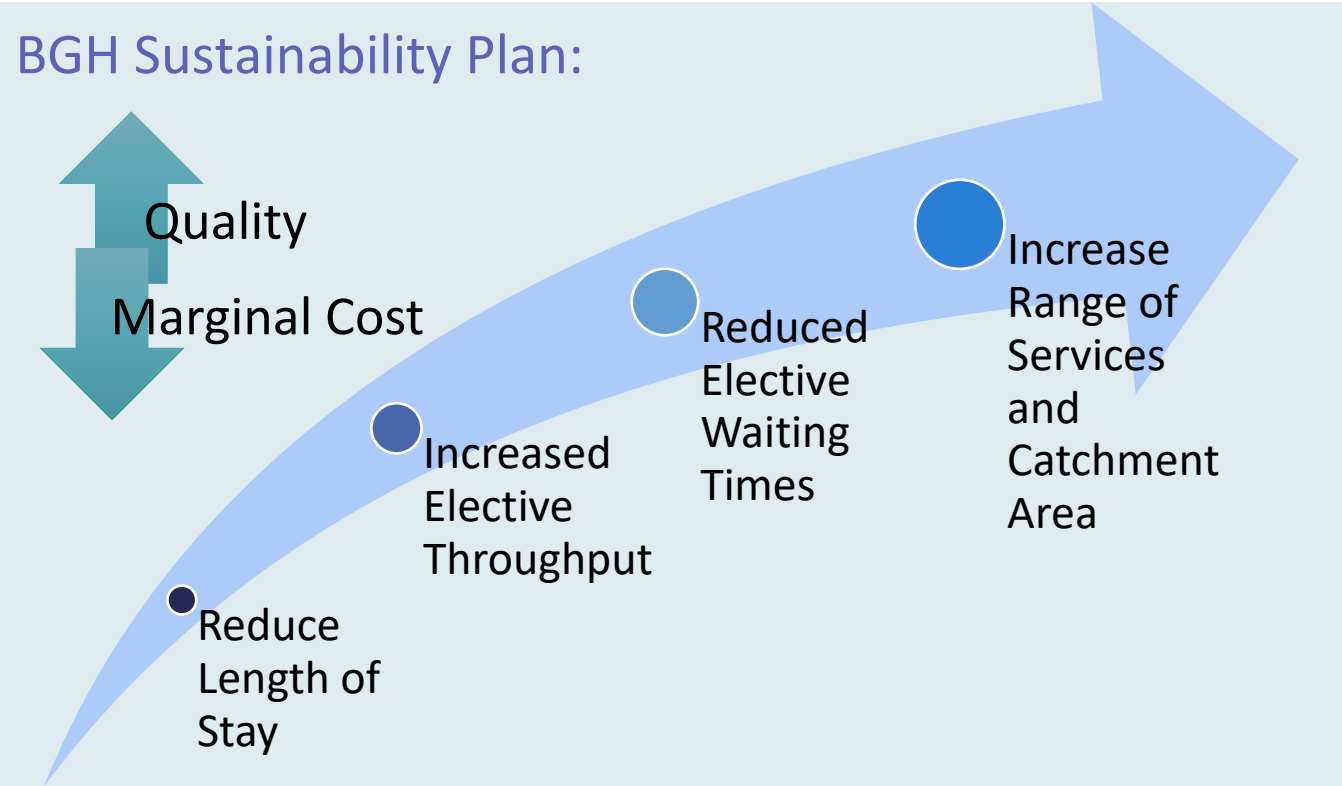
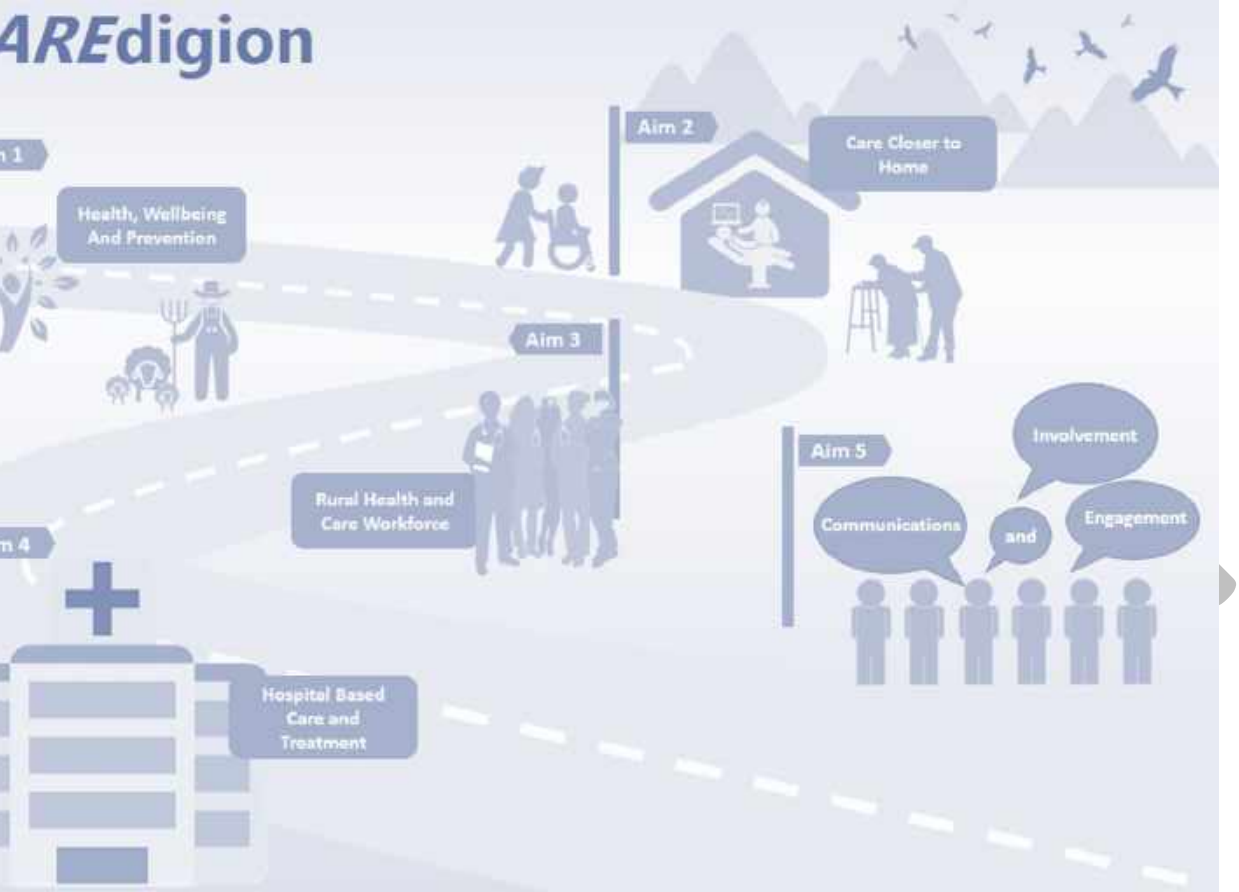
the hospital itself. The importance of ensuring that the whole care system works to support people receiving the care they need, when it is needed in the most appropriate care settings is key to resolving the conundrum and that will ensure the long term success and future sustainability of BGH.



Home First

In response to the challenges presented by an ageing population with increasing comorbidities who are growing old in a community where traditional models of care based around the family can no longer be relied upon, services in Ceredigion have developed the concept of "CAREdigion". The approach to care will be seamless, working across traditional organisational and professional boundaries so that the population of Ceredigion receive a truly joined-up service across the entire spectrum of care.

There will be no significant boundaries between health, social or third sector services and roles within those service areas will be less defined within a narrow band of activity, but reflect the holistic needs of the patient which are more generalised. By blurring the boundaries of care and testing the potential of shared professional responsibility, services will be able to evolve across the whole care system to meet individual needs and respond pro-actively to these as they change.



BGH is a key service partner in "Caredigion", but has traditionally been a place of safety for people in crisis whether this is caused by a deterioration in health or not. By ensuring care is provided along a "home first" principle, "Caredigion" will promote a reduction in avoidable attendance at BGH and prompt discharge home, or to an appropriate alternative setting, when the patient is medically fit and will not benefit further from the care an acute hospital provides.

Partnership Working

Successful delivery of safe, sustainable, accessible and kind services relies on the whole system working together. To do this, partnerships will need to be built and maintained across all partners in mid Wales.

Partnership with the three mid Wales local authorities will be key to ensuring patients accessing emergency and inpatient services at Bronglais receive the appropriate assessment and care planning required so that when admission is not needed, they can return home that same day and, following admission, are discharged when they attain their optimal fitness.

Ceredigion's Health and Social Services have a track record of partnership working and this provides a firm foundation to deliver a seamless, personalised service to patients that anticipates and responds to change in a person's condition, provides rapid assessment and support when a person presents in crisis and ensures support is provided to let people live fulfilling lives in their communities.

We believe that patients across mid-Wales would be served well by an integrated service so that "trusted assessors" can assess, advise and plan to meet an individual's needs which fully reflects their personal circumstances and what matters to them. We will work with all our partners to establish these arrangements across the multidisciplinary team.

Working Across Regional Boundaries

Although the successful delivery of "Caredigion" is essential to the success of BGH, there is a need to reflect BGH's significant catchment area across mid Wales, including Powys and Betsi Cadwaladr Health Boards.

This adds both complexity and opportunity with six different statutory organisations involved in the planning and delivery of care, combined with a number of specialist pathways commissioned for residents in neighbouring health boards often with different specialist and tertiary partners that do not apply to Hywel Dda University Health Board residents.

The Mid Wales Joint Committee for Health and Care is responsible for ensuring close co-operation and, where possible, integration of functions to establish whole-area multi-disciplinary teams will provide opportunities for innovation to improve care for all patients who regard BGH as their local hospital regardless of where they live.

Promotion of high quality, accessible services will be achieved by the development of a "Bronglais@" service to identify the service provider and

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associate this with a "Bronglais Commitment" to high quality service provision, on-time and as locally as possible.

Population Health

In order to achieve long-term sustainability, a long-term view of health is required and actions to address inequalities across the determinants of health need to be delivered in order to have benefits for future generations. Long term health conditions caused by lifestyle choices are preventable and health care professionals working in the acute sector will support health improvement activities starting with expectant mothers, through the early stages of a child's development, involvement in secondary education and engagement with students in further education.

From a rural perspective, services need to reflect the farming seasons which, in a rural sheep and cattle farming area, give windows for engagement during mid-winter, the summer agricultural show season and early autumn. Weekly farmers' markets also provide an opportunity to support farmers during busier seasons. Partnerships with the farmers' unions could help gain access to and target promotion campaigns in ways that will capture the various generations of the agricultural community.

The services in Ceredigion and across mid Wales are committed to public involvement in the planning and delivery of services and we will use Hywel Dda's Framework for Continuous Engagement and those of our partners to ensure this is achieved for all our patients. We are especially keen to involve groups who have traditionally not been heard, for example people from younger age groups, and will ensure our engagement and involvement activities are inclusive so the views, opinions and aspirations of the whole population inform our future services.

Core Principles

People in remote rural areas:

- Will be provided with access to the full range of services that anyone else in Wales would be able to access
- Will have access to services that are of at least the same quality as those available to others

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- Will not have to travel long distances to access services that can safely be provided in their locality
- Will receive timely, appropriate response to their presenting condition

It is not that people should receive a different service to that provided to populations in urban areas, but the way in which the service will be provided and people access those services will be different.

Assumptions

We have made a number of assumptions as we have developed our vision for services:

1. People are born, grow up, live, work, grow old and die in rural areas just as people do in more urban areas. Rurality, however, provides a framework upon which community resilience can flourish and can be harnessed to support population health, although it can never be taken as a resource that can replace essential life-saving services
2. The community elements of the "CAREdigion" model are resourced and functional as set out in Ceredigion's Integrated Medium Term Plan
3. BGH is part of a network of services that reach to the North Coast of Wales, to Stoke, to Birmingham, to Hereford to Cardiff and the South Coast of Wales. Patients will come from and need to return to their homes and services patients receive will be provided in partnership with a significant number of health care providers across the catchment area
4. Mid Wales has significant seasonal population fluctuation due to the academic sector and the tourist industry. These populations present with a range of conditions that need to be met, some of which are relatively unusual in the context of the resident mid Wales population
5. Home first is a statement of intention for all we do. What it will be possible to do at home will evolve, supported by technological development, and this will change the balance of what is provided in various settings and, in itself, releasing acute capacity to do more procedures at BGH
6. Where services cannot be provided at home, we deliver these at BGH or an appropriate community facility close to the patient wherever possible and ensure that the quality and outcomes are at least as good as those in other commissioned providers

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7. Patients should be able to access the best possible available care. Patients will, however, have different definitions of what good means to them. The service must respect that for some, local access may be more important than quick access to a service and for some conditions, outcomes can decrease the further a patient travels from their home

What will the service look like?

This plan sets out the services to be delivered from BGH starting at the "front door" for emergency access. This reflects the importance of urgent healthcare provision as an absolute requirement of BGH for the people of mid Wales and then sets out plans for services that will meet this need and which directly and indirectly support its provision.

How will we know it is working?

Healthcare and health services are measured and performance managed through a range of mechanisms. Performance measures, such as the A&E 4-hour target, the waiting time 26-week target and ambulance response and turnaround times give some indication as to how well a system is performing overall. Other measures, such as the number of falls, infection control rates and drug administration errors give us an indication of how well a system is providing.

All have a role to play in understanding what works, but a broader view must also be taken in order to understand how the whole system performs.

To help, the Hywel Dda University Health Board describes outcomes from different perspectives against which we will assess the impact of our services and the changes we make:

- Quality and Safety
- Value Based Health Care
- Access (physical, virtual, communication)
- Population Health
- Performance and Delivery

Patients and families are at the heart of delivering a service that is "safe, sustainable, accessible, kind". "What does 'good' mean to you" is an essential question we should ask every patient so that the balance of outcomes and

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experience meets their specific requirements. There are three patient centred approaches to providing accessible, consistent and relevant information to both clinicians and service users that:

- Identifies what is working well and areas for improvement
- Informs care planning and service delivery

These are:

- ***Patient Reported Outcome Measures (PROMs):*** allow a person's perception of their own health to be captured to understand symptoms, concern and needs which can then be monitored over time
- ***Patient Reported Experience Measured (PREMs):*** capture a person's perception of their experience of the services they are receiving. This will allow matters that often frustrate patients to be understood, such as waiting times, ease of access, communication in language of choice and support provided to manage their condition
- ***"Friends and Family Test":*** which asks whether a patient would recommend a service to their family or friends

We will develop a system of recording and using PROMs. PREMs and Friends and Family tests to support the continuous improvement of services provided to our patients. We will also utilise other surveys, when available, such as the Macmillan Cancer Experience Survey, to inform how we can improve our services.

In addition, we must ensure that the most valuable resource, our staff, are able to report on their experience of providing services and working for the Health Board. A national NHS staff survey is carried out every few years and provides a high level overview of how well an organisation is perceived by its staff. This survey does not, however, provide real time feedback and we will develop a system of Staff Reported Outcome Measures (StROMs) and Staff Reported Experience Measures (StREMs) to ensure that our service improvements truly cover both what patients need and how we support our staff to meet that need.

Although being a small hospital, BGH has a track record of delivering excellent services and has achieved recognition as such:

- British Lymphedema Society Award winning Nurse Specialist

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- First Integrated Blood Science Laboratory in Wales
- Surgical Induction Teaching Programme "Above Outlier"
- Best fractured Neck of Femur Survival in UK
- The Best Heart Failure Outcomes in Wales
- Only Consultant Delivered Anaesthetic Service in Wales
- First Joint Advisory Group unconditionally accredited Endoscopy Unit in Wales
- Excellent results in the National Emergency Laparotomy Audit
- Nationally Recognised Osteoporosis Service
- Fastest radiological reporting turn around in Wales
- Fastest Radiology Procedure Turn Around in Wales (exc. MRI)
- Integrated Multi-Disciplinary Alcohol, Liver and BBV Service
- "**F***ace* **A***rms* **S***peech* **T***ime*" positive (Stroke) Ambulance Direct to Computed Tomography (CT)
- One of the Best Performing Stroke Services in Wales

We will utilise national audits and other external mechanisms to help us understand how well we are doing and what we need to do to improve the services we provide.

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Delivering Excellent Rural

Emergency and Urgent Care Services

Rural Emergency and Urgent Care Services

The services provided in response to emergency or urgent care needs are some of the most visible services provided by the NHS and are provided 24 hours a day, 365 days a year.

These respond to:

- Acute medical emergencies
- Acute surgical emergencies
- Acute trauma and orthopaedic emergencies
- Paediatric medical and surgical emergencies
- Obstetric and gynaecological emergencies

The Front Door

The Accident and Emergency (Emergency and Urgent Care) service has traditionally been seen as the front door for emergency health care. For many cases, this is entirely appropriate and admission to inpatient services locally or transfer to higher levels of service further away occurs after assessment, diagnosis and treatment initiation.

There is, however, a need to consider how services are coordinated before a patient arrives at the Front Door so that patients whose presenting condition is best managed in primary care or could, following diagnosis and initial care, be managed effectively at home or in another appropriate community setting are maintained in that setting.

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At the same time, it is important to recognise that the benefits of co-location of services in both decision making and efficiency and the need for the interface between services to be fluid to allow a seamless provision of care to patients.

It is anticipated that developments in the provision of emergency helicopter services will mean that the patients who should be transferred from scene to a higher level of service will increasingly so be. However, the significant quantity of relatively high priority conditions that patients self-present within the department means the service must be able to step up to provide higher levels of care when required that will support the stabilisation and, if necessary, commencement of treatment for individuals with conditions that cannot wait.

In order to reduce the risk associated with some rare and life threatening conditions, an anticipatory approach will be taken, for example, by screening for risk factors and early indications of disease so that advice and support can be given to minimise the risk of occurrence together with timely early intervention when disease progression suggests that this would be optimal in preventing it becoming an emergency.

Because of the level of self-presentation, BGH will have to respond to any major condition. Ambulance protocols will, however, direct patients with some conditions that are within certain timeframes to regional centres for treatment in line with best practice protocols and, therefore, BGH would not, usually, receive those patients.

In order to better meet demand, we will work with the Welsh Ambulance Services NHS Trust to develop the role of paramedics in delivering pre-hospital assessment so that care can be appropriately given or directed in the community with rapid access to multi-disciplinary/multi-agency support when

the needs of a patient are not best served by being taken from their home to an acute hospital setting.

Non-blue light GP referrals for hospital care will be referred through the BGH Community Urgent Integrated Care Centre (CUICC) for initial assessment, work-up and treatment. Patients who can be assessed, treated and discharged within the CUICC will be discharged back home or to an appropriate unit if non-health related factors prevent this from being achieved.

Patients requiring further care will be admitted to the hospital's Acute Medical Admission Unit for ongoing care with referral to the appropriate medical team.

Self-presenting patients will be streamed according to their condition.

- Those with minor illness that could be treated within primary care will be streamed to the CUICC for assessment, work-up and treatment.
- Those with minor injuries and illnesses that would not be within the scope of the CUICC will be streamed to the Minor Injury Init.
- Those presenting with major injury or illness will be streamed accordingly.

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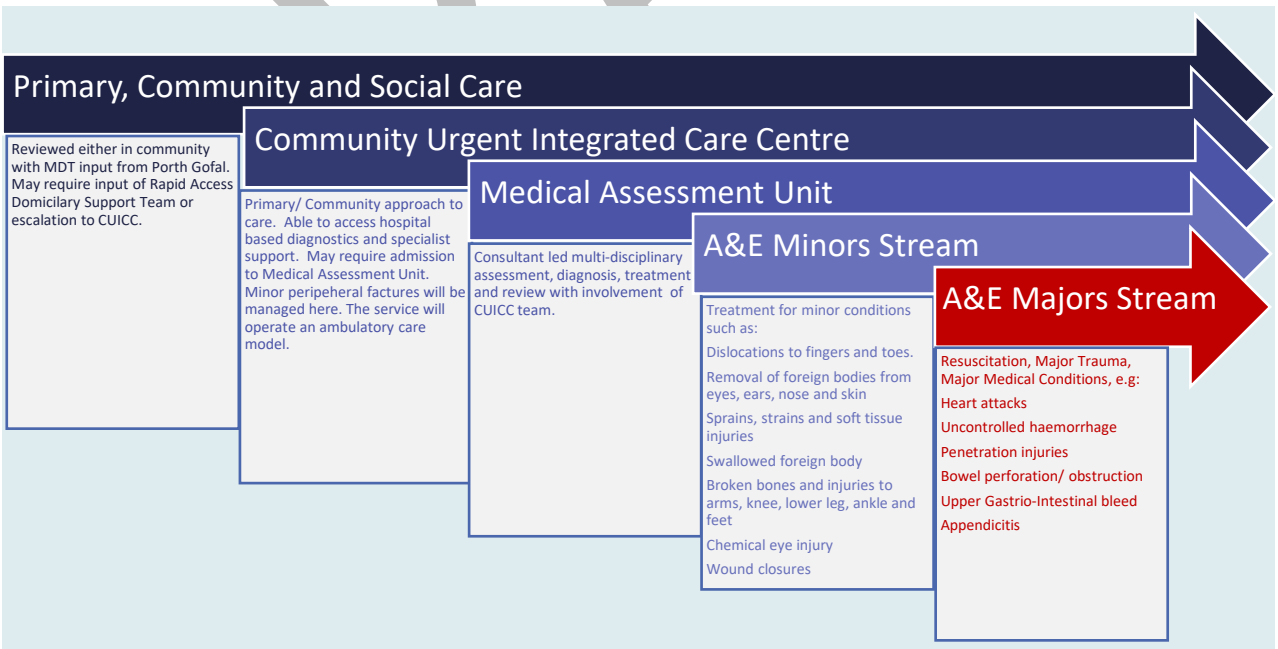

Following initial assessment, patients may be transferred to the care of the service that will most appropriately meet their needs (so a patient assessed in the CUICC will be transferred into the A&E Majors stream if appropriate).

Paediatric emergencies will flow through the designated paediatric unit in the minors unit, with cases needing full Accident and Emergency Department care being streamed into resuscitation for urgent intervention.

Patients presenting with mental health conditions will be cared for in a dedicated room with input from the mental health services as required 24/7 with timely intervention being provided from the local community mental health team as set out in the Health Board's Transforming Mental Health Services strategy.

Staffing the Front Door

As can be seen above, a greater involvement of primary care at the front door as part of a multi-disciplinary team (MDT), person-centred approach is a key requirement for system sustainability moving forward.

A "General Practitioner" approach will apply specialist knowledge of "whole person" health to ensure only those for whom there are no other appropriate options are admitted to an emergency department bed and collegiate support between GPs and specialist consultants will ensure that patients receive the most appropriate intervention. Patients who require other support can be triaged appropriately to a range of supporting services with input from, for example, therapies, social care and domiciliary care services with promotion of return to their usual place of residence.

BGH has been part of the Physicians Associates Training Programme since 2016

Although significant progress is being made on specialist consultant recruitment "inside" the hospital, recruitment to GP posts is currently challenging and the workforce model for the front door needs to reflect this.

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In addition, it should be noted that the needs at the front door require a whole-system "CAREdigion" approach and that the staffing requirements, are multi-disciplinary, multi-professional, multi-agency and multi-sectoral.

The staff at the front door also need to be versatile so that appropriate care can be delivered when it is required, rather than requiring referral and subsequent wait.

The utilisation of new and advanced roles, such as physicians' associates, advanced nurse practitioners, consultant nurses and therapists supported by a team of versatile practice assistants (who can apply a wide range of support skills to a broad range of needs) will provide a core of staff to deliver a new front door model so that the specialist emergency department nurses and support staff can focus on the direct care of the most acutely ill patients.

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Front Door Model Core Assumptions

Requirement	In Place?	Notes
Clinically led model; integrated with Primary Care.	In part	
Supported by new role applications:		
Consultant Nurse Intensivist	No	
Physicians Associates	Yes	
Senior specialty support provided in AMAU	Yes	
Acute take medical rota	Yes	
Acute take surgical rota	Yes	
Acute take Gynaecology and Obstetrics	Yes	
Acute take Paediatrics	Yes	
All ED nurses complete Paediatric Advanced Life Support Training	Yes	
Paediatric stream to be supported by Registered Sick Children's Nurse on every shift.	In part	See Paediatric Section
MDT working before and across front door services including therapies, paramedics and pharmacy.	In part	Emergency pharmacy and paramedics are 24/7, but whole system, joined up approach needs to be developed to provide consistent input across the whole week.
Mental Health room and liaison	Yes	Response times to be improved alongside the development of the community model for mental health services.
Pathways for referral to Hot Clinics	Surgery	Other pathways to be developed

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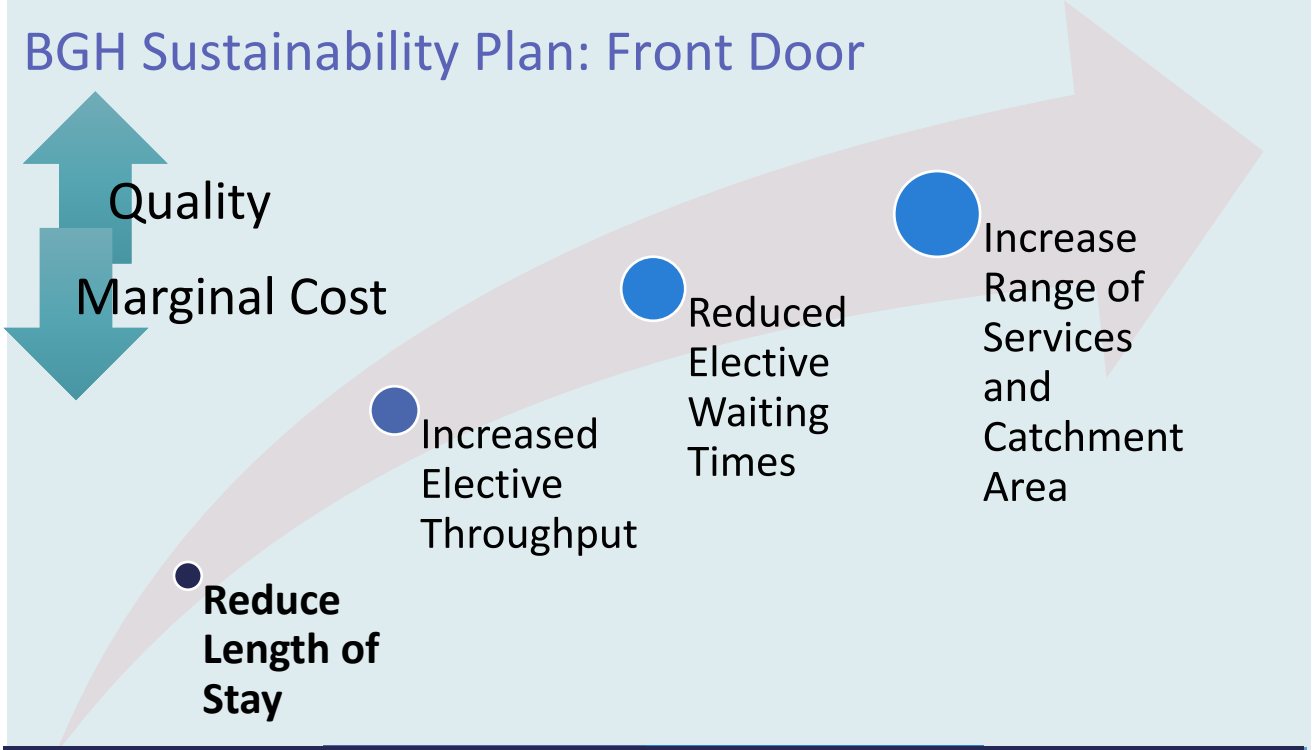

- Pre-hospital admission avoidance (CUICC)
- Rapid Frailty Assessment
- Whole person MDT approach
- Consultant Nurse Intensivist
- Rapid Response Domiciliary Care Service
- Rapid assessment and treatment
- Daily MRI and ultrasound
- 24/7 full body CT
- Mental Health Liaison
- Reablement/Rehabilitation

Delivering Excellent Rural

Acute Medical Services

Rural Acute Medical Centre

A significant proportion of BGH's emergency demand falls under the General Medical specialty. Although there is also a "planned" general medical stream, where patients are referred for an outpatient appointment, these patients present with a range of acute and chronic conditions that, if left unchecked, could deteriorate leading to a crisis requiring either an A&E attendance or inpatient admission.

General medical services, therefore, are key partners in the anticipatory approach that GPs and community services will provide in order to maintain people at home.

Patients in the community with known health conditions need to be managed by their GP and Primary Health Care Team, accessing specialist support when required. When patients are in crisis, the best outcome may not be achieved by hospital admission and it is essential that services are provided for the rapid assessment of people in their home setting and modification of their care package in response to the presenting circumstances.

When patients are admitted to the Acute Medical Assessment Unit, they will be managed under the care of an appropriate specialist based upon their diagnosis or presenting symptoms.

The general medical service at BGH provides a wide range of sub-specialisms:

- Stroke
- Cardiology
- Respiratory
- Haematology
- Oncology
- Falls
- Endocrinology and Diabetes
- Gastroenterology
- Care of the Elderly
- Palliative Care (via community team)
- Neurology (via telehealth)
- Fracture Liaison

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An overall generalist approach in medicine requires all medical staff to have a broad knowledge to ensure patients receive the appropriate care outside of the "normal" working week. Dual accreditation of medical consultants allows them to provide specialist and generalist care.

The diagnosis of general medical conditions requires access to a significant range of diagnostic tests and imaging. Although there are a standard core, there is significant variation between specialties.

Computed Tomography scans (CT) are available 24/7 and the provision of daily ultrasound (US) and Magnetic Resonance Imaging (MRI) would significantly enhance the response provided at emergency admission and, if extended to some "wellness" tests, would promote timely discharge throughout the week.

Elderly Care Model

Keeping older people at home is essential to prevent deconditioning that reduces independence and worsens outcomes. This is especially apparent in patients over the ages of 80.

When community admission prevention has exhausted available options, or where patients unknown to the service deteriorate and are conveyed by ambulance to A&E as an emergency, there will be:

- Anticipatory community based approach to manage changes in people's conditions in the community
- Front Door Frailty Team: Delivered in the Community Urgent ICC. Provides rapid holistic assessment by community team to calculate a frailty score and support the provision of emergency home support that allows the patient to return home
- Elderly Care Short Stay Model (Length of Stay 72 hours or less): Dedicated elderly care beds with high levels of therapy input
- Collaborative Care Dementia Service: In line with National Institute for Clinical Excellence guidelines, an integrated acute and mental health shared care older persons unit
- Registered Mental Health Nurse Outreach: Providing support to patients with a dementia co-morbidity

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We were visiting Gareth in Talybont. Mari fell as she was coming into the house from the garden. She was in a lot of pain and couldn't get up. The falls response team arrived quickly. The paramedic and occupational therapist suspected Mari had fractured her hip so they called an ambulance, which also arrived quickly. The x-rays taken at the A&E in Bronglais confirmed that Mari had fractured her hip and it would need to be replaced. A nice doctor explained that they will operate within 36 hours. I explained that Mari has early dementia and might get confused, so they made arrangements for her to be admitted to her own room and for the Specialist Dementia Nurse to visit and assess her and ensure that the service she received did not add to her confusion. They informed me of a butterfly scheme so I could let them know what was important to Mari. I was worried about her, but the Consultant Ortho-Geriatrician was able to reassure me and I was told I could visit her whenever I wanted. There was a reclining chair that I could sleep on and I had some meals with her to keep things as normal as possible.

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Medical Model Core Assumptions

Requirement	In Place?	Notes
No single handed specialties.	In Part	2 specialities funded for 1 consultant only. Recruitment is underway to fill vacant post.
Specialist Nurses key part of team	In Part	There are opportunities to develop additional roles to meet patient's needs and fill gaps in certain services, e.g. gastroenterology and movement disorder.
Falls service (Safe and Steady)	In part	Development of single point of access and MDT approach pulling together existing services responding to and working to prevent falls.
Fracture liaison service	Yes	
24/7 Full Body CT	Yes	
Daily Ultrasound	No	Currently provided 5 days a week.
Mental Health Liaison	Yes	
Dementia Friendly Working	Yes	

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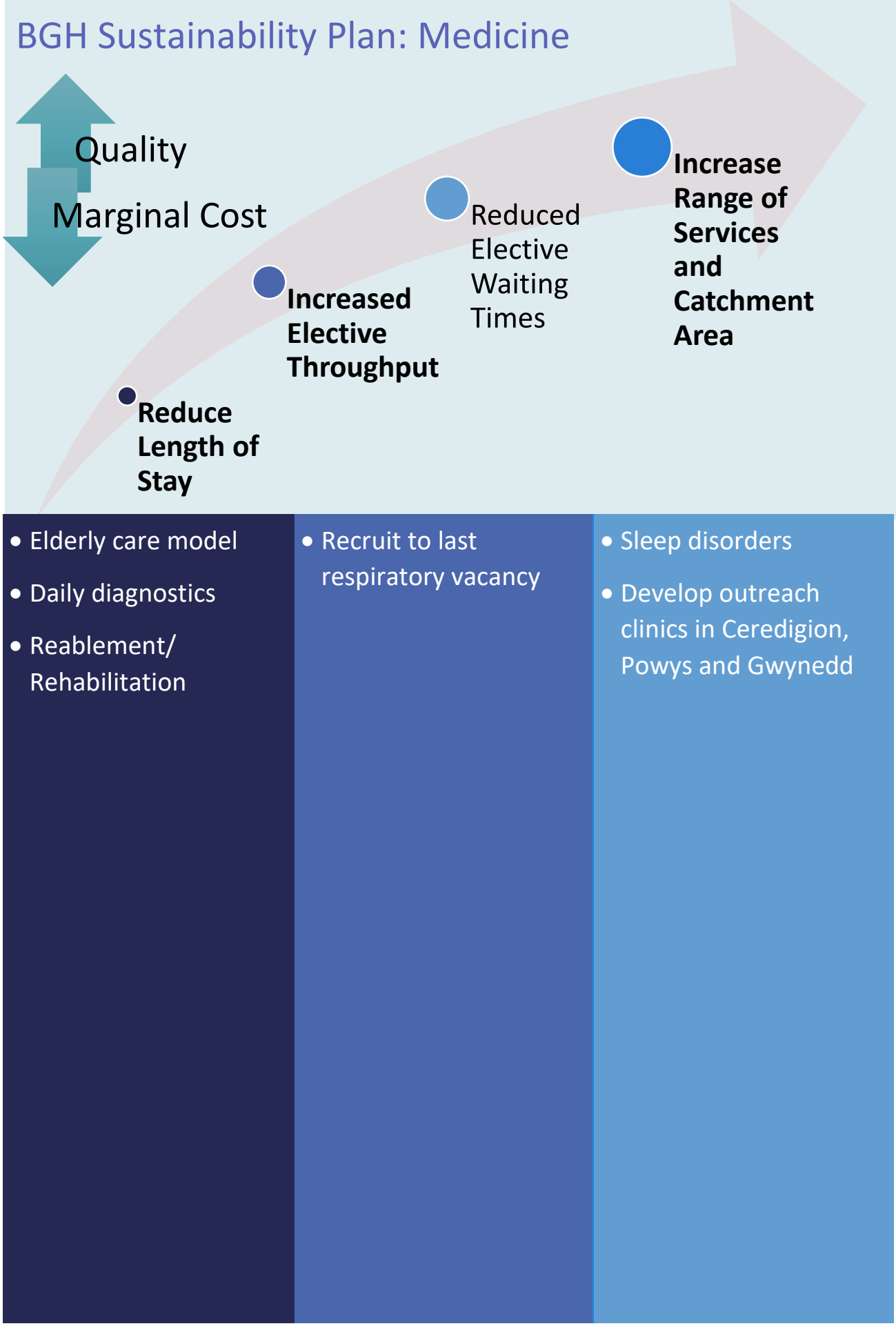
BGH Sustainability Plan: Medicine
Quality
Marginal Cost
Reduce Length of Stay
Increased Elective Throughput
Reduced Elective Waiting Times
Increase Range of Services and Catchment Area
• Elderly care model
• Daily diagnostics
• Reablement/ Rehabilitation
• Recruit to last respiratory vacancy
• Sleep disorders
• Develop outreach clinics in Ceredigion, Powys and Gwynedd

Delivering Excellent Rural

Acute Surgical Services

Rural Acute Surgical Unit

Patients presenting at BGH's Accident and Emergency department and those who are brought in by ambulance or referred by GPs requiring emergency surgery will have a wide range of clinical conditions, some of which require rapid surgical intervention.

Some patients presenting with apparent medical conditions may convert to surgical intervention after initial assessment and diagnosis.

The case mix includes patients of all ages and an appropriate response to cover both adult, paediatric and obstetric emergencies needs to be in place.

There are currently no protocols in place for ambulance services to divert surgical patients to other centres as there are with patients who present with certain cardiac or trauma conditions.

The Rural Acute Surgical Unit, will:

- Provide rapid surgical assessment by a senior surgeon
- Access rapid diagnostic imaging and pathology
- Access specialist/multi-disciplinary input where required (this would include discussion regarding appropriate transfer to specialist services if this would provide the best outcome for the patient)
- Agree a diagnosis and recommended definitive treatment plan for discussion and agreement with the patient and family
- Proceed with plan

Some clinical presentations require immediate treatment that should be initiated after the initial assessment (by any senior clinician). These are conditions that must be operated on immediately (either to stabilise prior to transfer or to treat) and include, for example, treatment of ruptured appendix, strangulated hernia, ruptured spleen and other such conditions.

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Multi-Disciplinary Team

Multi-disciplinary working across and within medical, surgical, radiological and anaesthetic specialties is essential to the delivery of the front door service. In addition, established partnerships with specialist services provided at tertiary centres, e.g. vascular and neurosurgery, support the management of patients presenting with conditions that are not, usually, easily or successfully managed outside of a tertiary centre. There are, however, a number of multi-disciplinary approaches that, whilst as essential, are not as visible, but need to be recognised, including:

- General Surgery and Obstetrics & Gynaecology
- Gynaecology and Urology
- General Surgery and Paediatrics
- General Surgery and Trauma and Orthopaedics
- Trauma and Orthopaedics and Geriatric Medicine
- General Surgery and Geriatric Medicine
- General Surgery and Palliative/Oncological Medicine
- General Surgery and Radiology (interventional)

The provision of obstetrics and gynaecology, paediatrics and trauma services

are set out later in this document.

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Emergency and Elective Surgery

Emergency unplanned surgery presents immediate challenges that planned surgery does not. However, the tests, diagnostic considerations and procedures performed are much the same. It is clear, therefore, that surgeons performing emergency surgery must be providing an elective service and that, given the access considerations for the population of mid Wales, this is best provided as locally as possible by BGH.

Hot surgical clinics have been introduced so that a consultant surgeon will assess a patient in the emergency department and identify individuals who can be safely discharged home following pre-assessment with a booked date for the required procedure on the next available day surgery list. This avoids admitting patients who can safely be cared for at home. We will extend the coverage of our hot clinics so that patients presenting in community settings can be appropriately assessed and booked in this way.

High Quality Outcomes and Facilities

Following a multi-million pound investment, BGH now has four of the most modern operating theatres in Wales. It also has a fifth “pod” theatre that is remote from the two main theatre suites, but is ideally suited to providing high volume or low complexity treatments, such as cataract, dental and some ear, nose and throat (ENT) procedures.

These world-class environments support the whole team in their commitment to excellence in the delivery of surgical services to their patients. The services

provided at BGH have demonstrated excellent outcomes in national audits including those for emergency laparotomy and fractured neck of femur.

Elective Surgical Provision

In addition to the need to provide elective care locally, it would not be possible to recruit and retain doctors to an emergency-case only job plan. The provision of a broad range of elective procedures, including cancer and benign surgery, will be provided at BGH to ensure the whole surgical team have exposure to the widest possible range of conditions and maintain and develop their skills in treating these, including:

- Colorectal benign and malignant
- Benign Upper GI and hepatobiliary surgery
- Diagnosis and initial management of upper gastro-intestinal cancer
- Diagnostic and therapeutic endoscopy (including endoscopic retrograde cholangiopancreatography and stenting)
- Urological benign and cancer surgery including kidney
- Breast benign conditions and cancer
- Abdominal wall surgery (hernias)
- Ear Nose and Throat
- Gynaecological

Ophthalmology services are of particular relevance to an ageing population but also provide essential diagnostic and treatment for patients in younger age groups. Outpatient and diagnostic services are provided from the North Road Clinic with surgical procedures being performed at BGH. The ageing population across mid Wales results in an increasing demand for procedures for cataracts and age related macular degeneration alongside the management of glaucoma, diabetes related conditions and other general ophthalmic conditions. There is a significant opportunity to deliver ophthalmology services closer to peoples' homes and we will work with our neighbouring Health Boards to establish local diagnostic and treatment services in their community facilities.

Clinical Pathways

Links with specialist centres that reflect BGH's catchment area will be established so that patients for whom a BGH/Shrewsbury/Telford pathway

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provides them with the best outcome, can access the appropriate services seamlessly across that pathway. Similarly, patients for whom BGH/Glan Clwyd/Christie provides them with the best outcome will have access to those services.

Opportunities to utilise new facilities being developed in both Powys and Gwynedd will promote outreach, networking, staff rotation and skills development with specialist and training centres. BGH will become a training hub for surgeons within Hywel Dda to access advanced laparoscopic training provided by Shrewsbury and Telford NHS Trust, significantly enhancing Hywel Dda's overall skills and capacity to the benefit of all Hywel Dda patients.

Delivering Emergency Care – Protecting Elective Capacity

Elective care capacity is best protected when its physical environment is separated from that required for emergency care. At BGH, however, the economies of scale required to deliver financial sustainability do not support physical separation of those facilities and separation of the elective and emergency work-streams will be enforced to ensure that the emergency work is done in a timely way that does not compromise elective cases.

The opening of the new inpatient and emergency theatre suite paves the way for the day surgery unit to move to a 23:59 service model (which promotes patient recovery following day case surgery, but protects the capacity for

We were on a short holiday in Aberaeron when Ben became unwell with severe stomach pains. I took him to the local GP surgery for emergency treatment. The GP suspected appendicitis and called an ambulance, which arrived almost immediately. We didn't have to wait in Bronglais A&E. 30 minutes later, Ben had the operation to remove his appendix, and the surgery only took 20 minutes. We stayed for 2 days until Ben was well enough to be discharged. The doctors and nurses were fantastic and looked after us really well. They arranged a reclining chair for me next to Ben's bed for me to stay overnight, which

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elective cases).

Improvements can also be made with regard to preparing patients for surgery and we will establish “prehabilitation” for patients for whom better outcomes can be obtained following health improvement activities, such as smoking cessation.

In addition to improving wellbeing prior to admission, it is important to ensure that patients receive appropriate support before and after surgery to reduce the time a patient needs to stay in a hospital bed. The provision of physiotherapy and occupational-therapy support seven-days a week is essential to ensure therapy plans are consistently delivered.

More detail on providing “Excellent Rural Planned Care” is provided later in this document.

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Surgical Model Core Assumptions

Requirement	In Place	Notes
Move to 6 surgeon rota (to meet Royal College of Surgeons recommended on-call cover)	No	Currently 1:4 as agreed with Royal College of Surgeons. Increased numbers will be supported as workload grows due to repatriation and catchment area extension.
Theatre on-call/emergency surgery/trauma teams to meet guidelines and cover surgical/trauma/paediatric/maternity emergencies that cannot wait.	In part	Plan to establish appropriate staffing mix and levels to be developed.
24/7 Obstetrics and Gynaecology support for emergency surgery (ectopic pregnancies, miscarriages, ovarian cysts etc.)	Yes	
Upper GI Bleed Rota	Yes	Ensure sufficiently trained members of on-call team to cover service.
Rotation of Staff	No	To be introduced as part of Health Board wide programme of staff rotation. Additionally options to rotate with other providers relevant to BGH patients.
23:59 “Day Case” Unit	No	To be implemented after the new inpatient theatre suite has bedded in.
Daily therapy support for elective surgical cases	No	Plan for 7 day support to be developed utilising opportunities of new role development.
Outreach Clinics to Ceredigion, Powys and Gwynedd	In part	To be developed in line with Mid Wales Clinical Advisory Group’s work plan
Vascular Surgery	No	Patients currently travel for

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		appointments. Opportunity to work with partners across mid Wales to improve access.
Clinical Pathway Development	In Part	Some pathways exist, but full and comprehensive review required to ensure they provide the best possible outcome for the patient and reflect the commissioned services of Powys and Betsi Cadwaladr Health Boards.

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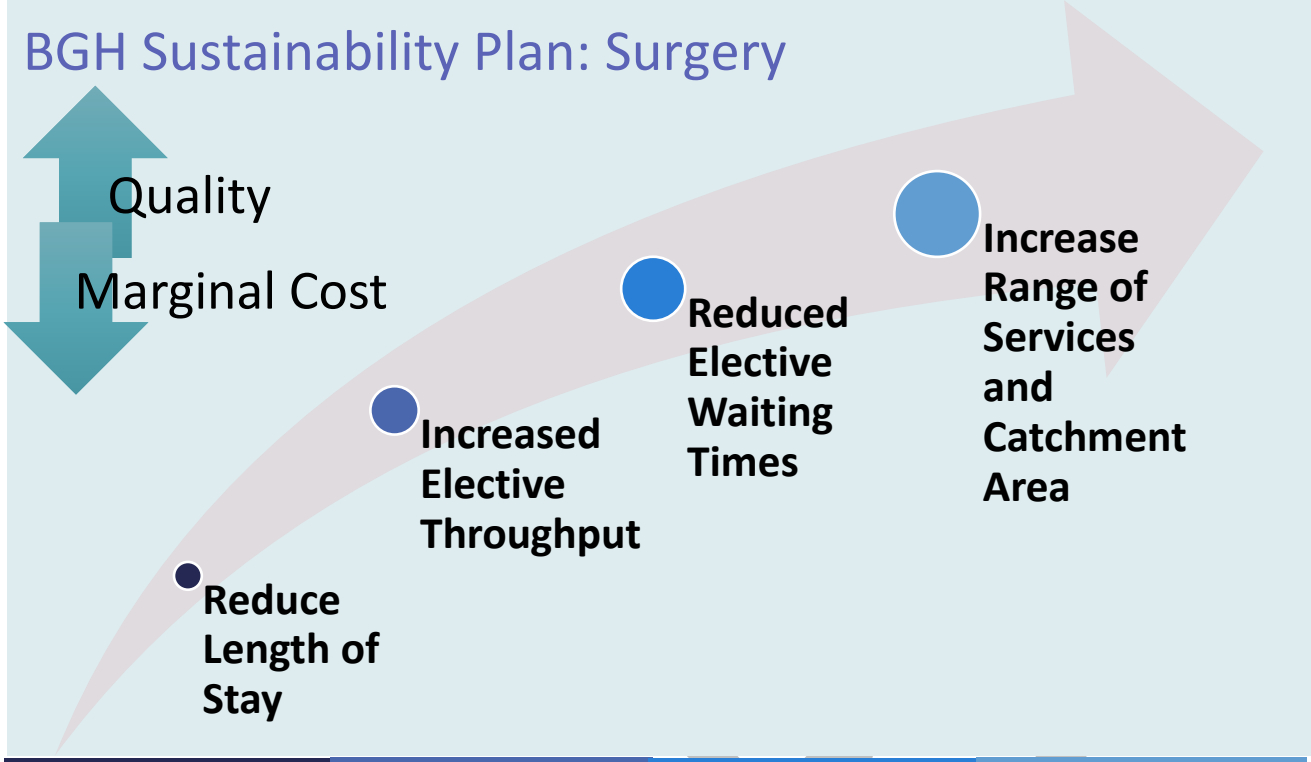

• Maximising day case potential • Admission on day of surgery • Optimising pre-assessment screening • ERAS • Patient optimisation • Discharge planning from Day 1 • Criteria led discharge • Daily MRI and ultrasound • Frailty ANP • Rehabilitation • Reablement	• Maximise theatre efficiency • 12 hour elective day • Separate emergency theatre facilities (NCEPOD) • Separate elective and emergency ward base • Develop surgical short stay model • Daily therapy support	• Maximise theatre efficiency • Separate elective and emergency ward base • Local management of elective services • Versatile Operating Department Practitioner roles to take on minor procedures • Promote minor surgery in community	• Outreach to Machynlleth • Outreach to Tywyn • Outreach to Newtown • Increase service provided within specialties • Extend service portfolio (networking north, east west and south)

Delivering Excellent Rural

Acute Trauma Services

Rural Trauma Facility

Major trauma care is a whole-service, networked approach to managing seriously injured adults and children. By providing a multi-disciplinary specialist approach, the Major Trauma Network improves patient outcomes by saving life, reduce disability and improve recovery to functional life.

BGH's remote rural position in Wales results in a level of self-presentation and "nearest hospital" blue light arrivals where travel time to a Major Trauma Centre or Major Trauma Unit is outside timeframes required to attain the best outcome for patients.

When a patient presents with simple trauma, e.g. a fractured leg, that can readily be stabilised with "plaster" then the trauma service comprises a relatively straightforward team of orthopaedic doctor, radiologist, nursing, plaster technician and physiotherapy. However, seemingly simple trauma can, upon imaging, present more complex challenges, such as penetration or risk of penetration of skin, blood vessels, thoracic and abdominal organs. More complex trauma, therefore, requires an enhanced skill-mix to agree and enact an appropriate management plan.

Major trauma services aim is to preserve life, prevent secondary injuries, assess, diagnose and agree a treatment plan for the presenting conditions. Evidence supports a view that these patients are best treated at a specialist Major Trauma Centre as part of a Major Trauma Network. The development of the Emergency Medical Retrieval and Transfer Service (EMRTS) and air ambulance services will facilitate these transfers either directly from the scene or post stabilisation at BGH.

Because of the remoteness of the mid Wales area, the vital initial response and stabilisation of patients within the critical period of time from the trauma will have to be done at BGH for patients who:

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- Are too unstable to go directly to a Major Trauma Centre
- EMRTS are unable to attend or where patients
- Self-present

For patients who do present at BGH, decisions regarding their care will be made by a multi-disciplinary team including rapid access to highly specialised support from the Major Trauma Centre to ensure the best outcome possible for the patient.

In some cases, initial treatment of some elements of the trauma will be required prior to transfer to a Major Trauma Centre for repair of more complex conditions (e.g. to manage uncontrolled blood loss or other immediately life threatening condition).

Technology presents opportunities to support decision making and remote treatment, for example cameras can be mounted in theatres to let remote surgeons advise on procedures where patients are too ill to be transferred and this will be explored to support providing patients with the best possible outcome given their presenting circumstances.

High Quality Services

BGH actively participates in the Trauma Audit and Research Network (TARN) and demonstrates good outcomes for Major Trauma patients being managed at or via its services. There are agreed stabilisation and transfer pathways to the Major Trauma Centres that have been developed in collaboration with WAST. Although not classified as Major Trauma in older people, BGH delivers excellent outcomes for patients presenting with hip fractures and meets more of the quality criteria than any other hospital in Wales in the National Hip Fracture Audit.

Fractured Neck of Femur. BGH has demonstrated consistently high compliance with the national hip fracture audit's requirements and has developed practice that challenges some assumptions about what good looks like in this area. Pre-operative optimisation at BGH has shown that for some patients, although time to theatre is longer, overall recovery time and length of stay is shorter, with survival and outcomes improved.

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Clinical Pathways

It is proposed that Hywel Dda's Trauma Unit will be based in the new hospital development (temporarily at Glangwili), although this is currently subject to consultation. Tertiary level services will be available across south Wales at the Cardiff Major Trauma Centre. Powys residents receive major trauma care at Cardiff or Stoke and North Wales patients receive their care at Stoke. The Major Trauma Network also includes the tertiary level services for cardiovascular and plastic surgeries provided by Swansea Bay Health Board.

Any trauma currently presenting at BGH that involves an existing joint replacement, is transferred to Glangwili Hospital. This ensures that patients who might require revision surgery are at a facility that is equipped to provide it. A major trauma triage tool will be used to assess the manner of the initial intervention (ambulance/air ambulance/EMRTS) and direct patients to the most appropriate service relative to their presenting need.

Networks with specialist centres provide opportunities for skills maintenance and development together with continued professional development. BGH hosts an annual meeting where the clinical team from Oswestry and BGH meet to discuss case management and networking.

Spinal Trauma

Following imaging and diagnostic tests at BGH, information is sent to the on-call Major Trauma Team at the University Hospital of Wales in Cardiff (UHW). The information is relayed to UHW's spinal team for advice on management locally or transfer. This allows patients to be managed as close to home as will achieve the best outcome for them, but steps need to be taken to guarantee the provision of timely advice or instruction for transfer. For some patients, Cardiff will redirect the pathway to Oswestry which is facilitated by the teams at BGH.

Paediatric Trauma

Common trauma conditions will be treated at BGH.

Core complex and less common paediatric trauma, such as fractured hip, bone and joint infection or slipped upper femoral epiphysis, are transferred to specialist centres in Cardiff or Oswestry following discussion with clinicians specialising in this level of care.

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Delivering a Rural Trauma Facility

What is set out above describes the services currently provided from BGH and there is no proposal to change this. While there may be some changes to the protocols for transfers from scene, the presenting cases do require this level of service to be available 24/7 at BGH.

By recognising BGH's unique position as a "*Rural Trauma Facility*" within the national trauma network, BGH will be able to appropriately respond to any level of trauma offering resuscitation, stabilisation, treatment and transfer as appropriate to presenting cases. This recognition will also promote repatriation of patients back from the Major Trauma Centres to their local hospital for ongoing care and rehabilitation.

To better support the current service provided and seek to develop the service to meet the increased demand that will be placed upon BGH, a number of services need to be provided:

- Access to urgent full body CT within 1 hour 24/7
- Access to MRI within the "day", (24/7 for spinal cord compression)
- Consultant review will be required daily with two ward rounds required for the most acutely ill patients
- Trauma Specialist Nurse
- Daily trauma theatre list including all support services (e.g. imaging intensifier)
- Daily therapy input
- Pathways for transfer to the Major Trauma Centres at Cardiff and Stoke and, where appropriate, to the specialist orthopaedic hospital in Oswestry
- Protocols for transfers between the Hywel Dda Major Trauma Unit and the Rural Trauma Facility for Hywel Dda patients

Rehabilitation

Rehabilitation post trauma should start on day 1, even if this is only planning. The timescale for active mobilisation will depend upon specific condition, but in general, evidence suggests that the sooner someone becomes mobile, the better their outcome.

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It is important to have access to daily physiotherapy, occupational therapy and, where appropriate other therapy support such as clinical psychology, which may be provided by qualified or appropriately trained support staff, to ensure that mobilisation and rehabilitation is a continual process that will reduce the time spent in hospital and improve the patient's outcome.

Input from Consultant Orthogeriatricians improves outcomes by supporting the care of older people following trauma as part of a multidisciplinary team and is provided at Bronglais.

For more complex trauma, e.g. spinal, a higher level of support is required. In order to achieve the optimal outcome for these patients, this needs to start as soon as possible. We will ensure that networks are in place so that specialist advice from the centre, that if required would receive the patient, is provided to promote the delivery of seamless care.

Rehabilitation post specialised care delivered by tertiary centres is not just required for trauma, but for a number of other conditions and consideration will be given to the development of a mid Wales rehabilitation unit in a central location. By combining the rehabilitation pathways into a single unit, we will be able to deliver high quality, sustainable care as locally as possible to the patients of mid Wales.

Care for the Family

For patients where the prognosis is clear that potentially curative treatment will not be appropriate, the trauma service enables the provision of best supportive care to ensure pain management, comfort, family support and rituals to provide the best possible death.

Because of the rurality of the area and the distances to the trauma units and centres, the needs of the family in being able to have last moments with their loved one will be promoted and maintenance of patients locally or access to rapid transport to and return from Major Trauma Centres is essential in the provision of a holistic model of care that recognises the both the promotion of the best outcomes for the patient and the best experience possible for the family.

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Trauma Model Core Assumptions

Requirement	In Place?	Notes
5 Consultant Orthopaedic Surgeons	No	Currently 3 of the 4 funded posts are filled. Increased numbers will be supported as workload grows due to repatriation and catchment area extension.
24/7 Full body CT in 1 hour	In Part	Service available; review as to root cause of non-compliance to be undertaken
Daily MRI (24/7 MRI Spine)	No	Not first line diagnosis except for spinal cord compression. Following installation of the new MRI, this service could be considered initially on the basis of a call-in service if clinically essential.
Specialist Trauma Nurse	Yes	We have an elderly trauma advanced nurse practitioner in place managing complex fractures
Trauma Theatre List	Planned	Will be introduced as part of new theatre roll-out.
24/7 radiology support for trauma theatre	Yes	Currently provided by on-call radiographer.
Daily Poly-therapy input	No	Essential for rehabilitation initiation, progression and discharge.
Clinical Pathway Development	In Part	Protocol for transfer to Major Trauma Centre in Cardiff are in place. Protocols for transfer of patients from Powys and Gwynedd to the Stoke Major Trauma Centre are in place but will be review. Pathways between Hywel Dda Major Trauma Unit and the BGH Rural Trauma Facility to be agreed.
Telemedicine Links	No	Theatre cameras and tele-links to specialist centres to be installed/created as appropriate.
Staff Rotation	No	Rotation of staff to the major trauma centres in South Wales and Stoke to establish key relationships, develop skills and support clinical pathways.

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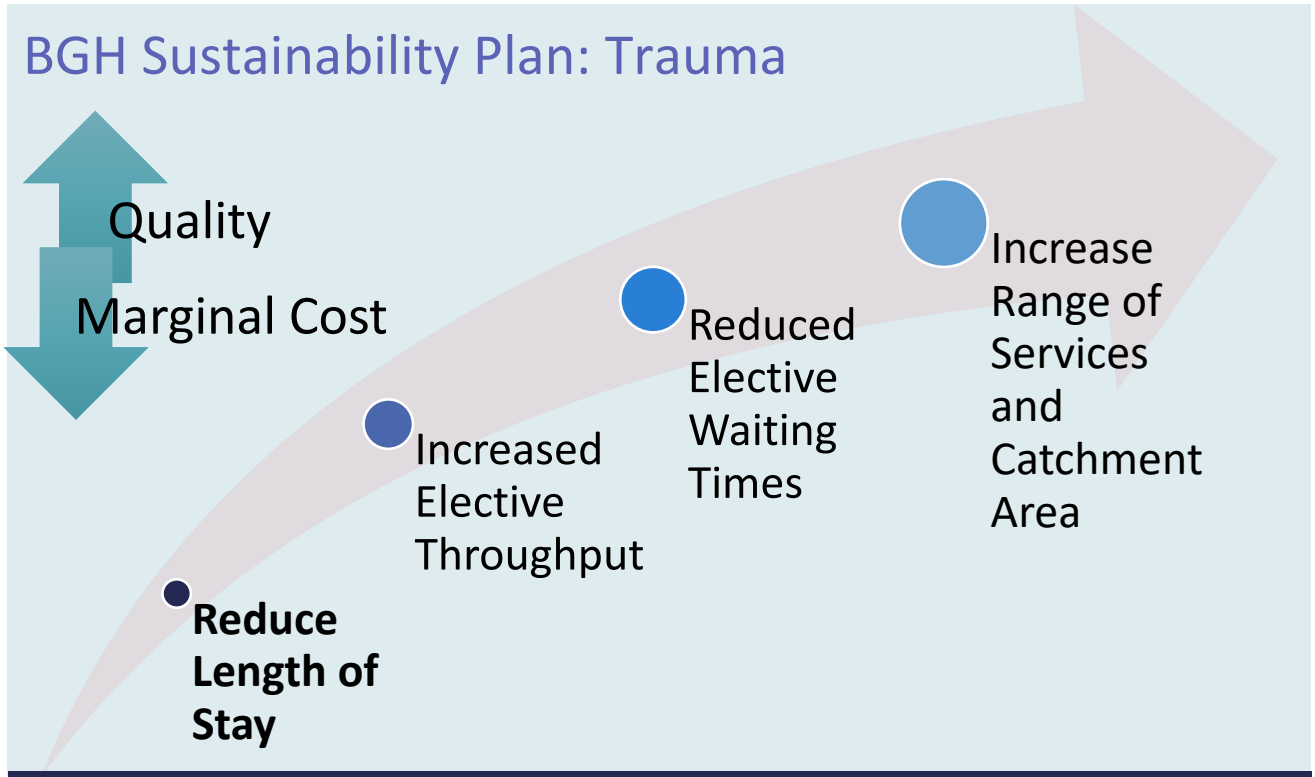
BGH Sustainability Plan: Trauma



- Discharge Planning from Day 1
- Patient optimisation
- Daily therapy input
- Daily "care and repair"
- Trauma Theatre List
- MDT
- Cross border liaison for complex discharges
- Elderly trauma advanced nurse practitioner
- Daily MRI and Ultrasound
- Major trauma pathways supported by transport arrangements

Delivering Excellent Rural

Acute Obstetric Services

Rural Obstetric Unit

Consultant led obstetric services are an essential part of a 24/7 unselected acute emergency service. The need to respond to maternity emergencies necessitates 24/7 cover which in BGH's case is supported by the 24/7 on-site consultant anaesthetic service. Obstetric services are closely linked with gynaecological and paediatric services in the hospital and with community mid-wives and paramedics pre-hospital, all of which must work together to provide safe services for mothers and babies.

Because of the remoteness of the population served, BGH provides essential access to families who would otherwise experience significant disruption to their lives in order to access services at other units.

Maternity services at BGH are provided by teams of staff including midwives, obstetricians, paediatricians, anaesthetists, and other support staff. The pattern of care provided to women will depend on each woman's individual needs. Our maternity services have been developed to meet the needs of local women and their families.

Midwifery services are provided across acute and community services and ensure that mothers (and families) to be are provided with the support they need during their pregnancy and consultant supervision is provided to those who require additional support. Antenatal care is provided in a variety of settings such as at home, GP Surgeries or hospital setting.

Community Midwives also provide care for women having home births, and are available to give advice to women throughout their pregnancy.

Ceredigion has the lowest fertility rate in Wales at around 47 births per 1000 women of child bearing age each year. With services at Glangwili being more conveniently located for families in the southernmost part of the county, this means that, together with relatively low numbers of births from the remote areas of Powys and South Gwynedd, the total number of births at BGH is low at around 500 births per annum.

In order to balance quality and access with the low number of births, the BGH service is provided from co-located consultant and midwifery led units which includes a stabilisation and step-up Special Care Baby Unit (SCBU) so that the service can respond to a wide range of complications that present unexpectedly at BGH (e.g. unexpected breach/premature labour); the consultant team networks with specialist centres to ensure appropriate management of mother and baby in these cases.

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When required, a dedicated emergency surgery/maternity theatre is provided three floors above the maternity unit allowing access to surgery well within the required timescales for emergency caesarean sections.

The Gwenllian maternity unit provides a high quality environment for mothers, families and staff. Health Inspectorate Wales' unannounced inspection of BGH's maternity services (January 2017) found that:

> "Overall, Gwenllian ward provided safe and effective care, which met with the Health and Care Standards. Patients were satisfied with the care they received and spoke highly regarding the professional, courteous and supportive attitudes of the staff."

Special Care Baby Unit and Risk Management

The low number of births in BGH mean it is not viable to provide a permanent Special Care Baby Unit at BGH and criteria are applied for delivery:

- Deliveries at 37+ weeks
- No twins or higher multiples deliveries
- No high-risk factors (baby)
- No insulin-dependent diabetic mothers

These criteria will continue to be applied in our future model.

We will implement a development of our existing ultrasound scanning service to improve screening for risks of later complications. The provision of a 5-minute scan at 20 weeks would:

- Identify babies at higher risk of later growth related complications
- Enable better planning by the service and families with timely referral for pregnancies that require higher level support
- Reduce the burden on the sonography department by screening out the low-risk pregnancies

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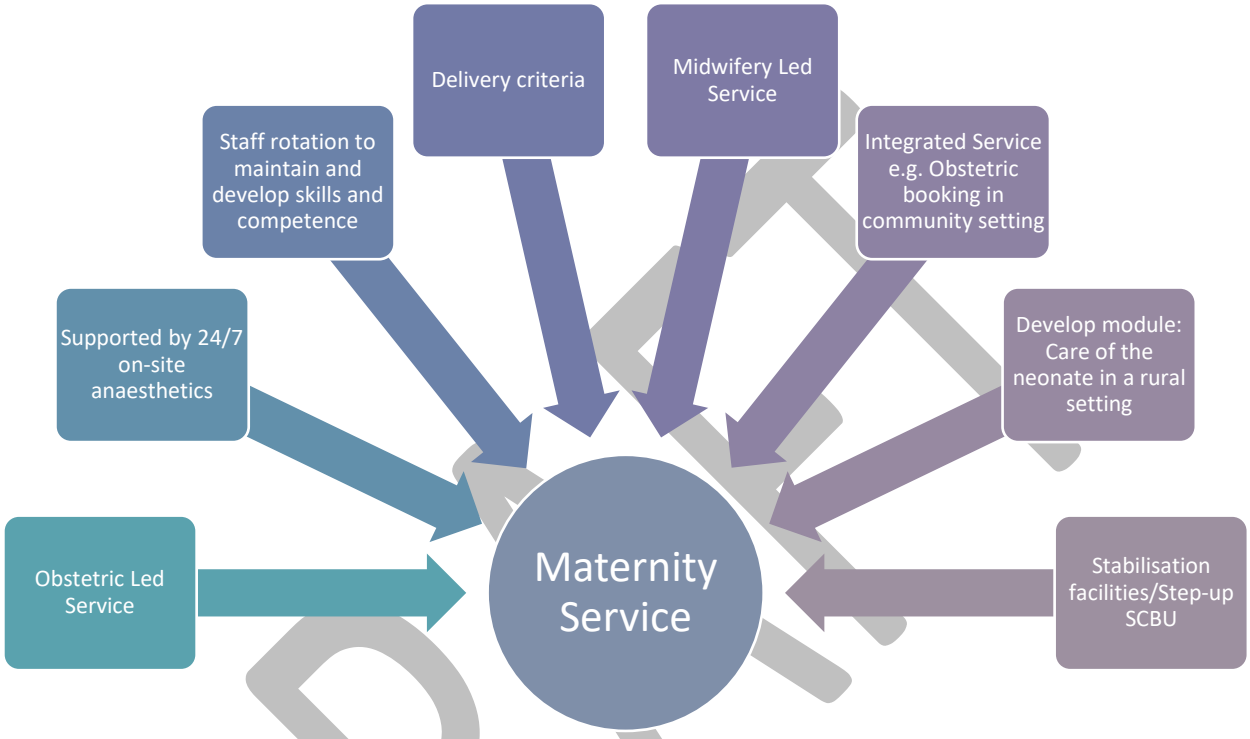
The provision of 24-hour on-site consultant provided anaesthetic services at BGH is a key enabler of safe paediatric and maternity services. BGH will also have an established 24/7 on-call rota model for maternity, 24/7 theatre access for caesarean section deliveries, and stabilisation facilities for rescue and transfer of neonates which can step up when needed to provide extended support when remote assistance is not available.



Staff Rotation

The low number of births at BGH will require us to ensure a programme of rotation is in place to enable midwives and obstetricians to maintain their skills and competence. We will ensure these staff to maintain and develop their skills and knowledge, e.g. one 'hot' week every three months in a specialist unit.

Integrated Service

We believe that some of the services that are traditionally provided in a hospital can in future be provided in a community setting. For example, obstetric booking will take place in the Integrated Care Centres being developed in the community, rather than at BGH.

The health of a new born child starts with the health of their mother and maternity services have a key role in ensuring children get the best start possible by supporting mums to be in attaining optimal health and wellbeing during their pregnancy.

Midwives are part of the local community and are able to appropriately focus support that is relevant to the needs of the mothers they are supporting. This may be by one to one support or by group sessions. Offering holistic assessment will support the take up of healthy activities and behaviour changes that will benefit not only the health of the baby, but can have significant benefit on the health of the mother and the wider family and the opportunity to discuss parenting and child development should be taken when appropriate to help the attainment of a healthy, happy childhood.

To better meet the needs of mothers from Powys and Gwynedd, we will explore the establishment of virtual clinics that will reduce the need to travel to BGH with local provision of ultrasound scanning the day before the appointment to enable a meaningful consultation to take place.

Care of the Neonate in a Rural Setting

Recognising the particular challenges of providing maternity services in an isolated setting we will work with Aberystwyth University to develop a training module for paediatricians, midwives, paediatric nurses and therapists in Care of the Neonate in a Rural Setting.

Obstetric Triage Unit

The current obstetric service at BGH is geared towards "delivery" and the current pathways do not sufficiently promote obstetric outreach to support the management of non-obstetric emergency presentations to ensure best outcomes for the baby and the mother.

We will establish a 24/7 Obstetric Triage Unit to ensure that all patients who are pregnant and who attend the emergency department with a non-pregnancy related condition are assessed appropriately by a multidisciplinary team, including:

- Consultant Obstetrician
- Advanced Midwifery Practitioners
- Integrated referral pathways to other specialties
- Access to high quality diagnostic ultrasound
- Pathways to specialist centres

This service would also support the management of concerns relating to mothers under community midwives so that escalation to obstetrician support is done in where there is an identified need. It could function as a "Porth Mam" providing a single point of contact for support, advice and intervention relating to maternity matters.

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System improvements will also be made to ensure that health care professionals caring for mothers who are deemed, but their consultant, to be of higher risk can be alerted to the need to alert a member of the obstetric team for assessment.

Modernising the Maternity Record

Mothers to be are given a hand held maternity record that they are asked to keep with them at all times. While this provides easy access to information for health care providers when needed, it is bulky to carry and could allow access to personal information should it be mislaid or misplaced.

A move to a digital health hand held record that updates from a secure information cloud would allow this information to be carried securely and be accessible to healthcare providers when required, with their updates being available to all who need to access that information in the delivery of care.

Streamlining and computerising assessment processes would improve efficiency and enable sharing of information with key members of the wider health care team. Partnership working with services in and commissioned by our neighbouring health boards would be promoted by the provision of computer based integrated health records so that the latest information is readily available when needed, wherever a patient presents. It is important to ensure that the scope of such developments include the provision of information to NHS organisations both inside and outside Wales.

Ayesha had a very healthy pregnancy and kept active throughout. We had discussed her labour plan with the midwife and chose to have the baby in the midwife led unit, rather than the labour ward, as we wanted a calming environment for the birth of our third baby. Ayesha stayed at home for as much of the labour as she could, but after a few hours we travelled the short distance to the midwife led unit. The midwife explained the risks and benefits of different forms of pain relief and encouraged Ayesha's use of the breathing exercises she had learned during pregnancy. The labour was relatively straightforward and our third child - our first daughter, Bethan - was born safe and well with no intervention needed. Our experience of the midwife led unit was entirely positive; we felt listened to and well cared for at all times.

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Obstetric Model Core Assumptions

Requirement	In Place	Notes
1:4 Consultant Rota	Yes	
24/7 Anaesthetic support	Yes	
24/7 Colorectal and surgical support	Yes	
24/7 Obstetric Theatres	Yes	
Stabilisation Unit (step up SCBU)	Yes	
Community and hospital based midwifery	Yes	
Obstetric Ultrasound	Yes	
24/7 retrieval service within target time	No	National service.
Pathways with specialist units for Powys and Gwynedd	In Part	
Obstetric Triage Service	No	To be developed by local obstetric team.

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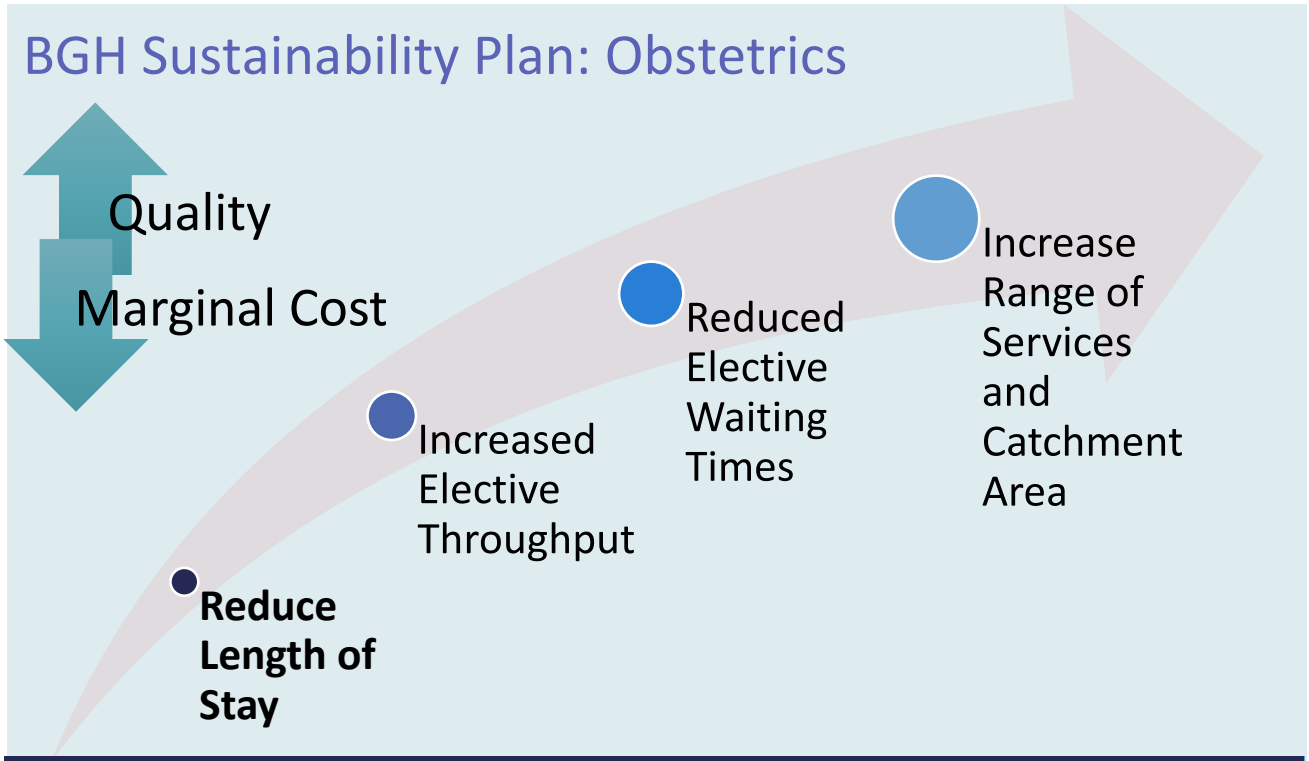
BGH Sustainability Plan: Obstetrics



- Develop services to promote next day discharge after caesarean-section.
- Promote community deliveries
- 24/7 Retrieval Service within Target Time
- Obstetric Triage Service

Delivering Excellent Rural

Acute Paediatric Services

Rural Paediatric Unit

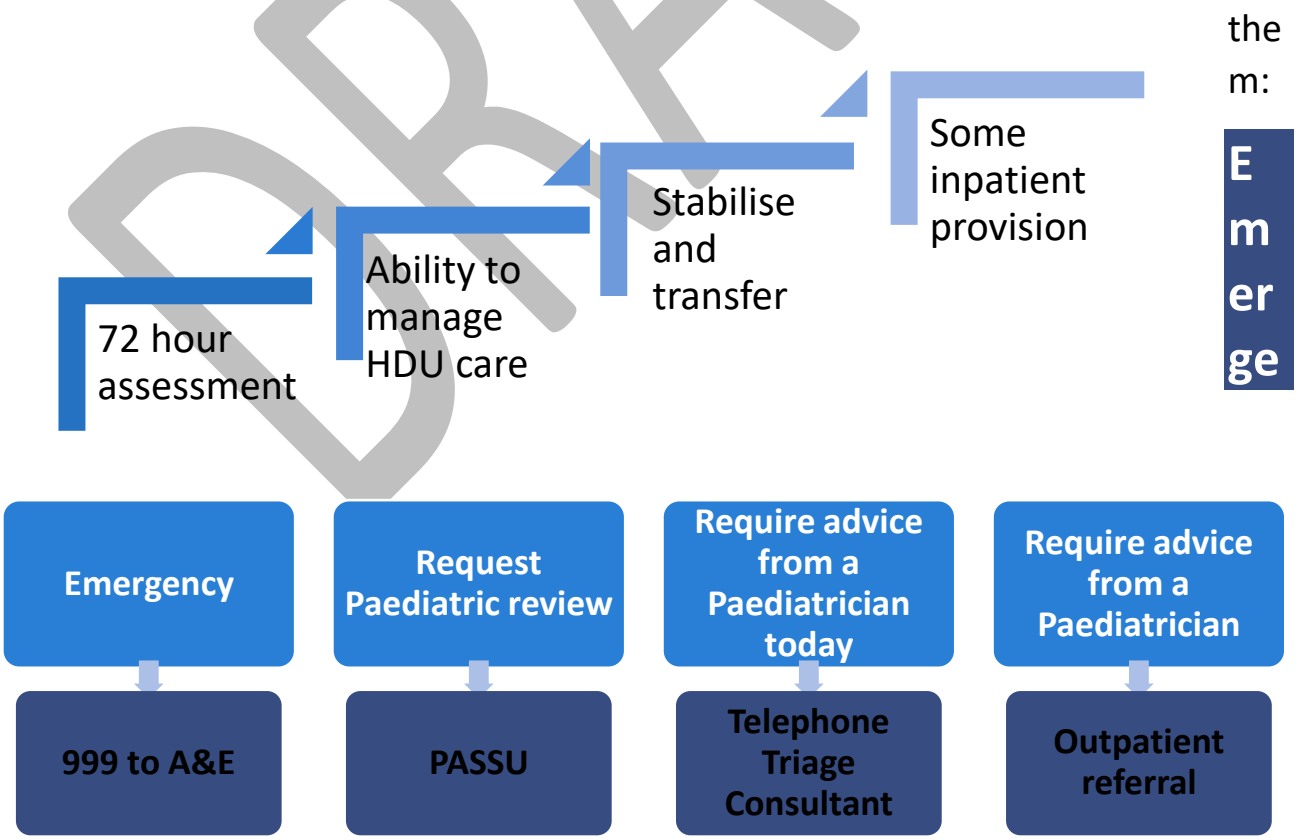
A 24/7 consultant-led, paediatric service is essential to support an unselected emergency care service.

General paediatric units are moving to a Paediatric Ambulatory Care Unit model which aims to provide support and treatment that does not require inpatient admission. In the context of BGH's dispersed catchment population, this model would not work and our plan is to develop it to provide a Paediatric Assessment and Short Stay Unit (PASSU).

The PASSU will provide:

- 72 hour assessment facility
- High Dependency Unit (HDU) care
- Inpatient provision for children requiring specialist input for more than 72 hours
- Community nurse referrals

Where a child has been assessed in a community setting by a competent health professional (e.g. GP, Community Nurse), there are four pathways available to them:



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ncy Services

The consultant-led paediatric service, working with the consultant provided anaesthetic service, will provide care and treatment for the majority of children presenting and referred to BGH. In addition emergency surgery will be provided in partnership with the surgical team at BGH where children presenting with life, limb or organ limiting conditions.

While this will ensure that all children and babies presenting receive high quality specialist support, not all will be able to be treated at BGH. Some will be diagnosed with non-urgent conditions that can be referred to the appropriate specialist centre, others will have a more complex diagnosis that will require rapid transfer to a specialist centre and this will be done in accordance with clear agreed clinical pathways reflecting the child's area of residence so that they are transferred to the most appropriate and local specialist centre in a smooth and timely way. There are three main transport services relevant to patients who attend BGH:

- Wales & West Acute Transport for Children service (WATCh) linked to Cardiff and Bristol Paediatric Intensive Care Unit
- North West and North Wales Transport Service (NWTS) linked to Paediatric Intensive Care Units in North Wales, Manchester and Liverpool
- Emergency Medical Retrieval and Transfer Service (EMRTS) providing pre-hospital critical care at the scene of an accident prior to transfer to the most appropriate unit for ongoing treatment

Where retrieval is not immediately possible, there are options to transport specialist teams to BGH to take over management of care until such time as the patient can be transferred. It is essential that transport services acknowledge the remote and rural nature of both BGH's location and the population served. When required, pathways for transfers out of BGH should be to the specialist centre closest to, or at least closer to the patient's home, to enable onward care and support by and of the family.

Pathways and Surgery

The paediatric team at BGH support a wide range of services in both inpatient and outpatient settings where children come into contact with "general"

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specialist services, such as orthopaedics, ophthalmology, ENT and general surgery. The service also reaches into accident and emergency when children present and is also a point of referral and support for primary care services. Importantly, the service supports BGH's obstetric services, providing essential input during deliveries and input to the Special Care Baby Unit (SCBU) for stabilisation of unexpected sick new-born babies pending transfer to more specialist care as required.

Emergency surgery for children is performed at BGH where it is required to save life, limb or organ. There are protocols in place for the transfer of children to other units as required.

Pathways are in place with Cardiff and Liverpool for highly specialist support and with Glangwili for less complex elective surgery and Oswestry for orthopaedics.

Elective surgery for children is, in general, kept to a minimum and when required should be provided by surgeons who have are operating on sufficient numbers of children to ensure they are suitably experienced. The most common procedures and pathways are:

- Inguinal Hernia repair at Glangwili
- Umbilical (belly-button) hernia repair at Glangwili
- Correction of undescended testis at Glangwili
- Circumcision at Prince Philip Hospital

Referral pathways for children from Powys and Gwynedd are to the respective hospitals in North Wales and Telford.

We will seek to work in partnership with colleagues within Hywel Dda and with specialist centres so that routine elective paediatric surgery is returned, where appropriate, to BGH. The surgical facilities at BGH do not have a designated paediatric unit, so surgery will need to be managed in such a way that it was separated from adult care. Surgeons performing procedures would need to be part of a rotation that would allow them to perform sufficient operations to maintain their skills and competence. We will also provide additional training for anaesthetists and ensure that a Registered Specialist Children's Nurse is present in theatres.

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Paediatric Staffing

The service is a consultant-led service supported by middle grade doctors, an Advanced Paediatric Nurse Practitioner (APNP), Registered Sick Children Nurses (RSCN), children's trained nurses and health care support workers. Hospital play specialists provide support Monday to Friday. The paediatric unit delivers education and training opportunities including overseas post-graduate trainees from Sri Lanka and Medical Students from Cardiff. The provision of training opportunities is essential in order to meet the challenge of recruitment and retention to the team and ensure the provision of a 24/7 service.

BGH's unique situation offers an opportunity to provide trainees with a rural perspective which provides a highly diverse and unpredictable case mix that will support the development of their case management and collaboration skill-set to meet the demands and resources available.

The adjacency of BGH to Aberystwyth University and the drive to develop clinical education in mid Wales will help deliver the academic and practical support structures that doctors working towards specialisation required.

The appointment of an Advanced Paediatric Nurse Practitioner to BGH has allowed us to explore alternative workforce solutions to providing the services. This includes the assessment, examination and management of acute presentations including decision to refer on, admit or discharge supported by access to a full range of diagnostic tests.

Advanced Paediatric Nurse Practitioner

APNPs support the acute medical team and enhance access to paediatric care.

They use independent clinical judgement to assess, investigate, diagnose, plan, implement and evaluate the clinical management and care of children. They are able quickly exclude serious illness and identify those children who are sick from those who are well, but presenting as a concern.

APNPs work across the acute paediatric, ambulatory and out-patient care settings and provide nurse-led clinics to assess both new patients as well as follow-up reviews reducing the number of children attending the ward for services that can be provided in a more appropriate setting.

Prudent healthcare is an essential component of health care for children; too much or too little intervention can have long lasting effects on wellbeing. APNPs are ideally placed as part of a wider multi-disciplinary team to provide a

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skilled holistic clinical assessment and recommendation and we will develop out service so that APNPs are available 24/7.

By developing additional APNP posts within the department, it would be possible to provide a 24/7 nurse led service with access to call-in consultant support. This would support the delivery of accident and emergency liaison whilst delivering safe, accessible and patient focused care in a local setting. The consultant team will focus on the specialist care needs presenting in the department and across the community.

Baby Bethan was six months old when she developed a barking cough and shortness of breath. I rang the GP out of hours' service. The GP said it sounded like a case of croup and that most cases are relatively mild and can be managed at home, but because of the baby's breathing difficulties I should take her to A&E for assessment. We were seen quickly and the doctor diagnosed croup. We were admitted to the paediatric unit where an Advanced Paediatric Nurse Practitioner reviewed Bethan and after a short period of time with an oxygen mask the baby started to recover quite rapidly. We were discharged with medication and we were reassured we could access advice if Bethan had got any worse, but she was fully recovered within a few days.

Paediatric Model Core Assumptions

Requirement	In Place	Notes
Consultant rota (4 consultants)	Yes	
Middle Grade rota	Yes	Recruitment and retention of staff to be enhanced
Advanced Paediatric Nurse Practitioner	Yes	1 ANP in post. To provide 24/7 rota as alternative service model, 5 more will be required. This would also support emergency paediatric take.
Area single point of access for paediatric advice	In part	Angharad ward informally provides this service, but consideration should be given to developing formal protocols.
Return of elective paediatric surgery	No	To be considered by service in partnership with commissioners and other providers

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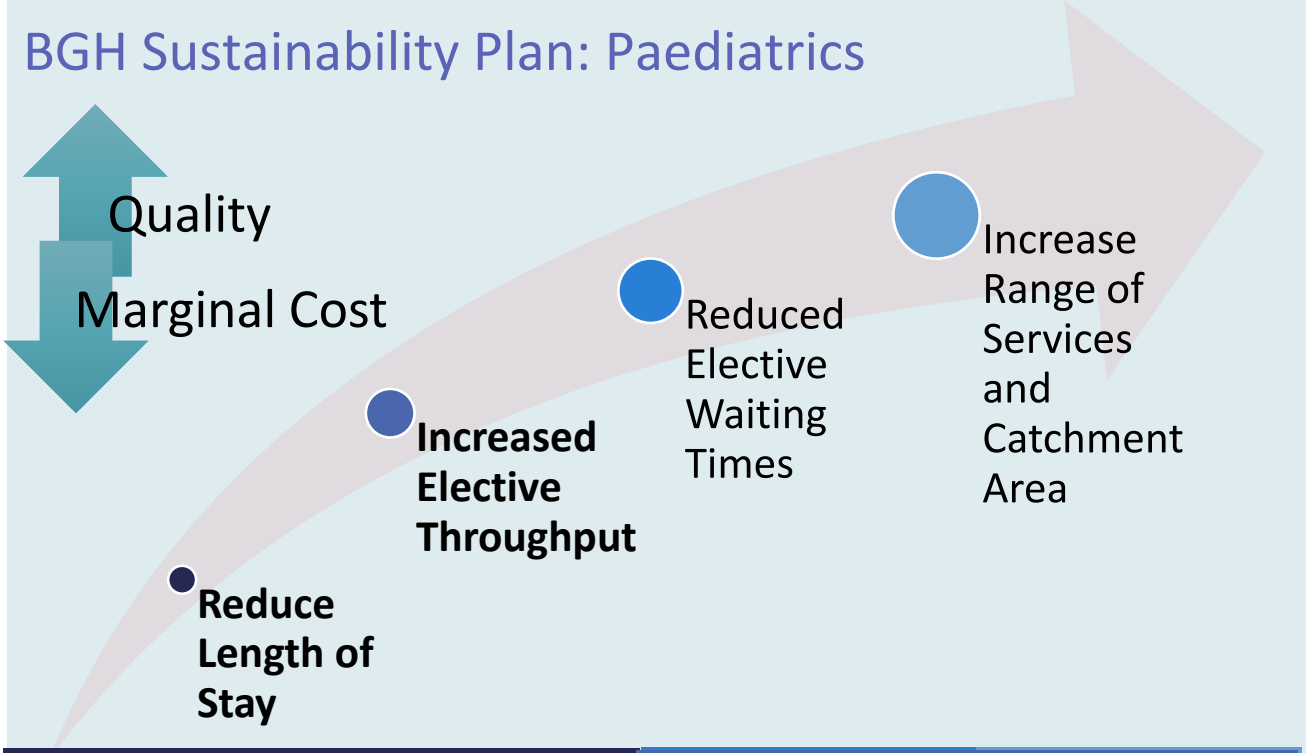

- APNP Rota
- Single point of access

- Paediatric surgery

Delivering Excellent Rural

Critical and Intensive Care Services

Rural Intensive Care Service

BGH's Intensive Care Service is the only unit in Wales that is consultant delivered. This unique service has evolved to ensure that there is senior presence to respond to the highly unpredictable presentations BGH receives due to its remoteness.

The anaesthetists provide a clinical foundation for the whole hospital and their 24/7 presence allows essential services to be provided that may otherwise be challenging so to do.

All the Anaesthetists are trained in paediatric life support and work in pairs to provide step up special care baby support when required prior to transfer to a specialist unit. All Anaesthetists are trauma trained and are equipped and skilled to lead on trauma care out of hours until the specialists arrive (within 30 minutes).

The Intensive Care Service is provided in multiple locations across BGH, but is based in the Intensive Care Unit in the surgical block.

Anaesthetic Services

The Anaesthetists provide:

- Anaesthesia for all elective surgery and emergency surgery required
- Pre-assessment clinics (nurse and doctor led)
- Ventilation, invasive monitoring and care of very sick patients in the Intensive Care Unit (ICU)
- Medically induced coma to aid treatment
- Stabilise sick children prior to retrieval; short term care of sick children not needing or offered transfer to a specialist centre. Supporting transfer of very sick children if not transferred to a specialist unit.
- Stabilisation and transfer very sick patients if not retrieved. In the majority of cases, consultant anaesthetists accompany the patient during transfer. The transfer distances are usually longer than in other areas.
- Haemofiltration

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Highly specialised critical care services, such as neurology and burns, are provided in tertiary centres and will not be provided at BGH.

Intensive Care Unit

BGH's Intensive Care Unit comprises 3 beds and 1 isolation room. A fifth bed-space is available if additional capacity is required.

Staffing levels allow the unit to care for 3 of the most seriously ill patients (level 3/ITU) at any one time or, up to 4 level 2, high dependency patients (HDU).

Organisation of Intensive Care Services

The services currently provided generally meet the presenting needs of BGH's patients. There are some areas where improvements could be made:

- Repatriation of level 1 patients to wards; management of some patients would require availability of suitably trained staff on the wards to manage specific medication regimens.
- Outreach service to the wards to support acutely ill patients in a ward environment and provide advice to their medical and nursing team.
- Utilisation of fifth bed space to improve access to intensive care beds and guarantee space for complex elective care cases that require higher levels of post-operative care than is provided on an inpatient ward
- Development of multi-disciplinary pain management service to deliver both acute pain in the hospital setting and work with community based colleagues to manage chronic pain in community settings

The provision of 24-hour on-site consultant provided anaesthetic services at BGH will continue in order to ensure the delivery of support to all other services.

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Intensive Care Model Core Assumptions

Requirement	In Place	Notes
Outreach Service to Wards	In Part	Plan for development of nurse led ward outreach service to be produced
Level 1 repatriation to Wards	In Part	Protocol to be developed alongside outreach service and review ward capacity to accept.
Formalisation of 5th Bed Space	No	Plan to be developed alongside the planned care repatriation and expansion.
Chronic Pain Management	No	Service specification to be developed across primary, community and secondary care with focus on community based delivery supported by multi-disciplinary team.

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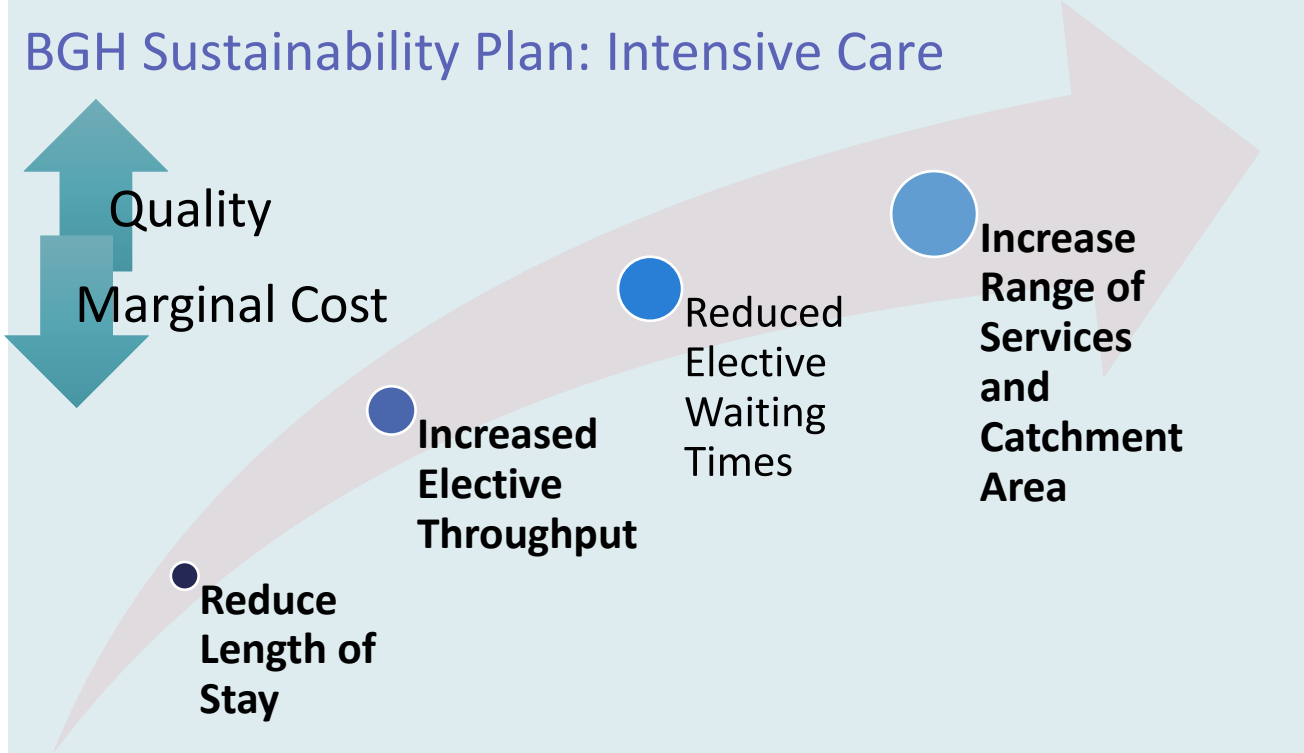

- Outreach service to wards
- Level 1 repatriation to wards

- Formalise 5th bed space

- Pain management

Delivering Excellent Rural

Acute Cardiac Services

Rural Cardiac Unit

BGH has a track record of delivering high quality cardiac services in partnership with specialist centres and by the utilisation of technology to improve patient experience and outcomes. The provision of highly specialised surgical services relating to cardiology and the thorax will remain the preserve of the specialist centres and while patients with specific type of heart attacks (ST elevation myocardial infarction (STEMI)) will be identified in the community, or Accident and Emergency, and immediately transferred to the Morriston Heart Attack Centre, all other adults living locally presenting with cardiac conditions will need:

- Investigation
- Stabilisation
- Treatment

This is provided by a multi-disciplinary approach to care at BGH, where the consultant-led service supported by specialist cardiac nurses will have access to:

- On-site cardiac-monitored beds
- A designated state of the art cardio/respiratory diagnostic suite including:
  - Transthoracic echocardiography
  - Transesophageal echocardiography
  - Stress echocardiography
  - Exercise stress testing
  - CT Coronary angiography
  - Pacemaker implantation

By utilising the above services, the large majority of patients will be able to have their definitive care locally. Patients requiring more specialist services, such as inpatient coronary angiography, angioplasty and stenting (Percutaneous Coronary Intervention) or cardiac surgery will be transferred to Morriston, Swansea on a "treat and return" basis.

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Improving Access

There are significant opportunities to utilise technology to improve patient access both in terms of timeliness and distance travelled with added quality improvements, with CT angiography being a good example:

CT angiography increases the overall capacity of cardiac diagnostic services in the South West Wales Cardiac Network, reduces unnecessary invasive procedures and reduces the distances travelled by mid Wales' patients.

CT angiography also has the potential to provide rapid diagnosis for patients presenting at A&E with chest pain:

Rhian is 58 years old and the neighbour of Gareth and Ayesha. She smoked until she was age 40 and has high blood pressure and long standing knee problems. Rhian has experienced chest pains on a number of occasions in the past month and is uncertain about what it means. Her son is getting married this summer, and this has heightened Rhian's anxieties about her heart health.

"*I have been experiencing chest pains recently. One evening, they were very strong so Ayesha took me to A&E in Bronglais. The doctor ruled out serious cardiac problems and recommended I see a GP for consideration of possible angina. I had similar symptoms but more pain on the weekend so went back to A&E. The A&E team recommended a cardiology review, which I had the next day. The specialist didn't think the pain was cardiac in origin. She was very reassuring and spoke with me about my history of smoking and my ongoing anxiety, and how these might be causing my symptoms. I wasn't able to have an exercise test because of the arthritis in my knees. I had a CT angiography that same day in Bronglais, as there has been a cancellation. The results were clear – I do not have problems with my heart, which is a huge relief. I was discharged from the Medical Assessment Unit the same day and do not need a follow-up. But I have seen the GP about my anxiety and have started an online cognitive behavioural therapy course to help deal with my anxiety.*"

Remote Monitoring

Work is underway to look at the application of remote monitoring for patients with pacemakers and cardiac monitors that will allow early detection of significant events to promote timely intervention and improved patient outcome. This will also reduce the inconvenience and geographical challenges to accessing follow-up clinics and expert advice. Such a development is key to the ability for patients to be managed on an "anticipatory" basis which reduces their need for emergency intervention and resulting hospital admission.

Developing Diagnostics

The installation of the new Magnetic Resonance Imaging suite at BGH opens up the opportunity for some provision of Cardiac MRI to allow an increased range of diagnostic imaging techniques to be available to aid diagnosis and disease management.

Pathway Development

The established cardiac network links BGH to the specialist services provided by Swansea Bay University Health Board. However, as with all services provided at BGH, the patients who present have commissioned pathways to other centres that may, geographically, be more convenient for them, for example Shrewsbury and Glan Clwyd hospitals for patients from Powys and North Wales respectively. These broader networks will need to be incorporated into service plans so that patients who may be known to any centre or service can be seamlessly and safely supported wherever they present in an emergency.

On-going follow-up and support will be provided by the local Cardiology Clinic Service for all patients who require it post intervention. This service will also be where all local adult patients referred by primary care with symptoms of cardiovascular disease receive their initial assessment and diagnosis, using predominantly the diagnostic services stated above, but with access to invasive coronary angiography at Morriston Hospital, Swansea, and, in future, in the dedicated Hywel Dda Cardiac Catheterisation laboratory, located in the south. Demand for interventional angiography will increase over time and future capacity profiling should examine the potential for delivery of a mid Wales service.

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While some patients with specialist needs due to, for example, Adult Congenital Heart Disease will need routine follow-up at Specialist Centres in south Wales, patients with complex needs and implanted Cardiac Devices (such as Defibrillators) will be able to receive shared care with some follow-up visits provided locally to limit the burden of travel with telemedicine being utilised where appropriate.

The Cardiology Team

Although the service will be led by BGH based Consultants, success is dependent upon a wide range of professionals, without whom a comprehensive service could not be provided:

- Hospital and Community Specialist nurses
- Advance Nurse Practitioners
- Cardiac Physiologists
- Exercise rehabilitation specialists
- Psychologists
- Community palliative care team

Cardiac rehabilitation services are an essential part of the cardiology service working with patients to promote healthy lifestyles to reduce risk of recurrence. It is important to ensure that the team providing the service are appropriately resourced and provide a multi-disciplinary support to their patients.

GPs and primary care teams provide a key role in both the initial identification and ongoing care and support of patients. As the relationship across “care” evolves and matures, the ability to deliver truly holistic care and support for patients will become a key cultural driver for the service. This will ensure that the “care” system works to ensure that services are personalised, as far as possible, to the individual circumstance in a way that supports and promotes independence.

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Cardiology Model Core Assumptions

Requirement	In Place	Notes
3 Consultant Cardiologists	Yes	
Dedicated cardio/respiratory diagnostic facility	No	Current provision too small with no designated patient waiting area. Plan
Heart Failure Nurse	Yes	Recruiting to a second post. Nurse also in Powys and Gwynedd.
Advanced Nurse Practitioner	Yes	
Outreach Clinics	In part	To be developed in line with Mid Wales Clinical Advisory Group's work plan
Cardiac Rehabilitation	In part	Support from occupational therapy, physiotherapy and dietetics to be developed to promote MDT approach.
Clinical Pathway Development	In Part	Pathways exist for certain conditions, but do not reflect pathways and opportunities provided by services commissioned by Powys and Betsi Cadwaladr Health Boards for their patients.
Remote Telemetry	Pilot	Remote telemetry for patients is being piloted. Development subject to evaluation, but is anticipated to deliver significant benefits for outcomes.
Cardiac MRI	No	Options to be explored once MRI unit installed.

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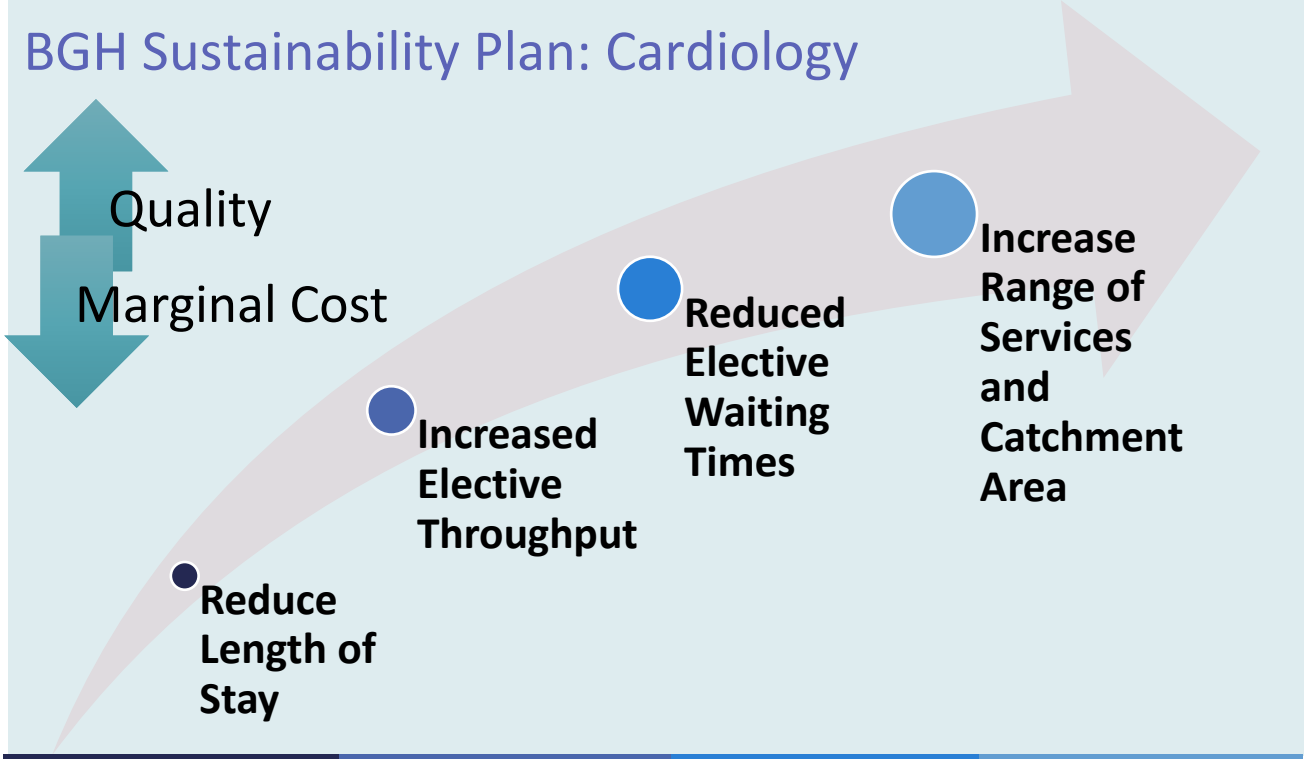


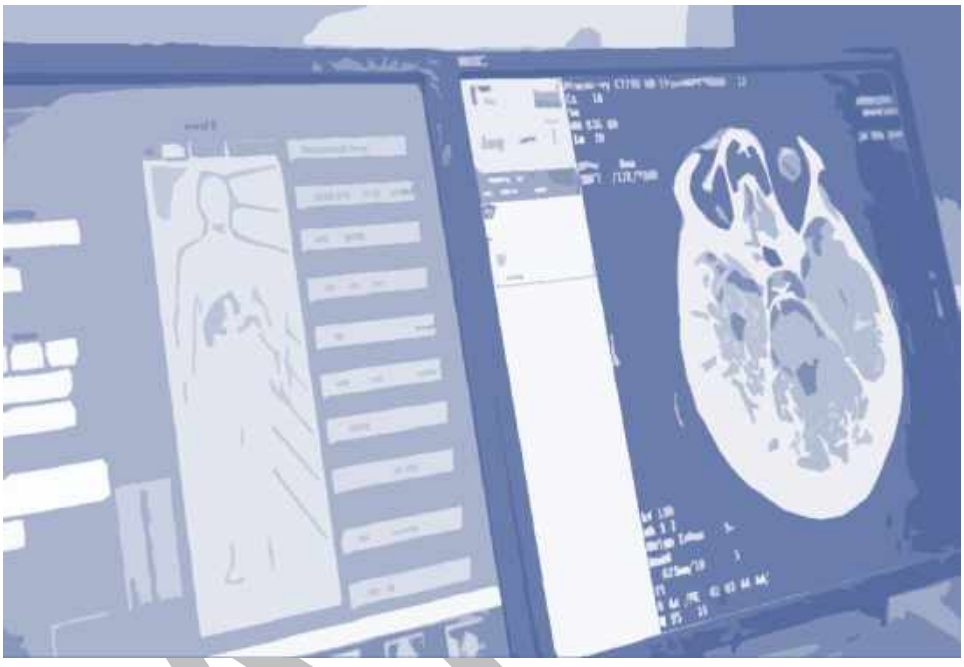
Reduce Length of Stay	Increased Elective Throughput	Reduced Elective Waiting Times	Increase Range of Services and Catchment Area
• Develop remote monitoring service • CT Angiography	• Develop remote monitoring service • CT Angiography	• Extend CT Angiography • Develop remote monitoring service	• Cardiac MRI • Outreach to Machynlleth and Newtown (Shrewsbury) • Outreach to Tywyn (North Wales)

Delivering Excellent Rural

Radiology Services

Rural Radiology Services

Radiology services play a key role in the delivery of both urgent and planned care. The service provides both imaging using ionising radiation (e.g. "x-rays" and Computed Tomography (CT) and non-ionising radiation (e.g. ultrasound and Magnetic Resonance Imaging (MRI)).



While all staff using radiological imaging equipment must be appropriately trained, there are strict rules and regulations regarding the use of ionising radiation and only highly trained staff, known as Radiographers or assistant practitioners (under the supervision of Radiographers), may use this equipment. Some non-ionising imaging equipment, such as ultrasound, can be used by a wider range staff who have the appropriate training.

Once an image is taken, it needs to be "reported". Traditionally, reporting has been provided by Radiologists (doctors who specialise in radiology) and in more recent times, Radiographers have been trained to report on certain types of images to help speed up the time it takes to obtain a result.

Doctors in other specialties are also able to access and assess images to inform initial diagnosis and case management whilst awaiting a formal report so that more minor conditions, such as some fractures, can be treated before a radiologist report has been received. The specialised reporting skills of a Radiologist or Reporting Radiographer may identify additional important information of relevance to the treatment plan and it is a legal requirement that all imaging is fully reported in this way.

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Fast track reporting pathways exist for certain key conditions (e.g. for a CT in a suspected stroke patient) so that confirmation can be received within the critical response period. To ensure a 24/7 reporting service, some images are reported by Radiologists in Australia utilising the digital images which can be transferred via protected networks.

Although MRI is not a first line diagnostic for urgent care except in the case of spinal cord compression and spinal infection, provision at BGH needs to be increased to at least 2 sessions per day, 7 days a week (it is currently provided Monday to Friday). This will improve access to urgent MRI and reduce the number of patients who have to travel for this service. The level of demand at night would not support the delivery of a 24/7 service at BGH.

Ultrasound provides a relatively inexpensive imaging tool for both acute and non-acute presentation which can also be provided in community settings without having to build specialist facilities to accommodate it. Ultrasound is currently available 6 days a week at BGH and we will enhance this to deliver daily coverage in addition to re-introducing community based services both within Hywel Dda and in our neighbours' community facilities.

More specialised imaging, which utilise radioactive isotopes, such as Positron Emission Tomography (PET) scanning, to identify body parts and pathology, are not provided at BGH.

Radiology Equipment

The equipment used in radiology is very expensive and due to its reliance on modern IT technology requires frequent updating and replacement. Staff receive specialist training in order to maximise its utilisation and we will offer our services to an increased catchment population by providing outreach and support to community services both within Hywel Dda and in our neighbouring health boards.

A summary of the radiology equipment at BGH and in the health care buildings that comprise the Ceredigion and Mid Wales area, is shown below.

Mid Wales Radiology Service	
Service locations	BGH. General radiography*, CT*, MRI,

	ultrasonography, dual energy X-ray absorptiometry (DEXA), Mammography and Fluoroscopy. All available 5 days a week (ultrasound 6 days) with * available 24/7 Cardigan Hospital General radiography available 5 days a week 9-5 Machynlleth Hospital General radiography available 1 days a week Newtown Hospital General radiography available 5 days a week 9-5. US 2 days a month Welshpool Hospital General radiography available 5 days a week 9-5. US 2 days a week. Dolgellau Hospital General radiography available 5 half-days a week Tywyn Hospital General radiography available 1 day a week
Image reporting	Undertaken by Radiologists, sonographers and reporting radiographer based in BGH, and Betsi Cadwaladr University Health Board.
Staffing	There are several vacancies, radiologists, radiographers, sonographers and support staff. Recruitment has proven difficult.

Funding to replace the existing MRI unit at BGH was approved by Welsh Government in 2017. Because of the limited footprint of the site in its current format, siting the new scanner required innovative thinking to bring a currently unused area into service. Works commenced in 2018 and the unit is scheduled to open by December 2019. The new scanner will be much faster than the one it replaces and this will significantly increase the number of patients who will be scanned at BGH and also the range of conditions that can be scanned and for which patients have to currently travel for their scan.

The CT scanner at BGH is currently nearing the end of its serviceable life and needs to be replaced by 2020. A general x-ray room is already provided within the A&E department and we will consider the replacement CT's location in order to improve access for patients from the emergency department without impacting upon that for patient in the Intensive Care Unit.

The MRI development will enabled the provision of increased ultrasound provision and reporting facilities which will allow reporting radiographers to

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increase the service's reporting capacity which will both improve scan to report times and allow some reporting that is currently "sent away" to be performed within the NHS (NHS Wales currently spends approximately £6m per annum on out-sourced reporting).

We will review core opening hours and staff skill mix within both BGH and the community hospitals with the aim of providing a responsive and local service.

Radiology Network

The services provided at BGH provide a hub for services across the mid Wales area. For some services, such as MRI and CT, BGH will be a sole provider of services for patients. For other services provided in community locations BGH can act as a hub for staff, training and reporting.

Additionally, mobile scanners can be used to provide outreach into areas that do not have access to services, although this may not be the most cost effective way in which to deliver a service if there are not enough patients needing a particular type of scan in an area so such services will need to be scaled accordingly.

Additional reporting room provision at BGH will allow the Reporting Radiographers based there to provide hot reporting on images taken at community sites, thereby speeding up the time to diagnosis and potentially reducing the need for a patient to travel for urgent diagnostics.

We will work with both Powys and Betsi Cadwaladr Health Boards to explore models to best provide outreach services to community settings, balancing patient demand with efficient use of staff and equipment. We will also explore the potential of mobile services to deliver care as close to home as possible.

There is a need to ensure the current radiological provision in community settings is maximised. Not all community based services are open 5 days a week and patients may have to wait or travel for a scan. A mid Wales radiology appointments service will be introduced to co-ordinate waits across mid Wales and offer patients an appointment that meets their individual requirements of access and timeliness. Reporting radiographers would provide outreach clinics so that scan and report are completed at the same time.

The development of advanced roles such as Reporting Radiographers is key to delivering both increased service capacity and providing career development for

DRAFT

Radiographers that will improve recruitment and retention. The opportunity to develop clinic based approach to the delivery of services across the large geographical area covered will also be attractive to potential staff.

Improving access to services will also require additional Sonographers (who perform ultrasound), the development of trainees and additional support staff, Assistants Practitioners (specially trained support workers able to undertake x-ray procedures) and clerical staff.

Because of the many different pathways for patients at BGH, it is important to ensure secure links with NHS providers throughout the UK to ensure relevant images can be shared in order to promote the best possible patient care.

DRAFT

Radiology Service Core Assumptions

Requirement	In Place?	Notes
3 Consultant Radiologists	Yes	
4 Reporting Radiographers	Yes; 2 general, 1 CT, 1 MRI	Plan for development and expansion of role including supporting community delivered radiology to be produced.
6 Sonographers	In Part	6 posts providing 4.2wte. Increasing application for ultrasound will require investment in staffing.
2 Assistant Practitioners	Yes	The potential for assistant practitioners to support radiographer provided care will require the further roll out of these posts.
CT Colonography.	Yes	
CT angiography	Yes	First unit in Health Board to delivery service.
27/7 CT	Yes	Full body CT available
Out of hours urgent specialist cover	Yes	Provided by third-party company
Daily MRI	No	Service will be required to support trauma care.
Daily US	No	Currently 5 day service.
Weekday DEXA	Yes	

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Delivering Excellent Rural

Laboratory Services

Rural Laboratory Services

BGH's facilities have received significant capital investment over the past 15 years. This investment has included the provision of state of the art laboratory facilities.

There are four main laboratory services:

- Haematology (analysis of blood)
- Biochemistry (analysis of chemical processes in the body)
- Microbiology (analysis of microorganisms in the body)
- Histopathology (analysis of tissues and cells)

Haematology and Biochemistry tests are those most commonly used for rapid diagnosis with many tests being ready within 30 minutes of samples arriving in the laboratories. Haematology includes blood bank provision and both Biochemistry and Haematology provide more specialist tests in their own laboratory spaces.

Microbiology provides a range of facilities up to Category 3 (for use with pathogens such as Tuberculosis). Samples of more dangerous pathogens, such as Ebola, require Category 4 facilities of which there are fewer than 10 in the UK and are currently managed as part of the European Network of Biosafety-Level-4 Laboratories. Some microbiological tests can also be provided relatively rapidly, but because much microbiology require the growth of bacteria, tests, including antimicrobial susceptibility, can take a few days to provide results. The implementation of genetic testing and other automation, however, has speeded up this process where technology and finance allow.

The Microbiology service, provided by Public Health Wales, is accredited to ISO 15189 for the majority of its tests. The Haematology and Biochemistry (collectively "Blood Sciences") laboratories, have recently moved to the ISO 15189 scheme and are working to implement this within their respective areas.

Histopathology can also provide rapid diagnostic information through use of certain processing techniques, but in general requires tissue processing and fixing prior to slides being made up for review by a Pathologist. All Histopathology work is currently undertaken at laboratories in GGH.

The BGH laboratories are Consultant led with a multi-disciplinary team of healthcare scientists and nurses providing:

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- Routine analytical services for diagnosis (acute and non-acute)
- More specialised analytical services for the wider Health Board
- Blood bank services and Blood Transfusion training
- Specialist nurse services (Haematology and Coagulation)
- Phlebotomy services
- Educational services
- Point of Care Testing (POCT) – professional and governance

Haematology and Biochemistry are highly automated and all major analysers have been updated within the past 2-3 years. This also includes a pre-analytical sorting and sample portioning (*aliquoting*) instrument.

Automation is, however, increasing and the laboratory 20 years in the future may well look very different to the laboratory today. We must ensure that the BGH laboratory service responds to the opportunity technological advancement presents to provide quicker and better access to our services.

Microbiology services are introducing automated urine analysers to replace manual microscopy. This will provide a fully quality controlled process with improved reproducibility, reducing staff hands on time.

The BGH laboratory services, as a hub for care in mid Wales, will need to respond to demands to do more in community settings and innovative approaches to meeting this need will need to be employed.

The need to provide rapid turnaround times and the ability to deliver service improvements in-house necessitate the continuation of the current laboratory configuration. Transportation to other laboratories is not suitable for all specimens and is not available 24/7. Some specimens need to be processed within strict time limits which prevents their centralisation. It is important, therefore, that the BGH laboratories, in meeting the requirements of the UK Accreditation Services, ensure their overall benefit is maximised so that their essential presence is sustainable.

Advancements in equipment have allowed many tests to be delivered at the "Point of Care". This may be within the hospital or in remote community settings. It is anticipated that the application of point of care testing will expand in time. The provision of point of care testing requires robust checks of the devices being used to ensure they are accurate and this needs to be managed

DRAFT

within a quality assured framework. This will require new staffing models and ways of ensuring that the appropriate training, support and governance is assured, whether within hospital or community setting.

Samples taken in community settings that are not able to be analysed using point of care devices will need to be transported to the BGH labs for processing and analysis. This is currently achieved by a once-a-day collection by the "hospital van", but this is not a rapid delivery service that will help GPs and community health care staff respond to needs as they present in the community. Homing pigeons were used in the late 1970s/early 1980s to provide rapid and affordable transport between Devonport and Plymouth hospitals in England and the potential for drones to be used to achieve similar benefit is currently being explored by the University of Aberystwyth. The establishment of a "droneport" adjacent to the laboratories would allow autonomous drones to be sent from GP surgeries, community hospitals and by community staff from remote locations so that urgent samples are delivered quickly to the laboratory and can be processed with results available before the end of surgery or a nurse's round so that appropriate actions can be taken more quickly than they might otherwise have been; at the same time the development of point of care testing may reduce the numbers of tests that need to be sent to central laboratories for testing.

The services provided to our neighbouring health boards also form a key component of laboratories' work. Opportunities to develop services in these areas to better meet the needs of mid Wales' patients will help to deliver a sustainable service that maximises efficient and effective use of resources across the whole health community.

Analytical services

It is essential that pathology services continue to modernise and ensure that they continue to provide timely results to aid clinicians in both diagnosis and monitoring of individual patients.

We will continue to adapt our working practices in line with clinical need. Sample analysis will still benefit from the cost efficiencies of automated laboratory analysis, but the equipment used is very expensive and may only be operated by appropriately trained staff. We will ensure that we make best use of this by offering our services to an increased catchment population and by

DRAFT

providing outreach support to community services both within Hywel Dda and in our neighbouring health boards.

We anticipate a growth in the use of point of care testing as technology advances in this area and the new working practices take patient diagnosis and care into the community and closer to patients' homes. We will review how the emerging technology will impact upon future workforce requirements and will invest accordingly to ensure we have an appropriate skill mix to support the service. There will be an opportunity to develop a new community point of care testing worker role acting as liaison with the hub laboratory and offering practical training and trouble-shooting advice to users within the community.

Hours of Operation

Laboratory services provide a full range of services during the "working week" with a restricted number of tests and the blood bank service available "out of hours" from on-call staff.

We will review core opening hours and staff skill mix within both BGH with the aim of providing a responsive and local service.

Role Development

The development of advanced roles such as Physician Associates with specialist interests in, for example, lipids, cardiovascular and metabolism, is being explored in some health boards. This would assist in delivering both increased service capacity and providing career development for healthcare scientists that will, in turn, improve recruitment and retention. The opportunity to develop clinic based approach to the delivery of services across the large geographical area covered will also be attractive to potential staff.

Education

Laboratory services provide essential education to its users by formal lecture, tutorials or practical training. As newer specialist roles are created for health professional who, perhaps, have never received formal pathology training, it will become increasingly important for senior pathology staff to be involved in educative roles, whether regarding appropriate test selection, result interpretation or practical skills such as phlebotomy, blood transfusion safety, point of care testing training or quality control competencies.

DRAFT

Research has shown that where people train influences where they work. The availability of training and development necessary for maintaining professional registration and advancing ones skills is also important to staff in the health care profession and if this is not reasonably easy to access, the ease within which health care professions can transfer between differing NHS organisations means that staff may decide to move to where they feel that their career ambitions will be more easily met.

Building upon our past training programmes for medical students and phlebotomists, we will continue to provide, and expand, our education function as clinical need arises. The provision of GP and nurse training at Aberystwyth University will necessitate the provision of training to equip them with the essential knowledge and skills to enable them to better fulfil their roles and professional development.

Aberystwyth University have expressed an interest in the provision of a Biomedical Sciences Degree which, if accredited by the Institute of Biomedical Sciences, would offer significant benefit in attracting staff to the area and offer potential lecturing opportunity for BGH clinicians or relevant health professional staff. We will work with the University to ensure the benefits of our proximity can be achieve maximum potential for both institutions.

We will also continue to provide continuing professional development for our own staff and focus on cross-training of newer staff to increase the robustness of our staffing and provide interest for recruitment and retention. We will increasingly develop the role of bands 3, 4 and 5 staff within the laboratory areas.

Service improvement/Audit

Laboratory services must develop in line with changing models of clinical care, ensure safe and efficient use and that the services provided meet the necessary quality requirements.

We will continue to audit and improve our services – working in line with prudent healthcare principles to ensure best use of resources, minimise wastage and understanding of variance.

DRAFT

Service development

As services evolve, both because of technological innovation and users expectations, we will need to regularly review our mix of services to ensure they support the provision of the best outcome for patient. This will include opening hours, range of tests provided and the skill mix both within BGH and in the community to providing a responsive and local service.

- Recent improvements in services include
- Earlier phlebotomy to enable earlier discharge
- Point of Care Testing blood gas machine for A&E and maternity
- Genetic testing in Microbiology to reduce turnaround times for flu and other diagnoses

Developments in laboratory services involve the development or utilisation of new tests, using old tests in new ways or adopting new technologies such as genetic testing and metabolomics (the study of the chemistry of the metabolism).

With colleagues across the Health Board, we will also build on our experience of developing new tests or bringing tests in house where possible and enabling their use for the benefit of all the Health Board's patients.

The Microbiology service at BGH is the first laboratory in Wales to introduce molecular enteric testing facilities which is a single test for multiple infections that can be more quickly performed, thereby reducing the need for unnecessary infection control precautions, improving decision making regarding treatment and, therefore, improving the overall patient experience. The laboratory also provides genetic testing for the flu virus which allows the results to be available in hours rather than days. The provision of these services allows a quicker and more appropriate response from Public Health teams in the event of a potential outbreak and, consequently, more appropriate and timely patient management. These tests are expensive and, in order to support their use, there should be demonstration of benefit in terms of reduced length of stay, reduced time of barrier nursing and other similar measures that, in effect, can be classed as a saving to the service overall.

Because all three laboratories are co-located, significant economies of scale can be obtained through common processes (e.g. reception and waste

DRAFT

management). In addition, the modern facilities at BGH enable us to work in ways which may not be possible for other sites and will allow BGH to adopt new analytical technologies that are common across the pathology disciplines and we envisage further cross disciplinary working over the timescale of this plan. Services also link with other laboratories within the Health Board and across the region so that non-urgent tests can be provided in the most cost effective way whilst also promoting quality. Regional working also promotes contingency planning which reduces risk of service failure.

Research and Development

Unique within the Health Board, BGH is directly adjacent to the National Library of Wales and the University of Aberystwyth.

A shared campus brings many opportunities for the development of partnerships and research that cover health services, the determinants of health, interventions to improve health and the information and communications used to support and deliver care.

The development of health and care has increased and this will continue in the future. R&D is an essential part of any developing service and one that pathology will continue to embrace.

We will build on our track record of research involvement, providing support both to clinicians and others requiring pathology testing for their studies, but also for professional development of our staff and services for all our patients.

Over the last two years, the BGH laboratories have supported studies jointly with the University of Aberystwyth and is a partner in the University's Well-being and Health Assessment Research Unit's project with the University of Grenoble which brings within it both reputational benefit and income to the department.

We will continue to build and strengthen working relationships with our academic colleagues to develop further joint projects and find better ways of true partnership working. This will require shared governance arrangements, but must be progressed in pursuit of closer working practices to benefit both and the health of our residents.

DRAFT

Laboratory Service Core Assumptions

Requirement	In Place	Notes
1 Consultant Clinical Biochemist	Yes	Also Cons Haem/Micro
Microbiology service to be provided by Public Health Wales. Minimum staffing levels 5 BMS plus support staff to ensure out of hours cover.		
Blood Bank	Yes	
Hot Haematology Tests	Yes	
Hot Biochemistry tests	Yes	
Cold Haematology/Biochemistry tests	Yes	For service economy and viability
Specialist nurses Haematology Coagulation	 Yes Yes	Succession planning for posts required
Blood Transfusion Practitioner	P/T	Scoping required for Full Time service
Point of Care Testing lead Band 7 to oversee increasing requirements Roving Point of Care Testing support worker	New New	This is an urgent need that will be resourced by increased automation in core labs.

DRAFT

Delivering Excellent Rural

Acute Pharmacy

Rural Acute Pharmacy

Most public contact with pharmacy services is with community pharmacists who are readily accessible, not only to sell "over the counter" medications or dispense prescriptions, but who can also provide a range of other services and support, including health screening and consultation for minor ailments.

Within a hospital setting, the highly specialised training and continued professional development pharmacists undertake, is applied to a wide range of functions that, although not always visible, provide essential support across all services provided.

Pharmacists can provide:

- Clinical review of patients' medications to identify any drug related issues that maybe latent or contributing to the presenting condition and recommend changes to optimise therapeutic outcomes
- Medicine reconciliation in a timely manner
- Advice, support and training to clinical colleagues
- Review and advise on formulary and national guidelines to ensure compliance and identification of opportunities for efficient utilisation of resources
- Governance structures for the introduction, storage and administration of medication
- Chronic condition clinics
- Support to prevent drug-resistance (anti-microbial guidelines)
- Support for research, development and clinical trials
- Diagnosis and treatments of minor illnesses and ailments
- Health Screening and counselling

Pharmacy services at BGH are available 24/7 either by on-site support or an on-call rota with medicines made available at the point of need

Lord Carter's report "Shaping Pharmacy for the Future" (2015) set out a blue print for the model pharmacy provision, including:

- Increased front-line patient facing activities to improve medicine optimisation

DRAFT

- Increased use of Information Technology to improve governance , patient outcomes and safety

Pharmacy services can directly support the attainment of many health care targets and are well placed to support the broader strategic objectives set out within this document.

Modernising "Front Door" Pharmacy

By increasing the pharmacy team, the emergency department would benefit from daily provision. The pharmacy service would:

- Review and reconcile medication of all patients attending the emergency department within 24 hours
- Be part of a holistic frailty service to identify patients where a medication review would reduce likelihood of re-attendance
- Provide daily support to the Community Integrated Urgent Care Service

This will be supported by

- ED team of 2 pharmacists, 2 technicians 1 assistant technical officer
- Community Integrated Care Centre input from 1 pharmacist,
- Implementation of Medicines Transcribing and e-Discharge system (MTeD) in the Clinical Decisions Unit
- Development of e-links with community pharmacy to support unified patient record

Modernising Ward Based Pharmacy

Pharmacists provide ongoing review of patients who have been admitted to a hospital bed.

MTeD had been established on most inpatient wards, but additional resources are needed to maximise the benefits of a full roll-out. Automated stock holding facilities on all wards will provide safety and financial governance to the site. Further training of pharmacy support staff to will allow for enhanced roles such as Pharmacy Technicians performing "medication rounds" to support nurses in meeting the increasing care needs of their patients.

DRAFT

A satellite pharmacy has been established in the surgical block. One pharmacist, a medicines management technician and an assistant technical officer provide a service between 9:00 and 15:30 to support timely patient discharge. A similar arrangement will be implemented on the medical side once a suitable space has been identified.

Pharmacy should be supporting consultant ward rounds. To do so would require additional pharmacy time and is challenging because BGH does not provide specialty based wards. A move to ward based working for consultants would allow pharmacy to provide better support and more actively be involved in the broader MDT activities.

Investment will allow members of the pharmacy team to take ownership of the medicine prescribing process at discharge to support the clinical teams. This will allow a more timely discharge for patients and improve patient flow through the site.

Supporting Chemotherapy Services

There is a national move towards chemotherapy medication being produced by regional licensed "production" sites which will support the delivery of chemotherapy treatments in local units. The implications of this for local services and access is being reviewed, but it is expected that this will enable pharmacists to have increased clinical engagement with patients to enhance care delivery.

Pharmacy Led Care

We will increase the number of pharmacist Independent Prescribers (IP) who would use their expertise to run their own clinics to support the increasing demands of chronic conditions. This will support allow medical teams to focus on more complex cases.

Pharmacist are also well placed to ensure seamless integration with the primary care teams.

Training and Workforce Development

The pharmacy at BGH provide placements for pharmacy students from Bath and Cardiff Universities and the development of a School of Pharmacy at Swansea University will build upon this.

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In addition the department provides:

- Clinical Pharmacy Diploma training
- Pre-registration pharmacy training
- Vocational placements for undergraduate and 6th form students
- Pre-registration technician training
- Assistant Technical Officer training

As the potential for pharmaceutical roles to be applied to wider benefit is realised, there will be a need to explore how pharmacy technician and assistant technical officer roles can be developed to enhance care delivery and provide support to enable the training and development required to achieve this.

The opportunity presented by working with Aberystwyth University to facilitate training and development will be explored.

Modernising Prescribing

Writing of prescriptions has moved from handwritten to computer printed "scripts"; the latter improving readability and dispensing accuracy. The next step is to move to full electronic prescribing as part of a centrally held electronic patient record which will:

- Improve patient safety by reducing medication errors and potential adverse drug events
- Support the delivery of virtual clinics in the community setting and the resultant medication requirements
- Improved compliance with agreed formulary and guidance to ensure medicine optimisation and financial governance
- Streamline medication prescribing , administration and supply at discharge

We will explore the potential to be a beacon in the implementation of e-prescribing so that the benefits for patients in remote rural communities can be realised.

DRAFT

Delivering Excellent Rural

Therapy Services

Rural Therapy Services

Therapy services are provided across the entire care system by "allied health professionals". Although they are a relatively small proportion of our total expenditure, they are involved in almost every service we provide and therapy services will play a significant role in the delivery of our strategic aims.

Therapists holistically assess and evaluate patient needs to plan and deliver interventions that enable people to recover from and self-manage conditions so that they can live to their maximum.

There are over 20 different therapy and health science disciplines supporting patients across a wide range of conditions and this strategy does not underestimate the impact of all of these on the health and wellbeing of patients. There are, however, five therapies that are more commonly seen supporting patients in acute health care settings and upon which we focus:

- Dietetics: Nutritional and dietary advice, education and support
- Occupational Therapy; skills and abilities to enable activities
- Physiotherapy: Restoration of movement and function
- Podiatry and Orthotics: Treating feet and ankles to promote mobility
- Speech and Language Therapy: Assessment, management, education and support for dysphagia (swallowing difficulties) and communication difficulties

Different conditions require a different mix of therapist input and, within each therapy, application of different techniques. An individual's age, social circumstances and nature of their condition also influence the therapy input they require.

- Early detection and management of Dysphagia will prevent some patients ending up as nil-by-mouth and reduce the risks of aspiration pneumonia and its associated complications, which can result in longer hospital length of stay and clinical outcomes

An integrated approach to therapy services is required to ensure:

1) That there is sufficient resource in the community to:
    - Provide anticipatory support to maintain people in their homes

DRAFT

- Support prehabilitation for patients who are waiting treatment
- Support rehabilitation for patients after treatment
- Provide palliative care for patients in the community living with life limiting conditions

2) That there is sufficient resource in the acute setting to:
    - Provide rapid and holistic assessment planning for emergency patients
    - Provide specialist input to the management of certain conditions (e.g. stroke, major trauma, progressive neurological diseases, inflammatory bowel disease, pain)
    - Support rehabilitation and reablement as part of an integrated recovery pathway
    - Allow participation in ward rounds, board rounds and MDT meetings
    - Deliver education and training to enable other staff groups to effectively support patients with lower level therapeutic needs
    - Support the development of hospital ward environments and models that improve patient outcomes

Working across acute and community settings, therapists also support broader population health by, for example:

- Maintenance of movement, function and self-care in a person's own environment promotes exercise and independence.
- Nutritional interventions can be targeted to support the 30% of people admitted to hospital who are at risk of malnutrition which effects both hospital length of stay and clinical outcomes.

The availability of timely and consistent therapy input is a factor in determining how long a patient takes to recover following elective or emergency treatment. By developing other clinical staff to perform less specialist therapy functions we will promote attainment of both improved patient experience, patient outcomes and service performance, for example:

- Delivery of stroke swallow screening training to registered nurses, empowering nursing staff to assess and make clinical decisions

DRAFT

regarding stroke patients' nutrition and hydration needs, within 4 hours of admission

Longer lengths of stay impact upon the overall wellbeing of patients and this is especially apparent in older people who can rapidly become less able to be remain independent following an inpatient stay in hospital. Longer lengths of stay also compromise delivery of both urgent care performance (i.e. the 4 hour A&E waits) and the ability to treat elective patients on time.

Frailty

An ageing population presents an increasing demand on our health services as people become increasingly frail. Evidence shows that when older people with acute health problems are admitted to hospital, better outcomes are achieved by returning them home as soon as possible to reduce confusion and promote the continuation of their usual routine. Patients can return home on a discharge to recover or discharge to assess pathway to provide the support and care required in the home.

A multi-disciplinary team led ambulatory care approach will be able to support patients who are suitable for same day return and this will be provided by the Community Urgent Integrated Care Centre. Some patients will, however, be unable to return home on the same day and will be provided with treatment and intensive therapy support with a view to returning them home within 72 hours of admission.

Multidisciplinary team working that ensures appropriate skills are available where and when required is key to success. By providing targeted intervention to meet both the patient's acute needs and any adjustments required in their home to support their return, we will delivery effective patient focused care.

Rehabilitation

As discussed previously, therapy services play a significant role in patient recovery after major trauma. The proposals for Hywel Dda's trauma service are currently being consulted upon and the final service structure is as yet unknown. However, as set out earlier in this document, BGH will receive and need to treat some trauma and will also be the most local hospital for patients returning home after treatment in a trauma centre or trauma unit.

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Therapy input will, therefore, be required both within BGH and in community settings in which patients will receive support post discharge from the acute services. Networks with other trauma rehabilitation services will need to be established so that patients can seamlessly move closer to their home whilst receiving the care appropriate to their needs.

Major Trauma is not, however, the only service where specialist tertiary level care will be centralised to one or two sites and a consistent step down rehabilitation service will need to be developed to support people recovering from, for example, neurological conditions, complex orthopaedic surgery, stroke and cardiothoracic surgery in addition to support for patients who receive their treatment for these conditions locally.

The rehabilitation "prescription" provided to patients will be specific to their presenting condition, but will be provided by a wide range of therapists including the five listed previously, but there will also be support from a wider range of therapy services to address specific presentations, but most notably Clinical Psychology and Psychological Therapy input needs to be strengthened to support patients with mental, emotionally and behavioural consequences of their conditions.

A mid Wales approach is required and we will work with our partners to develop proposals for a community delivered rehabilitation service to meet the needs of the populations of Powys, Gwynedd and Ceredigion.

Developing Therapy Services

It is essential that therapy services are developed to work seamlessly across acute and community, resourced to enable them to be responsive to patient need. It is also important to recognise that community therapy services for patients in Powys and Gwynedd are provided by their respective Health Boards and that there will need to be consistency in approaches for patients who are admitted to BGH in order to promote timely discharge.

By strengthening therapy presence at BGH, we will be able to deliver services in a timely way that promotes patient outcome, time to recovery and a reduction in length of stay. There is a need to move towards a 7 day service across the five therapy services, although some will be in more demand than others, so that there is no break in the therapy patients receive.

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Because of the range of support provided by therapy services, there is a need to move towards a versatile model of provision to ensure that appropriate care can be delivered across the whole care system. The development of linked roles across, say, physiotherapy and occupational therapy, will enable a timely response to be delivered without delay.

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Delivering Excellent Rural

Elective Care Services

Rural Elective Care Services

As described earlier in this document, BGH has a requirement to deliver planned (elective) care in support of the delivery of its essential emergency function.

A typical elective care pathway is:

- Referral
- Waiting List
- Outpatient Appointment
- Diagnostics
- Follow-Up Appointment
- Decision
- Discharge / Treat and Follow-up/ Waiting List for Procedure
- Preoperative assessment
- Procedure
- Recovery
- Discharge
- Follow-up

The national targets for elective care waiting times is that no patient should wait more than 26 weeks from the date of referral to their treatment with significantly shorter waiting times for cancer patients.

It is important that elective care is protected from the pressures of emergency care so that patients are treated as soon as possible.

Ensuring Capacity

BGH has five operating theatres.

- 1 Emergency Surgery/Trauma/Maternity Theatre
- 1 Inpatient Theatre
- 2 Day-case Theatres
- 1 Head and Neck Theatre (for ophthalmology, ENT and dental)

Not all treatments need to be done in a theatre and some can be done in clinic rooms and some need to be done in other specialist environments such as:

- Endoscopy (for gastrointestinal and respiratory treatments)
- X-ray (for interventional radiology)

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Nationally, there is a drive for making as many procedures as possible managed on a day-case basis. "Day Case as the Norm" has been helped by technological advancements in surgical techniques, such as minimally invasive surgery, that reduce the need to be admitted to hospital to recover.

For some procedures inpatient admission is required, either because the surgery is such that post-operative pain and recovery will need to be managed or because the home circumstances of the person would not allow them to be discharged safely the same day.

Emergency department "Hot Clinic" cases will be booked onto a day case list, when appropriate, to avoid unnecessary admission

BGH will aim to deliver the majority of its elective care under one of the following pathways:

1. Procedure room
2. Day surgery
3. 23-hour stay
4. 72-hour stay

In order to achieve this a number of developments are required which are set out below.

Decision to Treat Pre-Operative Assessment

When a patient and doctor have agreed that a procedure is required, an initial health screening relevant to that procedure will be done so that action can be initiated immediately to resolve any "red flag" conditions (high blood pressure, poorly controlled diabetes, high body mass index (BMI) too high, medication cessation etc.)

For patients where there is reason to suspect that there may be some underlying health problems, there will be rapid referral to a full pre-operative assessment as soon as possible.

All routine patients will receive a full pre-operative assessment by 4 weeks prior to their planned date of procedure. If all is well, their admission date will be confirmed. Urgent cases will be prioritised as required by their relevant pathways.

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Patients who have issues identified at the pre-operative assessment may require reassessment after another two weeks or postponement of their procedure until the matter has been resolved.

Pre-Operative Assessment Location

Pre-operative assessments have traditionally been provided at BGH. Some patients can have their pre-operative check by phone, others need to attend a clinic because they need some biometric measurements, such as ECG, blood tests etc.

Pre-operative tests do not require highly specialised equipment and are able to be done in a variety of locations provided that the patient's history is available to inform the discussion and there is access to an ECG machine. Patients who need enhanced diagnostics following their assessment will need to attend BGH, or any other convenient location where available, to have these done.

Our aim is for the majority of pre-assessment to take place in community settings and we are involved in an all Wales initiative to develop community-based pre-assessment and will take advantage of opportunities to deliver this as they arise.

We will utilise improvements in our IT system to help streamline pre-assessment and support remote pre-operative assessment.

"Prehabilitation" – Getting Fit For Surgery

The best recovery after elective surgery starts before the surgery has happened and pre-operative assessments will identify lifestyle factors that can be changed to optimise a patient's health to give the patient the quickest possible return to normality after their surgery. The provision of prehabilitation would include physical training supported by exercise prescription, nutritional optimisation, reduction of smoking and alcohol consumption.

Macmillan Cancer Support currently supports a transformation scheme to inform the design and implementation of rehabilitation opportunities for people with cancer across Hywel Dda. Alongside this, work to develop

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prehabilitation for patients with lung cancer by incorporating it into the tele-health pulmonary rehabilitation service (VIPAR) is underway.

In addition, occupational therapy services are developing a model of care that will include falls, stroke, cardiac, respiratory, cancer and diabetes patients to optimise their wellbeing to promote positive outcomes.

Admission on day of surgery

There are very few clinical reasons that require a patient to be admitted to hospital before the day of surgery. On rare occasions, the remoteness and distances travelled by some patients to BGH does mean that some complex patients are admitted for a procedure that starts early the next day. Clearly this is not good use of a hospital bed and we will find alternative ways to meet these patients' needs in the future, for example by providing local accommodation where appropriate.

Enhanced Recovery After Surgery

"Enhanced Recovery After Surgery" is an initiative that currently requires some patients to be admitted to an inpatient bed prior to their surgery so that their condition can be optimised ahead of the procedure. We will explore how this can be delivered in community settings or in patients' own homes to reduce the need for patients to be admitted prior to the day of surgery and how ERAS can be provided across the whole mid Wales area.

Separation of Elective and Emergency Care

The separation of elective and emergency care is key to ensuring that elective beds are protected for elective patients. For the foreseeable future, BGH will not be able to achieve geographical or site separation and we would need to ensure that if this was proposed, the economy of scales that co-location achieved were not compromised.

In order to protect elective beds, robust management procedures must be put in place. The current levels of cancellations demonstrate that more needs to be done and the opportunities to do so are:

1) ***23:59 Unit in Day Surgery:*** The opening of the new inpatient theatre suite will allow us to manage the Day Surgery Unit on a 23:59 basis so that patients who have had a day case procedure, but need a bit

longer to recover can do so in the unit rather than having to be admitted to an inpatient bed. This will mean that day case surgery should never be cancelled.

2) ***Community Integrated Urgent Care Centre:*** Admission avoidance and reduction activities will provide a range of alternatives to reduce the need to admit patients in emergencies and thereby reduce the risk that beds required for elective procedures will need to be used.
3) ***Alternative Emergency Pathways:*** Enhancements in community services will allow some patients who, having presented as an emergency, but who are having conservative treatment (for example after a non-complex fractured humerus) can be appropriately cared for in non-acute hospital settings.
4) ***Surgical Assessment Unit/Hot Clinic:*** A surgical assessment unit model will stream surgical patients presenting at the front door which will promote rapid assessment and treatment planning including booking onto a rapid access day case list.
5) ***Surgical Short Stay:*** A short stay surgical unit will allow appropriate clinical management and care for patients who need slightly longer recovery than can be provided in the 23:59 unit.

Efficient Operating Theatres

The way in which our operating theatres are organised and work impacts upon the number of cases we can treat.

"Theatre Utilisation" is a measure of how effectively we are utilising our operating theatres. Even in the most efficient theatre, it is not possible to achieve 100% utilisation due to essential functions such as cleaning and maintenance.

BGH aims to meet or exceed best practice in theatre management procedures and we recognise the need to make good use of our assets and plan to optimise theatre utilisation over 7 days to maximise efficiency. Our aim is a target utilisation of at least 83% in our elective theatres.

To achieve this we will:

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- Ensure theatre capacity and allocation is locally managed so that it reflects the overall teams' skills and capacity
- Run our elective theatres for 2 extended 5½ hour sessions which we believe to be the most efficient configuration
- Run dedicated trauma lists
- Provide daily emergency theatre sessions for emergency cases
- Separation of elective and emergency procedures
- Run a specialty-based theatre model e.g. specific kit stays in a dedicated theatre

Repatriation of activity

As BGH recruits more substantive consultants into post and starts to be able to provide an assurance that planned activity will happen when it is scheduled, we will be able to bring more work into the hospital.

We aim to provide everything at BGH that does not need tertiary level hospital support. Presently, this includes a full range of elective:

- Colorectal surgery
- Upper gastro intestinal surgery
- Orthopaedic surgery
- Gynaecological surgery
- Breast surgery
- Ophthalmic surgery
- Urological surgery

In time, this will be extended to include:

- Ear Nose and Throat surgery
- Orthodontics

Some services will be provided by visiting consultants with patients being operated on at BGH and cared for after their surgery by the highly skilled team based here.

Other surgery may need to be provided at specialist centres, but patients will be repatriated back to BGH as soon as possible for recovery and rehabilitation so

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that they are only away from their home are for the shortest time that is required.

Outreach Services

Outreach services are provided into Powys and Betsi Cadwaladr Health Boards. These are mainly outpatient clinics with patients travelling to BGH for treatments.

We will expand our outreach services to meet patient need and look to provide more procedures in local settings. There are opportunities to provide some procedures currently performed at BGH in community hospitals across all three health boards and this opens up opportunities to build strong links with other providers to improve patient access and flow.

By providing more treatments on an outreach basis, BGH will be able to meet its commitments in terms of waiting times and quality to patients in Powys and Gwynedd while freeing up capacity at BGH to treat the more complex cases.

Outpatient Services

Outpatient services are currently the beginning of most elective care pathways. These are currently mostly provided from BGH with some outreach to community hospitals. There are opportunities to change how outpatient services are provided including:

- Increased range of outpatient clinics provided in community settings
- Video and telephone consultation (especially for follow-ups)
- Allied Health Professional led clinics
- GP direct referral to diagnostic tests
- Screening

By reducing outpatient waiting times to a maximum of 4 weeks, there will also opportunities to provide direct booking into a suitable slot at the point of referral by the GP. Improvements in waiting times can be achieved by a number of means including a reduction in the number of follow-up appointments and reducing “did not attend” rates and best practice in outpatient provision will be delivered by the whole service.

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To achieve greater agility, local booking arrangements will need to be in place so that geographical sensitivity can be applied to ensure patients are offered the most appropriate local setting for their appointment.

The opportunity to do more and work differently and the ease with which this can be implemented will vary from specialty to specialty. Pathways will be reviewed and opportunities to do things differently so that the patient is at the centre of the service being provided. Opportunities to utilise technology and new workforce models will be reflected in service specific plans.

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Delivering Excellent Rural

Technology Enabled Care

Future Technology Campus

Unique within the Health Board, BGH is directly adjacent to the National Library of Wales and the University of Aberystwyth.

A shared campus brings many opportunities for the development of partnerships and research that cover health services, the determinants of health, interventions to improve health and the information and communications used to support and deliver care.

The development of health and care has increased and this will continue in the future. Innovation in response to new challenges is being supported by both the exponential increase in the ability of humans to build ever more powerful computers, miniaturisation and the development of nanotechnology.

This rapid advancement creates a need for organisations to look further ahead and adopt a view of the possible, rather than being constrained by the current limits of technology and industry. A future vision for health care is likely to have increased ability to understand biometrics via non-invasive devices so that the requirement to "take bloods" will, largely be a thing of the past. When a blood test is required, robotic development will mean that this can be done at any time in a wide variety of locations. The concept of homes being designed with a "health chair" that takes the most common readings such as blood pressure, oxygen saturation, and, if necessary, "takes blood" which is then transported by drone with any other required samples to the nearest lab for processing may sound far-fetched, but many of the technologies to do this already exist.

Non-invasive blood tests already exist for blood counts, lipids and glucose; this is the start of an exciting development in biomedical science that will help people manage their lifestyles in a health conscious way that will allow signals of early changes that warrant further investigation to be identified so that appropriate and timely action can be taken.

The "Internet of Things" has provided smart fridges that could be utilised to help a patient with diabetes manage their insulin levels and ensure that they are always

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stocked up with supplies. Drone delivery systems are being piloted for a number of applications across the world.

You wake in the morning and you stand in front of the bathroom sink. The mirror turns on and shows your weight and BMI and how this has changed over the past few weeks. The body condition monitor has auto analysed your biometrics and your key indicators are normal, except that you are a bit more dehydrated than you would normally expect and a message informs you that you should drink more fluids today; a reminder is sent to your smart device and, since you selected the option, to your work calendar to remind you when you get in. You're good to go.

Such opportunity does come with certain cautions. It is not healthy to be obsessed by being healthy to the point where a person becomes socially dysfunctional or cannot derive any pleasure from life. Life is about living and technology must support people in understanding how they can be healthy for as long as possible so that they can have the maximum potential for happiness; there is a proven link between being happy and being healthy. Whether a person chooses to avail themselves of the opportunities technology presents or take action should one biometric change is that person's individual choice. We must also never forget that as humans, we are social animals and that no matter how far technology evolves, the need to have contact and be able to empathise with others, especially during major life events, is unlikely to be found in artificial intelligence systems or androids. Simply holding someone's hand provides both emotional comfort and has been shown to help dissipate pain.

Building upon the development of rural doctor training and the world-class Institute of Biology, Environmental and Rural Sciences, the development of a school of nursing and health sciences will add to the potential for partnership across all faculties and departments. Partnerships between the hospital and departments such as Psychology and Biology are relatively obvious. There is also significant potential to develop partnerships with other departments, such as Geography, Computer Science and Mathematics so that their knowledge and skill sets can be applied to health and care models and solutions to help understand population health and how our actions impact upon outcomes.

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Research and Development

The Health Board's Research and Development department seeks to gain participation in as many studies and trials as possible across the whole Health Board. These studies allow patients to access new and novel treatments for their condition while helping to inform the direction of care in the future. The Research and Development department at BGH supports participation in studies and trials within the hospital.

Recognising the shared campus, the department is building stronger links with Aberystwyth University and is establishing a triumvirate of research champions, one from the university, one from the medical library and one from the clinical research team. The champions will be points of contact for new research and seek to promote the engagement of nurses and other non-medical health professionals in research, supporting and encouraging people to conduct their own research and promoting participation in multi-centre studies.

Healthcare studies involve hospital based face to face patient research and, therefore, requires a hospital presence. Outpatient studies can be delivered in other settings and WARU already deliver a number of these on the University Campus. The current facilities in BGH are not purpose built and we will explore options to develop such alongside improvements to the post-graduate facilities in partnership with the Universities of Aberystwyth, Swansea and Cardiff.

The opportunity to develop a University Hospital model is something that BGH should explore as part of a package of incentives to promote recruitment and retention while also supporting initiatives to strengthen local economy and industry.

Application of Current Technology

The Telemedicine Strategy for Mid Wales sets out four key areas for development:

- Development of specialist consultant in-reach services to BGH from patient to clinician and clinician to clinician.
- Development of clinician outreach into rural communities.
- Supporting Primary and Secondary care joint working.

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- Establishing Mid Wales as an exemplar for the deployment of telemedicine.

Services will utilise a number of technologies to promote care:

- Telecare: The use of technology to provide continuous, automatic and remote monitoring of real time emergencies, impact of lifestyle changes in order to manage the risks associated with frailty and independent living.
- Telemedicine: The practice of medical care and consultations using interactive audio-visual and data communications.
- Telehealth: The use of technology to provide remote monitoring of people living with a chronic condition and to support self-management and delivery of care (e.g. monitors).
- Tele-coaching: Telephone or remote audio-visual advice from a coach to build people's knowledge, skills and confidence to change behaviours.
- E-health: Information and communication tools and services that can improve prevention, diagnosis, treatment, monitoring and management of ill health.
- Self-care apps: Internet-based software applications that raise awareness and help people self-manage their health and wellbeing via smartphones, tablets or websites.
- General Wellness Devices or 'Wearables': These devices are worn on the person to help promote, track and/or encourage the lifestyle choices and healthy activity for general wellness.

BGH, as part of the "Future Technology Campus" will be the hub for the mid Wales telemedicine strategy, offering both formal outreach as well as virtual clinic options for patients via telemedicine. This is already provided in Care of the Elderly, falls, and movement disorder clinics, Respiratory, Cardiology and General Surgery.

We will work with our neighbouring health boards to understand the patient needs that can be fulfilled through expansion of this portfolio to promote access to the population we serve.

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Delivering Excellent Rural

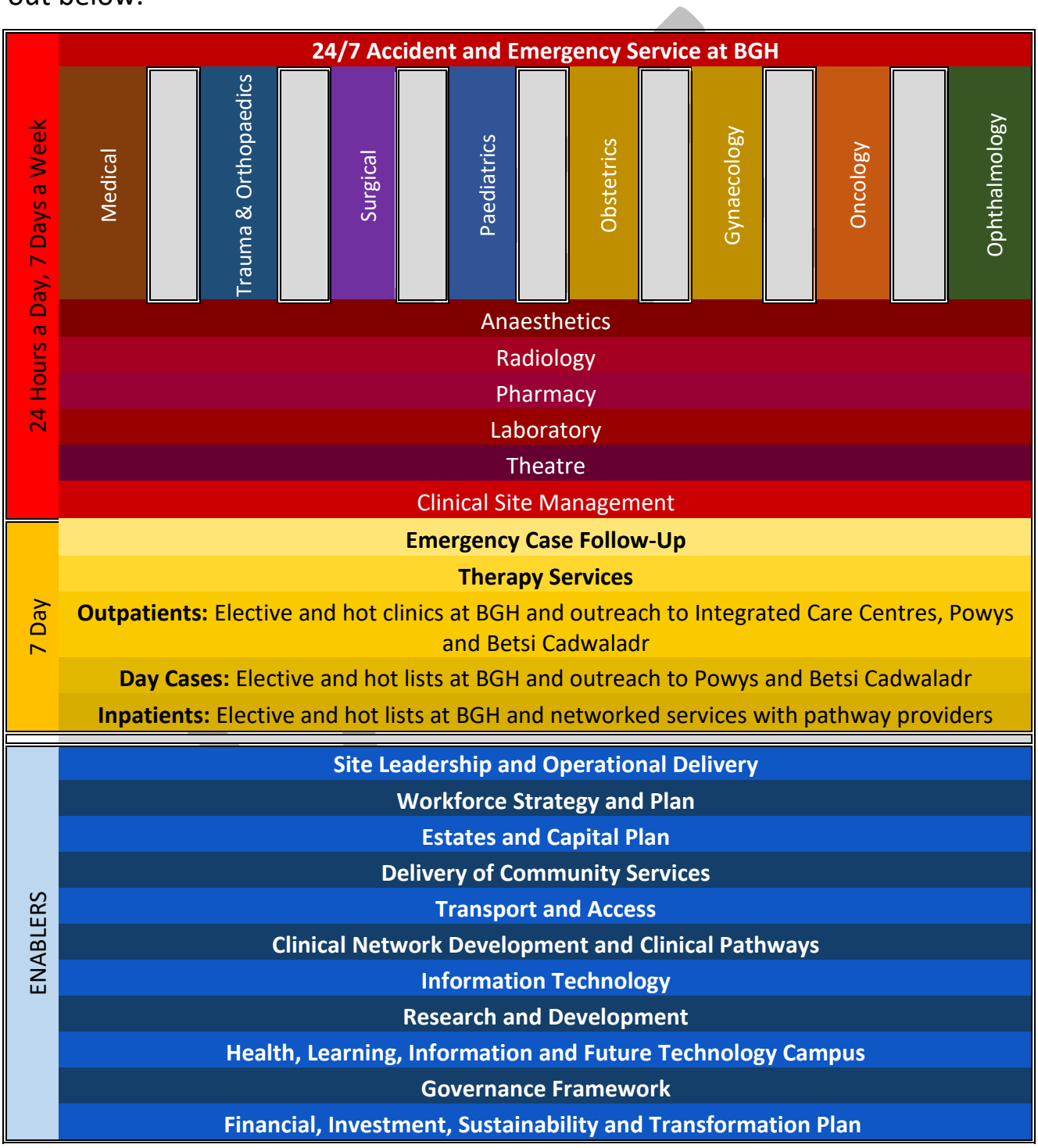
Acute Services

Implementing Our Strategy

This strategy is, by design, focussed on acute health care and the services provided by BGH.

Setting out our ambition is the first stage of our journey and much more work is required if we are to achieve what we have presented.

To deliver, we will require development across of a number of areas that are set out below.



Site Leadership and Operational Delivery

The delivery of the highest possible levels of services within a remote, rural environment requires a leadership style that can gain support both for a strategic vision and the work required for its implementation.

Visible and credible leadership is required to drive a culture of delivery towards one that knows what it needs to do. Accessible leadership for all services will be provided locally to deliver the operational delivery plans that emerge from this strategy.

Leaders will support and develop the people delivering the services and encourage creativity and innovation in order to meet the services' objectives. Management, direction and involvement need to be finely balanced and avoid feelings of a punitive culture from evolving within the organisation.

Within an effective quality management framework, the fact that, from time to time, mistakes will be made can be embraced as an opportunity to learn, develop and evolve.

In order to deliver a rural service that understands and reflects the values and culture of the population served we will establish a local management team with accountability for all services provided within BGH. Some services will, necessarily, be provided by services outside of the hospital, but the local management team will be accountable for ensuring the effectiveness of these arrangements and that they meet the current and future needs of the service.

Workforce Planning

This plan has set a vision across key service areas within BGH. In so doing, it identifies high level and, to some extent, overly simplistic gaps in services. There are a number of other strategic goals that need to be reflected, such as the minimum ward staffing levels, in an overall plan for delivery. Ultimately, the attainment of service improvement will need to be resourced either by savings made in other parts of the service, efficiency improvements or additional investment. Technological improvements offer an opportunity to re-profile our workforce as, amongst other developments, automation increases which will allow us to increase the direct patient care element across a wide range of staff groups.

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Detailed service plans will need to be developed to meet BGH's vision and these will inform the development of a workforce investment plan.

Alongside this, the development of high quality locally available training will be implemented in partnership with Aberystwyth University so that we develop a wide range of health care professionals locally which will support our recruitment and retention requirements.

Developing Roles

Workforce is threaded throughout this strategy and, as the NHS' single most valuable resource, our present and future staff will be key to its successful implementation.

The Health Board has adopted extended and advanced roles to support service development and to meet the needs of the population where traditional roles are hard to recruit or require modernisation and in June 2019 introduced an apprenticeship programme to offer people who are studying an opportunity to gain practical experience to support their learning.

Specialists, enhanced roles, extended scope practitioners and advanced and assistant practitioners have a huge role in supporting the health board to modernise workforce models. It is key that staff maximise the use of their knowledge and skills and that we use every opportunity to support staff through career pathways to 'grow our own' staff for the future. This will be the strategic programme to drive future developments across all staff groups.

This will be key to the attainment of this strategy and the Health Board's Excellence, Assurance and Governance in a Learning Environment framework (EAGLE) will allow us to develop extended, expanded and adopt new roles in the absence of statutory regulation.

Centre of Excellence for Rural Health Care

BGH is ideally situated to establish itself as a centre of a network that develops and delivers excellent rural care. The scale of BGH promotes effective cross-specialty and multi-professional team working to deliver comprehensive and holistic services.

Opportunities to work creatively with the wider network of services across the whole of BGH's catchment area will be utilised to develop an agile network of

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care services that promotes adaptation and innovation to meet patient needs and service outcome expectations.

Strong research links will be created with the University of Aberystwyth and other research centres to facilitate development, introduction and evaluation of new ways of delivering care whilst also allowing clinical staff to become involved in teaching and other academic pursuits.

School of Medicine, Nursing and Health Science

The University Partnership Board is an important collaboration between Hywel Dda University Health Board, the University of Aberystwyth, Swansea University and University of Wales Trinity Saint David promoting the health, wellbeing and education to the population of Hywel Dda. Partners work together to deliver improvements across the region by brining health and education closer together. This provides a solid foundation upon which we can build academic and clinical collaboration to address the issues of rural care in Wales.

Research has shown that where people do their undergraduate and postgraduate training influences where they work. The availability of training and development necessary for maintaining professional registration and advancing one's skills is also important to staff in the health care profession and if this is not reasonably easy to access, the ease within which health care professions can transfer between differing NHS organisations means that staff may decide to move to where they feel that their career ambitions will be more easily met.

BGH is uniquely located within the Health Board in that it is adjacent to the University of Aberystwyth campus. This provides an opportunity to define a Penglais Health, Care and Learning campus that incorporates the hospital, university, Coleg Ceredigion and the National Library. We will also utilise other forms of learning and professional development, such as that provided by the Open University, to provide accessible learning to those for whom traditional models of education provision are not suited.

Both Cardiff and Swansea Universities are providing rural general practitioner training in partnership with Aberystwyth University and plans are in development to provide a nursing course from Aberystwyth in partnership with Swansea University.

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The World Class "Institute of Biology, Environmental and Rural Sciences" at Aberystwyth already provides opportunities for joint working and research and this will be developed into a School of Medicine, Nursing and Health Science in a phased approach starting with the delivery of nursing degrees.

Along with the training and development of healthcare professionals the University offers excellent opportunities for joint research across a wide range of academic and health care disciplines. We will bring academics and clinicians together to pursue mutually beneficial research opportunities and anticipate that such activities will be attractive to potential future members of staff.

Rural Acute Care Facilities

BGH's facilities have received significant capital investment over the past 15 years and patients are able to access care in some of the highest quality and most modern environments available in Wales.

BGH's key challenge is the relative small footprint it occupies with little opportunity to extend this further.

The shift of some services that are provided at BGH into more appropriate community based settings will release some space to allow reconfiguration and improvements which will allow some of the development needs identified in this document to be realised.

The installation of a new MRI scanner is underway and due to complete in December 2019. In addition, a programme of site development is currently underway to provide an integrated care ward for older people, a new chemotherapy day unit, a cardiorespiratory diagnostic suite and an ambulatory/medical day unit to improve those environments and enhance capacity. The time-frame for completion is approximately 24 months, with individual elements becoming operational throughout this period.

Future demand on acute hospitals will be fundamentally changed by the move to "home first" and this will allow increased ring-fenced beds for specific clinical conditions and for the protection of elective care pathways.

The future strategic direction of BGH is to do more and there may come a time when the bed base is no longer sufficient for the cases requiring admission. Maximising theatre productivity and a move to day-case will to some extent

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balance each other out and a 10 year forward view could require additional beds or other facilities as demand increases and technology evolves.

With lateral expansion space limited, other options need to be explored including:

- Integration of Post-Graduate and accommodation areas with Aberystwyth University and re-development of area release for appropriate facilities, such as a health research centre.
- Building on top of the "Front of House" (which houses the Emergency care and Day Case units) to generate additional floor space for service development.

The current capital plan for BGH will be reviewed in light of the vision set out in this strategy to ensure the opportunities to maximise the value provided by the site's available footprint are delivered.

Delivery of Community Services

A core assumption in this plan is that the community services improvements as set out in the Integrated Medium Term Plan and the Health Board's Strategy will be delivered. The "bedless" model in Ceredigion needs to be fully functioning in order to ensure timely discharge either home or to other appropriate environments. In addition the move towards an anticipatory care service in the community which works towards appropriately managing changes in peoples' needs must be delivered in order to reduce the emergency demand placed upon the acute services.

Transport and Access

The need to ensure patients can access services is paramount. A transport and access plan will be developed that will meet the needs for:

- Emergency Patient Transport
- Non-Emergency Patient Transport
- Discharge within and outside of Wales
- Public Transport
- Car Parking
- Green Transport and Alternatives

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The Welsh Ambulance Services NHS Trust (WAST) is responsible for delivering unscheduled care services (999 and NHS Direct) and planned patient transport services to the people of Wales and is the principle employer of paramedics who provide first line response and care during patient transport.

Changes to the way in which services delivered can have significant impact on the demand for transport services and the roles required of paramedics.

We will work with WAST to ensure that our service plans are aligned so that we maximise the benefit that can be gained from a collaborative approach for the people of mid Wales.

The majority of patients make their own way to BGH and we will work with public transport companies and local authorities to promote access that is both convenient and environmentally responsible.

In a rural area, however, it is inevitable that some patients will need to use a car to access the hospital and we will work to provide sufficient protected parking spaces on the BGH site including sufficient protected spaces for "blue badge" holders.

Clinical Networks and Clinical Pathways

As described throughout this document, BGH has links with a number of health care providers on a regular basis that are not common at the Health Board's other acute sites.

In order to ensure patients receive the best outcomes possible, the development of pathways with commissioned service providers for patients from Gwynedd and Powys will be developed to promote patients being as close to their home as possible when specialist care is required.

Development of clinical pathways will embrace wider population health aims and ambitions so that opportunities to promote health and wellbeing are exploited to their fullest.

Information Technology

The future opportunities provided by advancements in information technology provides many opportunities to do things in different and more efficient ways and will support the delivery of the BGH vision.

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Services will ensure technological improvements are identified within their development plans and these will contribute to an overall Information Technology Plan to support our vision.

Bronglais' services will ensure technological improvements are identified within their development plans and these will contribute to an overall Information Technology Plan to support our vision.

Financial, Investment, Sustainability & Transformation Plan

Bronglais has, over the years, faced particular financial challenges being unique within Wales in the provision of small scale rural acute care to a remote and sparsely populated catchment area with a marked seasonality.

In purely financial terms the comparative efficiency of service delivery, when set against other acute hospitals in Wales is at the lower end of the range. Nevertheless, it has been recognised by policy makers, for many years now, that Bronglais is a strategic healthcare asset serving a large area of mid Wales. In the "Healthier Mid and West Wales" Health and Care Strategy, Hywel Dda University Health Board agreed to preserve and enhance the service provision in Bronglais and the allocation by Welsh Government of £27m "Zero Based Review" monies reflected in part the scale, rurality and remoteness challenges faced in delivery services to the health board's population.

It is important that the Financial, Investment, Sustainability and Transformation Plan, that underpins the delivery plan, is able to clearly articulate the cost drivers, outcomes and therefore the value that the transformed services will deliver. This needs to quantify the "rurality premium" (the additional costs associated with the provision care in a remote, rural environment) that was recognised in the "Zero Based Review" allocation whilst at the same time ensuring that current and enhanced services are delivered in the most efficient way possible consistent with the population health ambition expressed in the strategy.

Recognising and testing BGH's contribution to the residual underlying deficit, after the "Zero Based Review" funding, is a key deliverable, notwithstanding the fact that this strategy outlines the need for targeted investment and that Hywel Dda University Health Board expects the greatest efficiency in acute care will be delivered in the south of Hywel Dda.

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In order to achieve high value service delivery locally, this strategy identifies the need to integrate services with partners across mid Wales, to establish transformative and sustainable workforce models and to target increased workload from our wider catchment area. These patient activity opportunities are influenced in part by strategic change in neighbouring areas and the changes to acute care in the south of Hywel Dda that are increasing distance to current acute care providers at the borders of our existing catchment area.

The key to sustainability in Bronglais has always been leveraging the opportunity presented by having onsite access to a range of consultant led specialty rotas for emergency and urgent care. These facilitate planned care capacity that is both high quality and can deliver at or within target waiting times. It is essential, therefore, that the integrated financial assessment recognises the interdependencies between services whilst ultimately proving that they are embedding optimal service efficiency within agreed parameters of access and quality.

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Clinical and Staff Engagement

BGH Vision and Strategy Group Engagement Phase 1, 11/6/18 - 19/2/19

Name	Job Role/Title	Group
Peter Skitt	Director Ceredigion County/Mid Wales Joint Committee	Core Group
Maggie Collingborn	Consultant Anaesthetist, BGH	Core Group
Allison Brooks	Programme Manager	Core Group
Bec Hill	Principal Project Manager	Core Group
Meinir Jones	Clinical Director Transformation	Core Group
Matthew Willis	Head of Service Development and Integration	Core Group
Dawn Jones	Acute Site Lead Nurse	Core Group
Dr Annette Snell	Consultant Physician; Joint Hospital Director	Core Group
Dr Sion James	GP/Cluster Lead North Ceredigion	Core Group
Hazel Davies	Hospital General Manager, BGH	Core Group
Lou Cullum	Service Delivery Manager, BGH	Core Group
Tracy Walmsley	Senior Workforce Development Manager	Core Group
Gina Callanan	Senior Workforce Manager, Ceredigion	Core Group
Ann Taylor Griffiths	Clinical Site Manager (Staffside Representative), BGH	Core Group
Katie Darby	Clinical Lead Occupational Therapist	Core Group
Kerrie Phipps	Occupational Therapy Service Lead	Core Group
Mandy Davies	Asst Director of Nursing	Core Group
Angie Oliver	Asst Director of Workforce & Organisational Development	Core Group
Stephen Forster	Strategic Change Finance Director	Core Group
Mr Said Awad	Joint Hospital Director BGH	Core Group
Dr Shiblee Hafeez	Joint Hospital Director BGH	Core Group
Emma Pritchard	Transformation Facilitator BGH	Improvement
Mr Mark Henwood	Clinical Director Scheduled Care	Scheduled Care
Steph Hire	General Manager Scheduled Care	Scheduled Care
Selina Marshall	Service Delivery Manager	Scheduled Care
Mr Taha Lazim	Consultant Surgeon, BGH	Scheduled Care
Mr Mohamed Omar	Consultant Orthopaedic Surgeon, BGH	Scheduled Care
Susan Griffith	Operational lead: Acute & Community Physiotherapy	Scheduled Care
Karen Barker	Head of Nursing, Scheduled Care	Scheduled Care
Gordon Wragg	Service Delivery Manager, Scheduled Care	Scheduled Care
Diane Knight	Service Delivery Manager, Scheduled Care	Scheduled Care
Rita Stuart	Service Delivery Manager, Scheduled Care	Scheduled Care
Lydia Davies	Service Delivery Manager, Scheduled Care	Scheduled Care
Lisa Lewis	Service Delivery Manager, Scheduled Care	Scheduled Care
Dr Khan	Consultant Radiologist, BGH; Radiology Lead, HDuHB	Diagnostics
Mark Sherratt	Lead Radiographer BGH	Diagnostics
Amanda Evans	Head of Radiology	Diagnostics
Andrea Stiens	Head of Pathology	Diagnostics
Dr Karen Poyser	Consultant Clinical Scientist, BGH	Diagnostics
Dylan Jones	Blood Sciences Manager	Diagnostics
Dr Jeremy Williams	Clinical Director Unscheduled Care	Unscheduled Care

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Chris Edwards	Accident and Emergency Sister, BGH	Unscheduled Care
Dr Martyn Sawyer	Accident and Emergency Consultant, BGH	Unscheduled Care
Laura Price	Women's Health Physiotherapist	Women & Children
Janet Millward	Senior Nurse Paediatrics	Women & Children
Dr Francis Kumar	Consultant Paediatrician	Women & Children
Dr Kausik Khan	Consultant Paediatrician	Women & Children
Paula Evans	Directorate Nurse, Paediatrics	Women & Children
Margaret Devonald-Morris	Service Delivery Manager, Women and Children	Women & Children
Julie Jenkins	Head of Midwifery	Women & Children
Angharad Eynan	Paediatric Physiotherapy	Women & Children
David Morrissey	Service Delivery Manager, Paediatrics	Women & Children
Diane Towell	Health Care Support Worker Angharad Ward, Unison Rep	Women & Children
Dr Prem Pitchaikani	Paediatric Lead Consultant	Women & Children
Louise Hughes	Senior Sister, Angharad Ward, BGH	Women & Children

BGH Vision and Strategy Group Phase 2, 19/2/19 - 16/5/19		
Name	**Job Role/Title**	**Date**
Core Group Members	Members attended meetings/received updates	
Dr Alwyn Jones	Specialty Doctor Accident & Emergency Department, BGH	27/03/2019
Sr Chris Cook	Accident and Emergency Department, BGH	27/03/2019
Dr Donogh McKeogh,	Consultant Cardiologist, BGH	28/03/2019
Dr Graham Boswell	Consultant Geriatrician, Emergency Department, BGH	28/03/2019
Mr Taha Lazim	Consultant Surgeon, BGH	29/03/2019
Mr Samy Mohamed	Consultant Surgeon, BGH	29/03/2019
Mr Zeyad Sallami	Consultant Surgeon, BGH	29/03/2019
Mr Mohamed Omar	Consultant Trauma and Orthopaedic Surgeon, BGH	09/04/2019
Mr Said Awad	Consultant Obstetrician & Gynaecologist/Hospital Director	02/04/2019
Jenny Pugh-Jones	Health Board Head of Medicines Management	04/04/2019
Mark Sherratt	Lead Radiographer BGH	23/04/2019
Dr Karen Poyser	Consultant Clinical Biochemist, BGH	23/04/2019
Dr John Williams	Consultant Paediatrician, BGH	01/05/2019
Dr Martin Sawyer	Accident & Emergency Department Consultant, BGH	07/05/2019
Chris Edwards	Accident & Emergency Department Senior Sister, BGH	07/05/2019
Carys Williams	Accident & Emergency Department Sister, BGH	07/05/2019
Rita Stuart	Service Delivery Manager, Scheduled Care, BGH	07/05/2019
Mr Alan Treharne	Consultant Obstetrician & Gynaecologist, BGH	08/09/2019
Donna Robson	Pharmacy Site Manager, BGH	09/05/2019
Geraint Morgan	Pharmacist (former County Lead Pharmacist), BGH	09/05/2019
Elin Guest	Advanced Paediatric Nurse Practitioner, BGH	09/05/2019
Dr Mike Simmons	Consultant Microbiologist, Public Health Wales	10/05/2019
Caroline Longman	Microbiology Manager, Public Health Wales (BGH)	10/05/2019
Sarah Jones	Lead Research Nurse, BGH	13/05/2019
Further discussion regarding specific service detail:		
Louise Quincey	Clinical Lead Nurse, EUCC and Site, BGH	24/5/2019
Mark Sherratt	Lead Radiographer, Ceredigion	28/5/2019

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BGH Vision and Strategy Group Draft Consultation; responses received from		
Name	**Job Role/Title**	**Date**
Stuart Gill	Clinical Lead Major Trauma Service	21/5/2019
Kerrie Phipps	Lead Occupational Therapist, Ceredigion	24/5/2019
Susan Griffiths	Senior Physiotherapy manager	
Karen Thomas	Joint Head of Dietetics	
Eleri Sargent	Dysphagia Clinical Lead	
Dr Prem Pichanikani	Consultant Paediatrician	26/5/2019

Draft Discussed at:	
Name	**Date**
Hywel Dda University Health Board Executive Team Meeting	25/2/2019
Mid Wales Joint Committee for Health and Care Clinical Advisory Group	21/5/2019
Hywel Dda University Health Board Executive Team Meeting	10/6/2019
Mid Wales Joint Committee for Health and Care Planning & Delivery Executive Group	11/6/2019
Hywel Dda University Health Board Transforming Our Hospitals Group	12/6/2019
Meeting of the Mid Wales Joint Committee for Health and Care	1/7/2019

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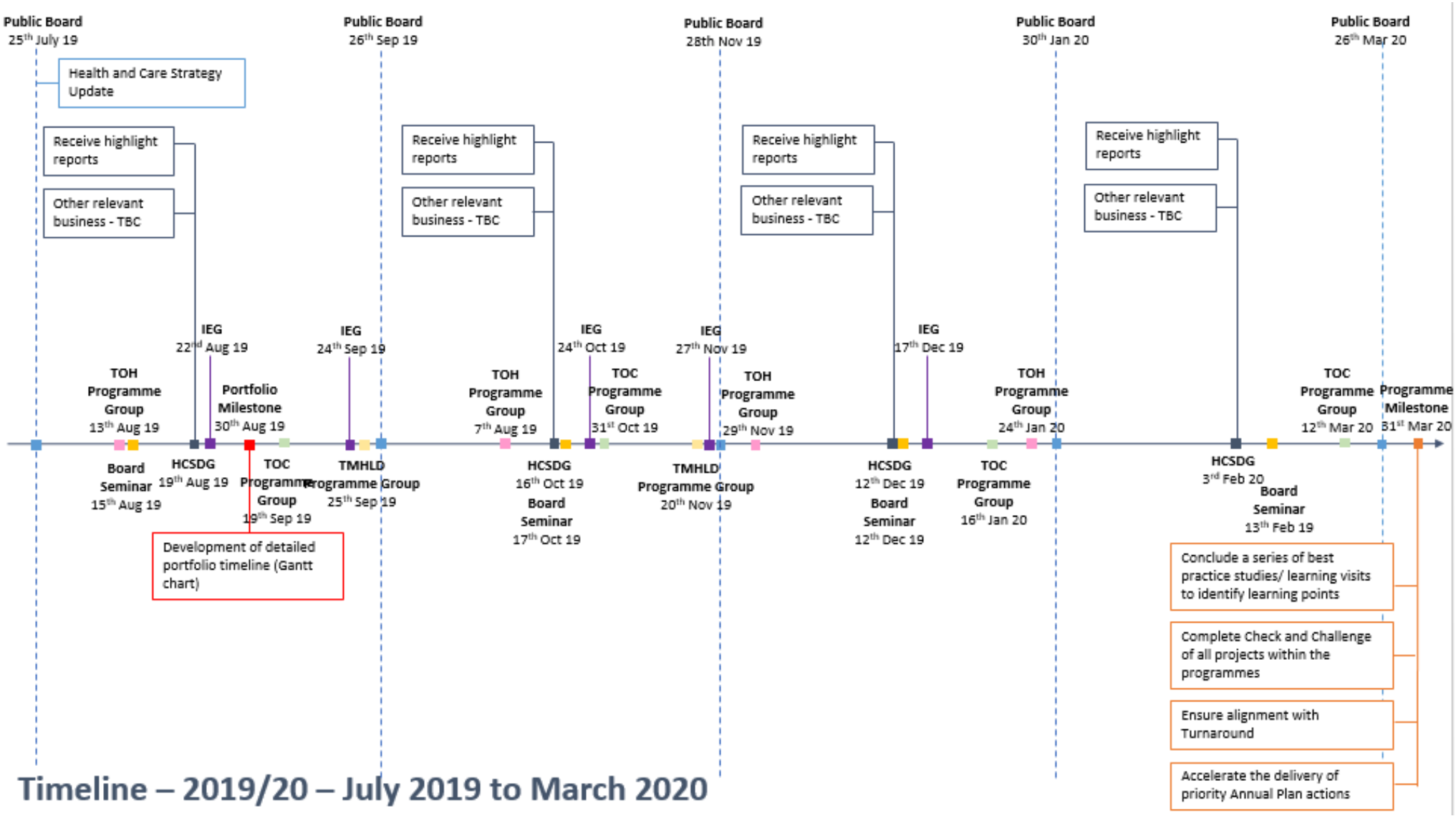
Appendix 2


Public Board
25th July 19
Health and Care Strategy Update
Receive highlight reports
Other relevant business - TBC
TOH Programme Group
13th Aug 19
Board Seminar
15th Aug 19
IEG
22nd Aug 19
HCSDG
19th Aug 19
Portfolio Milestone
30th Aug 19
TOC Programme Group
19th Sep 19
Development of detailed portfolio timeline (Gantt chart)
Public Board
26th Sep 19
IEG
24th Sep 19
TMHLD Programme Group
25th Sep 19
Receive highlight reports
Other relevant business - TBC
TOH Programme Group
7th Aug 19
HCSDG
16th Oct 19
Board Seminar
17th Oct 19
IEG
24th Oct 19
TOC Programme Group
31st Oct 19
Public Board
28th Nov 19
IEG
27th Nov 19
TMHLD Programme Group
20th Nov 19
TOH Programme Group
29th Nov 19
Receive highlight reports
Other relevant business - TBC
HCSDG
12th Dec 19
Board Seminar
12th Dec 19
IEG
17th Dec 19
TOC Programme Group
16th Jan 20
Public Board
30th Jan 20
TOH Programme Group
24th Jan 20
Receive highlight reports
Other relevant business - TBC
HCSDG
3rd Feb 20
Board Seminar
13th Feb 19
Conclude a series of best practice studies/ learning visits to identify learning points
Complete Check and Challenge of all projects within the programmes
Ensure alignment with Turnaround
Accelerate the delivery of priority Annual Plan actions
TOC Programme Group
12th Mar 20
Public Board
26th Mar 20
Programme Milestone
31st Mar 20
Timeline – 2019/20 – July 2019 to March 2020

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 July 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Focus on Healthcare Services in Pembrokeshire
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Joe Teape, Director of Operations/Deputy Chief Executive Jill Paterson, Director of Primary Care, Community & Long Term Care
SWYDDOG ADRODD: **REPORTING OFFICER:**	Elaine Lorton, County Director, Pembrokeshire

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In January 2019, Pembrokeshire County provided an overview to the Board of the Integrated Plan for Pembrokeshire and our five key themes for action. Pivotal to implementation of the plan is the partnership working across Health, Social Care and the Third Sector and the examples of progress and action within this report are drawn from across this spectrum. How we transform our communities will lay the path for delivering on A Healthier Mid and West Wales, and this paper seeks to provide an overview of what is being achieved as part of this work.

The key next step will be the mobilisation of the investment required to deliver the integrated plan, and how the delivery of more care in the community can be demonstrated, improving outcomes and enhancing patient, community, carer and staff experience.

Cefndir / Background

This report builds on the Pembrokeshire Integrated Plan, part of the Health Board's Annual Plan, which lays the foundation for delivering A Healthier Mid and West Wales.

Asesiad / Assessment

Five key priority areas were signalled in the Pembrokeshire Integrated Plan, and this paper provides an overview of current actions and progress around each of these.

Compassionate, Resourceful and Resilient Communities: We will focus on strengthening our communities to care for themselves through embedding community connectors and co-ordinators into our Integrated Community Networks. This relates to the wider determinants of health and wellbeing and ensures that we retain a strong and clear focus on the co-production needed with and within our communities.

Integrated Community Networks and Care Co-ordination: We will develop five Integrated

Community Networks around populations of 20-25,000 that will deliver integrated care seamlessly at a local level by aligning services and co-ordinating care around our population, based on their needs and the shared understanding of what matters most. These networks, once established, will provide the stable foundation upon which the wider system can be built.

Integrated Localities: We will develop the two integrated localities in order to ensure delivery is seamless at a locality level, and that there is evolved governance in place to empower the localities to identify, plan and deliver based on the care needs of the population, both resident and temporary. This will require a focus on business support, facilitation and governance to support a locality driven system which works across organisational boundaries of the existing Health Board, Local Authority and Third Sector.

Intermediate Care: We will develop, implement and embed a new Integrated Team which delivers for the intermediate care needs of our population to co-ordinate step up, step down care and flow through acute services for our population. It will ensure a reduction in length of stay and an improved outcome position in terms of delivery targets and patient experience.

Palliative Care Plan: We will work with our population and stakeholders to develop a system wide plan for Pembrokeshire which will align the existing services around a shared ambition for our population in order to enable high quality, compassionate and dignified care at the end of life for our population and their families/carers.

Success of these plans and the implanted actions will be seen in part at our front door services and how we are best providing care for our population at times of acute need .An update on the improvement plans supporting Withybush General Hospital is provided.

How we transform our community model is critical to our future success as a Health Board, but more importantly as a population health and wellbeing system. The report demonstrates that we are not starting from scratch and how, even prior to any available resource to support development, positive forward steps are being taken.

Demand and complexity grows, and therefore our approach has to be different and we need to work collectively with our communities to agree the most appropriate approach to any service change. This should focus on how we take a more preventative and proactive approach, and then how we rapidly respond to increases in need.

Over the next three months we will use the investment from the Transformation Fund to enable us to implement three key programmes of work:

- A strengthening of community cohesion, resilience and connection through enhancing the community connector roles and social prescribing with the localities.
- A preventative and technology enabled approach to risk stratification, early assessment, care planning and 24/7 connection for our communities, combined with rapid local response to welfare and wellbeing needs to avoid deterioration and hospital admission.
- An integrated approach to assessment and co-ordination when people have increased need which would include rapid access to care, therapies or nursing, and thereby support people to stay at home or return home with a shortened stay in hospital.

These programmes connect together with our existing services and wider programme of transformation to deliver tangible, positive change for our population. We need to monitor the outcomes that these new approaches are delivering and identify resource pathways to enable the successful elements of change to be embedded. We will provide an update, against an agreed set of metrics, in January 2020 to enable the Board to have early sight of progress and

change.
Argymhelliad / Recommendation This paper seeks to provide assurance to the Board of the planning, implementation actions and service delivery in Pembrokeshire to deliver on the commitments made in A Healthier Mid & West Wales and the Annual Plan.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	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 Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Various – outlined where evidenced in the body of the report.
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Various dependent upon each element in the report.

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	As at Month 2, Pembrokeshire County is predicting a slight under-spend at year-end, however it has a further £340,000 savings target to identify. Withybush Hospital faces continued financial challenge. To deliver the ambitions outlined in A Healthier Mid &

	West Wales, transformation funding is sought to support the shift of resource into intermediate and fast track response services. The full integrated localities and team ambition will require additional funding.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	The aim of the Integrated Plan is to improve the quality of patient care and the equity of outcomes. Where there is specific evidence, this has been provided in the body of the report.
Gweithlu: **Workforce:**	Workforce is critical to the success of delivering the Integrated Plan. Some positive developments are in place with regard to GP and nursing training, as well as integrated recruitment, and these are referenced in the body of the report.
Risg: **Risk:**	The risks to not improving and developing our community model of integrated care have been articulated in the Strategy case for change.
Cyfreithiol: **Legal:**	This paper does not present any direct legal risks however dependent on the final model of integration, there will be legal issues regarding employment and accountability for service delivery which will need to be resolved.
Enw Da: **Reputational:**	The risks to not improving and developing our community model of integrated care have been articulated in the Strategy case for change.
Gyfrinachedd: **Privacy:**	This paper does not present any direct legal risks however dependent on the final model of integration, there will be legal issues regarding employment and accountability for service delivery which will need to be resolved.
Cydraddoldeb: **Equality:**	No direct impact from this paper however as part of any future service change proposal, a full Equality Impact Assessment will be undertaken.

Pembrokeshire County Report
July 2019

Delivering a Healthier Pembrokeshire

Introduction

In January 2019, Pembrokeshire County provided an overview to the Board of the Integrated Plan for Pembrokeshire and our five key themes for action. Pivotal to implementation of the plan is the partnership working across Health, Social Care and the Third Sector, and the examples of progress and action within this report are drawn from across this spectrum. How we transform our communities will lay the path for delivering on A Healthier Mid and West Wales, and this paper seeks to provide an overview of what is being achieved as part of this work.

The key next step will be the mobilisation of the investment required to deliver the Integrated Plan, and how the delivery of more care in the community can be demonstrated, improving outcomes and enhancing patient, community, carer and staff experience.

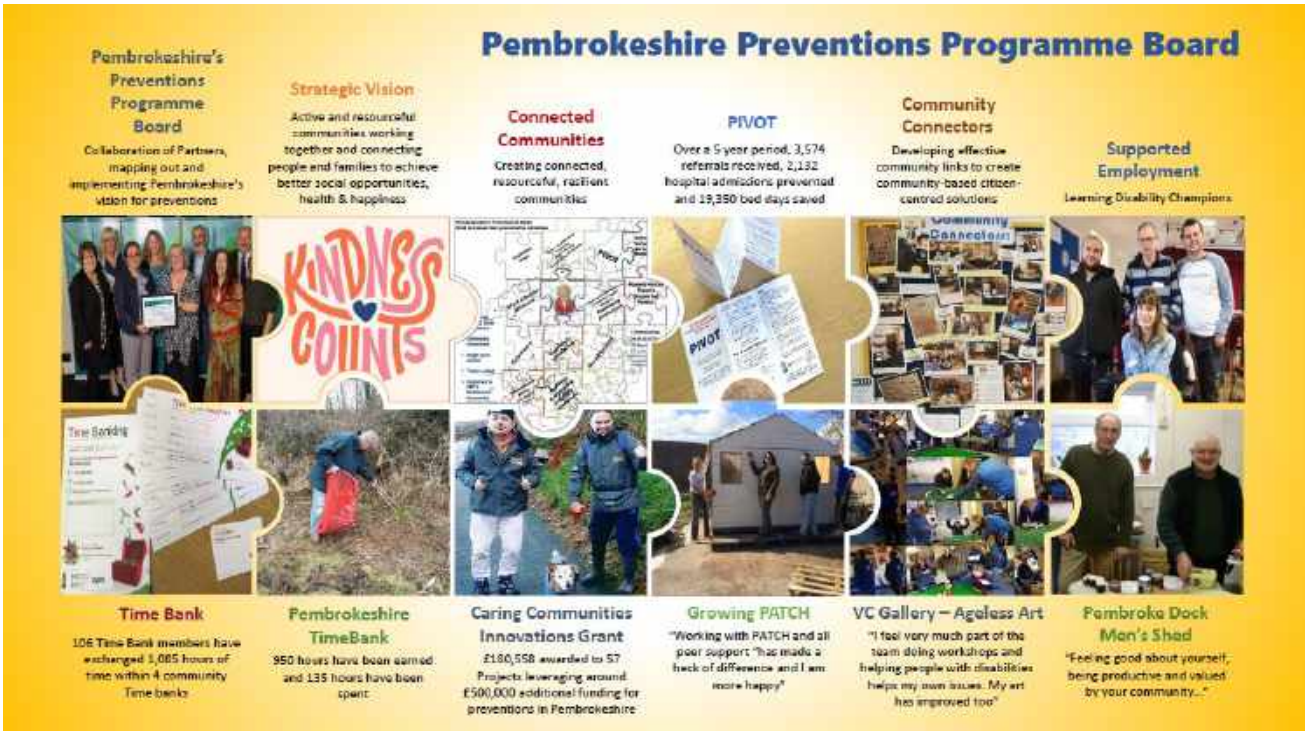
Compassionate, Resourceful & Resilient Communities

Our Plan

We will focus on strengthening our communities to care for themselves through embedding community connectors and co-ordinators into our Integrated Community Networks. This relates to the wider determinants of health and wellbeing and ensures that we retain a strong and clear focus on the co-production needed with and within our communities.

Our Actions & Update

Pembrokeshire has a well established integrated Preventions Programme Board.



Community Connectors: Following a very successful, independently evaluated 2 year pilot, the Community Connectors approach will continue and be further developed with the support of the Transformation Fund as well as by funding by Pembrokeshire County Council and the Health Board. The team comprises a Team Leader, four geographically based Connectors – North, South, East and West, one Community Connector for Children and Families and one Community Connector - Dementia Supportive Communities. The role of the Community Connectors is to:

- Connect people to the services available within Pembrokeshire and within their own villages and towns
- Identify community champions and potential volunteers and support them to channel their skills and enthusiasm into organised activity
- identify gaps in services and help connect people to grow new ideas into activities and services
- Develop and update information resources on DEWIS and **info**engine databases about locally available support for people and their families

Community Catalysts: 'Building Pembrokeshire's Capacity to Care' will use the *Community Catalysts* methodology to support the development of a network of micro-providers and social enterprises providing a range of flexible, person-centred and high quality local care, support and well-being services that give people real choice and control over their care. The 2-year project will support the setting up of local micro-enterprises or social enterprises to offer a range of care, support and well-being services that support people to live independently for longer in their own homes and communities. The project will also work with embryonic or established micro and social enterprises, who want to improve their governance and business practices and/or develop new services to meet identified needs. In addition, the project will help service commissioners and practitioners to understand what needs to change (culture, systems and pathways) and will then help them to implement those changes to bring about a transformation in the way domiciliary care and support services are provided in Pembrokeshire. The project will be delivered jointly by PAVS, PLANED and Community Catalysts

Caring Communities Innovations Grant Scheme: Established in 2014, this scheme is administered by Pembrokeshire Association of Voluntary Services (PAVS) on behalf of Pembrokeshire County Council and Hywel Dda University Health Board. Bids are welcomed from community projects which aim to:

- Develop locally-led innovative projects based on local need
- Improve care coordination between social services, health, housing, third and independent sectors
- Focus on preventative care and to avoid unnecessary hospital admission or delayed discharge
- Improve the resilience of local communities and their ability to support frail older people to access and enjoy their normal network of community and family relationships

Small grants of up to £5,000 are offered to voluntary and community groups and social enterprises, Town & Community Councils - but not individuals or private sector businesses. Over the last 5 years, £180,584.45 has been awarded, funding 57 unique and innovative projects. A number of grant recipients used their CCIG to pilot projects, and were then able to develop those projects and access larger grants to continue the work; examples include:

- PACTO – The Bus Buddies project was trialled through CCIG, and PACTO were then successful in securing 5 year funding from the Big Lottery, totalling £221,545
- SPAN Arts in Narberth developed the Cheerful Project after receiving a £5,000 CCIG, which provided £217,167 from the Big Lottery for a 3 year project
- After receiving a small grant of £2,450, Community Choice and Inclusion have developed their Compassionate Communities project, to roll out to support 5 communities in Pembrokeshire to become 'Compassionate Communities', having secured £14,909 LEADER funding through Arwain Sir Benfro

Information Advice and Assistance: Prevention is not just about preventing or delaying the need for formal care in the first instance. It is also about preventing escalating need for people who are already in receipt of care and support whether that be in their own homes, in a residential care setting or in hospital. Information, Advice and Assistance (IAA) is inextricably linked and they sit under one programme of activity which addresses the strategic objectives set within the Regional Delivery Plan for the Improvement of IAA.

The stated outcome is to provide better information at the first point of contact so that people have quick and easy access to the information that they need without the need to be referred for social care services. This will be supported by:

- Developing the role of staff within the County Council's Contact Centre - the 10 most common low level requests for information and advice have been identified and key questioning patterns developed to help identify the specific requirements of the customer and deal with them – diverting them from social care pathways
- Co-locating staff from adult Social Care and the Contact Centre to ensure a joined up and professional response
- Developing our knowledge base on the range of support available within the community through the DEWIS and **Info**engine database.
- Through these changes, in addition to the role of the community Connectors, we will reduce the number of referrals to social care and increase the numbers of contacts who are provided with Information and Advice at the first point of contact.
- In line with corporate priorities we will increase our digital presence for customers to enable them to self-serve/self-refer through via PCC website.

As integration and transformation discussions develop, there may be the opportunity to increasingly bring access to health information and services into this approach.

Pembrokeshire
Time Bank Network
Rhwydwaith Banciau Amser
Sir Benfro

Time Banking as we know it today is the culmination of initiatives and work that can be traced back to 1940's Japan. More recently, the work of Professor Edgar Cahn in developing the American Time Dollar movement has inspired the creation of the time banking movement in the UK.
Time banking is a way of encouraging participation in community life. It redefines what could be called 'work' (reassigning that label to activities that build community) and, credits people appropriately for their contributions to community life.
Time banking has been proven to encourage people who would not normally give their time to do so because of the innovative use of time credits. The system that we use in Pembrokeshire has drawn inspiration from existing time credit models and has blended them in a way that works for Pembrokeshire people, organisations and businesses.

The Pembrokeshire Time Banking Project commenced 1st July 2017 with the aim of creating a network of 4-6 time banks (in the pilot phase) and attempt to create a sponsor network to provide options for time credit spend. Time Banks have been established in:

- Newport (via the Community Library)
- Mount Estate (within the Mount Community Centre)
- Haverfordwest (via VC Gallery)
- Pembroke Dock (via Pembroke Dock Community School)
- Narberth (via The Queens Hall) – launched April 2019
- Tanyard – launched April 2019

Current sponsors include: Pembrokeshire Leisure, Bluestone, Pembrokeshire Coast National Park, Torch Theatre, CQB Adventures, Boatyard Studio and Haverfordwest FC.

Flu Prevention: St. David's Surgery has been named the winner of the Beat Flu Primary Care Award. This award recognises the hard work that goes into building a successful influenza

campaign. In this practice the annual flu vaccination campaign is a real 'team effort' with GPs, Practice Manager, Practice Nurses, Health Care Assistant, Receptionists, District Nurses, Health Visitor/Midwife, Community Pharmacist all actively contributing to a strong annual campaign.

Group Respiratory Education: Narberth Surgery has joined forces with the Medicines Management Team to trial a group work approach to supporting patients with respiratory conditions. This tends to be one of the most prevalent clinical conditions and also contributes to high levels of ambulatory case sensitive condition hospital admissions. This collaborative approach has been developed in line with a pacesetter bid to review patients with respiratory conditions.

NARBERTH SURGERY

Pacesetter Group Consultations for Respiratory Conditions

	Group 1	Group 2	Group 3
Co-hort	Under 16yrs *	Care Homes	Higher risk asthmatics i.e. those using over 6 SABA's a year and then those with a high steroid load
Month of Reviews	July – Sept	Oct – Dec	Jan – Mar
Clinic Location	Narberth Surgery	Care Homes	Narberth Surgery
Frequency	1 per month	2 per care home in our area	1 per school in our area

The group discussions will cover topics such as Foodwise, smoking cessation, inhaler technique, the importance of the flu vaccination, admissions prevention as well as specific clinical reviews.

Healthy Footsteps - a partnership approach with Podiatry and the Education Programme for Patients (EPP): The overarching aim of the project was to reduce waiting times, prevent breaches to the maximum waiting times for routine referrals to podiatry services by providing an education programme supported by the Education Programme for Patients.

In the 8 months April-October 2018, since the new podiatry pathway has been operational routine waiting lists have reduced from 364 to 125 which is a reduction of **66%**

Breaches of waiting (14 weeks plus) numbers were 119, now 51 which is a reduction by **58%.**

The success of the pilot of Healthy Footsteps in Pembrokeshire led us to roll out the programme across all three counties. As part of this work we shared the information with podiatrists across Wales and have worked with the EPP national team to agree training and a pathway for this now to be delivered across Wales. EPP in Hywel Dda are leading on the training and this training will train healthcare staff and lay tutors to deliver and support the Healthy Footsteps Programmes and enable a sustainable model in HDdUHB and across Wales.

Integrated Community Networks & Care Co-ordination

Our Plan

We will develop five Integrated Community Networks around populations of 20-25,000 people that will deliver integrated care seamlessly at a local level by aligning our services and co-ordinating our care around our population, based on their needs and the shared understanding of what matters most. These networks, once established, will provide the stable foundation for the wider system to be built upon.

Our Actions & Update

Integrated Community Networks: Five initial scoping workshops have been held in locations across Pembrokeshire between December 2018 and March 2019, in North Pembrokeshire, South East Pembrokeshire, South West Pembrokeshire, Haverfordwest Central and Milford Haven/Neyland. These were well attended, with representation from GPs, Pembrokeshire College, statutory and voluntary sector partners, as well as community groups and town and community councillors. From these emerged a set of common themes: Communication, Prevention, Intergenerational Working, Sustainability, Integrated Community Hubs, Community Values, Ownership and Education.

Pembrokeshire Integrated Community Networks – Themes & Analysis

	North Coastal	South East Pembs	South West Pembs	Haverfordwest Central	Milford & Neyland
Communication	Holistic approach Reduce stigma Clear signposting Town Council Multi- media & multi-lingual	Online opportunities Find young people to lead this Social Media	Address the gaps Engage in a different way Go to people in their community Drop-in events	Share information between services and stakeholders Joined up IT systems Health messages in public – supermarkets, petrol stations	Go out to people in their environment One size does not fit all Don't declare issues – go out and ask the community
Prevention	Over reliance on medicine Shift from illness to prevention required Prosperous & resilient communities	Community resilience Promote wellbeing – too much firefighting affects our teams Take ownership of our needs	Conduct a wellness survey and monitor if we are making a difference Avoid creating dependency Combat sedentary lifestyle	Early intervention, prevention and support Take responsibility Higher profile for PHW	Find out what the community can do for themselves Give people an action plan rather than never feeding back
Intergenerational Working	Support culture change Offer opportunities for early years View older people as an asset	Engagement events Culture change	Overcome isolation Good neighbour approach Reduce the gap in healthy life expectancy	Integrate children with older people Mental Health problems in the young	Age friendly services Vital to work together Make people feel worthwhile and valued
Sustainability	Needs to be environmentally sustainable Shift resources to community control	Share best practice & build on existing strengths Address disparities between communities Joint budget & funds from WG	Prudent use of health care is needed Encourage people to be at the centre of their wellbeing	Take services into our communities Find out what has happened organically and do not take over Share best practice	Maintain links in communities Services to be user-friendly Generate an income Attract people of all ages and integrate
Integrated Community Hubs	Asset map Lack of spaces to meet Co-productive & co-located with staff in the right place Use stats to profile the community	Bring networks together – Health & Social Care led might not be what communities want Right place, right people, right time, right price	Asset map Use existing buildings Be creative Integration of services & centres with services	Consistency & sustainable services Knowledge of what is available Remove barriers Practice-based teams	Place-based solution Clarify locations before determining steering groups People to come in & give rather than needs based
Community Values	Local services for local communities Regular community engagement	Keep power within the community rather than reliance on professionals	Grass roots approach Multi-cultural area with specific needs Make every contact count	Change culture of expectation Investment in community pays dividends widely	Grass roots approach Accessible and inclusive Reduce the gap between affluent & deprived
Ownership	One person dedicated to development At least half to be citizens/volunteers	Key people to act as links between agencies and communities Community Connectors	Those with established links Not necessary paid individuals Ask people what they can bring/offer	Responsibility does not lie solely with Health Multi-agency Reduce short-term funding	Target key stakeholders and ask them to bring people who are active in the community Community led not Health led
Education	Promote Health & Social Services opportunities	Use skills of older generation to teach, pool capacity and share knowledge	Target young people ANPs & Pharmacies rather than GP	Hospital isn't the only option School health & wellbeing	Keep people away from talking about issues and problems - educate

Discussions are now underway with PAVS and PLANED, to develop this work further and weave it into wider work around community resilience, ensuring meaningful community engagement going forward as models are developed. We are determined to ensure that Communities where these integrated community networks will be based are actively

engaged in decisions that will affect them and can have a say in shaping the services they will use in the future.

Initial proposals have been developed based on conversations to date and these will soon be ready to progress into the next phase. This work is also a key component of the Pembrokeshire Public Services Board's Well-being Plan.

South Pembrokeshire Hospital – developing a Health and Wellbeing Centre for the Community.

How we use our community based facilities is critically important as part of our integrated community model for the future. In Pembroke Dock, we already have a number of facilities: Argyle Medical Centre, Pembroke Dock Health Centre, South Pembrokeshire Hospital, Argyle Street Local Authority Offices and more. We have started a piece of work, scoping the facilities we already have available, and the future potential for creating a more streamlined hub and spoke model for the community.

Within South Pembrokeshire Hospital there is also service improvement and reconfiguration work underway to maximise the use of space, and develop capacity for additional community based services. The poster on the following page highlights the key services offered in the unit, as well as some of the ideas for future development which will be tested with our Communities and stakeholders.

On Sunderland Ward, stretch targets have been set to reduce the length of stay and increase the support it can offer for rehabilitation and recovery after an acute episode. Timely access is pivotal and an audit into referral processes undertaken in January 2019 has recently been re-audited with some positive outcomes :

	Number admissions audited	Days waiting for admission following referral	Average days waiting for admission	% patient admitted within 48 hours
January 2019	17	0 - 26	6	41%
June 2019	20	0 - 4	1.1	90%

During this same period, a multi-disciplinary and multi-agency stranded patient review has been implemented with a focus on supporting the timely transfer of patients home. Between April and June 2019 the average length of stay reduced from 41 days to 36 days and work is now underway to ensure this can be maintained. This 10% improvement is equivalent to 5 beds within the system and should support some of the surge experienced in Withybush. Some of the key actions implemented to support this change have been:

- Improved process for altering patients and referral wards to when a bed is becoming available to support a plan for timely transfer.
- Friday & Monday Time to Talk – dedicated time made available to meet with families to support discharge planning .
- Implementation of Long Term Condition pathway are early triggering using the Sharepoint system.
- Identification of housing needs as part of admission assessment.
- Improve handover of OT and Physiotherapy plans on transfer.
- Effective triage of referrals to plan and manage effective admissions.

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South Pembrokeshire Hospital

Currently housing services/clinics such as:

- Sunderland Ward
- Cleddau River Day Unit
- Physiotherapy department
- Outpatients department (clinics such as CMATS, cardiac, eyes, Parkinsons, audiology, respiratory, frailty, dermatology, continence and more)
- Podiatry
- X-ray
- Leg Ulcer Clinic
- Driving Assessment
- Occupational Therapy
- Cardiac rehab
- Dietetics
- Smoking cessation
- Social services
- Care at home team
- Palliative care team

Developments to align to:

Mandate

Work in partnership with TCS team (steering group etc)

Short term

- Getting the basics right - security, fire safety, estates issues, H&S etc (e.g. OPD roof) etc
- Develop a co-designed, co-produced vision and plan - TCS engagement, benefits realisation, population need, demand etc
- Enhance comms and engagement - showcase and getting SPH on the map, patient information, enhance appropriateness of use of the centre
- Rebranding - Health and Social Resource Centre and how the long term vision of South West Pembrokeshire Health & Wellbeing Centre fits in
- More volunteer involvement - support wellbeing and rehab agenda (e.g. therapy dog, schools, gardening volunteers, NOS DA, befriending etc)
- Space utilisation - review usage, demand, appropriateness (scope for medium/long term vision)
- OPD review (space, clinics and WGH relationship)
- League of Friends - support fundraising, vision development etc
- Smaller community projects e.g. housing a Community Fridge to support nutrition and poverty agenda in the local area
- Investors in Carers Bronze
- CRDU developments

Medium Term

- Minor refurbs to accommodate better facilities for existing clinics which align to the vision in the longer term
- Development in capital works/projects
- Development/implementation in space utilisation
- Investors in Carers Silver
- Community projects - Cafe possibility linking in with the prevention and wellbeing agenda - e.g. peer support groups for those with chronic conditions (Cardiac Conversations), local carers support network, mental health peer support, mother and baby groups, palliative care support network
- Drop in prevention/early intervention clinics - 'Cardiac in the Young', drop in smear test, prostate

Long Term

- Investors in Carers Gold
- Centre of Excellence for Diagnostic and Rehab?
- South West Pembrokeshire Health & Wellbeing Centre

Investors in Carers

All GP Practices in Pembrokeshire have attained their Bronze level with many now revalidating. St Davids Surgery and Argyle Medical Group achieved their Silver Award; these are the first two silver awards within the Health Board. The Investors in Carers (IiC) scheme is a quality assurance scheme which has themed standards, an audit and certification processes and rewards, which recognises best practice. It has been designed for use across a generic range of settings and necessitates compilation of an evidence folder. The scheme covers Carers of all ages and situations, Young Carers under the age of 18, Young Adult Carers from 18 – 25, Parent Carers who care for a child with a disability or mental health issue, sibling Carers, older people caring for each other, etc.

The Investors in Carers scheme is a tool designed to help health, social care, 3rd sector and other organisations focus on, and improve, their carer awareness and the help and support they give to carers. Across Pembrokeshire, a range of providers have now attained their Bronze accreditation including:

- Milford Haven and Pembroke Dock libraries
- Team around the Family and Workways+
- Norman Industries
- Mental Health – Haven way, Older Adult CMHT and St Non ward
- Pre Assessment Clinic in Withybush Hospital

A collaborative approach is being piloted now involving HOPE, Shalom House, Paul Sartori, South Pembrokeshire Hospital and the Narberth District Nursing Team.

Community Pharmacy Walk In Centres: There are now 6 Pharmacy Walk-in centres in Pembrokeshire with Boots in Haverfordwest being the mpst recent to commence services on 1st July 2019. All Pharmacies have been provided with QR boards which gives information on the services available and local services as well as health information through smart phones. These can be updated remotely and therefore never go out of date. The QR Boards have now been re-printed and will also be displayed in all Minor Injury Units, Emergency Departments and hospital pharmacies at all hospital sites across the Health Board.

Lifestyle Advocate training has been offered to Pharmacy staff in all three Counties with over 20 staff trained. Triage & Treat training will be offered to all Pharmacies over the next three months and there are over 140 staff interested in attending as well as Basic Life Support Training Sessions which will be made available to Delivery Drivers in Pembrokeshire.

Of the 30 Pharmacies in Pembrokeshire, 29 are offering the Common Ailment Service, 30 are offering Emergency Supply, 14 offer Smoking Level 3 with 226 seen and a 53% quit rate (national average is 40%), 8 offer the Triage & Treat service and 21 offer the Emergency Contraceptive.

Integrated Localities

Our Plan

We will develop the two Integrated Localities in order to ensure delivery is seamless at a locality level, and that there is evolved governance in place to empower the Localities to identify, plan and deliver based on the care needs of the population, both resident and temporary. This will require a focus on business support, facilitation and governance to support a Locality driven system which works across organisational boundaries of the existing Health Board, Local Authority and Third Sector.

Our Actions & Update

GP Practice Sustainability

Critical to integration around our population is the resilience and sustainability of GP Practices across Pembrokeshire. With GP numbers constrained over the last few years, it is positive to note an upturn in the training numbers within the County. Although on the February 2019 scheme there were 6 out of the 11 places filled, in August this will rise to 7, which is a significant improvement on the situation 2 years ago when none or very few applications were received.. What can be demonstrated is that when trainees come to Pembrokeshire, they report positive experience on the training scheme and have then stayed on, taking up substantive roles within Practices.

Within Pembrokeshire there are currently five training Practices: Argyle, Barlow House, Newport Surgery, St Thomas Surgery and Winch Lane Surgery. Other local Practices are seeking to become training Practices in the near future.

Goodwick Surgery : Refurbishment of the Fishguard Health Centre has been completed and Goodwick Surgery successfully amalgamated with Fishguard Surgery on 1st March 2019 with all staff along with the Community Staff are now based in the Health Centre. Feedback from patients at the launch of the refurbished facility was positive.

Tenby Surgery is now the only Health Board Managed Practice in Pembrokeshire. Access, which has been a challenge for some time, has shown an improvement due to better clinical cover which is resulting in improved capacity The Clinical Pharmacists based in the Practice have recently been awarded a Welsh Pharmaceutical Award for Welsh Asthma Project of the Year 2019.

Sustainability –General Medical Services
The map shows the level of sustainability risk as identified using the Welsh Government Sustainability Matrix tool.

Red = high risk or single handed practices

Amber = medium risk

Green = low risk

Purple = Health Board Managed Practice

Developing our Integrated Workforce

Key to transforming our Community model is the development of an integrated locality

and community workforce. Mapping work is being undertaken to identify whether the five integrated community networks as identified in the Pembrokeshire Plan are the right footprint for service delivery, and the roles that might be required at Locality, County or Regional basis.

This work is building on the recognised progress made over the last four years through the Cluster and Integrated Care Fund projects.

Occupational Therapists: Building on the successful introduction of (1.88wte) occupational therapists in primary care in South Pembrokeshire, the model has continued to develop and inform the transformation of clinical & community services

As GPs have increased their awareness of the range of Occupational Therapist skills, they are referring to the Primary Care Occupational Therapists at an earlier stage. In 2018/19 there were

- 544 additional Occupational Therapy assessments
- Generating 1070 Occupational Therapy follow-ups

This new way of working enables a proactive, anticipatory approach with short-term intervention supporting self-management and a reduction in escalation and crisis response.

Surgery reception staff have demonstrated increased confidence in offering patients an Occupational Therapy assessment as first point of contact and regularly approach the Occupational Therapist for advice on other allied health and community support services for patients.

GPs continue to value the role embedded in primary care. Outcomes include:

- Resolving functional concerns, reducing demand and contacts with the surgery
- Comprehensive assessment of both physical and cognitive functional decline
- Release of professional capacity, by addressing functional decline - enabling people to maximise their own potential, promoting self-management, preventing ill health and dependency
- Providing detail to inform clinical decision making and appropriate onward referrals
- Supporting patients, carers and GPs
- Responsive to minimise crisis situations, supporting admission avoidance to acute and residential care
- Supporting & sustaining hospital discharge
- Working to prevent falls, with 81% of patients who had fallen reported increased safety and confidence and reduced incidence of falls following OT intervention

In keeping with Prudent Healthcare principles, provision is tailored in response to demography, presenting need, priorities and strategy of each practice. The unique complexity of an Occupational Therapist assessment takes into account multiple perspectives that inform intervention and outcomes as part of the Social Prescribing continuum.

As we move towards a model of Health and Social Care, with a greater focus on preventative services, integration and prudent service delivery, there is a growing recognition that Occupational Therapy in Primary Care works. As skilled assessors and facilitators in the principles of self-management, occupational therapists are key to the cultural shift required to deliver transformed clinical services. This is reflected in cluster's nomination of the Primary Care Occupational Therapists in the 2019 NHS Wales Awards for *Empowering People to Co-Produce Their Care.*

The successful introduction of Occupational Therapy in Primary Care has resulted in the selection of South Pembrokeshire GP Cluster for a Department of Work and Pensions Research Project. Working in partnership with the Royal College of Occupational Therapists (RCOT) and Nottingham University, this nine-month research project commenced in March 2019, and is investigating the efficacy of an occupational therapy vocational clinic in a Primary Care setting. The service aims to support people to return to and to stay in work and consequently improve health and wellbeing.

Practice Based Social Workers: This is a joint project with the Local Authority and is funded on a 50/50 share basis between the North Pembrokeshire Cluster and Pembrokeshire County Council. The Practice based Social Worker has been appointed and is based in Barlow House on a full time basis since March 2019 with initial feedback being very positive. The project will be evaluated but expected benefits include:

- Improvement to communication
- Embedding social care into the Multi-Disciplinary Team project to risk stratify and care plan for patient more proactively
- Joint working across specialism to reduce duplication and enhance outcomes.

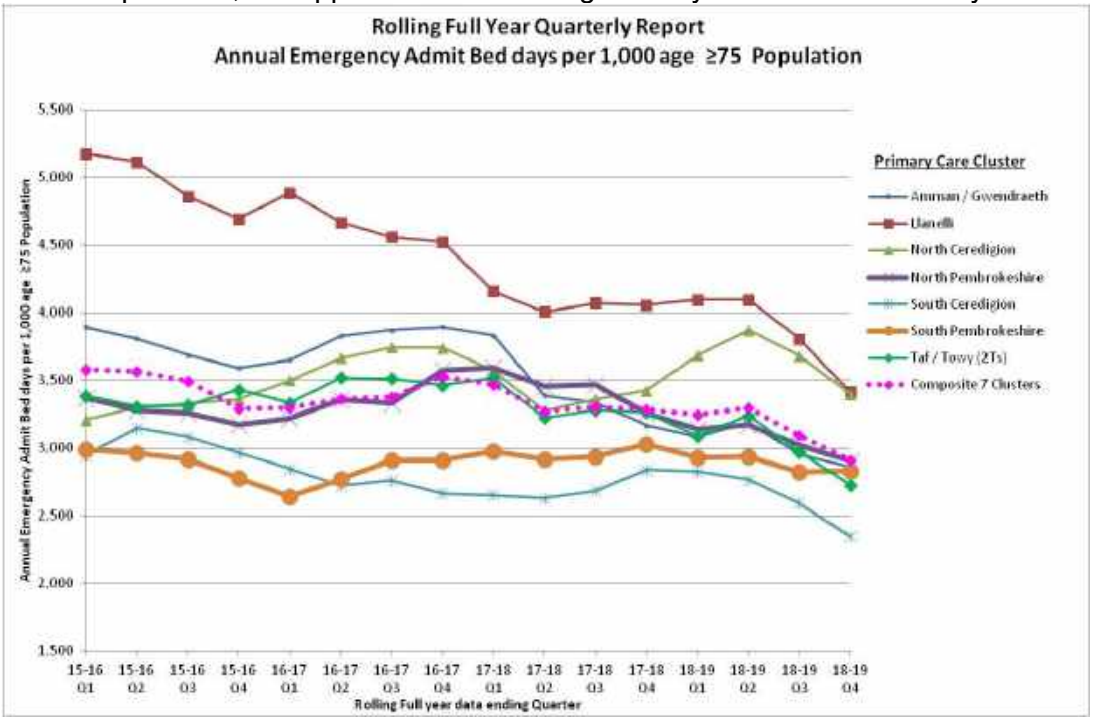
Advanced Paramedic Practitioner Acute Visiting Service: North Pembrokeshire Cluster has employed an Advanced Paramedic Practitioner to undertake acute home visits. The service will operate for three days a week across the eight GP Practices in North Pembrokeshire providing care for patients in their own home and linking in with the wider multi-disciplinary team. In the first two weeks of the project 49 home visits were undertaken by the APP and outcomes to demonstrate patient outcome and whole system flow benefits.

Practice Based Community Psychiatric Nurse: In collaboration with the Transforming Mental Health Team, North Pembrokeshire are piloting the use of practice based Specialist Mental Health Practitioner roles in two GP Practices. The post holders were appointed in early May with a start date of June/July 2019.

MDT Facilitator: The establishment of regular community & primary care MDT meetings within GP Practices supports the identification and treatment of vulnerable people in the community who would benefit from an integrated approach to care. To date four GP Practices in North Pembrokeshire undertake regular MDT meetings with a further one joining the pilot later in the summer. There are plans to embed this approach across all GP practices in Pembrokeshire.

Clinical Pharmacists: North Pembrokeshire Cluster continues to employ 1.8 WTE Pharmacists who support GP Practices to run NOAC clinics for anticoagulation patients, undertake bisphosphonate reviews, carry out audit work, completed dressing prescription reviews, liaise with the continence service COBWEB and run flu clinics; these are in addition to their previous responsibilities. In South Pembrokeshire, Clinical Pharmacists have been embedded into core Practice Teams.

The progress made to date, although only indicative, demonstrates a positive trend in terms of the proactive management of patients in the community, as evidenced by the declining rate of emergency admission bed days for our population aged over 75 years. To deliver our transformation aspirations, the approach to enhancing Primary care and Community teams is key.



Living not Existing - A patient story illustrating the impact of Occupational Therapy

L is 47 years of age and lives in her own house in Pembrokeshire. She previously lived an independent life working as a teacher and was in a relationship until she suffered a hypoxic brain injury following gall bladder surgery in 2014. Since this time she's been living alone at home, with the support of carers.

Due to her brain injury, she was dependent for all her daily living needs. She required physical assistance to move a short distance within her home and had very limited use of her hands, requiring help to place cups and cutlery in her hands and feed herself. She spent her day sitting on a settee, and could only move or have a drink when someone visited. Due to a significant visual impairment she was unable to read or write. As a result of her brain injury, fatigue and memory deficits had a great impact on her cognitive functioning. She suffered from low mood, anxiety and poor sleep. Stress made her anxiety worse and this impacted on her ability to walk. She had some environmental controls to remotely access her television, music and door opening system independently, however was struggling to adjust to her situation and changing needs.

A new Community Brain Injury and Complex Neurological Therapy Service was formed in the Health Board in 2017. The Occupational Therapists in the team work across the three Counties, supporting individuals with a brain injury or complex neurological conditions. Based in the community and working closely with locality and hospital colleagues, the service aims to provide a neurological rehabilitation service that is as local as possible and as specialist as needs be. The support available includes specialist assessment and skilled advice, education, functional rehabilitation and psychological support.

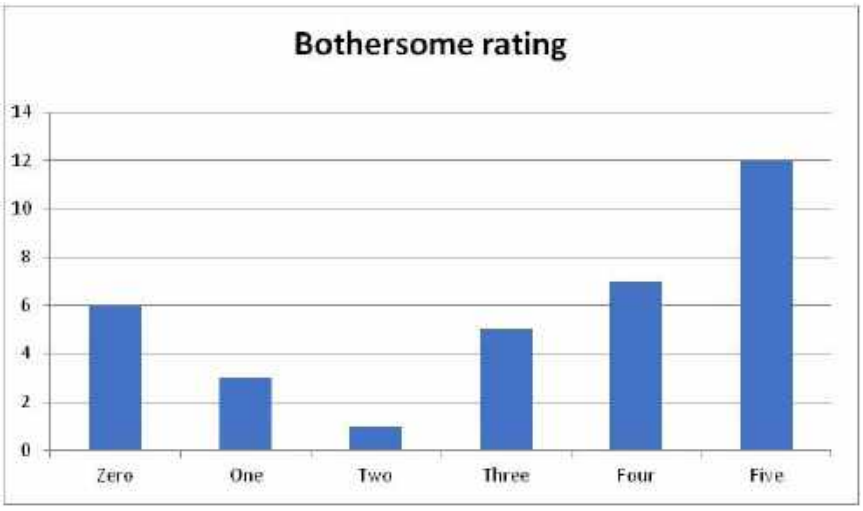
L was referred to the service in 2018 for assessment of her seating and postural needs, cognitive difficulties, low mood and social isolation. She engaged with occupational therapy in a community based neuro-rehabilitation programme to address her goals. After intervention over the period of a year, her lifestyle has changed dramatically; she now feels she has some control and quality of life.

"People don't understand Brain Injury. I feel different, my life changed. When Phillippa (occupational therapist) met me 12 months ago I was small, I feel I've grown, because I've grown in confidence. I can remember sitting on my settee and feeling like I was blending into the background, because I was so small and insignificant, because that's the way I saw myself. I haven't had a brain injury that has compromised my intelligence, because my brain is still in there, I just have difficulty accessing it. My brain goes too fast for my mouth ... but it's always been like that! Sometimes I feel my brain is like mush and I can't take anything in. Biggest problem was my memory, with access to exercises Phillippa gave me, we worked through them regularly, sometimes I practised three times a week. I've found repetition helps, I need to exercise my brain, remembering dates and times and people I have seen, I've been using the techniques I learnt, which has helped."

"My goals were to access my community more, which I've been able to do, regularly. Joining clubs and I have a few more in the pipe line. I go swimming once a week and that's quite a social thing and that's what I like about it. Because, there are able bodied people there that can walk, that are there for rehabilitation purposes, I go in the pool with them, so I feel like I'm not treated differently. Going out twice a week, meeting people that confidence has gone way up. I was restricted. Now, I can put my chair back myself, and I can be in a position where I can close my eyes, turn off the television and relax. I can also listen to my wellbeing tapes."

Patient Reported Outcome Measures (PROMS) use in the Bladder and Bowel Service

A PROMs data collection tool has been designed by the All Wales Continence Forum and was disseminated to all Health Board continence/bladder & bowel teams in Wales. PROMs were collected from people who attended for a primary assessment with the Pembrokeshire Bladder & Bowel Advisory Service between Jan-March 2019. In total, 34 PROMs forms were collected, which is not a true reflection of the number of appointments as many individuals reported forgetting to complete the form or simply forgot to bring it to clinic. The questions asked related to age, gender, urinary voiding patterns, frequency, symptoms, pain, leakage and pad type and quantity. An overall bothersome rating was also asked and respondents scored this out of five (1 being not at all and 5 being a great deal). Bothersome ratings generally define how much of an impact bladder and/or bowel symptoms have on a person's quality of life.



Urinary incontinence is associated with obesity, cardiovascular disease, diabetes, depression, and social isolation. Furthermore, a decline in function, falls, nursing home admission and onerous out-of-pocket expenses are also frequently highlighted in clinical assessments.

In many cases incontinence symptoms can be improved, and even cured, when evidence-based diagnostic and treatment strategies are appropriately applied. Implementation of community-based programmes that promote behavioural techniques as first-line management for incontinence support evidence for the superior efficacy and tolerability of conservative management approaches over a pharmacological treatment for incontinence. As 'silent sufferers' become better informed that effective strategies exist for improving urinary symptoms, patient demand for care will likely increase.

Within Pembrokeshire we have seen an increase in demand for this service and an increase in the cost of continence related products.

Occupational Therapy Rheumatology / Hands Service

This Withybush Hospital based service provides a supportive yet empowering service to people diagnosed with an enduring or life changing condition. Using our hands is fundamental to everyday lives and people referred to the service have experienced a significant decline in functional ability and independence and it is our aim to empower them to regain, as far as possible, a productive and fulfilling life.

People can suffer traumatic hand injuries which have a devastating effect on both the individual's physical and psychological well-being which can also have a detrimental effect on the family. The hand occupational therapy team aims to provide interventions and services which can influence a return to normal functional independence, a return to work and therefore financial independence, which has an uplifting psychological benefit and a resumption of their role within the family. The way this is achieved in this service is through bespoke splinting, individual treatment programmes which could include self-care, strengthening programmes, improvement of dexterity and fine motor skills, scar management and maximising active range of movement. These programmes can be offered over a relatively short period of time, or for the most serious injuries, over an extended period of time.

Within rheumatology the approach is both educational (one to one or in groups), as well as functional, and aims to empower individuals to take control of their enduring health condition. The provision of hand splinting, functional rehabilitation, lifestyle advice and on-going support through an open access service is fundamental to maintaining independence and minimising effect on quality of life. Within the rheumatology team patients are able to experience the benefits of a multi-disciplinary approach and are supported through both a therapeutic and medical model.

The Pembrokeshire Leg Ulcer Service – Legs Matter Week

The Pembrokeshire Leg Ulcer Service team recently supported the Legs Matter Week Campaign (3 – 7 June). It was the first ever national campaign for legs. Non healing wounds of the leg and foot are one of the UK's biggest health challenges. Chronic wound care costs the NHS between £4.5 – 5.1 billion each year and more than 40% of these wounds are leg and foot ulcers (Guest et al, 2015). Despite this, conditions of the leg and foot do not currently receive the care or attention they urgently need. The Campaign provided us with the wonderful opportunity to raise awareness of our service and to raise awareness of the early signs and symptoms to look out for that can have an impact on legs and feet. It was also an opportunity to help anyone with a lower limb problem to understand their condition and to signpost them in order that they receive the care, attention and support they need.

The team hosted two Legs Matter stands in Withybush and South Pembs Hospital. Both days were extremely busy and eventful, speaking with many staff and visitors. The response to the two stands was overwhelming with ward Nurses, Consultants, Microbiologists, Anaesthetists, Mental Health Workers, Physiotherapists attending to both learn about the service and identify how they could better manage some of their leg ulcer patients. Some the leg ulcer team visited each of the wards to distribute basic guidance sheets on how they can care for their leg ulcer patients and we also provided lists of the individual leg ulcer clinic's contact details. This is in the hope that patients under the care of our service will have more of a seamless continuation of their treatment and care whilst an inpatient. We offered to inspect staff's legs, looking for early signs and symptoms of problems and gave preventative advice which proved to be hugely popular. In addition, we measured staff for mild compression hosiery as Medi (a leading company in hosiery) kindly and generously sponsored free stockings to all NHS staff for those two days only.

Response from the public was also excellent with many specifically visiting our stands as they had seen our campaign on the Hwyel Dda Health Board Facebook page. Many were unaware of the service, and wanted to learn more about it, how they could be referred, or to obtain advice and reassurance about their mild lower limb changes. We were able to direct them to the Legs Matter Website which is for patients, family, friends and healthcare professionals, which gives the latest evidence based information, help, information and other people's experiences on living with a leg ulcer. Unexpectedly, we also had a number of family members from past and current leg ulcer patients that came to visit the stands. They wanted to support the Campaign and to thank us for our care but what was very evident from talking to them was that they themselves needed support and wanted to talk about their experiences too. They expressed their feelings of anxiety and distress of seeing their family members suffering with leg ulceration and how it had also affected their lives, e.g. malodour and social isolation.

During the two days, from selling raffle tickets we raised a total of £536.20. We intend on using the money to buy cameras and portable printers for each of the six clinics in order that we monitor progression of the wounds more accurately by photographing the ulcers.

Although the Legs Matter Week has come to an end, the team intend to keep standing up for legs and shouting 'Legs Matter!' Our next event will be a 'Legs Matter Natter' coffee morning in September for current and past patients, family and friends. This will be a great opportunity for further health promotion and for patients and family to share their experiences and feelings which will hopefully help ease their personal anxieties.

Learning Disabilities: Pembrokeshire CTLD remains under pressure due to a combination of sickness, reduced hours, restriction of duties and vacant posts. Development of 1.0WTE Band 5 community nurse roles for each locality CTLD to support demand on the service. Three Newly Qualified Nurse will join the service in September following successful streamlining process. The Band 5 roles will focus on improving links with Primary Care and reducing time to treatment from assessment.

Intermediate Care

Our Plan

We will develop, implement and embed a new Integrated Team which delivers for the intermediate care needs of our population to co-ordinate step up, step down care and flow through acute services for our population. It will ensure a reduction in length of stay and an improved outcome position in terms of delivery targets and patient experience.

Our Actions & Update

Joint Discharge Team: Based within Withybush Hospital, the Joint Discharge Team is made up of Nurses, Social Workers and Administrators, complemented by Therapists and PIVOT. They form the basis for our future integrated intermediate care service. Our plans are to integrate this team with the Acute Response Team and Care at Home Team, together with new roles funded through the Transformation Fund to deliver a single point of access for assessment, co-ordination and rapid response when an individual's needs change. This will support keeping people at home with a comprehensive support plan or enabling complex people to return home or to transfer to a place where recovery, reablement and assessment can take place in a more timely way.

Pending final approval of transformation funding, several work programmes to support intermediate care and flow improvement have been commenced.

Primary & Community MDTs: One of the social workers within the team is leading this programme and attending fortnightly meetings in Winch Lane Surgery to build on communication, understanding, processes and flow. A key outcome measure will be whether these connections

support the prevention of re-admissions, and better equips community professionals with knowledge of discharge planning processes.

MACAM (Multiagency Care Assessment Meeting): It is well proven that people with a learning disability have greater healthcare needs and are almost twice as likely to attend a general hospital for acute care as the general population. It is also well recognised that when staff are supported with a knowledge base of how to care for someone with LD in the acute setting, they perceive themselves to be more comfortable in caring for these patients and can identify possible complications and overcome many of the challenges in caring for this population. The MACAM process has been recognised at National Level (Finalists PEN awards March 2019) as a system which facilitates a supportive and informative care process which helps safe and timely transfer away from the acute sector. This is achieved through wraparound MDT work together with the full involvement of the patient / family or carer. Objectives are set at each meeting, which occur as a minimum twice weekly. The process helps to ensure a seamless provision of care from the acute sector to return home, addressing the 4Cs framework of communication, choice making, collaboration and coordination.

T2TT Time to Talk Tuesday: Ward 12, together with the JDT, are working on a joint initiative to support collaboration and communication to support timely patient flow. Patients are either indentified through the MDT / board round processes as requiring additional information being sought in order to promote discharge of patients; relatives are encouraged to book into T2TT if they identify issues themselves. The patients / family or carer are invited to attend the T2TT clinic, which involves ward staff together with SW and DLN, meeting with them to discuss any issues of concerns (this will also shortly be extended to include 3rd sector partners). T2TT had proven very effective at promoting timely discharge and has actively promoted flow thorough agreeing joint plans for discharge, which successfully support the patient home with appropriate services indentified for immediate support and onward plans suggested such as advanced care planning.

Best Interest Meeting Flowchart: It was decided that a discharge flowchart was needed in order to assist with the facilitation of discharge for confused patients who may or may not lack capacity. It was discovered that many times staff were unsure of routes to take with this format of discharge planning and waits were experienced in the discharge process, therefore exposing patients to prolonged delays, increased bed days in hospital, increased risk of infection and reduced function. The overall aim of the flowchart is for education and confidence purposes of staff who work closest with the patient, aiming for everyone to work in conjunction with legalities and hospital policy in order to assist the discharge process, enhance the patient's journey and reduce conflict and distress which may be experienced by the patient, their families and core care staff.

MAST Development: The MAST team work together to support people at home who do not need to be admitted to hospital. MAST attend a board round on ACDU every morning to identify patients who may benefit from integrated assessment to support a timely transfer home. The Team work closely with the Geriatricians and add information both to the Local Authority Care First system, as well as SHAREPOINT to flag them for earlier complex discharge planning if admitted to a ward.

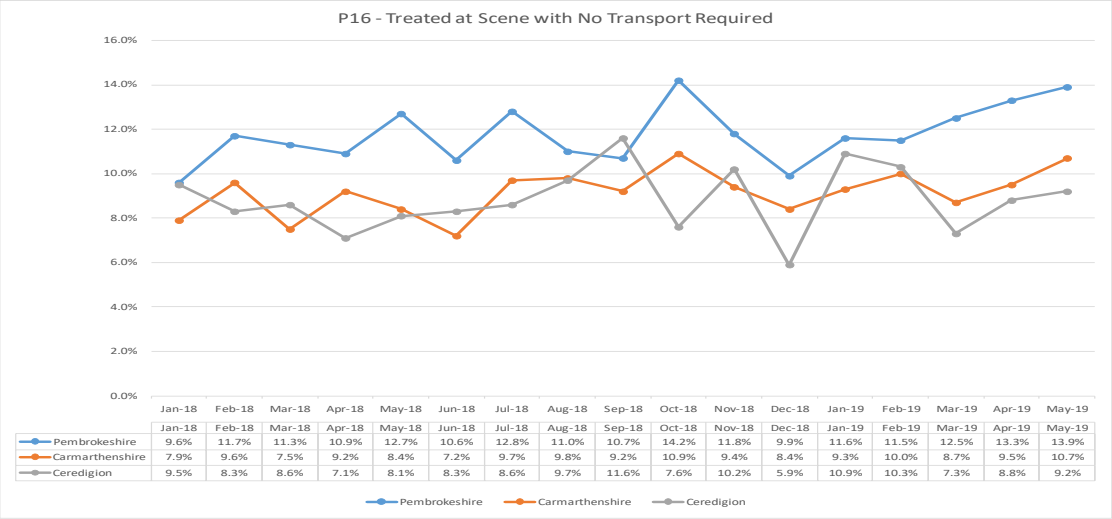
Bridging Care: Pembrokeshire has a challenge with regard to access to social packages of care. This presents across the system and particularly impedes the ability to return patients home following an admission to a community or acute hospital. Utilising Winter Funding, the Health Board employed Care at Home Team increased their capacity in order to be able to offer "Bridging Care" to specific patients who would then be handed over to a social care provider. Funding of £55,997.93 was made available for the 17 weeks across December 2018 to March 2019 supporting 7.7 WTE additional hours which varied slightly across the period.

The first referral was made on 26.11.18 with care commencing ahead of the scheduled start date on 27.11.18. The final referral was made just after the end of the period on 5.4.19 with care commencing on the same day. 78 referrals to the service were made and 70 patients received the bridging care. For 91.4% for patients, the care commenced within 48 hours, and delays were often more the result of the discharge process rather than the availability of the care.

A total of 943 acute bed days were saved at a delivery cost of £59.38 per day and a total net saving (based on £337.50 for a geriatric medicine bed day) of £262,267.16. Although this level of saving is indicative, it is more important to note that across this period it equated to 8 beds. Given the enduring nature of the pressure across the system, consideration is being given to investing recurrently in bridging care.

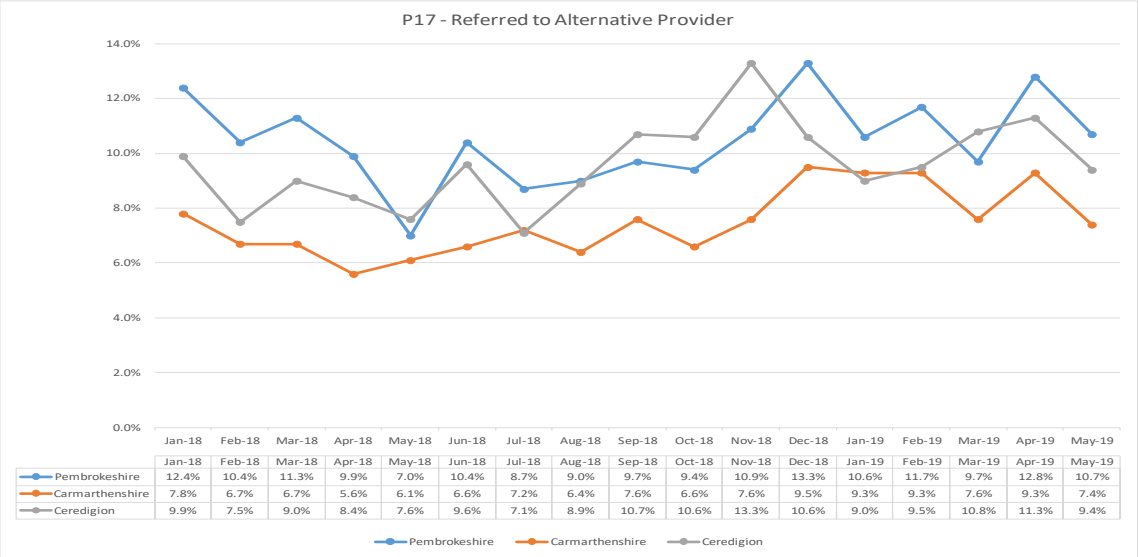
Working with the Ambulance Service

A key component of the intermediate care service is that we work with WAST to support pathways and skills to enable people to stay in their own home and access appropriate care in the community.



	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Pembrokeshire	9.6%	11.7%	11.3%	10.9%	12.7%	10.6%	12.8%	11.0%	10.7%	14.2%	11.8%	9.9%	11.6%	11.5%	12.5%	13.3%	13.9%
Carmarthenshire	7.9%	9.6%	7.5%	9.2%	8.4%	7.2%	9.7%	9.8%	9.2%	10.9%	9.4%	8.4%	9.3%	10.0%	8.7%	9.5%	10.7%
Ceredigion	9.5%	8.3%	8.6%	7.1%	8.1%	8.3%	8.6%	9.7%	11.6%	7.6%	10.2%	5.9%	10.9%	10.3%	7.3%	8.8%	9.2%

Pembrokeshire compares favourably in Hywel Dda in increasing the number of people treated at the scene and we are implementing a new care pathway for people who have fallen. We expect this



	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Pembrokeshire	12.4%	10.4%	11.3%	9.9%	7.0%	10.4%	8.7%	9.0%	9.7%	9.4%	10.9%	13.3%	10.6%	11.7%	9.7%	12.8%	10.7%
Carmarthenshire	7.8%	6.7%	6.7%	5.6%	6.1%	6.6%	7.2%	6.4%	7.6%	6.6%	7.6%	9.5%	9.3%	9.3%	7.6%	9.3%	7.4%
Ceredigion	9.9%	7.5%	9.0%	8.4%	7.6%	9.6%	7.1%	8.9%	10.7%	10.6%	13.3%	10.6%	9.0%	9.5%	10.8%	11.3%	9.4%

would increase the number of people treated at the scene as well as those able to access care from an alternative provider.

Mental Health Assessment Hub: Work has started to introduce an assessment hub in Pembrokeshire to act as the gateway to secondary services, jointly managed by CMHT and CRHT to screen and assess all referrals and identify the right pathway. The aim will be to have timely assessments by the most appropriate person for that individual. This will look at being operational in the near future.

Acute Care Services

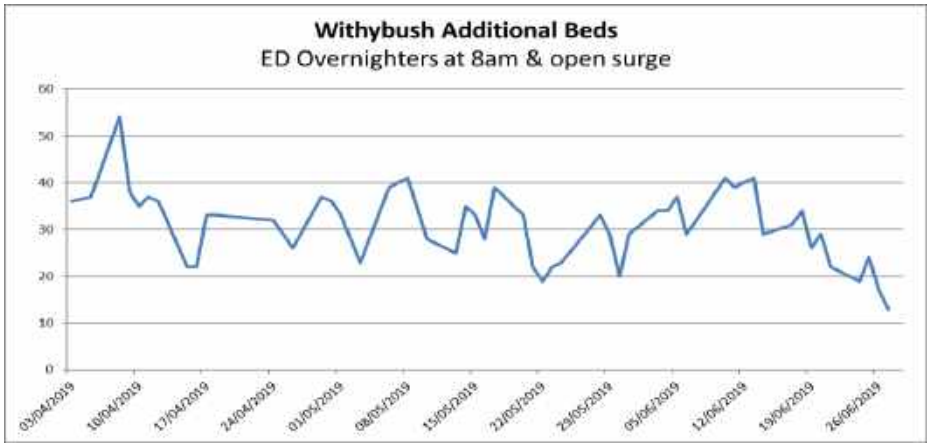
Our Plan

The Withybush Hospital component of the annual plan was:

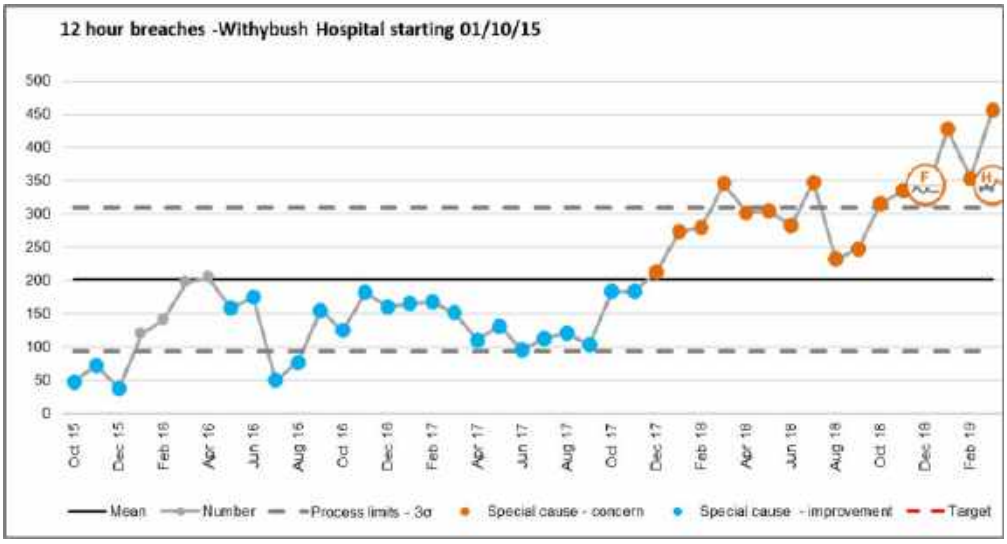
- Resolution of the non-compliant service level agreement in ABMU for Cardiology Services to bring down DTOC's and hugely improve patient flow
- Introduction of Physicians Associates on the medical wards and ED, ANP's, ENP's and Care of the Elderly / Rehab departments in initiating service redesign in line with TCS outcomes
- Continue to develop a frailty model with the IPOP pilot and Acute Frailty Network work
- Improve redirection and utilisation of services outside of the Emergency Department - GP OOH's, Community Pharmacy, Frailty Clinics, MH&LD OOH teams
- Review of the Trauma pathway

Our Actions & Update

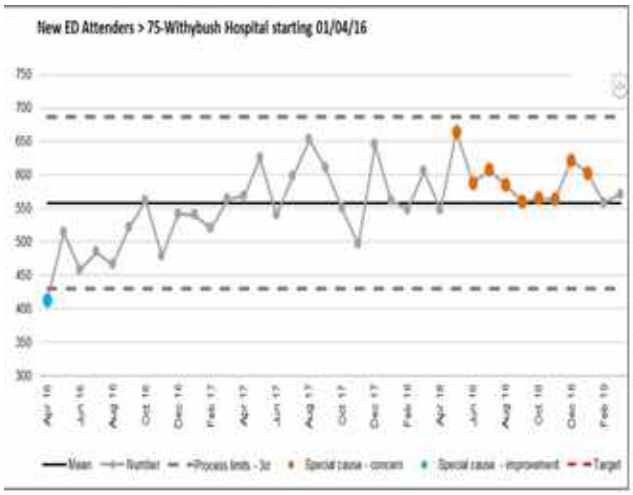
Withybush Hospital remains under significant pressure, caused predominantly by an increase of 34% in the length of stay on medical wards between winter 2017 and 2018. This is resulting in the need to open surge beds and accommodate patients overnight in the Emergency Department.

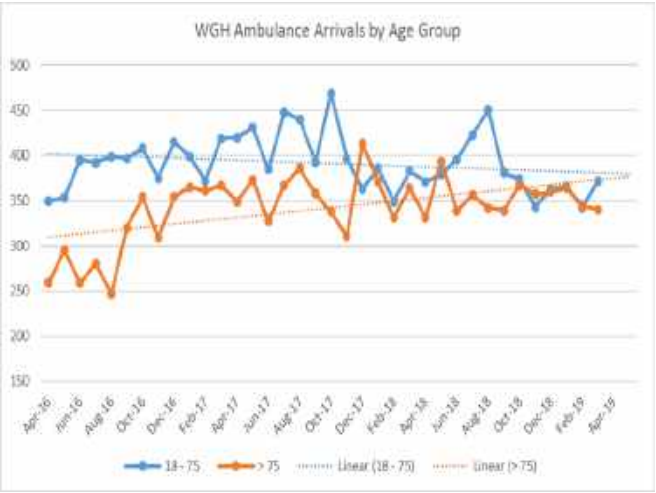


There has also been a significant impact on performance with the number of 12 hour breaches rising since October 2017.



New attenders at ED has been fairly static since the first quarter of 2017, indicating some success of the proactive preventative measures being undertaken in primary and community care; this is borne out by the static ambulance arrivals by age.





The pressure therefore on length of stay result from internal processes and staffing challenges, together with an increase in the fragility of the domiciliary care sector across Pembrokeshire.

A whole systems flow workshop took place in May 2019 where a wide spectrum of staff gathered to discuss the challenges faced relating to patient flow. Representatives from acute, community, primary care, local authority, voluntary sector and WAST were able to pull together ideas for improvement as well as enhance their understanding of the current challenges.

The service improvement team are supporting the team to undertake a scoping exercise across 4 medical inpatient areas as well as a process mapping exercise. Feedback from this work, & the flow workshop, are being collated to form the basis of an improvement programme, fully supported by a number of executive board members and led by Mr Joe Teape. This programme aims to improve flow through the hospital and into the community by reducing patient time spent in hospital. Alongside this improvement programme, the hospital has been fortunate to be successful in their project submission to the Quality Improvement Collaborative. This project will focus on stranded patient reviews (that is those patients in hospital longer than 7 days) and has full multi disciplinary team involvement across acute & community services.

This reduction in length of stay is expected to also positively impact on flow through the Emergency Department. The outline for the improvement work is:

Front door – focused on improving 4 hour performance, reducing ambulance handover delays, reducing admissions, reducing LoS

- GP triage
- Extending utilisation of ambulatory care
- Establishing medical review/hot clinics
- Re-introducing surgical and gynaecology assessment units
- Developing a frailty assessment unit to adopt a home first model
- Introducing an ACDU assessment unit

Patient Flow - focused on reducing LoS, reducing patients with a LoS greater than 7 days, increasing daily discharges, reducing medical outliers and Embedding the SAFER patient bundle supported by Red2Green

- Improving board rounds

- Targeted approach to managing stranded patients(i.e. those with a LoS > 7 days), both in acute and community hospitals
- Improvements in referral processes
- Improving the repatriation process

Discharges – improving daily & weekend discharges, reducing 12 hour breaches, improving early available bed capacity, reducing LoS

- Increasing the number of discharges before noon
- Improving utilisation of the discharge lounge
- Implementing weekend management plans

Any lessons learnt or areas of best practice will then be introduced across the other acute and community sites where applicable.

Ward 10 Refurbishment: Building works continue with completion of Ward 9 in April 2019; this has provided a brand new 14 bedded decant facility for Ward 10 to move into. This move happened at the end of April and a complete refurbishment of Ward 10 has since commenced. Staff and stakeholders are working closely together to choose decor and furnishings to support an environment which will enable the best possible patient and relative experience. Ward 10 is on course for completion and reopening in December 2019.

Older Adult Mental Health: Recruitment for the Acute Hospital Dementia Wellbeing Team is complete, and all 8 psychology assistant posts have been filled, two for each acute hospital. Links are being made by the Clinical Psychologist and respective senior staff in Withybush to look at how to progress the added support. All posts start 15.07.19 and following a period of induction and training, will start on the wards and hope to be operational before winter pressures.

Palliative Care Plan

Our Plan

We will work with our population and stakeholders to develop a system wide plan for Pembrokeshire which will align the existing services around a shared ambition for our population in order to enable high quality, compassionate and dignified care at the end of life for our population and their families / carers.

Our Actions & Update

Palliative Care Projects: the Palliative Care Cymru Implementation Board has made available to both Shalom and Paul Sartori Foundation (PSF) £28,000 to support the priorities within the End of Life Care Delivery Plan. The following proposals have been submitted for the benefit of the Pembrokeshire population:

- **Care Home Intervention and Training Needs Analysis**: A 6 month project due to start in October 2019 in order to establish the training needs of care homes supporting End of Life (EOL) patients, to increase training attendance for specific training made available at Paul Sartori House and to reduced admissions or A & E attendances from Care Homes for EOL support.

- **Counselling hours** to support the development of bereavement counselling; this would be a 12 month project starting September 2019 and would enable the PSF Counselling team to manage increased activity and reduce waiting times for counselling and bereavement services.

- **3 day End of Life Facilitator** this would be a 12 month project starting September 2019 to support Withybush hospital with efficient discharge of EOL patients by providing a follow up phone call after 48 hours and visit at 2 weeks post discharge. It is expected that this would reduce re-admission to Withybush hospital/A & E attendances and improve communication and collaborative working across all organisations supporting EOL patients.

- **Transportation support** for palliative care patients both to Shalom House and other locations, which would enable more accessible care both at Shalom House and in other outreach locations and thereby increase provision of services to patients and carers across a wider geography.

- **Enhanced carer support** for palliative / end of life patients across a partnership of organisations through the implementation of a forum for carers whilst their loved ones are cared for, to access support, information, complementary therapies, counselling or peer support. It is hoped that this will support carer confidence in managing at home and reduce EOL admissions.

- **One stop shop** for palliative services on a monthly basis, bringing together Palliative consultations, Physiotherapy / Occupational Therapy, blood tests and wound care in order to reduce GP and hospital attendances and improve patient and carer experience.

Compassionate Communities: Communities Choice are working within 5 communities in Pembrokeshire delivering a range of public health, educational and peer group support initiatives with the aim of raising awareness of planning for our future care (Advance Care Planning) and how we can support those around us living through End of Life Care.

Dying Matters Week 2019 (A National Palliative Care Council Campaign) - a greater range of events and workshops were co-ordinated this year across the County working collaboratively with a wide range of partner agencies. 4 Dying Matters drop-in advice sessions (Fishguard, Pembroke, Saundersfoot and CRDU Pembroke Dock), a 4 day Dying Matters Festival in Haverfordwest with talks, advice, conversation and films all aimed at raising awareness of the need to talk more openly about death, dying, grief and caring and a half day Conference exploring Compassionate Communities. Outcomes included:

- 93 individual conversations on Advance Care Planning (ACP)
- 80 individual conversations on Funeral planning
- 53 examples of Hywel Dda 'Statement of wishes and priorities for care'
- 37 people supported to begin to write down their wishes in an ACP

NOSDA (No one should die alone) - a pilot scheme has been initiated in the Pembroke Dock area and centred around the South Pembrokeshire Hospital supporting palliative care patients and with limited or no family or friends in the area. The first 3 day training course for Volunteer Companions took place in March / April 2019 and 6 Compassionate Volunteers have been fully trained and assessed. They have started to take up volunteer roles within the Cleddau River Day Unit, Ashdale Care Home and Elliotts Hill. Within the CRDU, 4 centre users were supported to think about their ACP and will also provide 2 of these users with a Volunteer Companion who will meet them at weekends which is the time of week when people are most lonely. This pilot scheme is funded by a small grant from the Emergence Fund which will last until the end of July 2019.

Compassionate Neighbours Pembroke - a hub is being developed in the town that meets monthly with the aim of promoting compassion and to attract people to come along and learn about End of Life Care and how they can support people in their neighbourhood. This is undertaken through talks from Health Care professionals, films, conversation and copious tea and cake, and is run entirely on a voluntary basis.

Palliative Care OT - The Macmillan Clinical Lead Occupational Therapist role commenced in January 2019 and is a 3-year post funded by Macmillan Cancer Support. The post holder is working as part of a multidisciplinary team of therapists including occupational therapy, physiotherapy and

dietetics across Pembrokeshire, Carmarthenshire and Ceredigion. The main aim is to identify, evaluate, develop and integrate cancer rehabilitation into the cancer pathway and Occupational Therapy services as a cohesive service pathway across the Health Board footprint.

The role of this Occupational Therapist includes:

- Streamlining, coordinating and negotiating Occupational Therapy service provision before, during and beyond cancer treatment.
- Ensuring improvement in equity, efficiency and effectiveness of Occupational Therapy services across the treatment pathway and geographical locations within HDdUHB.
- Supporting the Macmillan Cancer Rehabilitation Transformation Lead in facilitating the alliance of dynamic, patient-centred cancer rehabilitation services including co-production of treatment agendas.
- Ensuring that Occupational Therapy services are provided for people living with and beyond cancer, which utilise the benefits of self-management for the long term and late onset cancer consequences in an evidence-based, prudent therapy pathway.
- Reinforce the strength of knowledge and skills, uniting the Occupational Therapy teams in a collaborative pathway for the improvement of cancer rehabilitation which is fit for the future.

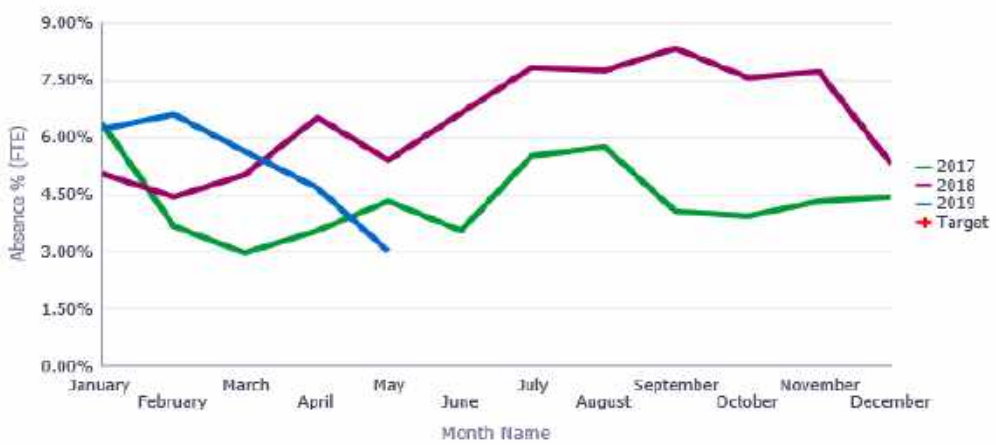
Quality, Performance & Improvement

Pembrokeshire have introduced dashboards for all clinical teams to enable us to manage performance, quality, safety and governance. Each dashboard is completed monthly by the teams and the following domains are reported:

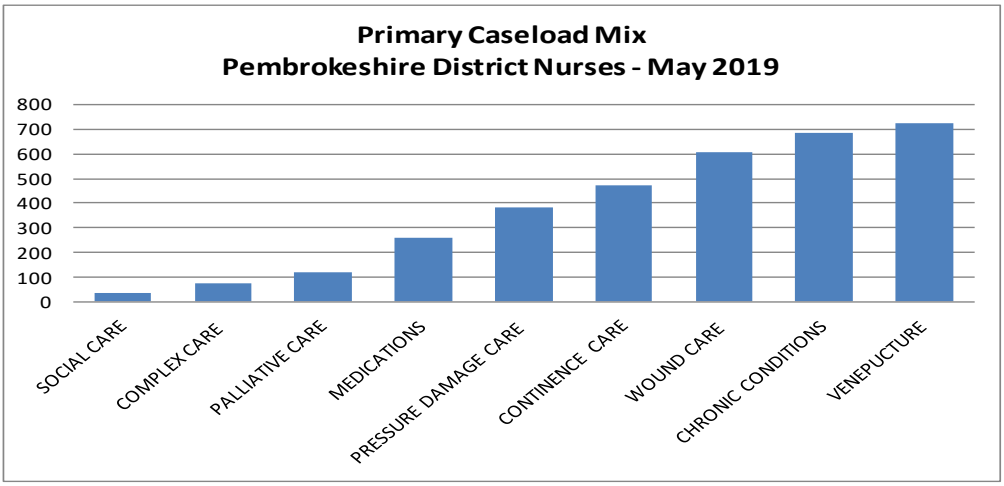
- Workforce Performance : including PADR, mandatory training, sickness, vacancies, etc
- Operational Performance: including visits, caseload, prioritised cohorts, referrals and discharges
- Caseload Data: specific case mix relevant to the team
- Quality, Safety & Assurance: including Datix, serious incidents, complaints, safeguarding, medication erros, attendance at MDTs, compliments etc
- Staffing: bank, agency and excess hours worked
- Specific standards / audits: defined per team

There is the opportunity to report on a range of measures on the basis of this hand collected and collated data, however it is also hoped that the future introduction of WCCIS will enable more robust and systematised reporting.

Workforce Information: The County has demonstrated sustained commitment to ensuring compliance with PADRs (85.24%) and mandatory training (89.36%). With a high sickness absence rate in the latter half of 2018, the team have worked to reduce this and are showing positive improvement.



Operational Performance: In May 2019, there were 2355 active patients on the District Nursing Teams caseload who, during the month, received 9654 home visits. The Acute Response Team have had 314 new referrals in the first quarter, accepting 95% onto the caseload and have undertaken 1118 visits.



Workforce

Professional Development

It is recognised that in order to develop our future workforce, we need to support professional development across teams. Within Pembrokeshire we have 7 nurses undertaking masters level courses and 2 who have made applications, 4 undertaking their SPQ and a further 4 awaiting the outcome of the interview process, and 6 who have applied to do their level 4 / Assistant Practitioner training.

Recruitment & Careers Event 29th June

With recruitment issues across Health and Social Care, the objective of the event was to not only raise awareness of the careers, opportunities and vacancies within both the Health and Care Sector but also to recruit into our vacancies on the day. Scheduled on a Saturday to cater for those travelling from afar, a local, national and international marketing campaign was put in place to attract attendance.

Over 75 potential candidates attended and had access to almost 40 different stalls and a presentation on the Apprenticeship Academy. There was a positive atmosphere and the event also created an opportunity for different health, care and education participants to come together, network and share ideas for the future.

Conclusions & Delivering Transformation in Pembrokeshire

How we transform our community model is critical to our future success as a Health Board, but more importantly as a population health and wellbeing system. This paper demonstrates that we are not starting from scratch and how, even prior to any available resource to support development, positive forward steps are being taken.

Demand and complexity grows, and therefore our approach has to be different and we need to work collectively with our communities to agree the most appropriate approach to any service change. This should focus on the actions we require to achieve a more preventative and proactive approach, and then how we rapidly respond to an increase in patient need

Over the next three months we will use the investment from the Transformation Fund to enable us to implement three key programmes of work:

- A strengthening of community cohesion, resilience and connection through enhancing the community connector roles and social prescribing with the Localities.
- A preventative and technology enabled approach to risk stratification, early assessment, care planning and 24/7 connection for our communities, combined with rapid local response to welfare and wellbeing needs to avoid deterioration and hospital admission.
- An integrated approach to assessment and co-ordination when people have increased need which would include rapid access to care, therapies or nursing and thereby support people to stay at home or return home with a shortened stay in hospital.

These programmes connect together with our existing services and wider programme of transformation to deliver tangible positive change for our population. We need to monitor the outcomes resulting from these new approaches, and identify the required resources and processes to enable the successful elements of change to be embedded. We will provide an update, against an agreed set of metrics in January 2020 to enable the Board to have early sight of progress and change.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Enw'r Pwyllgor / Name of Committee	Finance Committee
Cadeirydd y Pwyllgor/ Chair of Committee:	Michael Hearty, Associate Member
Cyfnod Adrodd/ Reporting Period:	Meeting held on 20th May 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

The Finance Committee has been established to advise the Board on all aspects of finance and the revenue implications of investment decisions. Hywel Dda University Health Board's (HDdUHB's) Finance Committee's primary role is, as such, to provide assurance on financial performance and delivery against Health Board financial plans and objectives and on financial control, giving early warning on potential performance issues and making recommendations for action to continuously improve the financial position of the organisation.

This report summarises the work of the Finance Committee at its meeting held on 20th May 2019, with the following highlighted:

- **Finance Committee Outcome of Self-Assessment Of Performance 2018/19** – the Finance Committee Outcome of Self-Assessment of Performance 2018/19 was presented to Committee. The Committee supported the suggested actions by the Corporate Governance Team and the Finance Team and considered any further improvements that could be made to increase the Committee's effectiveness.

- **Finance Report Month 1** – the Month 1 Finance Report was presented to Committee. The Committee was advised that the Health Board's financial position at the end of Month 1 represented an adverse variance against plan of £0.4m. This position was driven by bed pressures in Unscheduled and Critical Care. The Health Board's control total is £25m and plans are being developed to achieve this position. This is a required improvement of £4.8m on the Health Board's Annual Plan deficit of £29.8m, which will require the identification of further actionable savings schemes

- **Turnaround Report/Savings Plan Month 1** – the Month 1 Turnaround and Savings Plan Report was presented to Committee. The Committee took an assurance from the Holding to Account (HTA) scrutiny processes in place to recognise any non-recurrent and savings efficiencies. The Committee noted the common themes running through each of the schemes, whilst suggesting these should be viewed from an overall perspective in order to gain oversight of cost and efficiency. The Committee also requested notice of when to expect cause for concern in the delivery of schemes which would be documented in future reports.

- **Financial Projections Report** – the Financial Projections Report was presented to Committee. The Committee was advised that variance to breakeven requires a £2.5m against budget in month. With the addition of operational pressures and

the impact of the Aseptic Unit closure the total variance is £2.9m in month. The end of year projection is £39.6m.

- **Referral to Treatment Time (RTT) Month 1 Report –** the Referral to Treatment Time (RTT) Month 1 Report was presented to Committee. The Committee was advised that total forecast cost of delivery for 2019/20 is approximately £5.5m which is composed of a mix of outsourcing and internal spend. The Health Board is currently within plan at Month 1 spend with £1.3m agreed for orthopaedics and ophthalmology.

- **Year End Debrief** – a year end debrief was verbally presented to Committee. The Committee was advised that the focus of the exercise is to establish lessons learned from the previous year to define processes and budget setting for 2019/20.

- **External Finance Review** – a verbal update on the External Finance Review was presented to Committee. The Committee was advised that that the draft specification for the external finance review indicates that a report is required, to include an action plan, to be submitted to Welsh Government by the end of August 2019. It was noted that a HDdUHB representative will be on the panel to appoint the firm of consultants to carry out the review.

- **Addressing Recommendations from the Deloitte Zero Based Review** – recommendations from the Deloitte Zero Based Review were presented to Committee. The Committee was advised that the review made four recommendations on what needs to be implemented to progress opportunities to improve efficiencies in the short, medium and longer term. The Committee was assured that the external finance review, as detailed above, would determine whether these recommendations have been implemented.

- **Corporate Risks** – the Corporate Risk report was presented to Committee. The Committee was advised that risk 630 will be changed and be replaced with a new risk which is currently in draft form. The Committee was assured that there are no significant changes from 2018/19.

- **Finance Operational Risks** – the Finance Operational Risk report was presented to Committee. The Committee was advised that the finance team had been in receipt of risk management training from the Assurance and Risk team which has enabled finance colleagues to scrutinise how finance risks are being logged. Further work is required to ensure consistency in the logging of risks against the Finance impact domain.

- **Winter Planning 2018/19** – the Winter Planning 2018/19 report was presented to Committee detailing the processes that had been put in place in 2018/19. It was noted that a comprehensive winter review document regarding the wider plan had been presented to Board on 30th May 2019.

- **Deep-dive into Medicines Management and Aseptic Unit** – the Committee received a presentation on a deep dive into Medicines Management and the Aseptic Unit in Glangwili General Hospital. The Committee was advised of the

work underway including Horizon Scanning, No Cheaper Stock Obtainable (NCSO) and the impact on repeat prescribing, and the provision of Aseptic Technical services and the associated risks and mitigation plans in place.

- **Draft Annual Accounts 2018/19** – the Draft Annual Accounts 2018/19, presented to Audit and Risk Assurance Committee (ARAC) at its meeting held on 7th May 2019, were presented to Committee for information.

- **Impact of International Financial Reporting Standard (IFRS) 16** – the Impact of IFRS 16 report was presented to Committee. The Committee was advised that the new accounting standard will be effective from 1st April 2020 and sets out the principles for the recognition, measurement, presentation and disclosure of leases, and replaces previous accounting standards related to leases. The Committee was informed of the work being undertaken in relation to the Impact of International Financial Reporting Standard (IFRS) 16.

- **Defining Value-based Healthcare in the NHS –** the Defining Value-based Healthcare (VBHC) in the NHS report was presented to Committee. The Committee was advised that the Health Board's VBHC strategy had been agreed by Executive Team in November 2018 and a VBHC Group established in January 2019, chaired by the Medical Director and Director of Clinical Strategy, with finance team representation within its membership.

- **Financial Efficiency Framework –** the Financial Efficiency Framework was presented to Committee which all health boards across Wales are required to engage with and to incorporate the outcomes into their planning processes. The Committee was advised that significant work is underway to identify areas of highest opportunity and to refresh analysis undertaken in 2018/19.

- **Corporate Scheme of Financial Delegation –** the Committee was advised of a proposed change regarding limits for the Director of Finance under Charitable Funds to be increased from £5,000 to £25,000 in line with the current limits assigned to Executive Directors. The Committee recommended the proposed change to the Corporate Scheme of Financial Delegation to the Board for approval.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer /
Matters Requiring Board Level Consideration or Approval:

- The Board, at its meeting on 25th July 2019, is asked to approve the proposed change to the Corporate Scheme of Financial Delegation, attached at Appendix 1.

Risgiau Allweddol a Materion Pryder /
Key Risks and Issues/ Matters of Concern:

- Continuing issues with the Aseptic Unit, Glangwili General Hospital, represent an overall risk to the Health Board's Financial Plan.
- Delivery of 2019/20 Savings Plan.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:
Adrodd yn y Dyfodol / Future Reporting:
In addition to the standing agenda items, the next Finance Committee meeting will include reports relating to the Medium Term Financial Output, Benchmarking Network Summary Report. In addition to the main meeting there will be a strategic workshop including presentations relating to Implementing Value, Implementing Contracting and Implementing Financial Strategy.
Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:
25th June 2019

Hywel Dda University Health Board
Corporate Scheme of Financial
Delegation

Approval	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Single Tender Actions	Staffing	
	Any expenditure approval must be within funding limits of approved budgets. **Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals.** **Executive Directors to determine the scheme of delegation within their structures.**														
	Budget transfers between budget managers	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and private sector, annual value) (Primary care contracts approved by Board)	Building and engineering orders; related consultancy support (individual contract commitment)	Medical devices; plant; machinery; related consultancy support (individual contract commitment)	IM&T; telecoms; systems; software; related consultancy (individual contract commitment)	Property or equipment leases (granting or terminating leases; annual value)	External consultancy support (total contract value for duration of service)	Losses/special payments (Terminations approved by Director of W&OD, VERS by RATS Committee)	New drugs if more expensive than the current alternative (value based on annual costs)	Locally held funds (total bid value)	General funds (total bid value)	All values	New posts (increase establishment)	Agency and waiting list initiatives (all values)
WG (in advance of contract)	No requirement	£1m plus	£1m plus (Private Sector)	£1m plus	£1m plus	£1m plus		£1m plus	See Manual for guidance as special rules apply for certain losses and ex gratia payments						
Board following CEO approval	£1m plus	£1m plus	NHS: Over £10m approved in advanced, below £10m retrospectively reported. Private: Over £1m in advance.	£1m plus	£1m plus	£1m plus	£0.5m plus any which need signing under seal (Reservation of power)	£25k plus		£1m plus					
Audit Committee													Retrospective reporting		
Charitable Funds Committee											Over £50k	Over £50k			
Charitable Funds Sub Committee											Over £5k	Over £5k			
Capital, Estates and IM&T Sub Committee				Capital projects/schemes must be approved by the Committee before sign off via the Scheme of Delegation and in some cases capital expenditure limits (noted on the Oracle approval hierarchy) may be in excess of the scheme of delegation limits											
CEO through ET	£0.5m to £1m	£0.5m to £1m	NHS: New or variation to £10m Private: £0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£25k plus	£0.5m to £1m	£0.5m to £1m			As escalated by DoF	Can approve new posts across LHB	
Any 2 of CEO, COO and DoF (must incl DoF)		Up to £1m	NHS: New or variation to £5m Private: to £0.5m					Up to £25k		Up to £0.5m			As escalated by DoF		
DoF	Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250m	Up to £25k	Up to £0.5m		Up to £5k	~~Up to £5k~~ Up to £25k	As escalated by Board Secretary or DDoF	Can approve new posts within own structure	Must approve in advance in own structure
Executive Directors (unless noted below)		Up to £100k						Up to £25k			Up to £25k	Up to £25k	Waivers must be approved by Board Secretary or DDoF		

COO		Up to £100k	Up to £100k	Up to £100k	Up to £100k		Up to £100k	Up to £25k							
Director of Planning		Up to £100k	Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £100k	Up to £25k							
Medical Director		Up to £100k						Up to £25k							
Director of W&OD		Up to £100k						Up to £25k	Terminations to £50k (beyond which to WG)						
Deputy COO		Up to £100k	Up to £100k		Up to £100k	Up to £100k									
Director of Estates		Up to £75k		Up to £75k		Up to £75k									
County Directors		As delegated by the respective Exec Director									Up to £5k				
General Managers		As delegated by the respective Exec Director									Up to £5k				
Claims/Redress Manager									Up to £5k						
Authorised fund holder		As delegated by the respective Exec Director									Up to £5k				

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Enw'r Pwyllgor / Name of Committee	Finance Committee
Cadeirydd y Pwyllgor/ Chair of Committee:	Michael Hearty, Associate Member
Cyfnod Adrodd/ Reporting Period:	Meeting held on 25th June 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

The Finance Committee has been established to advise the Board on all aspects of finance and the revenue implications of investment decisions. Hywel Dda University Health Board's (HDdUHB's) Finance Committee's primary role is, as such, to provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, giving early warning on potential performance issues and making recommendations for action to continuously improve the financial position of the organisation.

This report summarises the work of the Finance Committee at its meeting held on 25th June 2019, with the following highlighted:

- **Finance Report Month 2** – the Month 2 Finance Report was presented to Committee. The Committee was advised that the Health Board's financial position at the end of Month 2 represented an adverse variance against plan of £0.6m, which brings the cumulative variance to £1.0m. This position has been driven by surge bed pressures in Unscheduled and Critical Care, in addition to the continued closure of the Aseptic Unit in Glangwili General Hospital (GGH).

- **Financial Projections Report Month 2** – the Month 2 Financial Projections Report was presented to Committee. The Committee was advised that current projections indicate a gap of £7.6m in fully identified savings schemes, together with operational forecasts in excess of budget of £5.4m, resulting in a projection of a £13m adverse variance to plan. This would equate to a year end deficit position of £38m. However, pipeline schemes are being developed which would reduce the position by £6.4m, and further actions are in place to identify opportunities to close the gap.

- **Turnaround Report/Savings Plan Month 2** – the Month 2 Turnaround and Savings Plan Report was presented to Committee. The Committee was advised of significant improvements in plans within Facilities, Mental Health, Pathology and Scheduled Care in Glangwili and Withybush Hospitals. However, there are still some areas of concern, such as Oncology and Cancer, which is impacted upon by the Aseptic Unit issues. The Committee requested further understanding of the governance structure in relation to the Turnaround Programme structure, which will be presented to the next Committee meeting

- **Referral to Treatment Time (RTT) Month 2 Report –** the Month 2 Referral to Treatment Time (RTT) Report was presented to Committee. The Committee was advised that the forecast cost of delivery stands at £5.5m to support RTT, Diagnostics and Therapy delivery proposals for 2019/20. The Committee was

assured that, following work on cataract and orthopaedic pathways, HDdUHB is currently on plan to deliver savings targets and delivery against these plans would reduce the resource requirement to £4m.

- **Establishment Control** – the Committee received an interactive demonstration of a tool developed by the workforce team used to support the Establishment Control work. The tool will enable managers to view vacancy rates within each department of each directorate, providing information on the monthly budget and the actual contracted Whole Time Equivalents (WTE) in the Electronic Staff Record (ESR) system, which in turn will indicate where departments are over or under established through monthly reports. The tool will be trialled within Glangwili Hospital prior to roll out across HDdUHB.

- **Capital Financial Management –** the Capital Financial Management report was presented to Committee. The Committee was advised that the Business, Planning and Performance Assurance Committee (BPPAC) receives the content of the report for assurance purposes.

- **External Finance Review** – a verbal update on the external finance review was provided to Committee. Although the initial start date had been 24th June 2019, the contract has not yet been awarded. However, it is anticipated that the successful supplier will be announced over the next two weeks, with an immediate commencement.

- **Benchmarking Network Summary Report** - the Benchmarking Network Summary Report produced by the Financial Delivery Unit (FDU) was presented to Committee. The Committee was advised that the Summary Improvement Opportunity Reports for HDdUHB will contribute to the direction of work for long term financial management, and updates on the work underway will be brought to future Committee meetings. The Committee also received a presentation from the Director of the FDU, who was invited to provide an overview of the Unit and the Unit's assessment of HDdUHB's financial position which is provided at every Targeted Intervention (TI) meeting.

- **Strategic Workshop**
  - **Implementing Value** – the Committee received a presentation on Implementing Value, providing an overview of the Intelligence and Value Strategy, combining intelligence and a Value Based Health Care (VBHC) approach.
  - **Implementing Contracting** – the Committee received a presentation on Implementing Contracting. The Committee was advised of the proposed approach to future contracting and service/commissioning arrangements. The Committee requested further understanding of the connection between the proposed contract strategy and the commissioning framework.
  - **Implementing Finance Strategy** – the Committee received a presentation on Implementing Finance Strategy, providing an update on the status of the finance team, and the development of a finance function to support better decision making within HDdUHB. Members acknowledged the positive outcome and progress of the strategy, with positive feedback received on the

way that finance business partnering functions are working and the support provided by the finance team.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu cyfer /
Matters Requiring Board Level Consideration or Approval:

There were no matters requiring Board level consideration or approval.

Risgiau Allweddol a Materion Pryder /
Key Risks and Issues/ Matters of Concern:

- Continuing issues with the Aseptic Unit in Glangwili General Hospital which represent an overall risk to the Health Board's Financial Plan.
- Delivery of 2019/20 Savings Plan

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /
Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the standing agenda items, the next Finance Committee meeting will also receive reports on a draft initial view of the 2020/21 Financial Plan, a deep dive into Withybush General Hospital in relation to the processes involved with a view to improving activity planning, and the connectivity of the Turnaround Programme Structure governance links/connectivity. The Committee will also receive 3 financial procedures for review and approval.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

22nd July 2019

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 July 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Finance and Turnaround Update – Month 3 2019/20
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Director of Finance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Fiona Powell, Assistant Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to outline the Health Board's financial position to date against our Annual Plan and Control Total requirement; and assess the key financial projections and risks for the financial year.

Asesiad / Assessment

Health Board's confirmed control total of £25m

Required improvement on the Health Board's Annual Plan deficit of £29.8m is £4.8m, which will require identification of further actionable Savings schemes. Additional requirement of £4.8m is phased into Months 7 to 12 to provide assurance that robust plans can be made to address this.

Month 3 position

- Month 3 position is £0.4m variance to plan (£1.4m YTD)
- Operational surge in Unscheduled Care impact of £0.4m
- Recovery and management within available resources critical in future months

Directorate Projections

- Operational forecasts in excess of budget of £6.5m
- Projection including savings risk is an adverse variance to plan of £10.8m; this would equate to a year end deficit position of £35.8m

Savings Summary

- £25.7m total savings requirement to meet control total following reduction of £3.0m as a result of additional Welsh Government funding, the cost of which had already been

included within our baseline plan.

- £13.2m of Assured schemes
- £8.2m of Marginal Risk schemes
- Risk to delivery is therefore £4.3m

- Month 3 delivery £1.0m; improvement of £0.1m on Month 2
- YTD slippage on identified schemes £0.25m

Further actions

- Opportunity savings pipeline of £5.5m needs to be actively pursued and developed into actionable plans
- Recovery actions required of £6.5m to recover month 3 YTD position and cost pressures in Directorate projections

Summary of key financial targets

The Health Board's key targets are as follows:

- Revenue: to contain the overspend within the Health Board's planned deficit
- Savings: to deliver savings plans to enable the revenue budget to be achieved
- Capital: to contain expenditure within the agreed limit
- PSPP: to pay 95% of Non-NHS invoices within 30 days of receipt of a valid invoice
- Cash: While there is no prescribed limit for cash held at the end of the month, WG encourages this to be minimised and a rule of thumb of 5% of monthly expenditure is used. For the Health Board, this is broadly £4.0m.

Key target		Annual limit	YTD limit	Actual delivery	Forecast Risk
Revenue	**£'m**	25.0	7.5	8.9	**High***
Savings	**£'m**	25.7	2.9	2.7	**High***
Capital	**£'m**	39.5	6.7	6.7	**Medium**
Non-NHS PSPP	**%**	95.0	95.0	95.4	**Low**
Period end cash	**£'m**	4.0	4.0	0.8	**Medium****

* Inclusive of the Welsh Government Control Total requirement.
** Assumes Welsh Government strategic repayable support for the planned deficit position.

Argymhelliad / Recommendation

The Board is asked to note and discuss the financial position for Month 3.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	BAF S09-PR20 BAF SO10-PR33

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5. Timely Care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on the Health Board's financial reporting system.
Rhestr Termau: Glossary of Terms:	BGH – Bronglais General Hospital CHC – Continuing Healthcare CIP – Cost Improvement Programme ENT – Ear, Nose and Throat DES – Direct Enhanced Services FNC – Funded Nursing Care FYE – Full Year Effect GGH – Glangwili General Hospital GMS – General Medical Services ICF – Integrated Care Fund MHLD – Mental Health & Learning Disabilities MDT – Multi-Disciplinary Team NICE – National Institute for Health and Care Excellence OOH – Out of Hours PPH – Prince Philip Hospital PSPP– Public Sector Payment Policy RTT – Referral to Treatment Time T&O – Trauma & Orthopaedics VC – Video Conferencing VFM – Value For Money WG – Welsh Government WGH – Withybush General Hospital WRP – Welsh Risk Pool WHSSC – Welsh Health Specialised Services Committee YTD – Year to date
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to University Health Board:	Finance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Financial impacts and considerations are inherent in the report.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	These are assessed as part of our savings planning.
Gweithlu: **Workforce:**	The report discusses the impact of both variable pay and substantive pay.
Risg: **Risk:**	Financial risks are detailed in the report.
Cyfreithiol: **Legal:**	The Health Board has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
Enw Da: **Reputational:**	Adverse variance against the Health Board's financial plan will affect our reputation with Welsh Government, the Wales Audit Office, and with external stakeholders.
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

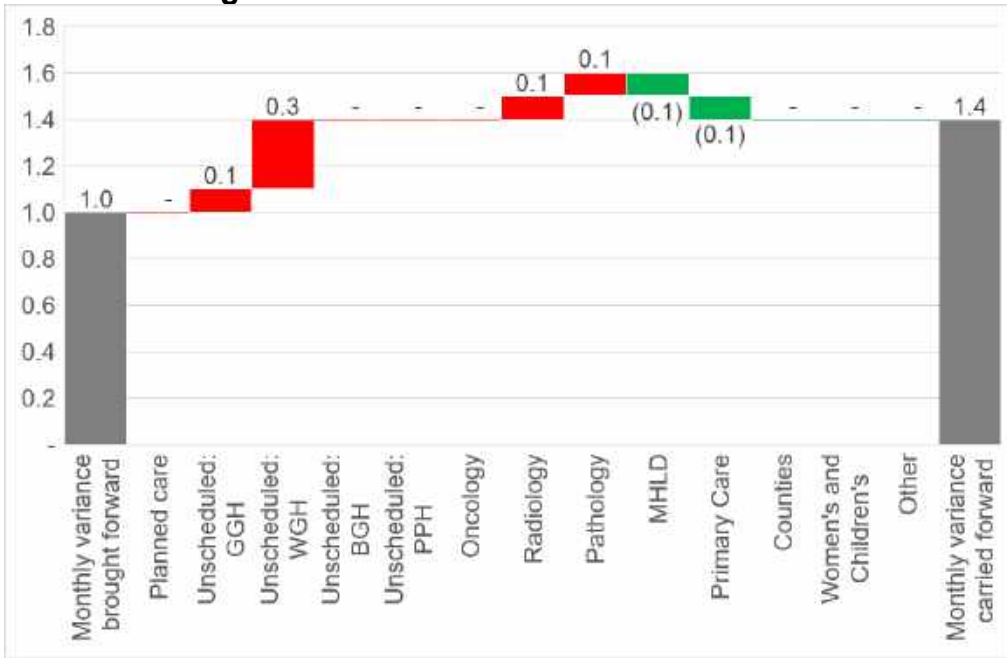
1. Directorate revenue position

1.1 Directorate financial performance

Year to date

	Month 3 YTD Actual £'m	Month 3 YTD Variance £'m	%
Planned Care	26.0	0.1	0.4
Unscheduled - GGH	10.7	0.2	1.9
Unscheduled - PPH	6.6	0.2	3.1
Unscheduled - WGH	7.9	0.8	11.3
Unscheduled - BGH	5.7	0.1	1.8
Radiology	4.1	0.1	2.5
Pathology	5.3	0.2	3.9
Women's and Children's	9.4	0.1	1.1
Oncology	3.5	0.2	6.1
Carmarthen County	5.9	0.1	1.7
Pembrokeshire County	5.1	0.1	2.0
Ceredigion County	2.7	(0.1)	(3.6)
MHLD	18.4	(0.1)	(0.5)
Facilities	9.3	0.2	2.2
Medicines Management	19.1	0.0	0.0
Primary Care	27.3	(0.1)	(0.4)
Corporate	9.3	(0.1)	(1.1)
Commissioning	26.2	0.1	0.4
Other	15.5	(0.7)	(4.3)
Total	**218.0**	**1.4**	**0.6**

In-month change

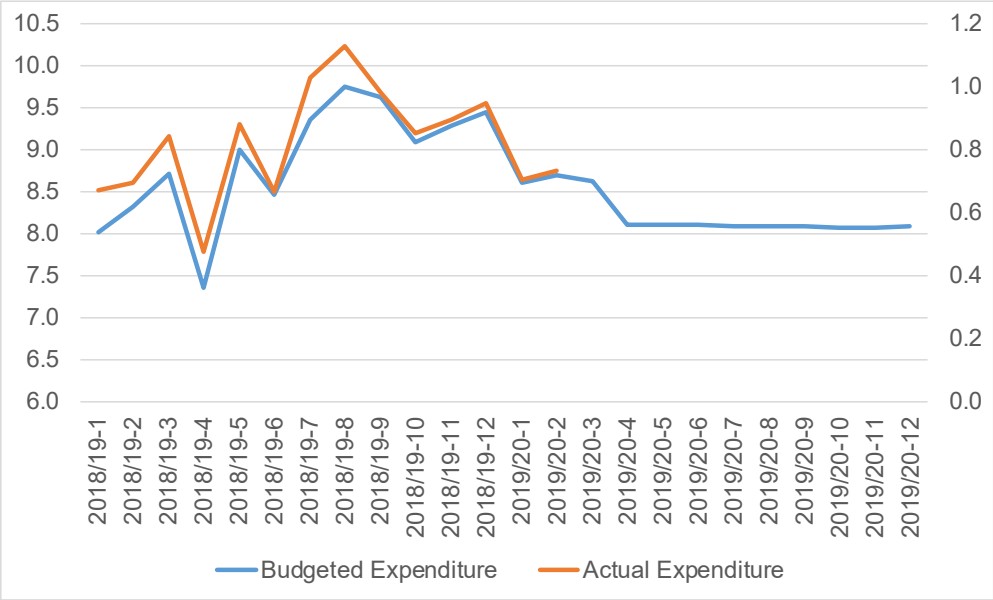


- The current month was over spent by £0.4m due to surge bed pressures in Unscheduled Care.
- The year to date pressure has been particularly pronounced in Unscheduled Care (£1.3m, driven by bed capacity).
- Material positions are reported in Section 2.2.

1. Directorate revenue position

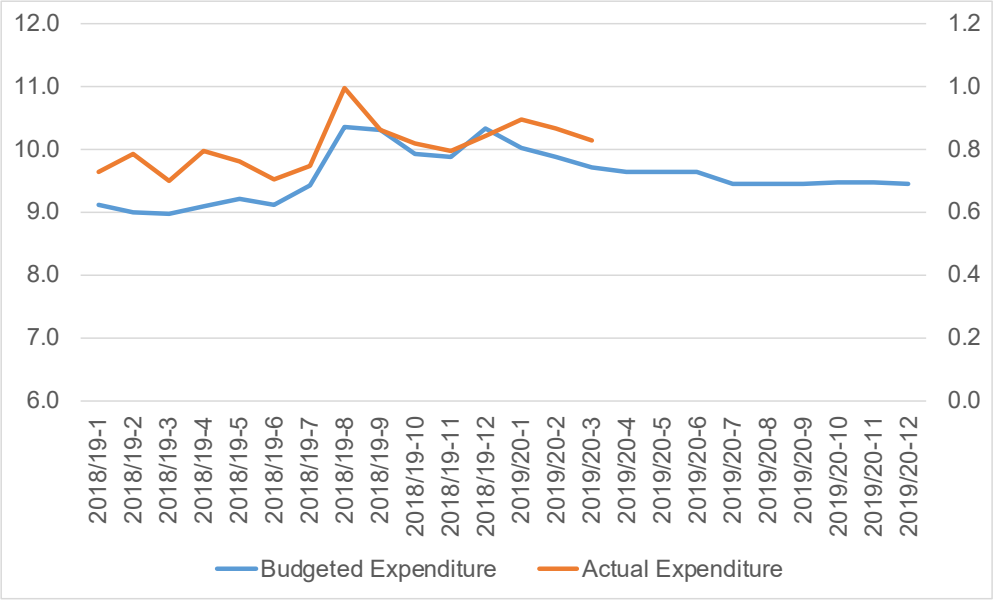
1.2 Material directorate area deficits

1.2.1 Planned care expenditure



- The in-month position showed a small adverse variance to budget of £21k due to slippage on savings schemes for Bronglais General Hospital (BGH) General Surgery. The incidence of surge beds reduced compared to Month 1 and 2.
- The Directorate is expecting a significant benefit in efficiency and productivity, which will support the maintaining of our Referral to Treatment performance for the financial year.

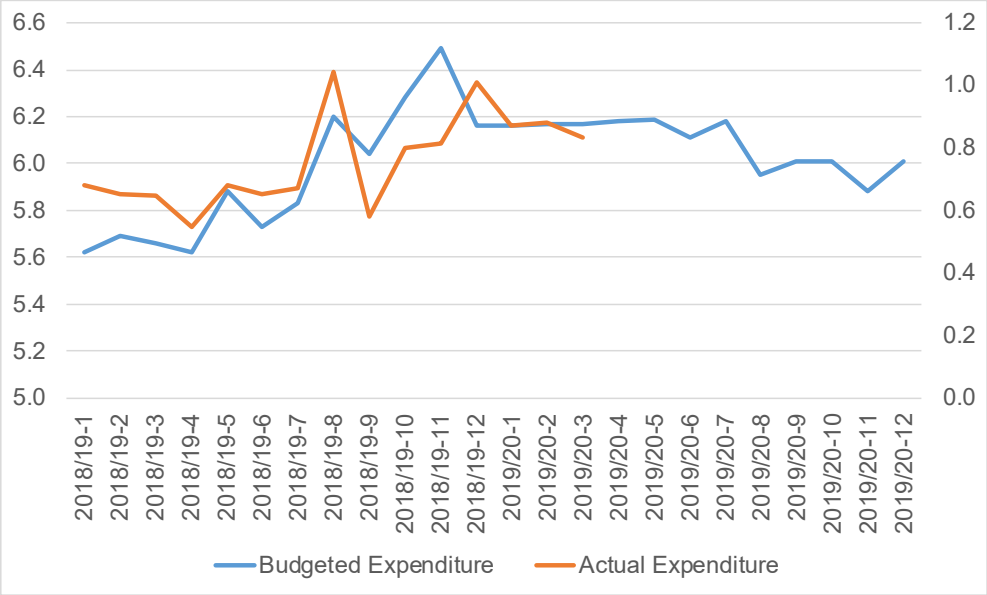
1.2.2 Unscheduled care (USC) expenditure (combined)



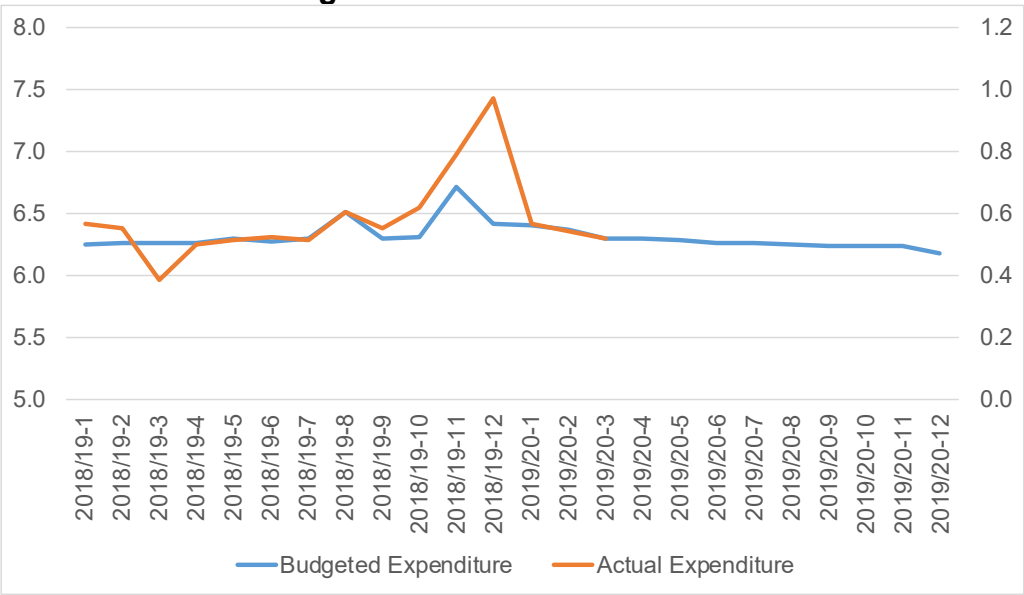
- BGH reported an over-spend of £45k in-month. The impact of surge beds and high spend agency workers was offset by vacancies. WGH reported a significant £317k over-spend in-month, driven by premium rate Qualified Nursing and Medical locums spend to cover surge and vacancies. A task and finish group has been established to address the issues at WGH. GGH reported an in-month overspend of £65k mainly due to Qualified Nursing costs to cover vacancies; surge reduced considerably in-month. PPH reported a breakeven position in-month; an over-spend on Health Care Support workers was offset by an under-spend on Qualified Nurses due to under-establishment.
- Delayed discharges of medically fit patients and unfunded surge capacity remain key drivers to the costs, which requires a system-wide focus.

1. Directorate revenue position

1.2.3 MHLD expenditure



1.2.4 Medicines Management

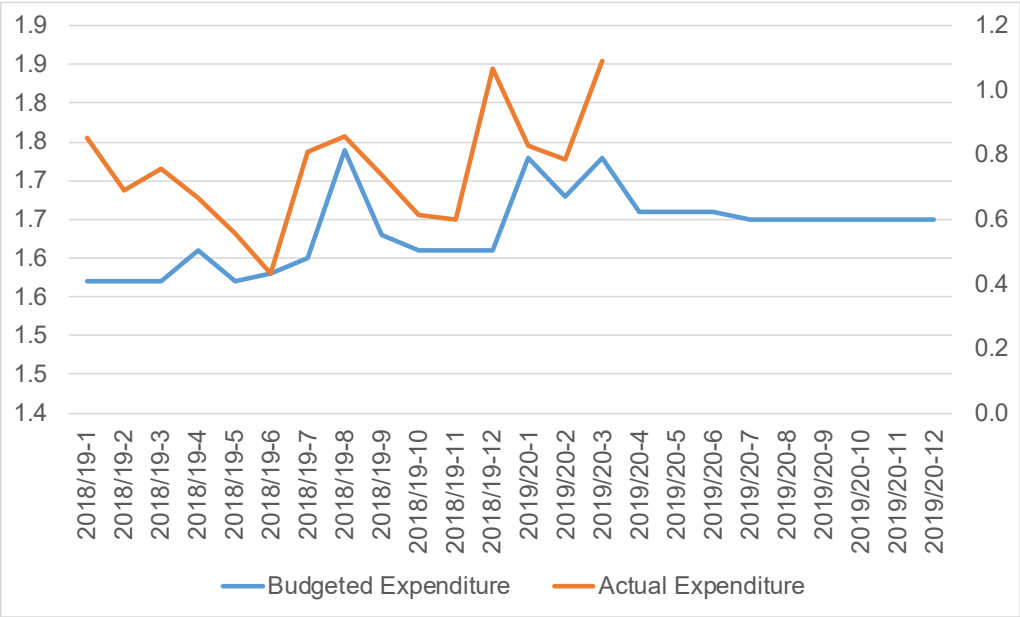


- The Directorate has reported an under-spend of £58k in-month, predominately due to a high level of staff vacancies offsetting the pressures in CHC costs.
- There continues to be difficulty recruiting into medical posts resulting in extra locum sessions being incurred.
- The greatest YTD pressure within MHLD is the continued growth in CHC placements and their associated costs. Client numbers reduced in month however a higher number of clients were assigned complex packages of care. Careful control of CHC, within its growth assumptions, will be key to deliver an improvement in the expenditure run rate.
- Robust care review processes have been implemented in order to manage the risks arising under CHC.

- The directorate reported a break even position in-month. The projection is to break even to the end of the financial year based on modelling the outturn on a number of scenarios. The latest data continues to cause concern around the ongoing impact of No Cheaper Source Obtainable (NCSO). However, we are confident that the risk from 2018/19 has been addressed; further modelling is required to gain assurance over 2019/20. The outturn is reliant on delivering the £2.9m savings requirement; the assured and marginal risk schemes of £1.5m are delivering on plan to Month 3, however further work is urgently required to address the unidentified balance of schemes.
- There are risks of £0.6m mainly associated with item growth, the New Oral Anti Coagulant Local Enhanced Service, NCSO and Category M. Item growth is in the range of -1% to 1% but there has been a significant increase in Category M prices.

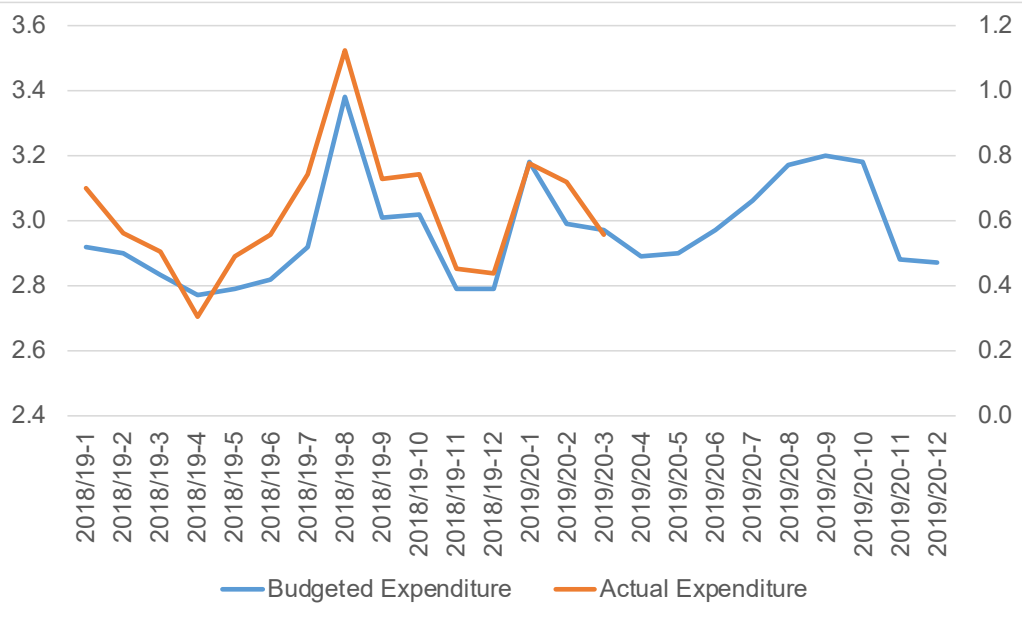
1. Directorate revenue position

2.2.5 Pathology



- The Directorate reported an adverse variance of £122k in-month.
- This was driven by increased drugs costs in relation to Haematology and a small increase in Consultant and Locum pay.
- The Directorate is reviewing ways of working with services to reduce demand through ensuring only appropriate test requests and through avoiding duplication.

2.2.6 Facilities



The Directorate reported a slight under-spend in-month.
The main areas of variance are:

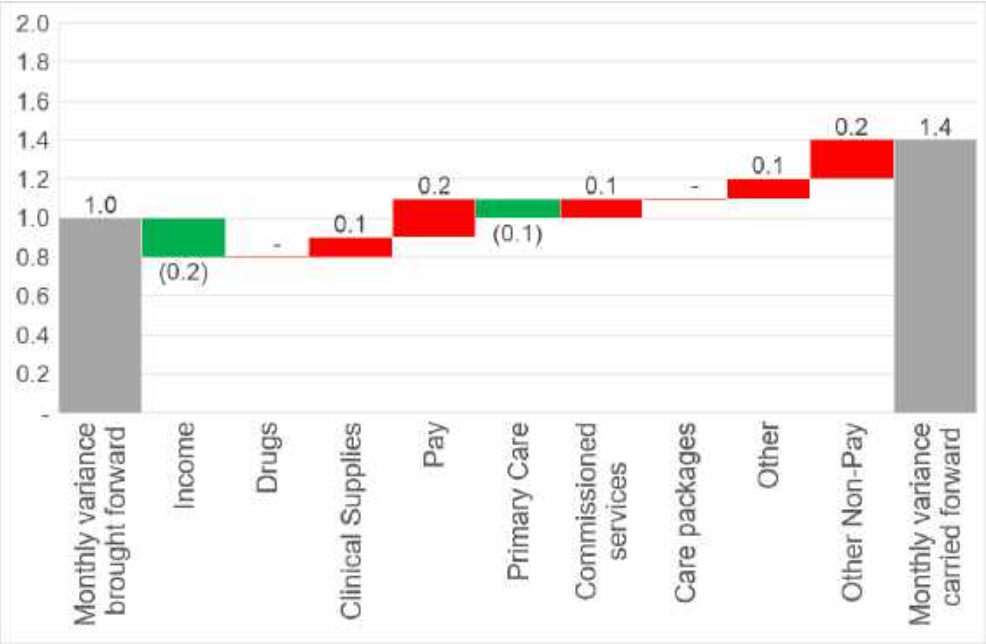
- Operations – over spend of £0.2m due to maintenance costs in respect of mechanical and electrical materials and bank Pay costs in Months 1 and 2. However bank Pay costs for Domestic staff has reduced in-month due to intense rota management, in additional to continued vacancies.
- Property – under-spend of £0.2m due to gas consumption.
- Specialist Services – an over-spend of £0.1m driven by Bank usage in Pay and Catering Provisions in Non-Pay. Again, some reductions in bank usage in-month has been achieved at BGH with close rota management; this is to be rolled out across all acute sites.

2. Subjective revenue position

2.1 Subjective summary

	Month 3 YTD Actual £'m	Month 3 YTD Variance £'m	%
Income	(13.0)	(0.5)	4.0
Primary Care (excl prescribing)	30.1	(0.2)	(0.7)
Prescribing	17.0	0.1	0.6
Pay	103.9	1.1	1.1
Clinical supplies	7.7	0.4	5.5
Drugs	10.3	0.3	3.0
Other non-pay	12.7	0.1	0.8
Commissioned services	36.2	0.1	0.3
Care packages	11.2	0.0	0.0
Other	1.9	0.0	0.0
Total	**218.0**	**1.4**	**0.6**

In-month change

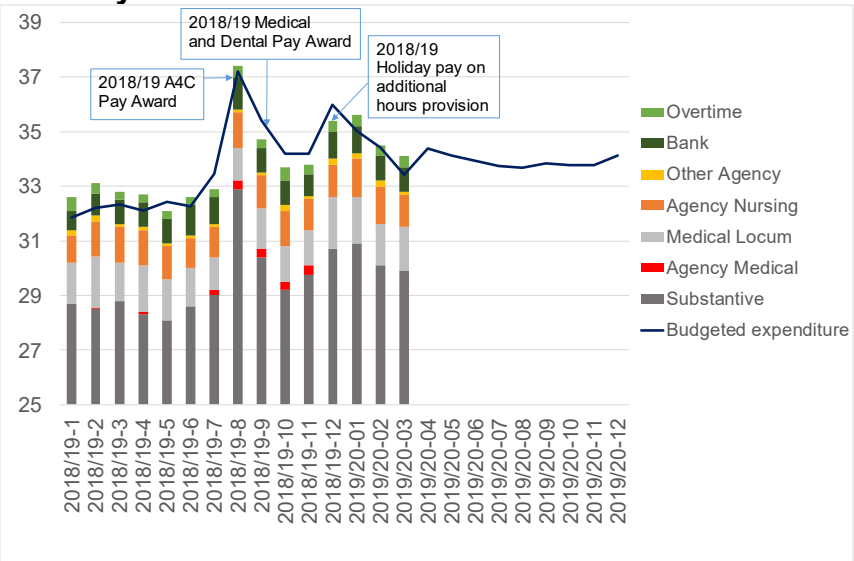


- The main pressures on the in-month position relate to Pay; offset by Income.
- Detail on the changes in material cost drivers follows in Section 3.2.

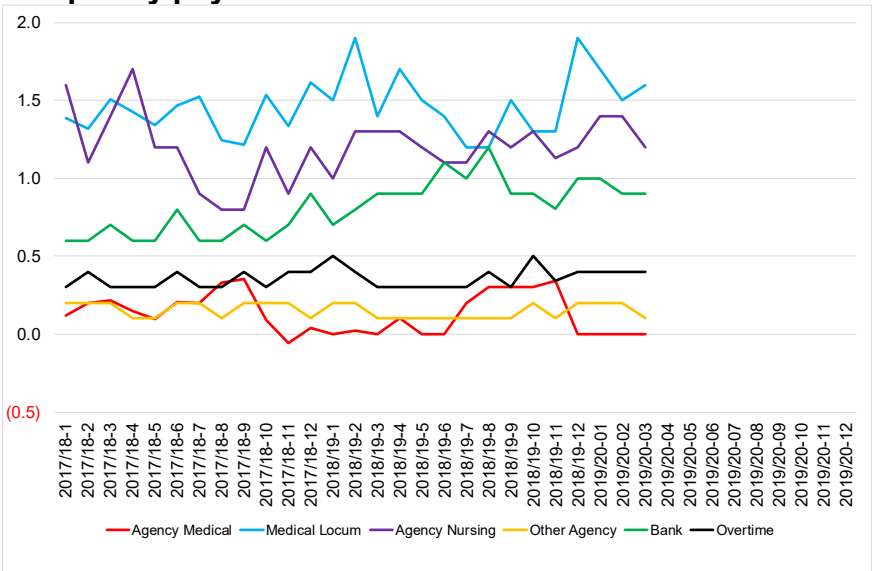
2. Subjective revenue position

2.2 Material Cost drivers

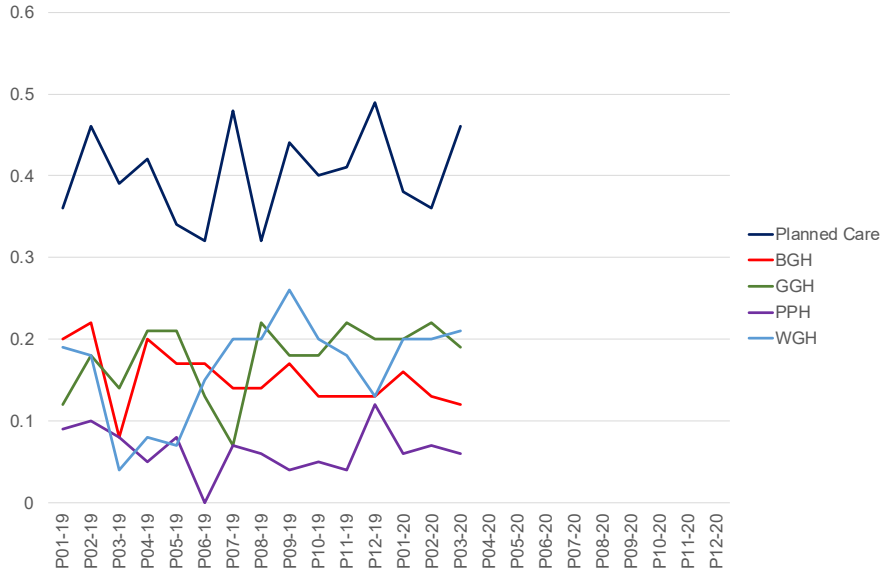
2.2.1 Pay



Temporary pay costs



Medical locum costs



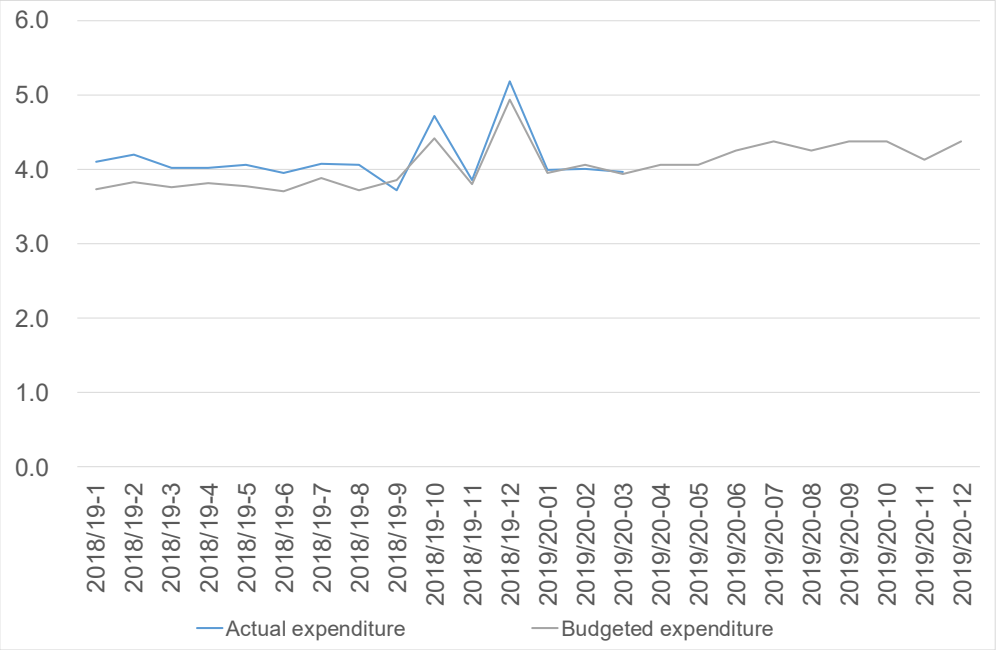
- The Month 3 expenditure is higher than budget due to the pressures arising from unfunded surge beds in Unscheduled Care, however this to a lesser extent than Month 1 and 2.

- The cost of substantive staffing is greater than last year. In Month 12 there was a one off provision for holiday pay on additional hours of £1.1m. In Month 1 there is a one off payment of £1.2m for all staff at the top of their respective bands at the end of March 2019 in line with the new Pay deal, which is the driver for the high in-month cost.

- Increases in Medical Locum costs were partially offset by a reduction in substantive pay and Nursing Agency.

2. Subjective revenue position

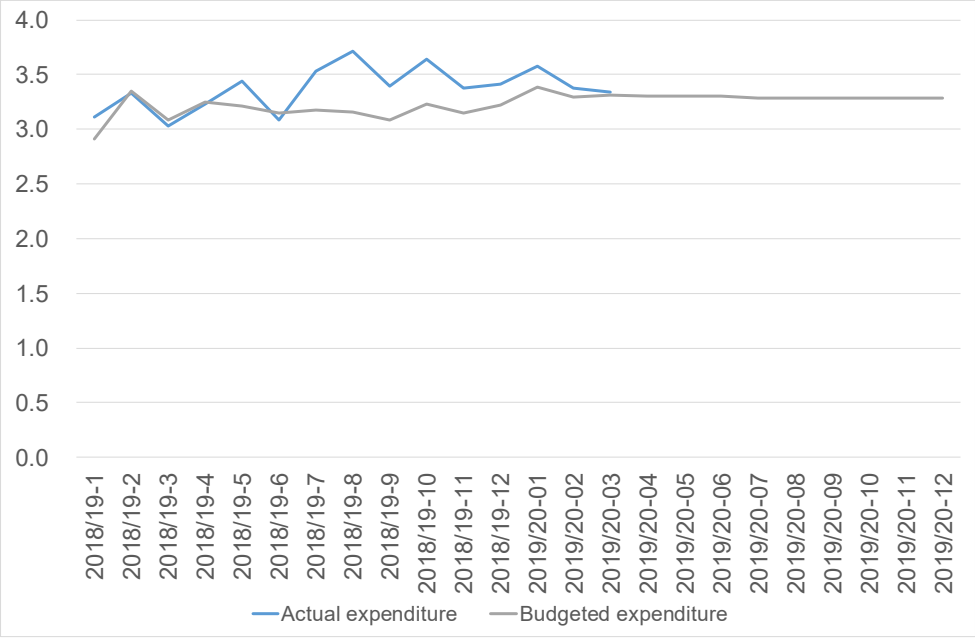
2.2.2 Care packages (CHC and FNC)



- The total number of cases reduced. The increase in budget from Month 6 relates to the recognition of expected FNC rate changes and CHC inflation. Full confirmation is awaited, and remains a risk to the position. The complexity of cases remains a key cost driver.
- Total spend to Month 3 is £12.1m resulting in a breakeven position, of which:

£'m	Spend	Over/(under) spend
FNC/CHC	5.5	(0.3)
LD	3.4	0.1
MH	2.5	0.2
Children	0.3	0.0
Total	**12.1**	**0.0**

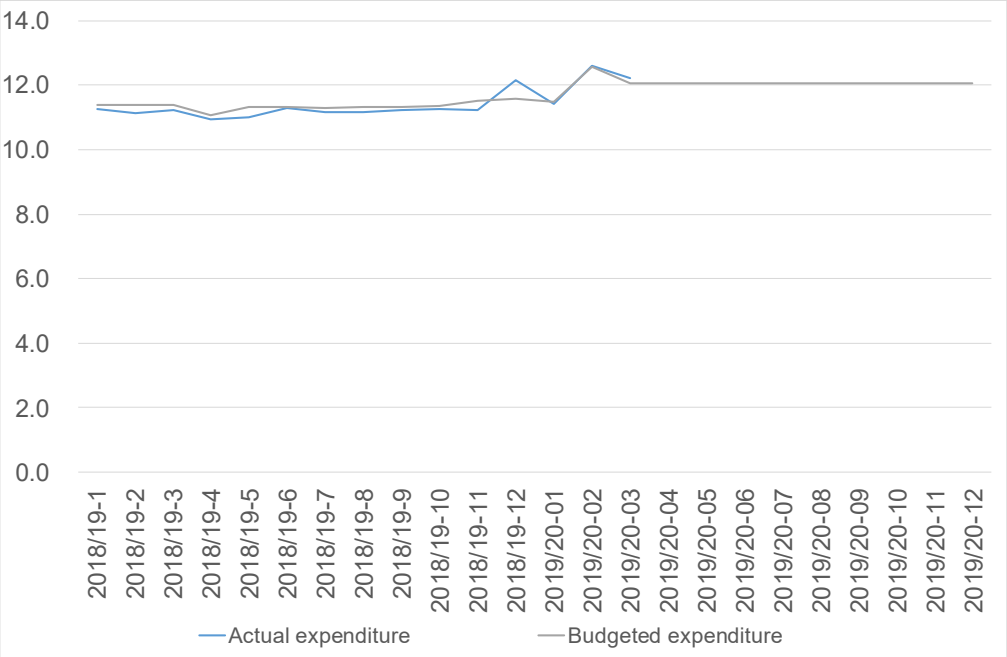
2.2.3 Drugs



- Drugs costs have increased over the past year, and there is a risk that this trend will continue for this year.
- Continued support will be needed from the Pharmacy team to address this growth and a number of initiatives are in place to do this. Whilst specific savings schemes are delivering in-month, pressures are being seen in other areas, particularly Dermatology, Rheumatology and Ophthalmology. The Head of Medicines Management is working with Directorates to identify and mitigate the issues.
- There has been a disruption to the local service provision of Aseptic services; as a result work has been outsourced at a premium to another provider. This is expected to continue for a number of months, for which mitigating actions will need to be identified.

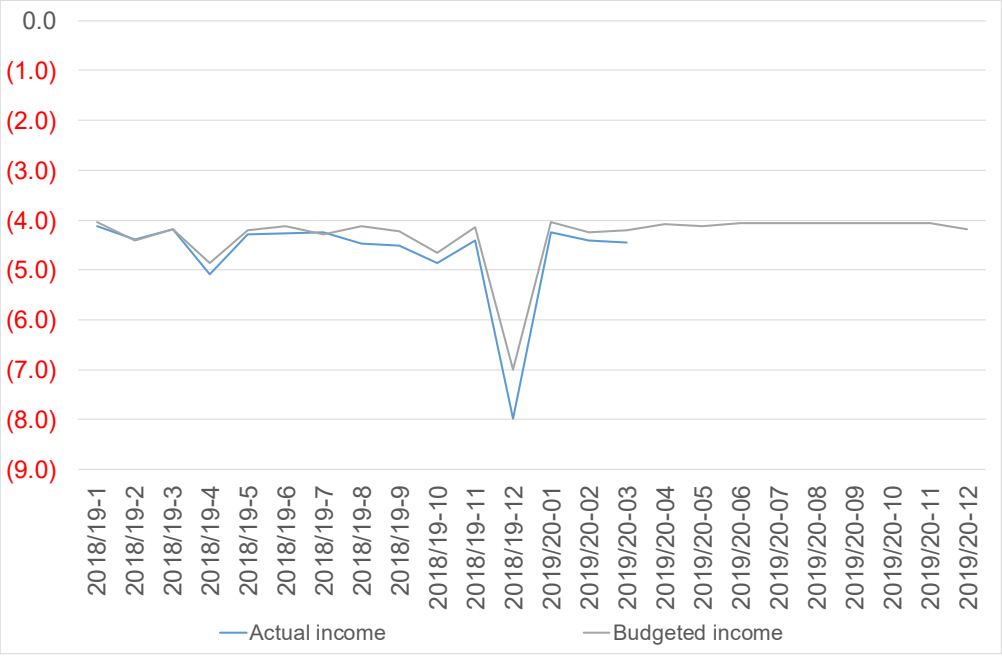
2. Subjective revenue position

2.2.4 Commissioned services



- Services that are commissioned from other NHS providers are based on activity data up to Month 2.
- All Welsh LTA contracts have been signed in line with the deadline of 31 May 2019. Budgets from Month 2 have been increased to reflect inflationary uplifts.
- The portfolio is reporting an over-spend of £0.1m in-month.
- Following receipt of the Swansea Bay University Health Board's monitoring information, there appear to be pressures in relation to usage of high cost drugs, which has caused an adverse variance of £0.2m in-month; this is offset by the risk-share monitoring from Welsh Health Specialised Services Committee (WHSSC) which has resulted in a favourable variance of £0.1m in-month. Validation of the impact of this on the projected end of year outturn is on-going.

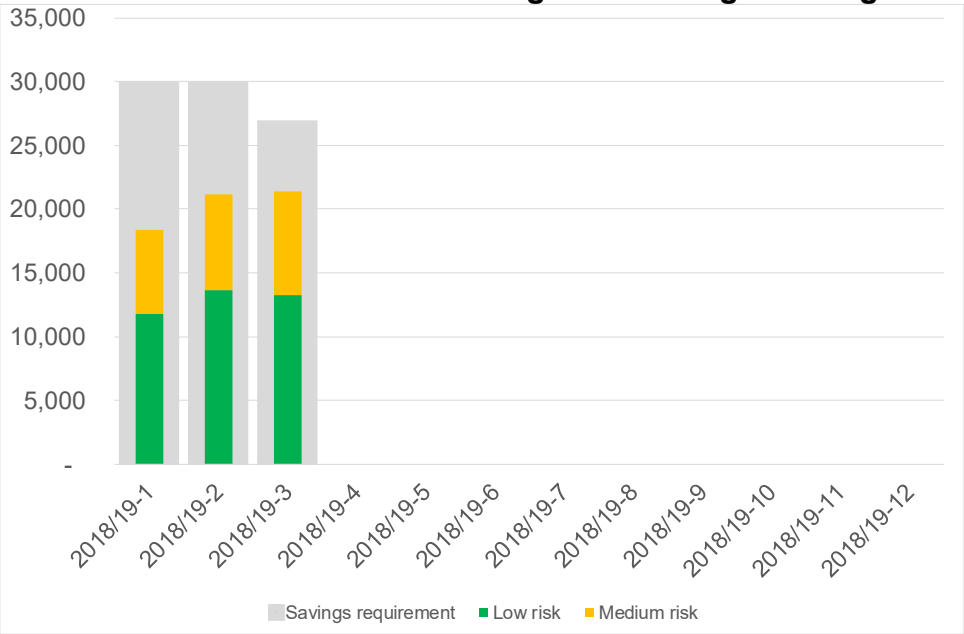
2.2.5 Income

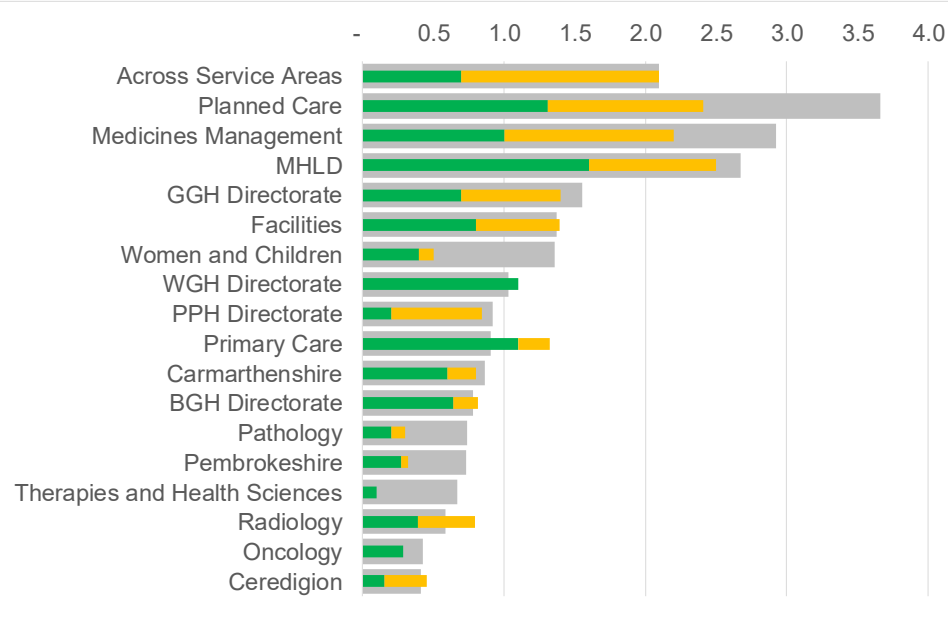


- All Welsh LTA contracts have been signed in line with the deadline of 31 May 2019. Budgets from Month 2 have been increased to reflect inflationary uplifts.
- There was an in-month benefit of £60k due to increased activity for patients from Betsi Cadwaladr University Health Board.

3. Savings and turnaround actions

3.1 Risk-assessed directorate savings forecast against target





- Total Green and Amber forecast delivery of £21.1m identified to Month 3, of which £13.2m are Green. This is an increase of £0.9m from Month 2. Of the identified schemes, £16.4m are recurring and £4.7m are non-recurring.

- The savings requirement has been reduced from £28.7m to £25.7m as a result of additional Welsh Government funding, the cost of which had already been included within our baseline plan.

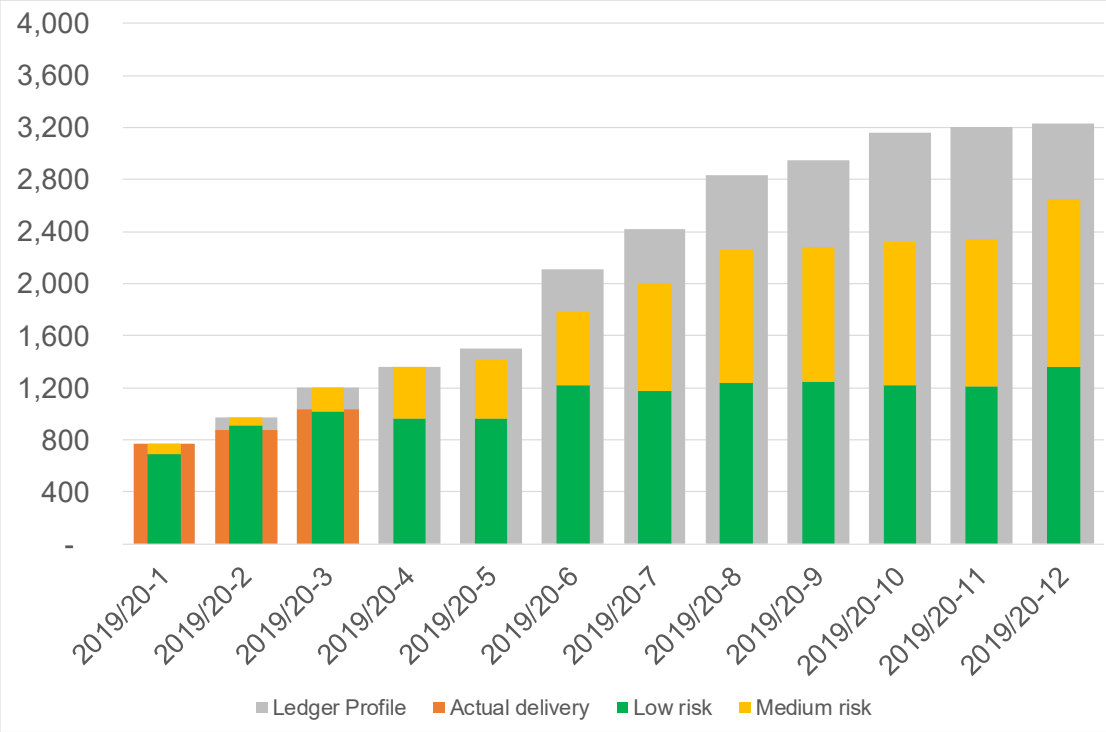
- Operational savings pipeline of £5.5m needs to be actively pursued and developed into actionable plans.

- The Holding to Account process is focused on deliverable high value opportunities and the unidentified balance. Further opportunities are being identified using work underway in respect of Ward staffing, Establishment control and the benchmarking and opportunities framework.

- Turnaround Assurance Groups are to focus on pathway and Health Board wide opportunities.

3. Savings and turnaround actions

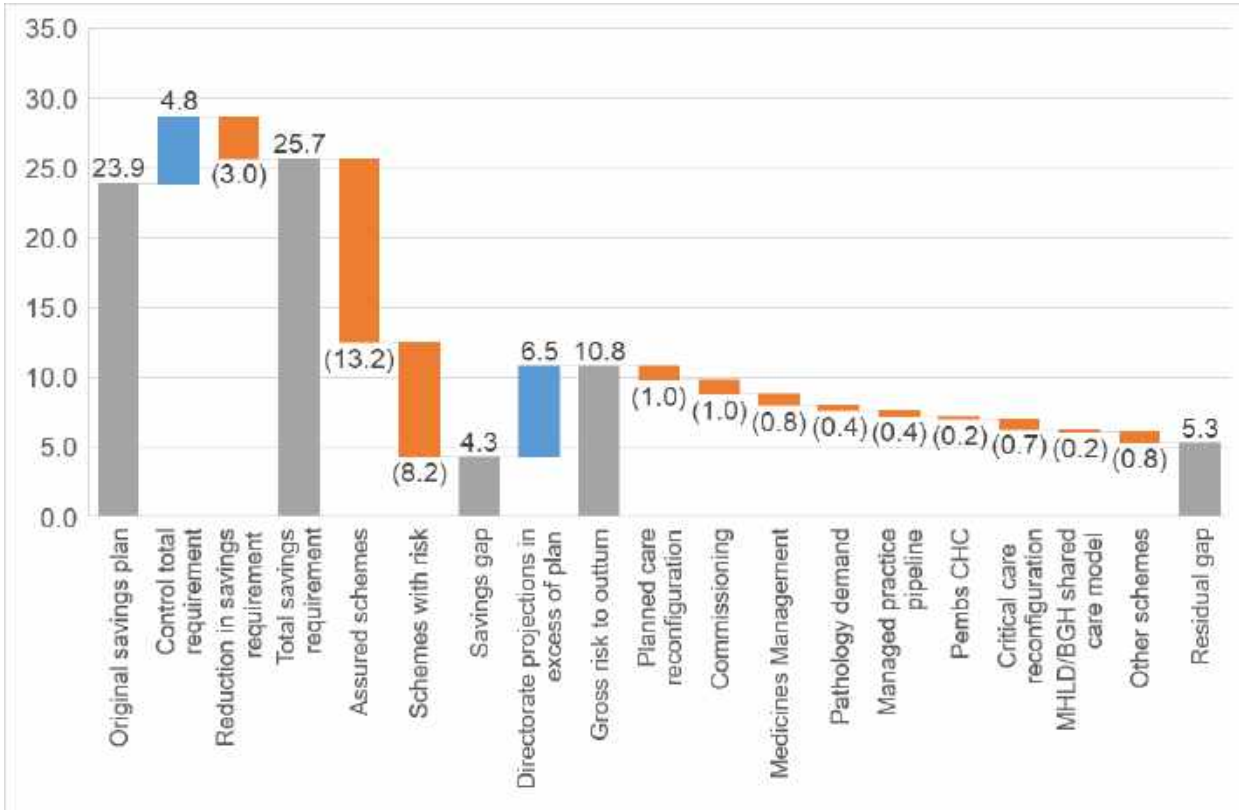
4.2 Savings profile, risk and delivery



- To date, there is non-delivery against identified schemes of £0.2m. This means that against the total requirement of £25.7m, £0.2m of additional savings or mitigating actions will be required. This position has been reflected in the risk assessment in section 5.2 below.
- In-month delivery of £1.0m which is an improvement of £0.1m on Month 2, but £0.2m behind plan.
- Significant acceleration in delivery is required from Month 6; the Month 4 delivery will need to be £0.3m higher than the Month 3 delivery with further step up needed in future months.

4. Financial projections, opportunities and risks

4.1 Financial projection



- While the financial position in Month 3 represents a significant risk to the Health Board, and there are significant risks to savings delivery and operational cost management, **the Health Board's financial forecast is to achieve the required Control Total of £25.0m.**

- Current projections indicate: 1) a gap of £4.3m in fully identified savings schemes; 2) operational forecasts in excess of budget of £6.5m, giving a projection of £10.8m adverse variance to plan. This would equate to a year end deficit position of £35.8m. However, pipeline schemes are being developed, which would reduce this by £5.5m and further actions are in train to identify opportunities to close the gap.

- There are a number of gross risks which could materialise and, if mitigating actions were not identified, could affect the financial projection. These risks are presented below in section 5.2.

- This will require the Board as a whole to focus on ensuring that divisions operate within their budgets, deliver savings and manage their risks.

4. Financial projections, opportunities and risks

4.2 Risks and risk management strategy

Potential Risk	£'m	Risk management approach
Budget deficit	**29.8**	
Welsh Government Control Total requirement	**(4.8)**	
Restated budget	**25.0**	
Operational projection	6.1	Escalated Holding to Account meetings are being held with all Directorates to convert pipeline into robust schemes and identify additional recovery actions and additional opportunities.
Local TB outbreak	0.4	
Total Operational projection	**6.5**	
Savings gap	4.3	
Medicines Management – NCSO	0.6	If item prices were to return to the level seen in late 2018/2019; protracted Brexit period may impact on NCSO costs
Office 365	0.2	Licence costs not yet agreed at an All-Wales level, which will also impact staffing costs
Inflationary pressures on CHC exceed budget	0.2	Fee rates are being negotiated, and this risk will need to be managed through the negotiation process.
LTA and specialised activity exceeds available budget	0.5	Regular reports are received and meetings held with Welsh Health Boards and WHSSC. The Health Board is represented at the WHSSC Committee.
Total deficit forecast and risks	**37.3**	

4.3 Opportunities

- The focus is now being narrowed by considering the key drivers of the cost base identified through benchmarking with other Health Boards via national costing returns. Detailed information has been shared with Directorates and is being utilised as part of the Recovery Plan refinement in-year. We will continue to use this in conjunction with the Efficiency Framework to translate the opportunities identified into detailed Savings Plans in support of our Financial Plan. The Finance Committee has reviewed and endorsed this approach.

- Opportunities available via Invest to Save, Integrated Care Fund and Transformation funding are being explored. Key areas of operational inefficiency being targeted are: CHC and packages of care, unfunded escalation beds and patients awaiting tertiary referral.

4. Financial projections, opportunities and risks

4.4 Reserves

£'m	Month 3 close
ICF Bids	**10.7**
Performance Fund	**5.8**
CHC Inflation	**2.2**
Hosted Allocation – Critical Care	**1.0**
Medical and Dental Pay Award	**1.0**
Winter Pressure reserve	**1.0**
Nursing Standards	**0.9**
Mental Health Improvement	**0.8**
RCCS	**0.5**
Eye Care Sustainability	**0.4**
LTAs – Pay Award, WHSSC	**0.2**
Other	**0.7**
Total	**25.2**

- The Health Board's centrally-retained reserves are committed and all relate to specific anticipated cost pressures.
- ICF funds will be distributed based on finalised plans for utilisation of the funds across Healthcare and Local Authority. As Plans are not yet agreed, the reserve has been phased based on draft plans and historical indicators.
- CHC and FNC inflation have been phased according to the timeframes in which costs are anticipated to impact.
- The Health Board holds funding of £1.0m on behalf of Welsh Government to support costs incurred on behalf of the Critical Care network across Wales.
- Nursing Standards reserve will be distributed following agreement and approval by the Executive Team.
- Winter Pressure Support will be allocated to Directorates based on finalised plans for utilisation of the funds. At present the assumption is that this Reserve will be drawn over Months 9 to 12.
- Performance funds will be allocated to Directorates based on finalised plans for utilisation of the funds.
- Reserves held for future cost pressures will be carefully managed and work is ongoing to ensure future cost pressures are minimised wherever possible.

4. Financial projections, opportunities and risks

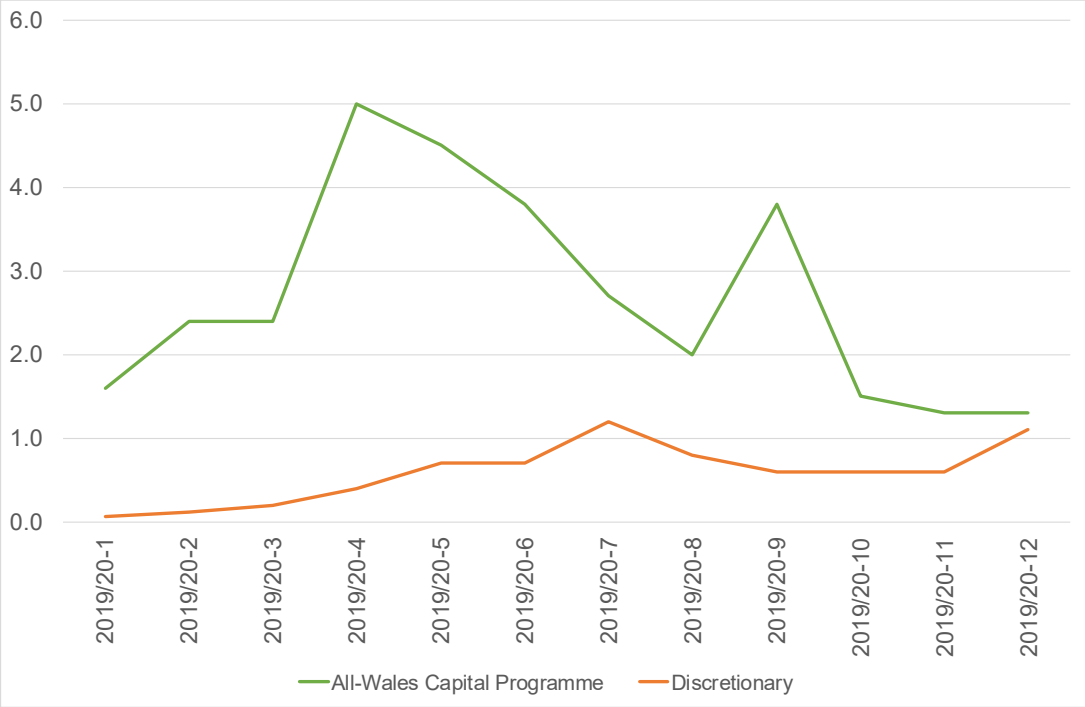
4.5 Ring-fenced allocations

Ring Fenced Allocations	£'m
Learning Disabilities	8.7
Depreciation	20.1
Mental Health Services	76.2
Renal Services	6.7
Palliative care funding	0.7
Integrated Care Fund (Older People)	5.5
Integrated Care Fund (Learning Disabilities, children with complex needs, carers)	2.4
Integrated Care Fund (Children at the edge of care/in care)	1.8
Integrated Care Fund (Autism Allocations)	0.4
Delivery plan funding	1.4
Paramedic banding	0.7
Clinical Desk enhancements	0.1
Genomics for Precision Medicine Strategy	0.5
Total 2019-20 HCHS Ring Fenced Allocation	**125.2**

- The tables show the ring-fenced allocations. There is no flexibility about the use of this funding although Health Boards can choose to invest more in these areas.
- The ring-fenced allocation for Integrated Care Fund has been increased by £3.7m compared with 2018/19.
- The largest element of the ring-fence is mental health. The funding forms a floor below which spend must not fall.This does not preclude mental health services from making efficiencies, however these savings must be re-invested to meet cost increases and new developments. The ring-fence is measured annually via the programme budgeting process.
- As at Month 3, it is projected that all ring-fence funds will be fully utilised.

5. Capital expenditure, working capital management and cash

4.1 Capital expenditure

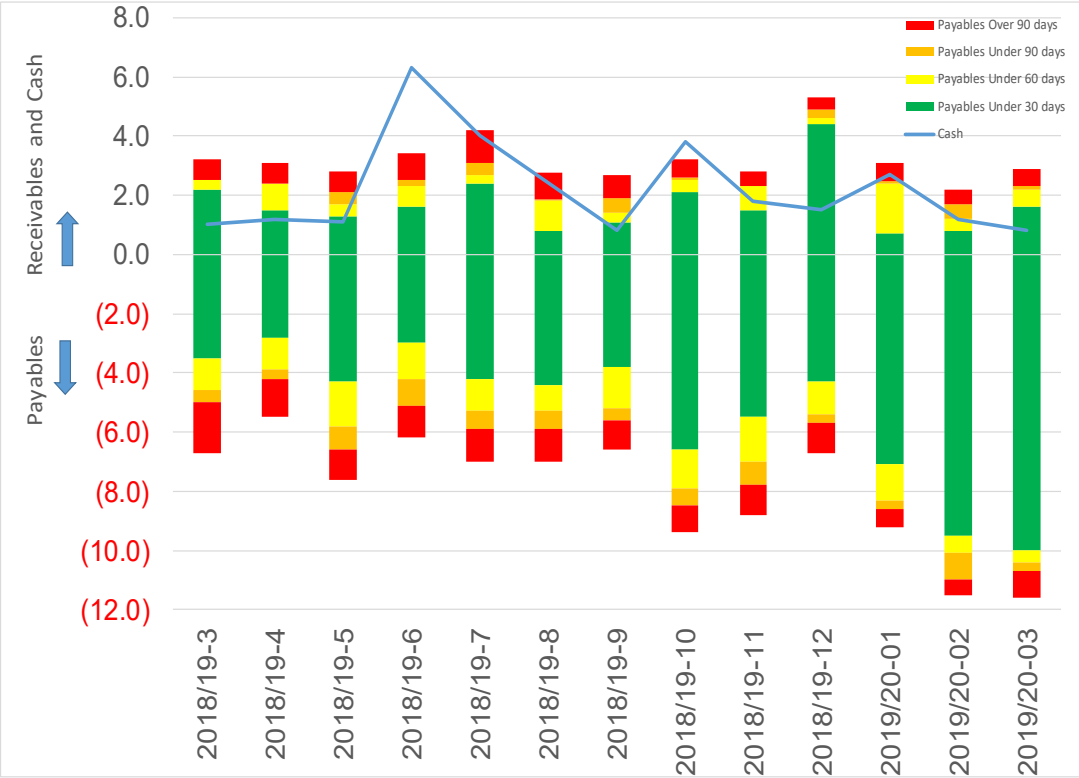


Provisional capital expenditure plan	£'m	£'m
Bronglais MRI	4.4	
Women and Children Phase II	14.4	
Wards 9 and 10 Withybush	1.7	
Aberaeron Integrated Care Centre	0.9	
Cardigan Integrated Care Centre	10.1	
Fees for development of Cross Hands	0.9	
Total all-Wales funded schemes		**32.4**
Medical equipment	1.6	
Estates	2.6	
IM&T	1.0	
Other	1.9	
Total discretionary		**7.1**
Total capital		**39.5**

- The Health Board has an approved Capital resource limit of £39.5m for 2019/20.
- Capital expenditure against the £39.5m total funding allocation was £6.7m to Month 3.

5. Capital expenditure, working capital management and cash

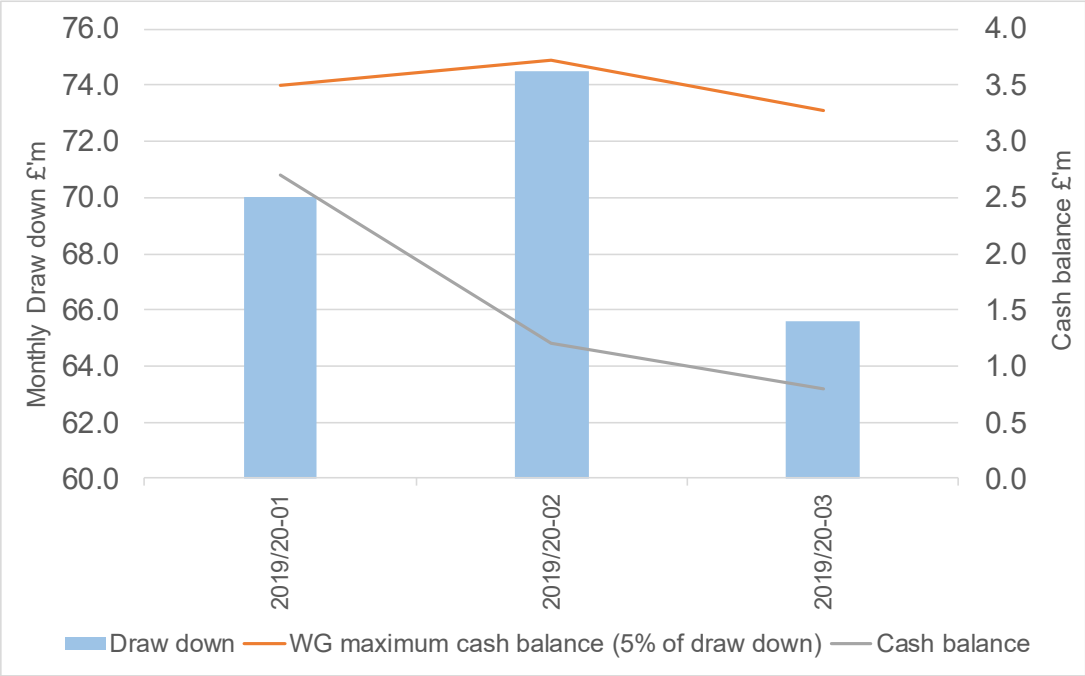
5.2 Working capital management



- Income collected from sources other than Welsh Government is collected through the invoicing process. It is imperative that this is collected promptly to reduce reliance on cash support from WG. Balances owed to the Health Board are £2.9m in Month 3.
- It is also important that the Health Board pays its suppliers promptly. At the end of Month 3, £11.6m was owed to suppliers, of which £10m are less than 30 days old. £5m of which were larger invoices received in June, £2m from Local Authority. Further work is ongoing with colleagues in NHS Wales Shared Services to address older balances through improving the purchase-to-pay cycle.
- Cash at the end of Month 3 was £0.8m.

5. Capital expenditure, working capital management and cash

5.3 Cash



- The closing balance of £0.8m did not exceed 5% of the total monthly draw down from Welsh Government.
- The Health Board has an approved cash limit of £860.9m split between revenue £821.4m and capital £39.5m.
- Total cash drawn down up to month 3 is £210m.
- The Health Board requested an emergency draw down of cash for £3.6m in June, this was mainly due to an increase in the LTA payments to WHSCC supported by an Allocation letter dated 10 June 2019.
- The cash forecast deficit for 2019/20 is estimated at £25.0m, which is the current forecast financial deficit.
- No movement in Working Balances has been factored into the cash forecast in June.
- The cash forecast will be monitored and updated monthly. The movement of Working Balances and Strategic Cash Assistance will be calculated in line with Welsh Government deadlines.

7. Statement of Financial Position

7.1 Statement of Financial Position

	2019-20 Opening balance £m	30 June 2019 £'m	Movement £'m	Analysis
Non Current assets				
Fixed Assets	268	270	(2)	Increase is due to capital expenditure of purchases offset by quarterly depreciation, indexation and the first time impairment of three capital schemes.
Other non current assets	43	43	0	
Current Assets	**311**	**313**	**(2)**	
Inventories	8	8	(0)	
Trade and other Receivables	34	33	1	This is mainly due to a reduction in the VAT debtor £453k and a general reduction in trade receivables from year end.
Cash	1	1	1	
Total Assets	**355**	**355**	**(0)**	
Liabilities	0	0	0	
Trade and other Payables	(93)	(103)	9	This is mainly due to an increase in payables under 30 days - increased from £4m to £10m.
Provisions	(67)	(67)	0	
Total Liabilities	**(161)**	**(170)**	**10**	
Net Assets less Liabilities	**194**	**185**	**10**	
Financed by:	0	0	0	
General Fund	168	153	14	
Revaluation Reserve	27	32	(5)	Indexation (in line with District valuer rates) has been applied to properties and land from 1 April 2019.
Total Funding	**194**	**185**	**10**	

8. Conclusion

8.1 Conclusion

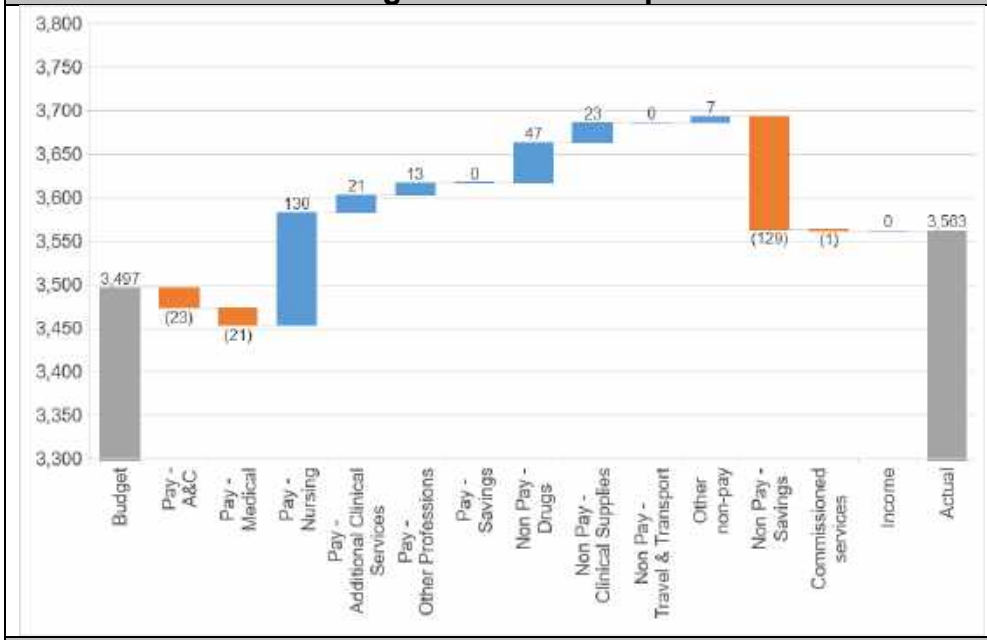
- The Health Board's control total is £25m and plans are being developed to achieve this position. This is a required improvement of £4.8m on the Health Board's Annual Plan deficit of £29.8m, which will require the identification of further actionable Savings schemes. The additional requirement of £4.8m is phased into Months 7 to 12 to provide assurance that robust plans can be made to address this.

- The Month 3 deficit is £2.9m, which is £0.4m adverse against Plan. This reflects pressures in Unscheduled Care, mainly in WGH.

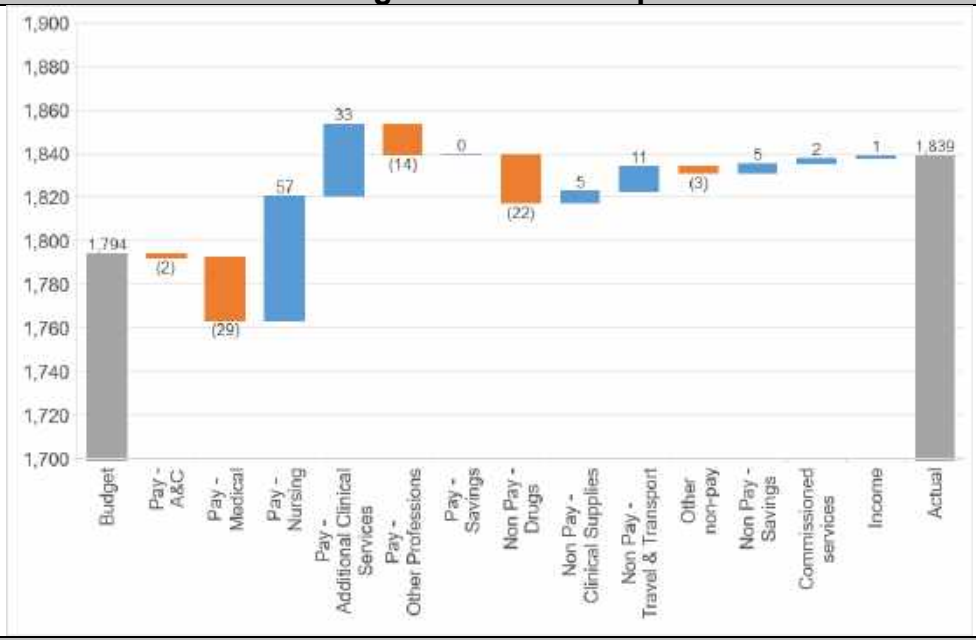
- The savings requirement has been reduced by £3.0m as a result of additional Welsh Government funding, the cost of which had already been included within our baseline plan.

- Current projections indicate: 1) a gap of £4.3m in fully identified savings schemes; 2) operational forecasts in excess of budget of £6.5m, giving a projection of £10.8m adverse variance to plan. This would equate to a year end deficit position of £35.8m. However, and pipeline schemes are being developed, which would reduce this by £5.5m and further actions are in train to identify opportunities to close the gap.

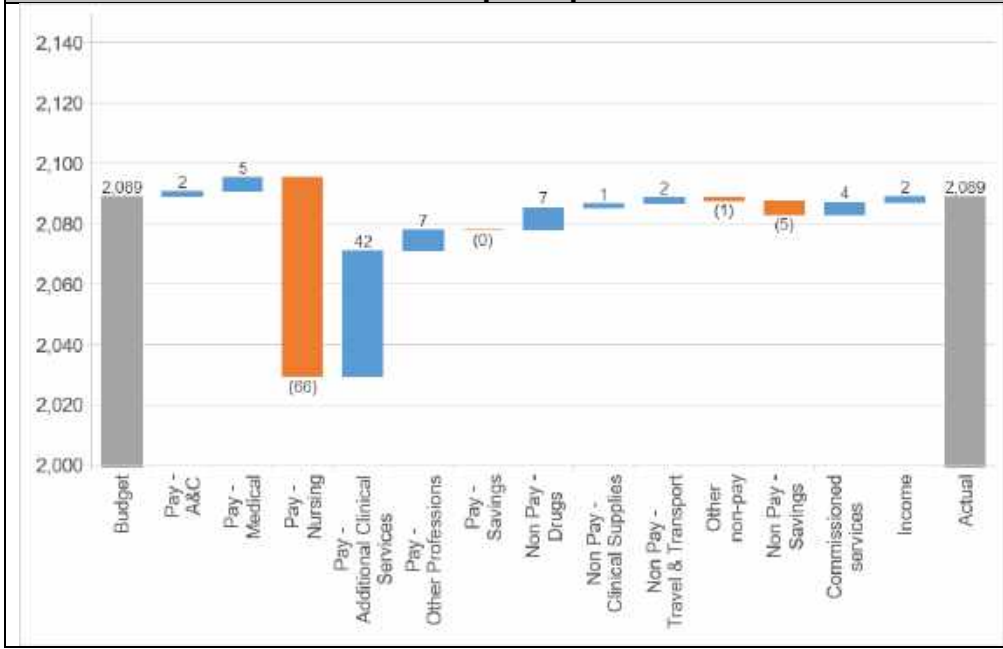
Unscheduled Care: Glangwili General Hospital



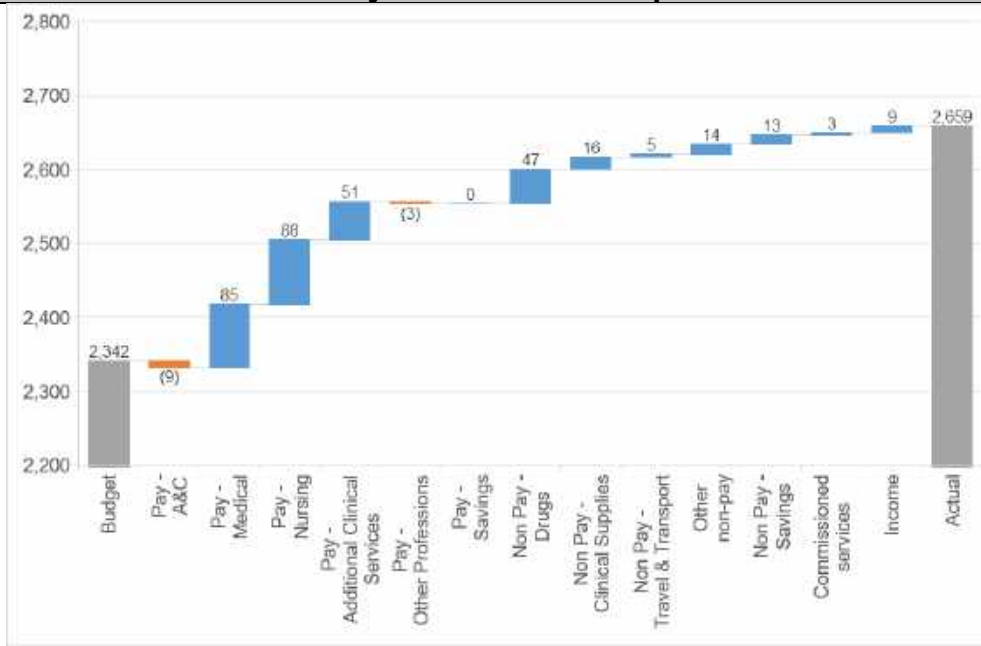
Unscheduled Care: Bronglais General Hospital



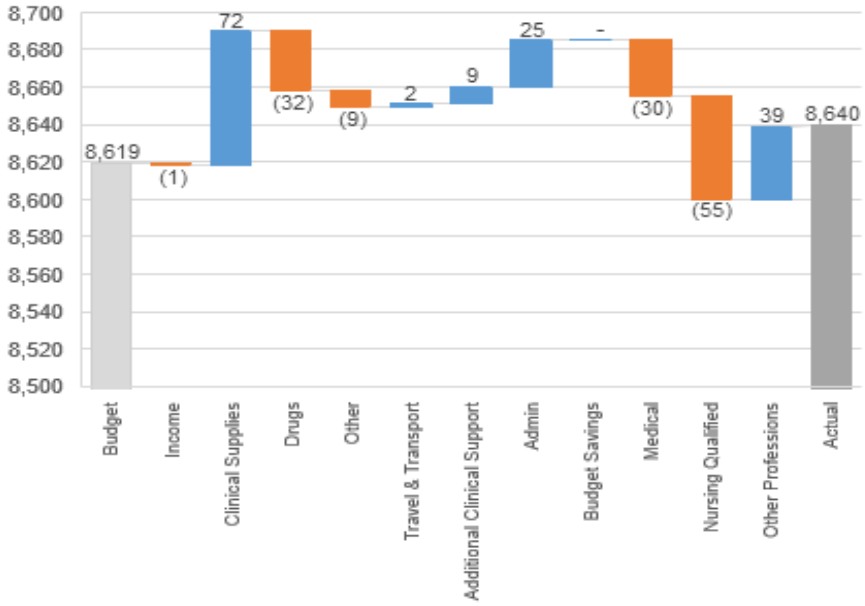
Unscheduled Care: Prince Philip Hospital



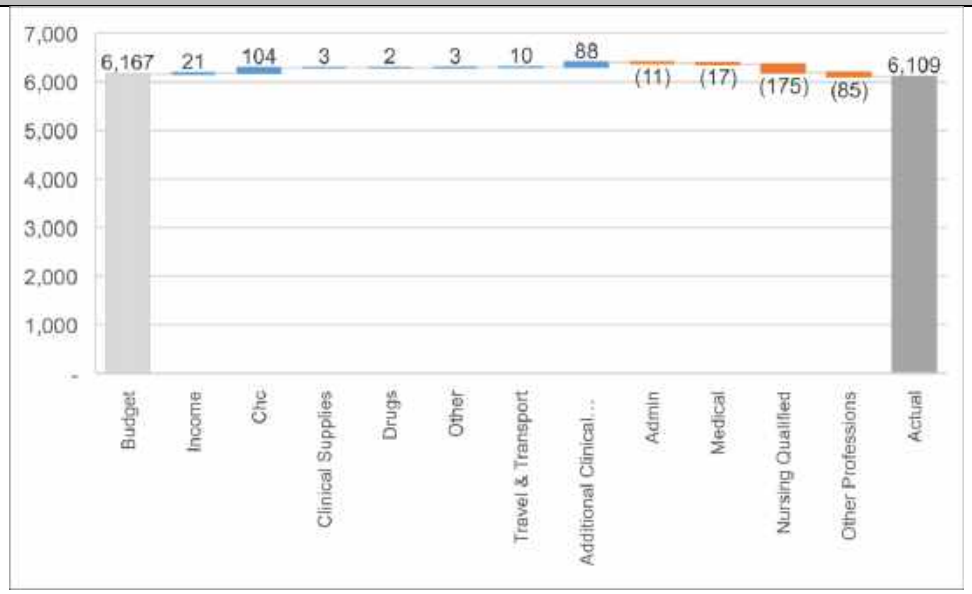
Unscheduled Care: Withybush General Hospital



Planned Care



MHLD



GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Enw'r Pwyllgor / Name of Committee	Business Planning & Performance Assurance Committee (BPPAC)
Cadeirydd y Pwyllgor/ Chair of Committee:	David Powell
Cyfnod Adrodd/ Reporting Period:	Meeting Held on 27th June 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

- **Outcome of BPPAC Self-Assessment of Committee Effectiveness 2018/19** - the Committee received the outcome of the BPPAC self-assessment process 2018/19. Members noted the differentials in regard to scores from Independent (full) Members and Executive Directors/Officers (In Attendance) Members, which is similar to other Board level Committees. Members were informed that the comments regarding the quality of reports being presented would be progressed by the Corporate Governance Team in conjunction with the Lead Director for BPPAC.

- **Health & Safety and Emergency Planning Sub-Committee (H&SEPSC) Update Report** - the Committee received the H&SEPC Update Report from the meeting held on 14th May 2019. Members were informed that a trial of staff wearing body cameras would be undertaken given the increase in reported incidents where staff have been subject to violence and aggression and that further discussions would be required with Triumvirates and other relevant staff. Members were advised that whilst the intention had been for the Health Board to introduce full electronic lock down on all acute sites, this is unattainable with the current financial constraints. However a capital bid has been submitted to invest in improving the effectiveness of locking external doors.

- **Information Governance Sub-Committee (IGSC) Update Report** - the Committee received the IGC Update Report from the meeting held on 17th May 2019. Members were informed that Clinical Coding performance has improved for episodes coded within one month, with a report planned for the next Sub-Committee meeting outlining whether additional capacity can be created across each site. In regard to the number of breaches recorded within the National Intelligent Integrated Audit Solution (NIIAS), Members were advised that given the increases in newly appointed staff, the Information Governance Team would be liaising with the Workforce and OD team to establish whether induction training could be enhanced. Following concerns by the Sub-Committee in regard to the low compliance on mandatory training by Medical and Dental staff, Members were advised that in order to increase compliance, dedicated time would be allocated.

- **Integrated Performance Assurance Report Month 2** - the Committee received the Integrated Performance Assurance Report Month 2, outlining the challenge to maintain referral to treatment times (RTT) given the surge capacity in Withybush General Hospital (WGH) A&E department on a daily basis, together with a fault with the scanner in Bronglais General Hospital (BGH) which has created a backlog. Members noted the increase in RTT, and whilst improvements are expected, were advised that zero breaches in RTT may not

be achievable by the end of Quarter 1. However Members were informed that the Health Board is performing better than other Health Boards in Wales in this regard. Members welcomed the positive trajectory in regard to compliance rates for both medical and non-medical Performance Appraisal and Development Reviews (PADRs), with Hywel Dda currently having the highest compliance of all Health Boards in Wales. Members acknowledged that Month 2 performance has been challenging, and suggested that the Health Board would need to monitor its performance closely to ensure that it does not deteriorate further during the year.

- **NWSSP Performance Report Including Quarter 4 (2018/19) Performance Indicators** - the Committee received the NWSSP Performance Report for the three months ending 31st March 2019. Members noted the deteriorating position in performance in time to approve vacancies since Quarter 3 and were advised that discussions have taken place with NWSSP to alter the way KPI performance is recorded, however Hywel Dda remains the highest performing Health Board in Wales in this regard.

- **Influenza Season 2018/19: Impact, Vaccine Uptake and Emerging Priorities for the Forthcoming Season report** - the Committee received the Influenza Season 2018/19: Impact, Vaccine Uptake and Emerging Priorities for the Forthcoming Season report. Members were advised that the Health Board had a significant challenge to achieve both the Welsh Government targets and its own locally set targets for 2018/19. One contributing factor has been the fact that Hywel Dda has double the Wales average of patients in the 65 years and older category, together with the move to a new all Wales system of recording vaccinations which resulted in only staff directly employed by the Health Board being included within the statistics. Despite not achieving the targets, more flu vaccinations were given in Hywel Dda in the 2018/19 flu season than in previous years. Members were advised that flu planning for 2019/20 will commence earlier than in previous years and that the Health Board will take part in UNICEF's Get a Jab: Give a Jab initiative; which for every vaccine given to a member of staff, one measles vaccine is given by UNICEF for children in developing countries. Members were further advised that discussions have taken place regarding the significant challenge with the denominator increase, and received assurance that a growth plan has been developed to mitigate against this concern. Members noted and supported the new initiatives for 2019/20 and welcomed a simplified process next year.

- **Monitoring Of Welsh Health Circulars (WHCS)** - the Committee received an update on progress in relation to the implementation of Welsh Health Circulars (WHCs) which fall under the remit of BPPAC and its Sub-Committee structure. Members expressed concern that the WHC 027-17 Clinical Musculoskeletal Assessment Treatment Service (CMATS) has been delayed by NHS Wales Informatics Service (NWIS), which has resulted in the implementation of the recommended guidelines to report on all the annual metrics remaining behind schedule. Members proposed that this delay be escalated to the Board via the BPPAC update report. In relation to WHC 053-15 Introduction of SNOMED CT as an Information Standard in NHS Wales, given this is also behind schedule

due to external factors, Members proposed that this delay be escalated to the Board via the BPPAC update report.

- **Clinical Coding Sustainability Report** - the Committee received the Clinical Coding Sustainability report. Given the link to the WAO Clinical Coding Follow-up Review, it was agreed that the reports should be discussed together. In regard to clinical coding sustainability, Members were presented with all the options being considered by the clinical coding team, highlighting the scale of the challenge and the further work required by Executive Team. Members were advised that whilst the implementation of recommendations pertaining to the WAO Clinical Coding Follow-up Review would be overseen by the Director of Planning, Performance & Commissioning, the Director of Operations would retain Executive Accountability for Medical Records. Members were informed that whilst work is progressing, the action plan would be monitored by the IGSC, however it should be acknowledged that in order to make progress, significant investment would be required. Members queried the length of time to train a clinical coder, and were advised that these are specialised positions, supported by an apprenticeship where staff hold a National Clinical Coding qualification. Members agreed that clinical coding concerns should be raised to the Board's and ARAC's attention and further proposed that a cohesive action plan, including timescales, be presented to the next BPPAC meeting.

- **Winter Planning 2018/19 A&E Deep Dive Activity Report** - the Committee received the Winter Planning 2018/19 A&E Deep Dive Activity Report, providing a demand analysis of the A&E Departments during the winter of 2018/19. In respect of the significant challenges at Withybush General Hospital (WGH), work has been undertaken to support the leadership team and long term care initiatives. Furthermore, additional funding has been sourced from Welsh Government for the care at home team to support the hospital. Members commended the report, highlighting the challenges faced, and welcomed the Statistical Process Charts (SPC) and the accompanying explanation. Members noted that the Average Length of Stay (LoS) for medical admissions over the winter period compared to last winter increased by 10% and were advised that as patients stayed longer in A&E this increased their overall stay in hospital. Members discussed the effect occupied bed days have on the statistics and suggested that this data could be included within further reports to provide additionality.

- **Health Records Management** - the Committee received the Health Records Management report, providing an update on progress following the Internal Audit Records Management (Limited Assurance) report presented to ARAC. Members were advised that a Health Records Project Group has been established where improvements have been identified. It was acknowledged that whilst a £50k saving should be achievable, a manager will be required to progress the work involved. Members were informed that the challenge in the shorter term for records storage is that the Health Board has been prevented from destroying inactive patient records due to an embargo associated with two separate national inquires, both of which remain open. Ahead of delivering a scanned health record solution, the options for shorter term service

improvement is the relocation of records, and this should be progressed as soon as possible until longer term solutions are agreed.

- **Delivery of Ophthalmology for Hywel Dda Patients** - the Committee received the Delivery of Ophthalmology for Hywel Dda Patients report, highlighting the link between this report and the Eye Care Outcome Measures data within the IPAR. Members were advised that this data currently only includes cases that have a risk factor allocated to them, however from September 2019, a risk factor will be allocated to all cases and it will be the responsibility of the eye care co-ordinators to track these patients. Members were advised that the Health Board has been allocated £420k to improve outcomes for ophthalmology patients, where around 5,000 patients should have appointments within a primary care setting, with high risk patients being seen in secondary care. Members proposed that a further report should be presented to BPPAC to include future plans, and a report should also be presented to QSEAC regarding the impact of the Ophthalmology plan on patient care and outcomes.

- **Private Practice Update** –the Committee received the Private Practice Update report confirming that actions identified following the internal audit review in 2014 had been progressed. Members were informed that the new model proposed would only be progressed in specialities where there is appropriate capacity to proceed. Given previous concerns, Members received assurance that clinician's job plans would be explicit in terms of the split between NHS and private practice and that this would be closely monitored. Members noted that a closing report would be presented to ARAC, with an appropriate timescale provided to BPPAC.

- **Capital, Estates and IM&T Sub-Committee Update Report** - the Committee received the Capital, Estates and IM&T Sub-Committee update report from its meeting on 21st May 2019. Members were advised that the Sub-Committee discussed the main financial risks from 2018/19 through slippage identified against expenditure plans and agreed to mitigations against the risk of this occurring in 2019/20. Members were informed that options for the delivery of the cardiac catheterisation lab have now been agreed and were advised that a plan is being progressed for the Health Board to have 4 units, with a report to be presented to the Executive Team in due course.

- **Update on Discretionary Capital Programme 2019/20 Incorporating Capital Governance Update** - the Committee received the Discretionary Capital Programme (DCP) 2019/20 and Capital Governance Update highlighting the priority items of expenditure for the main categories of discretionary capital expenditure, including the latest Executive Team investment decisions and key estate development schemes. Members were advised that the Cross Hands scheme fees of £165k expended in 2018/19 would be repatriated to the DCP in 2019/20 and that the VAT position is expected to be known by the end of July 2019. Members were informed that in regard to planned expenditure for 2019/20, a total of £600k has been identified which includes a Charitable Funds contribution of £64k. This year, allocations are being progressed earlier thereby reducing the risks associated with high proportions of expenditure landing in the

final quarter and final weeks of the financial year. Members approved the pre-commitments emerging for the 2020/21 DCP including approval to commence procurement activities.

- **Adoption / Coverage of Key National Clinical Systems in Hywel Dda University Health Board** - the Committee received the Adoption / Coverage of Key National Clinical Systems in Hywel Dda University Health Board report. Members were advised that the report highlights the variations in the coverage of key national clinical systems between sites and specialities in Hywel Dda. Members were informed that when key systems are implemented, NWIS provide initial funding, however for these systems to be universally available, support would be required from the Health Board to increase capacity within the Informatics Team. Members noted the lack of a cohesive approach for key clinical systems and proposed that a further report be presented to the next BPPAC meeting to include details on the plans to increase adoption to provide further assurance. It was further proposed that discussions take place at Executive Team to establish their priorities and for the outcome of BPPAC's discussion to be included within the report.

- **A Regional Collaboration for Health (ARCH)** - the Committee received an update on the activities of A Regional Collaboration for Health (ARCH) Portfolio for the period April and May 2019. Members were advised that the ARCH Portfolio Development Plan (PDP) is currently being aligned with the Hywel Dda Health and Care Strategy and the Swansea Bay UHB Clinical Plan. Whilst the Director of Planning, Performance and Commissioning is no longer the Chair of the Delivery Leadership Group (DLG), Members received assurance that as a member of the DLG and also a member of the JRPDC which has direct links into ARCH, the Health Board will still retain representation on ARCH.

- **Llanelli Wellness and Life Science Village** - the Committee received an update on the development of the Llanelli Wellness and Life Science Village. Members welcomed the progress made, which from the Health Board's perspective should provide an assessment on how the social model for health will work. However, Members expressed concern in respect of workforce development given the uncertainty that Swansea University would be in a position to support the Health Board on this, and queried whether other options are being considered. Members were advised that there is a requirement that an education provider is included in the development and that an alternative education provider will be sourced.

- **West Wales Regional Partnership Board (RPB)** - the Committee received an update on the West Wales Regional Partnership Board (RPB). Members were advised that following bids to the transformation fund, Welsh Government has confirmed approval of funding for three of the Healthier West Wales programmes. The RPB will discharge the funding for each programme and ensure that it is used to progress these new models. Members were informed that four programmes have been resubmitted which, given that these programmes are enablers to underpin other programmes, are therefore fundamental to their progress. Members expressed concern that in order for

these programmes to progress, the Health Board needs to have a workforce strategy to invest in its current and future workforce. Given that workforce models require clear alignment to the identified change models underpinning the Health and Care Strategy, otherwise, there could be a risk that the Health Board may not have sufficient appropriately trained staff to deliver them, it was agreed that these concerns should be escalated to the Board.

- **BPPAC Workplan 2019/20** - the Committee received the BPPAC workplan for 2019/20 for information.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

- None

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

- **Influenza Season 2018/19: Impact, Vaccine Uptake and Emerging Priorities for the Forthcoming Season report** - concerns regarding the introduction of a new vaccine during 2018/19 and the lack of supply of the vaccine, however assurances were received that to mitigate against this occurring next year, the plan will be to have a universal vaccine.
- **Monitoring Of Welsh Health Circulars (WHCs)**
  - **WHC 027-17 Clinical Musculoskeletal Assessment Treatment Service (CMATS)** concerns raised that this has been delayed by NHS Wales Informatics Service (NWIS) resulting in the implementation of the recommended guidelines to report on all the annual metrics remaining behind schedule.
  - **WHC 053-15 Introduction of SNOMED CT as an Information Standard in NHS Wales**; concerns raised that this is also behind schedule due to external factors.
- **Clinical Coding Sustainability Report** – concerns raised in regard to clinical coding sustainability with the proposal that a cohesive action plan, including timescales, be presented to the next BPPAC meeting.
- **Llanelli Wellness and Life Science Village** – concerns regarding workforce development given the uncertainty that Swansea University would be in a position to support the Health Board on this, however as it is a requirement that an education provider is included in the development, an alternative education provider will be sourced.
- **West Wales Regional Partnership Board (RPB)** – concerns regarding workforce models and clear alignment to the identified change models underpinning the Health and Care Strategy to mitigate against the risk that the Health Board may not have sufficient appropriately trained staff to deliver them.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

29th August 2019

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 July 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Integrated Performance Assurance Report – Month 3 2019/20
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Karen Miles, Director of Planning, Performance and Commissioning In association with all Executive Leads
SWYDDOG ADRODD: **REPORTING OFFICER:**	Karen Miles, Director of Planning, Performance and Commissioning

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Integrated Performance Assurance Report (IPAR) is being brought to the Board's attention to examine and consider Hywel Dda University Health Board's latest performance data, achievements, challenges and needs. This is a requirement of the NHS Wales Delivery Framework 2019/20.

The supporting performance dashboards are available to NHS Wales staff (via the intranet site) and are updated monthly.

In 2019/20, Public Health Wales are providing each Health Board with individual improvement targets for Health Care Acquired Infections. These will be made available to us over the coming weeks.

Following a request from the Board to review the **IPAR format and inclusion of trend data**, changes have been made:

- Run charts and supporting narrative are included instead of exception reports;
- Exception reports are only included for metrics with a current steep decline in performance (astronomical data point);
- The overview blocks have been replaced with a summary table;

Note: these changes apply to the bi-monthly IPAR prepared for Board meetings. The IPAR for the Business Planning and Performance Assurance Committee (BPPAC) will continue to have the overview blocks plus exception reports for all metrics not meeting target / unstable green.

The list of **key deliverable indicators** has also been reviewed and the following changes have been made:

- New key deliverables – neurodevelopmental waits, psychological waits, therapies, job planning, eye care, childhood immunisations, serious incidents, concerns/complaints and hospital initiated cancellations;
- Now standard metrics – mental health (Local Primary Mental Health Support Services (LPHMSS) & Care and Treatment Plan (CTP)), smoking cessation and postponed

admitted procedures.

Data is now included for the new target to improve **speech and language therapy provision for stroke patients**.

In May 2019, phase one of the Primary Care dashboard (intranet access only) was released and included the National Primary Care Measures. Images of the dashboard charts are included in the 'Data' section of the month 12 IPAR. Phase two of the dashboard* is now available and includes:

- Minor Injury Unit attendances by GP Practice;
- Out of Hours attendances within the first hour of opening (6.30pm – 7.30pm Monday to Friday), by registered GP practice.

* Anonymised screenshots of the dashboard are included in the IPAR for information. A full version of the dashboard has been shared with the relevant service leads.

The Primary Care Team and the Performance Team are continuing to work collaboratively to further develop the Primary Care performance dashboard. The majority of Primary Care data currently available cannot be broken down below the Hywel Dda level due to restrictions relating to the release of Practice level data and General Data Protection Regulation (GDPR) compliance as per guidance issued by General Practice Council Wales (GPCW)/British Medical Association (BMA). It is, however, anticipated that as a result of the conclusion of the General Medical Services (GMS) contract negotiations for 2019/20, further areas for inclusion within the dashboard will become available over the coming year:

Aug 2019	Community Pharmacy Triage and Treat data.
Sept 2019	It is anticipated, based on current timescales that further information on the detail of the GMS contract negotiations will be available by September 2019 and that this will be inclusive of an All Wales Workforce Planning tool. A plan will be developed to determine what indicators can be included in the dashboard and timescales.
2020/21	During 2020/21 the Delivery agreement milestones will be added to the dashboard.

Cefndir / Background

The NHS Wales Delivery Framework 2019/20 aims to have a 'Healthier Wales'. It identifies key areas to be monitored and, where relevant, improvements made for this aim to be achieved. The University Health Board is working to make improvements for its resident population, patients and staff and has identified a number of additional local performance indicators to further support the Framework.

Asesiad / Assessment

- The IPAR consists of:
  - Title page – the buttons can be used to navigate to the different sections of the report;
  - Executive summary – includes a one page summary of key points to highlight, potential challenges for the future and report developments;
  - Performance overview – the hyperlinked text can be used to access the relevant run chart summary for each key deliverable indicator;
  - Integrated dashboards – summaries for unscheduled care, planned care, hospital acquired infections and oncology & cancer, showing finance and workforce. The dashboards have been reformatted to incorporate some of the finance dashboard charts and to make them more user-friendly;

- Exception reports –are included for Therapies and Cancer metrics because of a steep decline in performance (astronomical data point) in the latest period;
- Supporting dashboards – Excel dashboards for Referral to Treatment (RTT), Unscheduled Care, Diagnostics & Therapies, Mental Health, Cancer, Health Care Associated Infections and Primary Care;
- Additional information – rules for interpreting run charts.

- The following accompanying document is also provided:
  - Full performance summary – details of all performance indicators with the latest reported data, trend chart, 12 month trend arrow and All Wales benchmarking figures if available.

- The latest performance data shows:

28 key deliverable indicators		All+ performance indicators		
18	64%	65	43%	target not delivered
3	11%	10	7%	within 5% of target
7	25%	76	50%	target delivered

+ only those indicators for which is it possible to assign a red, amber or green rating are included here. Some indicators are under development and others do not have sufficient historical data to show an annual improvement or decline

The most recent all Wales data shows that the UHB ranked in the top 3 for 41% of indicators, which is comparable to the previous months.

Key points to highlight

Improvement achieved:

- The 65% target has been met for ambulances arriving to red calls within 8 minutes;
- Reductions have been made from May to June 2019 for the 3 main healthcare acquired infections;
- In May the Mental Health service had the lowest number of Delayed Transfer of Care (DTOCs) (3 cases) since April 2018.

Improvement required:

- Hywel Dda is the poorest performing Health Board in Wales for the '6 in 1' and Measles, Mumps and Rubella (MMR) childhood vaccinations;
- 284 ambulance handovers were reported as taking longer than 1 hour – a deterioration from 204 in May 2019;
- There were 258 therapy breaches, the majority within Musculoskeletal Physiotherapy (MSK) specialty;
- June 2019 saw the highest number of non-mental health DTOC cases (58 cases) since April 2018.

Potential challenges for the future

- Performance for serious incidents assured within timescale has been declining since July 2018. The 9 most recent data points are showing a decreasing trend away from target. With timely serious incident investigations, patients and their families can be assured that measures are being put in place to avoid reoccurrence and services are learning to ensure improved patient care.

Argymhelliad / Recommendation

The Board is asked to:

- Discuss the report and raise any issues arising from its content;
- Advise of any specific data gaps in the Primary Care dashboard that it wishes to be investigated.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	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 Develop a sustainable skilled workforce
Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	NHS Wales Delivery Framework 2017-18
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Busnes a Sicrhau Perfformiad: Parties / Committees consulted prior to University Health Board:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care Business Planning and Performance Assurance Committee
Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: **Workforce:**	Development of staff through pooling of skills and integration of knowledge

Risg: **Risk:**	Better use of resources through integration of reporting methodology
Cyfreithiol: **Legal:**	Better use of resources through integration of reporting methodology
Enw Da: **Reputational:**	Not applicable
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

Integrated Performance Assurance Report (IPAR)

Position as at 30th June 2019 (Month 3)

Click one of the circles to navigate to that section of the report

Supporting document

Main Performance Matrix

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Executive summary

This report includes detailed information on the key deliverable targets. Run charts are included with supporting narrative. The rules for interpreting run charts are included in the 'Additional information' section. Background information on the 2019/20 NHS Delivery Framework is available via the Welsh Government website.

Key points to highlight

Good

- The 65% target has been met for ambulances arriving to red calls within 8 minutes;
- Reductions have been made from May to June 2019 for the 3 main healthcare acquired infections;
- Mental Health had the lowest number of DTOCs (3 cases) since April 2018

Improvement needed

- Hywel Dda is the poorest performing Health Board in Wales for the '6 in 1' and MMR childhood vaccinations;
- 284 ambulance handovers were reported as taking longer than 1 hour a deterioration from 204 in May 2019;
- There were 258 therapy breaches, mainly from the Musculoskeletal Physiotherapy (MSK) specialty;
- June 2019 saw the highest number of non-mental health DTOC cases (58 cases) since April 2018.

Potential challenges for the future

Performance for serious incidents assured within timescale has been declining since July 2018. The 9 most recent data points are showing a decreasing trend away from target. With timely serious incident investigations, patients and their families can be assured that measures are being put in place to avoid reoccurrence and services are learning to ensure improved patient care.

Report developments

Following a request from the Board to review the **IPAR format and inclusion of trend data**, changes have been made:

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- The overview blocks have been replaced with a summary table;

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The list of **key deliverable indicators** has been reviewed and the following changes have been made:

- New key deliverables – neurodevelopmental waits, psychological waits, therapies, job planning, eye care, childhood immunisations, serious incidents, concerns/complaints and hospital initiated cancellations;
- Now standard metrics – mental health (LPHMSS & CTP), smoking and postponed admitted procedures.

Data is included for the new target to improve **speech and language therapy provision for stroke patients**.

Phase two of the **Primary Care dashboard** is now available and includes Minor Injury Unit attendances and Out of Hours attendances within the first hour of opening (6.30pm – 7.30pm Monday to Friday), both by registered GP practice. Anonymised screenshots of the dashboard are included in the data section. A full version has been shared with relevant service leads.

Key deliverable targets

18	3	7

All targets+

65	10	76

+ Only those indicators for which it is possible to assign a red, amber or green rating are included here.

All Wales rank

Hywel Dda UHB ranked in the top 3 for 41% of indicators which is comparable to the previous month's position.

1. 10 indicators
2. 10 indicators
3. 14 indicators
4. 10 indicators
5. 12 indicators
6. 11 indicators
7. 14 indicators
8. 2 indicators

Latest performance overview

Click here to view M2 IPAR exception reports

Domain	Indicator	Latest data	12 month trend	Unusual variation?	Latest all Wales rank	Notes
						Target delivered Within 5% of target Target not delivered ↑ improving ↓ declining
	‘6 in 1’ vaccine	92.8%	↓	No	7th out of 7	January to March 2019 saw a 1.3% decline in performance
	MMR vaccine	90.6%	↑	No	7th out of 7	Carmarthenshire has the lowest compliance (89.5%)
	C.difficile*	34.9	n/a	No	n/a	Number of cases reduced from 12 in May to 11 in June 2019
	E.coli*	82.6	n/a	No	n/a	Number of cases reduced from 36 in May to 26 in June 2019
	S.aureus*	22.2	n/a	No	n/a	Number of cases reduced from 10 in May to 7 in June 2019
	Serious incidents	31.3%	↓	No	3rd out of 9	Performance has declined from 86.5% in July 2018
	Hospital initiated cancellations	148	↑	No	3rd out of 7	Despite not reaching target the numbers are reducing
	Concerns and complaints	75%	↑	No	7th out of 10	Met target and above trajectory
	Mental health delayed transfers of care (DTOC)	3	↑	No	4th out of 7	Achieved the 2019/20 Annual Plan ambition
	Non-mental health DTOC	58	↓	No	4th out of 8	Largest monthly DTOC increase was in Carmarthenshire
	Ambulance red calls	67.8%	↓	No	6th out of 7	Biggest improvement seen in Carmarthenshire
	Ambulance handovers over 1 hour	284	↓	No	2nd out of 6	GGH had the greatest increase (+79)
	A&E/MIU 4 hour waits	83.5%	↓	No	2nd out of 6	Performance has improved for 2 consecutive months
	A&E/MIU 12 hour waits	816	↓	No	4th out of 6	Performance has improved for 2 consecutive months
	Admission to stroke unit <4 hours	61.7%	↓	No	1st out of 6	Target not met in GGH and WGH
	Assessed by stroke consultant <24 hours	88.9%	↓	No	1st out of 6	Target not met in GGH
	Stroke patients - speech and language therapy	40.0%	↑	No	5th out of 6	Lowest compliance WGH (25.3%) and highest BGH (51.7%)
	Delayed follow-up appointments 5 specialties	20189	↓	No	3rd out of 5	Numbers have increased for 3 consecutive months
	Ophthalmology patients seen by target date	64.9%	n/a	No	4th out of 7	This is a new measure with 2 months of reported data
	Urgent suspected cancer	80%	↓	No	1st out of 6	23 out of 115 patients breached
	Non urgent suspected cancer	96.8%	↓	No	5th out of 6	4 out of 124 patients breached
	Diagnostic waiting times	115	↓	No	3rd out of 7	An improvement compared to 185 breaches last month
	Therapy waiting times	262	↓	Yes	7th out of 7	Steep decline in performance (258/262 from Physiotherapy).
	Referral to treatment (RTT) <=26 weeks	89.8%	↑	No	3rd out of 7	The 2019/20 Annual Plan ambitions were not met but overall improvement for both RTT metrics
	RTT – patients waiting 36 weeks+	122	↑	No	2nd out of 7	
	Children/young people neurodevelopment waits	43.2%	n/a	n/a	n/a	In May 2019 there were 480 waiting over 26 weeks
	Adult psychological therapy waits	63.6%	n/a	n/a	n/a	In May 2019 there were 580 adults waiting over 26 weeks
	Finance	£8.8m	↑	n/a	n/a	Health Board Control Total requirement is £25.0m deficit.
	Sickness absence	4.88%	↑	n/a	4th out of 10	National target and Annual Plan ambitions have been met
	Performance appraisals (PADR)	79.0%	↑	No	1st out of 10	Slight dip in performance (1%), first decline since Dec 2017
	Consultants/SAS doctors - current job plan	66.0%	n/a	n/a	n/a	2019/20 focus is for medical staff to have a current job plan

* awaiting confirmation of targets for 2019/20

Integrated performance management dashboards

A set of four dashboards have been included in an attempt to contextualise the Directorates' overall performance:
Unscheduled care;
Scheduled care;
Oncology
Healthcare acquired infections.

The dashboards include
1) Current performance for key metrics;
2) Latest sickness data;
3) Hywel Dda University Health Board (HDUHB) performance against All Wales.

Finances measures for March 2019 will be included in the final month 12 IPAR (publication May 2019);

In time, we aim to add a section to capture patient outcomes and experience.

Unscheduled Care June 2019

Lead Executive - Joe Teape

Responsible Officers - Sarah Perry, Hazel Davies, Brett Denning, Janice Cole Williams

Performance Metric	Latest Performance	Last available All Wales data Ranking (1st being the best and 7th being the worst)			
		Hywel Dda	All Wales	Ranking	Time Period
Red Calls (estimate)	67.8%	59.9%	70.2%	6th out of 7	May-19
Ambulance handovers >1 hour	284	204	2,624	2nd out of 6	May-19
A&E / MIU wait <4 hours	83.5%	81.3%	76.3%	2nd out of 6	Apr-19
A&E / MIU waits >12 hours	816	924	5,109	4th out of 6	Apr-19
Direct to Stroke Unit <4 hours	61.7%	-	-	-	-
% of stroke patients receiving the required mins for SALT	40.0%	-	-	-	-
Assessed by Stroke Consultant <24 hours	88.9%	-	-	-	-
Number of Non Mental Health DTOC (in month)	58	-	-	-	-

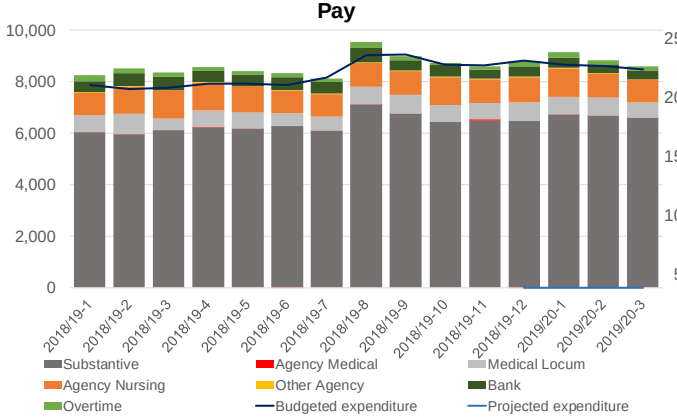
Staffing

Sickness (R12m end May 2019)	Proxy vacancies (budget vs actual wte) (Month 3)
4.69%	278.18

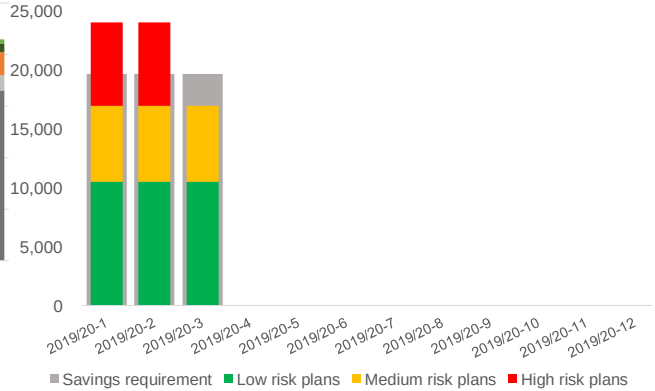
Finance (Year to Date - Month 3) - excludes Pathology & Radiology

In month RAG variance (Green favourable; Amber >0%; Red >3%)	Variance against YTD ave (↑ deterioration; ↓improvement)			
4.41%	↑	In month variance (£'m) (adverse is positive)	0.428
		Cumulative variance (£'m)	1.370
		Projected variance (£'m)	2.984

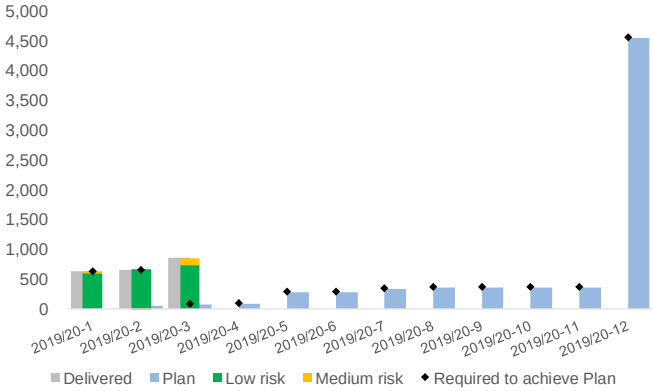
Pay



Total Savings Plan



Monthly Savings Profile



Scheduled Care June 2019

Lead Executive - Joe Teape | **Responsible Officers - Stephanie Hire**

Performance				Last available All Wales data Ranking (1st being the best and 7th being the worst)			
				Hywel Dda	All Wales	Ranking	Time Period
Referral to Treat	**Total open pathways**	**Breaches**	**%**				
Waits >36 wks	56,703	122	0.2%	213	11,043	2nd out of 7	Apr-19
Waits <26 Wks	56,703	5,772	89.8%	89.4%	88.0%	3rd out of 7	Apr-19
Diagnostics Waits >8 weeks		114		56	3,271	3rd out of 7	Apr-19
Hospital Inititated Cancellations		148		-	-	-	-
Delayed Follow Ups [5 planned care specialties]		20,189		16,680	194,184	4th out of 7	Dec-18
% Ophthalmology R1 patients to be seen by their clinical target date (and < 25% in excess) of clinical target date		64.9% (Apr)		-	-	-	-

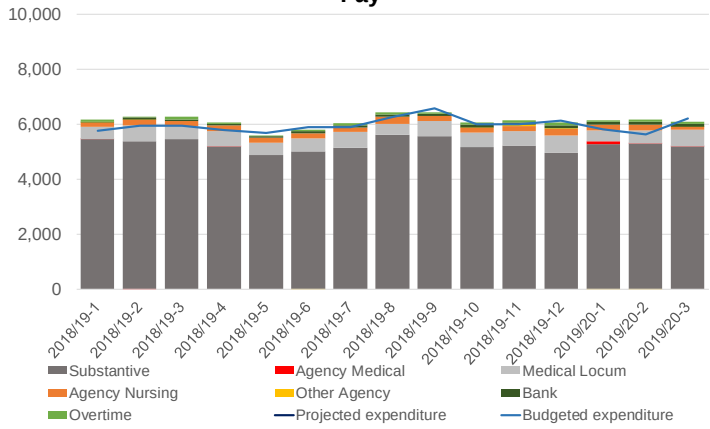
Staffing

Sickness (R12m end May 2019)	Proxy vacancies (budget vs actual wte) (Month 3)
4.44%	87.57

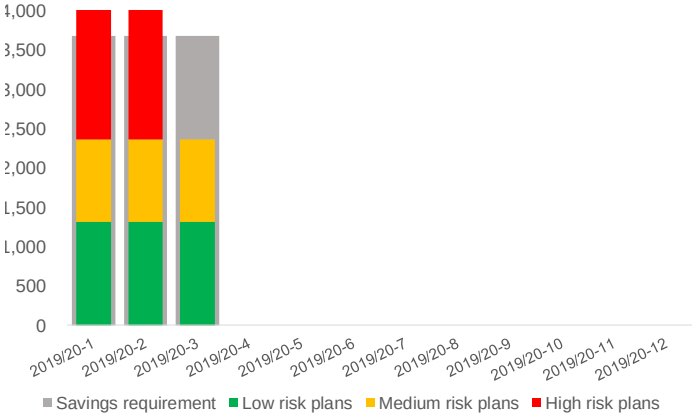
Finance (Year to Date - Month 3

In month RAG variance (Green favourable; Amber >0%; Red >3%)	0.30%	Variance against YTD ave (↑ deterioration; ↓improvement)	↓	In month variance (£'m) (adverse is positive)	0.021
				Cumulative variance (£'m)	0.105
				Projected variance (£'m)	0.448

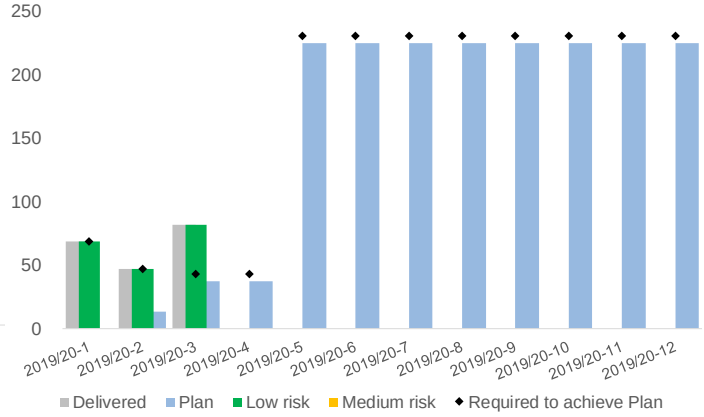
Pay



Total Savings Plan



Monthly Savings Profile



Oncology June 2019

Lead Executive - Joe Teape | **Responsible Officers - Keith Jones**

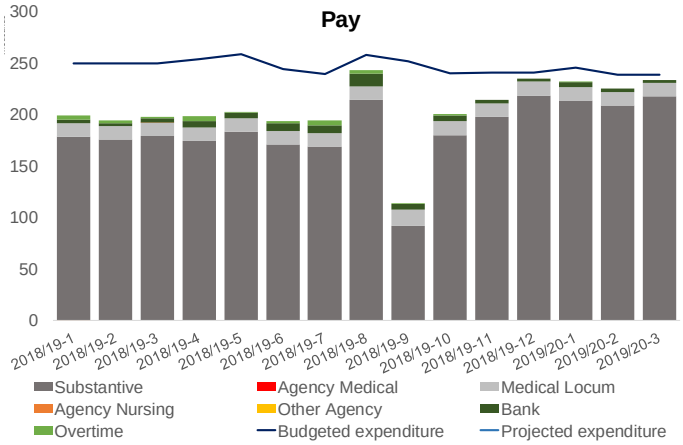
Performance		Last available All Wales data Ranking (1st being the best and 7th being the worst)			
		Hywel Dda	All Wales	Ranking	Time Period
Urgent suspect cancer	80.0%	87.5%	85.0%	1st out of 6	Apr-19
Non urgent suspect cancer	96.8%	94.5%	96.4%	5th out of 6	Apr-19

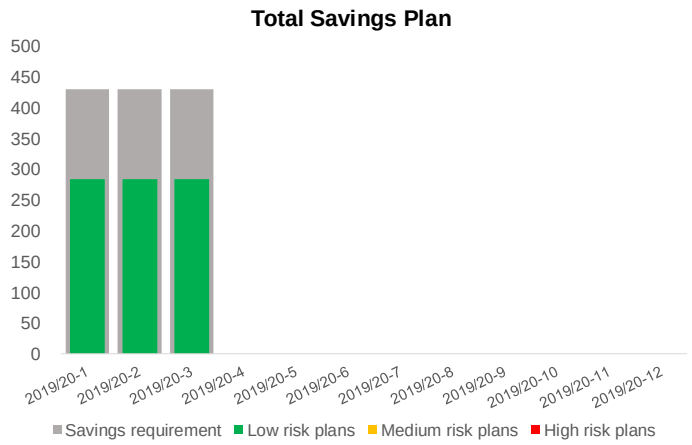
Staffing

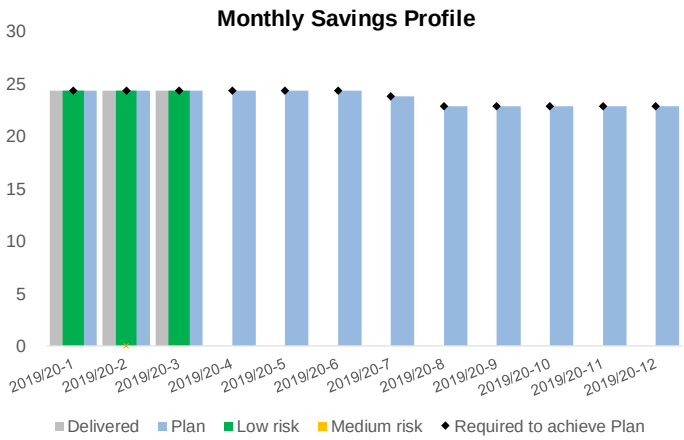
Sickness (R12m end May 2019)	Proxy vacancies (budget vs actual wte) (Month 3)
2.63%	-6.22

Finance (Year to Date - Month 3)

In month RAG variance (Green favourable; Amber >0%; Red >3%)	-3.88%	Variance against YTD ave (↑ deterioration; ↓improvement)	↓	In month variance (£'m) (adverse is positive)	-0.043
				Cumulative variance (£'m)	0.111
				Projected variance (£'m)	0.342







Healthcare Acquired Infections June 2019

Lead Executive - Mandy Rayani | **Responsible Officers - Sharon Daniel**

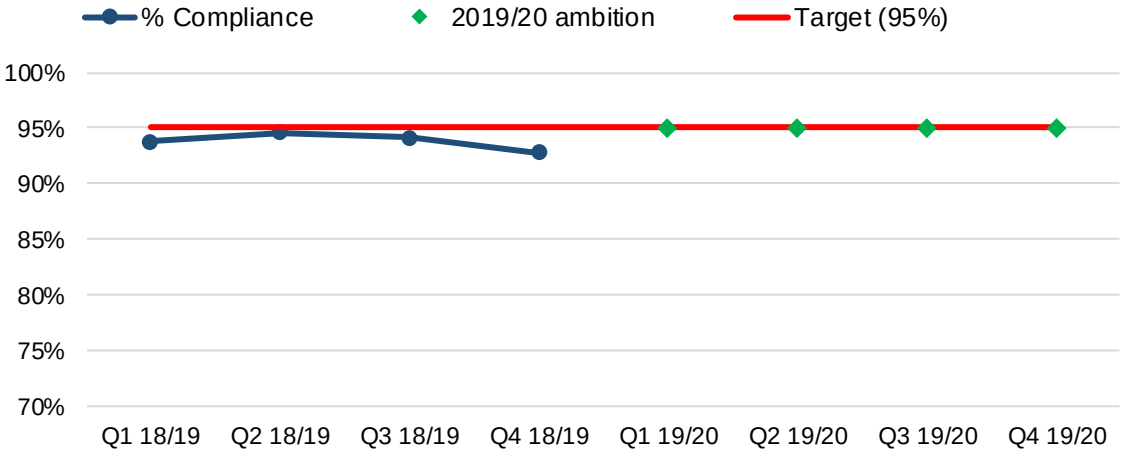
Performance		Last available All Wales data Ranking (1st being the best and 7th being the worst)			
		Hywel Dda	All Wales	Ranking	Time Period
C.difficile per 100,000 population (cumulative)	**34.93 ***	48.41	27.26	6th out of 6	Apr 19 - May 19
S.aureus bacteraemias (MRSA and MSSA) per 100,000 population (cumulative)	**22.23 ***	35.92	26.11	5th out of 6	Apr 19 - May 19
E.coli bacteraemias cases per 100,000 population (cumulative)	**82.55 ***	92.13	83.13	5th out of 6	Apr 19 - May 19

* Public Health Wales to provide Health Board specific targets.

3 doses of 6 in 1 vaccine by age 1

Executive Lead: Ros Jervis **Senior Responsible Officer(s): Lynne Edwards** **March 2019** **12 month performance:** declining

% children receiving 3 doses of 6 in 1 vaccine by age 1



The latest COVER report published in May 2019 includes data for quarter 4 (Q4), January to March 2019.

Uptake of the 3 doses of the 6 in 1 vaccine by age 1 was below the 95% target at 92.8% compared to the all Wales uptake of 95.3%, and down from Hywel Dda uptake of 94.1% last quarter.

Broken down at local authority level,:

	Carms	Cere	Pembs	HDUHB
Q3 18/19	95.2%	92.0%	93.3%	94.1%
Q4 18/19	92.7%	93.7%	92.6%	92.8%

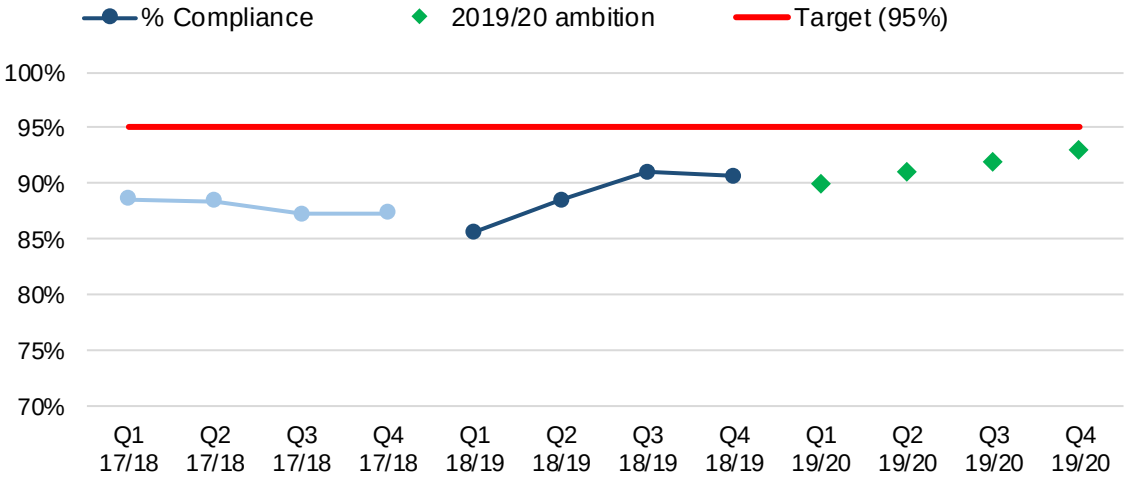
The run chart shows no evidence of unusual variation in recent months and the Health Board does not have enough historic data to provide a median.

2019/20 Annual Plan ambition is to meet the National target of 95%. The latest all Wales data ranks the Health Board as 7th out of 7.

2 doses of MMR vaccine by age 5

Executive Lead: Ros Jervis **Senior Responsible Officer(s): Lynne Edwards** **March 2019** **12 month performance:** improving

% children receiving 2 doses of MMR vaccine by age 5



Uptake of 2 doses of the Measles, Mumps and Rubella (MMR) vaccine by age 5 remains below the 95% target, with an uptake for January to March 2019 in Hywel Dda of 90.6%, a decrease from the previous quarter of 91.0%.

Broken down at local authority level,:

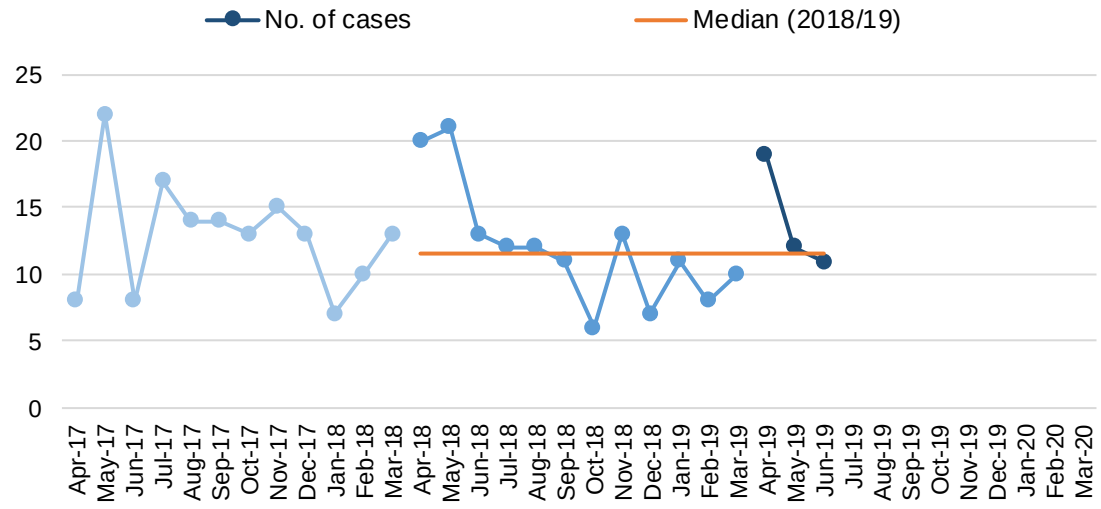
	Carms	Cere	Pembs	HDUHB
Q3 18/19	91.3%	90.9%	90.6%	91.0%
Q4 18/19	89.5%	90.9%	92.2%	90.6%

The run chart shows no evidence of unusual variation in recent months and the Health Board does not have enough historic data to provide a median.2019/20 Annual Plan ambition is to meet the National target of 95%. The latest all Wales data ranks the Health Board as 7th out of 7.

Clostridium difficile

Executive Lead: Mandy Rayani **Senior Responsible Officer(s):** Sharon Daniel **June 2019** N/A **12 month performance:** N/A

Number of cases of C.diff



The number of C.difficile cases reduced from 12 cases in May to 11 in June 2019 and is below the 2018/19 median of 12 cases. Bronglais General Hospital reported zero cases in June 2019.

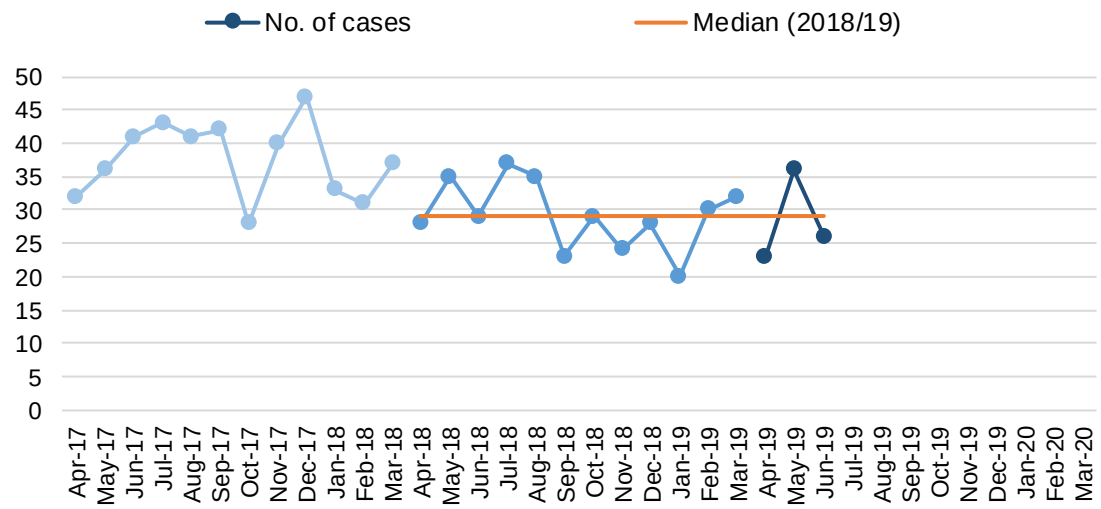
The run chart shows no evidence of unusual variation in recent months.

The Health Board is awaiting further guidance regarding the metric target as part of a Welsh Health Circular as 2019/20 targets will be Health Board specific.

E.coli bacteraemia

Executive Lead: Mandy Rayani **Senior Responsible Officer(s):** Sharon Daniel **June 2019** N/A **12 month performance:** N/A

Number of cases of E.coli



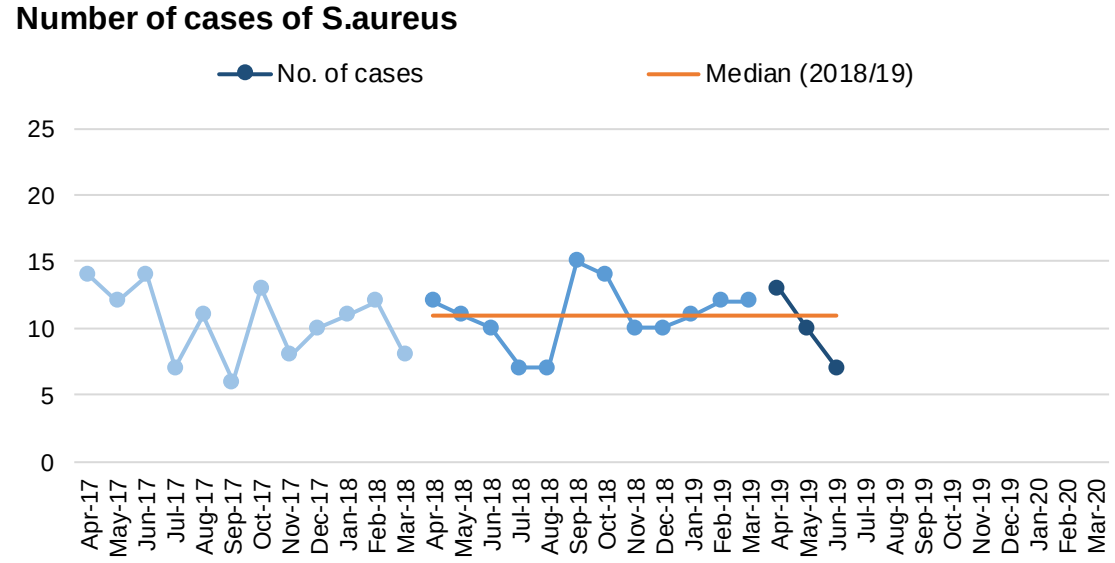
The number of E.coli cases reduced from 36 cases in May to 26 in June 2019 and is below the 2018/19 median of 29 cases. Prince Philip Hospital reduced its cases from 9 in May to 3 in June 2019.

The run chart shows no evidence of unusual variation in recent months.

The Health Board is awaiting further guidance regarding the metric target as part of a Welsh Health Circular as 2019/20 targets will be Health Board specific.

S.aureus bacteraemia

Executive Lead: Mandy Rayani **Senior Responsible Officer(s):** Sharon Daniel **June 2019** N/A **12 month performance:** N/A



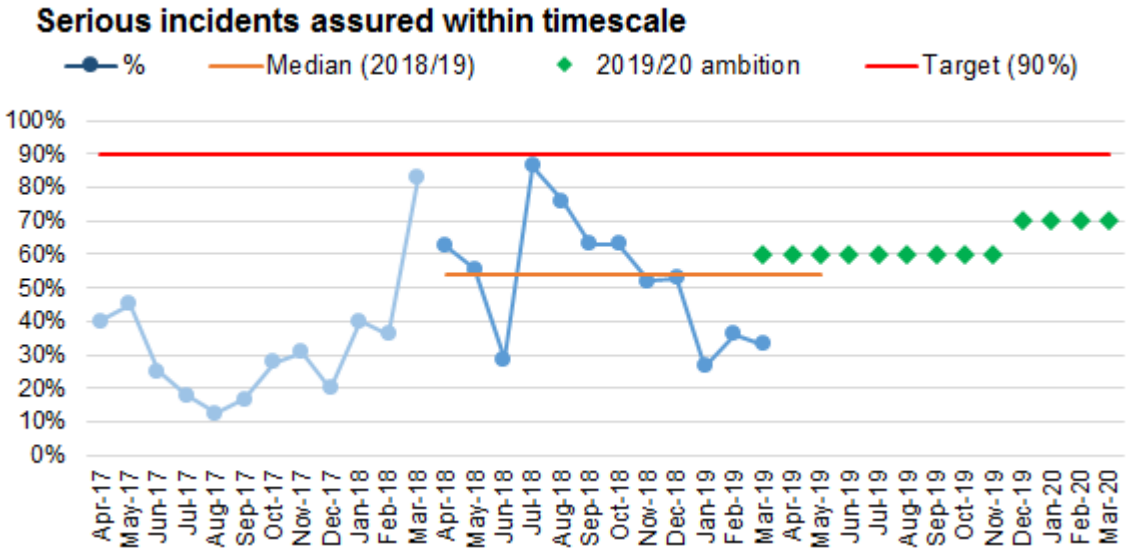
The number of S.aureus cases reduced from 10 cases in May to 7 cases in June 2019 and is below the 2018/19 median of 11 cases. Bronglais General Hospital reduced cases from 4 in May to 1 in June 2019.

The run chart shows no evidence of unusual variation in recent months.

The Health Board is awaiting further guidance regarding the metric target as part of a Welsh Health Circular as 2019/20 targets will be Health Board specific.

Serious Incidents

Executive Lead: Mandy Rayani **Senior Responsible Officer(s):** Sian Passey **March 2019** ● **12 month performance:** declining



In March 2019 31.3% of Serious Incidents were assured within an agreed timescale. The Health Board has missed the Welsh Government target of 90%.

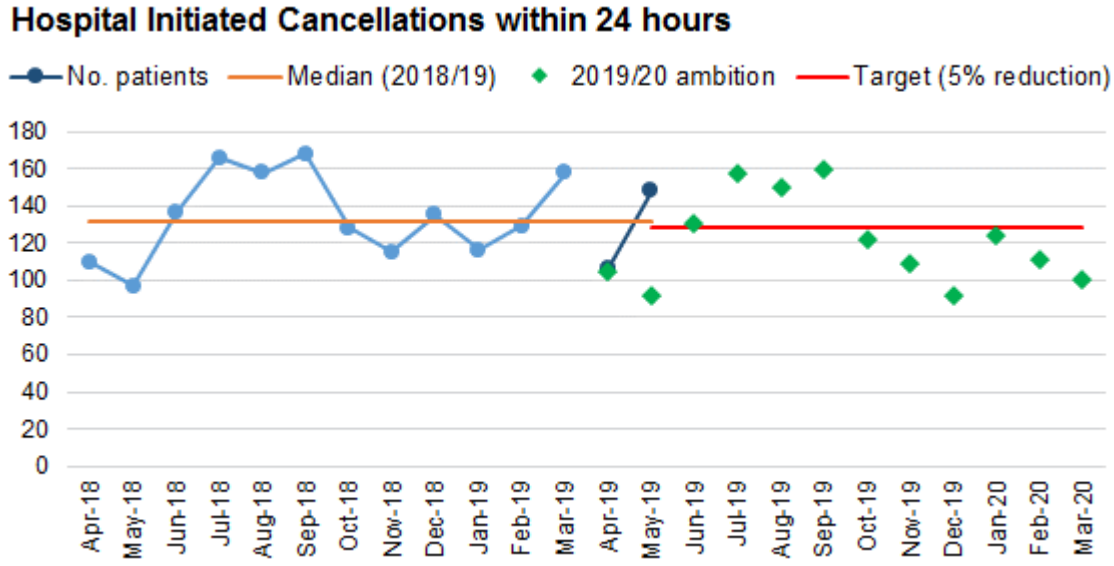
The 9 most recent data points are showing a decreasing trend away from target. The 2019/20 Annual Plan ambition of 60% has been missed.

The latest all Wales data ranks the Health Board 3rd out of 7.

Please note the delay in reported data is due to a Welsh Government implementing a new system for collating and validating data. The Health Board is informed that this will be resolved next month.

Hospital initiated cancellations

Executive Lead: Joe Teape **Senior Responsible Officer(s):** Acute Site General Managers **May 2019** ● **12 month performance:** improving



In May 2019 there were 148 Hospital Initiated Cancelations within 24 hours. The Welsh Government 5% reduction target was missed however there is a 12 month improving position.

The Welsh Government 5% reduction target equates to having fewer than 1,593 HICs a year or 128 a month.

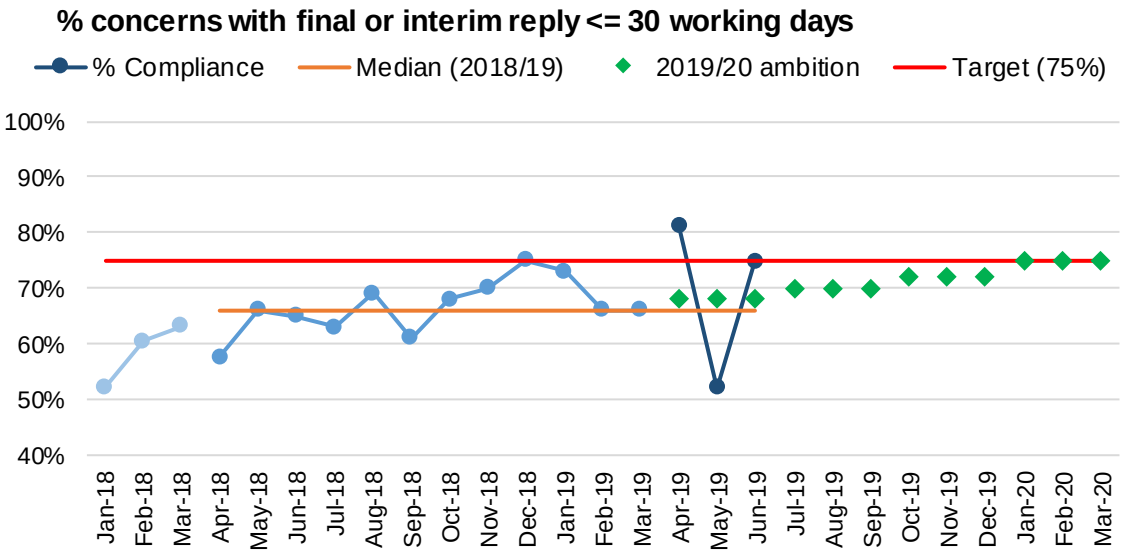
The most recent data points are not showing any increasing or decreasing trend or shift.

The 2019/20 Annual Plan ambition of 92 HICs a month has been missed.

The latest all Wales data ranks the Health Board 3rd out of 7.

Concerns and complaints

Executive Lead: Mandy Rayani **Senior Responsible Officer(s):** Louise O'Connor **June 2019** ● **12 month performance:** improving



The percentage of concerns that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) in June 2019 met the target of 75%. Performance is above the 2018/2019 median of 66%.

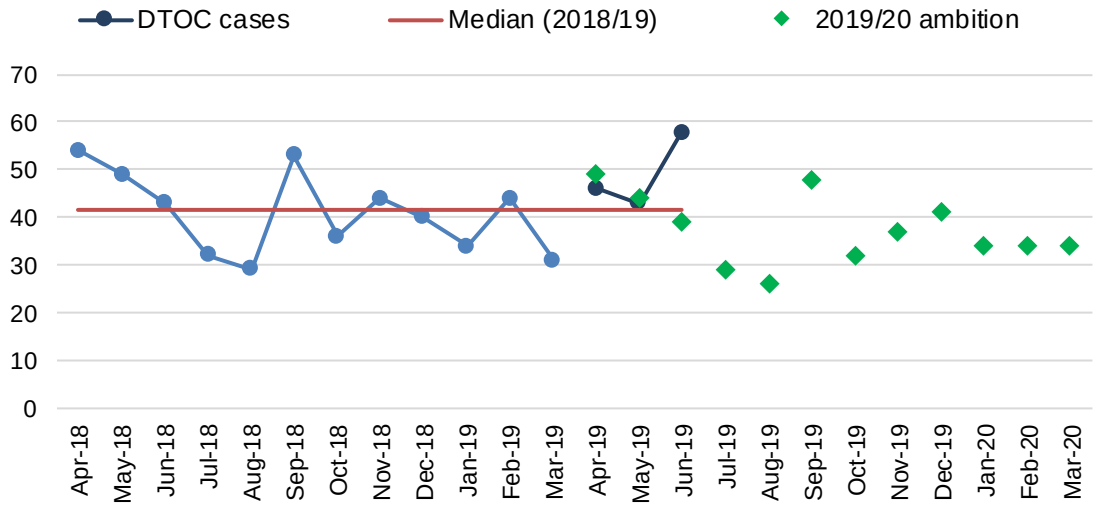
The run chart shows no evidence of unusual variation in recent months. The 2019/2020 ambition of 68% was exceeded in June 2019.

The latest all Wales data ranks the Health Board as 7th out of 10.

Delayed Transfers of Care (DTOC) - Non-mental health

Executive Lead: Joe Teape **Senior Responsible Officer(s):** County Directors **June 2019** ● **12 month performance:** declining

Non Mental Health DTOC cases (12 mth reduction target)



June 2019 saw the highest number of non-mental health DTOC cases seen in one month (58 cases) since April 2018 and is significantly above the 2018/19 median of 42 cases. At the county level, the biggest increase was seen in Carmarthenshire with the number of cases rising from 16 in May to 31 in June.

	Carms	Cere	Pembs	Out of area	Total
May '19	16	7	19	1	43
June '19	31	11	15	1	58

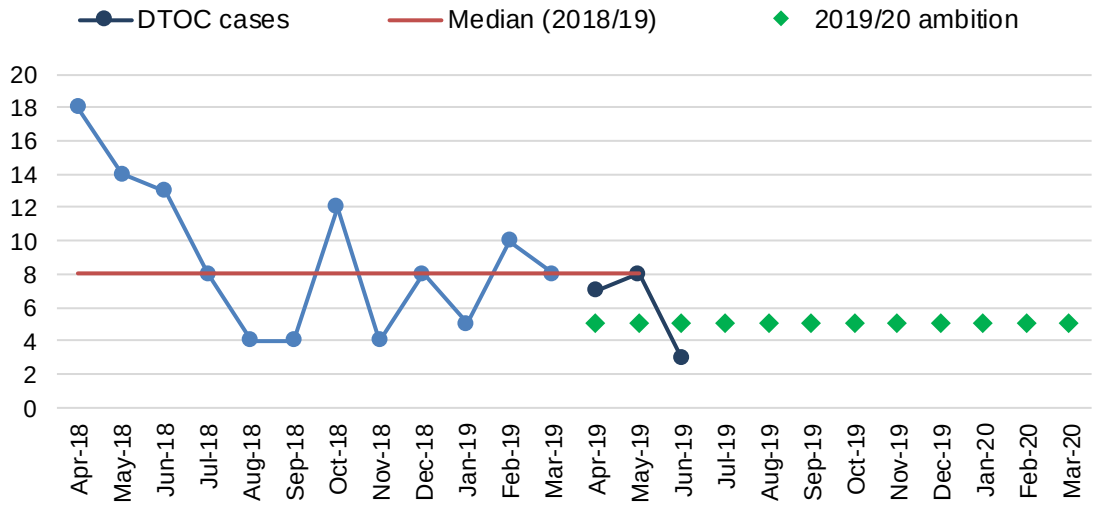
The run chart shows no evidence of unusual variation in recent months. The 2019/20 Annual Plan ambition of no more than 39 cases per month was exceeded and the National 12 month reduction target was not met in June 2019.

The latest all Wales data ranks the Health Board as 4th out of 8.

Delayed Transfers of Care (DTOC) - Mental health

Executive Lead: Joe Teape **Senior Responsible Officer(s):** Liz Carroll **June 2019** ● **12 month performance:** improving

Mental Health DTOC cases (12 mth reduction target)



Conversely, June 2019 saw the lowest number of mental health DTOCs (3 cases) since April 2018 and is significantly below the 2018/19 median of 8 cases.

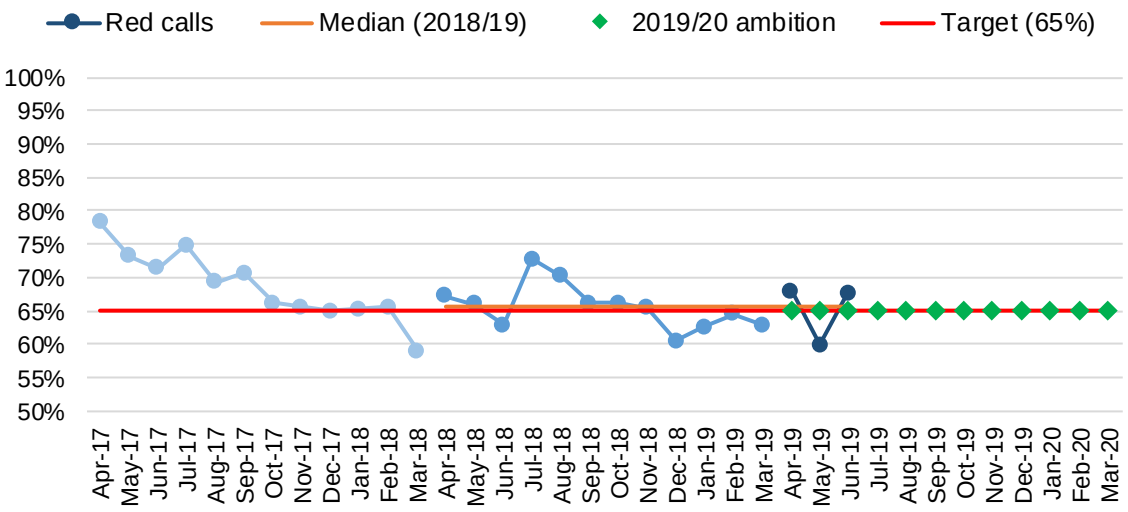
The run chart shows no evidence of unusual variation in recent months. The 2019/20 Annual Plan ambition of 5 cases for June 2019 was met as was the National 12 month reduction target.

The latest all Wales data ranks the Health Board as 4th out of 7.

Ambulance red calls

Executive Lead: Joe Teape **Senior Responsible Officer(s):** Rob Jeffery (WAST) **June 2019** ● **12 month performance:** declining

% of responses to Red Calls within 8 mins



June 2019 Red calls was 67.8%, which is an improvement in performance from 59.9% in May 2019 and is above the 2018/19 median of 65.7%. At the county level, the biggest improvement was seen in Carmarthenshire.

	Carms	Cere	Pembs	HDUHB
May '19	61.1%	60.5%	58.1%	59.9%
June '19	69.9%	65.0%	65.2%	67.8%

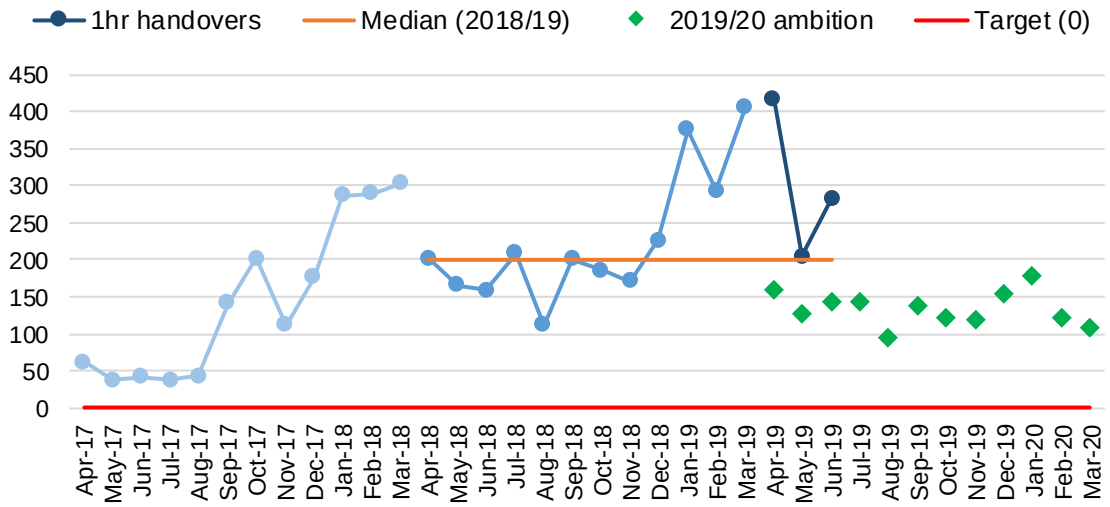
The run chart shows no evidence of unusual variation in recent months. The 2019/20 Annual Plan ambition of 65% was exceeded in June 2019.

The latest all Wales data ranks the Health Board as 6th out of 7.

Ambulance handover - 1 hour

Executive Lead: Joe Teape **Senior Responsible Officer(s):** Acute Site General Managers **June 2019** ● **12 month performance:** declining

Ambulance handovers taking longer than 1 hour



In June, 284 ambulance handovers were reported as taking longer than 1 hour, which is deterioration in performance from 204 in May 2019 and is above the 2018/19 median of 201. At the 4 acute site level, only Withybush General Hospital improved upon May 2019 performance from 95 to 90 in June 2019.

	BGH	GGH	PPH	WGH	HDUHB
May '19	52	56	1	95	204
June '19	54	135	5	90	284

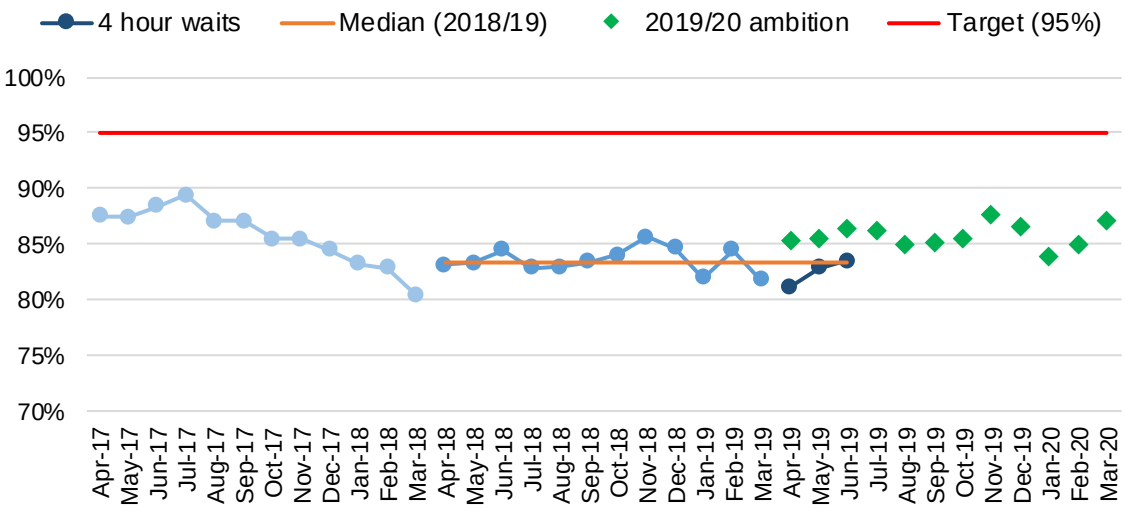
The run chart shows no evidence of unusual variation in recent months. The 2019/20 Annual Plan ambition of 142 was exceeded in June 2019.

The latest all Wales data ranks the Health Board as 2nd out of 6.

A&E 4 hour waiting times

Executive Lead: Joe Teape **Senior Responsible Officer(s):** Acute Site General Managers **June 2019** ● **12 month performance:** declining

% of patients seen within 4 hours in A&E / MIU



In June 2019, 83.5% of A & E/MIU new attendances were seen within 4 hours, which is improved performance from 82.8% in May 2019 and is above the 2018/19 median of 83.3%. At the 4 acute site level, Glangwili General Hospital and Prince Philip Hospital improved upon May 2019 performance in June 2019.

	BGH	GGH	PPH	WGH	HDUHB
May '19	84.7%	77.2%	91.9%	77.1%	82.8%
June '19	84.6%	79.7%	93.4%	76.0%	83.5%

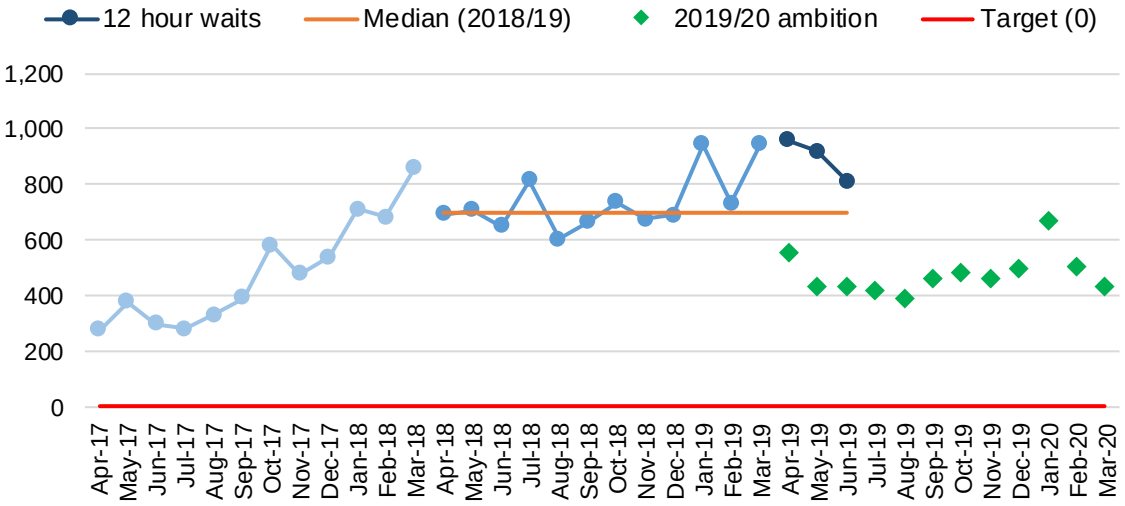
The run chart shows no evidence of unusual variation in recent months. The 2019/20 Annual Plan ambition of 86.4% was not met in June 2019.

The latest all Wales data ranks the Health Board as 2nd out of 6.

A&E 12 hour waiting times

Executive Lead: Joe Teape **Senior Responsible Officer(s):** Acute Site General Managers **June 2019** ● **12 month performance:** declining

Patients waiting more than 12 hours in A&E / MIU



In June 2019, 816 patients waited longer than 12 hours in A & E/MIU, which is improved performance from 920 in May 2019 and is above the 2018/19 median of 700. At the acute site level, 3 sites improved upon May 2019 performance in June 2019.

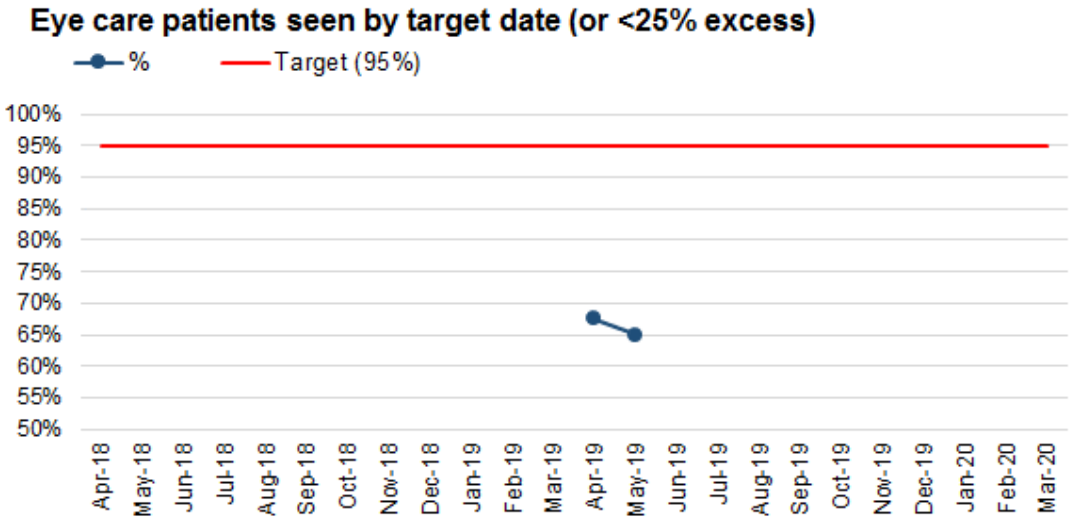
	BGH	GGH	PPH	WGH	HDUHB
May '19	99	364	16	441	920
June '19	80	316	21	399	816

The run chart shows no evidence of unusual variation in recent months. The 2019/20 Annual Plan ambition of 434 was not met in June 2019.

The latest all Wales data ranks the Health Board as 4th out of 6.

Ophthalmology

Executive Lead: Joe Teape **Senior Responsible Officer(s):** Stephanie Hire/Keith Jones **May 2019** ● **12 month performance:** N/A



In May, the percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their target date was 64.9% (6,688 out of 10,304 patients) against a Welsh Government target of 95%.

Due to this being a new measure the Health Board does not have enough historic data to provide a median or identify if there is evidence of an unusual variation.

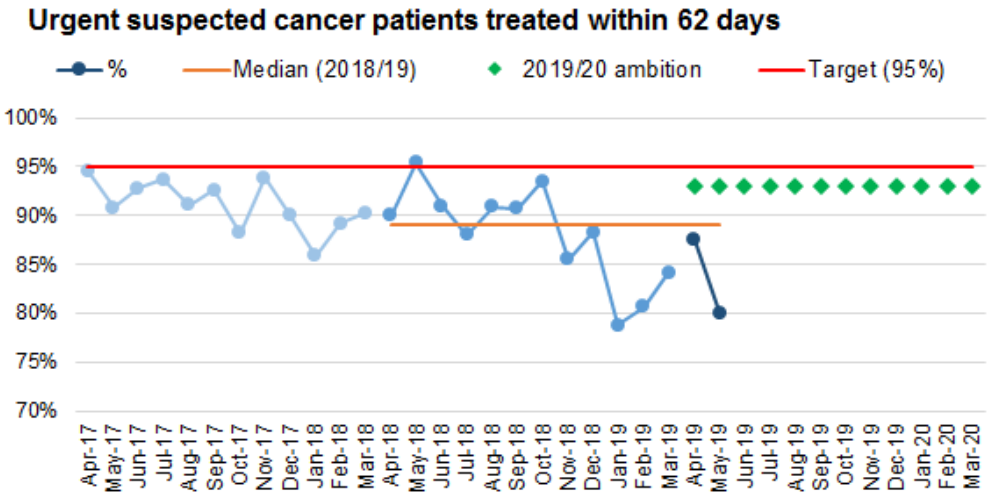
From December 2019 an additional (planned care programme) measure will be reported which requires all health boards to have allocated a clinical risk factor to 98% of patients on the eye care outpatient waiting list.

Urgent suspected cancer

Lead committee: BPPAC | **Executive Lead: Joe Teape** | **Senior Responsible Officer(s):** Keith Jones

Metrics (targets):	**Status as at May 19**	**Performance the past 12 months**
• % of patients referred as urgent suspected cancer seen within 62 days – Target 95%	●	Declining

Latest Data



Where are we and are we on target?

In May 2019, 23 out of 115 (80%) patients who were referred with urgent suspected cancer breached the 62 day target of 90%. There are more than 6 points in a row below the 2018/2019 median which indicates a declining shift away from target. The 2019/20 Annual Plan ambition has not been achieved and the performance over 12 months has been declining. The latest all Wales data (April 2019) ranks the Health Board 1st in Wales for this measure.

Why has this occurred?

The trend in performance improvement in recent months was not sustained in May 2019 due to the following reasons

- 7x delay to tertiary surgery (3x Gynaecology, 1x Lung, 1x Urology, 2x Dermatology pathways);
- 7x complex diagnostic pathways , including multiple diagnostic tests and complex staging investigations (3x Lower Gastrointestinal, 1x Childhood, 1x Head &Neck, 1x Lung, 1x Urology pathways);
- 2x delay to tertiary radiotherapy (2x Head &Neck pathways);
- 6x delay to local diagnostic pathways (2x Dermatology, 1x Urology, 3x Lower Gastrointestinal pathways);
- 1x delay to local surgery (Urology pathway);

What are the challenges?

- **Tertiary centre capacity pressures** - continue to significantly compromise the Health Board's performance across a number of USC and NUSC pathways. These pressures are similarly reflected in performance at Swansea Bay University Health Board (SBUHB) which continue to run significantly below the Welsh average. Lead in times to radiotherapy treatments regularly exceed 4 weeks for many patients and delays for Gynaecology surgery continue to feature as major breach reason. Concerns regarding Tertiary Centre capacity and associated delays continue to be escalated at operational and executive levels. The extent to which these tertiary capacity risks impact upon overall performance varies month to month depending on the volume of Hywel Dda patients requiring tertiary treatment and overall demand at SBUHB;
- **Complex pathway delays** – the nature and complexity of tumours for some patients do not support rapid diagnosis and treatment as these patients are often subject to multiple investigations and Multi Discipline Team (MDT) reviews to determine the most appropriate clinical management plan.
- **Local service capacity pressures** – capacity pressures within the Radiology continue to present a risk to the timely assessment and treatment of patients on the Urology and Lower Gastrointestinal pathways in particular. The Urology pathway is also compromised by the recent failure of specialist fusion biopsy equipment at Prince Philip Hospital (PPH). Previously highlighted capacity pressures on the Dermatology pathway continue to show improvement with 2 breaches reported in May 2019 – this represents an improvement over previous months.

What is being done?

The table below provides a current status assessment of the key risks:

Dermatology	Current Position:
• Local diagnostic/treatment delays due to significant vacancy factor within service.	• Performance in May 2019 showed a continued improvement compared to previous months; • 1 staff grade doctor has been appointed and a locum consultant is due to commence in early summer 2019 along with continued utilisation of an external provider to supplement local capacity; • A joint planning workshop has been held with SBUHB to consider further opportunities for regional solutions and a development/supervision programme for GPs with an interest in Dermatology; • The Dermatology backlog has now reduced to 6 patients for whom diagnoses have not yet been confirmed.
Urology	**Current Position:**
• Delays for tertiary surgery; • Incidence of local diagnostic delays due to pressure on diagnostic service capacity.	• Pressures on the tertiary surgical and oncology service escalated with SBUHB actively seeking additional capacity to reduce delays; • Pressures impact upon waiting times for tertiary surgery and radiotherapy treatments; • SBUHB unable to confirm robust plans to mitigate these risks in the short term, although locum recruitment attempts are continuing; • Locum solutions continue to be explored to support Radiology capacity investigations and local pathology reporting. The recent failure of the MRU scanner at Bronglais Hospital has further increased pressure on MRI capacity across the Health Board. • Replacement equipment to support specialist fusion biopsies at PPH has been ordered (this service is only available at PPH). • Pressures on HDU bed capacity continue to present a risk to cancelled operations at Glangwili Hospital.
Lower GI	**Current Position**
• Incidence of local diagnostic delays due to pressure on diagnostic service capacity.	• Locum solutions continue to be explored to support Radiology capacity investigations and local pathology reporting. • LGI breach performance is also compromised by the impact of complex diagnostic pathways

Gynaecology	Current Position:
• Delays for surgical treatment at the tertiary centre in Swansea; • Situation reflects capacity pressures within the SBUHB Gynaecology consultant team and periodic bed capacity pressures at Morriston.	• This will remain a risk to sustained performance improvement until Autumn 2019; • SBUHB have confirmed that a 4th Gynaecology Cancer Surgeon has been appointed but the successful candidate will not join the service until September 2019; • No available interim capacity at alternative units in Wales.

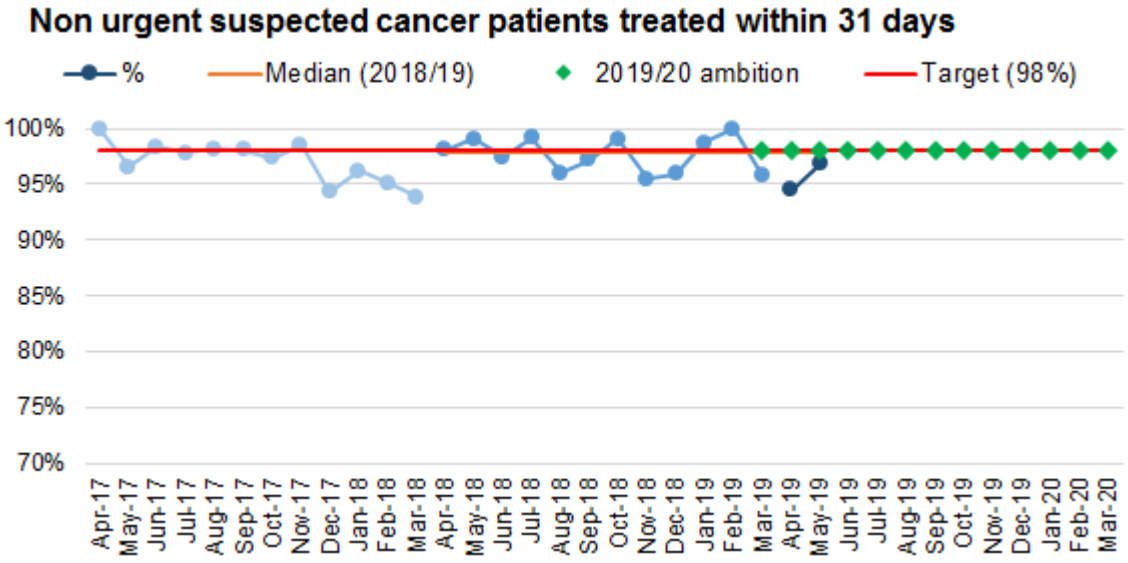
When can we expect an improvement and by how much?
Early indications suggest USC performance for June 2019 will show an improvement as the volume of potential breaches being tracked is lower than May 2019. The Health Board has recently been notified of an allocation of £349k to support additional investment in diagnostic capacity (Radiology, Pathology & Endoscopy) linked to the advent of the Single Cancer Pathway. Once released, this investment will be prioritised to increase capacity in these services. A sustained improvement in performance is not expected until this additional capacity is secured and the 4th Gynaecology surgeon in SBUHB comes into post in September 2019.

NUSC performance is expected to be between 96-98%, dependent upon capacity pressures within tertiary/externally provided services.

How does this impact on both patients and finances?
Evidence suggests early diagnosis and treatment of cancer can significantly influence longer term clinical outcomes for patients. The impact of diagnostic and treatment pathways for individual patients will reflect a number of different factors including length of time between development of symptoms and initial presentation, the relative stage/progression of the tumour at the time of presentation, the nature of the tumour and treatment options available.

Non-urgent suspected cancer

Executive Lead: Joe Teape **Senior Responsible Officer(s):** Keith Jones **June 2019** ● **12 month performance:** declining



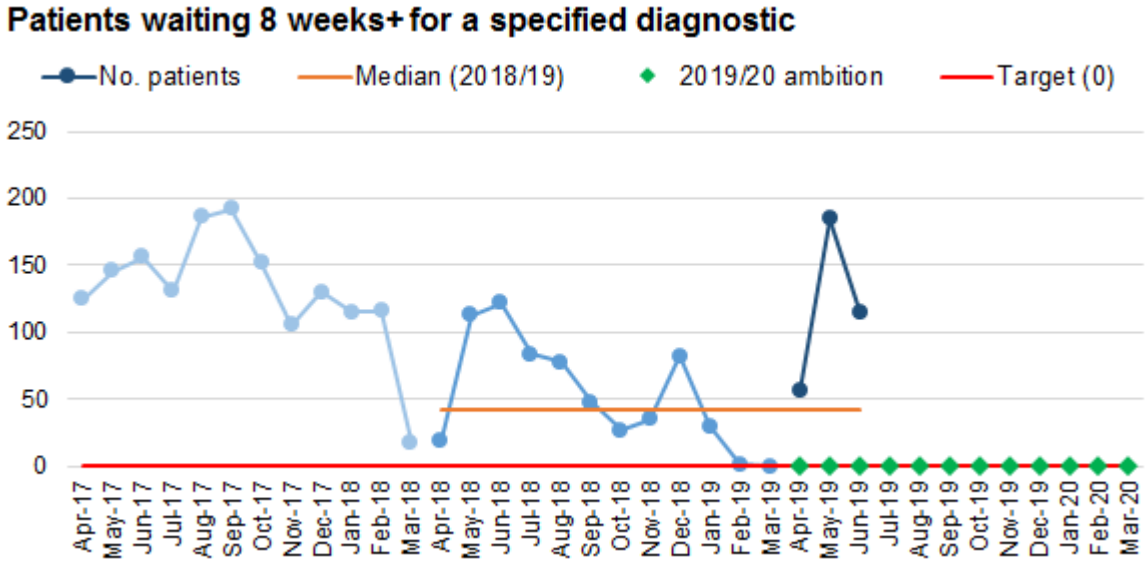
In May 2019, 4 out of 124 (96.8%) patients who were referred with suspected cancer breached the 31 day target of 98%.
The most recent data points suggest no increasing or decreasing trend or shift away from the median.

The 2019/20 Annual Plan ambition has not been achieved and the performance over 12 months has been declining.

The latest all Wales data (April 2019) ranks the Health Board 5th in Wales for this measure.

Diagnostic waiting times

Executive Lead: Joe Teape **Senior Responsible Officer(s):** Sarah Perry **June 2019** ● **12 month performance:** declining



In June 2019, 115 (71 Cardiology, 1 imaging, 28 Consultant Radiology and 15 GP Radiology) patients referred for diagnostic tests breached the 8 week target. This is an improvement compared to May 2019 where the Health Board reported 185 breaches.

The most recent data point suggest no increasing or decreasing trend or shift away from the 2018/19 median. The Health Board has recovered from the astronomical data position reported last month.

The 2019/20 Annual Plan ambition has not been achieved and the performance over 12 months has been declining.
The latest all Wales data (April 2019) ranks the Health Board 3rd out of 7 in Wales for this measure.

Therapy waits over 14 weeks - Physiotherapy

Lead committee: BPPAC | **Executive Lead: Joe Teape** | **Senior Responsible Officer(s):** Helen Annandale

Metrics (targets):	**Status as at June 19**	**Performance the past 12 months**
• Number of patients waiting 14 weeks plus for Physiotherapy (Target = 0)	●	declining

Latest Data

The latest available data can be viewed within the therapies graphs.

Where are we and are we on target?

There were 258 breaches of the 14 week target in June 2019. The majority are within the Musculoskeletal Physiotherapy (MSK) specialty with a small number (6) in community. In May 2018, 7 breaches were reported. The overall 12 month trend is showing a decline in performance.

Why has this occurred?

Demand on the service has increased over the last 3 years as services have modernised to shift demand off Primary Care GP and Secondary Care Consultant specialties. Short-term funding in recent financial years has supported the service in absorbing some of the demand but there has still been a steady increase in the volume of patients on waiting lists. This has led to a position where there is a higher risk of breaches with small fluctuations in workforce. Waiting list volume has increased by 73% over the last 12 months.

What are the challenges?

- Service capacity is challenged due to baseline staffing compounded by recruitment challenges and vacancies e.g. maternity leave and availability of newly qualified staffing. The latter is a national issue. There are 8.2 WTE qualified staff on maternity in areas which directly impact 14 weeks targets;
- The MSK Physio service has been running with consistent agency workforce of between 7 and 9 WTE for 3 years. Agency recruitment is currently challenging in all areas, which is reducing service capacity.
- Increasing service demand including transforming services to focus on prevention e.g. increasing access with self-referral services, alternative services to Consultant assessment, pilot projects to support primary care MSK caseloads;
- Clinical Musculoskeletal Assessment and Treatment Service (CMATS), new primary care first contact practitioner roles and the core MSK physiotherapy service are interlinked and capacity has been flexed between the services e.g. service cover for maternity leave. This decreases capacity within core MSK services, which compounds the capacity issue;
- Fixed term nature of funding for new roles in primary care is a limiting factor in successful external recruitment.

What is being done?

Service redesign including:

- Skill mix review;
- Signposting/delegation to partners e.g. National Exercise Referral Scheme (NERS);
- Development of integrated community based education and rehab programs collaboratively delivered with local authority (NERS);
- Empowering self-management of chronic conditions;
- Recruitment and retention strategy to attract and support skilled practitioners to service;
- Appropriate utilisation of agency staffing via direct engagement;
- Continue performance management strategies e.g. patient management in line with national standards, electronic systems, and template based clinical diary systems;
- The service is working collaboratively with primary care to develop new roles in GP practices to allow early expert first point of contact support, improve quality, and reduce some of the demand into core MSK Physiotherapy/CMAT services;
- The service has submitted capacity demand reports to highlight workforce challenges.

When can we expect an improvement and by how much?

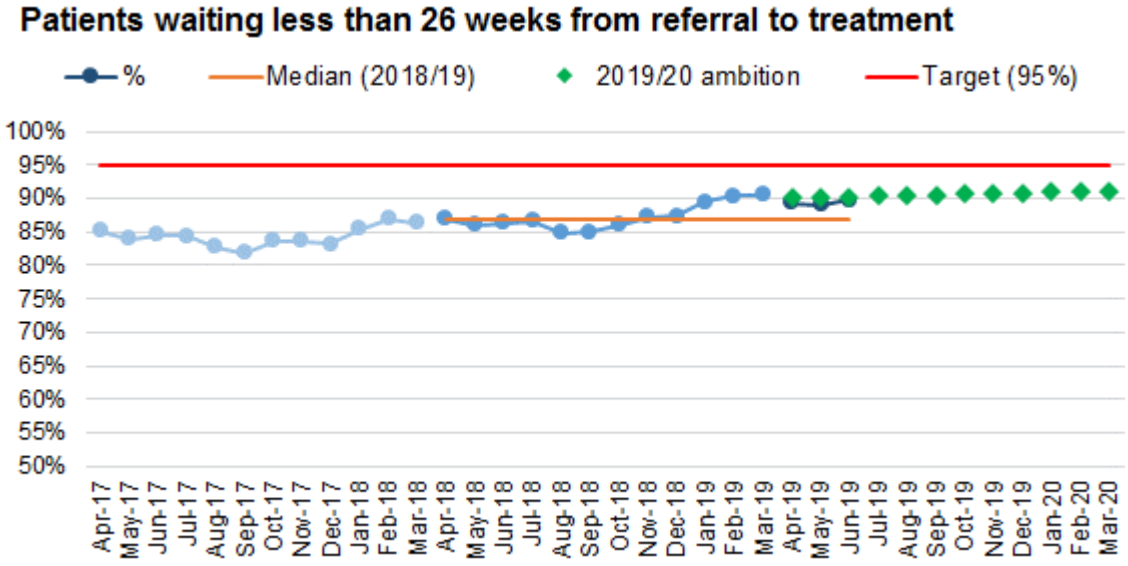
It is anticipated that the breach position will continue to increase into September. The extent is dependent on the availability of agency workforce to back fill for service vacancies. It is anticipated >6 WTE vacancies will be recruited with start dates in September. Agency availability is seasonal and will also improve at this time. A progressive improvement in waiting times will occur towards a zero breach position by the end of the 19/20 financial year.

How does this impact on both patients and finances?

The impact on patient finances remains the same as per M2 IPAR (page 67)

Referral to treatment - 26 weeks or less

Executive Lead: Joe Teape **Senior Responsible Officer(s):** Keith Jones/Stephanie Hire **June 2019** ● **12 month performance:** improving



In June 2019, 89.8% (50,931 patients) were referred and treated within 26 weeks. Whist not meeting the 95% target the Health Board achieved a higher compliance compared to the 2018/19 median of 86.8%.

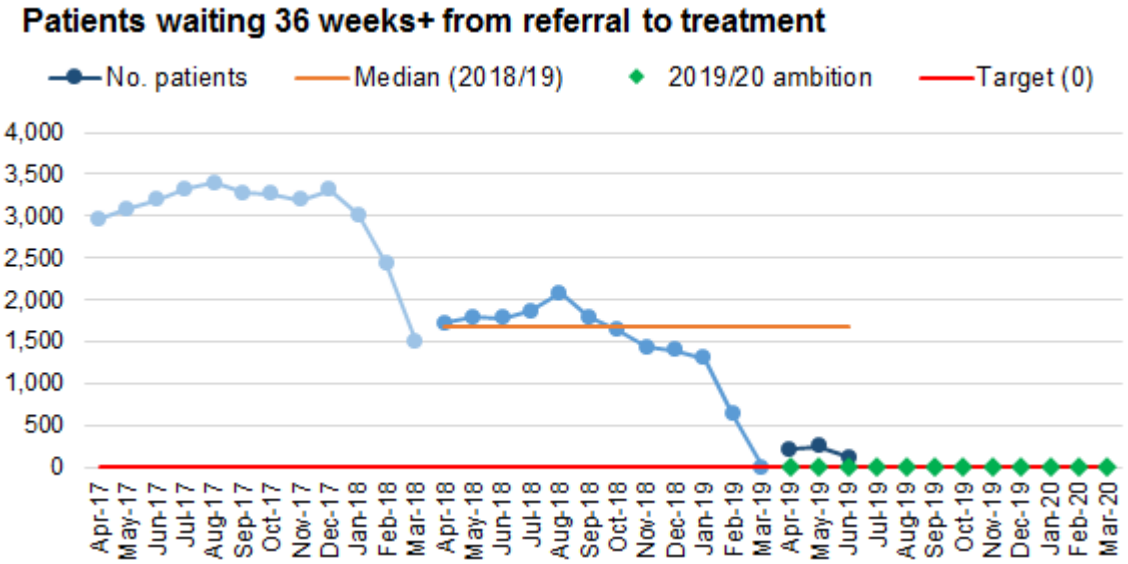
With the most 8 recent data points above the median line, the run chart shows evidence of unusual variation i.e. an improvement towards target.

The 2019/20 Annual Plan ambition of 90.3% was narrowly missed.

The latest all Wales data (as at April 2019) ranks the Health Board 3rd out of 7.

Referral to treatment - 36 weeks and over

Executive Lead: Joe Teape **Senior Responsible Officer(s):** Keith Jones/Stephanie Hire **June 2019** ● **12 month performance:** improving



In June 2019 the number of patients waiting 36 weeks or more from referral to treatment was 122 which is significantly below the 2018/19 median of 1,682 cases.

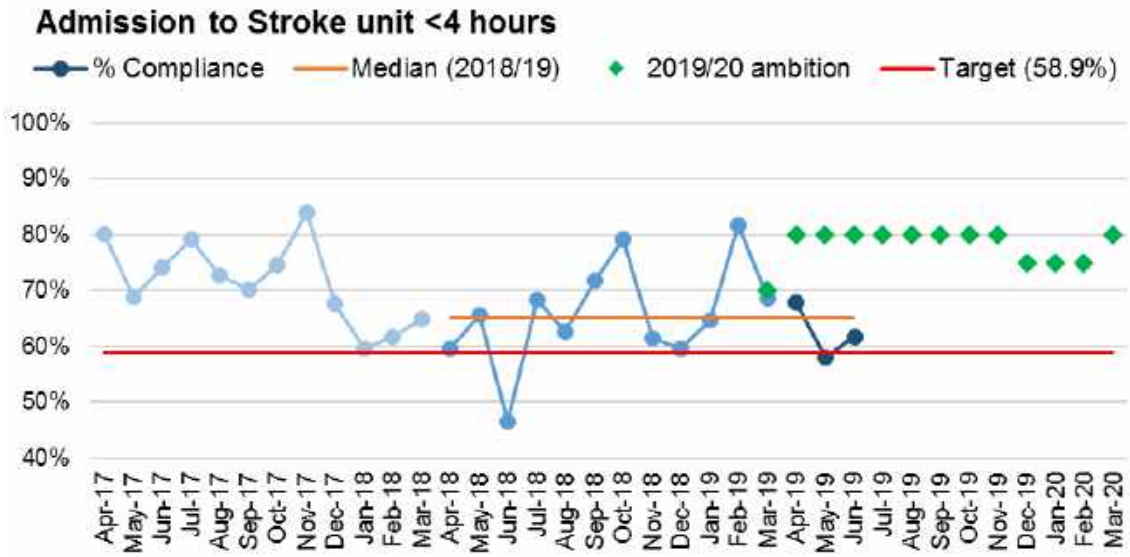
The run chart demonstrates a downward trend with the latest 8 points of data moving towards zero.

The 2019/20 Annual Plan ambition of no patients breaching has been missed but the National 12 month reduction target has been achieved.

The latest all Wales data (as at April 2019) ranks the Health Board 2nd out of 7.

Admission to Stroke unit within 4 hours of clock start

Executive Lead: Joe Teape **Senior Responsible Officer(s):** Bethan Andrews/Simon Mansfield **June 2019** ● **12 month performance:** declining



The admission to the stroke unit less than 4 hours in June 2019 met the target (58.9%), with performance of 61.7% and is slightly below the 2018/19 median of 65.1%. The target was not met in Glangwili General Hospital and Withybush General Hospital.

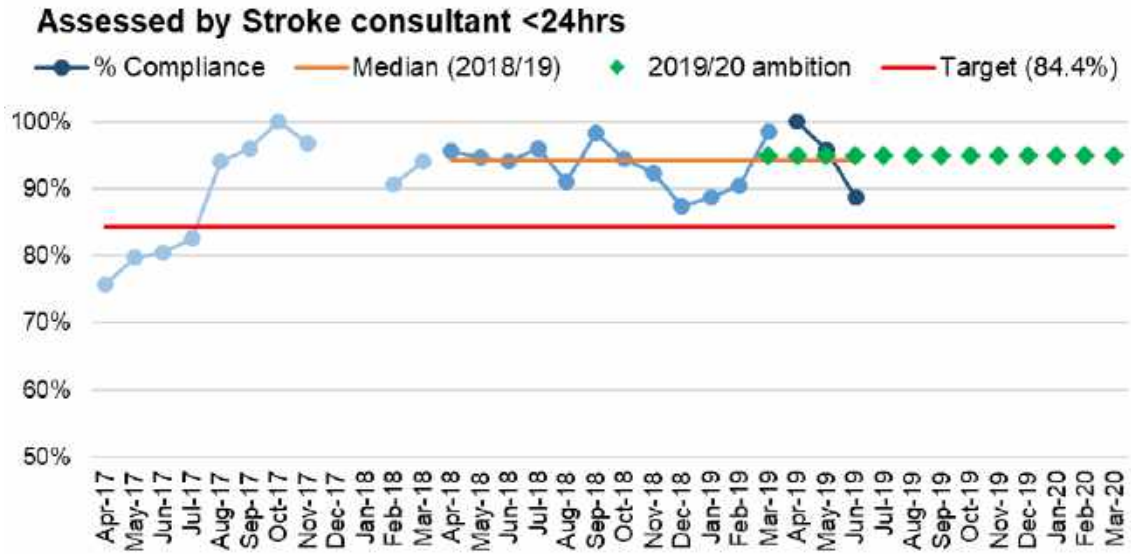
	BGH	GGH	PPH	WGH	HDda
May '19	92.3%	52.9%	72.7%	37.5%	58.5%
June '19	75.0%	52.9%	69.2%	55.6%	61.7%

The run chart shows no evidence of unusual variation in recent months. The 2019/20 Annual Plan ambition of 80.0% was not met in June 2019.

The latest all Wales data ranks the Health Board as 1st out of 6.

Assessed by Stroke consultant less than 24 hours of clock start

Executive Lead: Joe Teape **Senior Responsible Officer(s):** Bethan Andrews/Simon Mansfield **June 2019** ● **12 month performance:** declining



The percentage of patients assessed by a stroke consultant in June 2019 met the target (84.4%) with performance of 88.9% and is slightly below the 2018/19 median of 94.4%. The target was met in all sites apart from Glangwili General Hospital.

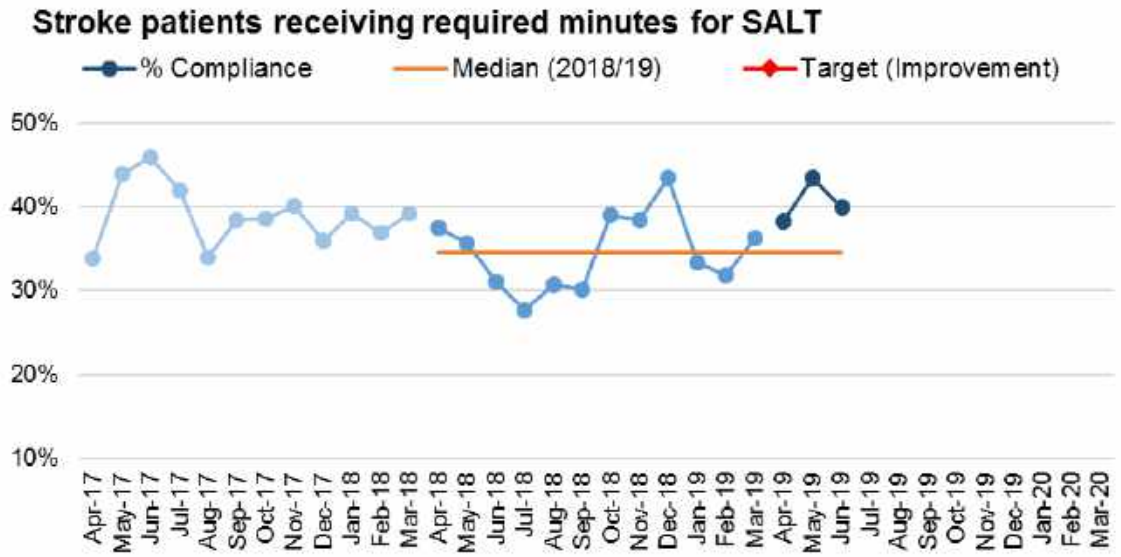
	BGH	GGH	PPH	WGH	HDda
May '19	94.1%	94.4%	92.9%	92.9%	93.5%
June '19	90.0%	70.6%	94.7%	100%	88.9%

The run chart shows no evidence of unusual variation in recent months. The 2019/20 Annual Plan ambition of 95% was not met in June 2019.

The latest all Wales data ranks the Health Board as joint 1st out of 6.

Stroke patients - Speech & language therapy (SALT)

Executive Lead: Joe Teape **Senior Responsible Officer(s):** Bethan Andrews/Simon Mansfield **June 2019** ● **12 month performance:** improving



The percentage of stroke patients receiving the required minutes for speech and language therapy met the rolling 12 month improvement trend target for the HB (40%) in June 2019 and is slightly below the 2018/19 median of 34.5%.

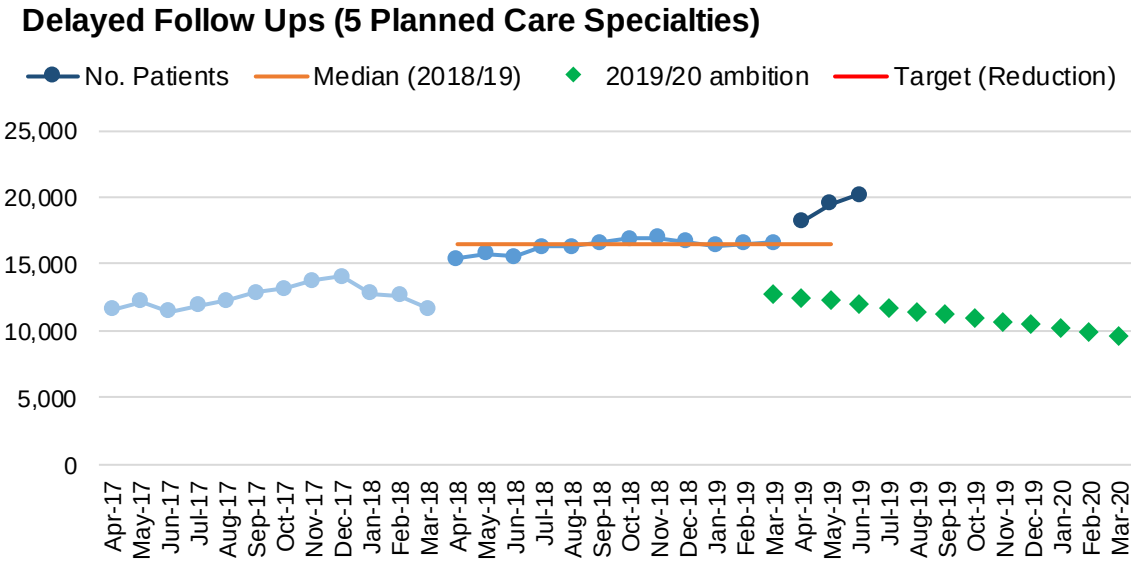
	BGH	GGH	PPH	WGH	HDda
May '19	51.7%	42.4%	13.1%	39.1%	43.4%
June '19	51.7%	28.5%	27.2%	25.3%	40.0%

The run chart shows no evidence of unusual variation in recent months.

The latest all Wales data ranks the Health Board as 5th out of 6.

Delayed Follow Ups (5 planned care specialties)

Executive Lead: Joe Teape **Senior Responsible Officer(s):** Keith Jones/Stephanie Hire **June 2019** ● **12 month performance:** declining



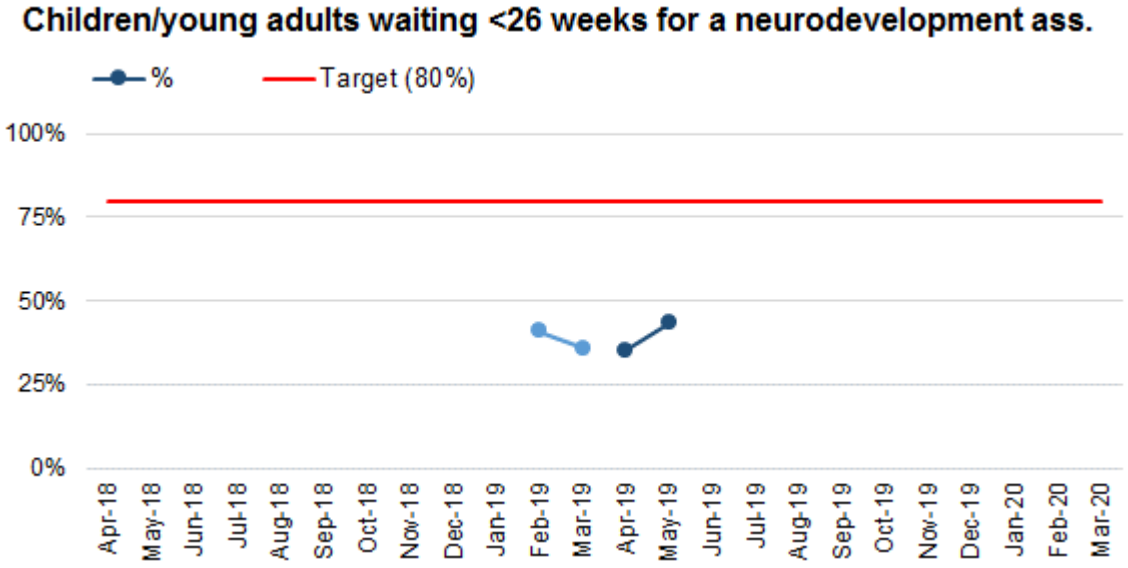
In June 2019, there were 20,189 patients who were delayed past their follow up date, which is above the 2018/19 median of 16,475 cases a month. In June 14,520 patients were over 100% delayed and nearly half (8,436) of all delays were from Ophthalmology.

Latest data demonstrates 3 points of data increasing consecutively above the 2018/19 median. The 2019/20 Annual Plan ambition and 12 month reduction target have both not been achieved.

The latest all Wales data ranks the Health Board as 3rd out of 5 other Health Boards (2 Health Boards are unable to report due to boundary changes).

Neurodevelopment Assessment

Executive Lead: Joe Teape **Senior Responsible Officer(s):** Liz Carrol/Keith Jones **May 2019** ● **12 month performance:** N/A

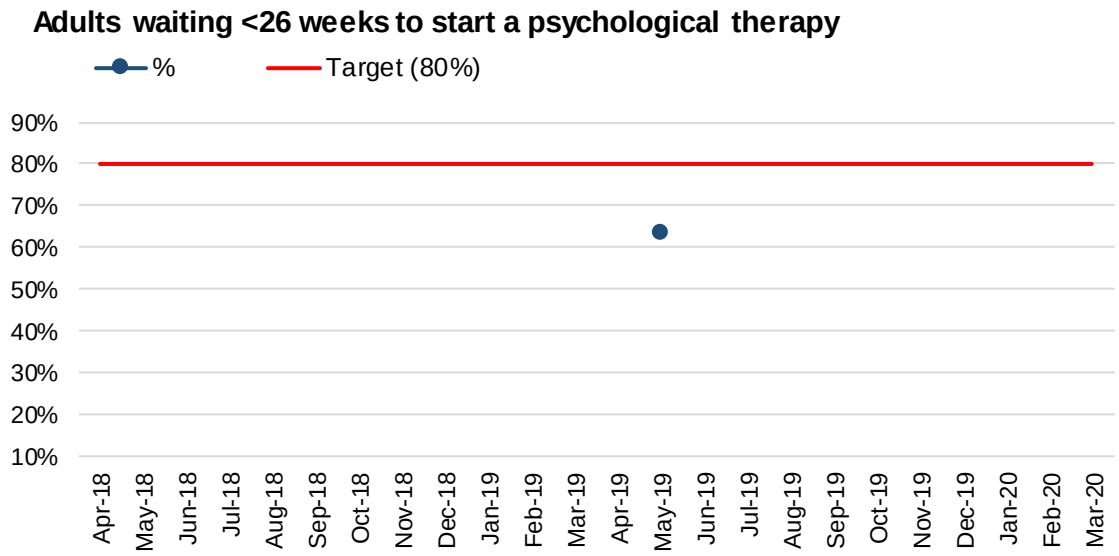


In May, the percentage of children and young adults waiting under 26 weeks for a neurodevelopment assessment for ADHD and ASD was 43.2% (365 out of 845 patients) against a Welsh Government target of 80%. Of which 282 out of 569 patients are waiting under 26 weeks for an ASD assessment and 83 out of 193 are waiting under 26 weeks for an ADHD assessment.

Due to this being a new measure, the Health Board does not have enough historic data to provide a median or identify if there is evidence of an unusual variation.

Patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

Executive Lead: Joe Teape **Senior Responsible Officer(s):** Angela Lodwick **May 2019** ● **12 month performance:** NA

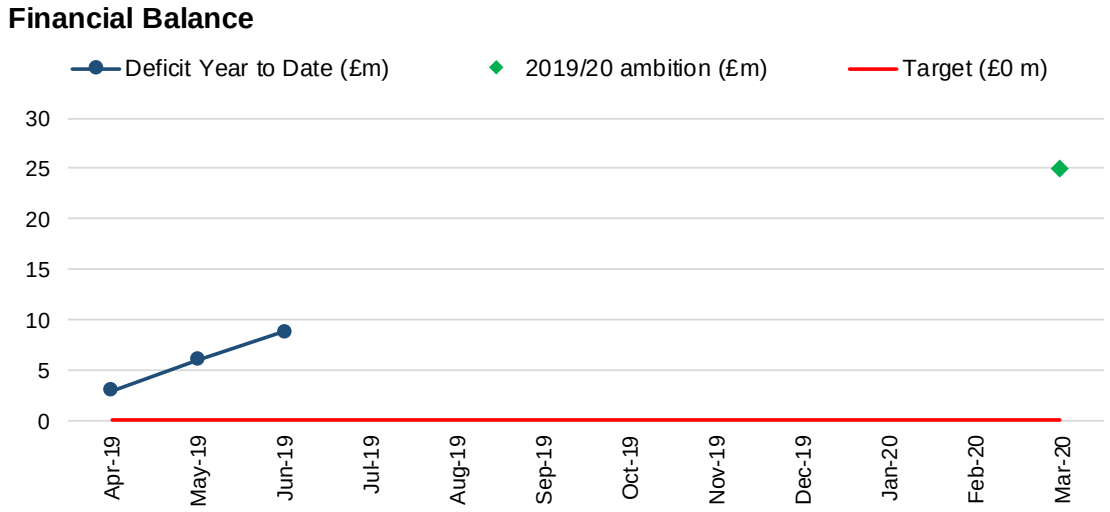


In May 2019, the percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health didn't meet the target (80%) with performance of 63.6%.

Due to this being a new measure the Health Board does not currently have sufficient historic data to provide a median or identify if there is evidence of an unusual variation.

Finance

Executive Lead: Huw Thomas **Senior Responsible Officer(s):** Rebecca Hayes **June 2019** ● **12 month performance:** improving

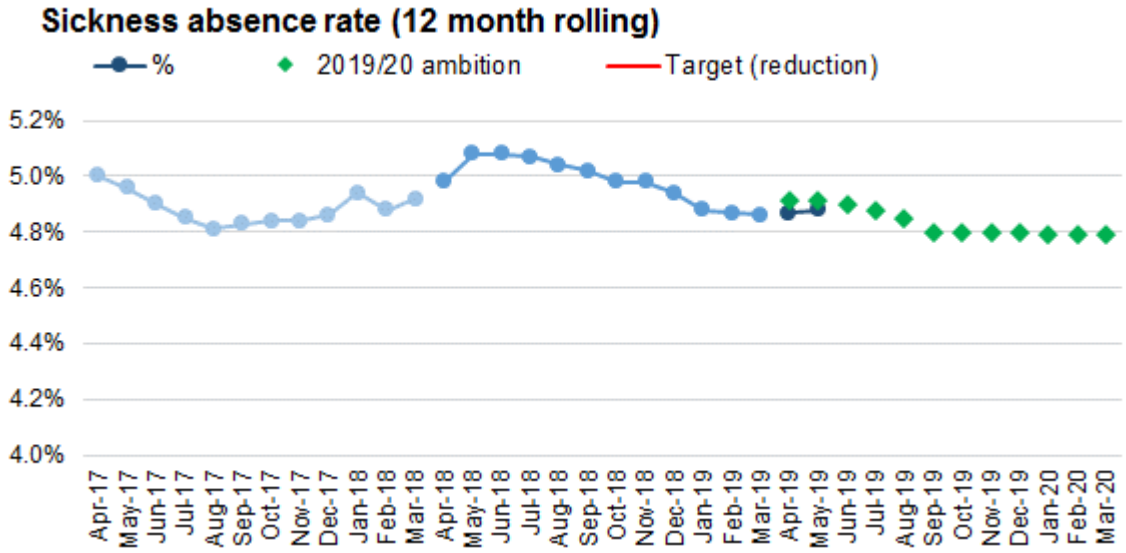


In June 2019, the year to date deficit is £8.864m.
It is a statutory duty to achieve financial breakeven. Welsh Government have confirmed that the Health Board has a Control Total requirement of £25.0m deficit.

Because financial deficit is a cumulative rate, the median line and unusual variation chart rules cannot be applied.

Sickness absence

Executive Lead: Lisa Gosling **Senior Responsible Officer(s):** Steve Morgan **May 2019** ● **12 month performance:** improving



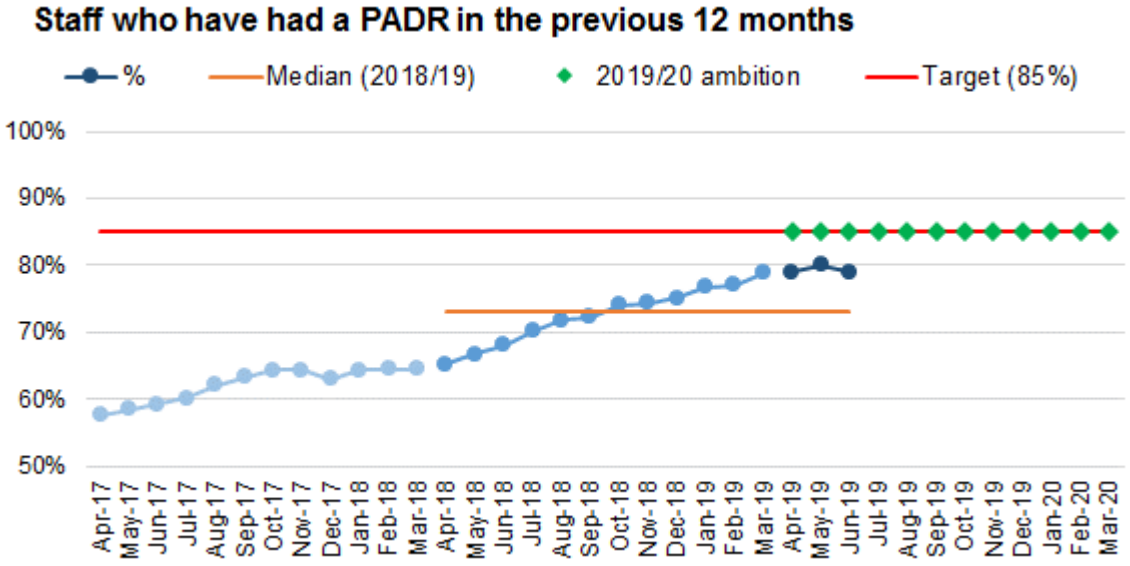
In May 2019 the Full Time Equivalent sickness rate was 4.88%. Because the sickness percentage is a 12 month cumulative rate the median line and unusual variation chart rules cannot be applied.

The Health Board has met the Welsh Government 12 month reduction target and exceeded the 2019/20 ambition of 4.91%.

The latest all Wales data (as at April 2019) ranks the Health Board 4th out of 10 Health Boards.

Medical appraisal & Performance appraisal and development review (PADR)

Executive Lead: Lisa Gosling **Senior Responsible Officer(s):** Rob Blake **June 2019** ● **12 month performance:** improving



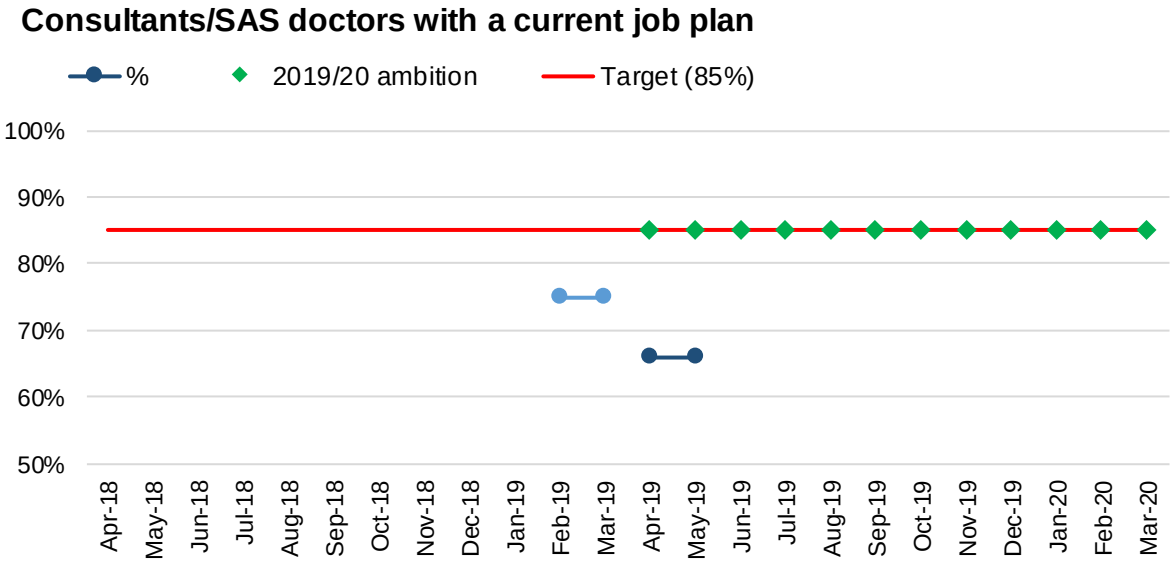
In June 2019 the percentage of staff who have had a PADR in the previous 12 months is 79%.

Although the Health Board has not met either the Welsh Government or 2019/20 Annual Plan ambition of 85% it has demonstrated a significant improvement over the past 12 months. The run chart demonstrates an upward trend towards achieving target with the latest 8 points of data increasing.

The latest all Wales data (as at April 2019) ranks the Health Board 1st out of 10 Health Boards.

Job Planning

Executive Lead: Phil Kloer **Senior Responsible Officer(s):** John Evans/Helen Williams **June 2019** ● **12 month performance:** N/A



In May 2019, the percentage of Consultants/SAS doctors with a current and up to date job plan did not meet the target (85%) with performance of 66%.

The Health Board does not currently have sufficient historic data to provide a median or identify if there is evidence of an unusual variation.

Supporting data

Supplementary dashboards have been developed for the areas listed below. Currently some users are unable to access the dashboards due to an IT issue so a selection of charts from each dashboard have been made available here as an interim solution.

Unscheduled care

Referral to treatment

Cancer

Diagnostics

Therapies

Mental Health

Health care acquired infections

Primary Care

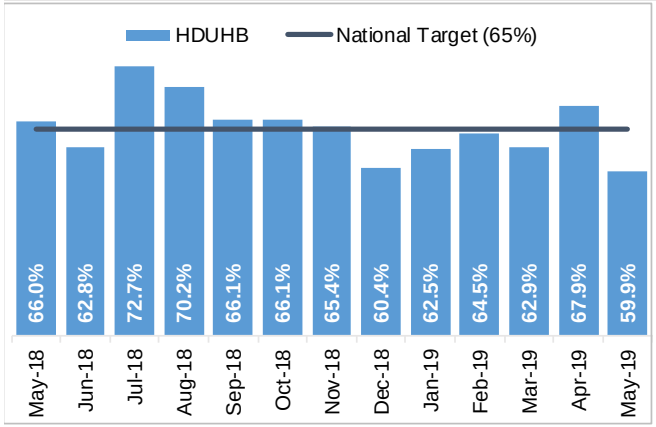
The dashboards can be accessed on the Hywel Dda University Health Board intranet site (NHS only) here.

Unscheduled care

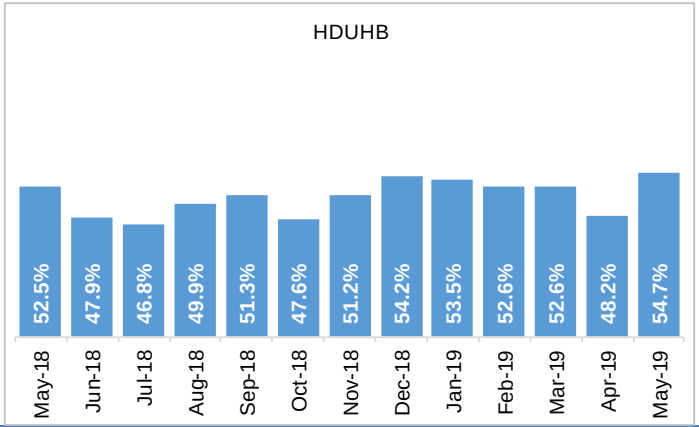
The charts below show the Health Board's position. Charts are also available by acute site in the unscheduled care dashboard.

Red & amber calls

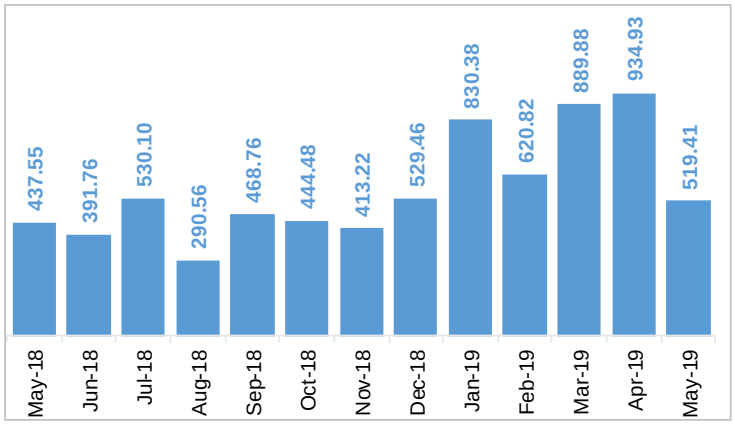
% of Red call responses within 8 minutes



Amber call responses within 20 minutes

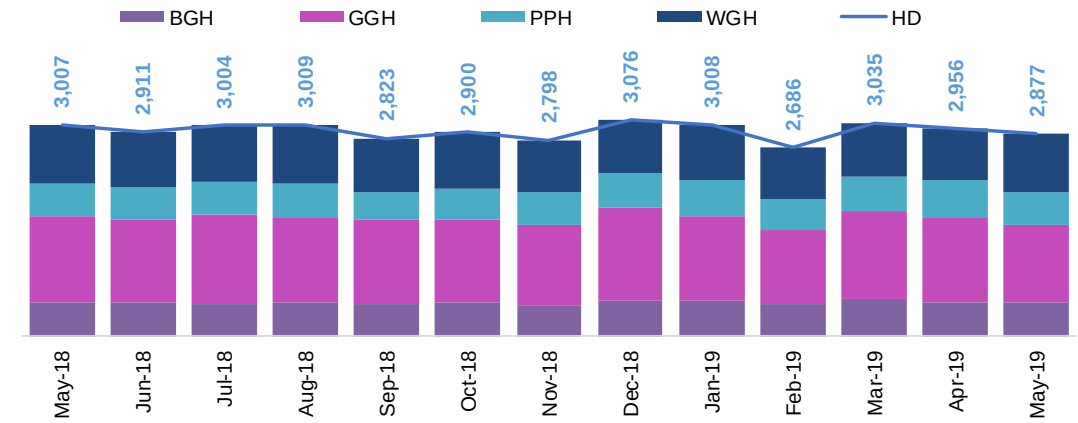


Ambulance lost hours > 15 mins (all WAST crews)

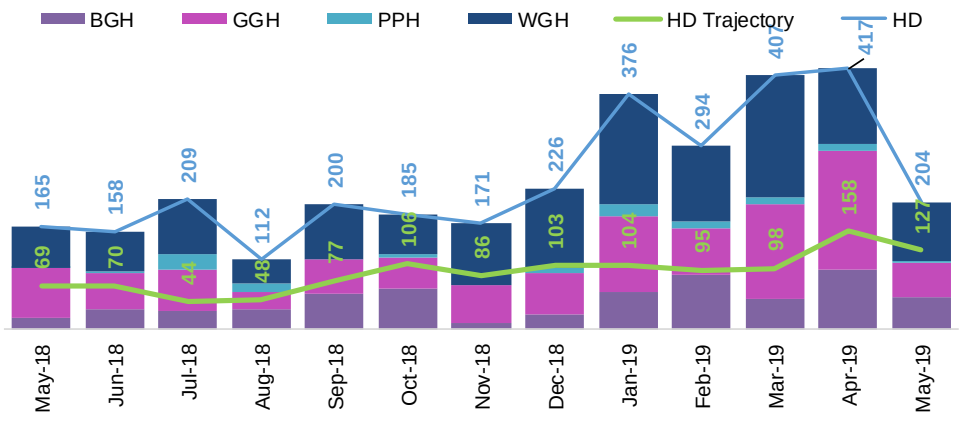


Ambulance arrivals and handovers

Number of arrivals at acute sites

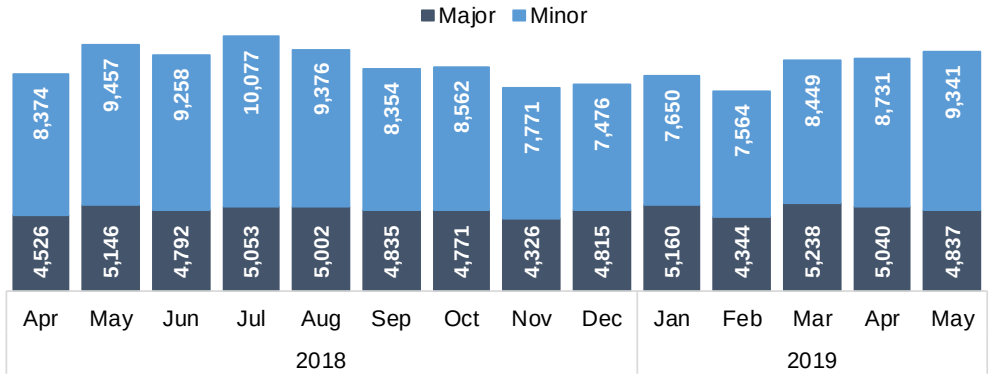


Number of ambulance handovers waiting over 1 hour by acute sites



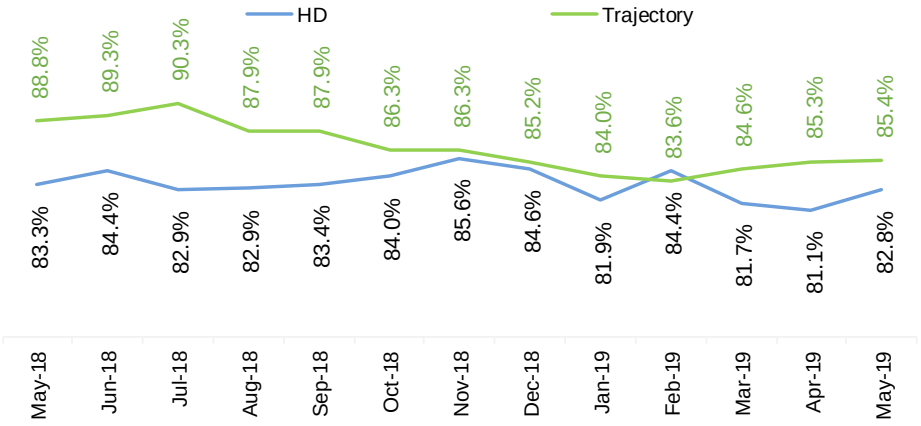
Accident and emergency (A&E) and Minor injury unit (MIU) attendances

A&E and MIU new attendances by type



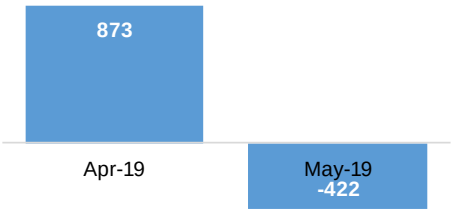
Cardigan Hospital is not included for Apr-May 2017

% new patients spending < 4 hours in A&E and MIU

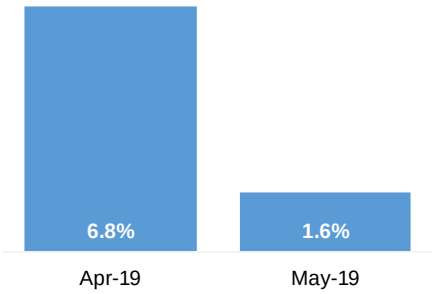


A&E and MIU new attendance - 2 year comparison 19/20 to 18/19

Monthly performance attendance variance compared to the same month the previous



Year to date % performance variance compared to the same period the previous year

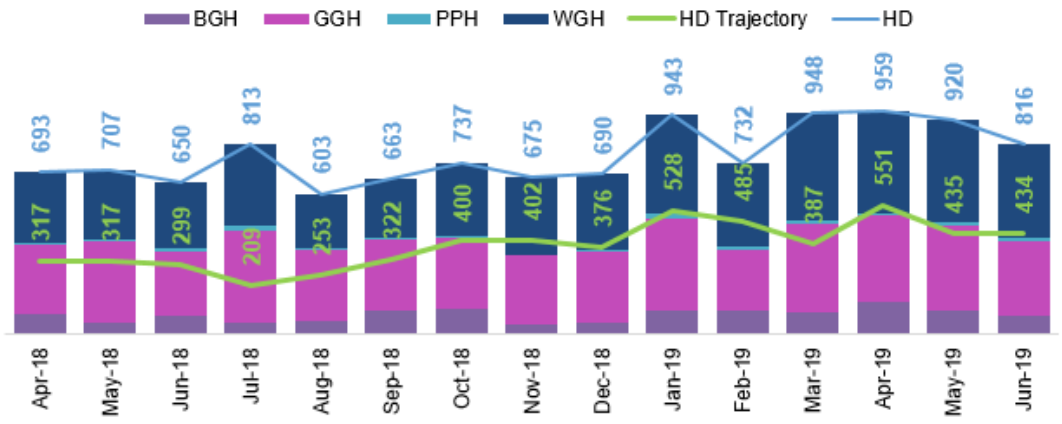


% new patients spending < 4 hours in A&E/MIU - 2 year comparison 19/20 to 18/19

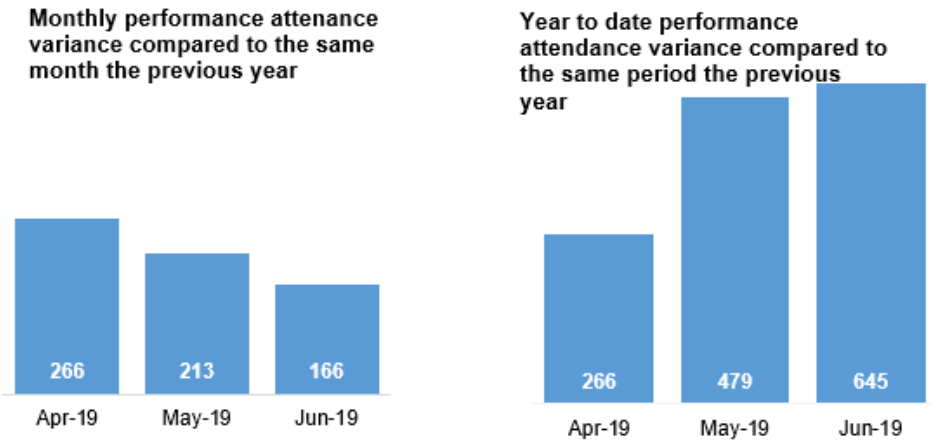
Monthly % performance variance compared to the same month the previous year

Year to date % performance variance compared to the same period the previous year

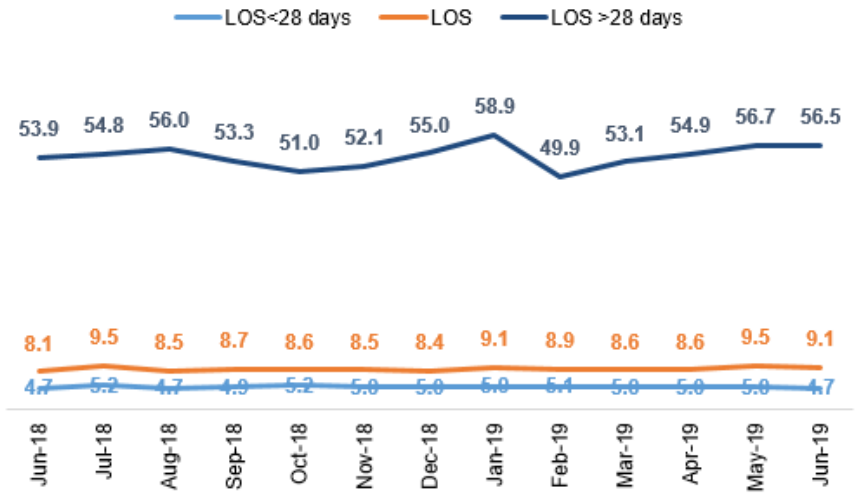
Number of new patients spending > 12 hours in A&E and MIU by acute site



New patients spending >12 hours in A&E/MIU - 2 year comparison 19/20 to 18/19

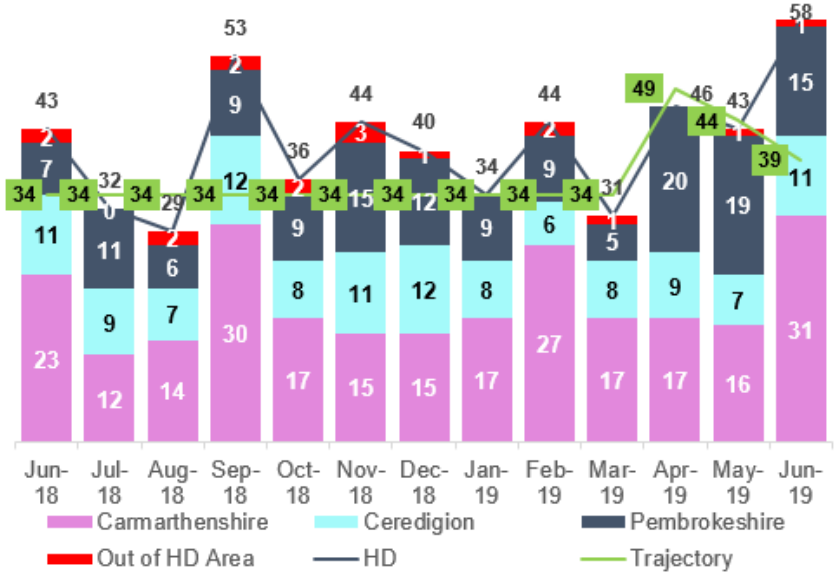


Average length of stay (LOS) - medical emergency in patients including zero days

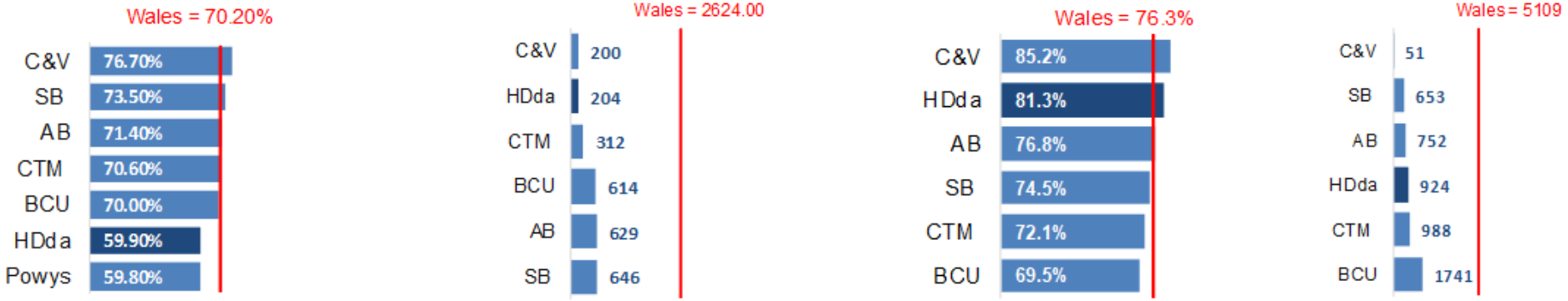


Teifi ward is not included

Non mental health delayed transfer of care (DTOC) In month numbers



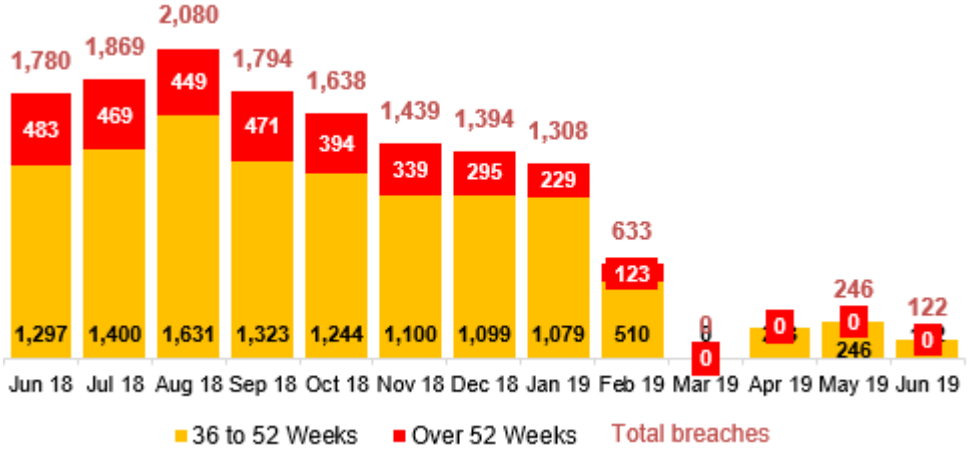
Red calls	Ambulance handovers	Accident and emergency (A&E) and Minor injury unit (MIU) attendances	
% of Red call responses within 8 minutes (May-19)	Number of ambulance handovers waiting over 1 hour by Health Board (May-19)	% new patients spending less than 4 hours in A&E and MIU by Health Board (Apr-19)	Number of new patients spending more than 12 hours in A&E and MIU by Health Board (Apr-19)



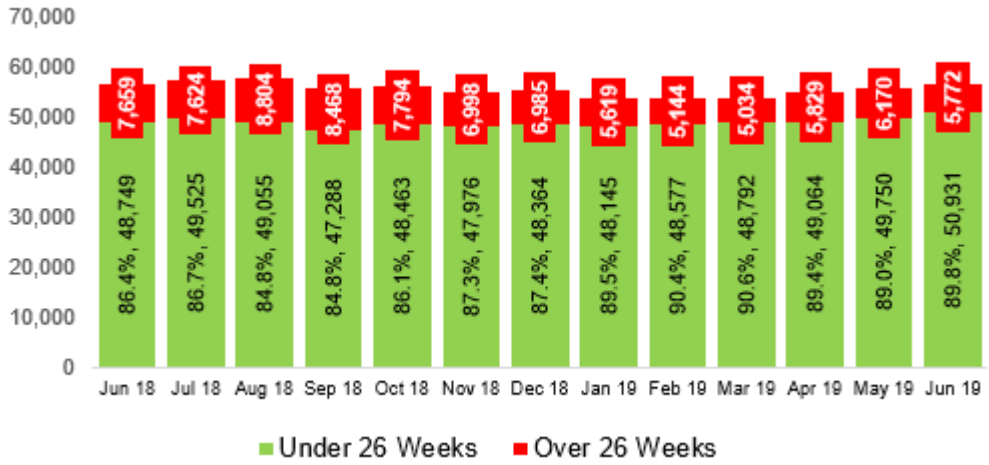
Referral to treatment (RTT)

The charts below show the Health Board's position. In the RTT dashboard the 36 and 26 week charts below can be viewed by pathway stage and specialty.

Over 36 Weeks in (All) Specialties. Pathway Satge: (All) (Target = 0)



Under 26 Weeks in (All) Specialties. Pathway Satge: (All) (Target = 95%)



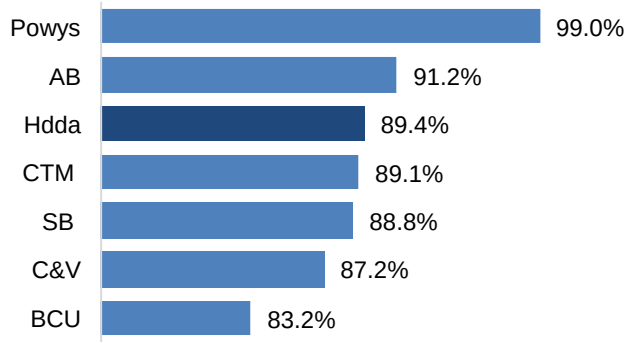
Longest Weeks Wait for Pathway Stage (All):

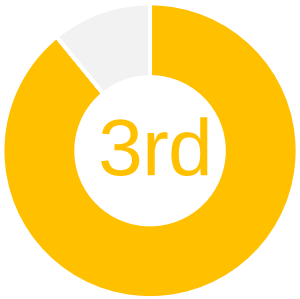
Specialty	Longest Weeks Wait
Breast Surgery	34
Cardiology	45 - 48
Chemical Pathology	29
Clinical Haematology	33
Clinical Neuro-physiology	29
Colorectal Surgery	39
Dermatology	35
Diabetic Medicine	35
Endocrinology	35
ENT	41 - 44
Gastroenterology	37
General Medicine	34
General Surgery	41 - 44
Geriatric Medicine	41 - 44
Gynaecology	45 - 48
Nephrology	32
Neurology	35
Ophthalmology	36
Oral Surgery	7
Orthopaedics	41 - 44
Paediatrics	35
Pain	38
Rheumatology	35
Stroke Medicine	35
Thoracic/Respiratory	35
Unknown (998)	12
Urology	41 - 44
Vascular	41 - 44
Grand Total	45 - 48

In the RTT dashboard the longest weeks wait chart above can also be viewed by pathway stage and month

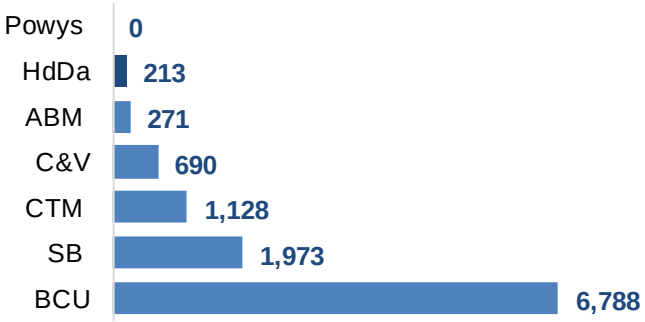
In the RTT dashboard the all Wales benchmarking charts below can also be viewed for previous months in the current financial year.

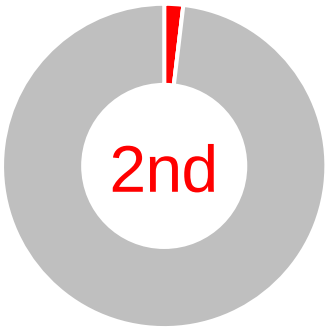
% Patients Reffered for Treatment Within 26 Weeks (Target = 95%)





Number of 36 Weeks Breaches (Target = 0)

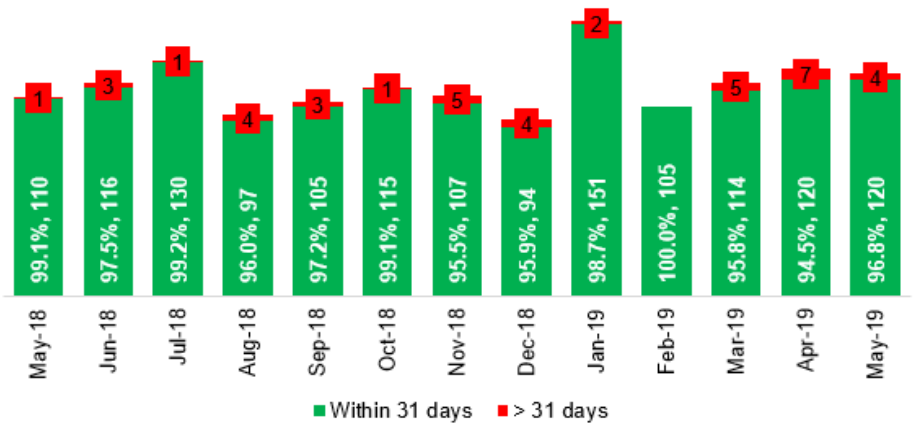


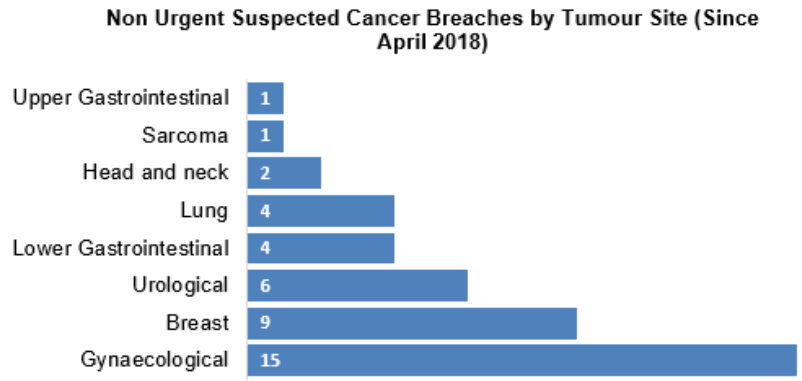


Cancer

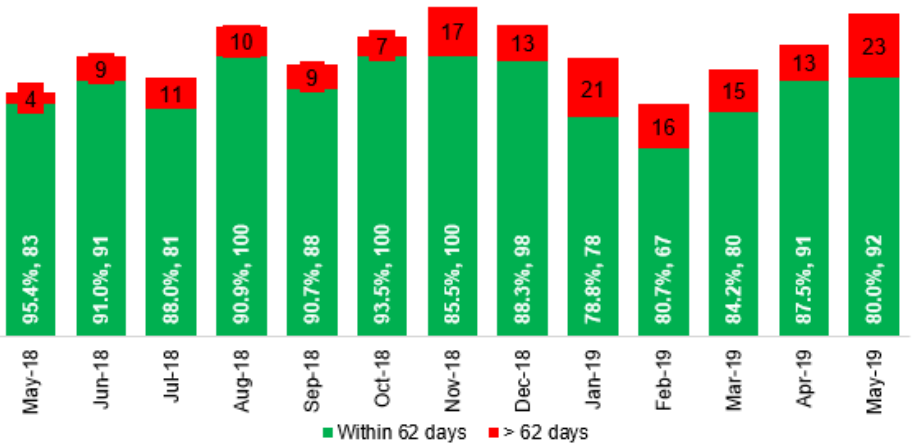
In the Cancer dashboard, the Health Board charts below can be also be displayed by Tumour site and month.

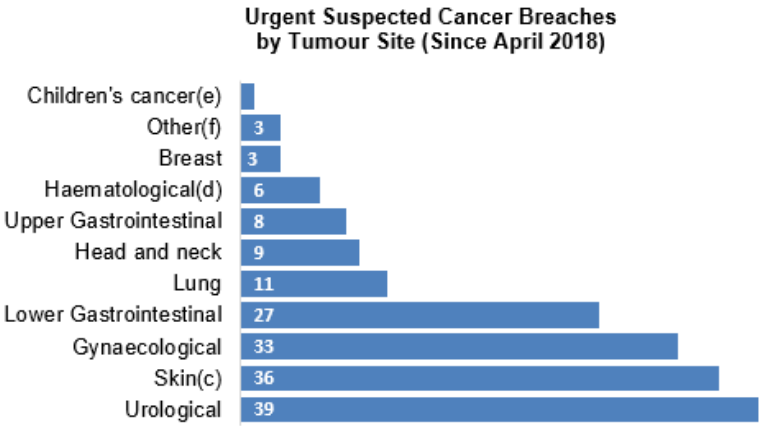
Non Urgent Suspected Cancer Tumor Site: (Multiple Items)



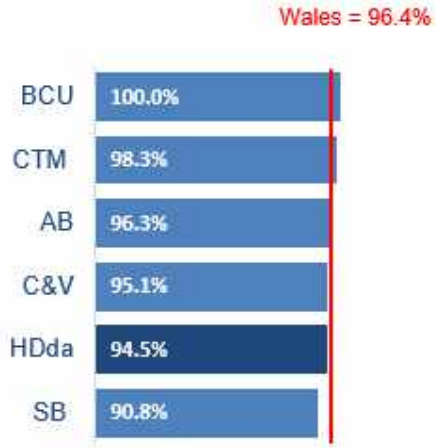


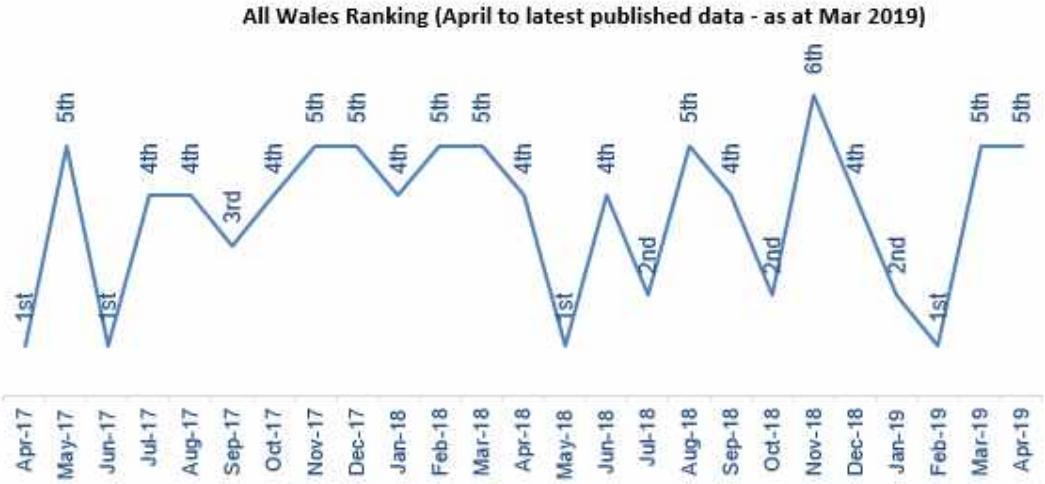
Urgent Suspected Cancer Tumor Site: (All)



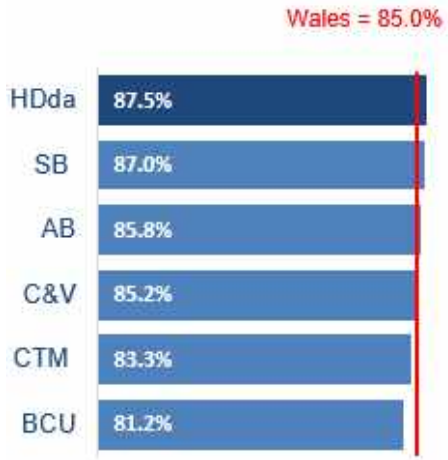


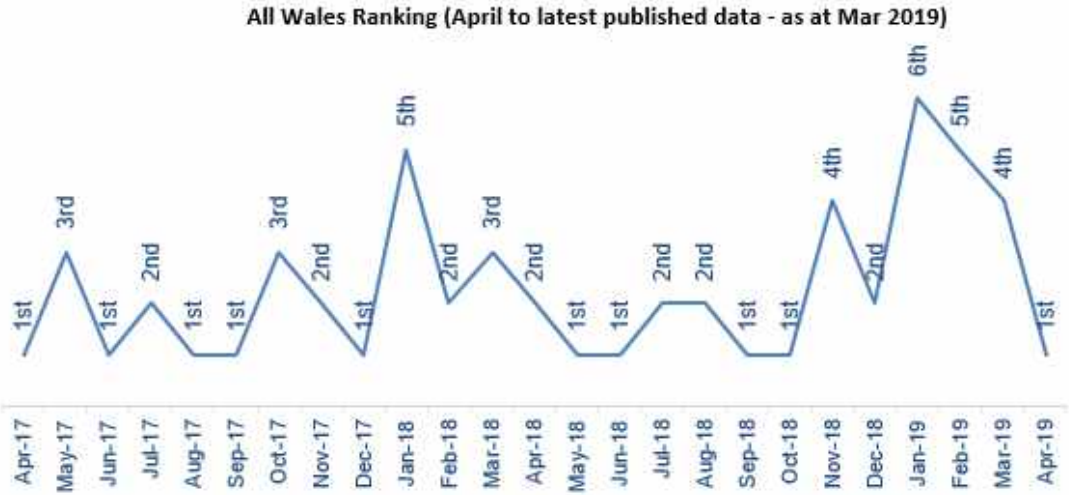
Percentage of patients referred as non-urgent suspected cancer seen within 31 days – Target 98%





Percentage of patients referred as urgent suspected cancer seen within 62 days – Target 95%

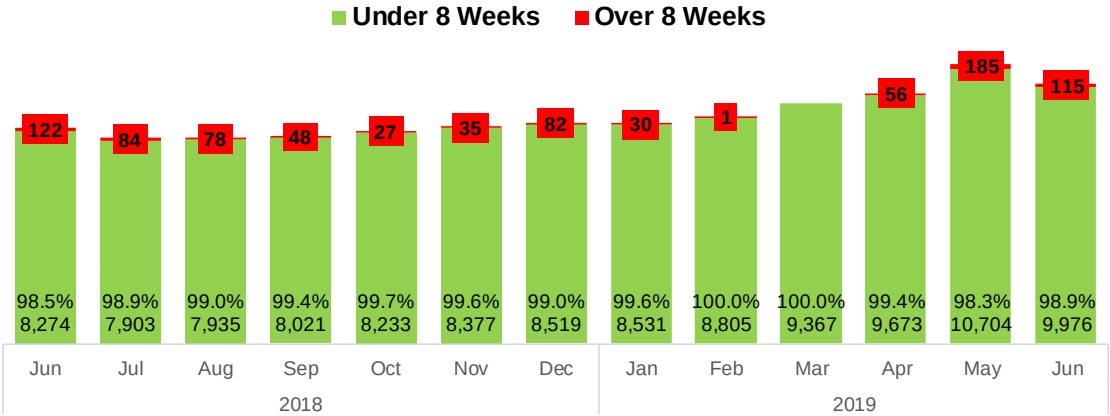




Diagnostics

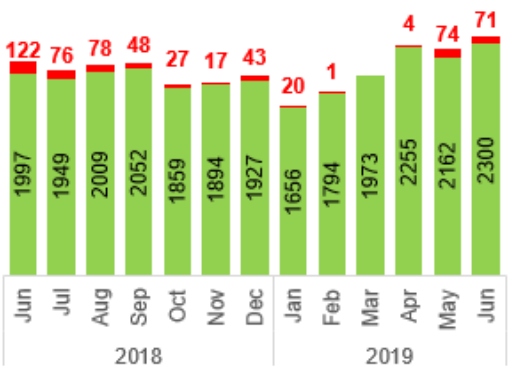
In the Diagnostics and Therapies dashboard the diagnostics metric can also be shown by acute hospital and service area.

Total number of patients waiting for all Diagnostics (Target – 0)

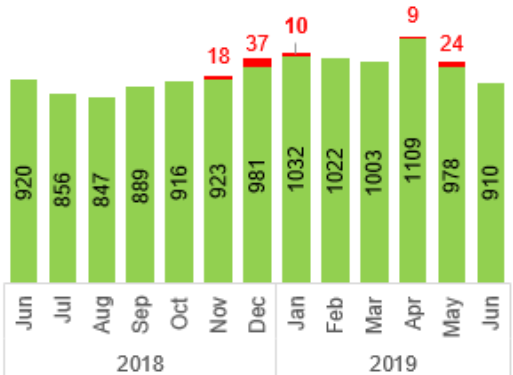


Specialty	Longest Weeks Wait
Arts Therapies	3
Audiology (Adult hearing aids)	12
Dietetics	14
Occupational Therapy	14
Physiotherapy	20
Podiatry	13
Speech Language	13
Grand Total	20

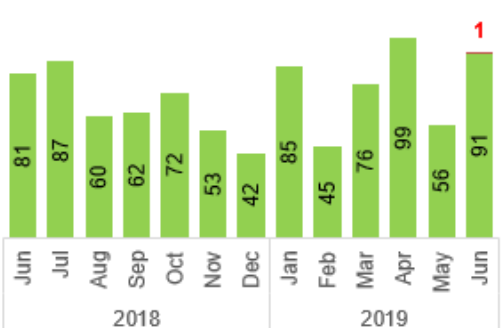
Cardiology* (Target = 0)



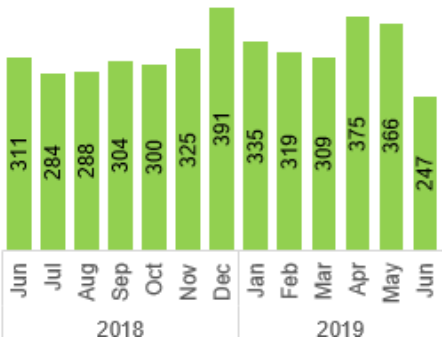
Diagnostic Endoscopy (Target = 0)

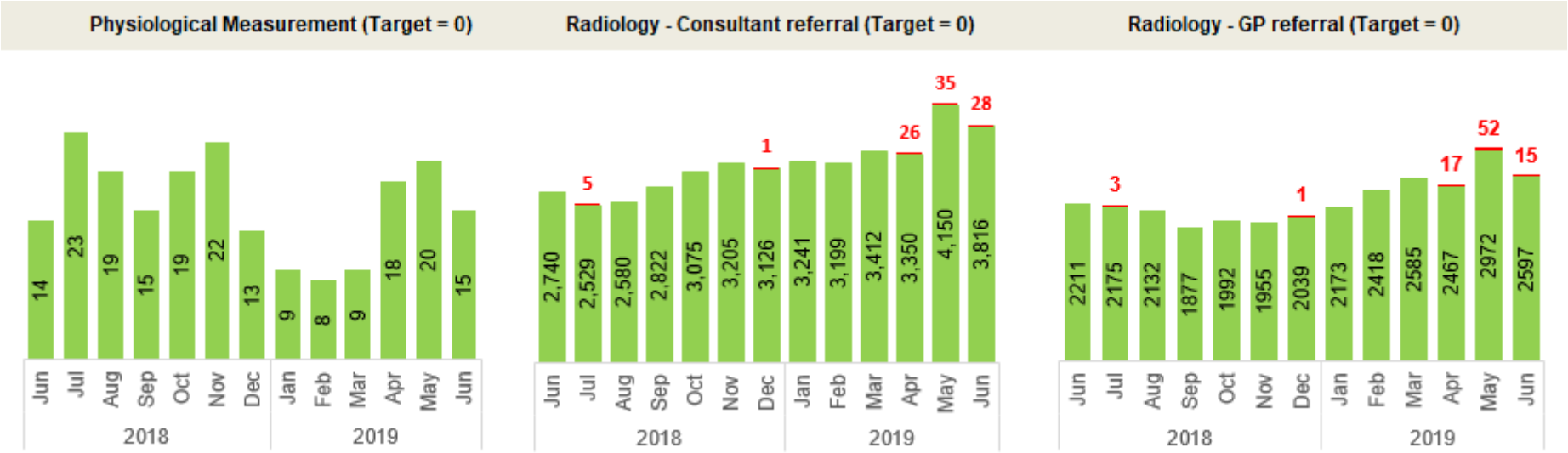


Imaging (Target = 0)

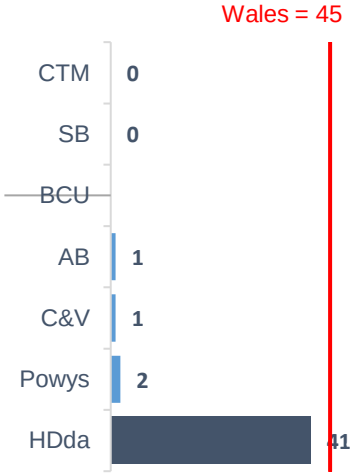


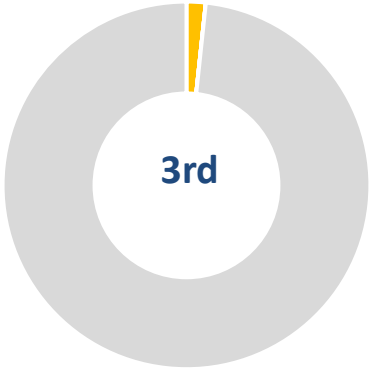
Neurophysiology (Target = 0)

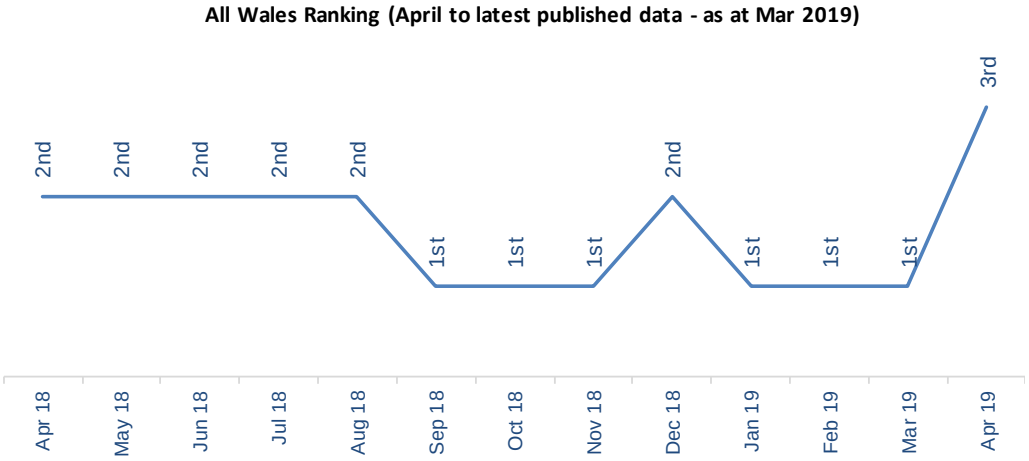




Number of patients waiting 8 weeks and over for a specified Diagnostic (Target – 0)



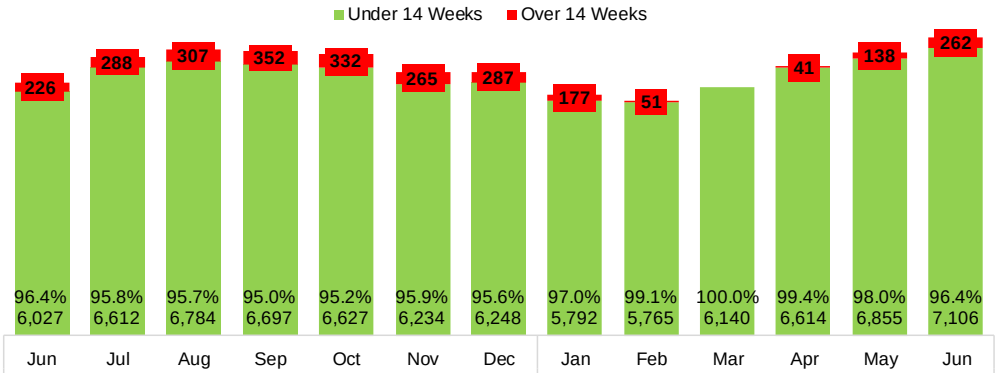




Therapies

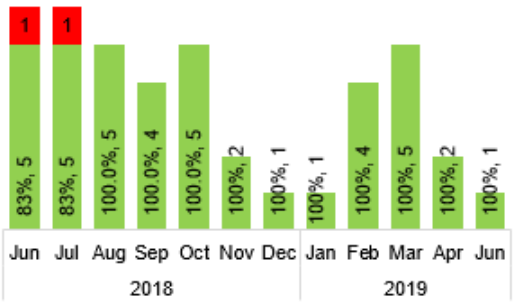
In the Diagnostics and Therapies dashboard the diagnostics metric can also be shown by acute hospital and service area.

Total number of patients waiting for all Therapies (Target – 0)

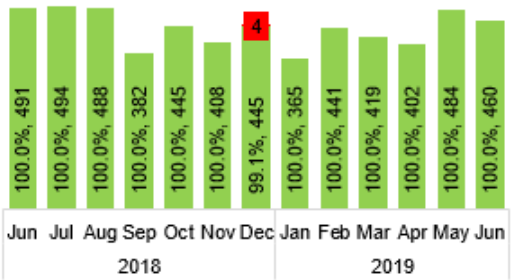


Specialty	Longest Weeks Wait
Arts Therapies	3
Audiology (Adult hearing aids)	12
Dietetics	14
Occupational Therapy	14
Physiotherapy	20
Podiatry	13
Speech Language	13
Grand Total	20

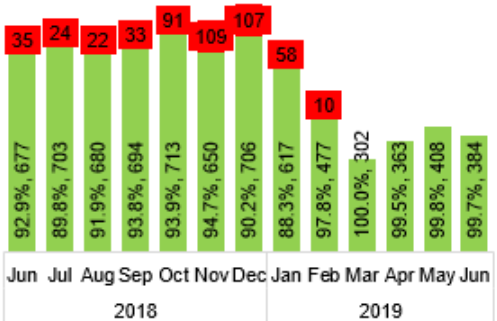
Arts Therapies (Target = 0)



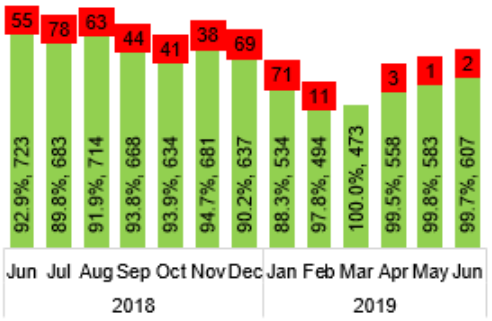
Speech Language (Target = 0)



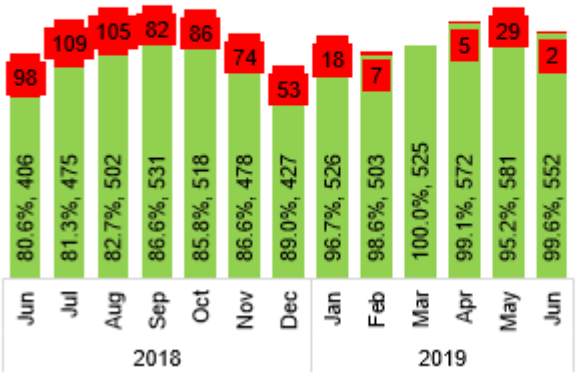
Audiology (Adult hearing aids) (Target = 0)



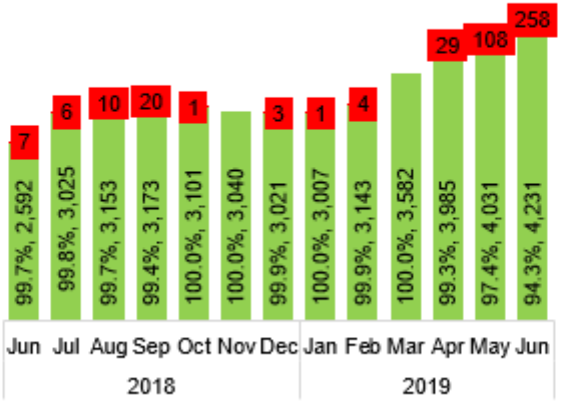
Dietetics (Target = 0)



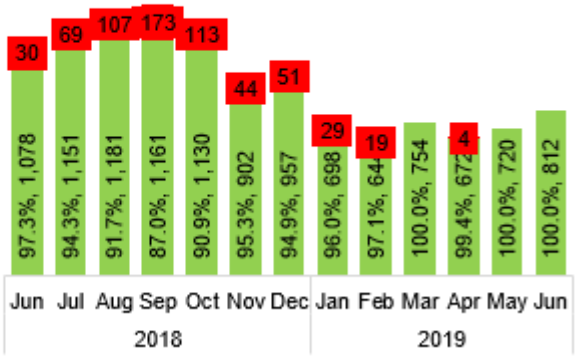
Occupational Therapy (Target = 0)



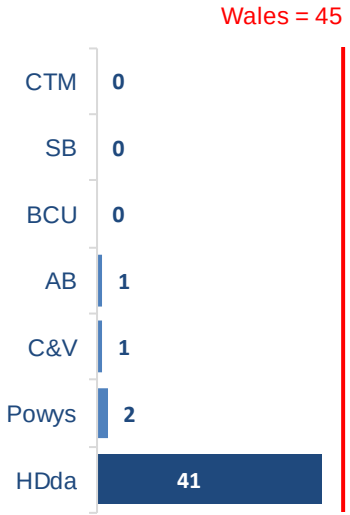
Physiotherapy (Target = 0)

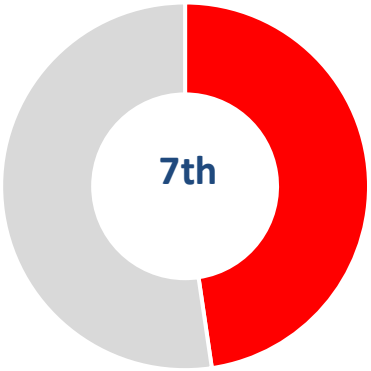


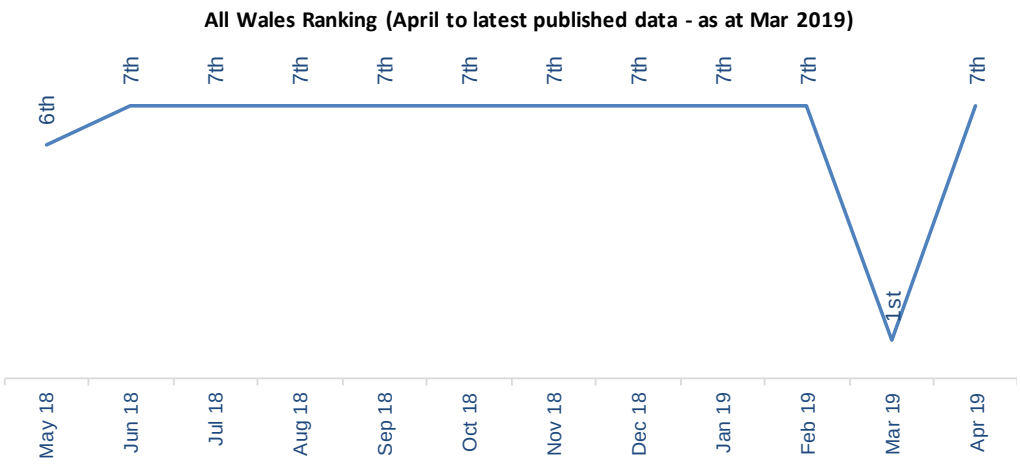
Podiatry (Target = 0)



Number of patients waiting more than 14 weeks for specific Therapy (Target – 0)

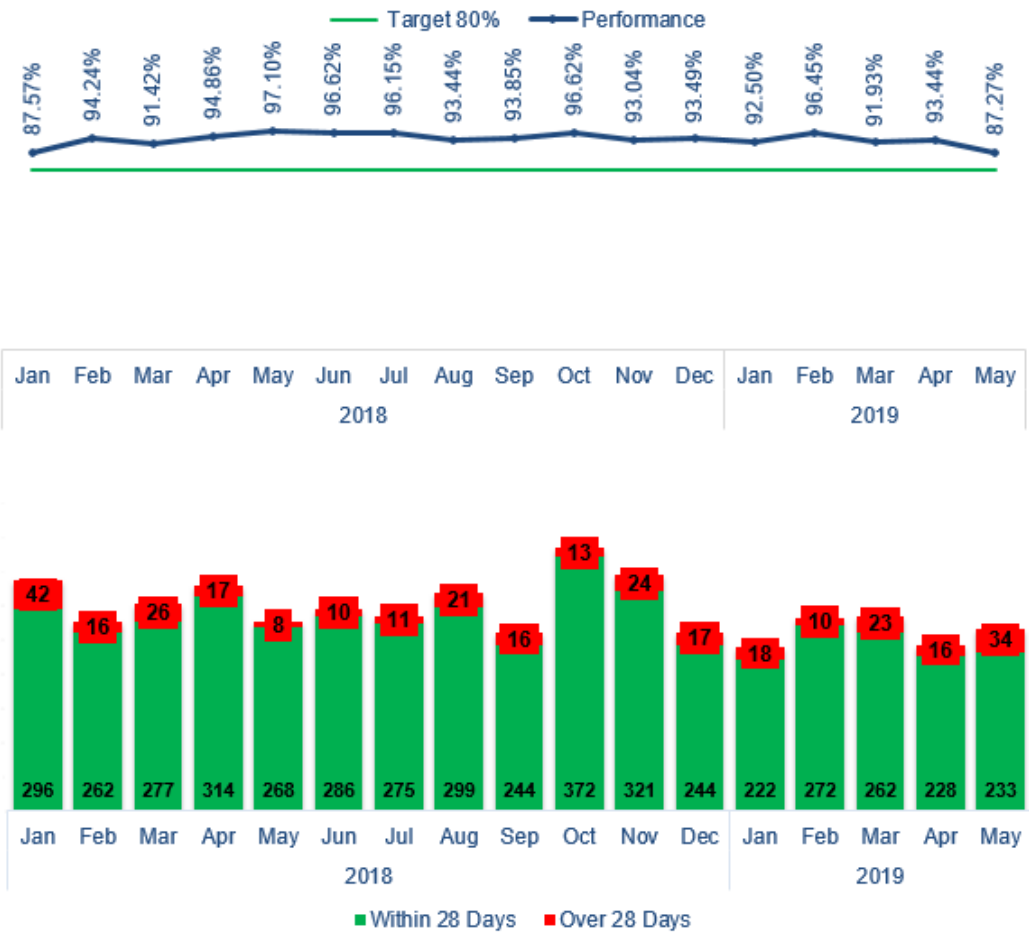




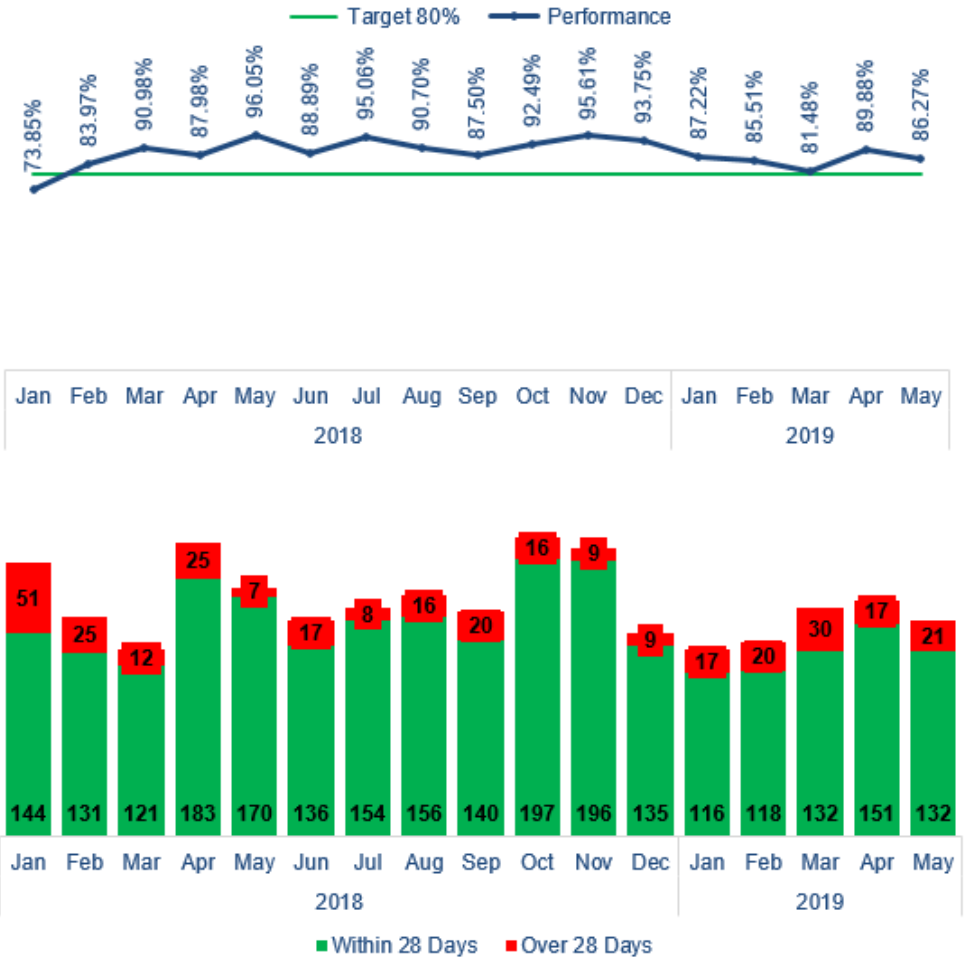


Mental Health

Part 1 (A) - assessed within 28 days of referral

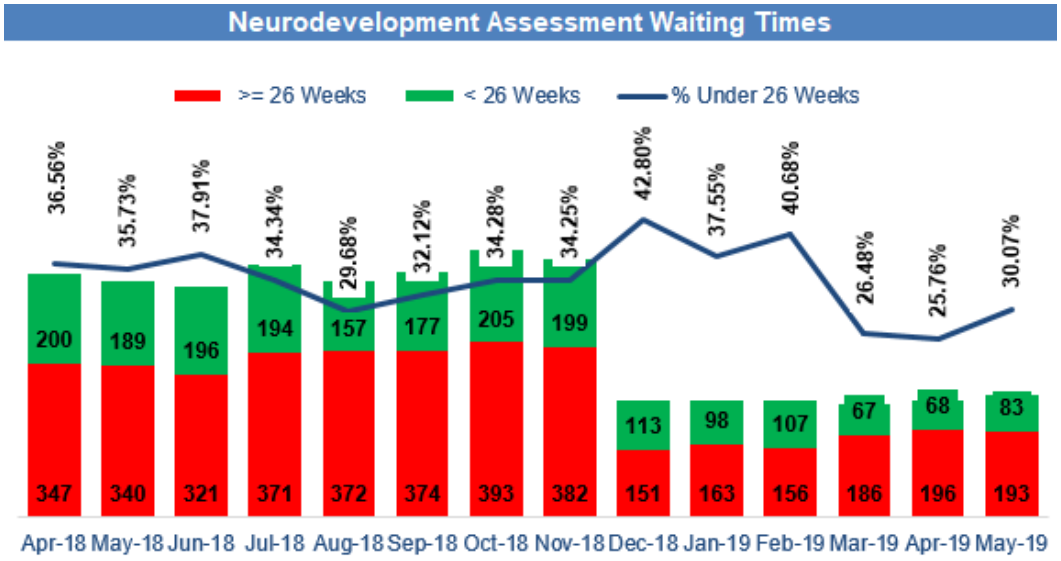


Part 1 (B) - treated within 28 days of assessment

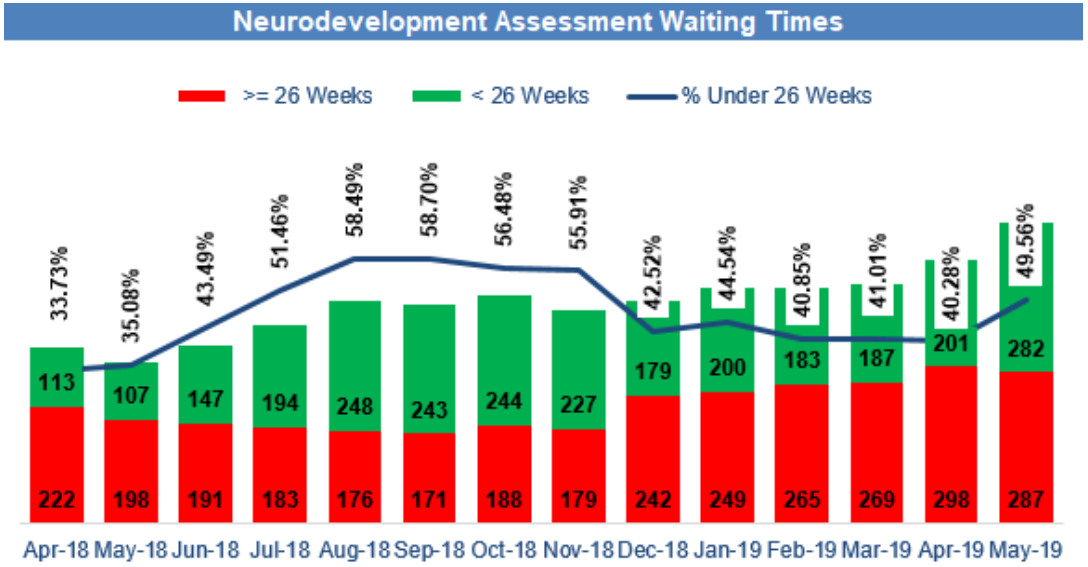


Neurodevelopmental waiting times for children and young people are included below:

CAMHS ADHD

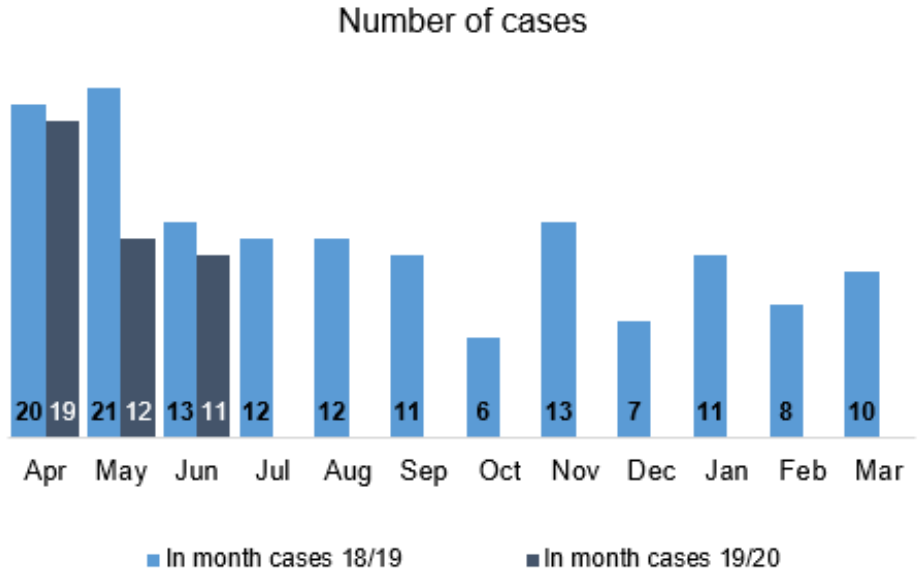


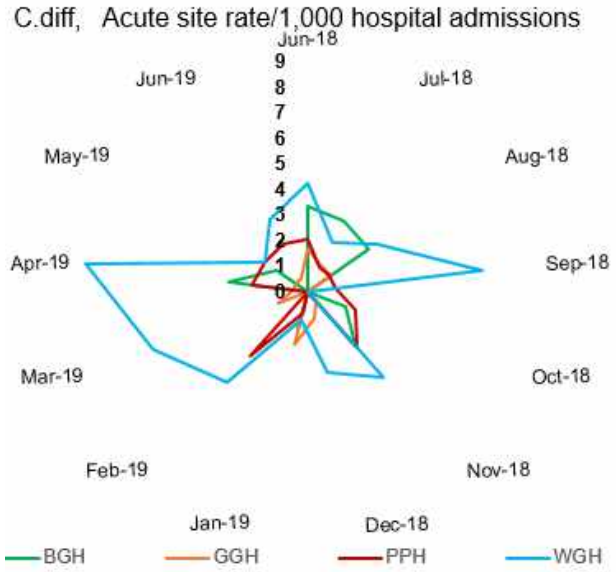
CAMHS ASD



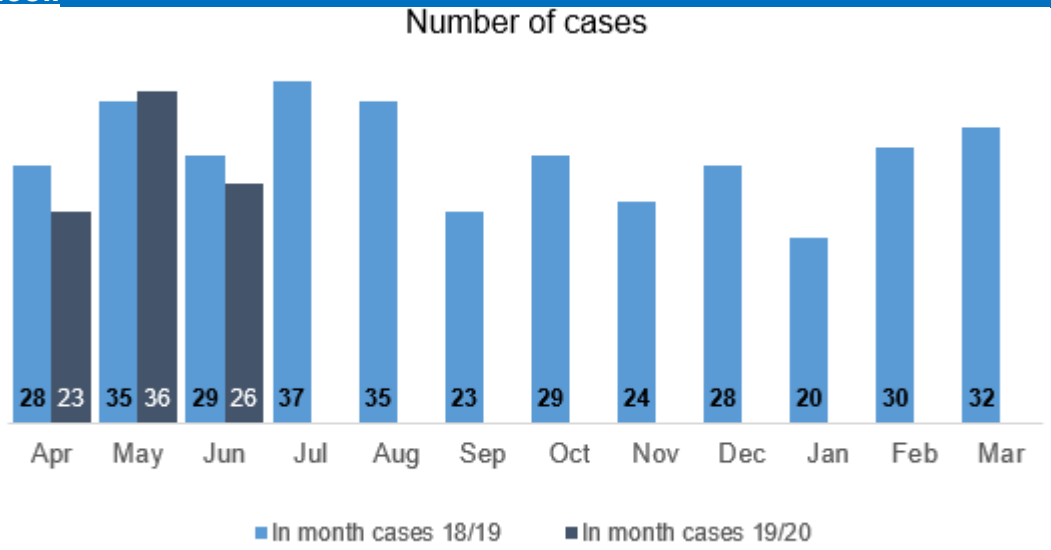
Healthcare acquired infections

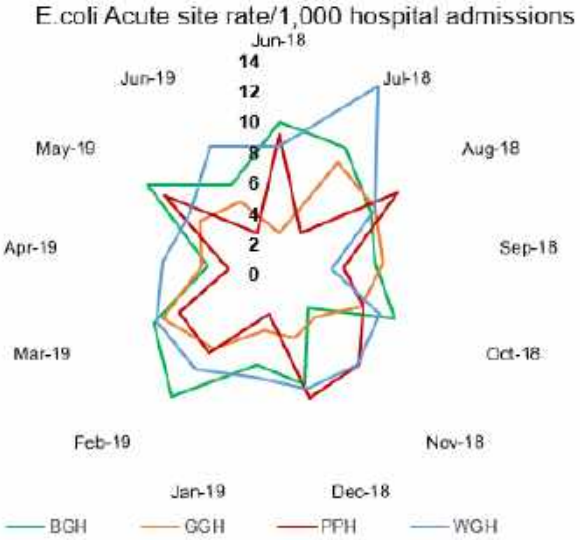
C.difficile



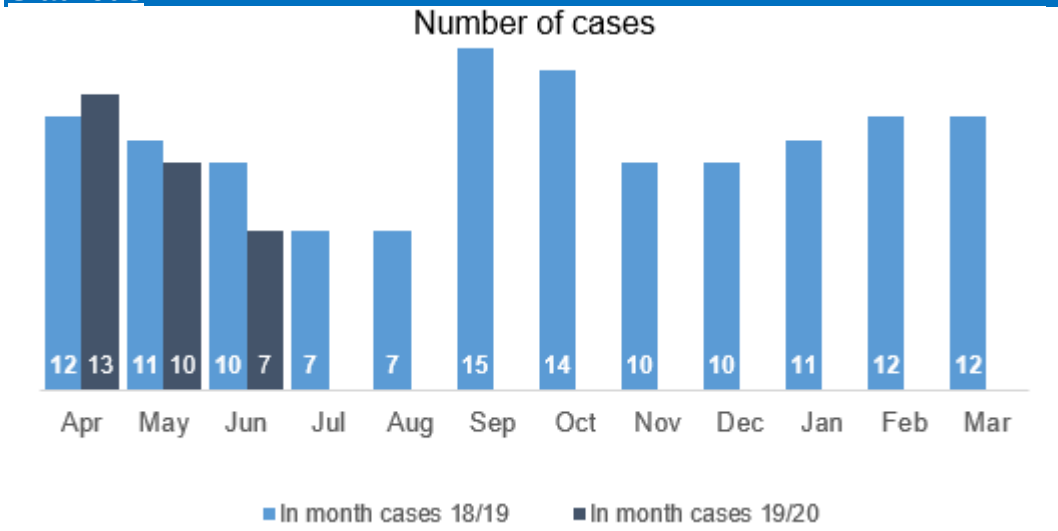


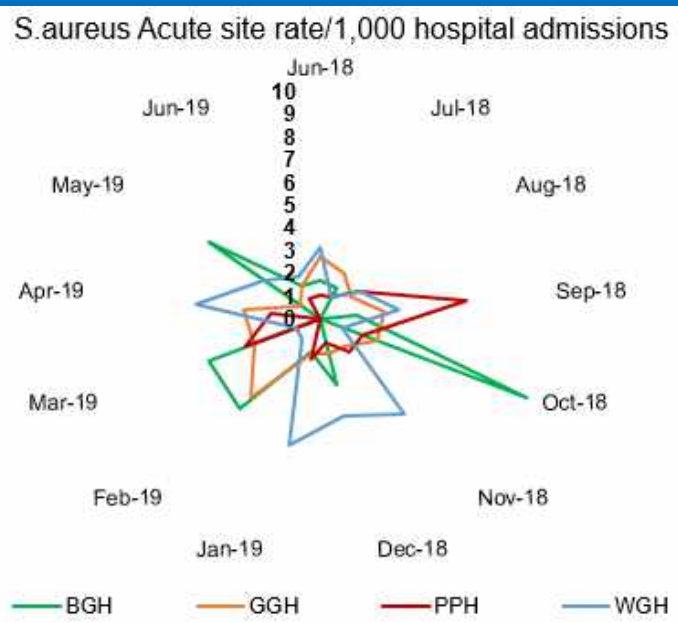
E.coli



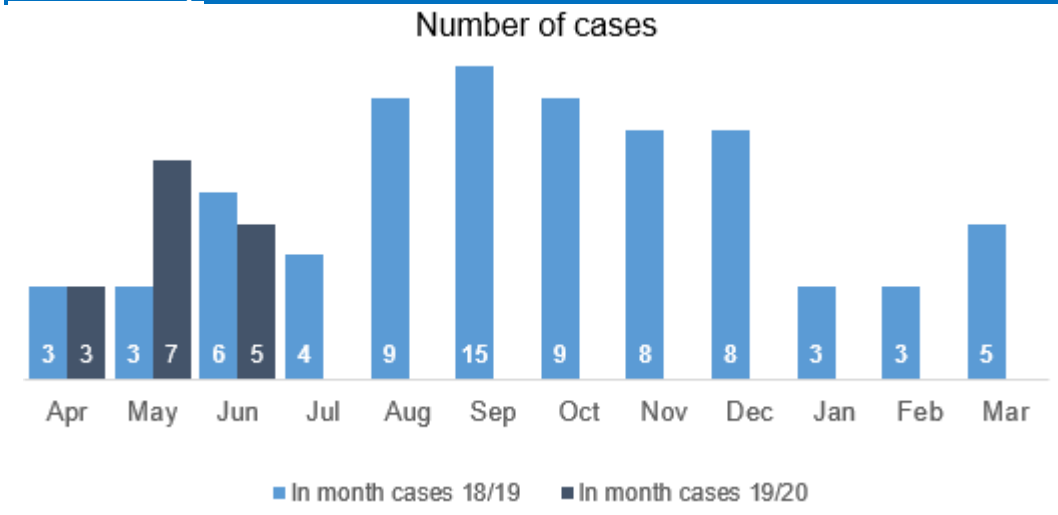


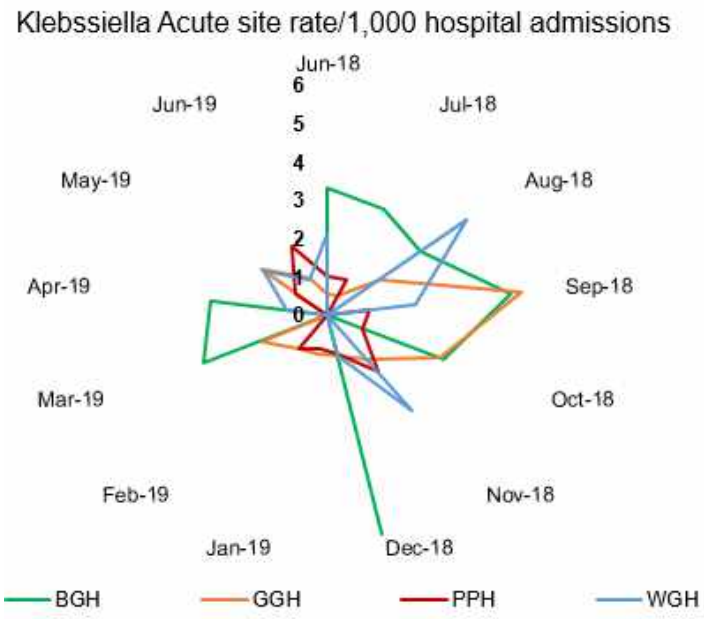
S.aureus



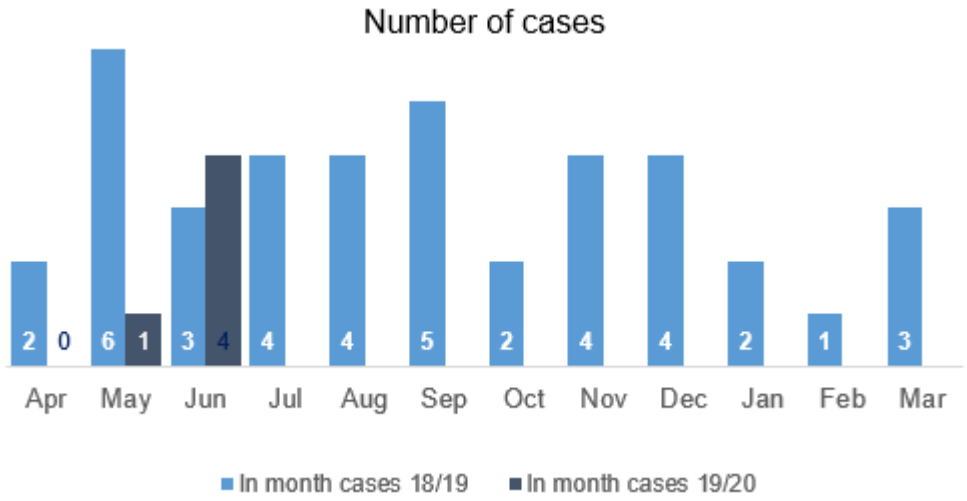


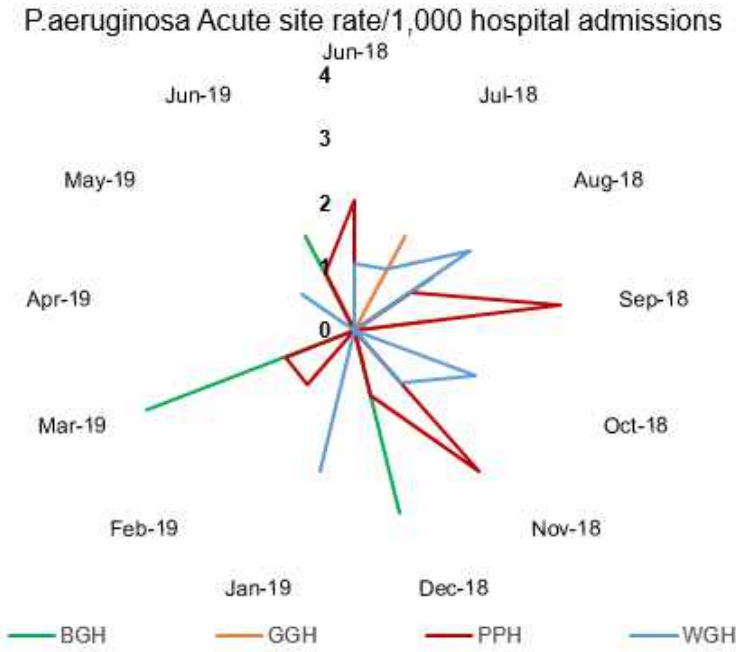
Klebsiella.sp





P.aeruginosa





Primary Care

Phase two of the dashboard* is now available and includes:

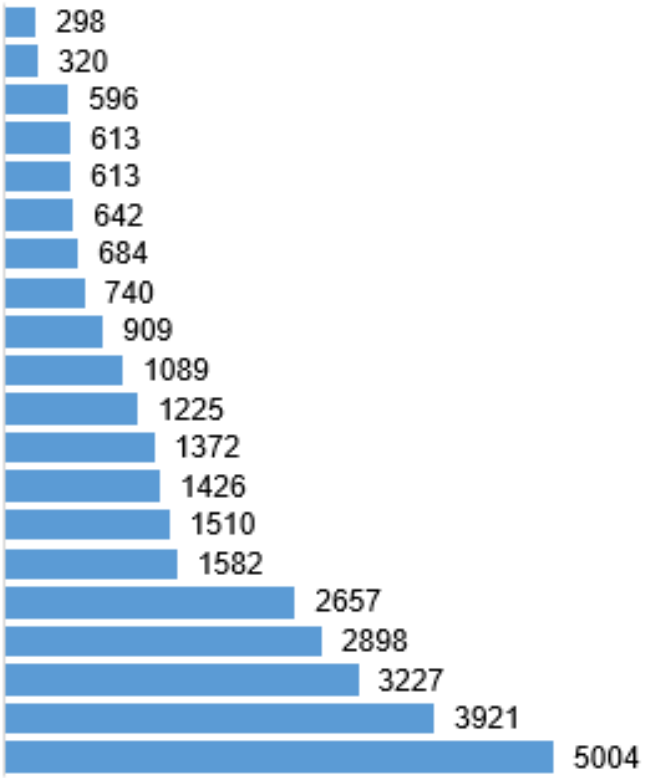
- Minor Injury Unit at PPH attendances by GP Practice (anonymised);
- Out of Hours attendances within the first hour of opening (6.30pm – 7.30pm Monday to Friday), by registered GP practice.

  * Anonymised screenshots of the dashboard are included in the IPAR. A full version of the dashboard has been shared with service leads.

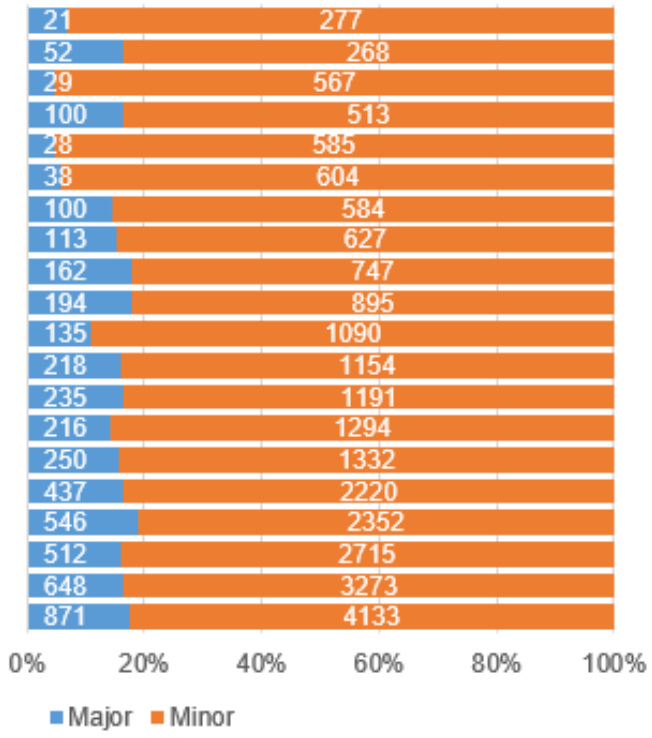
Prince Phillip Hospital - Minor Injury Unit - Attendances by GP Practice (anonymised)

NOTE: GP Practice level data has been anonymised.

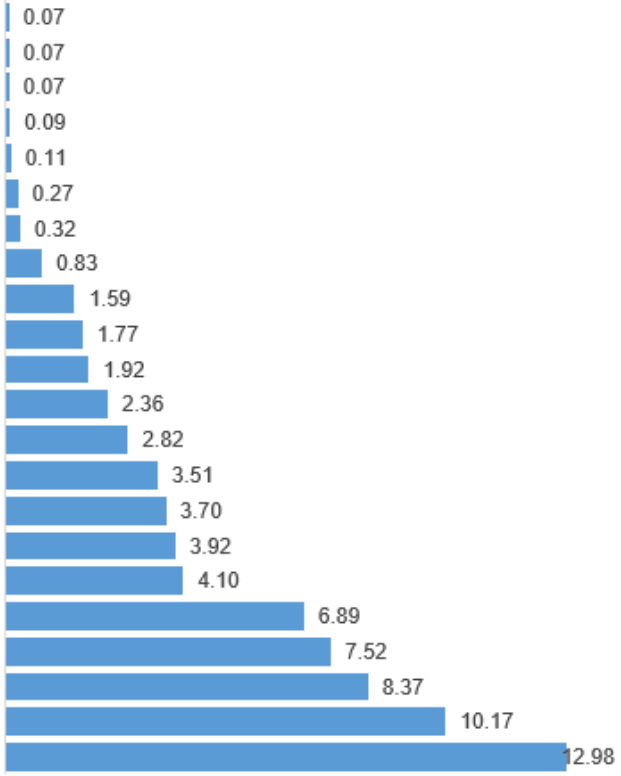
2018/2019 - Top GP Practices Attendances



2018/2019 - Top GP Practices Attendances by Patient Type



2018/2019 - Top GP Practices Attendance Rate by 1,000 HB Population



2018/2019 - Top GP Practices Attendances referred by

A&E Recall	Bed Manager	Emergency Call	GP Other	GP Patients Own	GP Practice Nurse	GP Receptionist	Health Visitor	NHS Direct Referral	Other	Other Professional	Peer	Police / Prison Service	Primecare Referral	Psychiatrist	Referral from Other MIU / A&E	School	Self	Self Referral : Not Registered	Self Referral : Surgery Closed	Social Worker	Work	Grand Total
177	1	11	45	143	2	2		22	688	64	1	66	10	3		22	3,737	1			9	5,004
114	1	8	30	71		6		25	581	43		28	2	1	2	7	2,995				7	3,921
100		9	20	70		6		13	467	38		41	6	1		7	2,443	1			5	3,227
97	2	16	27	77	1			9	368	50		58	10	1	1	4	2,173			1	3	2,898
99		17	20	65		2		13	388	37		27	5			7	1,973			1	3	2,657
61		4	23	47	1	1		4	215	25		14	2	3		2	1,178				2	1,582
63		5	17	52	1	2	2	3	195	30		10	2			5	1,122				1	1,510
45		5	7	59	1			7	187	24		11	2	2	1	3	1,070				2	1,426
57		6	9	63	2	2		9	164	12		13	3			4	1,027				1	1,372
80		3	5	16				6	172	15		3	1	2		1	919				2	1,225
38		2	9	41		1		7	147	34		21	1	6		3	777				2	1,089
39		2	6	26				8	117	10		8	2	1	1	1	687				1	909
19		3	7	25				6	98	14		2	2				563				1	740
26		1	5	22		1		4	85	17		5		1		1	515				1	684
35			2	4	1			5	83								512					642
43			2	3				1	99	1		1	2			1	459		1			613
19		1	5	34				4	79	5		2	3			2	458	1				613
39		1	3	7				6	95	3						3	439					596
9		1	2	9				1	35	6		1	1			1	254					320
17			4					2	51	1		2					220				1	298
1,177	**4**	**95**	**248**	**834**	**9**	**23**	**2**	**155**	**4,314**	**429**	**1**	**313**	**54**	**21**	**5**	**74**	**23,521**	**3**	**1**	**2**	**41**	**31,326**

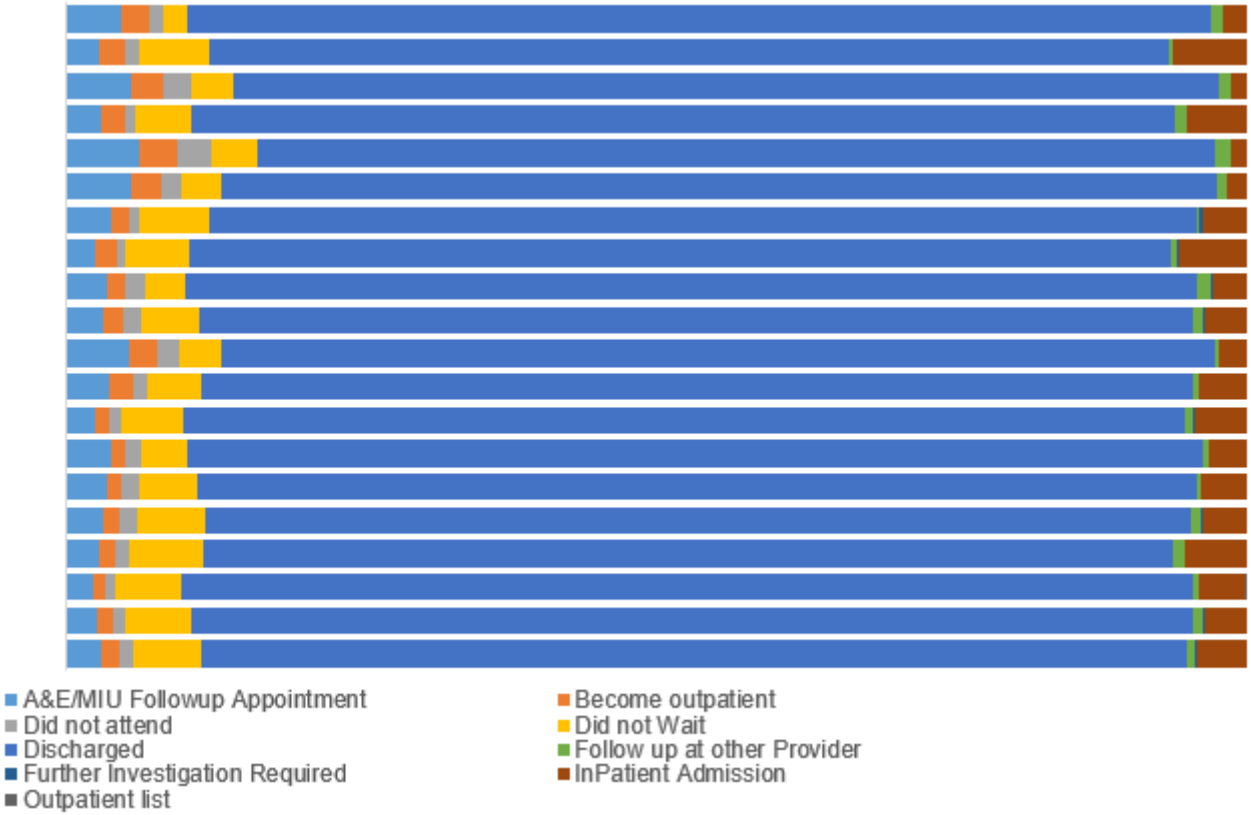
The table above shows that most patients have self-referred (23,521 patients).

2018/2019 – Top GP referral reasons

Alcohol Abuse	Assault	Deliberate Self Harm (Trauma)	Deliberate Self-Harm (Non-Trauma)	Drug Abuse	Emergency	Fall from height	Fall from standing height or less	Firework Accident	GP Arranged Admission	Other Accident	Other Non-Trauma	Reattender - Scheduled	Reattender - Unscheduled	RTA (Road Traffic Accident)	Specialist Opinion	Sports Injury	Grand Total
5	32	9	18		121	41	260	1	3	1,536	2,449	206	134	58	28	103	5,004
5	14	15	7	7	115	46	217		5	1,230	1,874	146	89	63	23	65	3,921
4	10	7	7	3	79	31	177	2	3	1,006	1,562	119	89	45	16	67	3,227
5	12	10	5	2	89	37	132		1	868	1,460	120	66	24	20	47	2,898
3	9	6	5	3	80	30	160		2	800	1,284	113	79	28	17	38	2,657
1	4	1	2		29	16	91	1	1	509	760	70	27	21	8	41	1,582
1	3	3	3	1	28	19	78		1	503	713	77	32	17	7	24	1,510
2	2	2	3	1	35	15	83	1	5	421	695	57	38	13	8	45	1,426
3	5	3	2		35	12	69		1	437	669	69	27	8	13	19	1,372
	2	1			19	13	67		1	420	529	86	27	13	4	43	1,225
2	5	3	3	2	31	11	43		1	333	534	49	29	10	15	18	1,089
1	5	2	1		21	11	47		3	249	470	46	29	3	5	16	909
1			1		14	7	41		2	240	368	26	15	8	7	10	740
1	4		1		17	4	28			219	327	39	12	11	6	15	684
	2				4	13	40			233	256	39	6	8	2	39	642
	4				8	11	39			218	232	47	8	15	1	30	613
1	2	1			7	6	38	1		202	300	22	7	8	1	17	613
	4	1			5	8	30		1	218	253	40	13	4		19	596
					6	2	11		1	105	164	11	7	4	3	6	320
	2		1		2	2	16			99	139	20	4	5		8	298
35	**121**	**64**	**59**	**19**	**745**	**335**	**1,667**	**6**	**31**	**9,846**	**15,038**	**1,402**	**738**	**366**	**184**	**670**	**31,326**

The table above shows that most referrals are due to “other Non-Trauma” reasons.

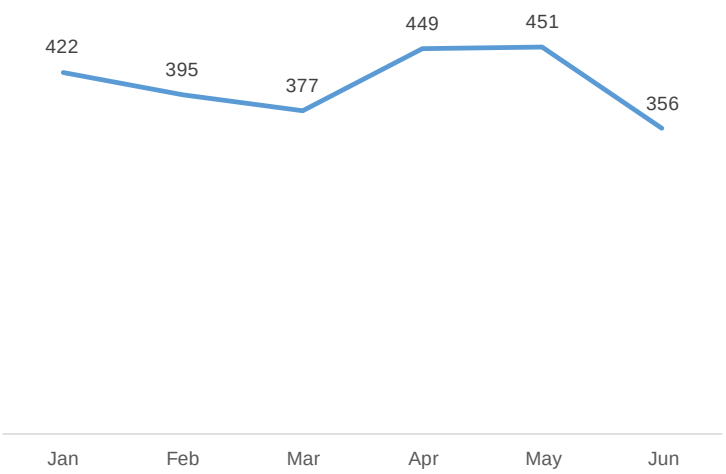
2018/2019 - Top GP Practices Attendances by Outcome



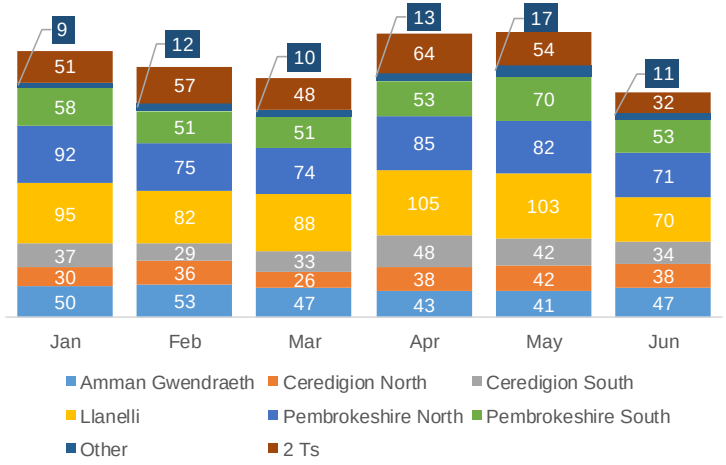
Out of Hours Calls 1st Hour of Calls (6.30pm to 7:30pm): January 2019 - June 2019

NOTE: In May 2017, Carmarthenshire moved to 111 service. Ceredigion & Pembrokeshire moved to 111 in November 2018.

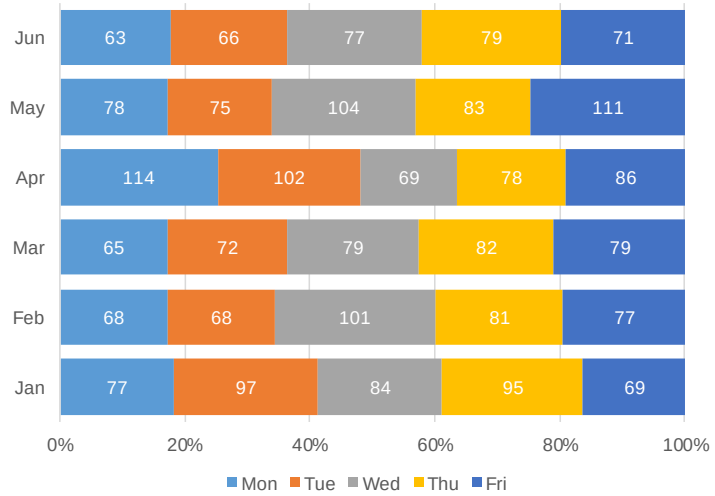
Total Calls for Health Board



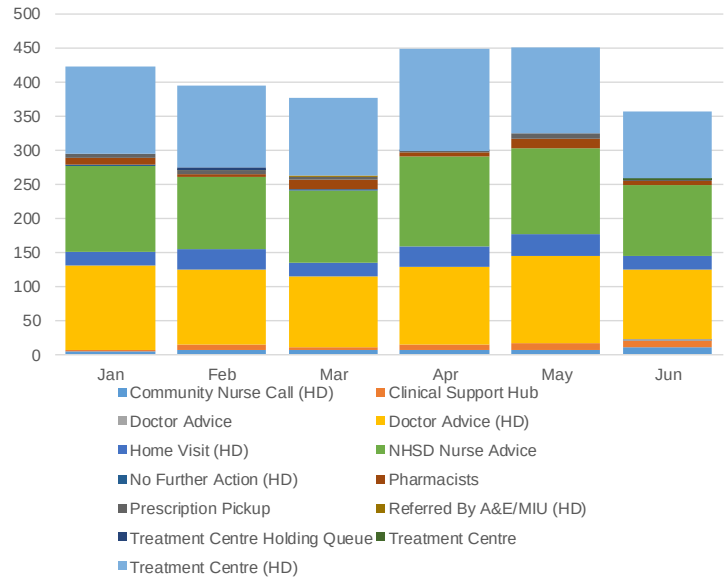
Calls by Cluster



Calls by Day of the Week

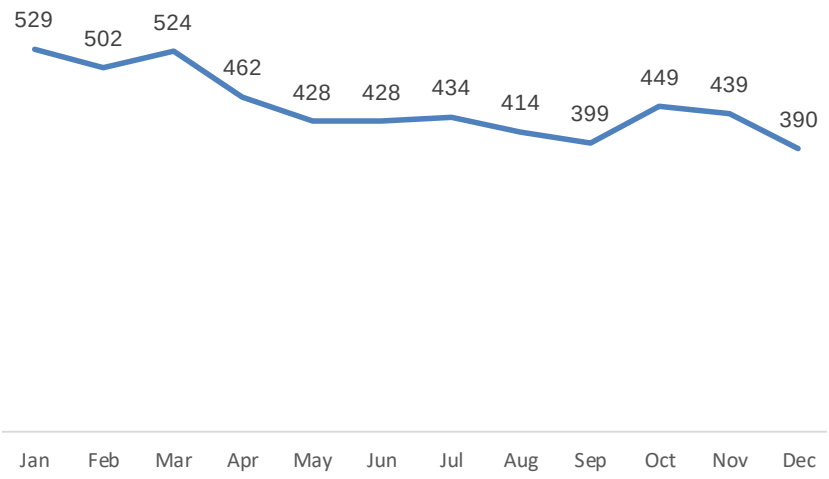


Calls by Top Case Type

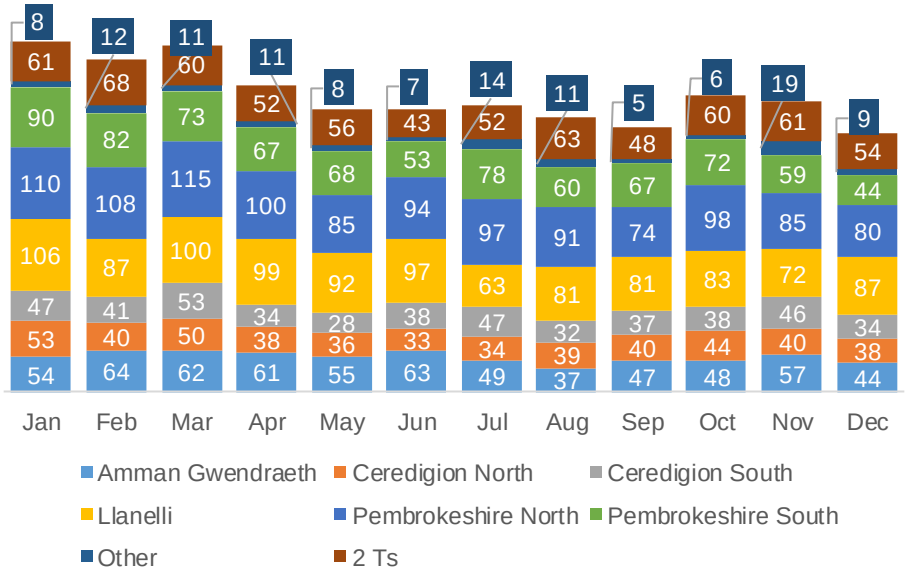


Out of Hours Calls 1st Hour of Calls (6.30pm to 7:30pm): January 2018 - December 2018

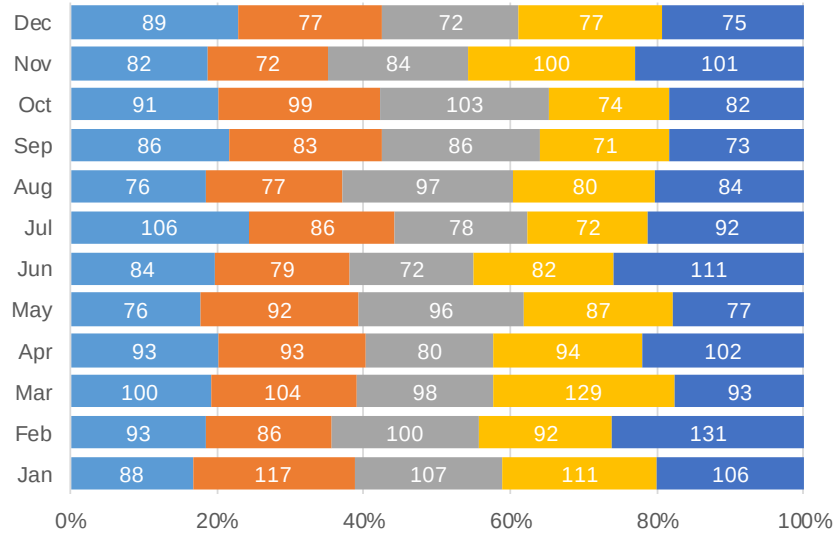
Total Calls for Health Board



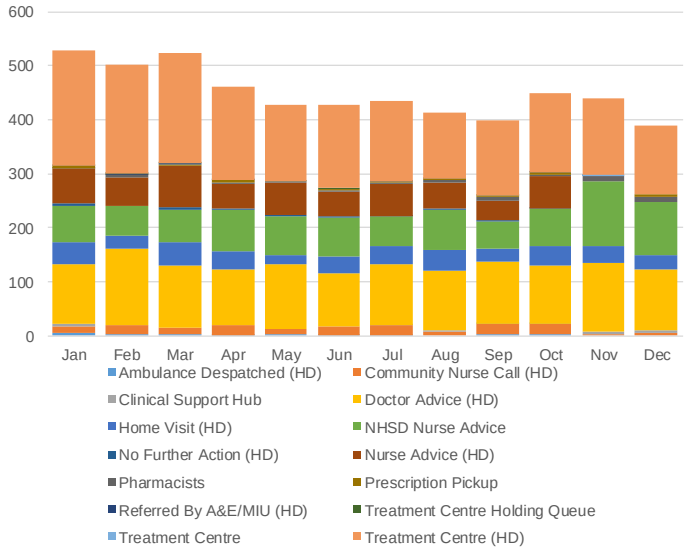
Calls by Cluster



Calls by Day of the Week

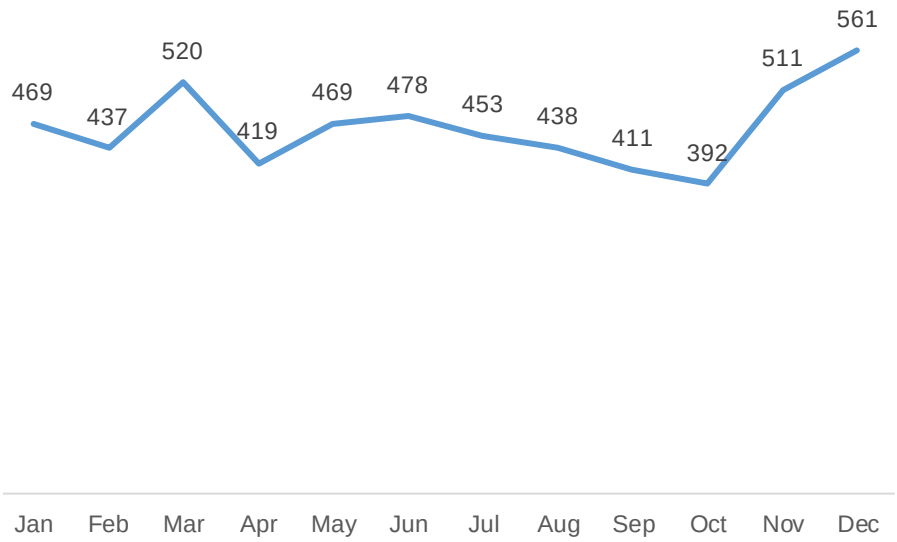


Calls by Top Case Type

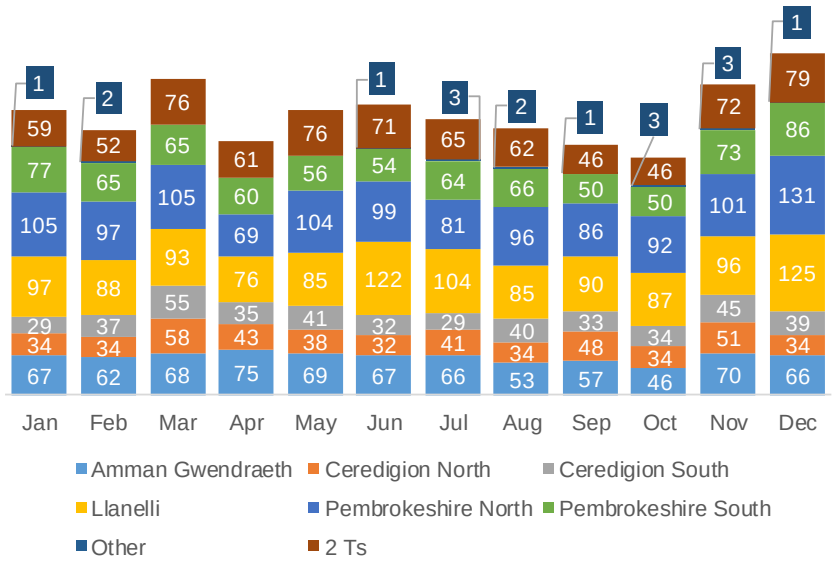


Out of Hours Calls 1st Hour of Calls (6.30pm to 7:30pm): January 2017 - December 2017

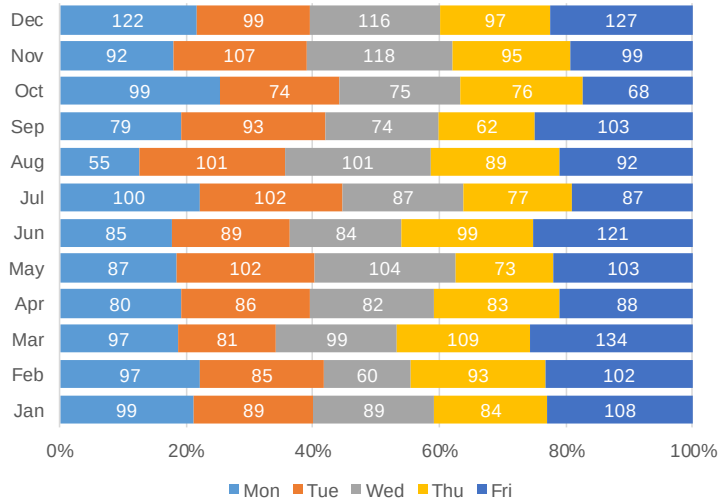
Total Calls for Health Board



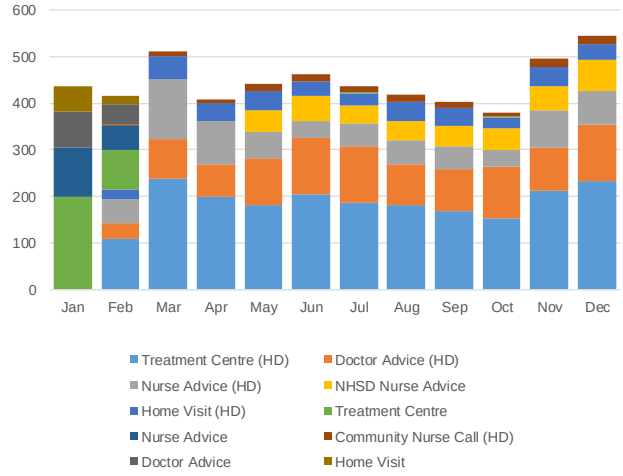
Calls by Cluster



Calls by Day of the Week



Calls by Top Case Type

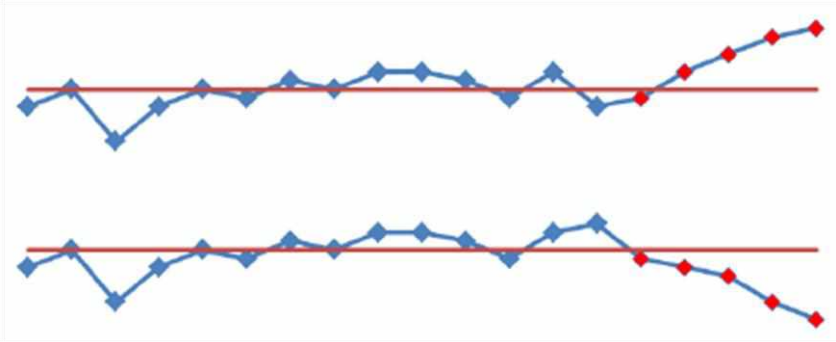


Additional Information

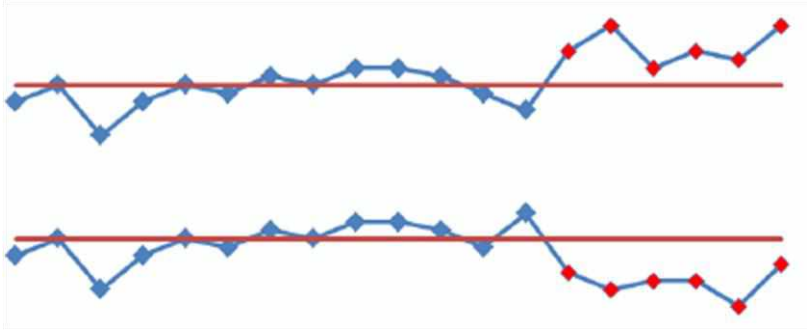
Run chart rules for determining unusual variation

Run charts – rules for determining unusual variation

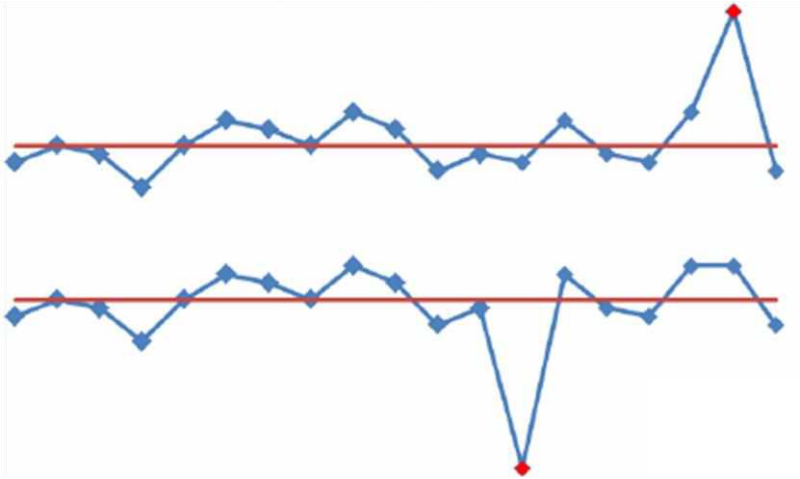
Trend – 5+ points increasing or decreasing



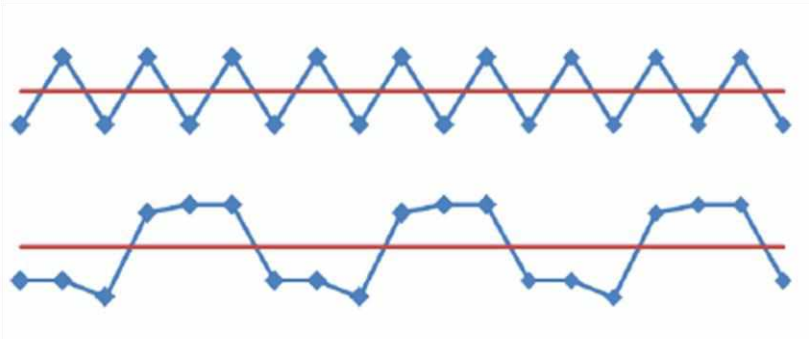
Shift – 6+ points in a row above or below the median



Astronomical – a point very different to the other points



Run – a trend which crosses the median more or less frequently than expected



* Taken from Advancing Quality Alliance (AQuA) and based on the Institute for Healthcare Improvement (IHI) standards

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Enw'r Pwyllgor / Name of Committee	Quality, Safety And Experience Assurance Committee Meeting
Cadeirydd y Pwyllgor/ Chair of Committee:	Professor John Gammon
Cyfnod Adrodd/ Reporting Period:	Meeting held on 4th June 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

- **Outcome of QSEAC Self-Assessment of Effectiveness 2018/19** – the Committee received the outcome of the QSEAC self-assessment of effectiveness exercise 2018/19. Members noted that any recommendations pertinent to QSEAC from the Wales Audit Office (WAO) review, and results of the self-assessment of effectiveness exercise should assist the Committee to progress during 2019/20.

- **Reflection on Annual Quality Statement (AQS) Process 2018/19** – the Committee received a verbal reflection on the Annual Quality Statement (AQS) process for 2018/19. Given the similarity between the AQS and the HDdUHB Annual Report, in order to avoid duplication going forward, a streamlined reporting process is being considered for 2019/20.

- **Operational Quality, Safety & Experience Sub-Committee Exception Report** – the Committee received the Operational Quality, Safety & Experience Sub-Committee (OQSESC) Exception Report from its meeting held on 14th May 2019. Members were advised that the Sub-Committee received deep dive reports on two key areas of risk which were discussed in depth; Pathology Risks 91 and 96, relating to staffing and environment concerns, and Risk 654 relating to harm to inpatients due to malnutrition. Whilst Members received assurance in respect of the pathology risks, in regard to inpatient malnutrition, whilst the mitigating actions in place are appropriate, Members acknowledged that these are insufficient to reduce the current risk score and without an increase in resources, meeting the regulations required would be unattainable. Given the significant concerns expressed, it was agreed that a further report on this risk would be presented to the next QSEAC meeting in order to provide assurance, and that following discussion on this, the Committee would determine whether escalation to the Board is required. QSEAC Members discussed the development of documentation for general hospital staff to improve the governance around the use of covert medication for patients who lack decision making capacity. The OQSESC Chair confirmed that the Sub-Committee received assurance that the team is preparing the required documentation, however the urgency for completion was emphasised.

- **Medicines Management Sub-Committee Exception Report and Terms of Reference** – the Committee received the Medicines Management Sub-Committee (MMSC) Exception Report from its meeting held on 9th May 2019. Members were advised that Risk 374 Aseptic Provision could become a critical risk given that an Improvement Notice is still in place on both remaining

Aseptic Units. In addition, the Radiopharmacy Service at Withybush General Hospital (WGH), which had previously been included in the overall Aseptic Services risk, has now been added as a separate risk given the impact on other services should this unit close. Members discussed Risk 681, updating of infusion pump libraries, and were advised that manual updating is currently undertaken across hospital sites. Whilst there is an option to update via Wi-Fi, a significant investment would be required to convert all pumps. Members agreed however, that this remains the most appropriate approach given that updated pump software reduces errors, with out-of-date libraries having a consequence for patient safety. Concerns were raised at the potential lack of ownership and responsibility for reducing future occurrences of Hospital Acquired Thrombosis (HAT) by the Consultant team involved. Whilst Members were assured that a review is being undertaken to ensure that the appropriate approach is being adopted by the multidisciplinary teams, it was agreed that a report on the next steps be presented to OQSESC and reported back to QSEAC via their exception report. The revised Medicines Management Sub-Committee Terms of Reference (ToRs) were presented and approved by the Committee.

- **Mental Health & Learning Disabilities Quality, Safety & Experience Sub-Committee Exception Report** – the Committee received the Mental Health & Learning Disabilities Quality, Safety & Experience Sub-Committee Exception Report from its meeting held on 13th May 2019. Members noted the fragility of Mental Health and Learning Disability services across the Health Board, in particular the challenges faced in recruiting medical staff for Ceredigion and Pembrokeshire. To mitigate this, Members were advised that a Head of Service has returned to clinical practice in order to support the service and that the directorate is also in the recruitment phase for a number of pharmacy posts which have non-medical elements attached to them. Members welcomed the positive outcome for those patients being moved from long term care in Ty Bryn to community placements, where it was pleasing to note that their care is progressing well.

- **Workforce & Organisational Development Sub-Committee Exception Report and Terms of Reference** – the Committee received the Workforce & Organisational Development Sub-Committee Exception Report from its meeting held on 15th May 2019. Members were advised that 86 offers had been received for the auto allocation of Newly Qualified Nurses (NQN) which represents the highest fill rate in Wales at 75%. Members were informed that 8 risks had been identified within the W&OD Operational Risk Register which were discussed in detail by the Sub-Committee. Whilst Members commended the improving trend regarding PADRs, it is acknowledged that the next stage will require a focus on the quality of the PADRs received by staff. The revised WODSC Terms of Reference (ToRs) were presented for approval and, subject to the necessary amendments required to QSEAC's Sub-Committees within the organigram, the Committee approved the WODSC ToRs.

- **Effective Clinical Practice Sub-Committee Exception Report, Terms of Reference** – the Committee received the Effective Clinical Practice Sub-Committee Exception Report from its meeting held on 15th May 2019. Members were advised that a review of the Groups reporting to the Sub-Committee is required to ensure robust reporting is being undertaken by those with the appropriate expertise. For QSEAC's assurance, a meeting will take place with the Independent Member on the Sub-Committee, to discuss the new processes and the proposed changes to the Groups involved. Members were informed that a current action from the University Partnership Board (UPB) is to establish a list of appropriate experts from University partners for specific topics. This would be in the form of a peer review process, where the experts would be called upon to assess new interventions, with the findings submitted to ECPC for Members to discuss. Members approved the revised ECPSC Terms of Reference (ToRs), however proposed that comments made in relation to a link to the UPB and a greater focus on outcomes be considered by the Sub-Committee, and if agreed, incorporated into revised ToRs.

- **Improving Experience Sub-Committee Exception Report, Terms of Reference** – the Committee received the Improving Experience Sub-Committee Exception Report from its meeting held on 17th April 2019. Members were advised that a report has been received from the Hywel Dda Community Health Council (CHC) on the findings from the patient and public engagement events from July to November 2018. Members discussed the need for children and young people's voices to be considered, and not only when they are patients. Members were advised that Public Services Boards have Children's Boards and that options are being considered to link into these. Members welcomed the fact that the reminiscence interactive therapy activities (RITA) system, which has been implemented in two wards in Prince Philip Hospital, has been shortlisted as a finalist in the Patient Experience Network Awards. The Improving Experience Sub-Committee's revised Terms of Reference (ToRs) were presented and approved by the Committee.

- **Infection Prevention Sub-Committee Exception Report** – the Committee received a verbal update from the Infection Prevention Sub-Committee given that the meeting was held on 3rd June 2019 (the day preceding QSEAC). Members were advised of an increase in the number of cases of Clostridium difficile (C.diff) in Withybush General Hospital and Pembrokeshire since the beginning of March 2019. Following meetings with the Triumvirate, concerns raised regarding environment and equipment cleaning have now been addressed. Members were informed that the Health Board carried out its first Faecal Microbiota Transplant at the beginning of May 2019, which is a new treatment for recurring C.diff. Whilst too early to be considered a success, initial results are promising, with additional relapse cases being referred to Prince Philip Hospital (PPH). Members noted that a recent presentation from the Community Antimicrobial Pharmacist highlighted an 82% improvement in prescribing on the audited antibiotics, which will in turn have an effect on other prescribing. Further training on urinary tract infections (UTI) by a Community Advanced Nurse Practitioner has led to the 22% reduction in E.coli

bacteraemia reported by the Health Board this year compared to the previous year. Members welcomed the change of focus by the Infection Prevention Team where clinical teams will now take ownership of any infections occurring in their areas.

- **Internal Assurance Review Of Quality And Safety Of Maternity Services Following Recent Independent Review Of Maternity Services At Cwm Taf UHB and Presentation** - the Committee received a presentation following an internal assurance review of quality and safety of maternity services within HDdUHB to provide assurance to QSEAC on the work undertaken by the Health Board to benchmark itself against the Cwm Taf review. Details of the key themes emanating from the Cwm Taf report were outlined to Members: Board Assurance; Leadership and Culture; Governance and Assurance; Workforce and Service User Engagement. Members were advised that Hywel Dda's maternity services have recently appointed two new consultants and now have a low reliance on locum cover. A further enhancement since January 2019 has been the implementation of PROMPT training for maternity teams, whose ethos suggests that teams who work together should train together. Members were informed of a number of areas identified for improvement, including a Clinical Director for Maternity Services, a trigger list for Consultant presence on labour ward during on-call and medical recruitment to Royal College of Obstetricians and Gynaecologists (RCOG) recommended levels. The Chair asked Members if any further assurance could be obtained by holding an Extraordinary meeting and queried from a governance perspective if this would be acceptable. Members agreed that the clinical team had provided sufficient assurance and with this assurance, an Extraordinary QSEAC meeting would no longer be required, however noted the follow up actions from the presentation alongside the further requests for information for Members required following up. Members acknowledged the challenges faced by HDdUHB's maternity services and it was proposed that the service should be included in the walk around schedule planned for the forthcoming year.

- **Quality and Safety Assurance Report** - the Committee received the Quality and Safety Assurance report, providing an overview of quality and safety across the Health Board, highlighting an update on assurance and improvement within the Primary Care Services and Mental Health and Learning Disabilities Directorates. Members welcomed the improved report providing high level data from an organisational perspective, however suggested that triangulation of data would enable Members to understand where 'hot spots' may be occurring. Members were informed that a number of Quality Improvement (QI) improvement projects are commencing in June 2019 and that once outcomes are available, these will be reported to QSEAC. However, it is to be noted that these are the first projects taken forward through the QI collaborative, and as such, outcomes from the varying projects may initially be varied. Members welcomed the focus on specific domains, however noted that patient impact is not always explicit and suggested that emphasis within the report should be focused on any consequential patient impact. It was proposed that for QSEAC's assurance, additional narrative is

required in the future.

- **Report On Public Health Wales Mortality Data** - the Committee received the quarterly Public Health Wales (PHW) report on comparative mortality information for all Health Boards for QSEAC's review, where it was acknowledged that mortality is only one indicator to monitor equitable care. Members welcomed the report, providing an update on the revised process in place in regard to compliance for stage 1 mortality reviews, given QSEAC's previously raised concerns. Whilst the Health Board is close to compliance for stage 1 reviews, given the concerns raised in regard to stage 2 reviews, a written process has been requested by the ECPSC to ensure learning is shared across the organisation.

- **External Monitoring Final Reports** - the Committee received the final reports received from Healthcare Inspectorate Wales (HIW) and Hywel Dda Community Health Council (CHC) since the previous meeting, together with the current HIW and CHC tracker, highlighting any outstanding actions. In regard to the recent visit to Sunderland Ward, South Pembs Hospital, Members were advised that staff had acknowledged the drop in standards, and convened a team meeting the same day where immediate actions were agreed and progressed. In addition, Members were assured that the immediate improvement plan has now been completed and submitted to HIW.

- **Outcome Of Bronglais Breast Ultrasound Scanner Review** - the Committee received the outcome of the Bronglais Breast Ultrasound Scanner Review to provide assurance that this incident and wider concerns which came to light in relation to service contracts and quality assurance of ultrasound equipment within the Health Board, have been managed appropriately. Members received an assurance through the review and through the continued monitoring of the action plan by the USS Governance Group.

- **Cardiology Review Update** - the Committee received an update in relation to concerns raised relating to Cardiology services provided by a Locum Cardiologist, formerly employed by HDdUHB. Members were assured that all actions have now been completed to provide assurance to QSEAC.

- **Nurse Staffing Levels (Wales) Act Update Spring 2019** - the Committee received the Nurse Staffing Levels (Wales) Act Update for Spring 2019, outlining the 'in year' changes to the nurse staffing levels of several medical and surgical wards following the Spring 2019 nurse staffing level calculation cycle. Members received assurance that the nurse staffing levels have been calculated in line with the requirements of the Act.

- **Quality, Safety & Experience Assurance Committee Work Plan 2019/20** - - the QSEAC Work Plan 2019/20 was received for information.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:
There were no matters requiring Board level consideration or approval.
Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:
• Concerns regarding an increase in cases of Clostridium difficile (C.diff) in Withybush General Hospital and Pembrokeshire since the beginning of March 2019. However following meetings with the Triumvirate team regarding concerns with environment and equipment cleaning, these have now been addressed. • Concerns regarding stage 2 mortality reviews, where a written process has been requested by the ECPSC to ensure learning is shared across the organisation.
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:
Adrodd yn y Dyfodol / Future Reporting:
In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.
Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:
1st August 2019

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 July 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Internal Assurance Review of Quality and Safety of Maternity Services Following Recent Independent Review of Maternity Services at the former Cwm Taf University Health Board
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Joe Teape, Deputy Chief Executive Mandy Rayani Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: **REPORTING OFFICER:**	Julie Jenkins, Head of Midwifery Keith Jones, Assistant Director, Acute Services

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper provides an update to the Board regarding the outcome of an internal assurance review of the quality and safety of maternity services across Hywel Dda University Health Board (HDdUHB). This follows the recent publication of an independent review of maternity services at the former Cwm Taf University Health Board (UHB) undertaken by the Royal College of Obstetricians & Gynaecology (RCOG).

Cefndir / Background

Following the recent publication of an independent review of the quality and safety of maternity services at the former Cwm Taf UHB, the NHS Wales Director General for Health and Social Services requested on 30th April 2019 that all Health Boards undertake an immediate assurance review of local services, and provide assurance of the safety of local maternity services to Welsh Government by 14th May 2019.

This internal review was coordinated by the Executive Director of Nursing, Quality & Patient Experience and supported by the Women & Children's Directorate. To support the review, a template was provided to Health Boards reflecting the terms of reference of the RCOG review, the specific recommendations offered in respect of the Cwm Taf UHB service and a request for Health Boards to undertake an internal self-assessment and to highlight supporting assurance evidence.

The response provided to the Director General is appended to this paper along with a supporting summary letter. Also appended is a schedule of the available supporting assurance evidence, cross-referenced to the specific recommendations in the RCOG report. (Board members are requested to note that, due to the size of electronic files in which these documents are located, these documents have not been forwarded with this paper; however copies are available on request).

By way of additional assurance, the Quality, Safety & Experience Assurance Committee

(QSEAC) considered a detailed assurance review of the quality and safety of the UHB's maternity services in June 2019, which included a presentation delivered by the Women & Children's Directorate. The Committee concluded that it had received assurance from the review of the quality and safety of maternity services across the UHB and agreed that the outcome would be reported to the July 2019 Board meeting, with a further report to be presented to QSEAC within 6 months. This conclusion was supported by verbal evidence provided by Executive Directors and Independent Members following the recent 'Board to Floor' review visit of the Maternity Unit at Glangwili General Hospital.

The objective of this paper is to provide assurance to the Board of the governance mechanisms in place and the quality and safety of the UHB's maternity service as well as highlighting areas for further improvement and development.

Asesiad / Assessment

Service Overview

In August 2014, HDdUHB underwent a significant reconfiguration of the maternity, neonatal, paediatric and gynaecology services. Maternity services are provided in three localities across the UHB as follows:

- Glangwili General Hospital – Obstetric unit with a separate Midwifery-Led Unit
- Bronglais General Hospital – Obstetric Unit
- Withybush General Hospital – a stand alone Midwifery-Led Unit.

There is 24/7 Consultant cover in both Obstetric units with a 24/7 midwifery Management on call provision.

In 2018 there were 3,165 births within HDdUHB, as follows:

- 1,884 (59.5%) normal deliveries (not requiring obstetric intervention)
- 1,281 (40.5%) obstetric deliveries (requiring obstetric intervention)

506 deliveries (16%) took place in a Midwifery-Led Care Unit.

The HDdUHB caesarean section rate in 2018 was 30.7%, above the All Wales recommended level of 26%. As a result of a range of improvement initiatives, the caesarean section rate has reduced during March 2019 (25%) and April 2019 (27%).

Board Level Assurance

The independent review of maternity services at the former Cwm Taf University Health Board highlighted concerns about Board level oversight of the service.

In 2015, HDdUHB invited the Royal College of Paediatrics and Child Health (RCPCH), in collaboration with four other Royal Colleges, to provide an external assessment of the service changes which had been implemented. The Report identified a very dedicated multi-disciplinary team, committed to providing a quality service to women and children in their communities. The findings confirmed that there was no evidence of any deterioration in outcomes in maternity or paediatric care as a direct result of the reconfiguration and that there was improved compliance with professional standards. The Report concluded that there was no clinical case for reverting to the previous service arrangements.

In 2016, the HDdUHB invited the RCPCH to undertake a further follow up review of the Neonatal Service. This resultant report highlighted significant improvements in staff morale

and team working, integration of therapy services, relationships and communication with the Neonatal Intensive Care Unit at Singleton, clinical leadership and visibility and a strong neonatal outreach service.

The Board will be aware that, whilst both reports highlighted that the services provided were of a safe standard, the UHB agreed a detailed combined action plan to support further improvements across the full range of Maternity, Paediatric, Obstetric & Gynaecology and Neonatal services. The action plan, which was developed and overseen by a Monitoring Group chaired by the Medical Director, has been closely monitored by both the Board and QSEAC. In recognition of the progress achieved in delivering the actions outlined in the action plan, the Audit & Risk Assurance Committee (ARAC) approved in April 2019 a recommendation from the Monitoring Group that Board/Committee level monitoring of the action plan should be suspended.

Leadership & Culture

The independent review of maternity services at the former Cwm Taf University Health Board also highlighted concerns about leadership & culture within the service.

In HDdUHB, the Women and Children's Directorate has a clearly defined Midwifery and Obstetric clinical management structure, which has been strengthened over the past two years with appointment of key leadership roles to promote a culture of safety and service quality. There is a 24/7 maternity management on-call system to provide clinical leadership and support to all clinical areas within the UHB. All staff roles and responsibilities are highlighted within their current medical job plans or midwifery job descriptions. All medical staff are professionally supported by the Medical Director, whilst all Midwifery managers are supported by the Head of Midwifery and Director of Nursing, Quality and Patient Experience. Senior Leadership roles appointed include:

- Clinical Lead for Obstetrics and Gynaecology
- Lead Consultant Anaesthetist for Obstetrics
- Obstetric Lead for Clinical Risk and Governance
- Consultant Midwife, Deputy Head of Midwifery
- Clinical Risk and Governance Midwife
- Practice Development Midwives
- Clinical Supervisors for Midwives in line with the All Wales restructured process for midwifery supervision

All midwives are encouraged to actively participate in the Royal College of Midwives leadership programme.

In 2016, following feedback received as part of the routine survey of trainee doctors, the Deanery highlighted that improvements were required in respect of the provision of clinical leadership and support for junior doctors. Following a detailed review undertaken within the Directorate and the development of an action plan to support improvement, the Deanery in 2018 confirmed positive improvement had been achieved with strong evidence of leadership and clinical support in practice. The service is currently scored 'green' (lowest risk) on the Deanery Risk Register.

To support and foster the safety culture within the service, a monthly Maternity Service newsletter is published and shared with all staff, highlighting training & development opportunities, feedback regarding clinical outcomes and learning from any incidents / complaints.

Areas for Improvement / Development:	Action
Appointment of a Clinical Director for the Women and Children's Services	Post included within revised Clinical Management structure. Job description being drafted.
Continue to promote clinical and midwifery leadership development	Leadership development requirements assessed and prioritised via appraisal and Performance Appraisal and Development Review (PADR) processes.

Governance & Assurance

The independent review of maternity services at the former Cwm Taf University Health Board highlighted significant concerns regarding systems for governance and assurance within the service.

Within HDdUHB, all clinical incidents are reported via the Datix reporting mechanism which includes a well developed maternity trigger list. This is a national tool for reporting maternity incidents that require review. All incidents are validated by the Clinical Risk Midwife who compares the Birth Register data against the Datix reported incidents on a weekly basis. Monthly joint neonatal and maternity meetings are facilitated between Clinical Risk Midwife and Lead Nurse for the Neonatal Unit with a joint service perinatal review undertaken at the Labour Ward Forum. A quarterly peer review is also facilitated jointly between HDdUHB and the Swansea Bay level 3 tertiary team, to discuss and review all babies requiring admission to the level 3 unit at Singleton Hospital Swansea.

A monthly Maternity Clinical Risk multidisciplinary forum is facilitated, with engagement from Obstetrics, Neonatologists, Anaesthetists and maternity staff, which enables constructive analysis and review of all untoward clinical incidents. Lessons learnt are shared with the multidisciplinary team via the Maternity Risk Newsletter, Perinatal Mortality Meetings, UHB forums and multi-disciplinary Learning Events.

In the event of any clinical incidents which necessitate a Serious Untoward Incident (SUI) notification to Welsh Government, a Root Cause Analysis (RCA) investigation is conducted, with support from the Assurance Team, and escalated to the Director of Nursing, Quality and Patient Experience and Associate Medical Director. All SUIs are reviewed and assured by the Multi-Disciplinary Team (MDT) inclusive of the Clinical Obstetric Lead, Lead Obstetrician for Governance, Head of Midwifery, Deputy Head of Midwifery, General Manager and Director of Nursing, Quality and Patient Experience. All learning from RCAs or SUIs is routinely shared via the Labour Ward forum and via the Maternity Clinical Risk Newsletter.

Monthly Maternity and Neonatal clinical dashboards are considered at the monthly Directorate Quality and Safety Meeting. In addition, the Operational Lead Midwives conduct monthly safety and quality spot check audits which include a focus on the environment, infection prevention and control, patient safety identification, completion of midwifery documentation, administration of thromboprophylaxis, medicines management and compliance with the uniform policy.

The Directorate Risk Register is updated and reviewed on a monthly basis to ensure that appropriate actions are in place to mitigate any risks to the quality and safety of the service. Effective progress in managing the Directorate Risk Register is assured via the Executive

Team Directorate Performance reviews.

The maternity service adopts a proactive approach to the promotion of quality and safety, as evidenced by the appointment of key roles within the team including a specialist diabetic care midwife and a dedicated senior Clinical Risk and Governance Midwife, appointed for to facilitate standards and service improvements.

There is an Obstetric Guideline Group represented by the multi-disciplinary team. Currently all Obstetric Guidelines are on the UHB Intranet site and updated guidelines are shared via the Labour Ward Forum and Maternity Clinical risk Newsletter. A schedule is in place to ensure that all guidelines are reviewed and updated by December 2019.

Maternity services across Wales have been subject to regular review by the Wales Audit Office since 2011. The most recent review report in 2018 highlighted the positive progress achieved by the service during the period.

Currently there are no outstanding Ombudsman investigations within maternity services. Internal clinical audits are undertaken and logged with HDdUHB Audit Department.

Areas for Improvement / Development:	**Action**
Clarify lead accountability for Audit within the Clinical Team	Dr S. Pitchakani has been identified as Lead Clinician for Audit.
Ensure prospective audit and analyse themes and trends for all caesarean sections.	Prospective audit commenced and themes and trends reported monthly at the Labour Ward forum meeting. Caesarean section reports considered at Monthly Directorate Quality & Safety Committee meetings.
Complete the process of updating Obstetric Guidelines	In progress. To be completed by December 2019.

Monitoring of Outcomes

Latest available data demonstrates perinatal mortality and intrapartum stillbirth rates in HDdUHB compare favourably with other UK units of comparable birth numbers. There is no correlation regarding stillbirth outcomes and county of residence and in the majority of stillbirths the data collated has identified that lifestyle choices such as smoking, raised BMI and other risk behaviours are a common denominator.

The table below shows the pattern of stillbirth and neonatal deaths for the past 3 calendar years.

	Stillbirth ≥ 24/40 (SB)	Neonatal deaths (NND)	Therapeutic Terminations ≥24/40	Gestation (late fetal losses are not categorised as SB's or NND's but are shown for information)				
2016	20	3	2	Late Fetal Losses 22-23+6/40	24-30	31-36	37-42	NND
				4	7	7	8	3
2017	13	3 *(1=22/40)*	2	Late Fetal Losses 22-23+6/40	24-30	31-36	37-42	NND
				4	7	4	4	3
2018	14	2	2	Late Fetal Losses 22-23+6/40	24-30	31-36	37-42	NND
				1	2	5	9	2

All Stillbirths are reviewed by the Clinical Risk Midwife and Lead Obstetrician for Quality and Safety to ensure a consistent approach using a national pro-forma, namely 'Each Baby Counts' MBRRACE – UK Maternal Report (Mothers and Babies: reducing risk through audits and confidential enquires across the UK), MBRRACE UK Perinatal Mortality Surveillance Report. The pro-forma is completed within a designated timeframe, and the pro-forma assists in determining the grading of all stillbirths and the identification of any concerns regarding care delivered. In any circumstances where any concerns are suspected regarding the care delivered, an RCA / SUI is commissioned and reported accordingly.

Every stillbirth review is discussed at the monthly clinical risk meeting which has representation from a multidisciplinary team inclusive of paediatricians, anaesthetists, obstetricians, midwives and the midwifery management team.

Workforce

The independent review of maternity services at the former Cwm Taf University Health Board highlighted significant concerns regarding staffing levels within the service.

In HDdUHB, midwifery staffing levels are regularly assessed using the nationally recommended Birth Rate plus (BR+) workforce midwifery staffing tool which reflects the number of nature of clinical locations, activity volumes and acuity. The latest assessment advocates that the midwifery workforce within HDdUHB should be 171.56 WTE (Whole Time Equivalent) midwives. The current funded establishment is 160.9 WTE.

The Directorate actively seeks to recruit into the vacancies and is part of the South Wales Midwifery Recruitment Programme, whereby all Health Boards interview all student midwives graduating in South Wales each September. Against the current funded establishment of 160.9 WTE, there are currently 9.40 vacancies across the UHB area.

Midwifery agency utilisation rates are zero and midwifery bank staff are used to cover vacancies. A weekly review of midwifery staff rosters has identified that staff do not work outside European Working Time Directive recommendations. Robust escalation processes are in place to manage risk and transfer staff during periods of high activity and sickness.

Locum agency medical staff usage is low within the Directorate. 2/19 consultant posts are currently filled by NHS locum staff and there are currently 2 WTE Specialty and Associate Specialist (SAS) doctor vacancies.

The RCPCH report in 2015 recommended that in view of the service changes implemented in 2014 and the withdrawal of obstetric services from Withybush General Hospital (WGH), the out of hours consultant rota at WGH should be phased out in order to integrate and strengthen the consultant team at Glangwili General Hospital (GGH). The clinical team has developed proposals for an integrated rota which has been approved by the Executive Team and a formal staff consultation process is currently being progressed. Although this proposal will not change the service model agreed as part of the 2014 service reconfiguration, discussions are continuing with the Community Health Council (CHC) regarding the extent of public engagement activities required.

There is a structured corporate induction programme for midwifery and permanent / NHS locum clinical staff with a specific induction programme for the Maternity Department.

Whilst access to immediate Anaesthetic support is available on the Labour Ward at GGH, the Anaesthetic service currently operates at below the Royal College of Anaesthetists' recommended level for Consultant Anaesthetists with dedicated Obstetric sessions. This has potential implications for the ability of the anaesthetic service to provide consistent support for education and governance activities within the wider maternity service.

Areas for Improvement / Development:	**Action**
Formalised induction information documentation to be developed for short notice locum agency medical staff.	Draft Induction Information booklet is scheduled to be considered by the Directorate Quality & Safety Committee in July 2019 prior to anticipated launch in August 2019.
Continue to explore initiatives for recruitment of midwifery and medical staff to recommended levels	Compliance with BR+ recommended midwifery staffing level will necessitate additional investment of 10.66 WTE. Detailed assessment to be considered by Executive Team in September 2019.
Exploration of opportunities to further enhance Anaesthetic consultant staffing levels	Assessment paper developed which identifies proposed additional investment of 3 WTE Consultant Anaesthetists. Proposals to be further considered by Executive Team in September 2019

Service User Engagement

A further concern highlighted via the independent review of maternity services at the former Cwm Taf University Health Board was the extent of engagement with service users to inform development of the service.

The Maternity Department received two CHC review visits in 2018, with positive feedback received. A further series of reviews has been undertaken in May 2019 and feedback is awaited. It is acknowledged that the facilities at GGH require significant improvement and the Phase 2 capital re-development scheme is progressing well. There has been active engagement with service users during the Phase 2 development of a new Labour Ward and Neonatal facility.

All patients using the maternity service are invited to complete a 'Did We Deliver' survey and a patient satisfaction survey in the Postnatal Record following birth which is reviewed by Operational Leads and the Unit manager. Any themes or trends are fed back to staff via Ward area meetings and generically through the Maternity Risk Newsletter in order to improve the quality of the services and patient experience.

Patient stories are encouraged through social media platforms, the Homebirth Forum and a Birth Choices Clinic led by the Consultant Midwife. This has generated several improvements to facilities including a birth partner's rest room being established to facilitate overnight stay at GGH. The Maternity Services Liaison Committee (MSLC) Bereavement Group has also been instrumental in refurbishing the Bereavement Room during 2019.

The Consultant Midwives' Survey in 2018 explored women's experiences of pregnancy and birth across Wales and noted that social media was a powerful tool to capture a wide variety of responses. The service has a well-established closed Facebook group for service users to feed back their experiences. This is used and responded to in 'real time'.

Areas for Improvement / Development:	Action
Further review opportunities for additional engagement with service users	Senior Midwifery Team is currently developing further proposals to support engagement with 'hard to reach' and higher risk groups.

Argymhelliad / Recommendation

The Board is requested to:

- Consider the internal assurance review of the quality and safety of maternity services across Hywel Dda University Health Board (HDdUHB) and the conclusion reached by QSEAC in June 2019;
- Note the areas for further improvement and development and the actions outlined;
- Support a follow-up review via QSEAC in December 2019.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	W&C Directorate RR 317
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	2.1 Managing Risk and Promoting Health and Safety 7. Staff and Resources 5. Timely Care 3. Effective Care
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	RCOG review of maternity services in the former Cwm Taf UHB
Rhestr Termau: Glossary of Terms:	As reflected in the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Quality, Safety and Experience Assurance Committee

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Cost implication in achieving Birth Rate plus recommended staffing levels.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	As reflected in the report.
Gweithlu: **Workforce:**	Birth Rate Plus workforce staffing implications reflected in report.
Risg: **Risk:**	Achieving and maintaining W&CH Assurance mechanisms as outlined in SBAR.

Cyfreithiol: **Legal:**	Not applicable.
Enw Da: **Reputational:**	Benchmarking RCOG Cwm Taf UHB against HDdUHB to provide HDdUHB with assurance of a quality safe service.
Gyfrinachedd: **Privacy:**	RCOG Cwm Taf report in public domain.
Cydraddoldeb: **Equality:**	Not applicable.

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Gofynnwch am/Please ask for: Kelly Sursona
Rhif Ffôn /Telephone: 01267 239569
Dyddiad/Date: 14th May 2019

Dr. Andrew Goodall
Director General Health and Social Services
NHS Wales Chief Executive
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

Dear Dr. Goodall,

Thank you for your letter dated the 30th April 2019 requesting assurances regarding the safety of the maternity services in Hywel Dda University Health Board (UHB) following the Royal College of Obstetricians and Gynaecologists (RCOG) report on the Maternity Services in the former Cwm Taf University Health Board.

I can advise that the Executive Director of Nursing, Quality & Patient Experience has worked with the Senior Management Team within the Women & Children's Directorate to prepare and provide this response. The template which has been completed and is attached, in draft status for your early information, is due to be presented and discussed at the UHB's Quality, Safety and Experience Assurance Committee (QSEAC) on 4th June 2019 and will be further considered at an extraordinary meeting of QSEAC within the July 2019. The outcome of the discussions at both the routine QSEAC and the extraordinary meeting will be shared with the Board at the meeting scheduled to be held on July 25th 2019. I will however be sharing this letter with the Board at the meeting scheduled to be held on May 30th 2019 as part of my Chief Executive Officer's report to Board.

Current Position

In August 2014 the UHB underwent a significant reconfiguration of the maternity, neonatal, paediatric and gynaecology services. The UHB was required by the then Health Minister to conduct an independent assessment of the impact of the changes.

The UHB invited the Royal College of Paediatrics and Child Health (RCPCH) in collaboration with four other Royal Colleges to carry out this work in 2015 in order to provide an external assessment of the service changes that had been implemented.

The report identified the UHB had a very dedicated multi-disciplinary team, committed to providing a quality service to women and children in their communities. The findings confirmed that there was no evidence of any worsened outcomes in maternity or paediatric care as a direct result of the reconfiguration and that there was improved compliance with Professional Standards. The report concluded that there was no clinical case for reverting to stand alone hospital provision.

The RCPCH report highlighted that the services provided were of a safe standard. However there were fifty-four recommendations relating to the Directorate which the Board accepted and subsequently agreed an action plan to address, with quarterly monitoring via the UHB's QSEAC. The Monitoring Group was chaired by the Executive Medical Director/Director of Clinical Strategy and included key clinical and managerial staff and partners from the Community Health Council (CHC).

There were five key areas identified within the recommendations and these included:

1. Strategy
2. Governance and Assurance
3. Leadership and Culture
4. Workforce
5. Service User Engagement

1. Strategic Planning

The UHB has developed a sustainable strategy for the Maternity Services by prioritising patient safety, patient access and quality of care. The Phase 2 Project, developed to provide a high quality environment for consultant-led maternity care and facilities for neonates, commenced in October 2018.

In conjunction with the UHB's strategy 'A Healthier Mid and West Wales: Our Future Generations Living Well', maternity services are involved in continually reviewing the provision of the service by benchmarking with similar units within Scotland and Europe to explore alternative models of care to ensure patients receive a safe quality service.

2. Governance and Assurance

The validity of clinical data and the under-reporting of clinical incidents via the Datix Incident Reporting System were key themes identified in the RCOG Report at the former Cwm Taf University Health Board.

Within the UHB the Maternity Trigger list is an integral part in ensuring that obstetric and midwifery concerns are escalated and investigated as a matter of routine. Data inputted into the reporting systems in the UHB is via the Myrddin IT system and Datix Incident Reporting System. These systems are validated by the Clinical Risk Midwife who compares Birth Register data against the Datix reported incidents on a weekly basis.

All Datix reported incidents are reviewed by the Operational Lead Midwives within each locality and overseen by the Clinical Risk and Governance Midwife and the Obstetric Lead for Risk and Governance. Monthly joint neonatal and maternity meetings are facilitated between the Clinical Risk Midwife and the Lead Nurse for SCBU.

All level 4 and level 5 clinical incidents are automatically escalated to the senior midwifery and Quality Assurance Leads for the UHB to ensure that the formal process is followed.

The Maternity Clinical Risk Multi-disciplinary Forum promotes engagement from Obstetrics, Neonatologists, Anaesthetists and Maternity staff and enables constructive analysis and review of all untoward clinical incidents. Lessons learnt are shared with the multi-disciplinary team via the Maternity Risk Newsletter, Perinatal Mortality Meetings, UHB forums and multi-disciplinary Learning Events. The appointment of 1.0WTE Diabetic Specialist Midwifery Role was established as a result of one such incident review. Whilst there is no evidence to indicate that there is a blame culture or a culture of under-reporting of clinical incidents using the Datix system within the Maternity service, this is an area that is kept under constant review across the entirety of the UHB.

The Women and Children's Directorate has established a significant governance framework inclusive of a monthly Quality and Safety meeting, Labour Ward Forum and Staff Forums. Monthly Maternity and Neonatal Clinical Dashboards, Datix Incident Overview are presented and discussed in the monthly Directorate Quality and Safety Meeting and these highlight any actions or audits required to ensure service improvements.

There is a Directorate Risk Register which is updated and reviewed on a monthly basis to ensure that appropriate actions are in place to mitigate any risks to the quality and safety of the service. There is a process whereby high level risks are escalated onto the Corporate Risk Register and monitored by this group to ensure evidence of improvement. The Corporate Risk Register is monitored via the Board and the relevant Committee.

Key risks identified on the Women and Children's Directorate operational Risk Registers are as follows:

- An increased demand on radiology services to adhere to GAP/GROW Guideline.
- The review of community-based Consultant-led Antenatal Clinic provision within Pembrokeshire.
- All Wales Neonatal retrieval (CHANTS) is not a 24 hour service in South Wales which is of significance for the UHB with level 1 SCBU facilities at Glangwili General Hospital (GGH) and the support required for the neonatal stabilisation unit at Bronglais General Hospital (BGH).
- Maintenance of midwifery staffing levels in line with the Birth Rate Plus Workforce Tool.
- Anaesthetic consultant staffing levels to support full compliance with RCOA standards regarding consultant sessions dedicated to Labour Ward training and development activities.

The Directorate has an established Obstetric and Audit Guideline Group represented by the multi-disciplinary team. Currently all Obstetric Guidelines are on the UHB Intranet and updated guidelines are shared via the Labour Ward Forum and Maternity Clinical risk Newsletter. A schedule is in place to ensure that all guidelines are reviewed and updated by December 2019.

The Wales Audit Office Review of maternity services undertaken in 2018 reflected the positive service improvements that had been actioned since the previous report in 2011. However service improvement is on-going to address the UHB caesarean section rate of 30% for 2018 which is above the Welsh Government target of 26% and there is evidence of improvement in this position to date for 2019.

Key Areas for Improvement:

- Appointment of a Clinical Director for the Women and Children's Services
- Clarify lead accountability for Audit within the Clinical Team
- Ensure prospective audit and analyse themes and trends for all caesarean sections
- Complete the process of updating Obstetric Guidelines and make available on the UHB's Intranet site.
- Exploration of opportunities to further enhance Anaesthetic consultant staffing levels

3. Leadership

There is a clear Directorate management structure which has been strengthened in the last two years with the appointment of key leadership roles to promote a safety culture with responsibilities highlighted within their current job plans and supported by the Executive Medical Director. This includes:

- A named Clinical Lead for Obstetrics and Gynaecology.
- A named Clinical Lead for Paediatrics.
- Consultant Midwife to enhance the leadership role for promoting normality of birth across the Health Board.
- Deputy Head of Midwifery.
- Three Operational Lead Midwives to develop Community and MLU services, GGH and BGH.
- Consultant Midwife.
- Clinical Risk and Governance Midwife.
- Obstetric Lead for Clinical Risk and Governance.
- Obstetric Labour Ward lead.
- Obstetric Lead for education and Training.
- Practice Development Midwives.
- Diabetic Specialist Midwives.
- Two Clinical Supervisors for Midwives in line with the All Wales restructured process for midwifery supervision.

The Deanery Review conducted in 2016 highlighted that improvements were required in respect of clinical leadership and support for junior staff members. Following internal UHB initiatives a review undertaken by the Deanery in 2018 confirmed positive improvement with evidence of leadership and clinical support in practice. Midwives are encouraged to be involved in the annual Royal College of Midwives Leadership programme.

Key Areas for Improvement:

- Continue to promote clinical and midwifery leadership development.

4. Workforce

With respect to the UHB's Birth Rate Plus compliance there are currently 160.9 WTE midwives in post. Birth Rate Plus advocates 171WTE midwives. The Directorate actively seeks to recruit into the vacancies and the UHB is part of the South Wales Midwifery Recruitment Programme whereby all Health Boards interview all student midwives graduating in South Wales each September. The vacancy position at the end of April 2019 identifies the following breakdown across the three counties: 3.14WTE vacancies at GGH, 3.0WTE vacancies in the community and 6.52WTE vacancies for specialist roles. As advocated by Birth Rate Plus our plan is to convert the 3.0WTE vacancies in the community into band 3 Maternity Care Support Workers to achieve the 90/10 skill mix.

Midwifery bank is used and weekly reviews of midwifery staff rosters has identified that staff do not work outside European Working Time Directive recommendations. There are clear escalation processes in place during periods of high activity and sickness.

The RCPCH Report in 2015 recommended that the Obstetric and Gynaecology out of hours Consultant rota at Withybush should be phased out in order to integrate and strengthen the Obstetric and Gynaecological consultant team at GGH. Following an extensive period of informal consultation with the multi-disciplinary clinical team a detailed proposal has been developed to facilitate the integration of the 'out of hours' cover at GGH. A formal consultation process has been commenced from 27th March 2019 with a target implementation date of September 2019.

Locum agency medical staff usage is low within the Directorate. There are currently 2WTE SAS doctor vacancies at BGH. There are challenges to recruiting to a small rural obstetric unit which is compounded by a recognised national shortage for doctors at this level. These vacancies are currently covered by NHS locums with minimal ad hoc agency usage. The Directorate is currently exploring alternative medical models of care for BGH.

There is a structured corporate induction programme for midwifery and clinical staff with specific induction programme for the Maternity Department.

Key Areas for Improvement:

- Formalised Induction Information documentation to be developed for short notice locum agency medical staff.
- To continue to explore initiatives for recruitment of midwifery and medical staff.

5. Service User Engagement

The Maternity Department received two CHC visits in 2018 with positive feedback noted. There has been active engagement with service users during the Phase 2 development of a new Labour Ward and Neonatal facility.

All patients using the Maternity Service are invited to complete a 'Did We Deliver' survey and the patient satisfaction survey in the Postnatal Record following birth which is reviewed by Operational Leads and the ward manager. Any themes or trends are fed back to staff via Ward area meetings and generically through the Maternity Risk Newsletter in order to improve the quality of the services and patient experience.

Patient stories are encouraged through social media platforms, Homebirth Forum and the UHB Birth Choices Clinic led by the Consultant Midwife. This has resulted in a birth partner's rest room being established to facilitate overnight stay at GGH, The Maternity Services Liaison Committee Bereavement Group has also been instrumental in refurbishing the Bereavement Room in 2019.

The Consultant Midwives' Survey in 2018 explored women's experiences of pregnancy and birth across Wales and noted that social media was a powerful tool to capture a wide variety of responses. There is a closed Facebook group for service users to feedback their experiences. This is used and responded to in 'real time'.

Key Areas for Improvement:

- Review engagement opportunities with service users.

I hope that this information is helpful and provides assurance that there are adequate arrangements in place for scrutiny and monitoring of clinical outcomes, escalation and risk management within the maternity services provided by the UHB. Please do not hesitate to contact me if you require any additional information.

Yours sincerely,

Steve Moore
Chief Executive Officer

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Hywel Dda University Health Board Assurance Framework:
Response to the RCOG Independent Review of Maternity Services at Cwm Taf Health Board

Health Board: Hywel Dda University Health Board

Date of Completion: 10/05/19

Terms of Reference from the RCOG Review	Recommendations	Current Position (May 2019) Assurance Evidence	Areas for Targeted Intervention or Improvement	RAG Rating • Green – Compliance • Amber – Improvements required • Red – Immediate action
1. To review the current provision of care within maternity services in relation to national standards and indicators, as well as national reporting.	7.1 Urgently review the systems in place for: • Data collection • Clinical validation • Checking the accuracy of data used to monitor clinical practice and outcomes • What information is supplied to national adults	**Data collection by:** • Data inputted by clinicians onto the Myrddin Maternity IT system • Datix reporting system: This is a system validated by the Band 8a Clinical Risk Midwife who compares birth register against Datix reported incidents with Maternity Trigger List on a weekly basis. There is no evidence of non-reporting of incidents using the Datix system. • Maternity Acuity Scorecard: This is a NPSA tool used by the Midwifery Co-ordinator on a four hourly to record activity across all maternity sites. • Weekly Birth Register Review: This is reviewed by Band 8a Clinical Risk Midwife along with a named Consultant Obstetrician and Clinical Supervisor of Midwives to ensure accuracy of data recorded and correct classification of Datix reported and that service improvements are actioned accordingly in a timely manner. • Surgical Site Infection Rates (SSI): This is an All Wales report to highlight the trend of infections over time and for individual Health Boards to have the opportunity to monitor their own trends over time. **Clinical Validation:** • Appointment of the Band 8a Midwife for Clinical Risk and Governance to facilitate and cross-reference inputted data to ensure accuracy and timely identification of themes and trends. • Maternity Dashboard: This is completed manually from Birth Register on a monthly basis and presented to the Directorate Quality, Safety and Assurance Committee. • Weekly Birth Register: This is reviewed by the Band 8a Clinical Risk Midwife along with a named Consultant Obstetrician and Clinical Supervisor of Midwives to ensure classification of Datix reported are correct and that service improvements are actioned accordingly in a timely manner.		

DRAFT

		The Community Health Database Team validates all birth numbers on a monthly basis by cross referencing Myrddin and Birth register data. • Monthly joint neonatal and maternity validation reviews are facilitated between the Band 8a Clinical Risk Midwife and Lead Nurse for SCBU to review all admissions. • Weekly dataset/dashboard from Myrddin IT system is forwarded to senior midwifery managers from the Information Manager to check the accuracy of the overall clinical data review all clinical activity. • SSI rates are co-ordinated manually by two senior midwives. **Accuracy of Data:** The following are scrutinised for accuracy of data in the weekly Senior Midwifery Management Meeting and monthly Directorate Quality, Safety Assurance Committee: • Datix Incident Reporting/Corporate SI reporting processes • Maternity Dashboard • MBRRACE • Each Baby Counts • NMPA **Information Supplied to National Audits:** The following audits enable the Health Board to provide assurance by benchmarking performance against other Health Boards/ Trusts throughout the UK: • MBRRACE (is an established national standardised Perinatal Mortality Review Tool in order to report late miscarriages from 22 weeks of pregnancy and stillbirths from 24 weeks of pregnancy). This is completed jointly by the Band 7 Midwife and the Clinical Risk Midwife. • Each Baby Counts (a national quality improvement programme led by the Royal College of Obstetricians and Gynaecologists (RCOG) to reduce the number of babies who die or are left severely disabled as a result of incidents occurring during term labour). This programme requires all stillbirths from 37 weeks of pregnancy occurring during labour, any neonatal death in the first 7 days of life and any babies born from 37 weeks of pregnancy requiring active cooling. This data is submitted by a Band 7 midwife overseen by the Clinical Risk Midwife. • NMPA data submission which is a large scale audit of the NHS maternity services across England, Scotland and Wales. This includes data such as normal birth rates, caesarean section rates and public health variables. • All Wales Surgical Site Infection data collection (SSI. mandatory for all Health Boards in Wales to undertake surgical site infection surveillance of patients who have had a caesarean section)		

DRAFT

Hywel Dda University Health Board Assurance Framework:
Response to the RCOG Independent Review of Maternity Services at Cwm Taf Health Board

		• Public Health Wales Flu and Pertussis point of care audits • Antenatal Screening Wales (ASW) standards (benchmarking compliance with antenatal screening).		
	7.2 Identify nominated individuals (consultant obstetric lead and senior midwife) to ensure that all maternity unit guidelines: • Are up to date and regularly reviewed • Are readily available to all staff, including locum staff and midwifery staff • Have a multi-disciplinary approach • Are adhered to in practice	**Are up to date and regularly reviewed:** • This meeting is held monthly. **Have a multi-disciplinary approach:** • There is a nominated Lead Obstetrician and a Lead Midwife for the Obstetric Guideline Group. The membership is multi-disciplinary and includes Midwives, Anaesthetists, Pharmacy and Paediatricians within the Health Board. • We are in the process of updating all our Obstetric and Midwifery Guidelines into the Health Board format and to be accessible on the Health Board Intranet by 2019. **Are readily available to all staff including locum staff and midwifery staff:** • All up to date guidelines are on the Health Boards Intranet site and all policies are approved via the Health Boards process of ratification via Quality and Safety forum. • All updated polices are shared via the Maternity Clinical Risk Newsletter and the Health Board Labour Ward Forum which is distributed monthly. • There are hard copies of all guidelines in all clinical areas. • **Are adhered to in practice:** • Compliance is identified using auditable standards during case note reviews and incident reporting mechanisms http://howis.wales.nhs.uk/sitesplus/862/page/43173#O	• To ensure all Obstetric Guidelines are reviewed and updated and available on the Intranet by December 2019. • Ensure robust process for dissemination to all staff of any guideline updates on the intranet. • To initiate formal regular audit review of all Obstetric guidelines.	
	7.3 Mandate and support a full programme of clinically-led audit with a nominated consultant lead to measure performance and outcomes against guidelines.	**Mandate a programme of clinically led audit with a nominated consultant:** • The Maternity Department process to support and mandate any clinical audits is authorised by the Obstetric Guideline and Audit group. This is to ensure that appropriate audits are conducted in line with the Health Board Quality and Improvement plan. • Auditable Standards are formatted for all guidelines. Currently audits are performed on an informal basis but require a more formal structure to ensure that these occur regularly and that any learning is circulated across the Health Board.	• A Clinical Lead for Performance and Audit is to be nominated to ensure annual appropriate allocation for the mandatory Clinical Audit Programme.	

DRAFT

Hywel Dda University Health Board Assurance Framework:
Response to the RCOG Independent Review of Maternity Services at Cwm Taf Health Board

	7.4 Ensure that monitoring of clinical practice of all staff is undertaken by the Clinical Director and Head of Midwifery: • To ensure compliance with guidelines • To ensure competency and consistency of performance is included in annual appraisal.	**To ensure compliance with guidelines:** HDUHB does not have a Directorate Clinical Director however there is an Obstetric Clinical Lead. • The Clinical Risk Midwife in conjunction with the nominated Consultant Obstetrician for Governance and Risk routinely review all clinical records reported on Datix and benchmark compliance with HDUHB Guidelines. • The Clinical Supervisor of Midwives undertakes notes audits to ensure compliance with standards and guidelines. This includes review that all guidelines used are included in the maternal notes. • The senior midwifery co-ordinator reviews all CTGs during labour every two hours to ensure that standards are met. • All CTGS in labour undergo a hourly 'fresh eyes' review to ensure compliance. • This issue has been added to the Directorate Risk Register until full compliance is achieved. **To ensure competency and consistency of performance is included in annual appraisal.** • PADR completed annually with all clinical midwives and any practice issues identified during clinical reviews by Clinical Risk Midwife are addressed immediately and all learning facilitated with the support of the Clinical Supervisor of Midwives. The Clinical Supervisor of Midwives (CSfMs) maintains a database to review any themes and trends highlighting individual members of staff which are then actioned accordingly. • The Health Board is fully compliant with CSfM ratio of 1.60 whole time equivalents(WTE) as stipulated by the Welsh Government. • Annual Medical Appraisal is undertaken using the All Wales Medical Appraisal and Revalidation system (MARS) which is aligned to the General Medical Council revalidation requirements. These requirements are underpinned by the need for reflection incorporating a range of Continuing Professional Development and Quality Improvement Activities (including audit), in addition to the discussion of significant events, compliments and complaints and patient and colleague feedback. • As part of the appraisal process areas for improvement and development are identified, previous learning objectives are reviewed for completion and objectives set for the forthcoming year in the form of a personal development plan. • Doctors are able to access information relating to performance from a number of sources including the Datix department, Information Reporting Intelligence System, the Audit department and the Revalidation Department and this information can be fed into appraisal and job planning to help inform development.	• The Directorate needs to consider appointment of a Clinical Director as advocated within the report.	

DRAFT

Hywel Dda University Health Board Assurance Framework:
Response to the RCOG Independent Review of Maternity Services at Cwm Taf Health Board

		• As part of revalidation requirements, any fitness to practise issues are monitored and reported to the Responsible Officer as part of the monthly Responsible Officer Advisory Group meetings. These meetings bring together key individuals including the Responsible Officer, AMD for Professional Standards, AMD for Workforce and Primary Care, Assistant Director for Workforce, Assurance and Safety Lead and National Clinical Assessment Service representative. The meetings provide a forum for discussion and help to put plans in place to address any issues identified and help inform revalidation decisions. • As of the 1st April 2019 100% of Obstetric & Gynaecology staff had an up to date appraisal.		
	7.5 Agree a CTG training programme that includes a competency assessment, which is delivered to all staff involved in the care of pregnant women, both in the antenatal period and intrapartum.	**Agree a CTG training programme:** HDUHB has implemented the All Wales Intrapartum Fetal Surveillance Standards which does not include an All Wales Competency Assessment Tool. Whilst the Health Board has adopted these standards it acknowledges that there is no All Wales competency assessment in the All Wales Standards and an assessment tool is in the process of review. • Since April 2019 the Health Board has implemented the All Wales Intrapartum Fetal Surveillance Standards launched in March 2019. Prior to this all midwives and obstetricians undertook the RCOG CTG Learning Package. 85% of midwives and 100% of Obstetricians were compliant. Sickness and maternity leave affected the overall rate for midwives. • In conjunction with the RCOG Standards the Health Board mandated all staff to attend an externally delivered expert CTG Master Class Workshop. • A weekly review of CTG cases is undertaken by the Labour Obstetric Lead. • Intrapartum CTG Stickers in line with All Wales Intrapartum Fetal Surveillance Standards are used to ensure consistency and competency. • Practice Development Midwives populate a database to ensure attendance at all Mandatory training which includes CTG classification and attendance at the CTG Masterclass. • HDUHB has formatted a training portfolio for all midwives outlining expectation regarding CTG training on an annual basis. • Please refer to 7.4	• The need to develop a local competency assessment framework to ensure standards are met to the All Wales Standards • The need for a more robust process for capturing compliance of attendance at the weekly CTG case reviews.	
	7.6 Obstetrician & Gynaecologist Consultant staff must deliver: • A standard induction programme for all new junior medical staff	**A standard induction programme for all new junior medical staff:** • There is a corporate induction programme for all new junior staff.	• Department Induction processes are being reviewed to ensure appropriate and consistent Induction	

DRAFT

Hywel Dda University Health Board Assurance Framework:
Response to the RCOG Independent Review of Maternity Services at Cwm Taf Health Board

	• A standard induction programme for all locum doctors	• There is a Departmental induction programme for all new junior staff. • Medical Education manages the core induction programme for new Training Post doctors. The monitor Departmental Induction for Training Post doctors. **A standard induction programme for all locum doctors:** • There is an induction programme in place for NHS locum medical staff. •	arrangement s for short-term agency staff when booked at short notice (for emergency cover reasons).	
	7.7 Ensure an environment of privacy and dignity of care for women undergoing abortion or miscarriage in line with agreed national standards of care.	**Ensure an environment of privacy and dignity of care for women under-going abortion or miscarriage:** • There is a dedicated environment that ensures privacy and dignity for all mothers and their families who are under going a miscarriage or termination of pregnancy at GGH. • There are designated areas that ensure privacy and dignity for women and their families who are undergoing miscarriage or termination of pregnancy at BGH and WGH sites. • Any examples of non-adherence to this standard is highlighted in the Gynaecology Datix reporting criteria. • The Health Board facilitates medication managed termination of pregnancy at home to facilitate patient choice on chosen method of termination of pregnancy and miscarriage. • Staff delivering care for these women undergo mandatory training and annual updating.		
2. Assess the prevalence and effectiveness of a patient safety culture within maternity services including: • **The understanding of staff of their roles and responsibilities for delivery of that culture.** • **Identifying any concerns that may prevent staff raising patient safety concerns within the Trust.** • **Assessing that services are well led and the culture supports learning and improvement following incidents.**	7.8 Ensure external expert facilitation to allow a full review of working practice to ensure: • Patient safety is considered at all stages of service delivery. • A full review of roles and responsibilities within the obstetric team. • The development and implementation of guidelines. • An appropriately trained and supported system for clinical leadership. • A long-term plan and strategy for the service. • There is a programme of cultural development to allow true multi-disciplinary working.	**The understanding of staff of their roles and responsibilities for delivery of that culture:** Patient safety was considered at all stages in the reconfiguration of the Maternity services in 2014. In order to ensure standardise practice throughout the Health Board a strong multi-disciplinary cohort was developed to include: • Standardised Handover documentation that has been in place since 2017. • A formalised documented multi-disciplinary handover by the on call Consultant Obstetrician that occurs every morning to promote a culture of patient safety and defines roles and responsibilities. (Multi-disciplinary is defined as the attendance of midwives, obstetricians, anaesthetists, SCBU staff) • In 2016 Band 8a Operational Lead Midwives have been appointed to promote visible leadership, patient safety and ensure the quality of patient experience. • Obstetric Labour Ward Lead was appointed to ensure a safe service and adherence to guidelines.	• To ensure all Obstetric Guidelines are reviewed and updated and available on the Intranet by December 2019. • Ensure robust process for dissemination to all staff of any guideline updates on the intranet. • To develop a local competency framework to ensure that All Wales Standards	

DRAFT

Hywel Dda University Health Board Assurance Framework:
Response to the RCOG Independent Review of Maternity Services at Cwm Taf Health Board

		• Obstetric Anaesthetic Lead was appointed to ensure a safe service and adherence to guidelines. • Appointment of a Consultant Midwife in December 2017 to promote leadership and the normality of birth across the Health Board • Supernumerary Band 7 Midwifery Co-ordinators were established in 2016 to ensure patient safety. • Designated ward managers for the Labour Ward, Antenatal Ward, Postnatal Ward, alongside MLU, free-standing MLU to ensure patient safety. • The appointment of Practice Development Midwives to clarify roles and responsibilities through multi-disciplinary training in 2017. • The commencement of PROMPT multi-disciplinary training in 2019 • The appointment of Clinical Supervisors for Midwives to ensure patient safety through support and clinical reflection in 2017. • Following the RCPCH (the Royal College of Paediatrics and Child Health) review the Directorate undertook a 'Supporting Positive Staff Experience Project' in 2017 which demonstrated that the majority of staff had positively adapted to reconfiguration. **Identifying any concerns that may prevent staff raising patient safety concerns within the Health Board:** • Appointment of band 8a Midwife for Clinical Risk and Governance to ensure that concerns are raised and escalated and validate data. • Named Consultant Obstetrician for Clinical Risk and Governance appointed • Supernumerary band 7 Midwifery co-ordinators were put in place to identify clinical and professional concerns. • Designated ward managers for the Labour Ward, Antenatal Ward, Postnatal Ward, alongside MLU, free-standing MLU to identify clinical and professional concerns. **Assessing that services are well led and the culture supports learning and improvement following incidents:** • Defined Directorate Management structure following service reconfiguration in 2014. • The Directorate is part of 'A Healthier Mid and West Wales Strategy' • The development of a robust framework for the Obstetric and Audit Guideline Meeting. • Appointment of Band 8a Midwife for Clinical Risk and Governance to ensure that learning points		

DRAFT

		are identified and lessons are learned and disseminated across the Health Board. • Named Consultant Obstetrician for Clinical Risk and Governance appointed • The establishment of a Maternity Clinical Risk Committee to discuss incidents and agree recommendations and action-plans. • Circulation of the Maternity Risk Newsletter to support a learning culture • The establishment of Learning Events following serious incidents to promote learning and recommendations for improvements.		
	7.9 Develop a trigger list for situations which require consultant presence on the labour ward which much be: • Agreed by all consultants in obstetrics, paediatrics and anaesthetics and senior midwives. • Audited and reported on the maternity dashboard.	**Develop a trigger list for consultant present on labour ward:** • A review of Datix and Serious Incidents has not revealed issues with Consultant Obstetrician attendance on Labour Ward when there is a serious clinical incident. However the recommendation for a formal trigger list for consultant attendance is recognised. • All emergency caesarean sections/ emergency situations 'out of hours' are discussed with the Consultant Obstetrician. • The Health Board Maternity Scorecard is completed by the Band 7 Co-ordinator every 4 hours and records Consultant Obstetrician availability. • There is a 'hot week' Consultant Obstetrician present on Labour Ward Monday to Friday between the hours of 09.00hrs – 17.00hrs	• Develop formalised Criteria for Consultant attendance for the Health Board in line with RCOG Standards (2016) 8.6.6	
	7.10 Introduce regular Risk Management meetings which must be: • Open to all staff • Conducted in an open and transparent way • Held at a time and place to allow for maximum attendance	**Regular Risk Meetings:** • Monthly MDT Clinical Risk meetings are held within the Directorate with representation from across the Health Board. • The Maternity Training Portfolio recommends staff attendance at these meetings. • Terms of reference is formatted for this forum • Medical and midwifery trainees and staff are encouraged to attend these meetings		
	7.11 Ensure mandatory attendance at the following meetings for all appropriate staff. Attendance must be recorded and included in staff appraisals. Ensure that meetings are scheduled or elective clinical activity modified to allow attendance at: • Governance meetings • Audit meetings • Perinatal Mortality meetings	**Ensure mandatory attendance at: Governance meetings, Audit meetings, Perinatal mortality meetings**: • Directorate Quality and Safety Meeting held monthly with VC facilities for staff located across the Health Board. • This has been included in the Midwifery Training Portfolio • A register is kept of attendance at all meetings. • The process of revalidation is used to confirm attendance.	• Currently this is not formally incorporated into medical appraisals however individuals would be expected to record and reflect for their individual appraisal.	

DRAFT

Hywel Dda University Health Board Assurance Framework:
Response to the RCOG Independent Review of Maternity Services at Cwm Taf Health Board

	7.12 Undertake multidisciplinary debriefing sessions facilitated by senior maternity staff after an unexpected outcome.	**Undertake multi-disciplinary debriefing sessions:** • Debrief sessions are facilitated in a MDT approach following any clinical incident. This is facilitated by the Deputy Head of Midwifery in conjunction with the Clinical Risk Midwife and Consultant Obstetrician. Theatre staff, Paediatricians, Anaesthetist are invited as necessary to these debrief sessions. • There is evidence of clear transparent debriefing sessions when cross boundary learning has been identified following incident review.		
	7.13 Identify a Clinical Lead for Governance from within the consultant body. This individual must: • Be accountable for good governance • Attend governance meetings to ensure leadership and engagement	**Identify a clinical lead for governance from within the consultant body:** • The Health Board has a dedicated Consultant Obstetrician responsible for governance who works in partnership with the 8a Clinical Risk Midwife. •		
	7.14 Consultant meetings should: • Be regular in frequency • Have a standing agenda item on governance • Be joint meetings with anaesthetic and paediatric colleagues.	• MDT Consultant Obstetrics and Gynaecology meeting is held monthly. • Joint monthly Labour Ward meeting held with Paediatricians and Anaesthetists.		
	7.15 Educate all staff on the accountability and importance of Risk Management, Datix reporting and review and escalating concerns in a timely manner. Include this at: • Junior doctor induction • Locum staff induction • Midwifery staff induction • Annual mandatory training	**Staff education regarding risk management, Datix reporting and escalation:** • All Midwifery staff are provided with Datix training on commencement to the Health Board. • All staff who attend Mandatory and Statutory training on an annual basis are reminded of the governance processes surrounding Maternity trigger list and appropriate mechanism via Datix. • Datix incident reporting is discussed in MDT PROMPT and mandatory training. • The Maternity Trigger List is disseminated across the Health Board and reviewed quarterly to identify any triggers that need to be captured.	• To be included formally in the locum medical staff induction	
	7.16 Urgent steps must be taken to ensure that Consultant Obstetricians are immediately available when on call (maximum 30 minutes from call to being present).	**Consultant availability on Labour Ward:** • All Consultant Obstetricians with an on-call commitment are resident within a 30 minute radius.		
	7.17 Ensure training is provided for all SAS staff to ensure that they are: • Up to date with clinical competencies. • Skilled in covering high-risk antenatal clinics and outpatient sessions.	**Up to date with clinical competencies:** • There is weekly dedicated and protected teaching session which is reflected in individual job plans. • All SAS staff attend PROMPT. • Attendance is monitored. **Skilled in covering high-risk antenatal clinics and outpatient sessions:** • All antenatal and outpatient clinics are delivered under the supervision of a Consultant Obstetrician/ Gynaecologist.		

DRAFT

Hywel Dda University Health Board Assurance Framework:
Response to the RCOG Independent Review of Maternity Services at Cwm Taf Health Board

	7.18 Agree cohesive methods of consultant working after the merger with input from anaesthetic and paediatric colleagues.	Following the reconfiguration of the maternity services in 2014 and a follow-up review by the RCPCH in 2015 it was recommended to: • Phase out obstetric and gynaecology 'out of hours' consultant hours at WGH, integrating and strengthening the Obstetric and Gynaecology Team at GGH. • Following an extensive period of informal consultation with the multi-disciplinary clinical team a detailed proposal has been developed to facilitate the integration of the 'out of hours' cover at GGH. A formal consultation process has been commenced from 27th March 2019 with a target implementation date of September 2019.		
3. **Review the RCA investigation process, how SIs are identified, reported and investigated with the maternity services; how recommendations from investigations are acted upon by the maternity services; how processes ensure sharing of learning amongst clinical staff, senior management and stakeholders and whether there is clear evidence that learning is undertaken and embedded as a result of any incident or event.** **Work is required to address the culture in relation to governance and supporting all staff with their accountability in relation to incident reporting, escalation of concerns and review of Datix in a timely manner**.	7.19 Ensure that a system for the identification, grading and investigation of SI's is embedded in practice through: • Appropriate training to key staff members • Making investigations multidisciplinary and including external assessors.	**Ensure a system for the identification, grading and investigation of SIs**: • Robust HDUHB SI process in place with input from Directorate Nurse and Corporate Governance and Assurance, Safety and Improvement Team. • Managers conducting SI reviews are RCA trained with additional help and support from the Corporate Governance and Assurance, Safety and Improvement Team to adhere to WAG timeframes.. • RCA have a MDT approach and are all discussed at the Directorate Clinical Risk committee and Directorate Quality and Safety meeting and are signed off by the Directorate team. • At the discretion of the HB Corporate Governance Structure external assessors are requested for their clinical opinion on standards of care delivered.		
	7.20 Actively seek to remove the 'Blame Culture' to allow all staff to develop willingness to report and learn from SIs.	**Remove blame culture and develop reporting and learning from SIs:** • The Health Board actively promotes a No Blame Culture and is not a theme identified when conducting SI's. There has to date been excellent engagement with all disciplines of staff and all midwifery, obstetric, anaesthetic and neonatal staff l eagerly engage in the RCA process. • From weekly review of Datix and validation of clinical data there is no evidence to highlight under-reporting of incident.		
	7.21 Improve incident reporting by: • Delivering training on the use of the Datix system for all staff • Encouraging the use of the Datix system to record clinical incidents • Monitor the usage of the incident reporting system	• Clinical Risk and Governance Midwife oversees the Maternity risk management system and the Lead Nurse for SCBU, the Operational lead Midwives take responsibility for each clinical area and validate data during a weekly MDT meeting with the Consultant Obstetrician responsible for clinical risk. • Datix reporting system is validated by the 8a Clinical Risk and Governance Midwife who compares birth register against Datix reported incidents with Maternity Trigger List on a weekly basis.		

DRAFT

Hywel Dda University Health Board Assurance Framework:
Response to the RCOG Independent Review of Maternity Services at Cwm Taf Health Board

		• See 7.15 and 7.20		
	7.22 Actively discuss the outcomes of SIs which individual consultants were involved in their appraisal.	• All RCA cases and action-plans are reviewed and agreed with the Consultant Obstetrician for Clinical Risk and Governance and the Clinical Obstetric Lead. • The discussion of significant events is a GMC requirement for revalidation and consultants are encouraged to include SIs at each annual appraisal. There is a specific template on the MARS system for this purpose. • Consultants are provided with Datix incident information reports which they were directly involved with, to include at appraisals.		
	7.23 Improve learning from incidents by sharing the outcomes from SIs on a regular basis and in appropriate, regular and accessible format.	• All SI's are discussed and feedback to all staff disciplines through the Labour ward forum. • Desk top Learning Events are facilitated to share learning form serious incidents. • Learning form SI's are shared via the Clinical Risk Newsletter which is issued monthly • Staff briefings are forwarded as and when required to disseminate to all team members when an issue is identified		
4. **Review how through the governance framework the Health Board gains assurance of the quality and safety of Maternity and Neonatal services.**	7.25 Appoint a Consultant and Midwifery Lead for Clinical Audit/Quality Improvement with sufficient time and support to fulfil the role to ensure: • That clinical audits are multidisciplinary • That there is a clinically validated system for data collection • That the lead encourages all medical staff to complete an audit/quality improvement project each year to form part of their annual appraisal dataset • Sharing of the outcomes of clinical audits and the performance against national standards	**Appoint a consultant and midwifery lead for clinical audit/quality improvement. That the lead encourages all medical staff to complete an audit/quality improvement project each year to form part of their annual appraisal dataset:** • The current process ensures that the Chair (Obstetric Lead) for the Obstetric Guideline and Audit Group facilitates the clinical audit process. **Clinically validated system for data collection:** • Validation of clinical data: see 7.1 **Sharing of the outcomes of clinical audits and the performance against national standards:** • See evidence from 7.25	• The need to appoint a dedicated consultant to lead on clinical audit along with a dedicated midwife. This will facilitate closer working with the Clinical Audit Team to establish an annual programme of clinical audit.	
	7.26 Agree jointly owned neonatal and maternity services audits of neonatal service data including: • Neonatal outcome data • Perinatal deaths • Transfer of term babies to SCBU • Babies sent for cooling • Each Baby Counts reporting • MBRRACE reporting • Breast feeding rates • Skin to skin care after birth • Neonatal infection • Baby Friendly accreditation	• Monthly Neonatal and Maternity Labour and Perinatal Forum held within Directorate involves close partnership working with Directorate Lead for Children's services and Clinical lead for Neonatal and Paediatric services. • All unexpected SCBU admissions from 37 weeks gestation are reviewed by the Lead Nurse for SCBU and the Clinical Risk Midwife on a monthly basis. • Monthly joint neonatal and maternity meetings are facilitated between 8a Clinical Risk Midwife and Lead Nurse for SCBU to review all admissions.	• A second audit for Bliss Baby Charter accreditation will be undertaken on completion of Phase 2	

DRAFT

Hywel Dda University Health Board Assurance Framework:
Response to the RCOG Independent Review of Maternity Services at Cwm Taf Health Board

	• Bliss Baby Charter accreditation	• The monthly Directorate Maternity and Neonatal Dashboard record all neonatal outcomes and are benchmarked against national standards. • Each Baby Counts (a national quality improvement programme led by the Royal College of Obstetricians and Gynaecologists (RCOG) to reduce the number of babies who die or are left severely disabled as a result of incidents occurring during term labour) This data is submitted by a Band 7 midwife overseen by the Clinical Risk Midwife. This is a joint review with the Paediatric Team • HDUHB Breastfeeding rates are shared with the Welsh Government through the Performance Board and the data is obtained from the Child Health system. HDUHB is fully accredited by Baby Friendly 2018. • The Health Board has 1.0 WTE Breastfeeding coordinator to ensure Baby Friendly standards are maintained and HDUHB has been acknowledged for excellent initiation with skin to skin for both breast and artificial fed babies and for the continuous breastfeeding rates. • The HB has submitted and completed the first phase of the audit process in relation to self assessment phase of the Bliss Baby Charter accreditation. The HB has been successful in obtaining a large grant to improve family accommodation whilst Phase 2 is being completed at GGH.		
	7.27 Consider extra resource to the Maternity Governance and Risk team to ensure: • Workload is manageable • That Datix are reviewed, graded and actioned in an appropriate and timely manner	• A full time Band 8a Clinical Risk and Governance Midwife has been appointed • Weekly Datix meetings are held in conjunction with Ward Managers and the Consultant Obstetrician for Clinical Risk and Governance to ensure transparent review and grading of Maternity incidents.		
	7.28 Ensure that the executive level lead role for maternity will work with the maternity department and this role is effective and supported. This individual should: • Have a direct progress reporting responsibility to the Board, in particular while the issues raised in this report are being resolved • Understand and facilitate improvement in the reporting of safety issues and clinical risk • Provide a single point of reference for liaison with external agencies • Ensure all reports from external agencies and regulators are channelled through a single pathway to ensure priorities remain focussed.			
5. **Review the current Midwifery and Obstetric workforce and staffing rotas in relation to safely delivering the current level of activity and clinical governance responsibilities.**	7.29 Closely monitor bank hours undertaken by midwives employed by the Health Board to ensure: • The total number of hours is not excessive • The Health Board complies with the European Working Time Directive	• Bank hours are reviewed weekly by the Operational Lead Midwives • The working pattern adheres to the European Working Time Directive.	• A robust process needs to be in place that highlights any midwives that has worked over EWTD hours over a 12 week period	

DRAFT

	• These do not compromise safety	• Staffing levels and working patterns are part of the Datix and SI review process.		
	7.30 Ensure the Medical Director has effective oversight and management of the consultant body by: • Making sure they are available and responsive to the needs of the service • Urgently reviewing and agreeing job plans to ensure the service needs are met • Clarifying what is to be covered as part of SPA activity (audit, governance, teaching, guidelines, data assurance, train more consultant obstetricians as appraisers) • Ensuring the most unwell women are seen initially by a consultant and all women are seen by a consultant within 12 hour NCEPOD recommendation (national standard)	There is a Medical Director for the Health Board who has a structure to support the role. The Medical Director is the Responsible Officer and Caldicott Guardian. **Making sure they are available and responsive to the needs of the service:** • There is an assistant Medical Director for Quality and Safety and an assistant Medical Director for Professional standards who supports the Medical Director. • The Clinical Lead and hospital Directors oversee operational delivery of services and report operational issues to the Director of Operations. Identified clinical and professional issues are reported to either one of the Assistant Medical Directors or the Medical Director. **Urgently reviewing and agreeing job plans to ensure the service needs are met:** • Up to date job plans have been completed by Service Delivery Manager (SDM) and Obstetric Lead. These are reviewed by the Medical Directorate and ultimately the Medical Director to ensure that these meet individual needs and the needs of the service. **Clarifying what is to be covered as part of SPA activity:** • SPA activity is detailed in the job plans with roles and responsibilities clearly defined and recorded. • The Health Board has developed a comprehensive job planning toolkit which includes detailed SPA guidance incorporating roles and corresponding time tariffs. • All Educational Supervisors have 0.25 of a session per trainee in their job plans. • There are a total of 5 trained Consultant Obstetrician Appraisers. **Ensuring the most unwell women are seen initially by a consultant:** • Ward round completed by Consultant Obstetrician at 09.00 is daily. • Ward round completed by Consultant Obstetrician for all high risk cases at 5pm prior to on call.	• There is a need to audit NCEPOD recommendation. • Appointment of a Clinical Director for Women and Children's Directorate. • Need to ensure Educational Supervisors of Training Post doctors are provided with .25 of a session for each Trainee allocated to them.	
	7.31 Ensure a robust plan of births anticipated in each midwifery led unit and consultant led unit it undertaken • Ensure involvement of paediatric staff for all future service design reviews and actions.	**Ensure a robust plan of births**: From the data collection there is a steady birth rate on a monthly basis in consultant-led units and in all MLU settings. It is of note that there has been a slight decline in birth numbers since 2017. • The maternity services are staffed to Birth Rate plus Workforce tool which was undertaken in 2017. This is for review at the end of 2020.		

DRAFT

Hywel Dda University Health Board Assurance Framework:
Response to the RCOG Independent Review of Maternity Services at Cwm Taf Health Board

		• The Consultant Midwife holds a Birth Choices Clinic. Birth plans are developed in this for high risk women. • The Health Board holds an anaesthetic referral for high risk women. **Ensure involvement of paediatric staff for all future service design reviews and actions:** • Phase 2 reconfiguration commenced for completion in 2020 which has included paediatric and anaesthetic involvement • In the antenatal period there is a clear Paediatric Referral Form for high risk cases to ensure clear communication and care-planning.		
	7.32 Ensure Obstetric Consultant cover is achieved in all clinical areas when required by: • Reviewing the clinical timetables to ensure that 12 hour cover per day on labour ward is achieved • Undertake a series of visits to units where extended consultant labour ward presence has been implemented • Considering working in teams to ensure a senior member of the team is available in clinics and provide cross cover for each other • Considering the creative use of consultant time in regular hours and out of hours to limit the use of locums	**Review consultant clinical cover**: • Currently there is a dedicated 8 hour consultant Labour and Gynaecology Ward cover 40 hours per week Monday to Friday at GGH. • Currently BGH has dedicated 32 hours per week. The remaining 8 hours is provided by the on call Consultant Obstetrician who is resident for the day. • BGH is working towards 40 hours per week dedicated Labour Ward cover. • There is on call consultant provision after 17.00hrs. • Weekend on call cover includes daily ward rounds. • No agency locum consultant obstetricians are used. **Considering working in teams to ensure a senior member of the team is available in clinics and provide cross cover for each other:** • A rota co-ordinator has been employed from 1st April 2019 to maximise efficient and appropriate cross cover is maintained.	• The Directorate is working towards 40 hour dedicated cover at BGH. Although acuity is low this risk is mitigated by cover forms other clinical activity.	
	7.33 Actively share the findings of the RCOG review with the Welsh Deanery and urgently encourage them to revisit the Health Board to: • Reassess the quality of induction, training and supervision in obstetrics • Seek assurance on the suitability of this service for trainees • Appoint a named RCOG College tutor to provide support for the trainees currently with adequate time and resource to fulfil this function	**Reassess the quality of induction, training and supervision in obstetrics:** • The Deanery Review conducted in 2016 highlighted that improvements were required in respect of clinical leadership and support for junior staff members. Following internal Health Board initiatives a review undertaken by the Deanery in 2018 confirmed positive improvement with evidence of leadership and clinical support in practice. • There is an appointed RCOG tutor to oversee training and supervision and induction. **Seek assurance on the suitability of this service for trainees:** • The Health Board is monitored by the Deanery and the AMD for Medical Education. **Appoint a named RCOG College tutor to provide support for the trainees:**	• To consider the feasibility of one College Tutor for the Health Board with a dedicated session in line with College recommendations..	

DRAFT

Hywel Dda University Health Board Assurance Framework:
Response to the RCOG Independent Review of Maternity Services at Cwm Taf Health Board

		There are two named RCOG College tutors for the Health Board one based in GGH and one in WGH which is reflected in the individual job plans.		
	7.34 Allocate all trainees currently in post a clinical and educational supervisor • The role of clinical supervisor and educational supervisor should be documented and closely monitored by the Director of Medical Education • The competency assessments for trainees must be provided in-house under the supervision of the RCOG College Tutor	**The role of clinical supervisor and educational supervisor should be documented and closely monitored by the Director of Medical Education:** • All trainees have an identified clinical and educational supervisor. **The competency assessments for trainees must be provided in-house under the supervision of the RCOG College Tutor:** These are provided by the clinical and educational supervisors.		
	7.35 Undertake a training needs assessment for all staff to identify skills gaps and target additional training	• A Training Needs Assessment of midwives and Health Care Support Workers is in operation in the Directorate. • There is currently no robust documentation to confirm that this assessment is undertaken by medical staff.	• A database is to be developed for Medical staff.	
	7.36 Clinical supervision and consultant oversight of practical procedures must be in place of all staff including specialist midwives and doctors.	• Dedicated consultant cover for Labour Ward to supervise and oversee clinical/practical procedures • There is a dedicated on call consultant as required out of hours.	• Develop formalised Criteria for Consultant attendance for the Health Board in line with RCOG Standards (2016) 8.6.6 .	
	7.37 Develop an effective department wide multi-disciplinary teaching programme. • This must be adequately resourced and time allocated for attendance by all staff groups including specialist clinical midwives and SAS doctors. • Attendance must be monitored and reviewed at appraisal.	**Attendance must be monitored and reviewed at appraisal:** • Mandatory PROMPT training is undertaken in the Health Board and a database is kept by Practice Development Midwives for all staff. • Attendance lists are kept for review by the Obstetric lead and senior midwifery management. **This must be adequately resourced and time allocated for attendance by all staff groups including specialist clinical midwives and SAS doctors:** • All SAS doctors attend the protected time teaching held weekly • Adequately resourced and time allocation for all staff groups • Attendance is monitored.	• There is a need for a consistent approach in logging attendance by SAS doctors.	
	7.38 Ensure the consultant on-call for the Labour Ward has ownership of all patients in the maternity unit for the period of the on-call. • This must involve the Antenatal Ward round being performed by the consultant.	• Consultant On-call has ownership for all patients inclusive of Antenatal Ward round during Monday to Friday and over the weekend period.		
	7.39 Review the working practice for how consultant cover for Gynaecology services will be delivered after the merger.	Not applicable to the provision of Maternity Services in the Health Board. Following the reconfiguration of the maternity services in 2014 and a follow-up review by the RCPCH in 2015 it was recommended to:		

DRAFT

	• A risk assessment must be performed to determine the case mix of planned surgery when there is no resident gynaecology cover.	• Phase out obstetric and gynaecology out of hours consultant hours at WGH, integrating and strengthening the Obstetric and Gynaecology Team at GGH. • Following an extensive period of informal consultation with the multi-disciplinary clinical team a detailed proposal has been developed to facilitate the integration of the 'out of hours' cover at GGH. A formal consultation process has been commenced from 27th March 2019 with a target implementation date of September 2019.		
	7.40 Review the skills and competencies of the senior clinical midwives covering for tier 1 doctors to ensure: • Their scope of practice is clearly defined • The Health Board and the individuals are protected against litigation risk for their extended roles.	**Scope of practise clearly defined:** • Within the Health Board there are 1.8 WTE Band 7 Obstetric and Gynaecology Practitioners (OGPs). • There roles and responsibilities are delineated in their job descriptions. • Annual appraisals are conducted by senior midwifery management • They attend the mandatory PROMPT training and are also involved in delivering the training. **The Health Board and the individuals are protected against litigation risk for their extended roles:** • The OGPs work within their competencies and responsibilities as outlined in their job descriptions. • They do not undertake ventouse deliveries. • They work under the supervision of the Obstetric middle grades in conjunction with the band 7 co-ordinators.		
6. Review the working culture within maternity including inter-professional relationships, staff engagement and communication between health care professionals and their potential impact on improvement activities, patients' safety and outcomes.	7.41 Consider the impact of the planned merger on the current culture of the organisation. The Board needs to carefully consider whether the planned merger of two units, both of which are described as having significant issues with their working culture, is likely to compound the problems rather than correct them.	**Working culture following reconfiguration of the Maternity Services in Hywel Dda University Health Board in 2014:** • A review of the working culture was undertaken in 2015. The "*Supporting Positive Staff Experience Project*" was initiated as part of a wider Organisational Development Plan commissioned in September 2015 following the reconfiguration of maternity, neonatal and paediatric services at Withybush and Glangwili Hospitals. • In 2017 a follow up review was undertaken. The feedback from staff covered their views on what was currently working well and the areas viewed as needing the most urgent attention in terms of improvement.		
	7.42 In conjunction with Organisational Development undertake work with all grades of staff around communication, mutual respect and professional behaviours.	**Staff must be held to account for poor behaviours and understand how this impacts on women's safety and outcomes:** • The RCM and the Deanery have been proactively involved in the Health Board to raise awareness of undermining behaviours		

DRAFT

	• Staff must be held to account for poor behaviours and understand how this impacts on women's safety and outcomes.	• All staff are aware of the dignity and respect policy operating in the Health Board. • The importance of professionalism has been communicated in the Maternity Risk Newsletter. • The "*Supporting Positive Staff Experience Project*" initiated in 2015 as part of a wider Organisational Development Plan was reviewed again in 2017. It identified positive improvement in mutli-disciplinary relationships. •		
7. Identify the areas of leadership and governance that would benefit from further targeted development to secure and sustain future improvement and performance.	7.43 Undertake an in-depth assessment of the service as it moves into the future with its new ways of working and the likelihood of an increased demand for services. • This can determine the structures and competencies of clinical leadership and governance that will support the service.	• There has been an in-depth analysis of the services prior to reconfiguration in 2014. • This resulted in two obstetric units – the main obstetric unit based in GGH supported by a level 1 SCBU and a bespoke obstetric unit in BGH with a neonatal stabilisation unit. There is a free-standing MLU in Withybush and an along-side MLU in GGH. • Appropriate structures for clinical leadership were identified and have been put in place to include: • Deputy Head of Midwifery • Three Band 8a Operational Lead Midwives to develop Community and MLU services, GGH and BGH • Consultant Midwife. • Band 8aClinical Risk and Governance Midwife • Practice Development Midwives • Diabetic Specialist Midwives • A restructured process for midwifery supervision for through the appointment of two Clinical Supervisors for Midwives. • Obstetric Labour Ward • Obstetric Lead for Clinical Risk and Governance • The Maternity Services in the Health Board the Health Board are actively involved in the 'Healthier Mid and West Wales Future Strategy' to ensure that our services with future planning.	• There is an on-going review of staffing models in the community and free-standing MLU at Withybush to ensure continuity of carer.	
	7.44 Support training in clinical leadership • The Health Board must allow adequate time and support for clinical leadership to function.	• Midwives attend RCM Leadership programme on an annual basis. • Senior management team are part of the Health Board's System Level Leadership Improvement Programme (SLLIP).	• To review opportunities for Obstetric staff to attend in house/ accredited leadership modules	
	7.45 Provide mentorship and support to the Clinical Director • Define the responsibilities of this role • Ensure there are measurable performance indicators • Ensure informed HR advice to consistently manage colleagues' absence and deployment of staff to cover the needs of the service • Consider buddying with a Clinical Director from a neighbouring Health Board.	**Define the responsibilities of the Clinical Director role:** • There is no designated Clinical Director for the Women and Children's Directorate. • There is an Obstetric Lead and a Paediatric Lead appointed to support their peers. **Ensure there are measurable performance indicators**: • The Obstetric lead has an active role in the governance around measurable performance indicators.	• To consider appointing a Clinical Director for Women and Children's Services.	

DRAFT

Hywel Dda University Health Board Assurance Framework:
Response to the RCOG Independent Review of Maternity Services at Cwm Taf Health Board

		• The Obstetric Lead has appointed leads for Governance and Risk and a Labour Ward Lead for the Health Board who support in this. **Ensure informed HR advice to consistently manage colleagues' absence and deployment of staff to cover the needs of the service:** • There is a dedicated HR team that advises on this aspect. • The dedicated rota co-ordinator who assists the SDM in the management of absence and deployment.		
	7.46 Appoint clinical leads in a structure that supports the service with defined role descriptions and job descriptions and objectives to include an individual response for each of the following: • Governance and clinical quality to include guideline updating. • Data quality • Medical staff education and training • Multi-disciplinary training • Audit • Risk management • Incident review • Complaints handling	Currently the following have been appointed. Their responsibilities have been incorporated into their job plans: • Guideline update and development: Obstetric Lead and Obstetric Labour Ward Lead • Data quality, Governance and risk and incident review: Obstetric Lead for Clinical Risk and Governance • Medical staff education and training: Obstetric Lead appointed • Complaints handling: Obstetric Lead • Audit: This is overseen by the Obstetric and Labour Ward Leads.	• To review structures to incorporate clear and equitable roles and responsibilities specifically in relation to audit and data	
8. Assess the level of patient engagement and involvement within the Maternity Services and determine if patient engagement is evident in all elements of planning and service provision. **Assess whether services are patient centred, open and transparent.**	7.47 Develop and strengthen the role and capacity of the MSLC to act as a hub for service user views and involvement of women and families to improve maternity care: • Appoint a Lay Chair as a matter of priority and increase lay membership numbers with appropriate support and resources • Support lay members to engage with women using services in the FMU and RGH and at PCH to assess satisfaction and to identify issues relating to choices. • Enhance the MSLC monitoring role in order to assess whether patterns of concerns are found and to ask for regular feedback on action taken.	In the Maternity Services the current structure for patient engagement and involvement is identified below: • There is a specific Bereavement MSLC group that has been involved in the recent refurbishment of the bereavement suite and in the development of the new bereavement suite in the labour ward and obstetric theatre Phase 2 development at GGH opening in 2020. • There has been active engagement via social media platforms organised by the HB Communication Team in relation to women's views regarding planning of service provision. • The Maternity Services and the Communication Team visited breastfeeding groups, postnatal groups and women with complex social needs to explore their views on service requirements. • There are established social media platforms for women and their families across the Health Board.	• The current structure around a generic MSLC group for the Health Board is being reviewed by senior midwifery management	
	7.48 Utilising the role and strengths of the Community Health Council (CHC): • Ensure appropriate resources to act effectively as an independent advocate • Ensure that information is available to families regarding its role and contact details • Explore provision of CHC to act as point of contact and provide direct support for women and families, in	• CHC have conducted two visits in 2018 • CHC have also disseminated posters to encourage service users to feedback their experience which are visible in the clinical area • CHC engaged with service change Pembrokeshire community • A CHC member is part of the Phase 2 project development group • CHC involved when meeting with complaints		

DRAFT

Hywel Dda University Health Board Assurance Framework:
Response to the RCOG Independent Review of Maternity Services at Cwm Taf Health Board

	addition to acting as a conduit referring to other agencies and support			
	7.49 Develop the range and scope of engagement with women and families: • Review the effectiveness of patient experience methodology and its impact on service change and improvement as a result of feedback. • As a priority, review and address the monitoring of the outcomes of patient experience as a key part of the governance structure • Feedback the outcomes of all engagement to women and families • Explore methods to hear directly from women and families about their experience including patient stories, diaries, 'mystery shopper' or observation techniques.	**Review the effectiveness of patient experience methodology and its impact on service change and improvement as a result of feedback**: • All patients are invited to complete a 'Did We Deliver' survey following birth which is reviewed by Operational Leads and the ward manager. • The Postnatal Record has an audited patient satisfaction survey which is completed prior to discharge from the maternity services. • Themes and trends are identified from these formats and complaint investigation to improve the quality of the services provided. **Review and address the monitoring of the outcomes of patient experience as a key part of the governance structure**: • There is a robust complaints and incident procedure within the Health Board that identifies key themes. • These are disseminated through the Maternity Risk Newsletter and to specific leads for each area. • Clinical Supervisors for Midwives and Operational Leads monitor all outcomes and actions. An example of a change in service provision following patient feedback was the development of a Birth Partner's Room for partners whose wives were in labour; amendment of visiting hours for enhanced family focus. **Feedback the outcomes of all engagement to women and families:** • This occurs as part of the complaints process **Explore methods to hear directly from women and families about their experience:** • Patient stories are encouraged on social media platforms specifically round the freestanding MLU experience. • There is a Homebirth forum which captures patient stories and experiences. • The consultant midwife captures themes through the Health Board Birth Choices Clinic. • The MBRRACE Perinatal Review Tool specifically asks for the patient's perspective on their care in the event of a late fetal loss or stillbirth. • Partnership working with the Neonatal Outreach Team ensures that the experience of women and their families is captured.		

DRAFT

Hywel Dda University Health Board Assurance Framework:
Response to the RCOG Independent Review of Maternity Services at Cwm Taf Health Board

	7.50 Continue to work with and build on the community based engagement approaches being suggested by the MSLC • Explore working with external partners, including the CHC and community based organisations.	• Please refer to 7.47 and 7.48		
	7.51 Ensure responses to complaints and concerns is core to the work being undertaken to improve governance and patient safety: • Review and enhance staff training on the value of listening to women and families. • Review the process of investigation of concerns, handling 'on the spot' issues and ensure that all responses and discussions are informed by comprehensive investigations and accurate notes • Priorities the key issues that women and families have highlighted to improve the response • Ensure that promises of sharing notes and providing reports to families are delivered • Clarify the process regarding the triangulation of the range of information sources on patient experience, Sis, complaints and concerns and other data and ensure that there is a rigorous approach to make sense of patterns of safety and quality issues • Review the learning from the Sis in relation to misdiagnosis, failure to seek a second opinion and inappropriate patient discharge.	**Review and enhance staff training on the value of listening to women and families:** • All staff has training on the 'Putting Things Right' framework which includes resolving concerns at ward level to avoid escalation to minimise undue stress to mothers and their families. **Review the process of investigation of concerns, handling 'on the spot' issues:** • There is a formal Health Board process for investigating concerns. • There is a monthly Directorate Complaints, Concerns, Incidents and Near-Miss meeting to ensure appropriate and timely resolution. **Priorities the key issues that women and families have highlighted to improve the response:** • Key concerns are identified by the Complaints Team and the lead investigator to improve the response and facilitate resolution. **Ensure that promises of sharing notes and providing reports to families are delivered:** • Patients are given a copy of the report and action plans. • Notes are shared as part of the Complaints process. **Clarify the process to ensure that there is a rigorous approach to make sense of patterns of safety and quality issues:** • All incidents, SIs and complaints are cross referenced with on-going and historical complaints, Datix incidents, Maternity Scorecards, databases completed by the Clinical Supervisor for Midwives and the Practice Development Leads in order to ensure safety and quality. **Review the learning from the SIs in relation to misdiagnosis, failure to seek a second opinion and inappropriate patient discharge:** • Action-plans are agreed by the multidisciplinary Maternity risk Committee • Learning is disseminated at individual level and HB wide via Labour Ward Forum, Maternity Risk Newsletter and HB Learning Events		
	7.52 Learn from the experience of women and families affected by events:	See above: 7.49 and 7.51		

DRAFT

	• Respond and work with families in the way they require. • Feed the learning into the design of a comprehensive training and support programme that will give women and families confidence in the skills, expertise, communication, and safety and quality of maternity care.			
	7.53 Review the communications, support and engagement approach and strategy. • Ensure that the focus is not solely on management of key messages • Demonstrate openness, honesty and transparency, admission of fault and learning from this.	• Early engagement with families when there is a serious incident in order to demonstrate to families the Maternity Services transparency and honesty in the investigatory process. • Discussion with the Assurance, Safety and Improvement Team to ensure that the process in acknowledging accountability is robust and transparent. • Early escalation to Welsh Government when a serious incident has occurred and early notification of potential serious issues.		
	7.54 Prioritise an engagement programme with families at its heart. • Women and families affected by events should be part of the improvement, co-design and culture change of the new service.	Please refer to 7.49 and 7.51		
	7.55 Review the level and effectiveness of the bereavement service • Ensure that appropriate support and counselling is available for all families as required • Consider implementing the National Bereavement Care Pathway that has been developed by SANDS in collaboration with stakeholders including women and their families, RCOG and RCM.	**Ensure that appropriate support and counselling is available for all families as required**: • There is a dedicated 0.8 WTE Bereavement Midwifery Team for the Health Board to ensure that there is appropriate support and counselling for mothers. • All midwives have mandatory annual updates on Bereavement care and Guidelines. **Consider implementing the National Bereavement Care Pathway that has been developed by SANDS:** • The Health Board implements the current All Wales Bereavement Pathway in line with national standards.		
	7.56 Provide training for staff in communication skills, in particular on: • Empathy, compassion and kindness	Please see above.		
9. Consider the appropriateness and effectiveness of the improvement actions already implemented by the Health Board	7.57 Continue with efforts to recruit and retain permanent staff.	• The Directorate is actively part of the Health Board strategy to recruit and retain staff. • The Directorate has 160.9 WTE midwives compared to the Birth Rate Plus recommendation of 171 WTE. • The shortfall is covered by internal bank midwives • Birth Rate Plus advocates that for community midwifery and postnatal care there should be a 90/10 skill mix ratio with band 3 Health Care Support Workers. This is currently being developed. • There are currently 2 WTE SAS doctor vacancies at BGH. There are challenges to recruit to a small obstetric rural unit which is compounded by a recognised national shortage for doctors at this level.	• The medical model of care for BGH is being reviewed. • The midwifery shortfall (11.1WTE) is being reviewed	

DRAFT

Hywel Dda University Health Board Assurance Framework:
Response to the RCOG Independent Review of Maternity Services at Cwm Taf Health Board

		• These vacancies re currently covered by NHS locums with minimal ad hoc agency usage. • The Directorate is currently exploring alternative medical models of care for BGH.		
	7.58 Seek expert external midwifery and obstetric advice for support in developing the maternity strategy and use the opportunity of change to explore new ways of working.	See above		
	7.59 Urgently carry out a full risk assessment before committing to the merger on 9 March 2019 to ensure women's safety, including: • Ensuring that length of stay is reduced safely to allow for sufficient capacity in the new merged unit.			
	7.60 Monitor the effects of the reduced inpatient capacity to avoid any adverse effects on the safety or quality of the service.			
	7.61 Develop a plan to increase inpatient capacity if that is seen to be required.			
	7.62 Independent Board members must investigate the lack of action by the Executive Team and Board following receipt of the consultant midwife's report in September 2018. • Independent Board members must challenge the executive over the contents of this report • Independent Board members must ensure they are fully informed on the monitoring of planned improvements.			
	7.63 Independent Board members must challenge the quality of the data which informs the reports which they receive and rely upon for assurance.	• QSEAC receives an assurance report which is currently under regular review to ensure that it provides the IMs and other members of QSEAC with the assurance required. • The Directorate has also been invited to an extraordinary in-committee tom provide assurance on the Maternity service		
	7.64 Independent Board members should receive training in the implications of the Corporate Manslaughter and Corporate Homicide Act 2007 to better understand their role in ensuring the safety of the services that the Board provides.		This will be discussed with the Chair for consideration as part of the Board development programme.	
10. To make recommendations based on the findings of the review to include service improvements and sustainability. Advise on future improvements, future staffing and maintenance of quality, patient safety and assurance mechanisms	7.65 Ensure that criteria for the opening of the new FMU have been agreed by a multidisciplinary maternity guidelines group and that readiness for the merger is assured.			
	7.66 Update the risk register and review regularly at Board level.	• There is a monthly Directorate Risk Register Meeting to ensure that risks are reviewed and updated.		
	7.67 Develop a strategic vision for the maternity service and use the current opportunity of change to create a modern service that is responsive to the women and their families and the staff who provide care.	• Awaiting publication of the 'All Wales Maternity Strategic Vision' • To facilitate benchmarking exercise following publication.		

DRAFT

	7.68 Consider examining other UK maternity services to seek out models for delivery which could better serve their population regarding: • Methods of service delivery • Consultant delivered labour ward care • The role of and function of a resident consultant • Achieving a balance between obstetrics and gynaecology commitments • Reducing the use of SAS doctors for our of hours service delivery and developing their in hours role	Please see points above		
	7.69 Identify and nurture the local leadership talent	Please see Above		
	7.70 Ensure that any future service change for the development process of the maternity service as a whole is inclusive for all staff and service users. • Ensure the service is adequately staffed to ensure that all staff groups are able to participate in developing the vision • Consider an externally facilitated and supported process for review • Consider seeking continued support from HIW and the Royal Colleges to undertake a diagnostic review of the service particularly in relation to changes in service provision.	Please see comment above regarding the Health Board plan for a 'Healthier Mid and West Wales Strategy' that includes a robust staff engagement process.		

DRAFT

	Schedule of assurance evidence in response to benchmarking HDUHB against the recently published RCOG Cwm Taf maternity services report	
	Evidence to support recommendations	**Recommendations**
	Governance and Assurance processes	
1.	Datix Reporting system All Wales Maternity Trigger list Datix mechanism performance managed by HDUHB Performance Board	7.1 7.15 7.21 7.51 7.52 7.53
2.	Weekly MDT Datix reviews to identify themes and trends Weekly Birth register review to ensure all data captured	7.1 7.15 7.21 7.22 7.23 7.51 7.52 7.53
3.	Appointment of 8a Clinical Risk Midwife	7.1 7.51 7.52 7.53
4.	Monthly Maternity Dashboard data analysis Monthly ward Assurances undertaken in all clinical areas	7.1 7.9 7.25
5.	Consultant Obstetric Lead from Maternity Guideline Group, directs what clinical audits need to be undertaken	
6.	Information submitted to National Audits MBRACCE, Each Baby Counts, NMPA, Surgical Site Infection (SSI) data and Antenatal Screening Wales (ASW).	7.1 7.26
7.	Comprehensive Maternity Trigger List which is reviewed and updated according to National data.	7.9
8.	Maternity Risk Newsletter produced monthly to share lessons learnt, themes and trends.	7.15 7.22 7.23 7.51 7.52 7.53
9.	Clinical Audit undertaken by MDT team	7.8 7.25

		7.26
10.	Monthly MDT Obstetric Guideline Group with representation form all localities across the Health Board.	7.2 7.8 7.26
11.	Named Obstetric and Midwifery Leads for Governance, Labour Ward and Clinical Audit	7.2 7.3
12	Monthly MDT Clinical Risk Committee with representation form all localities across the Health Board.	7.8 7.10 7.26 7.15 7.22 7.23 7.51 7.52 7.53
13.	Monthly Directorate Quality and Safety Meeting with representation form all localities across the Health Board.	7.11 7.15 7.22 7.23 7.26 7.51 7.52 7.53
14.	Formal MDT debrief sessions held within the Directorate following any untoward clinical incidents.	7.12
15.	Directorate monthly review of Risk register	7.66
16.	Monthly MDT Labour Ward Forum with representation form all localities across the Health Board.	7.8 7.15 7.26 7.51 7.52 7.53
17.	Diabetic Specialist Midwives appointed	7.23
18.	Criteria for Obstetric Consultant attendance on labour ward in line with RCOG standards to be formatted.	To be developed by July 2019
18.	Formalised MDT handover of care to take place twice daily. Handover of care formally recorded and documented	7.8
20.	Robust MDT approach to the SuI governance process	7.19 7.51 7.52 7.53

	Support provided form Corporate Quality and Safety Governance Team External reviews requested for all serious clinical incidents (SuI's)	7.45
21.	Dedicated Bereavement Midwife Dedicated Bereavement Maternity Service Liaison Committee (MSLC) Dedicated bereavement environment Mandatory annual update provided to all midwives on bereavement care Bereavement Guideline and dedicated paperwork Benchmark all Still birth date against National data (Each Baby Counts, MBRRACE) reporting mechanisms.	7.55 7.56
22.	Dedicated environment promoting dignity and respect for women undergoing termination of pregnancy and miscarriage	7.7
Workforce		
23.	Workforce Birth rate plus acuity tool Medical staffing establishment Dedicated 40 hours medical cover in labour ward GGH Dedicated 32 hours medical cover in labour ward BGH with on-call consultant provision Actively recruiting midwives via the South Wales Recruitment process	7.29 7.32 7.57
24	Clinical Supervisor of Midwives monitor standards of care through clinical audit Medical Supervisors for medical staff	7.4 7.34 7.51 7.52 7.53
25.	Annual PADR and Appraisals for Medical staff	7.4
Training		

26.	Mandatory Training including PROMPT, Obstetric Skills, Mandatory and Statutory training Portfolio of Training requirements Dedicated trainings sessions for all SAS staff Training needs analysis undertaken for both midwifery and medical staff	7.8 7.15 7.17 7.21 7.35 7.37 7.51 7.52 7.53
27.	Induction programme for all Midwifery and Medical Staff including Agency staff	7.6 7.51 7.52 7.53
28.	Appointment of a Clinical Director	HDUHB to consider appointing a Clinical Director for Maternity services
28.	CTG training programme in place. Weekly CTG reviews undertaken by Lead Obstetrician and named midwife CTG Masterclass workshops facilitated by HDUHB biannually Implementation of the All Wales Intrapartum Fetal Monitoring which endorse FIGO interpretation of CTG's Practice Development Midwives populate mandatory training database.	7.5
Leadership		
30.	**Leadership Roles** Obstetric Labour Ward Lead Obstetric Anaesthetic Lead Obstetric Clinical Governance Lead Obstetric Audit Lead Head of Midwifery Deputy head Of Midwifery Midwifery Clinical Risk/ Governance Midwife 8a Operational Lead Midwife in each locality	7.8 7.13 7.22 7.23 7.26 7.27 7.44 7.45 7.46 7.51 7.52 7.53

31.	Monthly Consultant meetings facilitated with engagement form all localities	7.14
32.	Consultants live within 30 min of base during on call provision	7.16
33.	Executive level Lead role for maternity	
34.	Ensure the Medical Director has effective oversight and management of the consultant body	
35.	Birth plans for women requesting care outside National Guidance. Birth choice clinic facilitated by Consultant Midwife	7.31
36.	Share the findings of the Welsh Deanery review with all staff	7.33
37.	Antenatal/ labour ward rounds conducted for ownership of all in-patients. Consultant on-call has ownership for all in-patients.	7.38
38.	Obstetric Gynae practitioners in post have a clear job description and work under guidance of middle grade doctors and in partnership with the Band 7 coordinators	7.40
39.	Working cultures incorporating dignity and respect for all staff members Denary review RCM engagement into culture and behaviours	7.42
40.	Patient engagement and involvement Engage with CHC Bereavement MSLC Utilisation of social media platforms Patient stories for the standalone MLU	7.47 7.48 7.49 7.50 7.51 7.52 7.53 7.54
41.	QESAC Reporting structures	7.63
42.	Strategic vision for maternity services will be shaped around the “A healthier Mid and West Wales” Health Strategy and the All wales Maternity Strategy	7.67 7.68 7.70

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 July 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Improving Experience Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mandy Rayani, Director of Nursing, Quality & Patient Experience
SWYDDOG ADRODD: **REPORTING OFFICER:**	Louise O'Connor, Assistant Director (Legal Services / Patient Experience)

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The attached report provides a summary of patient experience feedback for the period 1st January to 30th June 2019.

The University Health Board (UHB) is highly committed to improving the patient experience and welcomes feedback to continually improve outcomes and experiences for our patients.

The Board is asked to note the increase in the number of formal concerns reported, due to changes made to the concerns management system, following completion of the 'Once for Wales' Concerns Management Project.

Following submission of complaints data to Welsh Government in 2018, it was acknowledged that the data was misleading and a lack of consistency was noted across Health Boards in Wales. In response to this, a 'Once for Wales Group was established with representation from each organisation. The aim of the project was to agree criteria for the processing and submission of concerns data to Welsh Government and for all Health Boards to record complaints in the same way to ensure consistency in reporting.

The following changes were agreed and are now implemented:

- The term complaint is to be used instead of concern;
- Informal Complaints/Early Resolutions – the term informal was felt to be unhelpful and the term early resolutions would now be applied. All early resolutions need to be responded to within 2 working days from date of receipt. If a complaint is not responded to within 2 working days, it will need to be changed to a formal complaint/complaint dealt with under putting things right (PTR).
- It was agreed that the term 'formal complaint' would now be replaced with 'complaint managed under PTR', unless it met the criteria for 'early resolution'.

- If a complaint is changed to a formal complaint, that does not necessarily mean that a formal PTR response is required in all cases. However, where there is an allegation of

harm, a full PTR response under Regulation 24 will be required in all cases, however this must be agreed with the complainant.

- If the complainant wishes for their complaint to be dealt with in a less formal manner, it is possible for this to be resolved without writing a formal response letter, with agreement with the complainant. Information recorded on Datix must capture all of the information outlined as a requirement under Regulation 24.
- Use of e-mail to communicate a complaint, has increased significantly across all health boards, the use of e-mail to communicate is often preferred by the individual and is a swift means of ensuring information is conveyed. Welsh Government has accepted that where the complainant is content to receive an e-mail communication for acknowledgements, progress updates and responses, this will be acceptable.

In summary:

- Complaints involving any allegation of harm must be acknowledged, fully investigated, and responded with formal correspondence.
- Where a complainant does not wish to receive a formal letter, the Health Board can be compliant with Regulation 24, but must record all information within Datix, clearly stating the complainant does not wish to receive a formal letter.
- E-mail can be included as a method for receiving a complaint and used to acknowledge or respond to complaints, where the complainant is content to receive this form of communication.

Immediate actions for the Concerns Team include:
1) ensuring weekly audits are undertaken on 'early resolution/informal' cases to determine whether they are within the two working days. If not, the complaint will be managed to a 'PTR' response.
2) Changes will be made to the Datix system types to 'early resolution' and 'complaint managed under PTR'.
3) All suitable complaints, that may be possible to resolve within two working days need to be sent to the services responsible on the same day as receipt and services must closely monitor this to ensure all early resolutions are achieved within 2 days where possible.

An action plan and revised process is currently being prepared, together with a handbook for case managers and those investigating complaints. This will be supported by a programme of training for all staff, and those with lead responsibilities for overseeing and investigating complaints. Importantly, the Health Board will be implementing a new programme to support staff involved in adverse events/complaints, as it is appreciated that this can be very difficult and distressing for those involved; and the correct support and advice is required from the point of receiving information about the complaint/incident.

Asesiad / Assessment

For this period, a total of **2100** concerns were managed by the Patient Support Team, 771 compliments were recorded and 20 patient stories undertaken.

Patient and service user feedback is received into the UHB through a variety of routes: compliments (formal letters and the Big Thank You); formal concerns, informal concerns; Patient Advice and Liaison Service (PALS) feedback; local surveys; focus groups, on line feedback through the Friends and Family Test (FFT); the all Wales NHS survey and via social media. A revised system and process for capturing experiences and the way in which we use the feedback is being implemented and from July 2019, the roll out to services across the Health Board will commence, with the intention that full roll out will be achieved by the end of 2019/20. A workshop has recently been held with services across the Health Board and a

Working Group has been established to manage the implementation.

Following discussion at the Board Seminar in December 2018, a Patient Experience Charter is currently being produced. There have been a number of successful engagement events over the previous months, including throughout Patient Experience Week, and this will now be subject to wide consultation with all stakeholders.

771 compliments have been reported for the period. The introduction of the new patient experience module on the Datix risk management system in March 2019 has provided a method for services to record compliments and patient experience activity to improve on the reporting and analysis of this feedback. This is being rolled out across all areas. Since the introduction of the pilot in March, 587 compliments have been recorded on the module; a further 74 were reported to the Big Thank You; and 110 provided to the patient support contact centre.

For the responses to the Friends and Family Test Survey about their experiences in A&E and Minor Injury departments, **87% of the responses said that they would recommend the service** to family or friends. This feedback is being monitored by the departments to ensure that service changes can be made where required and sharing the learning via 'you said, we did' posters in the area is being encouraged.

103 responses were also received relating to the NHS Wales Experience Survey, 60% of people responding rated their overall experience of care as positive. The survey is shortly going to be replaced with a much simplified new NHS Wales Patient Experience survey and we will be utilising our new online survey tool to capture this feedback. It is hoped that this will encourage a greater number of responses from patients.

Areas for improvement continue to be associated with appointments and waiting times.

PALS cases received for the period were 509. The highest number of concerns related to appointments, particularly in the areas of ophthalmology, orthopedics, dermatology, and rheumatology, waiting times and cancellation of clinics and patient appointments.

20 patient stories were recorded which are being reviewed by services, to improve experiences via staff training and development.

Formal Complaints – for the period, formal complaints were recorded as **847** and a further **824** cases were dealt with by the Patient Support Contact Centre (hub).

Public Services Ombudsman - Further to the Board's receipt of the Annual Letter and fact sheet for the period 1st April 2017 to 31st March 2018, a report for the period 2018/19 is expected imminently. As previously reported, the number of new investigations undertaken by the Ombudsman reduced in the year by 47% and there was no increase in the numbers referred to the Ombudsman.

For the period **January to June 2019**, the Ombudsman has commenced **10 formal investigations.**

However, improvements required relate to complaint handling, which may include timeliness/delays, or investigation responses by service area. Despite improvement in meeting the performance target for 30 working days, further work is required to improve upon this position. The Ombudsman has raised concerns regarding compliance with agreed timescales for action, predominantly in early/local resolution cases. This process is currently being reviewed to ensure 100% compliance in this area.

The main themes arising from concerns remains consistent with previous reporting periods:

- Waiting times and access to appointments (particularly prevalent in orthopaedic, ophthalmology, dermatology and dental services);
- Communication;
- Attitude/ behaviour/ assault
- Inpatient falls;
- Avoidable Pressure Damage;
- Nutrition/Hydration;
- Delayed/missed diagnosis.

Information on action taken as a result of these identified themes has been provided via assurance reports to the Quality, Safety & Experience Assurance Committee and Improving Experience Sub-Committee.

Following the conclusion of an investigation, the lessons learnt are identified and appropriate action plans put in place, which are monitored by the lessons learnt arrangements within directorates. This process will be strengthened by establishing the Listening and Learning from Events Group, to ensure improved monitoring and audit of outcomes.

To continue to support the learning culture in the organisation, a variety of learning and improvement initiatives continue to be undertaken, these are as follows:

- Patient Safety Awareness Day
- Quality & Safety Newsletters
- Establishment of patient forums
- Learning from Events Flyers
- Case Study presentations
- Improvement workshops
- Patient Participation Groups

Argymhelliad / Recommendation

The Board is asked to receive the report, which highlights to patients and the public the main themes arising from patient feedback, together with examples of action being taken in response to findings from investigations.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	6. (ref 581) Health Board wide risk not learning from events in a timely manner (current score 8).
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	6.3 Listening and Learning from Feedback

Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS (Concerns, Complaints and Redress Arrangements) (Wales) 2011
Rhestr Termau: Glossary of Terms:	Included in body of report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Improving Experience Sub-Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	All concerns have a potential financial implication: whether this is by way of financial redress, following an admission of qualifying liability, or an ex-gratia payment for poor management of a process; or an award made by the Ombudsman following his review of a concern.
Ansawdd / Gofal Claf: Quality / Patient Care:	Information from concerns raised highlights a number of clinical and service risks which should be reflected in directorate and corporate risk registers. There are financial and reputational risks associated with complaints that are upheld or not managed in accordance with the Regulations. The UHB also has a duty to consider redress as part of the management of concerns, which carries financial risks associated with obtaining expert reports and redress packages.
Gweithlu: Workforce:	Improving the patient experience and outcomes for patients is a key priority for the UHB. All concerns received from patients, public and staff alike are taken seriously and investigated in accordance with the procedures. Information from concerns raised, highlights a number of clinical and service risks which should be reflected in directorate risk registers. All directorates are required to

	have in place arrangements for ensuring lessons are learnt as a result of investigation findings on concerns and that appropriate action is taken to improve patient care.
Risg: **Risk:**	The putting things right process is designed to support staff involved in concerns and incidents. All managerial staff have a responsibility to ensure staff are appropriately supported and receive appropriate advice throughout the process. The success of the process is dependent upon the commitment and support from staff across the organisation, not only as part of the investigation process and being open arrangements, but in the encouragement of patients and their families to provide feedback, both positive and negative, to support organisational learning.
Cyfreithiol: **Legal:**	The UHB has a duty under the Concerns and Redress Regulations to consider redress where this is deemed to be a qualifying liability. The Regulations also incorporate formal claims, including clinical negligence and personal injury claims.
Enw Da: **Reputational:**	There are ongoing reputational risks for the UHB in relation to media, press and social media regarding any concerns, and outcomes from published Ombudsman Reports and any external investigations/inquiries.
Gyfrinachedd: **Privacy:**	Only relevant information is reviewed as part of the concerns process and this is carried out with the explicit consent of the patient or authorised representative. Information is recorded and treated sensitively and only shared with people relevant to the investigation process.
Cydraddoldeb: **Equality:**	The process is established to learn from concerns: it is designed to ensure that it is fully accessible to patients and their families. The aim is to involve patients throughout the process and to offer meetings with relevant clinicians, with the required support depending upon individual needs. Advocacy is offered in the form of CHC advocates, and specialist advocacy is also arranged where necessary, e.g. in the areas of mental health, learning disability or children/young people's services. Concerns literature is accessible in a range of languages and formats and translation services are available, when required.

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Improving Experience Report – Listening and Responding to Feedback

1st January 2019 – 30th June 2019

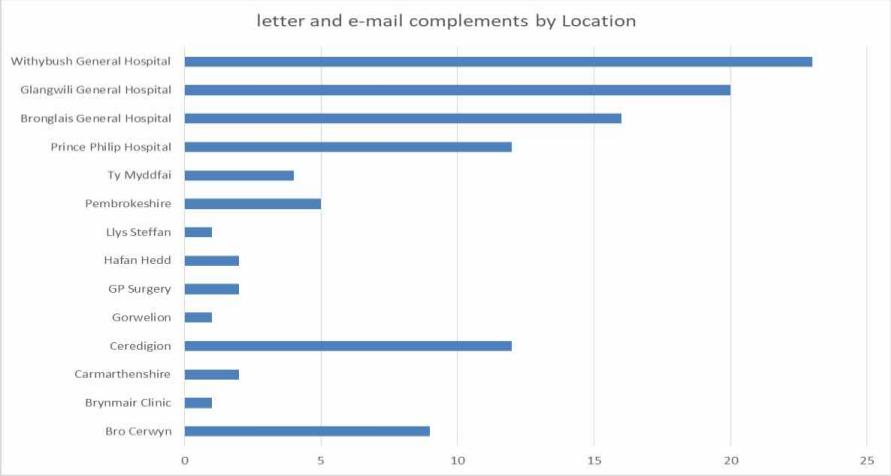
Introduction

The following report provides an overview of patient experience feedback and presents a summary of the themes and trends from the data collected for this period, together with information on what action the UHB is taking in response to the feedback. The information provided covers the period **1st January 2019 to 30th June 2019.**

The Health Board captures service user feedback in a variety of ways, in accordance with the NHS Framework for Assuring Service User Experience, which involves the use of a four quadrant model (real time, retrospective, pro-active/reactive and balancing).

Examples of the various methods include: surveys in clinical and ward areas, feedback cards, on line surveys, the Big Thank You (an online facility to report compliments), as well receiving feedback in the form of complaints, claims, enquiries and patient safety incidents.

In March 2019 we started a pilot of a new Patient Experience module in the Datix system. The system has been designed to capture compliments that are received at a ward level either directly from patients or from their family, carers or friends. The system has been designed to also capture expressions of dissatisfaction which have been resolved "on the spot" (ie within 2 working days) by ward staff or resolved by the PALS team. However a decision has been made to defer use of this part of the system, pending a full review of this has been undertaken following recent guidance from the Welsh Government on the capture and recording of concerns data. The pilot started on two wards at Prince Phillip Hospital and was extended to two wards at Glangwilli Hospital. Since the start of the pilot 587 compliments have been recorded.



In addition to the compliments captured in the Patient Experience module there were 74 received via the Big Thank You initiative and a further 110 received into the Patient Support Services hub via letter and e-mail.

Some of the positive feedback received from patients and their families or carers is as follows:

PHENOMENOL – for me this word goes some way in describing the amazing staff who cared for my mother in her last few weeks of life. (So many wonderful staff, it's difficult to pinpoint and name individuals, for fear of missing out someone). Your gentle, caring, dignified way of dealing with a lady whose health has been complex and profound, have been no less than impressive. Sitting by her side, I've been touched by the empathy staff have shown to us as a family and more particularly to my mother…….never passing her bed without checking how "she" felt….Phenomenal describes your professional, sympathetic, caring attitude to us as a family and to my dear Mother on her passing. Diolch o Galon.

"We received the worst possible news in the best possible way"

"At a time when we feel at our most vulnerable, your care enabled me to feel very protected and supported – nothing was too much trouble"

Staff have shown amazing care towards patients with dementia. The staff have all been very gentle and wonderful and everything was explained to patients slowly not to distress them.

The care, dignity and respect the staff gave my Nan in her final few days and the compassion they showed to me her granddaughter - a big thanks for never giving up on my Nan, despite the limited time she had left. This has spurred me on to seek a career in the medical profession. The nurses and all the staff have inspired me Thank you xx

A Big thank you to the nurse who went above and beyond to ensure my 4 year old was happy during her 72 hour EEG. My daughter was very scared of coming in & having the leads glued and gelled daily, however she was made to feel safe – my daughter decided to she wanted to buy a chocolate bar & card and gave it to her new "Nurse Friend" – So nice to see such amazing people.

You have improved the ward food to a very high standard – Thank you

Patient Allergies – Patient very thankful for staff taking time to ensure she can get meals which are not going to make her ill

The staff made an embarrassing and invasive procedure bearable and dignified. Due to their kind nature we were able to bring humour and humility to what could have been a very awkward procedure. My wife and I could

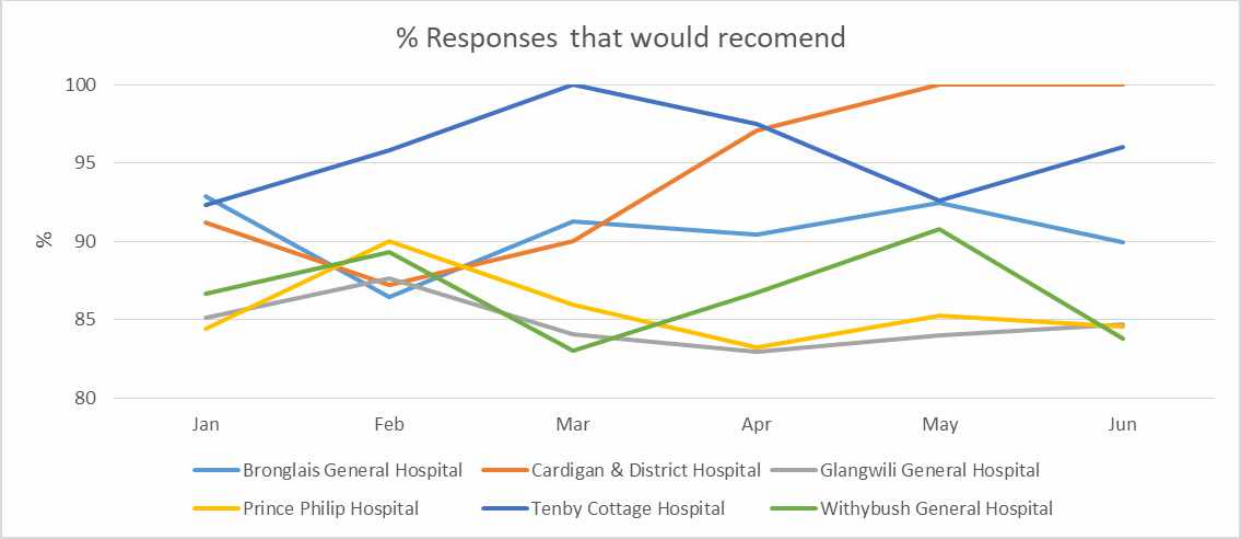
A Big Thank you to the new Nurse walk in Centre in Tenby and for taking time to care and make you feel important.

From July 2019, we will be launching a new patient experience programme, which will include new and improved ways for service users to tell us about their experiences. We will also ensure that the way in which we use the feedback to both plan for and improve our services is strengthened.

Friends and Family Test (FFT): The FFT is an opportunity for people to provide feedback on their experience of services; it involves asking a standard question after patients have received care and treatment: "How likely are you to recommend our service to friends and family if they need similar care or treatment"? Since February 2017, this service has been available for all A&E and minor injury units and in July we will be starting a roll out program to extend the system to all other areas of the organisation. We are aiming to have all services and departments using the system by the end of 2019/20.

During the period the Health Board sent 49,755 Friends and Family surveys to patients who had been discharged from one of our A&E departments or minor injuries units. This represented 90.5% of all of the discharges from these areas. Of these surveys, 12% responded, which is in line with the national average for this type of survey. The volume of positive feedback across the period has been very stable, with an average for the period of just over 87% who would recommend the service to family or friends:

	BGH	GGH	WGH	PPH	CDH	TCH	HDd HB
Would Recommend	90.71%	84.78%	86.97%	85.61%	93.48%	95.78%	87.20%
Would Not Recommend	4.79%	7.87%	6.67%	6.45%	3.04%	1.81%	6.35%
Total Responses	1,331	1,828	1,763	1,565	225	167	6,879



Some of the top themes from feedback with a positive score are staff attitude and clinical treatment. Waiting times, staff attitude and environment are the top themes mentioned in feedback that provided with a negative score.

Top 10 Themes

Positive		Negative	
1. Staff attitude	3201	1. Waiting time	324
2. Clinical Treatment	1292	2. Staff attitude	303
3. Waiting time	1239	3. Environment	222
4. Implementation of care	1090	4. Clinical Treatment	195
5. Environment	866	5. Communication	180
6. Admission	748	6. Implementation of care	169
7. Communication	554	7. Admission	129
8. Patient Mood/Feeling	487	8. Patient Mood/Feeling	122
9. Staffing levels	232	9. Staffing levels	70
10. Catering	32	10. Catering	20

'You Said We Did' posters have been used in our A&E departments, as a result of feedback, an example is provided below:

Fe ddywedoch chi/You said…

"Please improve the Learning Disabilities awareness in Emergency Unit"

Fe wnaethom ni/We did…

The teams have had awareness sessions provided by the Learning Difficulties Health Liaison Nurse. A poster has been designed encouraging those with learning disabilities to ask for any assistance they may need.

Care Opinion

Care Opinion is a non-profit feedback platform for health and social care services.

The organisation's aim is for people to be able to share their experiences of health and care in ways which are safe, simple, and lead to learning and change. Whilst the UHB does not currently promote the Care Opinion portal or subscribe to paid

for services from Care Opinion, we do monitor any feedback "stories" that have been made about the UHB.

During the reporting period there have been two stories told about Hywel Dda UHB on the Care Opinion portal in total. One of a negative nature around perceived failings in our cancer service and one of a very positive nature about cardiology services.

All feedback received, together with the organisation's response, is shared with Healthcare Inspectorate Wales (HIW).

Your NHS Wales Experience Survey feedback - This survey receives a small number of responses via the Health Board's intranet site; however this will continue to be promoted and encouraged. It is recognised that a better mechanism for accessing the survey online will need to be identified. During the reporting period, **103 responses** were received, **60%** of the responders rate their overall experience of care and using our services as positive (rating 9/10). The survey is shortly going to be replaced with a much simplified new NHS Wales Patient Experience survey and we will be utilising our new online survey tool to capture this feedback. It is hope that this will encourage a greater number of responses from patients.

When asked the question:

"***Was there anything particularly good about your experience that you would like to tell us about"***

The responses include comments like…

- *"The overall care and the food was great" "I felt safe. All the staff were amazing. I can't fault them at all"*
- *"The staff, particularly the nursing staff, were wonderful and made me feel that they cared about what was happening to me"*

- *"Consultant care and explanation was exemplary and staff in outpatients were very informative and polite"*
- *"As I'm from Surrey the experience was my first of Wales NHS, but I had excellent service"*
- *"Although it was extremely busy at this particular visit, the staff were calm, friendly and helpful at all times"*
- *"The nursing staff was very good and she explained everything she was doing and what's best to do at home"*
- *"I was quite anxious about the procedure but the staff who attended were extremely nice and helped take my mind off the whole process and the time passed quickly."*
- *"They were very helpful, considerate and attentive and helped me get through the procedure without embarrassment"*
- *"They really put my mind at ease and talked me through the whole process"*
- *"Everyone was extremely kind, patient and caring."*

"Was there anything we could change to improve your experience?"

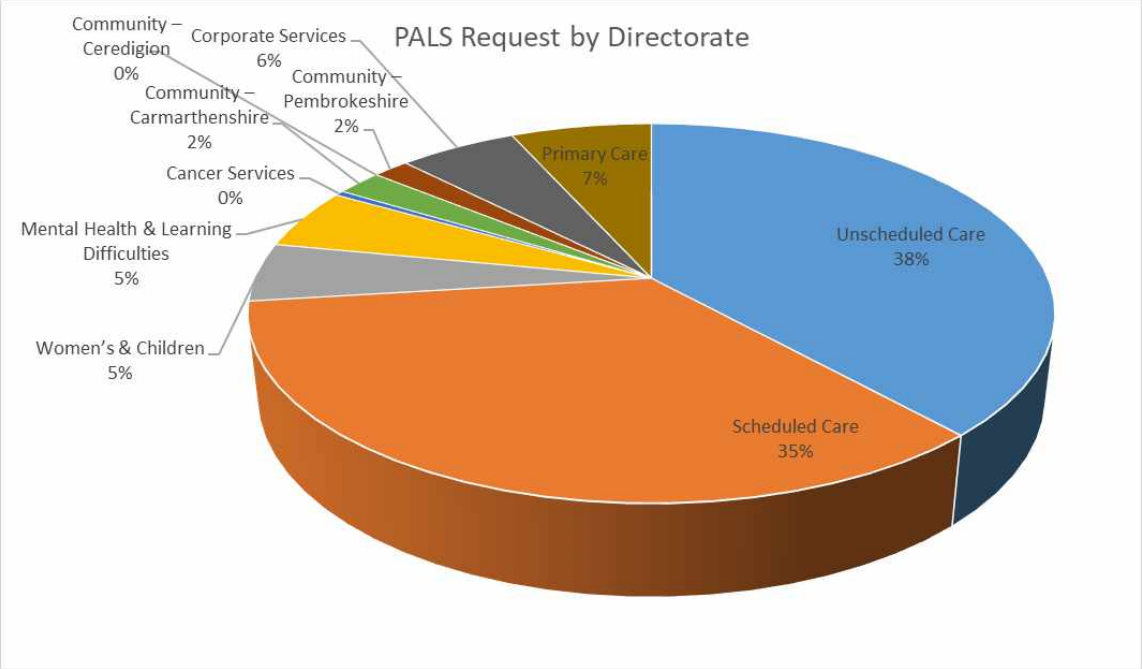
The responses include comments such as:

- Better communication and explanations."
- "Improve the Parking, drove around for 20 mins to find a parking space, was going to be late for appointment so had to park on double yellow lines at bottom end of carpark to avoid being late and missing the appointment or causing a knock on effect to the rest of the patients if I was late. For my consideration towards the staff and other patients I ended up with a £50 parking fine with the "generous" offer of reducing it to £25 if I paid up quietly within 14 days and didn't make a fuss"
- "Free WiFi in waiting room? If it was available I never saw anything announcing it."
- "More staff were needed to reduce the number of hours waiting: 6 hrs for triage, another half an hour or so to see the doctor"
- "The waiting time was a long time we waited 4 hours to be seen, this is a very long time for a child to wait in pain"
- "Provide facilities to recharge mobile phone as essential to communicate with family members unable to attend hospital"
- "More patient information on what to do next"

It is accepted that the information contained within the survey needs to be fully integrated into the feedback obtained and received by individual service areas. The new patient experience system will enable the Health Board to undertake this and make the survey more accessible to patients as well as staff.

Patient Advice & Liaison Services (PALS)

During the period the PALS team has responded to **509** requests for support.



Themes

The top 5 themes dealt with by PALS relate to: -

- **Appointments** - the highest of number relating to ophthalmology, orthopaedic, dermatology, and rheumatology services. Waiting times and cancellation of clinics and patient appointments.
- **Clinical Treatment/Assessment –** in particular delays for ASD (autistic spectrum disorder) assessments,
- **Communication**
- **Attitude/Behavior**
- **Patient Care.**

19 PALS cases required further investigation and they were transferred into the putting things right complaint process, demonstrating that the majority of PALS cases are resolved quickly and efficiently. A process of bi-weekly meetings for triage and assessment of all cases is being undertaken to ensure that the concerns are managed in the most appropriate way and in accordance with the wishes of the person raising the complaint.

20 Patient stories have been recorded and shared with the respective ward and/or department for training, enhancing our services and sharing both complimentary and negative comments. The majority of the stories were very complimentary about the care and treatment they received, anything identified as needing improvement is looked into and facilitated accordingly. Below are some extracts and quotes from our patient stories;

- *"Don't ever underestimate the power of a smile"*

- *"As a patient you feel vulnerable and frightened and when staff pay particular attention to the little things – like washing my hair and asking how I am? – it is those things that really matter".*
- *"The Food is A1, superb especially the soup – everyone looks forward to the soup"*
- *"I found the physio sessions (Escape Project) reassuring and the group helpful for support, the more I attended the classes the better I felt"*
- *"Be good to be able and get up and walk around at the weekends but am unable to as there are no physiotherapists on the weekend"*
- *"I must say the care I've received has been superb, all the doctors and nurses – nothing is too much trouble!*

PALS also receive a number of requests for information covering a wide range of areas and the team successfully signpost to appropriate agencies and services both internally and externally. Wherever possible, the PALS team will help patients, relatives or carers share feedback and provide the support through the process.

The PALS team attend bed meetings in both GGH and WGH to understand the hospital status and the pressures, and where possible provide advice and record the expressions of dissatisfaction, ie cancelled clinics, cancelled surgery, long waiting times in clinics and accident and emergency.

A new PALS office will be available at Glangwili Hospital in the Outpatient Department to ensure PALS staff are accessible to patients and visitors and can meet with patients, families and carers in a confidential environment. The availability of suitable PALS accommodation on Prince Philip Hospital and Bronglais Hospital sites has delayed provision of on site PALS support for these areas.

The PALS team now wear a team uniform so ensure team members are quickly identifiable to patients, families, carers and colleagues to assist with any queries or provide advice.

PATIENT EXPERIENCE WEEK (PEW) 3rd to 7th June 2019

During Patient Experience Week, the PALS team visited each ward to talk to staff and patients, promoting the "Hello my name is" campaign and taking photos, and setting up information stands in acute and community hospitals. Also promoting PALS and advising on how the service can assist, the team distributed the new PALS leaflet and posters and collated general feedback.

The PALS team is planning the showcase of the positive work wards and departments do to improve patient experience throughout the year and also for #PEW2020.

Excellent staff and patient engagement took place throughout the various sites with valuable information provided to inform the new Patient Experience Charter that is being developed. There was significant support and appreciation for the role of the PALS team and a request for this to be more accessible on each site and available out of hours/into the weekend.

Complaints

As shown below, due to the expected change in recording and measuring the concerns data for the new financial year, the UHB has amended the reporting criteria, which has resulted in an increase in the number of formal complaints recorded.

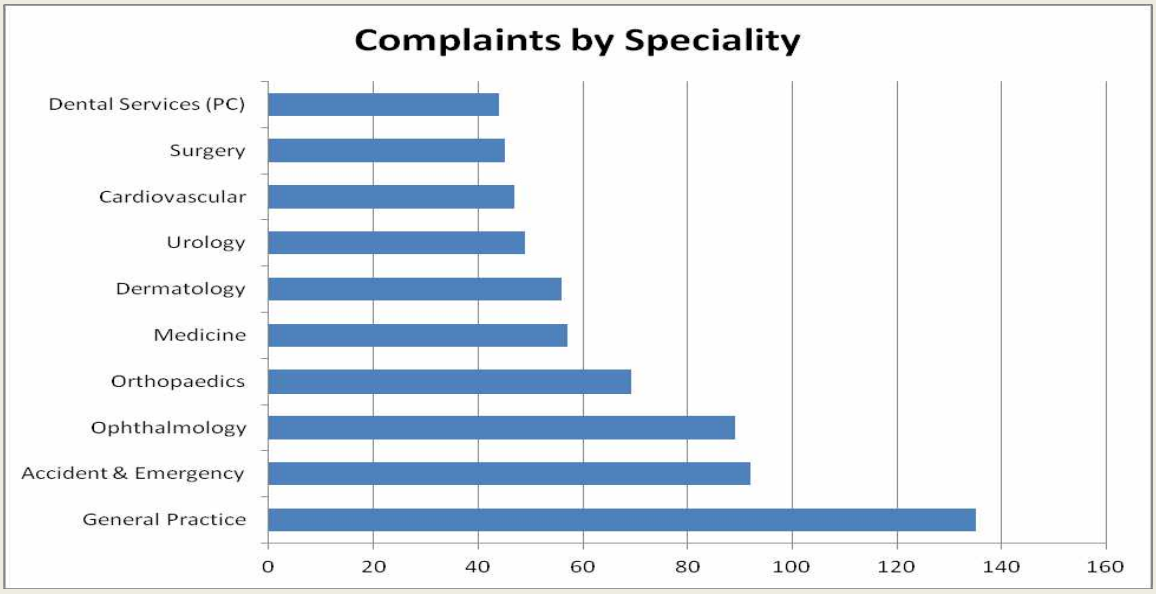
For the period 1st January 2019 to 16th June 2019, 847 complaints were recorded with 310 complaints requiring investigation.

Of those cases which required a formal investigation, 14 were graded as serious on initial review of the case (Grade 4/5). At the time of writing, 210 cases were awaiting a response with 42% of these cases nearing conclusion. 149 cases are in excess of the 30 working day target.

278 formal investigation cases were closed during the period with 2 cases were re-opened following closure (as additional information had been made available by the client). Any cases re-opened are reviewed by the Concerns Manager and the Senior Investigation Team to identify any lessons learnt from the investigation process. These are discussed with the directorates involved as well as the Case Handler.

824 enquiries/information requests were received via telephone/email/text/letter and dealt with by the Patient Support Services Contact centre during this period.

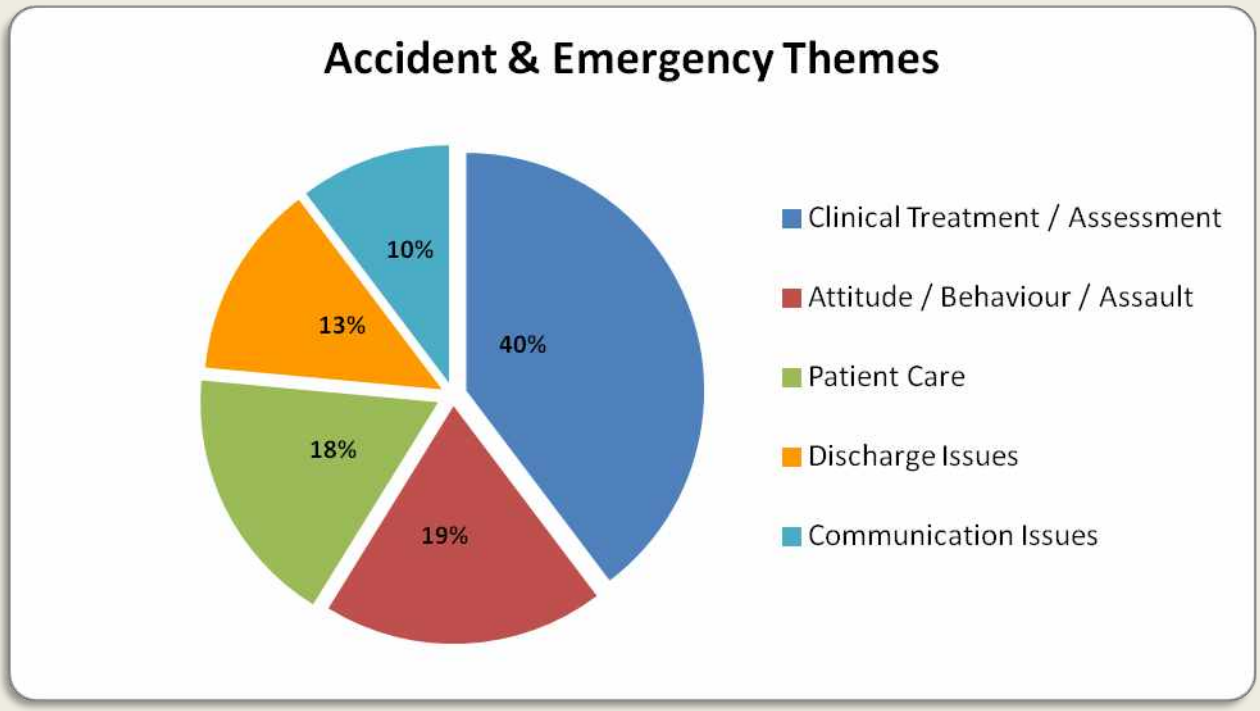
The following table shows the Top 10 Specialties which have received the highest number of complaints for this period:-



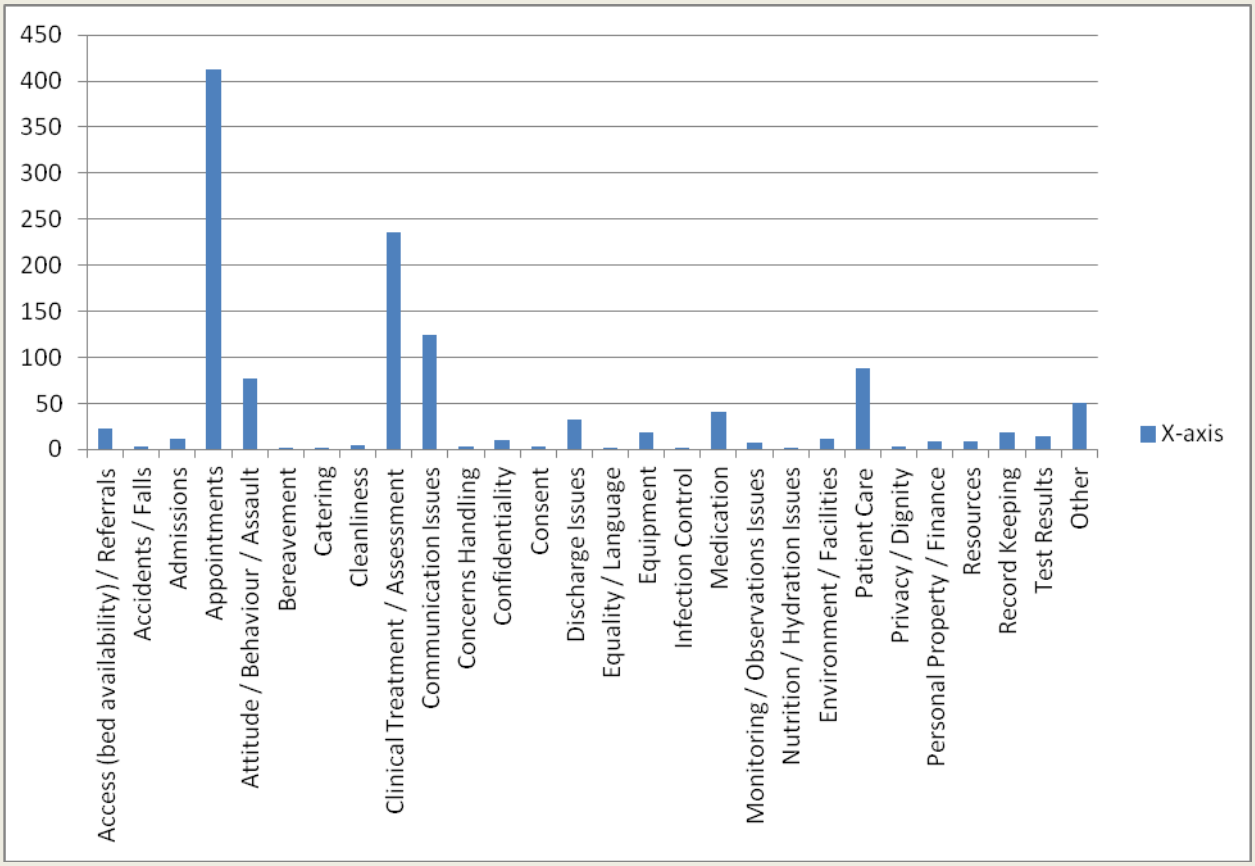
The predominant speciality for this period is General Practice. Complaints about communication, medication and appointments feature as the main themes for GP Practices which are addressed with the individual practices by the Primary Care Team.

The main themes for Ophthalmology this period are waiting times. This continues from the previous period and a review group is established which meets to ensure all incidents/concerns are actioned appropriately.

Accident and Emergency Themes are as follows:



The themes across the UHB relate predominantly to appointments; clinical care and treatment and communication :-



Public Services Ombudsman for Wales

Further to the Board's receipt of the Annual Letter and fact sheet for the period 1st April 2017 to 31st March 2018 a report for the period 2018/19 is expected imminently. As previously reported, the number of new investigations undertaken by the Ombudsman reduced in the year, by 47% and there was no increase in the number of cases referred to the Ombudsman.

For the period January to June 2019, the Ombudsman has commenced 10 formal investigations.

However improvements required relate to complaint handling, which may include timeliness/delays, or investigation responses by service area. Despite improvement in the performance target for 30 working days responses; further work is required to improve upon this position.

The Ombudsman has raised concerns regarding compliance in submitting information to the Ombudsman and meeting agreed timescales as part of local / early resolution cases. Ongoing challenges remain for the UHB's Ombudsman Liaison Manager in receiving timely information to meet the timescales set for investigation response letters. The process is being reviewed to ensure improvement in the organisational wide system to ensure 100% compliance with timescales agreed with the Ombudsman. This will be monitored by the Health Board's performance management arrangements.

Clinical Negligence Claims

The overall number of personal injury claims being pursued against the UHB remains below average compared to the All Wales position. There are currently **303** clinical negligence claims open against the UHB, which are at various stages, compared to **331** at 31st December 2018. The main specialties in which claims are received are Trauma and Orthopaedics, Accident and Emergency and General Surgery. The number of cases received in relation to Obstetrics is low but these, if successful, tend to be of high value and take a number of years for settlement to be achieved. In the six months to 30th June 2019, 63 clinical negligence claims against the UHB were withdrawn compared to 63 in the twelve months to 31st December 2018.

Following a review of the Claims Management processes in the Health Board by the Internal Audit Department, once again the level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with **Welsh Risk Pool Claims** is **Substantial** assurance.

The overall objective of this audit was to confirm the accuracy of reimbursements sought from the Welsh Risk Pool as required within the WRP Claims Management Standard.

The scope of the audit has reviewed evidence to confirm:

- Adequate documentation is maintained in support of claim figures and calculations are accurate; and
- Claims are dealt with in line with the WRP reimbursement requirements.

Members of the Team have attended the various Networks which have been established by WRP – Redress Safety & Learning, Claims Management and Inquests. These groups are chaired by a representative(s) from the Health Boards across Wales, who have experience in these specific areas.

New Welsh Risk Pool reimbursement processes are being introduced, requiring timely evidence regarding lessons learnt to be provided within 60 days of making admissions in a claim. Failure to provide evidence of learning within the timescales will result in financial risk to the organisation as claims will not be reimbursed.

Responding to Service User Feedback

The UHB is committed to learning lessons and has identified priority areas for improvement. It is essential to learn from service user feedback and from all patient safety incidents. The UHB continues to invest considerable effort in embedding a learning culture within the organisation. Current approaches are highlighting that investigation is not intended to apportion blame but rather to seek greater clarity on understanding systemic and human factors leading to sharing lessons learned. We will also be undertaking training for managers in supporting staff through adverse incidents.

Work streams have been established to take this improvement work forward in order to improve the quality of patient care. Some examples are as follows:

APPOINTMENTS/ACCESS/WAITING TIMES

The Health Board's Outpatient Turnaround process is continuing to reduce delayed follow-up appointments across all specialties, progress has been achieved in gynaecology, paediatrics and respiratory medicine.

A&E Waiting Times – Improvement work is ongoing to address the waiting times within A&E. Information obtained from the friends and family feedback within A&E and minor injury units, is reviewed regularly and appropriate action taken.

Orthopaedic Services – A significant volume of patient experience feedback includes concerns about the cancellation of appointments, operations and waiting times. In response to this, a patient surveillance programme has been implemented and virtual follow-up appointments arranged. This provides significant benefit for patients as appointments can be arranged in a more convenient way, demand for clinic space is reduced as well as support time in setting up clinics. Virtual appointments are taking on average 9 minutes per patient in comparison to the conventional outpatient appointment slots of 30 minutes.

Patient reported outcome measures (PROMs) have been collected from all patients attending pre-assessment clinic for hip and knee replacement surgery since December 2016 via IPad devices into the national PROM platform. In April this was extended to one year follow-up patients in Carmarthen, and Ceredigion patients in June.

One-year follow up patients are receiving the PROMS questionnaire and radiology request form in the post. This is completed in time for their virtual telephone appointment, which will be arranged following attendance at local sites for updated x-rays of the joint. The telephone virtual follow-up appointment is held with either a Senior Orthopaedic Nurse (Carmarthenshire) or a Senior Physiotherapist (Ceredigion), when the PROMS responses are discussed and progress. Any patient experiencing difficulties or concerns will be seen at a face to face appointment. PROMS responses are recorded onto the national platform, following the virtual appointment.

See on symptom (SOS) trauma and orthopaedic appointments are currently being offered for all patients identified as being clinically suitable/appropriate.

Ophthalmology – the speciality is working towards implementation of the new Eye Care Measures. Early progress is being achieved in reducing the number of follow up appointments.

Assessment of the new one stop Wet AMD clinic and introduction of nurse injectors within Ceredigion was undertaken in April-May 2019. The audit was positive about the role of the nurse injector and all patients surveyed were supportive of the one stop clinic and complimentary about staff involvement.

Triage of Fracture Patients – In July 2019, a pilot is to commence at Withybush General Hospital to triage patients from A&E, to identify which patients need a face to face follow up and which can be managed virtually with a telephone appointment. Patients are also completing a questionnaire to evaluate the success of the various management options, to support future change.

Rheumatology - The service has recently appointed an Advanced Pharmacist in Rheumatology, to provide expert medicines advice for patients and clinicians. The Pharmacist will also provide assurance around the effective prescribing of medications and facilitate regular medicine reviews to ensure safe prescribing.

The Rheumatology Service Team has been meeting regularly with the Pembrokeshire Lupus Support Group which has led to a review of the pathway for patients with clinical diagnoses and development of specialist connective tissue disease clinics on a monthly basis.

Audiology Services - Patients continue to raise concerns in relation to waiting times for appointments. A new Head of Service will be commencing post at the end of July 2019 which will improve capacity within the service and support the service improvement and modernisation work already in progress.

Outpatient Services - Feedback has been provided that patients feel improvements could be made to the location and management of outpatient clinics, particularly in relation to post-operative follow-up appointments and outpatient appointments, when patients often have to travel long distances to be given results in a short appointment. A plan is being developed between cluster groups in North and South Pembrokeshire to deliver remote outpatient 'skype' sessions to regularly take place at three community Health Board premises.

Urology – a self-care programme for patients with prostate related conditions is being developed, which will provide increased support for patients, but also reduce the number of delayed urology follow-up appointments.

Radiology Services – improvements have been made to the patient management system for better co-ordination of services and booking arrangements across the Health Board. Recruitment of additional consultants is due to take place in the summer of 2019.

Primary Care, where access figures have decreased in a practice, the primary care team is working with the practice involved to review access arrangements and appointment systems and consider other methods such as telephone consulting services, bookable appointments on the day, booking appointment on line, and the use of Choose Well principles.

Lessons learnt as a result of patient feedback or promotion of good practice is shared by newsletter to primary care contractors. Where required, a training or continuing professional development session is organised. A number of Patient Participation Groups have been established by GP practices, feedback has resulted in changes to access arrangements, triage systems, processes for managing appointments, including telephone call handling for reception staff.

Orthodontic Services – a new orthodontic contract will be in place to improve the waiting times and improve the longer term access by commissioning a service, based on population need. Waiting list initiatives, and validation exercises of the waiting lists are being undertaken with patient reviews being undertaken.

Communication

The theme of communication has been identified as the most common root cause identified from concerns investigations. A quality improvement collaborative project has recently been initiated to look at the area of communication, particularly in the area of patients waiting for treatment.

The importance of all aspects of effective communication skills and customer care is being emphasised through staff training and development and work is being undertaken to reviews improved ways of supporting all services in enhancing communication, between teams as well as with patients and their families/carers.

Pressure Damage - An improvement group has been established which meets on a monthly basis to review all cases of avoidable pressure damage. New dynamic mattresses have been purchases for use within all hospitals. A new risk assessment tool is currently being developed as part of the new e-documentation and electronic patient record work. A foot care assessment project is being piloted in Bronglais Hospital, which will be extended to other hospitals following evaluation of the project. A pressure damage passport is being implemented at Prince Philip Hospital.

Hospital Acquired Thrombosis – Work on reinforcing the risk assessment standard for thrombo-prophylaxis is being undertaken with all consultants. Work with clinical leads is undertaken regularly on risk assessment compliance and review of avoidable cases to promote learning.

Clinical Treatment/Delay in diagnosis

Any concern relating to clinical treatment and care is fully investigated by the UHB and where appropriate an independent expert opinion is sought on the standard of care provided, as part of the investigation. The outcomes of investigations are shared with the clinical team(s) involved and discussed within those teams to enable learning or change of policy/practice.

This work is also supported by a number of service improvement projects across the UHB to modernise and improve the care and treatment offered, by updating the clinical pathway.

Next Steps

The UHB is currently implementing a systemised process for the recording and monitoring of patient and service user experience feedback, together with arrangements for evidencing improvements and publishing information on the changes made. The initial phases of the roll out across all services will be achieved by end of July 2019

Despite the high degree of commitment and care in the UHB, from time to time failures in the expected standard of care do occur. Often the failings are associated with recurrent themes. It is therefore imperative that we have an effective system to support organisational learning from both local and national recommendations. A Listening and Learning from Events Group is being established to review learning

and monitoring processes as a result of any patient safety incident, patient experience feedback and external reviews.

The Patient Experience/Concerns Team and the Assurance, Safety and Improvement Team will continue to identify of themes and trends, ensuring all relevant data is incorporated and analysed for further review as part of quality, safety and assurance processes. These trends will be shared with the Service Improvement Team to support colleagues across the UHB to strengthen the lessons learnt process and undertake remedial action to prevent reoccurrence and will also be shared with the Transformation Team to strengthen the interface between patient experience and the transformation work.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 July 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Update on the 2019/20 Dental Investment Plan
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: **REPORTING OFFICER:**	Mary Owens, Head of Dental and Optometry Services Rhian Bond, Assistant Director of Primary Care

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report is to provide Board Members with the additional information requested from their consideration of the Dental Paper submitted to the March 2019 Public Board meeting where further information had been requested regarding the 2019/20 Dental Investment Plan and the associated challenges and solutions to the delivery of the plan.

The Board is requested to receive an assurance from the update provided to the 2019/20 Dental Investment Plan.

Cefndir / Background

A paper on the progress against the 2018/19 Dental Investment Plan and a forward look to 2019/20 was presented to the Board in March 2019. The following areas and the associated service challenges were discussed in the March Board meeting and are documented further in this report:

- The financial impact of the Health Board potentially not being granted any inflationary uplift to the ring fenced dental allocation for 2019/20;
- To improve access to NHS General Dental Services in South Ceredigion;
- Commissioning of Out of Hours Dental Services and Urgent Access on a sessional basis rather than the Units of Dental Activity (UDA) rate to improve involvement of practices in provision of the service, patient access and support winter pressures;
- Alignment of all General Dental Practices to a minimum of £25 per UDA in order to improve recruitment issues and align Hywel Dda with the rest of Wales;
- One off commissioning of further Orthodontic waiting list initiatives to reduce the 4.5 year waiting list and reduce risk of potential harm to patients;
- Contract delivery issues which may result in a recurrent contract rebase in 2019/20.

Asesiad / Assessment

The Health Board has allocated £944k of Dental Services investment during 2019/20. The plans and/or issues identified within this report will be financed from this investment or any identified slippage against individual contracts as the financial year progresses.

1 Annual Inflation

Discussions are continuing with Welsh Government to seek remuneration to fund the inflationary uplift to the dental contract in line with the Doctors and Dentists Remuneration Body (DDRB). Currently, the Health Board does not receive this additional funding as a result of contract underperformance within the financial year, despite having an agreed investment plan in place. Without confirmation that this investment will be made available for 2019/20, the assumed cost pressure will need to be funded recurrently from the £944k investment.

This issue has been discussed with the Chief Dental Officer (CDO) and Welsh Government officials at the annual dental visit in June 2019.

Risks

It is important to note that the inflationary uplift may be agreed at a rate higher than the rate assumed in the plan creating an unaffordable cost pressure against the existing budget. This risk would have to be mitigated through the delayed implementation of the investment plans noted later in the report.

If the Health Board receives an inflationary uplift from Welsh Government, depending on the timing of when this is received, it could prove difficult to invest this funding by March 2020 in newly contracted activity due to the procurement process in place for the commissioning of Dental Services, which could leave the Health Board at risk of not achieving the agreed plan with the CDO.

2 Improve Access to NHS General Dental Services in South Ceredigion

Access to General Dental Services is a priority in South Ceredigion where access levels to routine NHS dentistry are low. Plans have been established to improve access, the in year costs of which will determined by the procurement process and the anticipated start dates for each project. The Health Board has two options it can progress in this area; the preferred option would be to commission a new service with an Independent Contractor to establish a new dental practice, or failing that, to set up a salaried Direct Access service as part of the Community Dental Services provided from the Cardigan Integrated Centre when it opens later this year.

Risks

Recruitment of dentists and their clinical team has historically been challenging which could result in either of the proposed options failing, leading to poor patient access to routine NHS dental services.

3 Review of Out of Hours (OOH) and Urgent Access Commissioning

The review of OOH and Urgent Access Services continues. Additional non recurrent funding from 111 for the period January to March 2019 to improve Winter pressures was successfully secured and enabled the establishment of a pilot to deliver urgent access OOH on a sessional rather than a UDA basis. The pilots were established to provide weekend and Bank Holiday access for South Ceredigion and East Carmarthenshire residents where access to NHS General Dental Services is at its lowest. Initial findings have been that the pilot has increased access, reduced the rate of “Did Not Attends” on other urgent access providers, and released capacity during urgent access slots on weekdays because there are less patients requiring urgent access on a Monday due to their being seen over the weekend. Further analysis

needs to be carried out to verify if there has been a decrease in Minor Injury attendees at PPH and BGH. Further work is needed to prepare an implementation plan to provide OOH access in each County, and review other service models, to consider the rollout of the pilot across Hywel Dda. The Dental Team is working with the Local Dental Committee (LDC) to support the development of this Plan.

Risks

A recurrent funding stream will need to be identified to support wholesale implementation. The current providers of OOH dental care may not agree to changes to their current Contracts as this funding would need to be released to fund the new scheme; however, they would be able to tender for Services as part of any new proposal. Dental Practices may choose not to bid for the new Service proposal as many Providers do not want to provide weekend access. Early discussions with the LDC indicate that their preferred model would be a salaried Service provided from Health Board premises using CDS Nurses and equipment. Staffing a weekend Urgent Access rota with Dentists would be a considerable risk to the Health Board.

4 Alignment of all Contract Reform General Dental Practices to a minimum of £25 Per UDA

This was discussed in detail at the June 2019 Primary Care Applications Committee. In order to uplift the Contracts in Hywel Dda that currently have a rate of less than £25 per UDA, a recurrent investment of £186k would be required. This is not affordable within the 2019/20 Dental Financial Planning Assumptions. As a consequence, Practices either already taking part in Contract Reform or opting to join the Contract Reform Programme in the future will have the number of their contracted UDAs reduced to increase the value of each UDA within the extant contract value. This is in line with the action that has been taken by some other Health Boards across Wales.

Risks

The main risk with this action is that in the interim there may be a minimal impact on the improvement of the Dental Access Tier 1 target. One of the main performance targets of Contract Reform is that there should not be a reduction in the number of patients seen, with Health Boards who have had been taking part in Contract Reform for 18 months or more now starting to see a stabilisation and/or an increase of patient numbers.

5 Commissioning of Orthodontic Waiting List Initiatives to reduce current waiting times

The figures used in this section are based on the May 2019 data available to the Dental Team. Work is ongoing to validate the waiting list which results in the data changing on a monthly basis. Therefore Board members will not be able to reconcile the information provided below to figures previously reported.

On 31 May 2019, there were 4,582 patients waiting for Orthodontic Treatment with an approximate average waiting time of 4.5 years. By the end of March 2020, the waiting list numbers are projected to be 4,537 with an approximate average wait of 3.8 years. This projection assumes that there are no issues in awarding the new recurrent Contracts, based on population need, from September 2019, and that there are no further waiting list initiatives commissioned in year.

The Health Board has established an Orthodontic Control Group to monitor progress and make recommendations to improve the Orthodontic Service waiting times The Orthodontic

Control Group reports directly to Executive Team. A paper was submitted to the Executive Team in June 2019 who approved funding from within the Dental budget to commission two waiting list initiatives during 2019/20, for patients who have been assessed to have an orthodontic treatment need of 4d and above based on the IOTN (Index of Orthodontic Treatment Need) score. As at May 2019, there are 3009 patients on the list that fall into this category. Plans are in place to commission the following:

- An Orthodontic Consultant led service to prioritise need based on clinical urgency. The service provided will cover a combination of a review of paper referrals providing they are supported by radiographs, and in most cases to call in individual patients for a physical orthodontic assessment to determine need;
- A waiting list initiative for orthodontic treatment starts. This is to ensure that any patients assessed as requiring urgent treatment from the above initiative can be treated. Based on the 2018/19 waiting list work, it is estimated that this could be in the region of 309 patients.

Risks

There is limited Consultant and Specialist Orthodontic capacity in West Wales to deliver additional activity in a short time frame. The commissioning of new Contracts based on population need has the potential to utilise recurrently the Specialist capacity that was afforded to the Health Board to deliver additional services during 2018/19. This cannot be fully assessed until the tender process for the additional services has been completed (August 2019). The Health Board may need to further scope the capacity that is available and review the opportunity for weekend working which will potentially require enhanced funding which will impact on the Financial Planning assumptions for this project.

6 Contract delivery issues which may result in a recurrent contract rebase in 2019/20

There are currently two Dental Practices in South Ceredigion who have experienced recruitment issues which have impacted on their ability to deliver their contracted activity in previous years; to date there is little evidence that this is an improving situation. There is the potential that these Practices will need to have their Contracts permanently rebased during 2019.

Risks
Permanent rebasing of contracts could result in a short term access issue whilst alternative services are commissioned.

Argymhelliad / Recommendation

The Board is requested to receive an assurance from the update provided on the 2019/20 Dental Investment Plan.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Datix Reference 702 - Orthodontic Service Issues 9 Inherent 9 Current 4 Target through mitigating actions

Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	1. Staying Healthy 1.1 Health Promotion, Protection and Improvement 5. Timely Care 5.1 Timely Access
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	1. Starting and developing well 2. Living and working well 4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Hywel Dda Contract base, 2017 Welsh Index of Multi Deprivation and Local Needs Assessment.
Rhestr Termau: Glossary of Terms:	Contained within body of report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Board Report 2016 Executive Team August 2017 PCAC November 2017 Executive Team November 2018 Board Report March 2019 PCAC November June 2019 Quality, Safety and Experience Assurance Committee April 2019 Executive Team June 2019

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Nil – finance agreed as per CEO/CDO 3 year investment plan of £2.8m in total.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues identified will be reported through the Quality Safety and Experience Assurance governance arrangements.

Gweithlu: **Workforce:**	There are recruitment issues in General Dental Practices, particularly within corporate practices. This is a similar picture across rural areas of Wales.
Risg: **Risk:**	The risks are identified in the report and relate to recruitment issues. The Health Board is working closely with practices to address issues as they arise and is actively promoting new ways of working through Dental Contract reform.
Cyfreithiol: **Legal:**	Potentially in relation to the length of orthodontic waits to access routine care (projected to be 5.5 years as at 31/03/19.
Enw Da: **Reputational:**	Dental Services are receiving a high level of complaints from Professional Bodies, AMs and patients, mainly in relation to Orthodontic Services and Access to urgent dental care. Dental Services have also received several FOI requests in the last 2 months relating to how the Health Board discharges the Ring Fenced Allocation Dental Funds.
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	• Has EqIA screening been undertaken No • Has a full EqIA been undertaken? No

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 July 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Committee Update Reports
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Joanne Wilson, Board Secretary
SWYDDOG ADRODD: **REPORTING OFFICER:**	Alison Gittins, Head of Corporate & Partnership Governance

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide the Board with a level of assurance in respect of recent Board level Committee meetings that have been held since the previous Board report and are not reported separately on the Board agenda, as follows:

- Health & Care Strategy Delivery Group (HCSDG) held on 20th May and 24th June 2019;
- University Partnership Board (UPB) held on 29th May 2019;
- Primary Care Applications Committee (PCAC) held on 13th June 2019;
- Charitable Funds Committee (CFC) held on 18th June 2019;
- Mental Health Legislation Assurance Committee (MHLAC) held on 24th June 2019.

Additionally, in respect of the In-Committee Board meeting held on 30th May 2019.

This report also provides an update to the Board in respect of recent Advisory Group meetings held including the following:

- Partnership Forum held on 10th June 2019;
- Healthcare Professionals Forum held on 12th June 2019.

Cefndir / Background

The Hywel Dda University Health Board (UHB) Standing Orders, approved in line with Welsh Government guidance, require that a number of Board Committees are established.

In line with this guidance, the following Committees have been established:

- Audit & Risk Assurance Committee
- Charitable Funds Committee
- Quality, Safety and Experience Assurance Committee
- Mental Health Legislation Assurance Committee
- Remuneration and Terms of Service Committee

The Board has established the following additional Committees:

- Business Planning & Performance Assurance Committee
- Primary Care Applications Committee
- University Partnership Board
- Health & Care Strategy Delivery Group

Attached to this report are individual summaries of the key decisions and matters considered by each of the Committees held since the previous Board report, where these are not separately reported to the Board.

Approved minutes from each of the Committees meetings are available on the UHB's website via the link below:
http://www.wales.nhs.uk/sitesplus/862/page/72048

The UHB has approved Standing Orders, in line with Welsh Government guidance, in relation to the establishment of Advisory Groups. In line with this guidance, the following Advisory Groups have been established:

- Stakeholder Reference Group
- Partnership Forum
- Healthcare Professionals Forum

Asesiad / Assessment

Matters Requiring Board Level Consideration or Approval:

The Health & Care Strategy Delivery Group requested that the following items be raised at Board level:

- The amended Terms of Reference for the Health & Care Strategy Delivery Group attached for Board approval to the HCSDG Update Report at Appendix 1.
- The HCSDG's decision to procure a Strategic Business Partner as part of the resourcing of the core team and subject matter expertise for the portfolio.

The Mental Health Legislation Assurance Committee requested that the following items be raised at Board level:

- To highlight issues in relation to the collection of data from the 3 local authorities to be discussed at Regional Partnership Board.

There were no matters raised by the Charitable Funds Committee, the Primary Care Applications Committee, or the University Partnership Board which require Board level consideration or approval.

There were no matters raised by the In-Committee Board which require Board level consideration or approval.

There were no matters raised by the Partnership Forum or Healthcare Professionals Forum which require Board level consideration or approval.

At its meeting on 27th June 2019, the Remuneration and Terms of Service Committee (RTSC) approved its revised Terms of Reference, attached at Annexe A for Board approval.

Key Risks and Issues/Matters of Concern:

The Health & Care Strategy Delivery Group raised the following key risks and issues/matters of concern:

- HCSDG members recognise that delivery of the health and care strategy requires significant investment in organisational development, continuous engagement and digital resources, which without investment would represent key risks to the portfolio of programmes.

The Mental Health Legislation Assurance Committee raised the following key risks and issues/matters of concern:

- The lack of data analysis from the 3 local authorities for discussion at the Regional Partnership Board.

The Primary Care Applications Committee raised the following key risks and issues/matters of concern:

- Developments in relation to the Dental Reform Programme.

There were no key risks and issues or matters of concern raised by the Charitable Funds Committee or University Partnership Board.

There were no key risks and issues or matters of concern raised by the In-Committee Board.

The Partnership Forum raised the following key risks and issues/matters of concern:

- The need for a campaign to reiterate zero-tolerance towards bullying within HDdUHB.

The Healthcare Professionals Forum raised the following key risks and issues/matters of concern:

- Trauma – a concern that currently across all acute sites, there are gaps in meeting Trauma unit standards. However the significant work underway to meet this standard, for the identified Trauma unit is encouraging.
- Capacity and pressures already on the Glangwili General Hospital (GGH) site currently and the impact of further flow.
- The timetable for implementation of the Trauma Network appears ambitious in that local arrangements need to be in place that would not allow time for the required capital investment.
- Stroke – the forum agreed that the current system of provision across all 4 sites was unsustainable given the challenges involved, and would not enable the relevant standards of delivery to be met.
- Concern that travel time estimates for patients to Morriston HASU may not have taken into account travel times during the day, rush hour traffic times and holiday traffic. This could impact on critical treatment timelines for patients. Additionally, it may give an inaccurate picture of the number of patients that can attend within 45 or 60 minutes, thus affecting patient flow estimates for planning.
- The gap of some therapy staff in stroke and trauma services particularly clinical psychology, and the lack of investment in these areas.
- The three pieces of work currently underway relating to Trauma, Stroke and neuro-rehabilitation, and the importance of linking and aligning these 3 pieces of work together in order to make best use of resources and promote service sustainability.

Argymhelliad / Recommendation

The Board is asked to:

- Endorse the updates, recognising any matters requiring Board level consideration or approval and the key risks and issues/matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings;
- Receive the update report in respect of the In-Committee Board meeting;
- Receive the update reports in respect of recent Advisory Group meetings;
- Approve the HCSDG's revised Terms of Reference;
- Approve the RTSC's revised Terms of Reference.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Standing Orders External Governance Review
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Committee and Advisory Group Chairs

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Explicit within the individual Update Reports where appropriate.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Explicit within the individual Update Reports where appropriate.

Gweithlu: **Workforce:**	Not Applicable
Risg: **Risk:**	Not Applicable
Cyfreithiol: **Legal:**	The Board has approved Standing Orders in relation to the establishment of Board level Committees. In line with its model Standing Orders, the Health Board has established Board level Committees, the activities of which require reporting to the Board. In line with its model Standing Orders, the Health Board has established a Stakeholder Reference Group, a Healthcare Professionals Forum and a Partnership Forum, the activities of which require reporting to the Board.
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

Enw'r Pwyllgor/Name of Committee:	Health and Care Strategy Delivery Group
Cadeirydd y Pwyllgor/ Chair of Committee:	Mr Steve Moore, Chief Executive Officer
Cyfnod Adrodd/ Reporting Period:	Meetings held on 20th May and 24th June 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor/Key Decisions and Matters Considered by the Committee:

Meeting held on 20th May 2019

Governance

It was agreed that the Terms of Reference (ToR) for the Health and Care Strategy Delivery Group (HCSDG) required a number of amendments. The Group reflected that the capacity of the Independent/ Associate Board member should be amended to 'in attendance' member rather than a full member, with a review of this arrangement to take place in 6 months time; this will coincide with the appointment of a new Chair of the Health Board and discussions on the role of Independent/Associate Board members in delivering the strategy.

In addition, it was agreed that the Directors of Social Services, the Head of Regional Collaboration (West Wales Partnership) and the Chief Executive of the Ceredigion Association of Voluntary Organisations would be included as 'in attendance' members, and that the ToRs would refer to the intention to establish an integrated HCSDG. It was further agreed that the amendments to the ToRs would be submitted for approval to the July 2019 meeting of the Board.

A schedule of HCSDG meetings has been developed and members agreed to nominate deputies to attend meetings of the HCSDG on occassions where they are unable to attend.

Portfolio of Programmes

Programme Mapping
Members discussed the ongoing programme mapping exercise, which identifies key strategic actions and their sources (for example, Turnaround actions, Annual Plan actions, etc.) as a starting point for defining the emerging implementation plans of the three change programmes. Members agreed the approach to programme mapping and agreed that long-term abitions for health and wellbeing and the actions derived from the *Together for Health* Delivery Plans will be incorporated in further drafting of the mapping document. It was agreed that duplication of Turnaround actions with actions classified as 'business as usual' required resolution. Members also agreed that the programme mapping exercise be included as a standing agenda item for meetings of the HCSDG.

Programme Launch Workshop

The draft agenda for the programme launch workshop on 14th June 2019 was shared with members. The workshop will formally launch the three change programmes. Members agreed minor amendments to the draft agenda; namely that the Chief Executive Officer would open the workshop.

Review of Portfolio Milestones
Members reviewed progress in delivering the portfolio milestones that had been agreed by the Board as part of its approval in March 2019 of the *Scoping, Governance and Delivery* document. It was agreed that a draft capital timeline would be prepared, and the resource requirements and process for land acquisition and feasibility would be clarified, in readiness for a pre-meeting with Welsh Government on 13th June 2019 (later amended to 19th June 2019) and a meeting with Welsh Government colleagues on 28th June 2019. It was also agreed to progress recruitment to the core Transformation Programme Office team, and to update HCSDG members regarding Executive Team agreement on the management of core team resources.

During discussion of priority pathway re-design, it was agreed that the paediatrics pathway work would be assigned to the *Transforming our Hospitals* programme and would, over time, transition into the scope of the *Transforming our Communities* programme group.

Recruitment to the core team is progressing. Members agreed that improvement, analytics and workforce posts be progressed at pace, the latter in a phased recruitment approach. It was also agreed that a work-plan and process for tracking allocation of all core team work be developed, and that members be updated on Executive Team agreement on the management of core team resources.

Development of Risk Register
A portfolio-level risk register is in development. Members reviewed a draft risk register based on the risks identified in the Scoping, Governance and Delivery document approved by Board at its meeting in March 2019. Members agreed the addition of two further risks to the risk register, specifically in relation to resourcing risks for organisational development, continuous engagement and digital, and uncertaintly around the remaining Transformation Fund bids awaiting approval.

Members agreed that workshops with members of the HCSDG and the change programme groups be convened to identify portfolio- and programme-level risks. It was further agreed that the portfolio risk register be aligned with the requirements of the Board Assurance Framework.

<u>Programme Group Updates</u>

Transforming Mental Health and Learning Disabilities programme
A revised programme structure has been developed, incorporating the scope of the Transforming Mental Health programme and also learning disabilities and older adult mental health (specifically the Enlli ward project).

Transforming our Communities programme
The draft agenda for the first meeting of the Transforming our Communities programme was shared with members.

Transforming our Hospitals programme
The draft agenda for the first meeting of the Transforming our Hospitals programme was shared with members. Members agreed that that the reporting of the Bronglais General Hospital strategy document (currently in draft) be established through the Transforming our Hospitals programme group.

A verbal update was provided on the process to be followed on a land feasibility study and procurement. Members recognised that additonal resource would be required to progress this process at the appropriate time in line with business case and planning arrangements.

Communications and Engagement

A range of strategy communication resources have been developed, explaining the outcomes of the listening exercise undertaken over the course of formal public engagement ('The Big Conversation') and consultation ('Our Big NHS Change'). Members watched the animation that has been developed as part of the range of stratgey resources.

Health and Care Strategy Delivery Group workplan

A workplan for the HCSDG has been developed and will inform the workings of the Group over time.

Check and Challenge

Members agreed revisions to the 'check and challenge' process document including amendments to the domain questions, and to undertake a review of the process against feedback derived from testing and piloting.

Members reviewed the retrospective testing of the check and challenge process via the *A Healthier Carmarthenshire* document, that was undertaken to test the process. It was agreed that a number of additions were required to the document in order that it be more fully aligned with the domains of the check and challenge process, namely: to include measures of patient and population experience, the results of ongoing Equality Impact Assessments, the wellbeing lens and three strategic goals, a financial model with key financial risks, and continuous engagement; to develop a research and evaluation process; and to signal the intention to use population risk stratification data. It was further agreed to progress the initial screening stage of the check and challenge process with the GP Out of Hours proposal.

Meeting held on 24th June 2019

Governance

Meetings of the HCSDG are currently scheduled on a bi-monthly basis in order to coincide with Board reporting. Members agreed that the frequency of meetings will be reviewed to ensure timely reporting of progress, risks and issues, and to establish programme activity with pace.

As part of the the review of the Table of Actions and those actions related to capital in particular, members agreed the need to clarify the approach to be taken to develop the capital timeline (i.e. whether a workshop is required). Furthermore, it was agreed to consolidate the check and challenge actions for the *A Healthier Carmarthenshire* document into two key actions; to establish the governance around sign-off of the document, and to undergo the check and challenge process on the final version.

The latest draft ToRs of the HCSDG was reviewed, having been amended further in light of comments received from members at the previous meeting of the HCSDG on 20th May 2019. Further revisions to the ToRs were agreed:

- To amend reference to the 'Shadow Executive Board' to the 'Integrated Executive Group'
- To amend the membership to include Directors of Social Services as 'in attendance'
- To amend the description of the joint commitment to align the work of the HCSDG and Integrated Executive Team within 12 months of the initial meeting of the HCSDG, as discussed in the Integrated Executive Group
- To amend the wording relating to risk management
- To refer to the role of the Strategic Enabling Group in supporting the three change programmes.

The amended ToRs for the HCSDG is attached at Appendix 1 for Board approval.

Portfolio of Programmes

Portfolio Mapping
The latest draft of the portfolio mapping document was received by members, having been refined further in light of comments received from members at the previous meeting of the HCSDG; duplication of Turnaround and 'business as usual' actions had been resolved, and actions had been included from those *Together for Health* Delivery Plans that had been sourced by the TPO team. An amended Transforming our Hospitals programme structure was also included further to recommendation from the programme group Director lead. Members agreed that the mapping document be further refined with reference to the national implementation groups as an evidence base for the three change programmes.

Portfolio Milestones
Members agreed that the portfolio risk register include 1) uncertainty about

the funding of continuous engagement via Transformation Fund monies and 2) resourcing risks relating to organisational development, continuous engagement and digital. It was also agreed to include cardiology as a priority pathway redesign project in the Transforming our Hospitals programme group.

Programme Launch Workshop - feedback
A programme launch workshop was held on 14th June 2019 which was attended by over 120 staff and stakeholders. Delegates heard about 'Our journey to date', and a range of strategy communication products was launched. Group-work focused on the work of the programme groups to deliver the transformation signalled in the strategy and the benefits that will arise from a person- and family-focused lens. Delegates also explored individual and group commitments to delivering the strategy. The outputs of the workshop will inform the early drafting of the programme implementation plans.

Programme Group Updates

Transforming Mental Health and Learning Disabilities Programme Update
The Transforming Mental Health and Learning Disabilities programme group met for the first time on 14th June 2019. Members received updates on the Transforming Mental Health project, Transforming Learning Disabilities project and Transforming Older Adult Mental Health (Enlli ward) project.

Transforming our Communities Programme Update
The Transforming our Communities programme group met for the first time on 5th June 2019. Key work is to define the relationship between the change programme and the Transformation Fund projects and to establish the locality model for the future. Members agreed the need to clarify the Vice Chair arrangements for the programme group.

Transforming our Hospitals Programme Update
The Transforming our Hospitals programme group met for the first time on 12th June 2019. A programme structure is still in development as project activity emerges. There remains key work to do to finalise the Bronglais General Hospital strategy document, which is currently in the final drafting stage; in its current draft form the document contains a high level of detail and does not include an overall review of affordability. Members agreed that the way forward for the Bronglais strategy document be agreed with the Chief Executive Officer, and that the draft document be reviewed again by the Executive Team.

A workshop was held at each of the programme group meetings to gather key information from programme group members to inform the early drafting of the programme groups' implementation plans.

Members agreed that the outputs of all the workshops (the launch workshop and programme group workshops) be triangulated to inform the programme implementation plans.

Strategic Enabling Group Update

The Strategic Enabling Group (SEG, previously termed the 'Integrated Enabling Group') met for the first time on 10th June 2019 and discussed the Group's ToRs, membership and ways of working.. It was agreed to amend the title of the Group to the Strategic Enabling Group (from the Integrated Enabling Group) to avoid potential confusion with the Integrated Executive Group (IEG).

HCSDG members agreed the need to clarify the level of detail needed to and from the programme groups and SEG in order to progress project activity.

An Invitation To Tender (ITT) is being developed within the SEG and will be received by the HSCDG for oversight. HCSDG members agreed to advise the Board of the HCSDG decision to procure a Strategic Business Partner as part of the resourcing of the core team and subject matter expertise for the portfolio.

Check and Challenge

The retrospective testing of the check and challenge process with the *A Healthier Carmarthenshire* document has informed the refinement of the check and challenge process document. The process will be an emerging piece of work as was agreed by Board in March 2019. (Key decisions of HCSDG members in relation to the *A Healthier Carmarthenshire* document are noted above in the 'Governance' section [Meeting of 24th June 2019].)

Risk Register

Portfolio risks will be overseen by the HCSDG, with the Strategic Enabling Group overseeing those risks pertaining to enabling mechanisms. Members agreed that the risk register will require a workshop approach at meetings of the HCSDG (for portfolio-level risks) and the change programme groups (for programme-level risks). Members also agreed that the risk register include a column to record the enabling group/representative responsible for monitoring particular risks.

Workplan

Members agreed that Transformation Fund updates be included as a standing agenda item of HCSDG meetings as part of the programme group updates.

Key matters considered and decisions made during 'Any Other Business'

Core team resourcing
Members were provided with an update on TPO resourcing. Members agreed the risk register should include the risk of the impact of recruiting to new project, improvement and professional roles on existing workforce capacity across the Health Board and partner organisations.

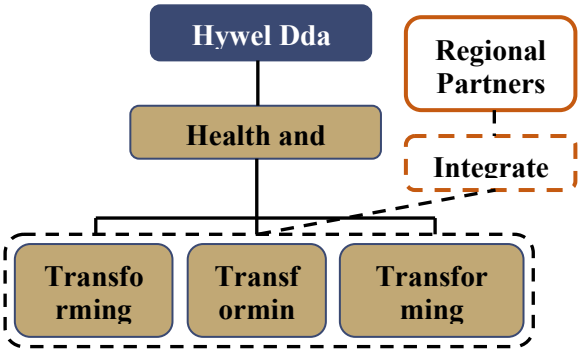
Major trauma engagement document and Frequently Asked Questions
The engagement exercise for major trauma was launched on 24th June 2019.

Updates will be provided via the Transforming our Hospitals programme group. Members agreed to provide feedback on the Frequently Asked Questions.
Risgiau Allweddol a Materion Pryder/Key Risks and Issues/Matters of Concern:
HCSDG members recognise that delivery of the health and care strategy requires significant investment in organisational development, continuous engagement and digital resources, which without investment would represent key risks to the portfolio of programmes.
Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu cyfer/Matters Requiring Board Level Consideration or Approval:
The amended ToRs for the HCSDG is attached for Board approval (Appendix 1). The amendments made to the ToRs are described in the above section 'Key decisions and matters considered by the committee'. The Board is also advised of the HCSDG decision to procure a Strategic Business Partner as part of the resourcing of the core team and subject matter expertise for the portfolio.
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf/Planned Committee Business for the Next Reporting Period:
Adrodd yn y Dyfodol/Future Reporting:
• Programme Group updates • Strategic Enabling Group update • Transformation Fund update • Programme Risk Register workshop
Dyddiad y Cyfarfod Nesaf/Date of Next Meeting:
19th August 2019

Appendix 1: Health and Care Strategy Delivery Group – Terms of Reference

TERMS OF REFERENCE

HEALTH & CARE STRATEGY DELIVERY GROUP



Version	Issued To	Date	Comments
V0.1	Hywel Dda University Health Board	28.03.2019	
V1.1	Health and Care Strategy Delivery Group	20.05.2019	
V1.2	Health and Care Strategy Delivery Group	23.05.2019	Amends from H&CSDG
V1.3	Health and Care Strategy Delivery Group	20.06.2019	Amendment of Shadow Executive Board to Integrated Executive Group.
V1.4	Health and Care Strategy Delivery Group	24.06.2019	Amended members with in attendance DoSS and amended text

			for risks
V1.5	Integrated Executive Group	27.06.2019	Amended membership and principal duties
V1.6	Hywel Dda University Health Board	25.07.2019	For Approval

1. Constitution

1.1 The Health and Care Strategy Delivery Group has been established as a Group of the Hywel Dda University Health Board (HDdUHB) and constituted from 1st April 2019.

2. Membership

2.1 The Health and Care Strategy Delivery Group shall comprise of the following:

Members

Role
Chief Executive Officer (Chair)
Medical Director and Director of Clinical Strategy (Vice-Chair)
Strategic Programme Director
Deputy Chief Executive/Director of Operations
Director of Primary Care, Community and Long Term Care
Director of Planning, Performance, Informatics & Commissioning
Director of Partnerships and Corporate Services
Director of Public Health
Director of Workforce and OD
Director of Nursing, Quality and Patient Experience
Director of Therapies and Health Science
Director of Finance
Turnaround Director
Board Secretary
In attendance:
Director of Social Services, Carmarthenshire
Director of Social Services, Ceredigion
Director of Social Services, Pembrokeshire
Head of Regional Collaboration, West Wales Care Partnership
Chief Executive, Ceredigion Association of Voluntary Organisations

Membership will be expanded to include Local Authority Directors of Social Services (in attendance), in line with the Health Board's commitment to align governance and assurance mechanisms across the region. The Health and Care Strategy Delivery Group complements the Integrated Executive Group, and there is a joint commitment to align the work of these two groups within 12 months of the initial meeting of the Health and Care Strategy Delivery Group.

2.2 Reporting Members

- Leads/Deputies from Enabling Groups
- Transformation Programme Office

2.3 In attendance

- Independent/Associate Board Member (to be reviewed 6 monthly)
- Local Authority Directors of Social Services

3. Quorum and Attendance

3.1 A quorum shall consist of no less than a third of the membership and must include as a minimum the Chair or Vice-Chair of the Health and Care Strategy Delivery Group.

3.2 Any senior officer of HDdUHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.

3.2 The Health and Care Strategy Delivery Group may co-opt additional independent external 'experts' from outside the organisation to contribute to specialist areas of discussion.

3.3 Should any officer member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.

3.4 The Health and Care Strategy Delivery Group may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

3.5 The Chairman of HDdUHB reserves the right to attend any of the Group's meetings as an ex officio member.

3.6 An Independent/Associate Board Member will be in attendance, subject to six monthly reviews to ensure the most appropriate representation.

4. Principal Duties

4.1 The Health and Care Strategy Delivery Group will:

4.1.1 Be accountable for ensuring that the Health Board's strategy *A Healthier Mid and West Wales* is delivered, in accordance with the timescales directed by the Board.

4.1.2 Consider shared priorities across the Integrated Executive Group and the Health and Care Strategy Delivery Group and support alignment of activity as appropriate.

4.1.3 Discuss priorities for the deployment of regional funding streams including the Transformation Fund and Integrated Care Fund, ahead of agreement by nominated UHB representatives and other partners at

Integrated Executive Group.

4.1.4 Oversee the portfolio of programmes that will deliver the change and transformation set out within *A Healthier Mid and West Wales*.

4.1.5 Provide leadership and executive level decision making to drive design and delivery of transformational changes during delivery.

4.1.6 Provide assurance to the Board that delivery and implementation plans across and within HDdUHB are clear, safe and that work is progressing to plan (time, outcome, financial and benefits realisation) and has involved stakeholders appropriately.

4.1.7 Develop the short, medium, long term services that will be delivered across the Health Board footprint as part of an integrated, whole-system approach.

4.1.8 Ensure actions are monitored and managed through clear lines of communication and ownership.

4.1.9 Be responsible for ensuring the work of all related groups and sub-groups is delivered.

4.1.10 Agree resource allocation to match defined need.

4.1.11 Oversee the management of programme delivery and support resource requirements to deliver the work on time and in cost.

4.1.12 Oversee the approach to Check and Challenge to provide assurance that the delivery of any projects, service changes and pathway re-design is consistent with the principles set out within *A Healthier Mid and West Wales: Our future generations living well*, and fully aligned across the portfolio

4.1.13 Provide assurance to the Board that all risks and issues for the portfolio of programmes and associated groups are being managed effectively, and advise of any risks that may affect delivery of the overall strategy and programme and realisation of its intended outcomes.

4.1.14 Take corrective action to support delivery teams where risks and issues are identified.

4.1.15 Escalate high-level issues upwards when necessary based on continuous assessment of impact throughout the lifecycle of work.

4.1.16 Ensure that there are effective methods of evaluation in place and being used to evidence outcomes.

4.1.17 Oversee phased implementation of new service models.

4.1.18 Balance the key interfaces between the HDdUHB strategic programme

and its operational performance, delivery and business continuity to ensure that decisions to be made in relation to short term service sustainability to not impact on the delivery of long term strategic direction and implementation.

5. Agenda and Papers

5.1 The agenda will be based around the Health and Care Strategy Delivery Group's work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Health and Care Strategy Delivery Group Members. Following approval, the agenda and timetable for submission of papers will be circulated to all Members.

5.2 Standard agenda items will include a review of highlight reports, action log, and risks and issues log (including those to support and/or escalate); project or model progress reviews on a rotational basis; and a discussion of key messages.

5.3 All papers should have relevant sign-off before being submitted to the Health and Care Strategy Delivery Group Co-ordinator / Secretary.

6. Frequency of Meetings

6.1 The Health and Care Strategy Delivery Group will meet bi-monthly and agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Health and Care Strategy Delivery Group in discussion with Members.

6.2 The Chair of the Health and Care Strategy Delivery Group, in discussion with the Health and Care Strategy Delivery Group Co-ordinator / Secretary, shall determine the time and place of meetings of the Health and Care Strategy Delivery Group and procedures of such meetings.

7. In Committee

7.1 The Health and Care Strategy Delivery Group can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Accountability, Responsibility and Authority

8.1 The Health and Care Strategy Delivery Group will be accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

8.2 The requirements for the conduct of business as set out in HDdUHB's Standing Orders are equally applicable to the operation of the Health and Care Strategy Delivery Group.

9. Reporting and Assurance

9.1 The Health and Care Strategy Delivery Group, through its Chair and Members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business;
- Sharing of information.

9.2 In doing so, the Health and Care Strategy Delivery Group shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

9.3 The following programme groups have been established supported by a Strategic Enabling Group:

- Transforming our Communities Programme Group
- Transforming our Hospitals Programme Group
- Transforming Mental Health & Learning Disabilities Programme Group

The Health and Care Strategy Delivery Group may establish additional Groups or task and finish groups to carry out on its behalf specific aspects of Health and Care Strategy Delivery Group business. The Health and Care Strategy Delivery Group will receive a written update following each programme and enabling group meeting detailing the business undertaken on its behalf.

9.4 The Health and Care Strategy Delivery Group Chair shall:

9.4.1 Report formally, regularly (bi-monthly) and on a timely basis to the Board on the Health and Care Strategy Delivery Group's activities. This includes written updates on activity as well as the presentation of additional reports, as required;

9.4.2 Ensure appropriate escalation arrangements are in place to alert the HDdUHB Chair, Chief Executive or Chairs of other relevant Committees/Sub Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the University Health Board.

10. Review Date

10.1 These Terms of Reference shall be reviewed on at least an annual basis for approval by the Board.

10.2 Independent/Associated Board Member attendance shall be reviewed on a six monthly basis to ensure the most appropriate representation.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Enw'r Pwyllgor / Name of Committee	University Partnership Board (UPB)
Cadeirydd y Pwyllgor/ Chair of Committee:	Professor John Gammon, Independent Member
Cyfnod Adrodd/ Reporting Period:	29th May 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

- **University Partnership Board Minutes and Matters Arising from the meeting held on 12th February, 2019 –** The Chair reminded Members that following the previous meeting's workshop, a number of clear and significant outcomes had transpired. The minutes approved from the 12th February 2019 meeting represented a record of that workshop.

- **Annual Review of the University Partnership Board Terms of Reference**
  The Chair advised the UPB that as part of the governance arrangements within the Health Board, the UPB must undertake an annual review of its TORs in order to ensure that it remains fit for purpose and reflecting the ever changing landscape in which it operates.

  Brief discussions were held on:
  - the term 'university' can be used as a regulated term and controlled by the government. However, it was agreed that the word could be used in a broader sense.
  - re wording of paragraph 4.6 - *Issues of relevance to the UHB will include rurality, frailty, links with partners, legislation and work with related initiatives* - to reflect a wider scope that now seems appropriate to the mature stage that the partnership has reached
  - research is well represented within the TORs but education is not as well represented
  - ensuring a good relationship with other committees that relate to education in order to feed to the UPB
  - cross reference to the MOU to ensure that they are all still fit for purpose

  The UPB agreed the need to review and amend the TORs, where appropriate, ensuring a balance between research, education and innovation and taking note of the highlighted issues, and circulate to all members in advance of the next meeting to ensure that the revised TORs can be ratified at the next UPB meeting.

- **Self-Assessment of Performance –** 5 key questions were discussed.

1. *Has the UPB been provided with sufficient membership, authority and resources to perform its role effectively and independently?*
   Feedback – whilst acknowledging there are some members who do not attend, there may also be university partners beyond the region whose attendance could be beneficial. As the UPB does not have extra resources except for what is brought to the table by each partner, the UPB is about

maximising those existing resources to have the greatest impact.

2. *Is there effective scrutiny and challenge from all UPB Members?*
   Feedback – all voices are heard and there is always transparent and open debate. It would be helpful for University partners to re-consider item 4 of the agenda - Academic Developments - and how they can contribute more fully.

3. *Has the UPB determined the appropriate level of detail it wishes to receive from reports?*
   Feedback – reporting to the UPB can mean lengthy documents therefore a more carefully formulated cover sheet will be presented to the UPB in future, with supporting appendices.

4. *Does the UPB receive timely and appropriate feedback from its Sub-Committees and does the UPB provide clear direction to its Sub-Committees?*
   Feedback – it was felt that feedback from the R&D Sub-Committee is not necessarily fed up into the strategy of the UPB on a regular basis and it was agreed that this would be looked into.

5. *Does the UPB receive the right level and type of information to provide assurance?*
   Feedback – the majority of members felt that not necessarily the right level of information was received in order to provide assurance from the R&D Sub-Committee. It was suggested that the revised TORs should reflect this.

   It was agreed that all of this feedback would be incorporated into the review of the TORs and the way in which the agenda, papers and workplan are developed in the future.

- **Apprenticeships in Hywel Dda** – An update on current apprenticeships within Hywel Dda was provide highlighting the following points:
  - 40 Health Care apprenticeships are being taken on in September 2019. By December 2027, these students would be qualified nurses thereby 'growing our own nurses'.
  - A 'soft launch' has taken place – there have been 32,888 hits on the Apprentice logo, 103 direct enquiries on Facebook and Twitter and 73 emails. 47 are already booked onto events.
  - Formal Launch – 30th May 2019.

  The Chair congratulated the team involved on this excellent example of strategically responding and exploiting opportunities together with our partners. Assurance was given to the UPB that individual organisations can deliver each level and phase of programme.

- **International Collaborative Research Project on Workplace Climate and Staff Wellbeing** – Swansea University have been approached by Swinburne University to take part in the 'What Nurses Want' survey and it is proposed to

undertaken this survey within Hywel Dda later on this year. The Chair noted that this is a good example of how we are strategically influencing and responding to the issues found within our workforce, and for the UPB, it makes clear our commitment to the action plan with regards to the investment required to support our staff around retention and wellbeing.

- **Collaborative Institute Sub-Committee Closure Report** – whilst it was disappointing to have to present this Collaborative Institute Sub-Committee Closure Report, the UPB acknowledged it was inevitable in light of the dwindling membership, adding little value to the meetings held. It was agreed to bring the Collaborative Institute Sub-Committee back to the table in a completely different and more energised form with the idea of working closer together, and the UPB welcomed the proposal.

- **University Partnership Board Annual Report 2018/19 –** The UPB Annual Report was endorsed by the Committee for onward submission to the July Public Board.

- **Strategy – Year 2 of the University Partnership Board Strategy – A means by which delivery on research, and delivery on innovative ways of providing services, care and supporting staff – to ultimately benefit patients -** The UPB was assured that as current milestones are being reached in the majority of missions, progress against Year 2 of the UPB Strategy is currently on track. The UPB supported the ongoing work to progress further with the following areas of note:
  - to establish from the Wellness Village Project Board, any gaps in support and how medics will be managed in order for the Health Board to address these.
  - International interest in item 3a - *To test a model of remote pulmonary rehabilitation, and analyse benefits of current model and scaling up of provision.* Members noted that this project had won a Dragon's Den style competition and that the model may have wider application.
  - The workshop held to inform Year 3 and future years of the UPB Strategy had been very positive. Whilst partnership working is adding value, clarity is needed on what partners can do to support and who leads no what.
  - Actions from this item will formulate the work plan that will support the clinical strategy around population health.

- **Rural Health and Care Wales Update Including Research Innovation & Academic Implications for University Partners –** An update was received from Rural Health and Care Wales. A Conference would be held again this year on 5th/6th November at Builth Wells Showground. A brief update was also provided on the Graduate Entry for Rural Medicine, with funding secured and 7 recruits signed up for next year. 3rd year students are currently on placement in GP surgeries across rural communities. Assurance of funding would be sought.

- **Regional Strategic Projects – Arch/Swansea Bay City Deal** – Updates were provided on both regional and strategic projects.

- **Appointment of Leighton Phillips to the role of Deputy Director of Research & Innovation** – An update was provided on Mr Phillips' appointment with the anticipation that he would commence in the post on 1st June 2019.

- **R&D Sub-Committee Update Report** – Two update reports were provided for assurance, one from the meeting of the Sub-Committee held on 12th November 2018 and another from the meeting held on 11th February 2019. It was agreed that the UPB Lead Director would meet with relevant partners to reflect the wealth of research projects taking place. It was further agreed that a benchmarking exercise be undertaken to establish what other University Health Boards UPBs are doing in respect of receiving assurance from Sub-Committees. It was accepted that there were no matters requiring UPB consideration or approval identified at the R&D Sub-Committee meetings.

- **University Status Review 2019** - It was noted that the next Triennial Review will take place in September 2019 and it was agreed to establish the WG lead for this.

- **University Partnership Board Workplan 2019-20 -** It was agreed that a small working group would be established to reflect on the UPB work plan for 2019-20.

Reflective Summary - In summarising the meeting, the following was noted:

- *TORs* - a long and significant discussion held on the TORs and the need to move forward with reviewing and revising these as well as checking that the MOU is still fit for purpose to reflect the maturing position of the UPB and move to an adapted approach.
- *Apprenticeships* – a discussion was held on what can be done now in respect of apprenticeships and how we can start to involve all partners.
- *Collaborative Institute Sub-Committee* – it was agreed to stand this Sub-Committee down but to re-energise it with a new approach.
- *Health & Care Strategy – discussion was held on* how the strategy will move forward in the next 3-5 years and the intent to work with each university on how we engage and with whom.
- *Rethink the Wellness Village in Llanelli.*
- *R&D Sub-Committee* – it was noted that other R&D reporting arrangements at other UPBs would be looked into.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are eu cyfer/
Matters Requiring Board Level Consideration or Approval:

- None

Risgiau Allweddol a Materion Pryder /
Key Risks and Issues/ Matters of Concern:

• None
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:
Adrodd yn y Dyfodol / Future Reporting:
In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress on actions identified above will be undertaken.
Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:
16th August 2019.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Enw'r Pwyllgor / Name of Committee	Primary Care Applications Committee (PCAC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Mr Paul Newman, HDdUHB Vice Chair
Cyfnod Adrodd/ Reporting Period:	Meeting held on 13th June 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

- **PCAC Revised Terms of Reference:** the Committee received the revised PCAC Terms of Reference following their approval at the May 2019 Board. It was agreed that paragraph 4.2 - *Performance issues are determined by the Performers Concerns Group and are therefore not part of this Committee* – could be removed and would be attended to at the next formal review of PCAC's Terms of Reference.

- **Outcome of the PCAC Self-Assessment Process:** the outcome from the Committee's self-assessment of effectiveness exercise was presented. Discussion took place about how the wider HDdUHB engages with Primary Care issues as part of its quality and assurance agenda outside of PCAC. Members agreed that this needed to be discussed further with the Corporate Governance team.

- **Return of Managed Practices to Independent Contractor status:** the Committee received a report on the return of three of HDdUHB's Managed Practices to Independent Contractor status – Meddygfa Minafon; Meddygfa'r Sarn, Pontyates and Tenby Surgery. The Committee was assured that this is the preferred direction of travel for HDdUHB, and further assured that, as the formal procurement exercise would be undertaken by NHS Wales Shared Services, there would be no direct cost to HDdUHB.

- **Consideration of the outcome of the application from Meddygfa Tywi to close the Brechfa Branch Surgery:** the Committee received a report on Brechfa Branch Surgery, a branch of Meddygfa Tywi, Nantgaredig, which opens for a period of one hour on a Monday for the purpose of a walk-in service. Members were informed that consultation had taken place with the Practice, its patients and the CHC. The CHC confirmed it had no objections to the closure of Brechfa Branch Surgery and the Committee supported the recommendation.

- **South Ceredigion Dispersals – Reflective Exercise:** the Committee received a report regarding the key learning points from the reflective exercise following the South Ceredigion dispersals, following the closure of Teifi Surgery, Llandysul, and Ashleigh Surgery, Cardigan. The report outlined a number of key challenges arising during the process including communication, time pressures, pubic engagement and data migration. The Committee agreed that the reflective exercise had been useful in terms of gathering learning for the Primary Care team to share with others.

- **Incorporation of the General Dental Services contract – My Dentist, Feidr**

Fair, Cardigan and Thomas Street, Llanelli: the Committee received a report on the request received from My Dentist to incorporate two of the Contracts held - My Dentist, Feidr Fair, Cardigan and Thomas Street Dental Practice, Llanelli. The Committee was assured that the request is in line with Regulations and extant Health Board process, and approved the request.

- **Temporary Rebasing of General Dental Services (GDS) Contract – My Dentist, North Parade Aberystwyth:** the Committee received a report on the temporary rebasing of the GDS contract at My Dentist, Aberystwyth. Members were advised that a temporary rebase had been negotiated due to underperformance of the contract in 2018/2019, and were assured that the contract would be monitored closely in 2019/2020. Members were further assured that, because the Practice had recently recruited two new Dentists, it was anticipated that it would be able to deliver on its contract this year.

- **Contract Variation to General Dental Service Partnership – Achddu Villa Dental Practice:** the Committee received a report on the request to vary the contract for Achddu Villa Dental Practice from a Partnership to a Sole Trader. Members were informed that the request has been accepted, with certain conditions imposed.

- **Dental Reform Programme Phase 1: April 2018-March 2019:** the Committee received an update on Dental Contract Reform and were informed of the introduction by Welsh Government of a minimum Unit of Dental Activity (UDA) rate of £25 for participating Practices, as part of Phase 1. Members were further informed that Welsh Government expects all Practices to participate in Dental Contract Reform by the end of 2020. Discussion took place regarding the ethos behind the Dental Contract Reform, which is to increase access by identifying those patients with healthy mouths to provide them with a longer recall time, possibly once in 12 or 24 months. The Committee agreed that the Board should be updated regarding developments in relation to the Dental Reform Programme.

- **Cardigan Integrated Care Centre (CICC) – Outline of Tender Process:** the Committee was informed that a tender process is being prepared in conjunction with both Procurement and Estates to fill a unit for a Community Pharmacy in the new Cardigan Integrated Care Centre (CICC). Discussion took place regarding the implications of this process for the three Community Pharmacies located in Cardigan. Members were assured that the tender process is being put in place to manage potential Minor Relocation Applications from all three Pharmacies.

- **Minor Relocation Application – Well Pharmacy, Cardigan:** the Committee was informed that Well Pharmacy had submitted a Minor Relocation Application of its Pharmacy contract to the new CICC. Members were assured that granting the application would not make the Community Pharmacy less accessible in its new location for those who currently use it and that the application met the Regulation Criteria.

- **Application to Vary Core House – Lloyds Pharmacy, Narberth and Lloyds Pharmacy, Aberystwyth:** the Committee received a report on the application from Lloyds Pharmacy to vary the core hours of two of its Pharmacies – Lloyds

Pharmacy, Northfield Health Centre, Narberth and Lloyds Pharmacy, Padarn, Aberystwyth. Members were informed that the CHC's Executive Committee is willing to accept the application as there are alternative Pharmacies locally available, however had commented that vigilance needs to be maintained to ensure services do not dwindle and affect patient access.

- **PCAC Work Programme.** The Committee noted the PCAC Work Programme for 2019/2020.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

None.

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

Developments in relation to the Dental Reform Programme.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress on actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

6th August 2019 – to be confirmed.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Enw'r Pwyllgor / Name of Committee	Charitable Funds Committee
Cadeirydd y Pwyllgor/ Chair of Committee:	Simon Hancock, Independent Member
Cyfnod Adrodd/ Reporting Period:	Meeting held on 18th June 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

- **Charitable Funds Story – Focus on Staff Fundraising** – A number of examples of staff fundraising activity were presented to the Committee, including:
  - Ward 12, Withybush Hospital
  - St Non's Ward, Withybush Hospital
  - Ann-Marie Thomas, Lead for Medical Workforce
  - Sara Davies, Lead Occupational Therapist, Cwm Seren
  - Dr Elin Jones, Bronglais Hospital
  - Chris Richards, Bronglais Hospital
  - NHS Big Tea

  The Chair expressed his gratitude to those staff who are so committed to their own work and patient improvements that they are fundraising in their own time.

- **Chair's Actions & Decisions taken outside of CFC meetings** – There were no Chair's Actions or decisions taken outside of Charitable Funds Committee meetings.

- **Charitable Funds Operations Sub-Committee Update Report** – Members received an update on the work of the Charitable Funds Operations Sub-Committee for the period 15th March to 6th June 2019. Members were updated on charitable items approved for purchase, items rejected and items pending decision as well as those approved by Chair's Actions, with the following highlighted:
  - Attendance at the following three meetings - 26th March, 2nd May and 6th June – were quorate.
  - 11 requests valued at £74,473 have been approved.
  - 2 requests valued at £13,612 were approved through Sub-Committee Chair's Action.
  - 1 request was recommended for Executive Director, approval valued at £38,706.
  - In the interest of improving attendance on a sustained basis and acting within the Sub-Committee's terms of reference, variations to the business agenda have been agreed and activated.

  Brief discussions were held on the concerns around the retrospective reimbursement of subsistence allowance for training courses. Conversations have since taken place with the individuals who applied for this funding to ensure future conformation with the UHB's financial procedures.

  Future training on the corporate trustee's role and the Independent Member's role as a CFC member was also discussed. Training will be offered once new

Independent Members and the new Chair are in place.

A brief conversation was held on Chair's Actions and it was agreed that this should be granted strictly by exception, and the Sub-Committee's Terms of Reference would be revised in light of this.

Higher Awards Panel – The Head of Hywel Dda Health Charities had been involved in the higher awards application process for 2019/20 academic studies to ensure consistency in the applications submitted for charitable funding. Sub-Committee members discussed the appropriateness of utilising charitable funds in this way with discussions focusing on the fairness of this approach, the setting of a precedence and the UHB's responsibility to provide learning and development opportunities for its workforce.

- **Charitable Funds Committee Risk Register** – A brief update was provided on a recently added risk in relation to external charitable organisations and the progress made against risk actions as follows:
  - The Standards of Behaviour Policy has undergone a full review and been assessed against similar policies in place across Wales. The revised policy is currently in the consultation stage. Consultation end date mid July 2019 following its passage through Staff Partnership Forum (10th June) and Workforce & OD Sub-Committee (4th July).
  - Following a longer than anticipated period of consideration due to the nature of the enquiry, Legal & Risk Services have advised that it would be more appropriate to develop a new corporate policy on the operations of external charities on UHB premises and their working arrangements with the UHB, rather than introduce individual Memorandums of Understanding. A new corporate policy will be developed for discussion at the next CFC meeting on 19th September 2019.

- **Integrated Hywel Dda Health Charities Performance Report –** An update report was provided on the charity's financial performance and position as of 30th April 2019. Key messages from the report included:
  - The next movements in funds had increased by £15,335 in the month of April 2019.
  - Donations have remained steady over the year.
  - Whilst donations are increasing, spend has a decreasing trend but this may be due to key projects and their phasing.
  - The decrease of 30% in donations for month 1 was recovered in month 2.
  - Year ending 31st March 2019 – largest ever income as a charity with a 26% increase.

  However, a downward decline in donations for Carmarthenshire since August 2018 was noted and an analysis of funds is being undertaken to better understand the areas that have seen an impact. The need to use funds in a more proactive way was acknowledged, and as an action, it was requested that the Improving Experience Sub-Committee encompass Health Charities from now on and that the Head of Hywel Dda Health Charities becomes a member of the Sub-Committee. The strategy day planned for December 2019 will look at the charity's 5 year plan, the make-up of the funds and how the charity is set up.

- **Investor Advisor Performance Update** – Mr Alex True, Business Partner and Mr Tom Kight, Investment Manager, were welcomed to the meeting. An update was provided on the Charity's portfolio, training and events and the investment outlook as at 31st May 2019. The following key points were noted:
  - Combined portfolio value as at 31st May 2019 was £7.3million.
  - Mildly overweight in respect of equities and property.
  - Underweight on fixed interest.
  - Performance versus peers up 6.8% versus 6.1% (Arc).

  A brief discussion was held on ethical investments and the Ethical Investment Policy will be brought back to the September CHC for discussion.

  Mr Kight provided an update on the markets during the past year, highlighting the following key points:
  - Rate height reached a peak and soon will start to fall again.
  - European interest rates – German government issued a 10 year bond offering a negative rate of -0.3% and it was 1.6 times over-subscribed. Western economy has enjoyed a decent growth from 2009.
  - UK government borrowing is at a 17 year low.

- **Expenditure & Commitments Requiring Approval** – There were no expenditure or commitments requiring approval.

- **Approach for Business Cases over £50,000** –There were no items over £50,000 but that this item was included on the agenda to follow on from the previous meeting's discussions on inconsistencies in approaches to applying for funds over £50,000 and the quality of those submissions. A template is being developed for formal business cases to ensure consistency in future.

- **Psychological Support for Cancer Patients** – An update was provided by Mrs Gina Beard on the Cancer Psychological Support project given that it had been a year since the appropriation of funds was supported by the CFC. Over the past 12 months, a considerable amount of time has been spent on the recruitment of the psychologist post for the project. Unfortunately, despite identifying a suitable candidate for this post, workforce issues around an internal candidate accepting a secondment to the psychologist role prevented the successful candidate from being able to take up the position. This has therefore led to a delay in the project launch and required a review of the project's delivery model. In order to achieve the projects aims, the following changes are being proposed to ensure the success of the project:
  - A further 15 hours Band 5 Counsellor allocated to Carmarthenshire due to the fact that 50% of newly diagnosed cancer patients live in the region.
  - Senior professional support for the project in terms of psychological services to be provided by an existing Band 8a within the bereavement counselling service.
  - One of the counsellors to take over project lead as a Band 6 once the service has been launched.
  - Lead Cancer Nurse to hold the overall project lead and vision and

budgetary management.

Focus groups have been taking place, one per county – 36 cancer professionals engaged with the groups and additional training days have been set up for July 2019. Referrals to the service will begin in September 2019.

- **Update on the Utilisation of IT Devices to Support Patient Centred Care and Service Improvement –** A brief update was received advising of a delay in the purchase of these devices. However, these have now been ordered and the issue of the revenue consequences resolved. In respect of the revenue going forward from 2021, these will be covered by the Microsoft Enterprise agreement recently entered into by the Health Board, therefore resulting in a nil cost pressure going forward. A 6 month impact report will be brought back to the Committee.

- **Any Other Business :**
  - **Bronglais Hospital (BGH) Chemotherapy Day Unit Update –** A number of Committee members made a visit to the BGH Chemotherapy Day Unit on 14th June 2019 and were struck by the professionalism of staff and also how limited and unsuitable the space is within the unit. A huge growth in charitable giving was noted which bodes well for the possible launch of a fundraising appeal for a new unit at BGH.

  - **Reflective Summary –** A brief reflective summary of the meeting was provided by Ms Sarah Jennings.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu cyfer /Matters Requiring Board Level Consideration or Approval:

- None to report.

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

- No risks or issues/matters of concern identified to escalate to the Board.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified at the previous Committee meeting will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

19th September 2019

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Enw'r Pwyllgor / Name of Committee	Mental Health Legislation Assurance Committee
Cadeirydd y Pwyllgor/ Chair of Committee:	Mr Paul Newman (Interim Vice-Chair)
Cyfnod Adrodd/ Reporting Period:	Date of Meeting – 24th June 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

This report summarises the work of the Mental Health Legislation Assurance Committee (MHLAC) at its meeting held on 24th June 2019, with the following highlighted:

- **MHLAC Terms of Reference Review** – A number of minor amendments were suggested. It was further suggested that inclusion with compliance with the Social Services and Wellbeing (Wales) Act 2014 be considered. Members agreed that Local Authority representation is key to the Committee as Social Services should be central with a focus required on integration. It was also suggested that the flowchart should demonstrate a link between the MH Partnership Board and the MH Legislation Assurance Committee. Further discussion would be held on these revised Terms of Reference, specifically in relation to consideration of inclusion with compliance with the Social Services and Wellbeing (Wales) Act 2014, prior to submission for approval to the Board.

- **Presentation** - Ms Angie Darlington presented 'Amy's Story', a Service User story from the Recovery Wall section of WWAMH website about her experience in hospital and healthcare staff in uniform in the form of a poem.

  Presentation – Bespoke Repatriation Service. This was first explored following questions raised by Independent Members on the provisions that are being made for mental health patients placed out of area with a diagnosis of Emotionally Unstable Personality Disorder, recognising there is a gap in skilled and flexible service provision, and that stays on acute wards can make some patients' condition worse, however the level of risk in the community leads to prolonged stays. The clear goal of a bespoke repatriation service would be to reduce the cycle of service use and enable individuals to live meaningful, fulfilled lives within their communities. Work undertaken in Cardiff and Vale University Health Board in conjunction with Gofal, identified that bespoke care packages had been successful with a small number of individual clients. This project is a pilot funded by an invest-to-save loan from Welsh Government. As this is a small pilot, evaluation is required to establish whether treatment costs are reduced in comparison to out-of-area placements and whether this approach helps improve client outcomes over time. The project is required to report progress to Welsh Government on a quarterly basis, to include updates on finance, success, challenges and evaluation.
- **MH Partnership Annual Report** – The Committee received an update regarding the work of the Local Mental Health Partnership Board. Over the

past year, there has been a focus on the Transforming Mental Health programme, mental health innovation bids and a number of activities within local mental health services. The contents were noted and the Committee was assured that the Local Mental Health Partnership Board is progressing and due processes are being monitored

- **Mental Health Partnership Delivery Plan –** The Committee received an update from the Head of Child and Family MH Services. Highlights included:
  - Priority for all children to have the best start in life. A perinatal mental health service has been developed and is now operational across the 3 counties.
  - The times for neurodevelopmental conditions to access timely treatment and support was noted. The historical waiting list has been cleared however the number of referrals for ASD assessments continue to escalate.
  - Violence against Women and Domestic Abuse (VAWDA). Group 2 training for MH&LD has been identified as a priority and the group is now up and running. Training is being delivered by the safeguarding team and the intention is to train 85% of mental health staff within the first 12 months.

- **Healthcare Inspectorate Wales (HIW) Thematic Review** – The Committee received an update on the HIW Thematic Review. Key findings were the need for accessible services, strengthening links between Community Mental Health Teams and General Practitioners, and simplifying processes. Out of hours care is a particular concern and a move is being made towards providing an emergency mental health service. Conversations are currently being held with the Wales Ambulance Service NHS Trust (WAST).The development of care and treatment planning is a priority to include better involvement of service users and carers in developing CTP's

- **MH Legislation Assurance Committee Annual Report** – The Committee received the Mental Health Legislation Assurance Committee's Annual Report outlining the Committee's compliance with the key responsibilities set through its terms of reference, and identifying key areas of work intended to provide further assurance that the Committee's terms of reference are being adequately discharged.

- **Hospital Managers Power of Discharge Sub-Committee Annual Report** – The Committee noted and endorsed the content of the MH Power of Discharge Sub-Committee Annual Report.

- **Mental Health Scrutiny Group Update** – The Committee received a progress update from the Scrutiny Group Chair. The Terms of Reference have been reviewed with the following amendment: 'Ensure and Advise' to be amended to read 'Assure and Advise'. The Committee/ Governance structure which had been provided to the group had been well received. It was suggested and agreed that a work plan should be developed for the scrutiny

group. The Committee was informed that all 3 local authorities collect data, however they are unable to provide analysis of it. It was agreed to highlight this as an issue with the Board for discussion at the Regional Partnership Board. .

- **Section 135 Policy** – The Committee noted that the Section 135 Policy has received final approval and the document was presented for information

- **Annual work plan** – This was circulated to members with no comments received.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer /
Matters Requiring Board Level Consideration or Approval:

- The revised MHLAC Terms of Reference to be submitted for approval to the September 2019 Board.
- To highlight issues in relation to the collection of data from the 3 local authorities to be discussed at Regional Partnership Board.

Risgiau Allweddol a Materion Pryder /
Key Risks and Issues/ Matters of Concern:

- The lack of data analysis from the 3 local authorities for discussion at the Regional Partnership Board.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /
Planned Committee Business for the Next Reporting Period:

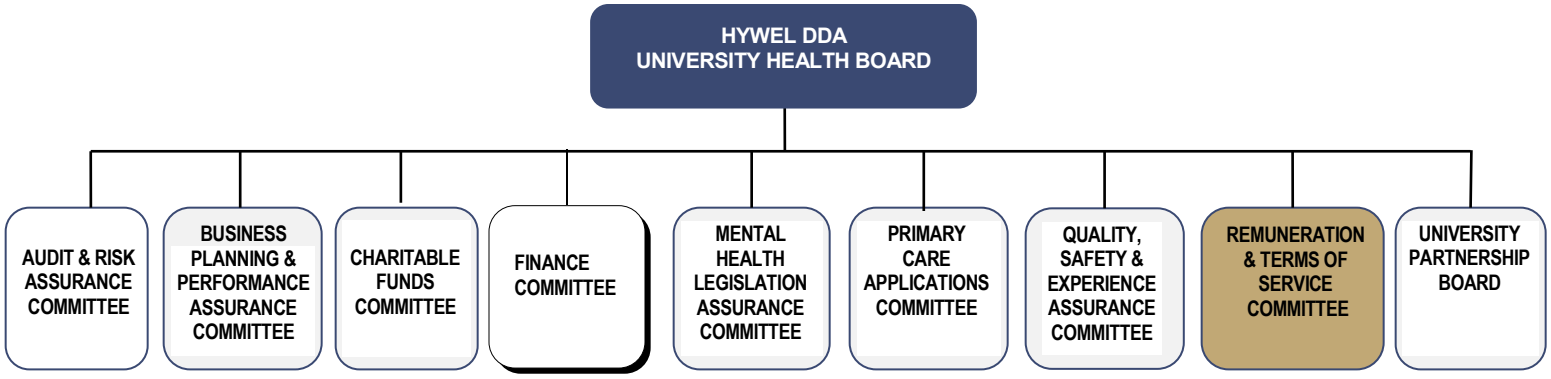
Adrodd yn y Dyfodol / Future Reporting:

- In addition to the standing agenda items, it was agreed to present legislative actions from the overarching HIW action plan to MHLAC for assurance purposes.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

Tuesday 17th September 2019

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board



REMUNERATION AND TERMS OF SERVICE COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V0.1	Hywel Dda Health Board	29.09.2011	Approved
V0.2	Remuneration and Terms of Service Committee	04.09.2012	Approved
	Hywel Dda Health Board (SO's)	27.09.2012	Approved
	Remuneration and Terms of Service Committee	19.09.2013	Approved
	Hywel Dda University Health Board (SO's)	04.06.2014	Approved
V0.3	Remuneration and Terms of Service Committee	*12.11.2015*	*Approved (CA)*
	Hywel Dda University Health Board (SO's)	26.11.2015	Approved
V.04	Remuneration and Terms of Service Committee	16.01.2017	Approved
	Hywel Dda University Health Board (SO's)	26.01.2017	Approved
V.05	Remuneration and Terms of Service Committee	18.12.2017	Approved
V.05	Hywel Dda University Health Board	29.03.2018	Approved
V.06	Remuneration and Terms of Service Committee	30.05.2018	Approved
V.06	Hywel Dda University Health Board	26.07.2018	Approved
V.07	Remuneration and Terms of Service Committee	27.06.2019	Approved
V.07	Hywel Dda University Health Board	25.07.2019	

REMUNERATION AND TERMS OF SERVICE COMMITTEE

1. Constitution

1.1 The Remuneration and Terms of Service Committee (the Committee) has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1st October 2009.

2. Membership

2.1 Formal membership of the Committee shall comprise of the following:

Member
Hywel Dda University Health Board Chair (Chair)
Independent Member (Vice Chair & Chair of Audit and Risk Assurance Committee)
Independent Member (Chair of BPPAC)
Independent Member (Chair of QSEAC)

2.2 The following should attend Committee meetings:

In Attendance
Hywel Dda University Health Board Chief Executive
Director of Workforce and Organisational Development (Lead Executive)
Board Secretary

2.3 The membership of the Committee will be reviewed on an annual basis.

3. Quorum and Attendance

3.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee and one other Independent Member.

3.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements of directions made by the Welsh Government.

3.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend for either all or part of a meeting to assist with discussions on a particular matter.

3.4 The Committee may also co-opt additional independent 'external' experts from outside the organisation to provide specialist skills.

3.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.

3.6 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

3.7 The Committee may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particular matters.

4. Purpose

4.1 The purpose of the Remuneration & Terms of Service Committee is to provide:

4.1.1 ***Advice*** to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Assembly Government; and

4.1.2 ***Assurance*** to the Board in relation to the HB's arrangements for the remuneration and terms of service, including contractual arrangements, for *all staff*, in accordance with the requirements and standards determined for the NHS in Wales

4.1.3 To perform certain, specific functions on behalf of the Board.

4.2 The Committee shall have no powers to develop or modify existing pay schemes.

5. Key Responsibilities

With regard to its role in providing advice and assurance to the Board, the Remuneration and Terms of Service Committee will comment specifically upon:

5.1 Remuneration and terms of service for the Chief Executive, Executive Directors, other Very Senior Managers (VSMs) and others not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by Welsh Government are applied consistently;

5.2 Objectives for Executive Directors and other VSMs and their performance assessment;

5.3 Performance management systems in place for those in the positions mentioned above and its application;

5.4 Proposals to make additional payments to medical Consultants outside of normal terms and conditions;

5.5 Proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance;

5.6 Consider and ratify Voluntary Early Release scheme applications and severance payments in respect of Executive Director posts, in line with Standing Orders and extant Welsh Government guidance. The Committee to be advised also of **all** Voluntary Early Release Scheme applications and severance payments.

5.7 To approve the University Health Board's honours submission recommendations

6. Agenda and Papers

6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or the Vice Chair and the Lead Director, Director of Workforce & OD, at least **two** weeks before the meeting date.

6.2 The agenda will be determined by the organisational requirements relating to remuneration and terms of service business. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.

6.3 All papers must be approved by the Lead/relevant Director.

6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.

6.5 The minutes and action log will be circulated to members within **seven** days to check the accuracy.

6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. Frequency of Meetings

7.1 The Chair of the Committee, in agreement with the Committee members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year.

7.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

8. Accountability, Responsibility and Authority

8.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

8.2 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

8.3 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

9. Reporting

9.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub-committees and groups, to provide advice and assurance to the Board through the:

9.1.1 joint planning and co-ordination of Board and Committee business;

9.1.2 sharing of information.

9.2 In so doing, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

9.3 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

9.4 The Committee Chair, supported by the Committee Secretary, shall:

9.4.1 Report formally, regularly and on a timely basis to the In Committee Board on the Committee's activities, to include the submission of a Committee update report;

9.4.2 Bring to the Board's specific attention any significant matter under consideration by the Committee;

9.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

9.5 The Committee shall provide a written, annual report to the Board on its activities. The report will also record the results of any Committee's self-assessment and evaluation.

10. Secretarial Support

10.1 The Committee Secretary shall be determined by the Board Secretary.

11. Review Date

11.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Enw'r Pwyllgor / Name of Committee	In-Committee Board
Cadeirydd y Pwyllgor/ Chair of Committee:	Mrs Judith Hardisty
Cyfnod Adrodd/ Reporting Period:	Meeting held on 30th May 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

- **Suspensions Report** – the In-Committee Board received the suspensions report.
- **In-Committee Audit & Risk Assurance Committee (ARAC)** – the In-Committee Board received an update report from the In Committee ARAC meeting held on 23rd April 2019.
- **In-Committee Quality, Safety & Experience Assurance Committee (QSEAC)** – the In-Committee Board received an update report from the In Committee QSEAC held on 4th April 2019.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

None.

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

None.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

To be confirmed.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

25th July 2019.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Enw'r Pwyllgor / Name of Committee	Staff Partnership Forum
Cadeirydd y Pwyllgor/ Chair of Committee:	Lisa Gostling, Director of Workforce & OD and Ann Taylor-Griffiths, Royal College of Nursing
Cyfnod Adrodd/ Reporting Period:	Meeting held on 10th June 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

This report summarises the work of the Staff Partnership Forum from its meeting held on 10th June 2019, with the following highlighted:

- **A Healthier Mid and West Wales Update –** the update report on *A Healthier Mid and West Wales* was presented to the Forum. The Forum was advised that dates have been set for the initial programme of meetings, which will be undertaken as workshops, for the 3 change programme groups; Transforming Communities, Transforming Hospitals, and Transforming Mental Health and Learning Disabilities. The Forum was requested for the names of representatives to serve on the 3 change programme groups and it had been agreed that in terms of the number of representatives required, 2 nominees for each programme group would enable deputising/buddying arrangements to be in place to share the responsibilities of the role.

- **Finance Update/Turnaround Report** – the Finance Update was presented to the Forum. The Forum was advised that the financial position at the end of Month 1 represented an adverse variance against plan of £0.4m and at the end of Month 2 represented an adverse variance against plan of £0.6m. Members were informed that this position has been driven by bed pressures in Unscheduled and Critical Care, particularly in Withybush Hospital but also in Glangwili and Prince Philip Hospitals. Whilst the surge had reduced towards the end of Month 2, it is hoped that the position will stabilise by the end of Quarter 1. The Forum discussed pressures upon Emergency Departments and the importance of collective working in the context of the Transforming Community Services programme.

- **Pay Award Implementation** – the Pay Award Implementation report was presented to Forum. The Forum was advised of the NHS Terms and Conditions of Service (Wales) and the main changes which came into effect as at 1st April 2019. Members noted that the deadline in relation to the reduction of sickness rates had been extended from 31st March 2019 until 30th September 2019 due to the delivery of the equivalent of a 1% reduction in the rolling national average sickness rate by April 2019 not having been reached. Rolling 12 month average absence rates will need to be at 4.75% or lower in Wales by 30th September 2019 in order that the enhancements currently paid to lower bands continue. Annex B of the pay deal sets out the agreed position in relation to how staff progress through the pay system with management negotiators having agreed to differentiate between first formal and final level warnings and to allow manager's discretion for those with first formal warnings. The Forum was advised of the upcoming Pay Review Body visit on 26th June 2019 and the

involvement of Trade Union representatives in this visit.

- **Managing Attendance at Work** – an update on Managing Attendance at Work was presented to the Forum with a report providing information on the performance of HDdUHB and other Health Boards in Wales in relation to the well-being agenda. The Forum was advised of a Wellbeing Week, anticipated to take place in January 2020, with events being arranged across HDdUHB.

- **No Deal Brexit Preparations** – an update on No Deal Brexit preparations was verbally presented to the Forum. The Forum was advised that, in light of delays to Brexit, preparation work has been stood down with meetings no longer being held fortnightly. As Brexit is now likely to take place in October 2019, activity towards this date is anticipated to increase in August 2019.

- **Nursing & Midwifery Workplace Survey –** a report on the Nursing & Midwifery Workplace Survey was presented to Forum. The Forum was advised that Swansea University had approached HDdUHB to gauge interest in participating in a staff wellbeing survey for nurses, midwives and Health Care Support Workers (HCSWs). A similar survey had been carried out in a rural area in Australia, and Swansea University are keen to see if this could be replicated in Wales. The survey is anticipated to commence in September 2019 with a further 2 surveys carried out by March 2020 to enable differences to be observed at different points in the year. The survey will be restricted to the same staff groups as in Australia and, dependant upon the outcome and its value, could be replicated to other staff groups within the organisation. The results of the Survey report will be presented to the Forum for information.

- **Healthcare Apprentice Programme –** the Healthcare Apprentice Programme was presented to the Forum. The Forum was advised that commencing in September 2019, 40 healthcare apprentices will be recruited across the acute sites although apprentices may not be based at their allocated sites for the entirety of the programme. Apprentices will complete a foundation programme for 18 months, a further education employability enhancement programme for 6 months, Level 4 certification for 24 months, and become a part time student nurse for 2 years 9 months. By 2027 apprentices will become Registered Nurses (RNs). Members commended the work involved to date with the programme.

- **Bullying in the NHS –** a verbal discussion was had on bullying in the NHS. The Forum was advised of the all Wales work which is leading to consideration of a policy, with HDdUHB's Colleague Experience Group (CEG) currently refreshing their membership in terms of identifying a core membership with co-opted members as necessary. The Forum identified the need for a campaign to reiterate zero-tolerance towards bullying within HDdUHB.

- **Employment Policy Update** - The following policies were presented to Forum for discussion, with comments to be fed back to the presenters:
    - Revised Rostering Policy
    - Revised Standards of Behaviour Policy

- **County Partnership Fora –** Update Reports from the 3 County Partnership Fora were presented to the Forum where it was acknowledged that the Terms of Reference for each are to be reviewed at their next meetings. The Director of Public Health will be invited to attend the pre-meeting of the 3 County Forum leads in order to raise any health and safety issues ahead of discussions at Staff Partnership Forum.

- **Strategic Equality Plan Annual Report 2018/19** – the Strategic Equality Plan (SEP) Annual Report 2018/19 was presented to the Forum. The Forum was advised that the annual report is currently in draft form and that the current Strategic Equality Objectives will be reviewed with a view to publishing an updated SEP for 2020-2024. The updated SEP 2020-2024 will be presented to the Forum for onward endorsement by the Board by the end of March 2020.

- **Any Other Business** – The Chair of the Forum formally expressed her gratitude to Mr Adam Morgan who is leaving HDdUHB to be a Regional representative. Members acknowledged that Mr Morgan has been a great credit to the Forum, regularly enquiring about staff impact in any Board and Committee discussions. Members were requested to direct any interest they may have in taking on the role of Vice-Chair of the Forum with the Forum Joint Chairs.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

No matters requiring Board level consideration or approval were raised.

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

The need for a campaign to reiterate zero-tolerance towards bullying within HDdUHB.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the standing agenda items, the next Staff Partnership Forum meeting will include reports relating to Car Park Management Update and a review of the Forum's and County Fora Terms of Reference.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

5th August 2019

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Enw'r Pwyllgor / Name of Committee	Health Care Professionals Forum
Cadeirydd y Pwyllgor/ Chair of Committee:	Dr Kerry Donovan
Cyfnod Adrodd/ Reporting Period:	Meeting held on 12th June 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

The forum discussed the following items

1. Terms of Reference
2. Update on Plans Trauma Network
3. Update of Plans for Stroke

1 Terms of Reference

The forum considered the Terms of Reference specifically in relation to the principal duties and operational role. It was noted that these appeared slim, however cross referenced with TORs from other Health Boards, it was identified that the TORs contained the same wording and was no less detailed than those from other Health Boards. On reflection the forum agreed that the principal duties and operational roles were suffice and agreed to retain the current version of the TORs until the next review period.

2. Update on Trauma Network

Karen Miles (Director of Planning, Performance & Commissioning) presented an update on developments for the Trauma Network, following the approval of the Trauma Network for a Major Trauma Centre in Cardiff and Trauma units in each Health Board.

The forum acknowledged that the network would enable trauma care in Wales to be equitable to England, providing enhanced access to specialist care, improvements in care outcomes as well as better training and level of skill sustainability for clinicians with peer support throughout the network.

The forum acknowledged that, within the agreed model, there would only be one Trauma unit in the Health Board. The forum was concerned that across all sites there are gaps in meeting Trauma unit standards. The forum agreed on the selection of the site that most closely met the standards (in this case Glangwili General Hospital - GGH), in terms of on-call services, on site surgical specialities and consultant emergency department 24/7, obtaining CT within the hour, and theatre availability. However, the forum was mindful of the capacity and pressures already on this site.

The forum was reassured to hear that the role and significant positioning of Bronglais General Hospital (BGH) will be recognised in terms of Rural Trauma facilities, noting previous dissatisfaction from clinical groups in Bronglais regarding the prospect of Bronglais being categorised as a Local Emergency hospital only.

The forum noted the opportunities to provide more provide more training and support to BGH for stabilising patients and for repatriation and rehabilitation

The forum was concerned about the timetable for implementation which appeared ambitious in that local arrangements needed to be in place that would not allow time for capital investment. However the forum recognised that progress was needed and felt reassured that the project had experienced enthusiastic clinical leadership as well as the appropriate backup from the corporate planning team. The forum also noted that the development does not involve bringing in additional patients with new or different conditions from those currently being assessed and treated across 4 sites; the focus of the development is to try and co-locate the resources around major trauma in order to provide a better service for these patients.

The forum endorsed the need for Emergency Medical Retrieval and Transfer Service (EMRTS) to go 24/7 and was pleased to hear that assurance has been received from WG that this will take place; helicopters including rapid response vehicles also. The view of the forum was that this strengthens the network and provides assurance that all patients will have timely access to specialist trauma care.

The forum noted that the Trauma Audit & Research Network (TARN) data collection does not provide the sufficient detail required for accurate planning in terms of patient flows, and appreciated that this leaves a number of unknowns and difficulties for planners.

The forum noted that the resources required as a priority in order to become up and running would be a rehabilitation consultant and a rehabilitation coordinator. The forum highlighted that currently there are insufficient therapists within HDdUHB to support the landing pad rehabilitation care required.

The forum noted that, at present, there are separate pieces of work on trauma; stroke and neuro-rehabilitation; and that a complex neuro-rehabilitation unit is needed. The forum agreed that these 3 pieces of work need to link together at some point to provide a sustainable service for complex need patients. The forum agreed that trauma needs to be looked at through an additional lens of our existing stroke and neuro services.

3. Stroke Update

The forum received an update on developments in stroke services from Alison Shakeshaft, Director of Therapies & Health Science, who explained the current position in that thrombolytic, acute stroke and rehabilitation services are provided on all 4 acute sites and that Hywel Dda currently admits to all sites. Stroke beds are not ring fenced and are co-located with acute medicine. There are no stroke specific community based teams, and staffing levels currently fall below standards. It was noted that evidence shows that if intensive therapy is provided, disability and length of stay can be reduced. Seamless transfer of care into specialist community services also improves outcomes. These are not currently being provided.

The forum noted the Sentinel Stroke National Audit Programme (SSNAP) data outlining

the situation across Wales, where Wales as a whole currently ranks 12th out of the 14 areas. The forum noted the performance data showing variation on all 4 sites in HDdUHB from a D grade to a B grade which is largely due to staff shortages in terms of recruitment difficulties and availability of specialist skill as well as availability of 24/7 cover of all specialties.

The forum noted the following challenges:

- Admission to a specialist ward within 4 hours
- 7 day services to include therapies, consultant ward rounds, TIA access
- Recruitment and retention of specialist staff to meet the required standards
- Follow-up on discharge – no stroke specific community MDT
- No clinical psychology input to stroke
- Access to 'life after stroke' reviews varies throughout localities
- Our geography

The forum agreed that the current system was unsustainable and would not enable the relevant standards of delivery to be met.

The forum acknowledged from the evidence, that establishing Hyper-Acute Stroke Units (HASUs) reduces mortality and long-term disability following stroke. HASUs provide rapid diagnosis and treatment and 24/7 specialist care. The forum agreed that HBs need to start moving towards HASU sites – co-locating stroke services on one site to provide a specialist site. The forum was interested to learn that Aneurin Bevan, Swansea Bay, Cardiff and Cwm Taf Health Boards have all reduced to one admitting site. North Wales (which has double the population of HDdUHB) are making progress towards 2 admitting HASU sites for the whole region. In Hywel Dda there are still 4 admitting sites, none of which are HASU sites. The forum noted that on many sites, workforce turnover is anticipated due to potential retirements. The forum further noted that one HASU site would enable specialisms to be concentrated and would be more attractive for recruitment. The forum also noted the evidence on staffing levels - in Aneurin Bevan before implementing the HASU unit they scored 20% compliance; following the HASU unit implementation they scored 90% compliance. At present HDdUHB scores only 20%.

The forum was informed that there is clinical agreement for a HASU unit in Morriston Hospital and that depending on location, certain HDdUHB patients would access this unit. This is hoped to be open in 2021. Care models are being considered for HDdUHB patients that live within 30, 45 and 60 minutes from Morriston, and the modelling of patient flows. The forum questioned whether time estimates for travel for patients to Morriston took into account travel times during the day, rush hour traffic, and holiday traffic. The forum was advised that the HDdUHB redesign work is dependent on the Morriston HASU model, however there will also be need to provide our own service for patients further west. A multi-disciplinary and multi-agency stroke redesign programme has now been established. These two pieces of work, whilst separate, are interdependent and require alignment in terms of timescales.

The forum was reassured that for rural localities, thrombolysis would not be performed in Morriston for Bronglais patients, therefore BGH will always be an admitting and

stabilising unit, even though it may not become a HASU. Telemedicine can be used to support it and provide a 24/7 service.

The forum was informed that HDdHB is looking at neuro-rehabilitation services provided in the community with the aim of providing home based rehabilitation for 30% of stroke patients. Appraisal of scenarios is being conducted by clinicians, and teams are currently visiting local stroke groups to explore patient experience of our current model. A fully worked up business case is expected by December 2019. The forum noted the challenging timeline for this proposal.

The forum expressed concern regarding the lack of therapy staff within stroke services, particularly clinical psychology and the lack of investment in these areas.

The forum was advised that providing a full community rehabilitation stroke team is an expensive option that requires investment. The forum noted that even if funding was not an issue there would still be the challenge of recruitment to roles to enable the service to be fully functioning and safe.

The forum therefore endorsed alignment would be required between trauma, neurological conditions and stroke to provide robust sustainable services.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

None.

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

- Trauma – a concern that currently across all acute sites, there are gaps in meeting Trauma unit standards. However the significant work underway to meet this standard, for the identified Trauma unit is encouraging.

- Capacity and pressures already on the GGH site currently and the impact of further flow.

- The timetable for implementation of the Trauma Network appears ambitious in that local arrangements need to be in place that would not allow time for the required capital investment.

- Stroke – the forum agreed that the current system of provision across all 4 sites was unsustainable given the challenges involved, and would not enable the relevant standards of delivery to be met.

- Concern that travel time estimates for patients to Morriston HASU may not have taken into account travel times during the day, rush hour traffic times and holiday traffic. This could impact on critical treatment timelines for patients. Additionally, it may give an inaccurate picture of the number of patients that can attend within 45 or 60 minutes, thus affecting patient flow estimates for planning.

- The gap of some therapy staff in stroke and trauma services particularly clinical psychology, and the lack of investment in these areas.

- The three pieces of work currently underway relating to Trauma, Stroke and neuro-rehabilitation, and the importance of linking and aligning these 3 pieces of work together in order to make best use of resources and promote service sustainability.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

- Transformation Fund
- Paediatric Task & Finish Group

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

9am, 16th September 2019

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 July 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Hywel Dda University Health Board (HDdUHB) Joint Committees and Collaboratives Update Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Steve Moore, Chief Executive
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rosie Frewin, Partnership Governance Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of recent Joint Committee and Collaborative meetings to include the following:

- Welsh Health Specialised Services Committee (WHSSC)
- Emergency Ambulance Services Committee (EASC)
- NHS Wales Shared Services Partnership (NWSSP) Committee
- Mid Wales Joint Committee for Health and Social Care (MWJC)
- NHS Wales Collaborative Leadership Forum (CLF)
- Joint Regional Planning & Delivery Committee (JRPDC)

Cefndir / Background

The Hywel Dda University Health Board (HDdUHB) has approved Standing Orders in line with Welsh Government guidance, in relation to the establishment of the Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and NHS Wales Shared Services Partnership (NWSSP) Committee. In line with its Standing Orders, these have been established as Joint Committees of HDdUHB, the activities of which require reporting to the Board.

The confirmed and unconfirmed minutes, agendas and additional reports from WHSSC, EASC and NWSSP Committee meetings are available from each Committee's websites via the following links:
Welsh Health Specialised Services Committee Website
Emergency Ambulance Services Committee Website
NHS Wales Shared Services Partnership Website

The Mid Wales Healthcare Collaborative was established in March 2015 following a study of healthcare in Mid Wales commissioned by Welsh Government and undertaken by the Welsh Institute for Health and Social Care (WIHSC) (*ref: Mid Wales Healthcare Study, Report for Welsh Government, WIHSC – University of South Wales, September 2014*). In March 2018, the Mid Wales Healthcare Collaborative transitioned to the Mid Wales Joint Committee for

Health and Social Care whose role will have a strengthened approach to planning and delivery of health and care services across Mid Wales and will support organisations in embedding collaborative working within their planning and implementation arrangements.

The NHS Wales Collaborative Leadership Forum was constituted in December 2016. As the responsible governance group for the NHS Wales Health Collaborative it has been established to agree areas of service delivery where cross-boundary planning and joint solutions are likely to generate system improvement. The forum also considers the best way to take forward any work directly commissioned by Welsh Government from Health Boards and Trusts as a collective; and provides a vehicle for oversight and assurance back to Welsh Government as required. Assurance is given to individual Boards by providing full scrutiny of proposals.

The Joint Regional Planning & Delivery Committee (JRPDC) has been established as a Joint Committee of Swansea Bay (formally Abertawe Bro Morgannwg) and Hywel Dda University Health Boards and constituted from 24th May 2017. It provides joint leadership for the regional planning, commissioning and delivery of services for Swansea Bay and Hywel Dda University Health Boards.

Asesiad / Assessment

The following Joint Committee minutes are attached for the Board's consideration:

Welsh Health Specialised Services Committee (WHSSC)

- Summary of key matters considered by WHSSC and any related decisions made at its meeting held on 28th June 2019

NHS Wales Shared Services Partnership (NWSSP) Committee

- Summary of key matters considered by NWSSP and any related decisions made at its meeting held on 23rd May 2019.

Mid Wales Joint Committee for Health and Social Care (MWJC)

- Update Report July 2019

Joint Regional Planning and Delivery Committee (JRPDC)

- Update Report July 2019

There are no further Joint Committee minutes or Collaborative updates to include for the following reasons:

NHS Wales Collaborative Leadership Forum (CLF) – Confirmed minutes of the meeting held on 13th May 2019 are unavailable, the next meeting is planned for September.

Emergency Ambulance Services Committee (EASC) – Confirmed minutes of the meeting held on 26th March 2019 and a summary of key matters considered by EASC and any related decisions made at its meeting held on 14th May 2019 are unavailable.

Argymhelliad / Recommendation

The Board is asked to receive for information the minutes and updates in respect of recent WHSSC, NWSSP, MWJC and JRPDC meetings.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Link to WHSSC Website Link to EASC Website Link to NWSSP Website Link to MWJC Website
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Health Specialised Services Committee Emergency Ambulance Services Committee NHS Wales Shared Services Partnership Committee NHS Wales Collaborative Leadership Forum Mid Wales Joint Committee for Health and Social Care Joint Regional Planning and Delivery Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Explicit within the individual Joint Committee and Collaborative reports where appropriate.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not Applicable
Gweithlu: **Workforce:**	Not Applicable

Risg: **Risk:**	The Board has approved Standing Orders in relation to the establishment of WHSSC, EASC and NWSSP Joint Committees, and Terms of Reference for the CLF, MWJC and JRPDC.
Cyfreithiol: **Legal:**	In line with its Standing Orders, the Health Board has established WHSSC, EASC and NWSSP Joint Committees, the activities of which require reporting to the Board.
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

GIG CYMRU NHS WALES | Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC) | Welsh Health Specialised Services Committee (WHSSC)

WELSH HEALTH SPECIALISED SERVICES COMMITTEE
JOINT COMMITTEE MEETING – JUNE 2019

The Welsh Health Specialised Services Committee held its latest public meeting on 28 June 2019. This briefing sets out the key areas of discussion and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

The papers for the meeting are available at:

http://www.whssc.wales.nhs.uk/2019-20-whssc-joint-committee

Adult Thoracic Surgery in South Wales

The Joint Committee received a paper that re-confirmed the advice from the provider Medical Directors and provided the Joint Committee with further information regarding the adult thoracic surgery consultant workforce arrangements required for a single service located at Morriston Hospital, Swansea and the cover arrangements for the Major Trauma Centre (MTC). This included:

- Detail regarding the anticipated demand for thoracic surgery in south Wales, this included out-patient and surgical activity and allowed for the planned 20% increase in activity;
- Expert advice on the level of activity required to maintain consultant thoracic surgeons' skills;
- Development of indicative job plans for consultant thoracic surgeons to inform an assessment of the appropriate number of consultants;
- Detailed costings for any proposed increase in consultant thoracic surgeons above the original WHSSC recommended level of six consultants;
- Clarity on the role of trauma surgeons in the immediate management of emergency trauma patients and the requirement for input from thoracic surgeons (e.g. telephone advice or on site input); and
- Clarity on the interface of thoracic surgeons in managing trauma patients with other specialties (e.g. rib fixation with orthopaedic surgeons).

In addition, the paper made recommendations regarding the future consultant workforce model and emergency cover of the MTC.

Members carefully considered the information provided in the paper and, after protracted discussion, proposed two alternative motions that were voted on, being:

A. To acknowledge and support the views of the Medical Directors and clinical body across CVUHB and SBUHB, balanced with the independent experts' opinions; at this stage committing to the appointment of an additional consultant thoracic surgeon to support implementation of the MTC from April 2020 and thereafter to act on the real world experience from the MTC and updated activity figures to ensure that we have the appropriate number of consultant thoracic surgeons in place by the time of opening the new Thoracic Surgery Centre at Morriston Hospital, Swansea.

B. To accept and support the recommendations of the Medical Directors and clinical body across CVUHB and SBUHB, balanced with the independent experts' opinions; at this stage committing to 7 consultant thoracic surgeon posts with effect from April 2020 with phasing to 8 (or the appropriate final number required) as demonstrated by the real world experience from the MTC and updated activity figures, based on needs and succession planning, to ensure that we have the appropriate number of consultant thoracic surgeons in place by the time of opening the new Thoracic Surgery Centre at Morriston Hospital, Swansea.

Neither motion achieved the required two-thirds majority to succeed. It was agreed that the Managing Director of WHSSC would seek advice from Welsh Government on next steps.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	23 May 2019

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

The full agenda and accompanying reports can be accessed on our website.

1. E-Expenses Deep Dive

Paul Thomas, Director of Employment Services, provided an update on the e-expenses contract, which is due for re-tender this year. The number of users of the system had almost trebled to 31,000 since 2014, and over 200,000 claims were processed annually at a total value in excess of £22m per year. Since January 2014, the total estimated savings to NHS Wales using the system was £33.5m in direct reimbursement costs.

A managed service is also available from the NWSSP Expense Department covering annual checks of driving licences, insurance, MOTs and Road Tax. A pilot had been conducted with one Health Board and since 2017, 11,000 driving licences, and 42,000 other vehicle documents have been checked. NWSSP are keen to extend the uptake of this service.

2. Laundry Business Case

Following the approval for NWSSP to manage the All-Wales Laundry Service at the March SSPC, a request was received to confirm that the SSPC had the authority to make this decision. This request was referred to the Legal & Risk Department within NWSSP who confirmed that SSPC had the relevant authority and their written response was shared with Committee members. However, all affected Health Boards will be consulted widely as the scheme progresses. In addition, there will be extensive consultation with all staff directly impacted by the scheme.

3. Managing Director's Report

The Managing Director updated the Committee on:

Medical Examiner Service – The Project Manager has been appointed and

starts at the end of June. The advert for the Lead Medical Examiner has also been published. The deadline for introducing the service will be extended with the approval of the Department of Health.

Student Streamlining – NWSSP are implementing this process following the change to bursary terms and conditions, which require all students to commit to remaining working in Wales in the first two years post-qualification. To date the scheme is working well and over 90% of students from the current cohort have been appointed, with the majority of them getting their first placement choice.

Brexit / IP5 - IP5 is now adequately stocked in the event of a no-deal Brexit, and a call centre established at West Point to link into the UK resilience Brexit network hub. Work is ongoing to identify contingency requirements for non-stock items but needs further clinical engagement. It is imperative that a robust plan for the future use of the whole of IP5 is produced. Mark Roscrow, the recently retired Director of Procurement Services, will be leading on this.

NHAIS Replacement – Discussions continue with Northern Ireland, and recent legal advice on the procurement aspect is positive. Pressure on timescales has reduced due to continuing delays with the implementation of replacement systems in England.

4. PMO Highlight Report

The Committee reviewed the report, which demonstrated that the majority of the 20 projects being managed by the PMO were on-track. The two current red-rated projects, which are both relatively small, were being addressed and should be back on-track shortly.

5. Laundry and TRAMS Business Case Resource

SSPC approved the funding of project resource for both business cases as an initial first call on projected NWSSP savings.

6. Finance & Workforce Report

The Committee noted that NWSSP met all its financial targets, with a planned surplus of £14k, after a re-distribution of £2m to Health Boards and Trusts. This was currently subject to audit by the WAO. Total expenditure on WRP was £112m, which was £7m over the initial allocation, but which relates to additional payments requested by Welsh Government.

7. Annual Governance Statement

The Committee approved the final version of the Statement, which recorded a very positive outcome. The HoIA opinion was reasonable, and there were no limited or no assurance reports issued in year.

8. Corporate Risk Register

There are two red-rated risks on the register, both of which were covered in the Managing Director's report. These are the NHAIS replacement and the need for clinical engagement in identifying contingency arrangements for non-stock items in the event of a no-deal BREXIT. Two new risks had been added relating to fraud and cyber security.

9. Audit Committee Highlight Report

The Committee noted the update from the April Audit Committee meeting. Five internal audit reports were presented, and all had a reasonable or substantial assurance rating. No internal audit actions are outstanding. **10. M1 Monitoring Return** The Committee noted the return.	
Matters requiring Board/Committee level consideration and/or approval	
• The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.	
Matters referred to other Committees	
N/A	
Date of next meeting	18 July 2019

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – JULY 2019

1. Introduction and Background

The Mid Wales Joint Committee for Health & Care is a formal sub-committee of Health Boards and a formal Regional Planning area of the Welsh Government. Membership of the Joint Committee includes representation from the three Local Heath Boards, Welsh Ambulance Services NHS Trust and the three Local Authorities delivering health and care services across Mid Wales with Community Health Council representatives being associate members. The Joint Committee membership also includes the roles of Lead Chair, Lead Chief Executive, Lead Director of Planning and Lead Clinical Executive Director undertaken by representatives of the Mid Wales healthcare organisations on a rotational basis.

The Joint Committee's Strategic Intent sets out how the Joint Committee intends to ensure there is a joined up approach to the planning and delivery of health and care services across Mid Wales over the next three years. The Strategic Intent outlines the overarching aims and objectives for 2018/2021 and describes what the Joint Committee intends to do and achieve across Mid Wales. A delivery plan has been developed to support the delivery of these aims with a set of agreed priority areas for joint working across Mid Wales.

The following report provides an update on the work undertaken by the Mid Wales Joint Committee and the areas of work that are being progressed and achievements that are being made to implement the Joint Committee's Strategic Intent and delivery plan.

2. Mid Wales leadership roles

Mid Wales Joint Committee - Leadership roles

During March 2019 the following changes were made to two of the key leadership roles for the Mid Wales Joint Committee:

- Lead Chair - Professor Vivienne Harpwood, Chair of Powys Teaching Health Board
- Lead Chief Executive - Steve Moore, Chief Executive of Hywel Dda University Health Board

Thanks are extended to Bernardine Rees and Carol Shillabeer for all their hard work during their time as the Lead Chair and Lead Chief Executive for the Joint Committee over the last two years.

There has been no change to the remaining three key leadership roles for the Joint Committee:

- Lead Director of Planning - Hayley Thomas, Director of Planning and Performance of Powys Teaching Health Board
- Lead Clinical Executive Director - Dr Wyn Parry, Medical Director for Powys Teaching Health Board
- Joint Committee Programme Director - Peter Skitt, County Director Ceredigion for Hywel Dda University Health Board and Programme Director for the Mid Wales Joint Committee

Mid Wales Public and Patient Engagement and Involvement Forum - Chair
The term of appointment for the Chair of the Mid Wales Public and Patient Engagement and Involvement Forum was due to end on 31st March 2019 and as such the role was advertised across Mid Wales twice during February 2019 and May 2019 with nominations invited from members of the public across Mid Wales. Those making a submission/being nominated for the role needed to have an interest in engaging and involving public and patients in the work of the Mid Wales Joint Committee together with previous experience of leading on engagement and involvement activities. Following the submissions/nominations process and an assessment by the Lead Chair it was agreed to re-appoint the current Forum Chair, Jack Evershed, for a further year up until the end of March 2020.

3. Mid Wales Delivery Plan
The Mid Wales Planning and Delivery Executive Group oversees the delivery of the detailed delivery plan and reviews the progress made in order to provide assurance on its delivery to the Mid Wales Joint Committee. Following discussions at the Planning and Delivery Executive Group meeting in March 2019 the Mid Wales delivery plan has been revised to incorporate feedback received that there was a need to refocus on detailed delivery for the upcoming year. The priorities outlined in the refreshed document are those that were agreed when the Joint Committee was established, with the exception of dementia which has been removed as this work is being progressed through the Regional Partnership Boards for which the Joint Committee has supported the establishment of Mid Wales links. The latest update on the Mid Wales Delivery Plan can be found at Appendix 1 with further detail on the progress made for some of these priorities is detailed below:

- **Bronglais General Hospital: Delivering Excellent Rural Acute Care**

Following approval of the Hywel Dda University Health Board's strategic vision in November 2018 a clinically led strategic plan for Bronglais General Hospital has been developed to provide a clear vision of how services will be provided locally and through clinical networks crossing organisational boundaries by, for example, use of new staff roles and technology enabled health care.

The strategic plan 'Bronglais General Hospital: Delivering Excellent Rural Acute Care' sets out how Bronglais Hospital will respond to its unique strategically important position in Wales to serve the remote urban and rural populations of Mid Wales. Collaboration and partnership are key to the sustainable delivery of acute services as is the recognition that a wide range of services that operate across the traditional boundaries of acute, community, primary and social care must be supported to enable delivery of the vision for Bronglais Hospital and its role within the delivery of wider population health and wellbeing improvement.

The final draft of the strategic plan was shared with the Mid Wales Clinically Advisory Group and the Mid Wales Planning and Delivery Group in June 2019 for feedback. The final unapproved version of the strategic plan was presented to the Mid Wales Joint Committee meeting on 1st July 2019 where it was well received and fully supported by members. The draft strategic plan will be discussed at the Board meeting of Hywel Dda University Health Board on 25th July 2019 following which the final version will be presented to the Board meeting on 26th September for agreement and approval.

- **North Powys Wellbeing programme**

In May 2019 the Welsh Government confirmed that £2.5m funding from its £100m Transformation Fund would be awarded to the North Powys Wellbeing programme. This funding will help Powys Regional Partnership Board to work with local communities and partner organisations to develop a new way of providing services closer to home.

The programme will deliver a significant change in the way services are provided and promotes wellbeing, early help and support, utilising social and green prescribing opportunities and encouraging people to take greater responsibility for their wellbeing and plan for their future health needs.

The North Powys Wellbeing programme is a one in a generation opportunity to improve health and wellbeing across north Powys. Under the Regional Partnership Board plans are now beginning to develop plans for a multi-agency wellbeing campus, including a Rural Regional Centre for north Powys. The Rural Regional Centre could include rehabilitation services through in-patient beds, enhanced diagnostics and a wide range of other services. The preferred site for the campus is situated in the centre of Newtown, Powys, and is currently occupied by a range of providers including health provision, other council services and two schools. On this site, the Rural Regional Centre could potentially be co-located next to improved school facilities as well as a Community Wellbeing Hub which could be part of a network of other Community Wellbeing Hubs across north Powys.

In order for Powys County Council and Powys Teaching Health Board to know what matters most to its communities, they are currently seeking the views of local residents to help further develop their plans.

Launch events have been held in Llanidloes and Newtown whereby people also had an opportunity to meet and chat with elected members and executive officers from Powys County Council and Powys Teaching Health Board. Further events have been scheduled during July 2019 to provide people with an opportunity to have their say on 'what matters most' to them and their community. Further information on the dates and venues for events please contact the Programme Office at **powyswellbeing.north@wales.nhs.uk** and follow them on social media @PowysWellbeing and @LlesPowys

- **Aberaeron Integrated Care Centre**

Ceredigion will develop the first of the Hywel Dda University Health Board's Community Hubs with the development of both Aberaeron and Cardigan Integrated Care Centres.

Building work with the new Aberaeron Integrated Care Centre is progressing well and it is expected that services will be moving into the building later in the year. The design of the building re-furbishment is modern with generic space to enable maximum use of facilities. The ground floor of the building will accommodate the GP practice and outpatient services; with the space enabling more clinics than previously offered in Aberaeron. The first floor of the building will offer office space for community staff from Nursing, Therapies, Health Visitors, Midwives, Social

Services, Chronic Conditions etc. and will allow for a more integrated way of working.

The building will be used in an Agile manner and this will be supported with new IT systems funded through Welsh Government. This approach moves away from the traditional clinic or office environment and enables more 'hot desking' and flexible use of space. By maximising the use of this space further individuals and services may use the building in order to support integrated working and decision making.

- **Ophthalmology**

Following extensive discussions the lead for the development of the Mid Wales Ophthalmology plan has changed and recently allocated to the Joint Committee Programme Director. Due to a change in the lead for this priority area and the need to consider the best approach to the development of this plan it was not been possible to achieve the original target date of a draft Mid Wales Ophthalmology Plan for the Joint Committee meeting on 1st July 2019. The Planning and Delivery Executive Group have agreed a revised timetable which will allow for additional time for engagement with planners, commissioners and clinicians with the final draft version to be presented to the Joint Committee meeting arranged for November 2019.

The Mid Wales Ophthalmology Plan will provide a framework for a regional approach to the development of integrated care pathways for long term eye conditions including glaucoma, cataract, diabetic retinopathy, macular degeneration and low vision across Mid Wales. Work is now in progress on scoping out current service provision across Mid Wales, plans under development, activity data, statistical data, available opportunities and patient needs. The scoping work and the outcome from workshops already held earlier in the year together with engagement with planning, service and clinical colleagues for Ophthalmology services across Mid Wales will be used to develop the plan for Mid Wales.

4. Joint Committee Groups

4.1 Planning and Delivery Executive Group

The Mid Wales Planning and Delivery Executive is chaired by Steve Moore, and key decision / matters considered by the group include:

- **Mid Wales Delivery Plan, Mid Wales Ophthalmology Plan and Bronglais General Hospital: Delivering Excellent Rural Acute Care – Final Draft document**
- **Risk & Issues Strategy and Risk & Issues log**
  Consideration of the revised Risk and Issues strategy to reflect the new Joint Committee structure and the risk and issues log. It was noted that lack of available resources was the main risk within operational teams who were already stretched with their internal organisational responsibilities and did not have capacity to cover Joint Committee work.
- **MWJC budget 2019/20**
  Agreement that the proposed budget be limited to a contribution of £50,000 each per organisation with non-pay costs to be reduced to accommodate a reduction in budget.
- **Rural Health and Care Wales – Future arrangements**

4.2 Clinical Advisory Group

The Mid Wales Clinical Advisory Group which is chaired by Dr Wyn Parry continues to meet regularly. At the inaugural meeting of the Clinical Advisory Group updates on the mid wales perspective were received by the group from those members representing Betsi Cadwaladr University Health Board, Hywel Dda University Health Board, Powys Teaching Health Board, Welsh Ambulance Service NHS Trust and Shrewsbury and Telford NHS Trust. Continuing on this theme an update on the Mid Wales perspective for Wye Valley NHS Trust was received at the March 2019 meeting. It was noted that 15% of the Trust's workload comprised services provided to the residents of Mid Powys and although this appeared to be a small number it was in reality a lot of work. The majority of the work provided was secondary care services with patients treated either in Hereford Hospital or through outreach clinics at Llandrindod Wells. Their relationship with Powys was considered a part of its core business.

The Clinical Advisory Group has also considered the refreshed Mid Wales delivery plan for which the group reaffirmed its agreement that Ophthalmology was the main priority which should be focused on, updates on the Mid Wales Ophthalmology Plan, and North Powys Wellbeing Programme and the final draft of the Bronglais General Hospital Strategy 'Bronglais General Hospital: Delivering Excellent Rural Acute Care – Final Draft document' in order for the group to provide clinical advice and feedback.

4.3 Public and Patient Engagement and Involvement Forum

The Mid Wales Public and Patient Engagement and Involvement Forum operates as a virtual group and its membership comprises those members of the public who have shown an interest in the work of the Joint Committee. Due to the forum operating as a virtual group with no formal meetings, a small group of engagement and involvement leads for partner healthcare organisations, Local Authorities and Community Health Council representatives has been established which is known as the Mid Wales Public and Patient Engagement and Involvement Steering Group to discuss and agree how best to engage and involve the public and patients in the work of the Joint Committee.

This group has led on co-ordinating the arrangements for three Mid Wales specific events held in May and June 2019 at locations across Mid Wales. These events allowed members of the public to be sighted on the work of the Joint Committee and discuss and comment on its current priorities, receive information on health and care services/projects being undertaken across Mid Wales and raise any specific issues in respect of health and care services across the region. Individual health and care organisations also used the opportunity to use these events as vehicle for their own respective engagement and involvement activities. Representatives of Health Boards as well as Community Health Councils, Ceredigion Council Council Porth Gofal service, Rural Health and Care Wales and the Welsh Ambulance Services NHS Trust attended and supported different events. The feedback received from these events has been shared with the relevant organisation(s) for information and, where required, a response.

5. Regional working and Strategic service change programmes

There are a number of regional working and strategic change programmes that have an impact on Mid Wales and key developments of importance to Mid Wales are as follows:

5.1 Living Healthier, Staying Well: Our Strategy for the Future (Betsi Cadwaladr University Health Board)

In March 2018 the Health Board approved the ten-year strategy, Living Healthier, Staying Well: Our Strategy for the Future. Within the strategy it was confirmed that there was further work required to shape the detailed actions within all programmes, and particularly in respect of acute hospital services. Amongst actions identified were: the need to address increasing demand; improve care and response times in emergency departments; work to reduce waiting times and make best use if resources, including specialist hospital staff.

The intention to review, refresh and confirm a more detailed Service Strategy was set out in the Three Year Outlook. The production of a Clinical Services Strategy with detailed service-specific plans, supported by an enabling estates strategy, is a requirement within the Special Measures Improvement Framework and it is important that the Health Board develops a clear model for clinical services that will provide the basis for future sustainability.

The Health Board is currently undergoing a Discover phase and by September 2019, will report to the Board on whether the strategy is fit for purpose and requires a simple refresh; or whether a more significant programme of review and revision is required to ensure sustainable plans for the future. Should a further programme of work be necessary, the Health Board will more formally enter into the 'Discover' and 'Debate' phases of development, in which they will hold a wide conversation on potential future scenarios.

It should be noted that this does not mean that nothing will change during this 'Discovery' phase. There are a number of programmes of work already established which will be working towards recommendations, and some areas previously approved which will be implemented.

The outcome of this work will describe the way forward in clear terms and the timeline for transformational change. This will lead to the development of a target operating model, which will be supported by finance, estates and workforce strategies.

5.2 Delivering Excellence (Welsh Ambulance Services NHS Trust

In April 2019 the Welsh Ambulance Service Trust Board agreed a long term strategy for Ambulance services in Wales "Delivering Excellence". The strategy was subsequently endorsed by the services commissioners, the Emergency Ambulance Services Committee in May 2019.

The strategy recognises that WAST has a far more central role in improving the quality of people's lives across Wales on a daily basis and equally recognises the importance of shifting away from the long held role of a traditional ambulance service. It also recognises the aims and aspirations of:

- Establishing the Welsh Ambulance Services NHS Trust as a modern ambulance service that is valued and trusted to provide the best service wherever and whenever it needed by a highly skilled, motivated and passionate workforce.
- To be at the forefront of implementing new and innovative solutions in partnership with its stakeholders to address the challenges facing NHS Wales.
- Being deliverers, collaborators and coordinators of high quality care.
- Working collaboratively and focusing upon the whole system which will help to ensure that it makes the right changes to provide the best care for patients today and in the future. This can't be done in isolation and the need to build on the positive relationships with patients, the people who work and volunteer for the service, its health partners and wider stakeholders will achieve its ambitions.

In recognising this journey won't be easy the Trust has structured its thinking into seven core themes:

- Delivering Excellence
- Continue to provide the best care possible, outcomes and experience to our patients
- Quality at the Heart of everything we do
- Value and efficiency in everything that we do
- Ensure the designs and infrastructure of the organisation are at the forefront of innovation and technology It
- Enable our people to be the best they can be
- Whole system partnership and engagement

These themes are guiding the thinking as to what needs to be done, implemented and developed in order to make its vision a reality. The Ambulance services integrated medium term plans moving forward will be the vehicle for the delivery of its long term strategy and it is articulated throughout the document what will be delivered (and how), by strategic theme, over the coming three year period as it build towards its strategic goals and visions.

5.3 A Healthier Mid and West Wales: Our Future Generations Living Well (Hywel Dda University Health Board)

The Transforming Clinical Services programme was established as a clinically led programme of work to design the Health Board's health and care strategy to guide the future delivery of health and care for the next generation and beyond. The programme was led by doctors, nurses and other healthcare professionals who have worked together to consider how best to provide health and care services that are safe, sustainable, accessible and kind, built on a scrutiny of health and care systems around the world, and an extensive programme of engagement, consultation and co-production.

The Transforming Clinical Service programme has been organised in three phases to date – Discover, Design and Deliver. Phases 1 and 2 are complete, and the programme is now moving into phase 3 – Delivery.

The Board of Hywel Dda approved its health and care strategy 'A Healthier Mid and West Wales: Our future generations living well', at its meeting in November 2018.

The ‘A Healthier Mid and West Wales’ Programme Launch Workshop was held on 14th June 2019 to formally launch the three change programmes for Transforming our Hospitals, Transforming our Communities and Transforming Mental Health and Learning Disabilities, which will take forward the delivery of “A Healthier Mid and West Wales”.

5.4 NHS Future Fit Programme (The Shrewsbury & Telford NHS Trust)

NHS Future Fit is the major change programme relating to the hospital services provided at Royal Shrewsbury Hospital and Princess Royal Hospital, Telford. A public consultation on the change proposals ran from 30th May 2018 and concluded on 11th September 2018. This set out the proposed new model for one hospital to become an Emergency Care site and the other to become a Planned Care site, with 24 hour urgent care at both sites.

The NHS Future Fit Joint Committee of Shropshire CCG and Telford & Wrekin CCG met on 29th January 2019. Members of the Joint Committee unanimously approved NHS Future Fit Option 1 which supported the preferred model set out in the consultation that the Princess Royal Hospital in Telford will become a dedicated Planned Care site and the Royal Shrewsbury Hospital in Shrewsbury will become a specialist Emergency Care site.

Telford & Wrekin Council have referred the NHS Future Fit decision to the Secretary of State for Health in England. This will now involve a process of consideration by an independent panel, who then make a recommendation to the Secretary of State.

Preparation is currently underway for the implementation phase and an Implementation and Oversight Group is being established which will report as part of the wider Shropshire, Telford and Wrekin Sustainability and Transformation Partnership. The first meeting is expected to be held in July 2019 and Powys Teaching Health Board will continue to participate through this mechanism.

5.5 Herefordshire & Worcestershire STP Stroke Review

A review of Stroke Services is currently being undertaken by the Herefordshire and Worcestershire Stroke Programme Board, which was established in July 2017. It is made up of commissioners, clinical and operational staff from Herefordshire CCG, South Worcestershire CCG, Wye Valley NHS Trust, Worcestershire Acute Hospitals NHS Trust, Worcestershire Health and Care NHS Trust, Herefordshire Council (Public Health), NHSE Strategic Clinical Network lead, third sector and patient representation. WAST and Powys Teaching Health Board attend to understand and assess the impact of the proposals for residents using these services from mid and south east Powys and develop our actions in response.

The Herefordshire and Worcestershire Stroke Programme Board submitted evidence to the West Midlands Clinical Senate at the end of April 2019, and this is currently being reviewed by the Senate. The outcome of the review will provide independent clinical advice on the overall clinical model, each pathway within the clinical model and the workforce model. This process is underway currently and an update was provided at the next meeting of the Programme Board on 26th June 2019.

The outcome of the clinical senate process will determine the next stages of the programme and the exact timing but it is anticipated that there will be a pre-consultation phase of engagement in the Autumn of 2019 and formal consultation in the Spring of 2020.

Powys Teaching Health Board has been carrying out its own review of Stroke pathways for Powys patients in the interim and this has included a scenario mapping workshop supported by travel / access and quality data analysis. This enabled a review of the options for Powys residents, in anticipation of any change proposals, taking into account accessibility, sustainability, quality and performance. This is a complex mapping exercise as there are interdependencies with other strategic change programmes including the All Wales Stroke programme and NHS Future Fit in Shropshire, Telford and Wrekin. This detailed work will enable an informed response to the Herefordshire and Worcestershire proposals and enable mitigation plans to in line with the planned consultation and engagement schedule.

5.6 Trauma services (Hywel Dda University Health Board)

Hywel Dda University Health Board commenced a period of engagement on developing Trauma Services on the 24th June 2019, which continues until 5th August 2019.

Major Trauma involves multiple and serious injuries that could result in disability or death. Hywel Dda University Health Board note that fewer than two out of every 1,000 people attending an Emergency Department will suffer major trauma and that in their catchment area this equates to approximately 80 people a year.

The Health Board's proposals seek to develop their existing provision with an interim Trauma Unit to be sited at Glangwili Hospital in Carmarthen. This would operate in the years leading up to the planned new hospital for urgent and planned care, which is a component of the Health Board's wider Transforming Clinical Services programme.

This is alongside work by the national Major Trauma Network to locate a Major Trauma Centre for South Wales at the University Hospital of Wales in Cardiff, which is being taken forward following public consultation last year.

North Powys and North Wales is already covered by the North West Midlands and North Wales Major Trauma Network, with a designated Major Trauma Centre in Stoke. All current acute and emergency services will remain at Bronglais Hospital, Aberystwyth and Withybush Hospital, Haverfordwest. These sites will continue to deal with less severe traumatic injury in the HDUHB proposals.

Further information and an online survey link are available from a web resource from the launch of six weeks of engagement on Monday June 24, running until Monday August 5. This can be accessed at
www.hywelddahb.wales.nhs.uk/TraumaServices

5.7 Regional Partnership Boards and Public Services Boards (Carmarthenshire, Ceredigion, Pembrokeshire and Powys)

A regional workshop for Public Services Boards and Regional Partnership Boards covering Carmarthenshire, Ceredigion, Powys and Pembrokeshire was held on 7th June 2019. The purpose of the workshop was to share the similarities and differences between the work of the Public Services Boards and Regional Partnership Boards and to explore opportunities for future collaboration arrangements. During the event it was noted that Ceredigion and Powys worked closely together through both the Grow Mid Wales Partnership and the Mid Wales Joint Committee which would need to be considered in any future collaboration arrangement. A more detailed report summarising the outputs from the event will be shared with members of the Joint Committee when available.

6. Rural Health and Care Wales

Rural Health and Care Wales was established in response to the twelfth recommendation of the Mid Wales Healthcare Study that a centre be developed to focus on research, development and dissemination of evidence in health service research that addresses the particular challenges of Mid Wales.

Following discussions regarding the future arrangements for Rural Health and Care Wales beyond September 2019 it has been agreed that it should continue for a further 18 months up until 31st March 2021, that this should be an interim arrangement hosted by the Mid Wales Joint Committee, that the workplan needed be aligned to the priorities for the Mid Wales Joint Committee and that existing links between Rural Health and Care Wales and organisations be strengthened to ensure consistency in approach. The Joint Committee Programme Director is currently in discussions with the Chief Executives of the four mid wales healthcare organisations regarding the funding arrangements for RHCW for a further 18 months up until 31st March 2021.

7. Scrutiny

The Mid Wales Joint Scrutiny Working group met on the afternoon of 1st July 2019 following the Mid Wales Joint Committee meeting held in the morning. Those in attendance included members of the scrutiny working groups for the three Local Authorities covering Mid Wales – Powys County Council, Gwynedd Council and Ceredigion County Council, together with Hayley Thomas, Joint Committee Lead Director of Planning and Peter Skitt, Joint Committee Programme Director. Items discussed included:

- Mid Wales Joint Committee extreme red scoring risks.
- Mid Wales Joint Committee work programme and delivery plan.

The next meeting will follow on from the Mid Wales Joint Committee meeting arranged on 25th November 2019 with agenda items to include ambulance service provision across Mid Wales and a report regarding dementia.

APPENDIX 1

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 24/06/19)

Priority:	Health, Wellbeing and Prevention – Social and Green Solutions for Health				
Overall Goal	**Lead**	**Deadline**	**Objective 2019/20**	**How success will be measured**	**Update**
Support the population of Mid Wales to take greater control of their own health and wellbeing through the development of a more co-ordinated, coherent and proactive approach to Social and Green Solutions for Health across Mid Wales.	**HDdUHB** Ros Jervis	Jul 19 Mar 20	Co-ordinate the implementation of a Mid Wales Social and Green Prescribing model and supporting frameworks. An agreed Strategic Framework for Social and Green Solutions for Health for implementation by the Mid Wales Strategic Forum.	Increase in the number of Social and Green projects/activities available across Mid Wales. *Minimal research but what has been found suggests the following could also be measured:* *Reductions in use of NHS resources:* • *Accident and emergency (A&E) attendance* • *Outpatient appointments* • *Inpatient admissions* • *General practice attendance rates for people who have received the social prescription*	A regional workshop for Public Service Boards and Regional Partnership Boards covering the Hywel Dda and Powys areas was held on 07/06/19. During this event the opportunity was taken to gather ideas/views from members on what their interpretation was of a Mid Wales Social and Green Prescribing framework and what an overarching framework should look like. There was unanimous support for the development of a framework which delivered the social and green prescribing agenda in a joined up and holistic way. An invitation was also extended to those present to volunteer their services to support the design of a framework at a regional level which would be delivered at a local level. The feedback received from this event is currently being taken collated into a detailed report and the priority lead is due to attend the next meeting of the MW Planning and Delivery Executive Group in August 2019 to provide a detailed update. Running in parallel is the Mid Wales Green Health in Practice Network, with administrative support provided by Rural Health and Care Wales, which continue to establish more links with key stakeholders across Mid Wales. This work will be linked in to the work being undertaken on the development of an overarching framework.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 24/06/19)

Priority:	Ophthalmology				
Overall Goal	**Lead**	**Deadline**	**Objective 2019/20**	**How success will be measured**	**Update**
Develop an integrated community focused Ophthalmic approach across Mid Wales with a co-ordinated approach across primary, community and hospital care services which will include enhancing the provision of community outpatient clinics and Optometric triage.	**MWJC** Peter Skitt	Nov 19

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 24/06/19)

Priority:	Community Dental Service				
Overall Goal	**Lead**	**Deadline**	**Objective 2019/20**	**How success will be measured**	**Update**
Improved access to community dental services and enhanced community dental provision across Mid Wales.	**PTHB** New lead to be confirmed	Jul 19	**Phase 2** Expand the Newtown-based Community Dental Service to accept referrals appropriate to the specialty of Oral and Maxillofacial surgery and Endodontic services for Ceredigion and Powys patients. (NOTE – Phase 1 has focused on the Newtown-based Community Dental Service accepting patients from HDdUHB for treatment within the PTHB Community Dental Service.)	Reduction in referrals to out of area services. Improved Referral to Treatment waiting time position. Increase in the number of referrals to the Newtown-based Community Dental Service. Reduced travelling time / distance travelled for residents of Mid Wales.	**Phase 1** Phase 1 of the project has been operational since January 2017 with a total of 557 patients from Hywel Dda (Ceredigion) referred to the Newtown service from January 2017 to early May 2019. • 283 referrals for 2017/2018 • 189 referrals for 2018/2019 • 85 referrals from 01/04/19 up until 08/05/19 **Phase 2** Following a review of the current challenges regarding anomalies in Health Board data it has been agreed that work will now be undertaken to explore progressing Phase 2 of the project as a pilot for Powys patients only. The outcomes of this pilot will be reviewed at the three month stage to explore the feasibility of expanding this service to Ceredigion residents.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 24/06/19)

Priority:	Community Dental Service				
Overall Goal	**Lead**	**Deadline**	**Objective 2019/20**	**How success will be measured**	**Update**
		Mar 20	**Phase 3** Implement a Community led Sedation/General Anaesthetic service at Bronglais General Hospital for Ceredigion and Powys patients.	Reduction in referrals to out of area services. Improved Referral to Treatment waiting time position. Increased utilisation of theatres and related services at Bronglais General Hospital. Reduced travelling time / distance travelled for residents of Mid Wales.	**Phase 3** Initial analysis and scoping work underway.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 24/06/19)

Priority:	Oncology				
Overall Goal	**Lead**	**Deadline**	**Objective 2019/20**	**How success will be measured**	**Update**
Improved access to community based oncology services, along with the repatriation of work back to Mid Wales as appropriate.	**HDdUHB** Dr Elin Jones (pending Consultant Oncologist appointment)	Nov 19 Jul 19 Sep 19	Review existing pathways in place for community based oncology services and identify opportunities for increasing provision across Mid Wales. Ensure accurate data with regards to Mid Wales patients attending Shrewsbury and Telford Hospital NHS Trust (SaTH) and develop plans for repatriation. Agree a site for a Mid Wales approach to the creation of a Chemotherapy Day Unit at Bronglais General Hospital with outreach in community settings as appropriate.	Reduction in referrals to out of area services. Reduced travelling time / distance travelled for residents of Mid Wales. Increase in the number of patients treated through the Bronglais General Hospital service. Reduction in the number of patients travelling to SaTH and beyond for chemotherapy services. Patient satisfaction surveys.	Priority area will focus on facilitating treatment across Mid Wales. Links already well established between HDdUHB, BCUHB and ABMUHB. Project group established and membership includes representation from HDdUHB, BCUHB, PTHB and Shrewsbury & Telford NHS Trust. First meeting of project group held on 24/06/19 to share information on current pathways in Mid Wales, possible future pathways, current gaps in services and identifying what treatment services. The group agreed that the scope of the work should be extended to look at the whole cancer pathway with a focus on therapy and outpatients being provided as close to home as possible. Members of the group have been tasked with providing activity data per specialty for 2018/19 which will be considered in more detail at the next meeting to be arranged for late August/early September 2019.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 24/06/19)

Priority:	Welsh Community Care Information System (WCCIS)				
Overall Goal	**Lead**	**Deadline**	**Objective 2019/20**	**How success will be measured**	**Update**
Fully integrated WCCIS system across Mid Wales in order to support an integrated service delivery model which allows cross border assessment and care planning across Mid Wales.	**PTHB** Kara Price	Dec 19	Co-ordinate the development of a solution to the cross border issues related to WCCIS to allow the sharing of information across county borders of Mid Wales in particular for Community staff working in the Dyfi valley and surrounding areas. **NOTE:** Objective is dependent on the timescale for the full deployment of WCCIS across those county health services covering Mid Wales where WCCIS has not yet been deployed – South Meirionnydd (Betsi Cadawladr University Health Board) and Ceredigion (Hywel Dda University Health Board).	Reduction in missed appointments and wasted visits. Decrease in duplication of processes and record keeping. Reduction in unnecessary hospital admissions. Quicker discharge process. Support for integrated and shared assessments between Health and Social Care staff.	Latest position regarding WCCIS deployment for individual organisations across Mid Wales: **Hywel Dda area** Ceredigion Council – Deployed Hywel Dda UHB (Ceredigion) - Deployment date for WCCIS confirmed as Aug 19 to Feb 20. **Betsi Cadwaladr area** Gwynedd and Anglesey Councils – Deployed Betsi Cadwaladr UHB - Cannot yet commit to a timescale. **Powys** Powys Council – Deployed Powys THB – Deployed Issue regarding interoperability issues with cross border organisations across Wales and into England with regards to access to WCCIS raised at national level with the NHS Wales Informatics service. The national team will support this piece of work. The requirements for Mid Wales are currently being developed to inform required actions and the development of proposal paper for the Business Change groups and the National Team.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 24/06/19)

Priority:	Respiratory				
Overall Goal	**Lead**	**Deadline**	**Objective 2019/20**	**How success will be measured**	**Update**
Integrated community focused respiratory approach across Mid Wales with co-ordinated services across primary care, community and hospital care services in order to ensure early diagnosis of respiratory conditions and improved provision of chronic disease management through enhanced support from specialists within the community to optimise treatment and support for patients.	**PTHB** Hayley Thomas and Claire Lines	Sep 19

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 24/06/19)

Priority:	Telemedicine				
Overall Goal	**Lead**	**Deadline**	**Objective 2019/20**	**How success will be measured**	**Update**
Innovative use of telehealth and other technologies that build upon the work undertaken by the Telehealth and Innovation sub-group of the former Mid Wales Healthcare Collaborative in particular the Mid Wales Telemedicine Strategy and the four telehealth projects.	**HDdUHB** Hazel Davies	Jun 19	a) Ensure that the four telehealth projects of the former MWHC are implemented and operationally sustainable, revisit the outcomes and consider the feasibility of rolling out across a wider area. 1. Home Monitoring and Follow Up for Patients with Pacemakers and Implantable cardiac monitors. 2. Utilising mobile telemedicine to access foetal cardiac specialist opinion. 3. Home UV-Phototherapy for Chronic Skin Disease in Rural Wales. 4. Hub & Spoke Technology Enabled Care Outpatient Department Clinics.	Increase in the number of community settings including GP surgeries and community hospitals which are used as telemedicine centres. Reduced travelling times / distance travelled for patients. Reduced travelling times for clinicians thereby releasing additional capacity. Increase in the number of telemedicine clinics across Mid Wales. Patient satisfaction surveys.	a) Latest position regarding the 4 Telehealth projects as follows: 1. Remote pacing: Fully implemented and work undertaken to review outcomes to ascertain success of project. CT Angiotherapy services established in BGH as from April 2019. Remote pacing service commenced in BGH at the beginning of June 2019. 2. Phototherapy: Issues surrounding capital costs for the enabling works at Dolgellau Hospital in order for the UV Booth to be housed in the preferred location discussed at the MW Telehealth Planning Group and MW Planning & Delivery Executive Group. Funding issues currently being followed explored by BCUHB planning lead. 3. Mobile Foetal and Paediatric Cardiac imaging: Work being undertaken to confirm current location of the equipment and whether it is being used for its intended purposes. 4. Hub and Spoke: All kit now accounted for and location known. Work now underway to scope possible service areas where kit can be used in order to utilise clinics.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 24/06/19)

Priority:	Telemedicine				
Overall Goal	**Lead**	**Deadline**	**Objective 2019/20**	**How success will be measured**	**Update**
Innovative use of telehealth and other technologies that build upon the work undertaken by the Telehealth and Innovation sub-group of the former Mid Wales Healthcare Collaborative in particular the Mid Wales Telemedicine Strategy and the four telehealth projects.	**HDdUHB** Hazel Davies	Dec 19

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 24/06/19)

Priority:	Integrated care hubs				
Overall Goal	**Lead**	**Deadline**	**Objective 2019/20**	**How success will be measured**	**Update**
Creation of integrated care hubs as local health 'hubs' for services in communities across Mid Wales, enabling outreach facilities from acute hospitals in order to improve access to health and social care, well-being, prevention and health promotion services.	**PTHB** Hayley Thomas	Aug 19	a) Develop the Aberaeron Integrated Care Centre in order to improve access to health and social care, well-being, prevention and health promotion services.	Reduced travelling times for patients. Reduced travelling times for clinicians thereby releasing additional capacity.	a) Building works, which commenced in July 2018, are on-going with the go live date planned for September / October 2019. The building will accommodate a GP practice and outpatient services and office space for community staff from Nursing, Therapies, Health Visitors, Midwives, Social Services, Chronic Conditions etc. which will allow for a more integrated way of working. The building will be used in an Agile manner which will be supported with new IT systems funded through Welsh Government.
		Mar 20	b) Support the work on the development of the Bro Ddyfi Integrated Health and Care facility in order to improve access to health and social care, well-being, prevention and health promotion services.	Increase in the number of outreach facilities between Bronglais General Hospital and the Bro Ddyfi site. Reduced travelling times for patients. Reduced travelling times for clinicians thereby releasing additional capacity.	b) Main planning approval for the Bro Ddyfi Integrated Health and Care Centre facility scheme has now been granted. However, due to contractor issues the scheme will need to go through a re-tendering exercise. As a result the original planned start date will be revised accordingly.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 24/06/19)

Priority:	Integrated care hubs				
Overall Goal	**Lead**	**Deadline**	**Objective 2019/20**	**How success will be measured**	**Update**
		Mar 20	c) Support the work on the development of the North Powys Wellbeing programme in order to improve access to health and social care, well-being, prevention and health promotion services.	Increase in the number of outreach facilities between Bronglais General Hospital and the proposed Newtown facility. Reduced travelling times for patients. Reduced travelling times for clinicians thereby releasing additional capacity.	c) Powys Teaching Health Board and Powys County Council, in conjunction with the MWJC and clinical leaders from Shrewsbury and Telford Hospital and HDdUHB are holding a small workshop on 02/07/19 to examine the art of the possible in relation to what secondary care services could in-reach in North Powys.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 24/06/19)

Priority:	Workforce plan for Mid Wales				
Overall Goal	**Lead**	**Deadline**	**Objective 2019/20**	**How success will be measured**	**Update**
Create a flexible and sustainable rural health and care workforce for the delivery of high quality services which support the healthcare needs of rural communities across Mid Wales.	**HDdUHB** Lisa Gostling and **PTHB** Julie Rowles	Jul 19	a) Develop and extend new/ enhanced roles including Physician Associates, assistant practitioners, nurse specialists, Consultant nurses which will work across primary, community and secondary care.	Increase in number of substantive appointments across Mid Wales. Increase in the number of new roles created. Workforce job satisfaction. .	Meeting held with HDdUHB Lead to review and revise action plan. Mid Wales workforce group established and meeting held on 28/05/19 to consider revised action plan. a) Baseline information for existing roles for each individual organisation has been produced and work now required to collate and compare.
		Oct 19	b) Develop a programme to facilitate joint training opportunities for all health staff across the three Health Boards and where possible integrate with other care providers.		b) Joint induction framework to be launched in Ceredigion in September 2019. Further work to be undertaken on exploring how this can be extended further.
		Oct 19	c) Develop joint Healthcare support worker development programmes which span all sectors.		c) Apprenticeships introduced within HDdUHB with 10 placements at BGH. Further work to be undertaken on exploring how this can be extended to include social care.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 24/06/19)

Priority:	Workforce plan for Mid Wales				
Overall Goal	**Lead**	**Deadline**	**Objective 2019/20**	**How success will be measured**	**Update**
		Jan 20	d) Develop workforce plan to scope and understand configuration of existing workforce across health and care sectors and which considers the rurality of Mid Wales.		d) Actions/leads for this objective discussed at the Mid Wales workforce group meeting on 28/05/19.
		Dec 19	e) Develop recruitment campaign to support sustainability of workforce within Mid Wales.		e) New nurse recruitment film 'Train, Work, Live in Mid Wales' produced in May 2019 as joint venture between BCUHB, PTHB and HDdUHB with support from RHCW. Organisational webpages to be reviewed to ensure consistency of information.

NOTE:
2020/2021
Work with Swansea University regarding the development of a nurse training centre in Aberystwyth ensuring sufficient high quality placements are available to support 20 students.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 24/06/19)

Priority:	Clinical Strategy for Hospital Based Care and Treatment				
Overall Goal	**Lead**	**Deadline**	**Objective 2019/20**	**How success will be measured**	**Update**
Sustainable and accessible Hospital Based Care and Treatment services for the population of Mid Wales with robust outreach services and clinical networks	**HDdUHB** Peter Skitt	Jun 19 Oct 19 Nov 19	a) Develop and agree a clinical strategy for Bronglais General Hospital which provides a clear vision of how services could be provided through networks crossing organisational boundaries, through better use of new staff groups and through using technology enabled healthcare. b) Develop and agree a delivery plan for the implementation of the clinical strategy for Bronglais General Hospital. c) Commence implementation of the delivery plan for the Bronglais General Hospital clinical strategy.	Reduction in referrals to out of area services. Improved Referral to Treatment waiting time position. Increased utilisation of services at Bronglais General Hospital. Reduction in travel time / distance travelled for patients. Increase in the number of outreach services across the Care Hubs in Mid Wales. Increased public satisfaction with the facilities available across Mid Wales. Further availability of clinical space for the population of Mid Wales through commissioning intentions.	a) Final draft strategy document 'Bronglais General Hospital: Delivering Excellent Rural Acute Care' circulated to the strategy core group, contributors and the Mid Wales Clinical Advisory Group for comments and suggestions by 24/05/19. Following consideration of the comments and suggestions received the final version was presented to meetings of the HDdUHB Executive Team and Mid Wales Joint Committee in early June 2019. Final version of the clinically led strategy, which is pending final approval by the HDdUHB Executive Team, to be presented to the Joint Committee meeting on 01/07/19. Please refer to agenda item 6. for further details.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 24/06/19)

Priority:	Clinical networks				
Overall Goal	**Lead**	**Deadline**	**Objective 2019/20**	**How success will be measured**	**Update**
Effective clinical networks across those secondary care services which provide services to the population of Mid Wales in order to ensure the provision of effective care for the Mid Wales population.	**PTHB** Wyn Parry	Mar 20	a) Develop and establish clinical networks across those secondary care services which provide services to the population of Mid Wales in particular: • Ophthalmology • Oncology • Colorectal • Respiratory	Increase in the number of networked services providing care for the people of Mid Wales with partners in Hywel Dda, Powys, Betsi and English providers. Reduction in travel time / distance travelled for patients. Increase in the number of outreach services across the Care Hubs in Mid Wales. Cross organisational clinical workshop between SaTH, PTHB, HDdUHB (BGH) regarding pathways and on-going working patterns.	a) Action on the development of clinical networks is on-going and being progressed via the Mid Wales Clinical Advisory Group (CAG) in particular: • At its last meeting held on 21/05/19 the group received the final draft Bronglais General Hospital strategy document for members to provide clinical advice and feedback. • The group has agreed that Ophthalmology is the top priority area which needed to be focused on. The CAG will be sighted on the Mid Wales Ophthalmology Plan in order to provide clinical advice and to support the development of any required clinical networks across Mid Wales. • Work is currently being undertaken to look at the alignment between CAG and the North Wales Wellbeing programme.
		Mar 20	b) Establish links with and support the work being undertaken on the development of the North Powys Wellbeing Programme.		b) Powys Teaching Health Board and Powys County Council, in conjunction with the MWJC and clinical leaders from Shrewsbury and Telford Hospital and HDdUHB are holding a small workshop on 02/07/19 to examine the art of the possible in relation to what secondary care services could in-reach in North Powys.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 24/06/19)

Priority:	Colorectal Surgical Pathway				
Overall Goal	**Lead**	**Deadline**	**Objective 2019/20**	**How success will be measured**	**Update**
Establish a sustainable Colorectal surgical pathway at Bronglais General Hospital, which ensures a Mid Wales focus on service delivery and creates opportunities for outreach services across the Care Hubs in Mid Wales.	**HDdUHB** Peter Skitt	Jun 19 Aug 19 Mar 20	Develop and agree a service model for the colorectal surgical pathway for Bronglais General Hospital with outreach services across Mid Wales. Implement the colorectal service model: a) Phase 1 - Reintroduction of elective colorectal surgery at Bronglais General Hospital. b) Phase 2 - Establishment of outreach services across the Care Hubs in Mid Wales.	Reduction in referrals to out of area secondary care services. Improved Referral to Treatment waiting time position. Reduced travelling times for patients Increased utilisation of services at Bronglais General Hospital. Increase in the number of outreach services across the Care Hubs in Mid Wales. Increase in the commissioning numbers for HDdUHB BGH colorectal services from neighbouring Health Boards via the commissioning process.	Plan in place to cover colorectal services pending the departure of Consultant colorectal surgeon in late Summer 2019. • Interim support will provided via Withybush General Hospital pathway as previously. • Recruitment for a replacement will be via a specific advertisement with the advertisement stage due to commence in mid July 2019. A check is being undertaken as to whether approval is required from the Royal College. Consultant surgeons from Bronglais General Hospital involved in the recruitment process.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 24/06/19)

Priority:	Engagement and Involvement				
Overall Goal	**Lead**	**Deadline**	**Objective 2019/20**	**How success will be measured**	**Update**
Support and manage on-going engagement, involvement and communication with the public and staff on the work being undertaken across Mid Wales	**WAST** Estelle Hitchon	Mar 20 Mar 20 Jun 19	Implement the Mid Wales Joint Committee agreed approach for engagement, involvement and communication through: a) Mid Wales Public and Patient Engagement and Involvement Forum. b) Use of existing engagement, involvement and communication frameworks of the partner organisations. c) Development and implementation of a programme of specific Mid Wales Joint Committee engagement and involvement events, which complement existing organisational frameworks.	Assessment against the National Principles for Public Engagement in Wales through feedback from the public and staff. Patient satisfaction surveys Patient/public involvement in planning of Mid Wales services. Reduction in the number of complaints / ad-hoc issues.	A Mid Wales Public and Patient Engagement and Involvement Steering Group has been established to co-ordinate and support the delivery of the Mid Wales Joint Committee's approach to engagement, involvement and communication. a) Mid Wales Public and Patient Engagement and Involvement Forum comprises those members of the public who have shown an interest in the work of the Joint Committee and the Forum operates as a virtual group. b) There is on-going work to collate a rolling programme of individual organisational engagement and involvement mechanisms in order to identify those opportunities where the Joint Committee can engage and involve the public and patients in the work of the Joint Committee. c) In response to requests from members of the public for Joint Committee led engagement and involvement events, three drop in events have been held / are due to be held at local cafés/venues at three locations across Mid Wales in May and early June 2019.

JOINT REGIONAL PLANNING AND DELIVERY COMMITTEE UPDATE

1. INTRODUCTION

The purpose of this report is to provide the Hywel Dda University Health Board with an interim update to offer assurance on the pace and momentum of ongoing Joint Regional Planning and Delivery Committee (JRPDC) projects. The group last met on 10 April 2019, and the next meeting is scheduled on 21 August 2019.

2. BACKGROUND

The Joint Regional Planning & Delivery Committee (JRPDC) has a key role in driving forward, at pace, a range of projects that have been identified by both Hywel Dda University Health Board (HDdUHB) and Swansea Bay University Health Board (SBUHB) as priorities for joint working on a regional basis; 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.

Key points to note in this report are:

- Following submission of the Pathology Strategic Outline Case in March 2019 to Welsh Government, the Office of Government Commerce Gateway '2' ('delivery strategy' stage) project assurance is planned for September 2019;
- A new regional project has been established to consider Dermatology and a workshop will take place in October to develop a regional work programme; and,
- Work has continued, led by the Directors of Strategy and Planning, since April to develop Regional Clinical Services Plan for presentation to the next JRPDC.

3. ASSESSMENT

The JRPDC did not take place in June due to a number of significant changes at leadership level in both Health Boards and the meeting was not able to be quorate. Progress continues to be made across a range of regional projects and Directors of Strategy and Planning hold bi-weekly meetings with planning and service colleagues in both Health Boards to keep pace on key actions.

The attached JRPDC Portfolio Report in Appendix 1 is a high level summary of key deliverables for each project along with the current status of each action. Detailed updates on the following will be received at the JRPDC in August:

Pathology – response to scrutiny questions and preparations for the OGC Gateway

‘2’ Review for September 2019;

Endoscopy - A report on the Joint Regional Work programme;

Dermatology – A report on the Joint Regional Work programme;

Workforce – A presentation on regional workforce issues;

Cardiology – An update on project deliverables;

Major Trauma – an update on the work to establish Major Trauma Units in SW Wales and the regional approach to Rehabilitation;

Regional Clinical Services Plan for South West Wales (RCSP) – The first draft of the RCSP will be received for comment.

4. RECOMMENDATIONS

Members are asked to:

- **NOTE** the interim update on the JRPDC regional joint working that is being progressed.

Filter by Project

JRPDC Portfolio Project Summary 2019/20

Actions and timescale									
Programme Reference	PROJECT NAME	DELIVERABLES	TIMESCALE	DESCRIPTION / COMMENTARY	EXECUTIVE LEAD ABMU HDDA	RAG	STATUS		Governed By
JRPDC 1.1	**Endoscopy**	Implement regional standardised electronic referral form for endoscopy services across the South West Wales region	Q4 2019/20	Work-stream to be closed – this has been superseded by the work of the National Endoscopy Programme who are looking at the establishment and implementation of an All Wales solution	Karen Miles	Amber	NOT LIVE		JRPDC
JRPDC 1.2		Implement agreed guidance for surveillance management and follow-up to increase clinical effectiveness	Q4 2019/20	• Information on surveillance protocols have been shared between the two UHBs • Requirement to clear the backlog of surveillance cases • Requirement to review pre-assessments to reduce Did Not Attends	Karen Miles	Amber	LIVE		JRPDC
JRPDC 1.3		Undertake endoscopy demand and capacity gap analysis	Q4 2019/20	• Hywel Dda currently undertaking work to understand the Swansea Bay demand and capacity model • Both UHBs will need to review future demand and capacity as part of the National Programme to look at future demand based on the potential increases through the Single Cancer Pathway and revised Bowel Screening protocol • Hywel Dda reviewing its use of Scorpio and have been undertaking a gap analysis between the Scorpio system and the Endoscopy Management System (EMS) used in Swansea Bay • Swansea Bay undertaking work on EMS to allow migration into the Welsh Clinical Portal, and ensure that it is compliant for National Endoscopy Database reporting • Review of digital infrastructure including ability to use video imagery capture	Karen Miles	Amber	LIVE		JRPDC
JRPDC 1.4		Develop and implement endoscopy workforce plan that provides high-quality and timely patient-centred care, with effectie outcomes to support the future requirements of the service	Q4 2019/20	• Both UHBs looking at accelerated training programmes for nurse and clinical endoscopists • Both UHBs to review how we share / support staff to help with the immediacy of filling workforce gaps • Consultant endoscopy issue regarding the WLI / pension issue	Karen Miles	Amber	LIVE		JRPDC

JRPDC 2.1	**Catheter Labs**	Implement the approved expansion of tertiary pathways (ACS/Cardiac Ablation/TAVI) - recruitment of required cath lab and consultant staff	Q2 2019/20	• The substantive recruitment for the three elements of expansion ACS/EPS and TAVI is progressing. • All three elements of the expansion plan are in place being supported by a combination of substantive appointments and staff working additional hours. • ACS additional lists are running in the week at the moment (Monday and Friday) pending staff consultation to move to a Saturday planned all day list in SBUHB. • Treat and repatriate service model has also continued post winter with a costed plan in the process of being finalised. • TAVI costed plan has been finalised and was be reviewed by WHSSC management group in their June 2019 meeting but this has been deferred.	Chris White	Amber	LIVE		JRPDC
JRPDC 2.2		Hywel Dda commissioning of demountable Cardiac Catheter Laboratory	Q4 2019/20	Hywel Dda currently preparing an update paper to inform the next JRPDC meeting	Joe Teape	Amber	LIVE		JRPDC
JRPDC 2.3.1		Year1 Hywel Dda Cardiac Cath Lab (repatriation activity from SBUHB to Hywel Dda UHB) - consider opportnity to repatriate some swansea angiography undertaken in POW if capacity in local Hywel Dda Health Board cardiac cath laboratory	Q4 2020/21	Hywel Dda currently preparing an update paper to inform the next JRPDC meeting	Joe Teape	Amber	LIVE		JRPDC
JRPDC 2.3.2		Recruit Cardiac Cath Lab staff to Hywel Dda Health Board laboratory to support year 2 plan	Q2 2021/22	Hywel Dda currently preparing an update paper to inform the next JRPDC meeting	Joe Teape	Amber	LIVE		JRPDC
JRPDC 2.3.3		Year 2 Hywel Dda cardiac cath lab	Q2 2021/22	Hywel Dda currently preparing an update paper to inform the next JRPDC meeting	Joe Teape	Amber	LIVE		JRPDC
JRPDC 2.4		Replace the third cardiac catheter laboratory in Morriston Hospital - once replacement completed repatriate remaining swansea angiography undertaken in POW back to south west	Q2 2021/22	Work to commence on developing business case for replacement of 3rd Lab in Quarter 4 2019/20	Chris White	Amber	LIVE		JRPDC

JRPDC 2.5		Phased implementation plan for 5 year growth requirements for cardiac catheter laboratory requirements South West Wales (23/24)	2023/24	Hywel Dda currently preparing an update paper to inform the next JRPDC meeting		Amber	LIVE		JRPDC
JRPDC 3.1	**Orthopaedics**	Demand and capacity analysis and options paper	Q4 2018/19 February 2019	• The JRPDC received an update on the modelling work undertaken between the UHBs in respect of elective orthopaedic backlog and sustainability for 2019/2020. • Both Health Boards are having ongoing discussions with Welsh Government in respect of their Annual Plans for 2019/20 to agree the final delivery points. • It was agreed at the JRPDC meeting that the challenge for SBUHB to reach zero wait would be take forward as part of IMTP planning.	SBUHB - Chris White/Darren Griffiths HDUHB - Joe Teape	Green	NOT LIVE		JRPDC
JRPDC 3.2		Joint strategic direction and action plan	Q1 2019/20 April 2019	Any opportunities to align plans will need to be explored as part of the work on our RCSP.	SBUHB - Chris White/Darren Griffiths HDUHB - Joe Teape	Amber	LIVE		JRPDC
JRPDC 4.1		Appointment to joint posts	Q1 2019/20	Joint Middle Grade Surgical Doctor - Candidate withdrew, post to be readverstised Consultant Post – Funding has been approved for a 9th post. The JD has been approved by the Royal College and has gone to advert.	Joe Teape	Green	LIVE		JRPDC
JRPDC 4.2		Joint Regional Hybrid Theatre		A group has been re-established to take forward the business case development. A paper was submitted to SBUHBs Investment and Benefits Group (IBG) at the end of April to obtain approval for the release of design fees to support a refresh on previous plans for the hybrid theatre. SBUHB Execs have requested a presentation at SBUHB Execs on 24th July to provide an overview of the vascular network, progress to date and the relationship between the hybrid theatre and the overall plan and strategy of the vascular network. Next steps will include submission to IBG for approval of the release of design fees to progress with the business case development. . They will then confirm if the project can move onto the next stage which is release of design fees and appointing an architect to work with the vascular team.	Chris White	Amber	LIVE		JRPDC
JRPDC 4.3	**Vascular**	Regional Limb at Risk Pathway	Q1 2019/20	• The Limb at Risk Pathway has gone live. • Value-based healthcare project - The Clinical Leads of the podiatry departments within Swansea Bay and Hywel Dda University Health Boards have identified areas where there are low value activities undertaken that may release resources to be redirected into higher value activities. • Referral to National Exercise Referral Scheme (NERS) - Podiatrists are now able to refer directly into NERS following discussions taken forward with Public Health Wales. It has been agreed that named clinicians can refer into NERS. • Education package - The content of the education package has been finalised and the first Education Day was held on 14th February 2019 with more than 100 clinicians in attendance. There has been very positive feedback and there are plans to run the course annually.	Joe Teape	Green	LIVE		JRPDC

JRPDC 4.4		Sustainable Vascular Laboratory	TBC	Following discussions it has been agreed that the SBUHB vascular laboratory staff will now come under the responsibility of radiology. This provides appropriate line management for the clinical staff and opportunites. There has been discussions whether the vascular laboratory services within the two Health Boards should be networked or remain separate. Paper and further discussions at next vascular meeting	Joe Teape	Amber	LIVE	JRPDC
JRPDC 5.1	**Dermatology**	Stabilise curewnt services across the region	TBC	Focus is on understanding current demand and capacity across all sites the system and working on joint plan to address gaps. GP education and training to begin in Hywel Dda in order to upskill GPs initially, supported by SBUHB. A proposal to be scoped for the development of a Clinical Photography service for rural areas, including Hywel Dda and Neath Port Talbot. Work underway to agree a sustainable pathway for dermatology across the region	Chris White	Green	LIVE	JRPDC
JRPDC 5.2		Develop regional workforce development programme - med term	2020-2022	The structure and content of the programme will be agreed as part of the workshop in October 2019	Chris White	Green	LIVE	JRPDC
JRPDC 5.3		Develop 5 Year Regional Dermatology Strategy	2019-2024	Begin planning for this as part of the Workshop on 3rd October 2019. Explore Artificial Intelligence (AI) solutions as part of workshop and strategy.	Chris White	Green	LIVE	JRPDC
JRPDC 4.1	**Ophthalmology**	Operational plan focusing on regional eye on-call service.	TBD further info awaited	Project not currently LIVE	Joe Teape	Amber	NOT LIVE	JRPDC
JRPDC 6.1	**Cellular Pathology**	Regional Cellular Pathology Service Business Case	Q4 2020	• UHBs formally signed off SOC and submitted to WGov 29/3/19 for approval. • WGov scrutiny letter received 24/5/19. Joint response in hand - qtr2 • OGC Gateway '2' ('delivery strategy' stage) project assurance planned for September 2019. • Resource schedule for OBC / Commence outline design, post SOC approval - qtr3	Karen Miles	Green	LIVE	JRPDC

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 July 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Statutory Partnerships Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Jennings, Director of Partnerships and Corporate Services
SWYDDOG ADRODD: **REPORTING OFFICER:**	Anna Bird, Head of Strategic Partnerships, Diversity and Inclusion Martyn Palfreman, Head of Regional Collaboration

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) is a statutory member of Public Services Boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire and the West Wales Regional Partnership Board.

The purpose of this report is to provide an update to the Board in respect of the recent work of the three Public Services Boards and Regional Partnership Board.

Cefndir / Background

PSBs were established under the Well-being of Future Generations (Wales) Act 2015 (the Act) and their purpose is to improve the economic, social, environmental and cultural well-being in its area by strengthening joint working across all public services in Wales.

The effective working of Public Services Boards is subject to overview and scrutiny by the Well-being of Future Generations Commissioner, Wales Audit Office as well as designated local authority overview and scrutiny committees.

Regional Partnership Boards, based on LHB footprints, became a legislative requirement under Part 9 of the Social Services and Wellbeing (Wales) Act 2014 (SSWBWA). Their core remit is to promote and drive the transformation and integration of health and social care within their areas.

Asesiad / Assessment

Carmarthenshire Public Services Board (PSB)
The PSB met on 8 July 2019 and the Health Board hosted the meeting in the Boardroom of Ystwyth Headquarters. During the meeting members had a chance to review and reflect on the Annual Reports of the Community Council's who are subject to the Act i.e. Councils with income/expenditure exceeding £200k per annum. It was noted that that there are 72 Community Councils in total and 7 currently meet the threshold and a further three are close to

meeting the requirements. This is the first time that they have provided an Annual Report for consideration by the wider PSB and it was agreed that it was beneficial to be aware of the Community Council Place Plans, and the local priorities as this offers opportunities for collaboration between individual agencies and partnerships.

Discussion took place regarding the Climate Change Emergency recently declared by Welsh Government and supported by Carmarthenshire County Council. It was agreed that the PSB will develop a response for discussion at the next meeting with the intention of making a formal declaration of support.

The PSB Team have developed a funding bid to the Foundational Economy Challenge Fund which seeks to take forward the Carmarthenshire Public Sector Food Procurement project work. It is hoped that if successful, there will be an officer dedicated to drive forward actions which would include a new procurement methodology focused on supporting local/community wealth from public sector spend.

The PSB has also published its Annual Report for 2018/19, which can be viewed using the links below:
http://www.thecarmarthenshirewewant.wales/media/8423/psb-annual-report-2019.pdf
http://www.ysirgaragarem.cymru/media/8422/adroddiad-blynyddol-bgc-2019.pdf

A link to the Carmarthenshire PSB website is provided below, where copies of agenda and meeting papers are available to review.
http://www.thecarmarthenshirewewant.wales/meetings/

Ceredigion Public Services Board (PSB)
Ceredigion PSB last met on 17 June 2019 at The Old College, Aberystwyth. In addition to updates from the project groups, members were shown the Ceredigion PSB Annual Report which has been developed in a video format. The PSB Team worked in conjunction with students from University of Wales Trinity St David to develop the Annual Report in a video format in order to take a more innovative approach to make the annual update more accessible to the wider population. As well as the main video the intention is that this can be split into “bite size” podcasts for use by the PSB and partners. A written report, which is the script from the video, will also be published. The video can be viewed using the link below:
https://www.youtube.com/watch?v=5kh4Gv0letU&feature=youtu.be

A link to the agenda and papers of Ceredigion PSB is provided below:
https://www.ceredigion.gov.uk/your-council/partnerships/ceredigion-public-services-board/public-services-board-meetings/

Pembrokeshire Public Services Board (PSB)
The PSB met on 25 June 2019 at County Hall in Haverfordwest where the meeting was held in public and also web-cast. The focus of the meeting was the presentation of the draft PSB Annual Report 2018/19 which can be viewed using the link below:
https://sway.office.com/OZTZzP2z2gwGzhkF?ref=Link

One of the specific projects which has been led by the Health Board addresses the priority area of “Doing things Differently”. The report describes the work which has been undertaken to develop new models of service delivery and the engagement activity to scope five integrated community networks to address the challenges of delivering accessible services in rural communities.

Pembrokeshire County Council presented a paper on Foster Friendly Employers and asked

partner organisations to make a commitment to providing 5 additional days paid leave to enable Foster Carers, or prospective Foster Carers, to attend trainings and meetings as part of the assessment process. The Council is keen to encourage and support Foster Carers, and acknowledge the important role that they play in supporting the well-being of children and young people. It was noted that there are approximately 70 Foster Carers across Pembrokeshire, some of whom may also be employed, either full-time or part-time. Pembrokeshire County Council agreed to share their new policy for consideration by PSB partners and encouraged organisations, in particular statutory partners, to consider making this additional leave benefit available to this group of staff.

A feedback report was received from Pembrokeshire Youth Assembly following a meeting with the PSB Chair earlier in the year and it was noted that a number of the areas of concern highlighted by the young people are already being taken forward by project groups for example the Employers Guide to Work Experience and apprenticeship opportunities. One element of feedback which the Health Board needs to be cognisant of is a request for more engagement and involvement of young people in the "Doing things Differently" project and it will be important to ensure that continuous engagement opportunities are established to feed into the development of integrated community networks.

A link to the agenda and papers of Pembrokeshire PSB is provided below:
https://www.pembrokeshire.gov.uk/public-services-board/psb-agendas-and-minutes

Collaborative working between PSBs
A small regional grant has been made available to the PSBs across Carmarthenshire, Ceredigion and Pembrokeshire and Welsh Government have approved a bid for the development of a regional digital information sharing platform. This would enable the sharing of high level data to better inform future planning and assessments of local wellbeing.

There are clear links between this work and various proposals within the regional Transformation Bid *A Healthier West Wales*, namely (1) implementation of an Involvement Summary Record (ISR) to enable sharing of client information across public agencies (part of programme 2 – *sharing data for a person-centred approach*) and (2) development of a digital engagement tool to facilitate virtual conversations with different communities (part of programme 5a – *continuous citizen engagement).* If these bids are successful, opportunities for a single system performing all functions or, as a minimum, full interoperability between separate systems, will be actively explored.

Regional Partnership Board update
In response to requirements set within revised regulations for Part 9 of the SSWBWA, membership of the RPB has been extended to include housing and education representatives through Ceredigion County Council's Corporate Manager – Housing and the Head of Homes and Safer Communities from Carmarthenshire County Council and Carmarthenshire's Director of Education and Children. Discussions are underway with RSLs to agree a representative.

Intensive preparatory activity has been ongoing in relation to the three approved programmes within the RPB's *Healthier West Wales*, supported through the Welsh Government's Transformation Fund. Outline programme plans have been developed alongside detailed financial profiles outlining how the £12m will be deployed over the period of funding and these were signed off by the Integrated Executive Group (IEG) in June. County Directors and Commissioners are developing detailed implementation plans in respect of each of the programmes as part of wider transformation plans for Carmarthenshire, Ceredigion and Pembrokeshire. Complementary work is underway to identify anticipated recurring and non-

recurring spend across the programme to enable effective planning for mainstreaming or exit strategies over the duration of the funding period. These will be adjusted as the impact of delivery is monitored through local scrutiny and external evaluation which will be jointly commissioned and span the lifespan of the programme.

A decision is still awaited in relation to resubmissions to the Transformation Fund. Correspondence has been sent to the Minister for Health and Social Services requesting decisions on this and also that an extension of the period in which funding can be deployed from December 2020 to May 2021 (i.e. the end of the current Assembly term).

The UHB's Strategic Programme Director and Head of Regional Collaboration for the RPB are meeting regularly to secure alignment across the RPB's activity and delivery of the UHB's Health and Care Strategy. Primarily, this will be achieved through:

- Joint meetings every two months of the Health and Care Strategy Delivery Group and the IEG
- Establishing formal links between the UHB's Programme Groups and regional programme groups in place under the RPB providing operational oversight of delivery (the possibility of integrating governance arrangements for Mental Health and Learning Disability will be explored as part of this)
- Regular reporting by the RPB to the UHB Programme Groups
- Shared evaluation where practicable
- Incremental alignment of activity across the UHB's Programme Office and the Partnership Office supporting the RPB, through regular joint meetings and development of common approaches to programme management, reporting etc.
- Monthly meetings between the UHB's Director of Finance, Director of Partnerships and Corporate Services and Head of Regional Collaboration to consider financial implications of both programmes

A recent report by the WCVA into third sector engagement with regional partnerships commended the West Wales Care Partnership on its record in this area, particularly in relation to the engagement of the sector in development of transformation bids and the proposed development of a regional hub to promote and support social value organisations. An internally-commissioned review into the role and contribution of users and carers on the RPB noted that West Wales was ahead of the field compared to other regions in terms of the support provided to these lay members. A series of areas for further improvement were identified and these will be taken forward over the coming months. This will also include strengthening links with the UHB's Stakeholder Reference Group and planned arrangements for ongoing engagement at locality level.

Further information on the work of the RPB over the past 12 months is contained in the Annual Report 2018-19, which was published on 28 June.

Joint working between PSBs and the RPB

A second regional meeting of the PSBs took place on 7 June. This session was also attended by representatives of the West Wales RPB and Powys PSB and was facilitated by the Institute of Public Care. It provided an opportunity to explore in depth where opportunities exist for the PSBs and RPB in West Wales to work together on shared priorities. Key areas identified, reflecting discussions over recent months, included social and green solutions for health, citizen engagement and building community resilience. Benefits of a joined up approach in these areas include avoidance of duplication, shared learning across the region and potential use of funding such as that allocated to the region through the Welsh Government's Transformation Fund to help drive change. Lead officers for the PSBs, the RPB and the UHB's

Head of Strategic Partnerships, Diversity and Inclusion will develop more detailed proposals in these areas for consideration by the respective partnerships in the autumn. Consideration will also be given to the alignment of governance across the PSBs and RPB, to support regular reporting on shared areas of interest.
Argymhelliad / Recommendation This report is for information and the Board is asked to: • Note the progress updates for each PSB and the RPB, and the key areas of discussion highlighted in the report. • Note the links to the PSB and RPB websites where the agenda, papers and minutes of recent meetings can be accessed. • Note the links to the PSB and RPB Annual Reports 2018/19.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Well-being of Future Generations (Wales) Act 2015 Social Services and Well-being (Wales) Act 2014
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	HDdUHB staff time to support progression of PSB project and delivery group meetings being established to drive forward implementation of the Well-being Plans. The Regional Partnership Board is working collaboratively to deliver "A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board". The proposal totalling £18.2m was submitted in November 2018 and Welsh Government has already approved £12m of the proposal, and work is on-going to re-submit some elements of the bid.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Improving the well-being of the population is at the forefront of the two key pieces of legislation that provide a focus for PSBs and RPBs. "A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board" embraces a "through-age" model which will support people in Starting and Developing Well; Living and Working Well; and Growing Older Well.
Gweithlu: **Workforce:**	Implementing the five ways of working required under the Well-being of Future Generations (Wales) Act 2015 should lead to increased collaboration and integration between services, professionals and communities. "A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board" includes a key programme of work focused on "an asset-based workforce".
Risg: **Risk:**	Whilst each PSB Well-being Plan is different, there are consistent themes of activity. There is a risk that whilst addressing local need, there may be some inconsistency in approach between counties for our wider population. We have a duty as PSB members to encourage consistency of approach where appropriate in order to minimise inequity. Resourcing the project and delivery groups of PSBs could be considered an "add on" responsibility by staff and the synergy with achieving HDdUHB's goals need to be understood.
Cyfreithiol: **Legal:**	It is a statutory duty for each PSB to produce a Well-being Plan and Area Plan and for the UHB as named statutory partners to work with the PSBs and RPB to support the development and delivery of the actions within the Plan.
Enw Da: **Reputational:**	There is a statutory requirement for HDdUHB to contribute to the work of the PSBs and RPB. There is a statutory duty for the UHB to work in partnership with its three partner local authorities to transform health and social care delivery. The RPB Governance arrangements for an essential framework to support operational action.
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	The focus of equality runs throughout the work of the PSBs aligned to the Well-being goal: A More Equal Wales. This is an update paper therefore no EqIA screening has been undertaken.

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hiw Healthcare Inspectorate Wales

HIW Annual Findings
Hywel Dda University Health Board

Gerallt Jones
Senior Healthcare Inspector

www.hiw.org.uk

All Wales Summary

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hiw Healthcare Inspectorate Wales

- HIW completed **172** inspections of premises in Wales and carried out a further 6 follow up inspections. In 2018-19, we did:
  - 10 hospital inspections and issued 5 immediate assurance letters following the inspections
  - 3 further follow-up hospital inspections
  - 3 surgical inspections resulting in 3 immediate assurance letters being issued
  - 19 GP inspections, 1 follow-up, 5 immediate assurance letters and 650 patient questionnaires
  - 72 dental inspections, 1 follow-up, 5 immediate assurance letters issued,1803 patient questionnaires
  - 27 inspections of NHS and independent mental health units, 1 follow-up and 6 immediate assurance letters being issued
  - 7 CMHT inspections, 2 immediate assurance letters and 136 patient questionnaires
  - 5 IR(ME)R inspections and 73 patient questionnaires
  - 29 independent settings
  - 1 successful criminal prosecution of an unregistered provider
  - We received 312 concerns about health services. 37 of these were categorised as needing urgent action
  - Published three thematic reviews: Substance Misuse, Discharge, CMHTs
  - Published the Kris Wade investigation

Hywel Dda University Health Board
Our Work

- 2018/19
- **4 Hospital Inspections**

Glangwili - Ceri & Cadog Wards
Withybush – Wards 1, 10 & 12
Bronglais – Ceredig Ward & Day Surgery Unit
Amman Valley – Cysgod Y Cwm Ward

- **3 General Practice Inspections**

St Thomas' Surgery, Rifleman Lane, St Thomas Green, Haverfordwest.
Meddygfa Minafon, Carmarthenshire, Kidwelly.
Meddygfa'r Sarn, Heol Y Meinciau, Pontyates

- **5 Dental Inspections**

Winchester House Dental Practice, Narberth
Dew Street Dental Practice, Haverfordwest.
Pembroke Dock Dental Care, Pembroke Dock.
Celtic Dental Practice, Llandeilo
Family Dental Practice (MyDentist), Milford Haven, SA73 2DH

- **1 IR(ME)R Inspection**

Bronglais

- **1 CMHT Inspection**

Aberystwyth

- **2 Mental Health Inspections**

St David's Hospital – Cwm Seren, Low Secure Unit and Psychiatric Intensive Care Unit &
Prince Phillip Hospital - Bryngofal

Main Points

- ✓ Overall positive responses by patients regarding their care and treatment in all inspections undertaken by HIW at Hywel Dda UHB
- ✓ Pleasing to see staff engage in all our inspections and focus on improving standards of care and treatment
- ✓ No immediate assurance letters were issued in regards to dental, CMHT and IR(ME)R Inspections
- ✓ Two of the five dental practices inspected did not receive any recommendations - Pembroke Dock Dental Care or Winchester House Dental Narberth
- X Medicines management – Issues identified in all hospital inspections. Also identified in last year's Hywel Dda UHB annual report
- X Standards of documentation - issue identified in all of the hospital inspections.
- X Physical environment.

Hospitals

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- ✓ Staff engagement with inspection and focus on improving standards (All hospitals)
- ✓ Staff were professional, kind and sensitive when carrying out care to patients (Glangwili, Withybush & Amman Valley)
- ✓ Ward / Unit based management was supportive and enabling (Amman Valley, Bronglais & Withybush)
- ✓ Palliative care and treatment was delivered to a high standard (Amman Valley)

- X **Two immediate assurance letters issued – Withybush and Amman Valley.**
- X Medicines management (All Hospitals)
- X Patient records - Care planning, updating and safe storage (All Hospitals)
- X Staff training, mandatory and specialist (All Hospitals)
- X Putting Things Right information not readily (Withybush and Amman Valley Hospitals)

GPs

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hiw Healthcare Inspectorate Wales

- ✓ Provided care and treatment in a dignified and courteous manner (St Thomas)
- ✓ Information within patient records was of a good standard. (Meddygfa'r Sarn & Meddygfa Minafon)
- ✓ System to monitor patient referrals and communication with the out of hours service had been introduced (Meddygfa'r Sarn)
- ✓ Leadership and support for staff (St Thomas)

- X Immunisation status of all staff working at the practice to be collated (Meddygfa'r Sarn)
- X Completion of mandatory training, and identification of job specific training for staff (ST Thomas & Meddygfa'r Sarn)
- X Security of emergency equipment and drugs (Meddygfa'r Sarn & St Thomas)
- X Concerns / complaints arrangements (St Thomas)

Dentists

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hiw Healthcare Inspectorate Wales

- ✓ Strong management and leadership from the registered manager and practice manager (Family Dental Practice (My Dentist) Milford Haven, Winchester House Dental Narberth & Celtic Dental Practice, Llandeilo)
- ✓ Arrangements were in place to ensure the physical environments were kept to a high standard. (Winchester house Dental Narberth, Celtic Dental Practice, Llandeilo & Family Dental Practice Milford Haven)
- ✓ Patients provided positive feedback and are happy with the service provided (Celtic Dental Practice, Llandeilo, Family Dental Practice Milford Haven, Pembroke Dock Dental Care & Dew Street Dental Practice, Haverfordwest)
- ✓ Actively engaging with patients and obtaining feedback on the service provided (Winchester House Dental Narberth)

- X Patient records to be maintained in accordance with professional standards for record keeping (Dew Street Dental Practice, Haverfordwest, & Family Dental Practice (MyDentist), Milford Haven)
- X Mandatory training (Celtic Dental Practice, Llandeilo & Pembroke Dock Dental Care)
- X Decontamination of equipment in line with WHTM 01-05 guidelines (Dew Street Dental Practice, Haverfordwest, Pembroke Dock Dental Care & Celtic Dental Practice, Llandeilo)
- X Prescription pads required to be stored securely (Celtic Dental Practice, Llandeilo)

Ionising Radiation (Medical Exposure) Regulations IR(ME)R

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- ✓ Compliance with the Ionising Radiation (Medical Exposure) Regulations 2017
- ✓ Patients received clear information to understand the risks and benefits of their treatment options
- ✓ Visible and supportive leadership being provided by senior staff responsible for the management of the X-ray department.

- X Increase patients' awareness of how they may provide feedback about their experiences and how to raise a concern about their care and treatment
- X Develop and implement a suitable written procedure in respect of a quality assurance programme for equipment used for medical exposures
- X Demonstrate that all entitled practitioners, operators and referrers working to the employer's procedures have read and understood them

Community Mental Health Teams

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hiw Healthcare Inspectorate Wales

- ✓ Care and treatment plans being recovery focussed and strength based
- ✓ Good working relationships between the health board and local authority
- ✓ Application of Mental Health Act and Mental Health Measure (2010) and legal documentation

- X Review the availability of psychological support and look at ways of reducing waiting times and how service users can be actively supported during the waiting period
- X Transportation for services users to / between hospitals
- X Staff supervision

Mental Health

agic Arolygiaeth Gofal Iechyd Cymru
hiw Healthcare Inspectorate Wales

- ✓ Patients were treated with respect and kindness (Both Units)
- ✓ Patients' nursing records were completed to a good standard (Both Units)
- ✓ There were suitable arrangements in place for assessing, meeting and monitoring patients' nutritional needs (Bryngofal)
- ✓ The ward environment was dementia friendly (Bryngofal)

- X Ward and external environments required some redecoration and maintenance. (Both)
- X Medical / Nursing staffing levels need improving & support for newly qualified nurses (Both)
- X Complete and comprehensive Statutory Detention Documentation (Both)
- X The storage of medication and administration of Controlled Drugs (Bryngofal)
- X Information available for patients and carers/relatives should be consistent (St David's)

Governance and engagement

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Healthcare Inspectorate Wales hiw

- Our engagement with HDdUHB on matters of concern has been positive, with the HB receptive to issues raised and prompt with its responses.

- Overall, the HDdUHB has been open and responsive to the HIW Relationship Manager providing access to committees, information and staff.

- Diolch / Thank you

HIW Annual Report 2018-19

agic Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales hiw

Gerallt Jones
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GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 July 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Primary Care Annual Report 2018/19
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rhian Bond Assistant Director of Primary Care

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide a high level summary of the work undertaken during 2018/19 by the Primary Care Team, as well as setting a forward look on areas for improvement, expansion and development over the next three years in line with the Health Board's Annual Plan and Transforming Clinical Services (TCS).

Cefndir / Background

The report sets out an overview of the developments across the four Independent contractor Professions that are part of the Primary Care family; General Medical Services (GMS), General Dental Services (GDS), Community Pharmacy and Optometry.

It is important to note that during 2018/19, two of the Contractor professions - GMS and GDS - have both been subject to the start of Contract changes and reform. Whilst this is welcomed the full detail of where the Service changes may take the delivery of GMS and GDS are not yet fully known and may change some of the planned direction over the next three years as details of contract discussions and negotiations are known.

Asesiad / Assessment

General Practice provides the gateway to most National Health Services and strong General Medical Services' provision contributes to the efficient and effective use of health care resources. Approximately 90% of all patient interventions take place in a Primary Care setting. Due to growing sustainability pressures with difficulties in recruitment and retention, there has been an increase in Contract resignations which in some instances has led to the Health Board taking over the management of the Practice and being directly responsible for provision of the Services.

General Dental Practitioners (GDPs) are Independent Contractors who deliver NHS Dental Services via nationally negotiated Contracts which were introduced in 2006. General Dental Services (GDS) contracts for routine care and Personal Dental Services (PDS) Agreements for more specialist elements of care such as Orthodontics, intermediate Oral Surgery, etc. Dental Contract Reform has been introduced over the last few years with the second Phase of implementation being rolled out in 2019/20.

Community Pharmacists are Independent Contractors who deliver National Health Services via a nationally negotiated Contract. Services are provided within a contractual framework which has three elements; Essential Services, Advanced Services and Enhanced Services.

Optometrists assess patients' vision, issue optical prescriptions and provide optical vouchers for appliances such as spectacles and contact lenses. They also diagnose diseases and abnormalities of the eye and manage many eye conditions including acute eye conditions and low vision. Whilst there is currently no nationally agreed Contract as for other Independent Contractors, there is a national Eye Care Framework, Eye Health Examination Wales, (EHEW), supported by a range of Enhanced Services and pathways

Summary

It is evident from the Primary Care Annual Report 2018/19 that considerable work has been undertaken across HDdUHB to maximise the opportunities to develop Services that improve patient health and wellbeing as well as seeking to address the impact of sustainability issues primarily in General Medical Services. The positive impact of sustainable, thriving Primary Care services on the wider Health Board Service delivery should also be noted.

Argymhelliad / Recommendation

The Board is asked to consider and reflect on the information provided within the report.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 5. Timely Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	9. To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Included within the body of the report

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not applicable

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Not applicable
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not applicable
Gweithlu: **Workforce:**	Not applicable
Risg: **Risk:**	Not applicable
Cyfreithiol: **Legal:**	Not applicable.
Enw Da: **Reputational:**	Not applicable.
Gyfrinachedd: **Privacy:**	Not applicable.
Cydraddoldeb: **Equality:**	Not applicable

Hywel Dda University Health Board

Primary Care Annual Report 2018/19

Contents

		Page
1.	Introduction	3
2.	General Medical Services	4
2.1	Strategic Context	4
2.2	General Medical Services in Hywel Dda	4
2.3	Sustainability	4
2.4	Contract Changes	5
2.5	Access to General Medical Services	5
2.6	Quality and Outcomes Framework	6
2.7	Enhanced Services	7
2.8	Annual Visits	9
2.9	Patient Engagement	10
2.10	Premises Improvements	10
2.11	Workforce	11
2.12	Investors in Carers	11
2.13	Cluster Development	11
2.14	Pacesetters	15
3.	General Dental Services	17
3.1	Strategic Context	17
3.2	General Dental Services in Hywel Dda	18
3.3	Orthodontics	18
3.4	Contract Monitoring	19
3.5	Designed to Smile	19
3.6	Community Dental Service	19
4	Community Pharmacy	21
4.1	Strategic Context	21
4.2	Community Pharmacy in Hywel Dda	21
5	Optometric Services	26
5.1	Strategic and Hywel Dda context	26
6.	Inspections	27
7.	Conclusion	29

1. Introduction

The purpose of this report is to provide a summary of the work undertaken during 2018/19 as well as setting a forward look on areas for improvement, expansion and development over the next three years in line with the Integrated Medium Term Plan (IMTP) and Transforming Clinical Services (TCS).

The report sets out an overview of the developments across the four independent Contractor professions that are part of the Primary Care family; General Medical Services (GMS), General Dental Services (GDS), Community Pharmacy and Optometry.

It is important to note that Contract negotiations/discussions that commenced in 2017/18 for General Medical Services have not yet concluded at the point in time at which this report was written. Consequently, the full detail of the Service changes are not yet fully known and may change some of the planned direction over the next three years as details of Contract discussions and negotiations are known.

2. General Medical Services

2.1 Strategic Context

General Practice provides the gateway to most National Health Services, and strong General Medical Services' provision contributes to the efficient and effective use of health care resources. Approximately 90% of all patient interventions take place in a Primary Care setting.

General Practices are responsible for the provision of General Medical Services during the core hours of 8am to 6.30pm Monday to Friday (excluding Bank Holidays); outside of this period (evenings, weekends and Bank Holidays), the Out of Hours service provides access to General Medical Services for patients who have an urgent health need.

All General Practitioners (GPs) must be on a Welsh Medical Performer's List (MPL) to be able to work in a Practice in Wales.

Details have started to emerge about the content of a new GMS contract for 2019/20 following lengthy tripartite negotiations. Further details are awaited.

Whilst the preferred model, both nationally and locally, is for General Medical Services to be provided by Independent Contractors (GP Practices), due to growing sustainability pressures, there has been an increase in Contract resignations which in some instances has led to the Health Board taking over the management of the Practice and being directly responsible for provision of the Services.

2.2 General Medical Services in Hywel Dda

There are 48 General Practices within the Health Board that are part of seven Cluster Networks as detailed below:

	Llanelli	Amman Gwendraeth	2Ts	South Pembs	North Pembs	South Ceredigion	North Ceredigion
No. practices	7	8	8	5	8	5	7
Registered population	61,883	59,967	58,649	54,362	65,757	47,224	45,973

Of these 48 General Medical Practices, five were Health Board Managed Practices during 2018/19 with four remaining at the end of the year.

2.3 Sustainability

Local Health Boards (LHB) have a statutory duty to ensure the sustained delivery of General Medical Services to their resident population. When a GP Practice terminates its Contract with the Health Board (becoming "vacant") for whatever reason, the LHB must ensure that General Medical Services continue to be provided to those patients by the most effective and efficient means possible, having regard to local needs and demographics.

Included in the detail emerging from the 2019/20 Contract negotiations, (whilst not yet confirmed at the point of writing) is reference to sustainability including a partnership premium, greater focus on collaborative working and measures to address Last Person Standing; further details are awaited.

The number of GP Practices in Hywel Dda has reduced to 48 from 51 in 2018/19 as a result of Contract terminations.

Recruitment of salaried GPs in Health Board Managed Practices has continued including the recruitment of Clinical Lead GPs. Work has also been undertaken to reduce the overall impact of GP locum costs on the overall management of Health Board Managed Practices. A sessional cap of £400 has been in place from 1 April 2019, and has worked well in assisting in managing costs.

In March 2019, Fishguard Health Centre and Goodwick Surgery (Managed Practice) amalgamated, and are located in the refurbished Fishguard Health Centre. This was a Welsh Government Pipeline project to support sustainable General Medical Services for the population.

2.4 Contract Changes 2018/19

Tenby Surgery terminated its Contract with the Health Board and closed in July 2018. Through consideration at a Vacant Practice Panel it was determined that the Practice should come under the management of the Health Board.

Ash Grove Surgery also terminated its Contract with the Health Board and closed in August 2018. Again, through consideration at a Vacant Practice Panel, it was determined that the Practice should come under the management of the Health Board.

Teifi Surgery terminated its Contract with the Health Board and closed in January 2019. Ashleigh Surgery terminated its Contract in February 2019. Through consideration at a Vacant Practice Panel it was determined that the lists should be dispersed to neighbouring Practices.

Goodwick Surgery (a Managed Practice) merged with Fishguard Health Centre on the 4 March 2019; returning it back to Independent Contractor status.

2.5 Access to General Medical Services

Access to Services remains a national and local priority. Hywel Dda Health Board has continued to support the Extended Hours Enhanced Service and had four Practices participating during 2018/19.

My Health On Line (MHOL) provides patients with the opportunity to book appointments, order repeat prescriptions and update their demographic details through a secure online system which should assist in the improvement of access. In March 2019 32 out of the 48 Hywel Dda Practices were offering patients the

opportunity to either book or amend an appointment using MHOL and 43 Practices were offering the facility for patients to order repeat medication via MHOL.

My Health Text (MHT) provides Practices with two free texts per patient per year. Practices are able to use the text service to send patients reminders about booked appointments etc. During 2018/19 41 out of the 48 Practices were actively using the Service, and 21 Practices were using the enhanced text service, which provides bi-directional texting.

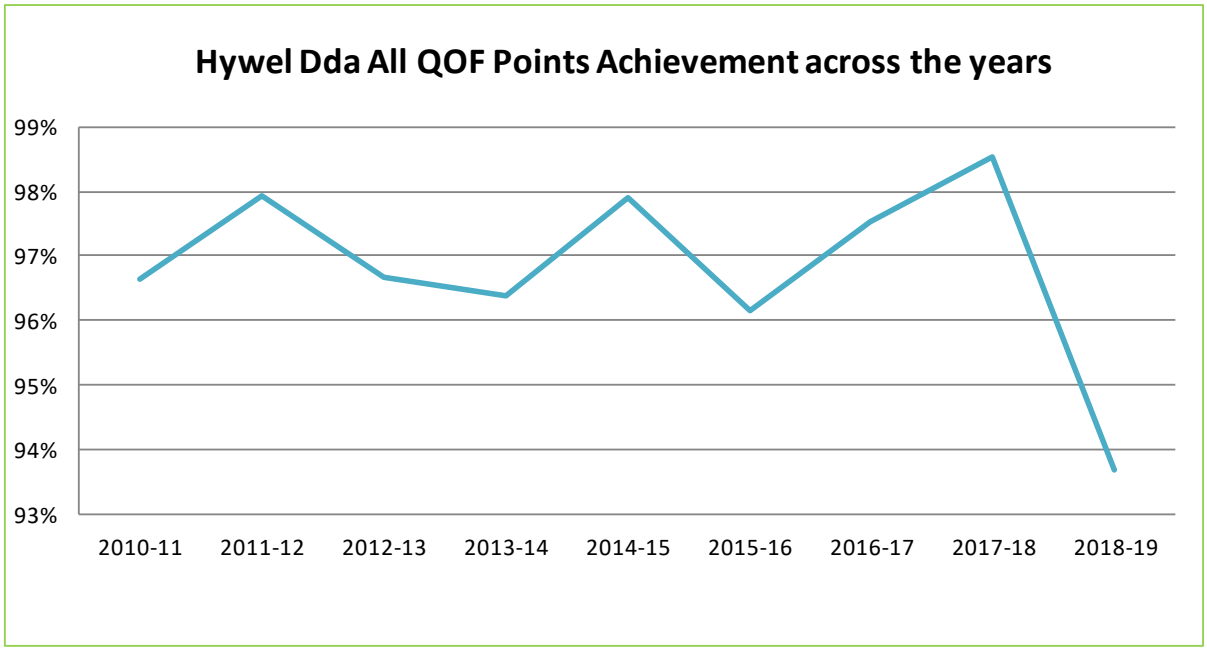
2.6 Quality and Outcomes Framework (QOF)

QOF has been an integral part of the General Medical Services Contract since its implementation in 2004. However in 2017/18, following negotiation between GPC Wales and Welsh Government, in recognition of the pressures that were being experienced by Practices, a number of indicators were relaxed. This process of scaling down QOF was continued into 2018/19, with Practices only needing to actively pursue the achievement of the following active indicators:

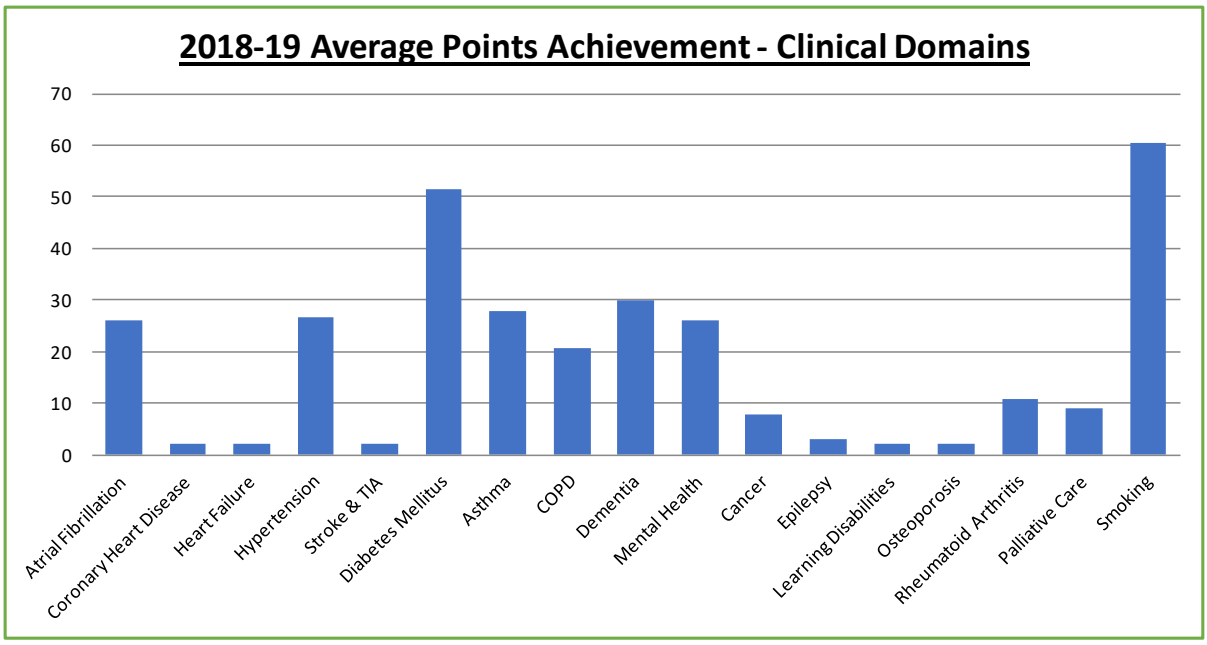
- Clinical registers
- Influenza targets for the elderly and those with chronic conditions
- Cluster Network Domain (CND) meetings (a minimum of 5)

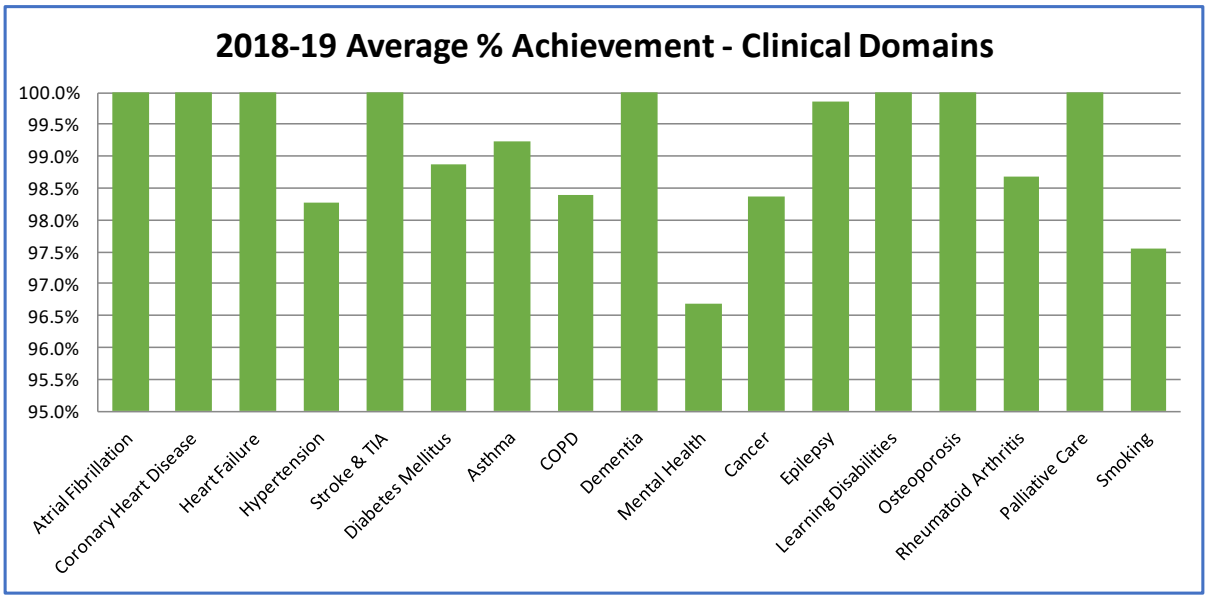
All other indicators were either retired or inactivated, the latter being paid based on 2017/18 achievement.

Eight Practices achieved the maximum points during 2018/19. The graph below demonstrates the pattern of achievement over the last nine years.



The graph below sets out the overall achievement of all Practices against the clinical domains for 2018/19.





This will be the last year for reporting on QOF. It has recently been announced by Welsh Government that QOF is being replaced in 2019/20 by a new set of Quality Standards for GMS, to be called QAIF. At present there are no further details available.

2.7 Enhanced Services

Enhanced Services fall within three categories; Directed Enhanced Services where the specification and remuneration is agreed nationally with the determination that all Health Boards must commission and remunerate to that specification; National Enhanced Services where the specification and remuneration is determined nationally but Health Boards are given the choice as to whether or not to commission

based on their population needs; and Local Enhanced Services, developed locally at Health Board level to meet the needs of the local population.

In 2018/19 the range of Enhanced Services commissioned included:

Directed Enhanced Services

1. Childhood Immunisations Targets (Age 2 & 5)
2. Minor Surgery
3. Care of People with Mental Illness
4. Care of Adults with Learning Disabilities
5. Influenza Immunisation for those aged over 64 years and all others designated 'at risk' in the CMO letter for the current year
6. Pneumococcal Immunisation for those aged 65 and over
7. Management of Anti-Coagulation for Warfarin Patients
8. Management of Care Homes Residents
9. Prophylaxis during Outbreaks of Influenza in Care Homes
10. Prudent Diabetes Management
11. Alternative Primary Health Care Provision for Violent and Aggressive Patients*

**Commissioned as a managed service during 2018/19*

National Enhanced Services

12. Drugs Misuse (Pembrokeshire only)*
13. Drugs Misuse (Ceredigion only)*
14. Meningococcal B (babies)
15. Child Fluenz Vaccinations (2 & 3 years old and those who missed the school vaccination programme for whatever reason)
16. MenACWY Vaccination for those who missed the school vaccination programme for whatever reason and university entrants
17. Shingles Catch-up Vaccination (77, 78 & 79 year olds)
18. Insulin Initiation
19. Incretin Mimetics (GLP1s) Initiation

*under review to form Hywel Dda specification

Local Enhanced Services

20. Syrian Refugees
21. HPV Vaccination
22. Measles, Mumps and Rubella (MMR) Immunisation for eligible patients at risk not covered by the GMS Contract
23. Administer Pertussis Vaccination (Repevax®, dTaP/IPV Vaccine) to Pregnant Women from 28 weeks Gestation
24. Extended Hours
25. Insulin Monitoring
26. Incretin Mimetics (GLP1s) Monitoring
27. Management & Initiation of NOACs (Non-Vitamin K Antagonist Oral Anticoagulants)
28. Near Patient Testing Drugs Monitoring
29. Minor Surgery (Supplementary)
30. Treatment Room (Minor Injuries and/or Wound Care)
31. Long-Acting Reversible Contraception (LARC)
32. Administration of Gonadorelins + Degarelix
33. Substance Misuse (Opiates) (Carmarthenshire only)*
34. Sexual Health (Ceredigion only)
35. Administration of Denosumab (Prolia®▼) for the Prevention of Osteoporotic Fractures

*under review to form Hywel Dda specification

2.8 Annual Visits

In accordance with The National Health Service (General Medical Services Contract) (Wales) Regulations 2004, all Health Boards are required to review information on an annual basis from General Medical Services Contractors.

Practice visits are undertaken as part of a rolling programme to improve and support General Practice, as well as providing an assurance to the Board that Services to patients are safe, effective and efficient. As part of a formative approach, learning and best practice is shared with the aim of driving up quality and facilitating improvement.

A multi-disciplinary team approach is adopted from both the Health Board and the Practice wherever possible, to facilitate the most productive discussions.

Looking forward, the visiting programme is under review to revise and enhance its remit.

From the Practice visits undertaken in 2018/19, areas of good practice have been identified and include an increase in the number of incoming phone lines, using the GP Hub triage system, using the text booking system, Receptionist training, and positive engagement with the Cluster and neighbouring Practices.

2.9 Patient Engagement

Considerable work has been undertaken to develop and support the development of Patient Participation Groups (PPGs).

Minafon Surgery, a Health Board Managed Practice in the Amman Gwendraeth Cluster, established its PPG in January 2017. The group meets every six to eight weeks and has implemented the use of PPG notice boards that display information across the three Practice sites (Kidwelly, Ferryside and Trimsaran). Suggestion boxes are also in place and the group has a presence on the Practice website.

Narberth Surgery in the South Pembrokeshire Cluster has been working with the Choose Well team to deliver leaflets in the local tourist areas to improve patient awareness of Service availability.

Argyle Surgery has taken an active role in raising public awareness as part of the Cancer awareness day and War Veteran's Day at the Practice.

Preseli Practice has an established PPG and has used this to encourage Carers to come forward for help and support.

Tanyfron Surgery in Aberaeron has a patient 'Walk and Talk' group. It has 17-20 members attending every week to discuss any concerns they have regarding the Surgery. Although this group is independent from the Practice there is good communication between them.

A questionnaire was sent to the patients of Meddygfa'r Sarn who were asked to complete a detailed questionnaire on the Service they receive from the Practice. Questionnaires will be analysed in early 2019/20.

The Primary Care team attended Pembrokeshire County Show in August 2018, linking in with Pembrokeshire Associations of Voluntary Services (PAVS), and had conversations with visitors about Choose Well and Choose Pharmacy.

2.10 Premises Improvements

GP Practice premises investment is critical to the delivery of safe and effective general medical services, sustainable practice, and bringing care closer to home for patients, as well as improving recruitment and retention of the clinical team. During 2018/19 circa £200,000 was invested in GP Practice premises to improve physical patient access, increase clinical space and facilitate multi-disciplinary working.

In addition, three GP Practices were supported to move to the NHS Wales Shared Services Partnership Personal Medical Record scan and store system with the Health Board paying the first year costs. The system allows Practices to remove the

patient medical notes from their Practice premises to have them placed in safe storage with the ability to have them digitally scanned back to the Practice; this innovation enables Practices to free up space that can be converted into administrative or clinical space.

Work to scope out the development of a Primary Care Estates Strategy will commence early in 2019/20 to set the strategic direction of future Service and Estates developments to support sustainable Primary Care service provision.

2.11 Workforce

Recognising that like most of our workforce challenges, recruitment and retention across Primary Care is a challenge, particularly in the more rural areas, the need for a stable Primary Care workforce is paramount to successful transformation. Currently, we have four UHB GP Managed Practices serving almost 10% of the overall resident population, and whilst we would like to return these to independent contractors, we will use our UHB GP Managed Practices as the 'test bed' for how the Primary Care Model for Wales can be transacted. A baseline assessment of the current workforce in Health Board Managed Practices has been undertaken in anticipation of the All Wales workforce tool being launched. It is anticipated that work during 2019/20 will lead to individual Practice and Cluster level workforce plans being developed.

2.12 Investors in Carers

The Investors in Carers (IiC) scheme has been successful in raising awareness of Carers within General Practice. The scheme covers Carers of all ages and situations and is designed to support adherence to key pieces of national and local legislation, including Social Services and Well-being (Wales) Act 2014 commitments, and legislation relating to equality and diversity. During 2018/19, all but one of the GP Practices achieved their Bronze level, with five of those Practices also gaining their Silver level.

St David's Surgery and Argyle Medical Practice have achieved their Silver Level Investors in Carers scheme in January and March 2019. Preseli Practice, Llwynhendy and Margaret Street Surgery have also gained their Silver award and are looking at revalidation later in 2019.

The total number of Carers with their status registered with a GP Practice has increased by 7.5% between March 2017 and March 2018.

2.13 Cluster Development

The table below outlines some of the work of the seven GP Clusters and the projects that they have invested in and supported the development of as a mechanism to enhance care for their respective cluster populations. This provides a flavour of the

wide range of service development that has been undertaken across the Health Board through Cluster innovation.

Cluster	Scheme	Brief Outline
2Ts (Tywi Taf)	**Frailty**	Generic Technician to assist the Community Response Team (CRT) with managing patients more effectively and pro-actively in their own home to enhance their experience of care. The Frailty Team consists of a full time Frailty Nurse and a part-time Pharmacist to undertake frailty assessments for identified patients to address prevention by catching people before they deteriorate and need more complex care.
	Social Prescribing	Employment of two Social Prescribers/ Wellbeing Officers to work closely with patients that are identified by the GPs and Community Teams as needing support to connect with their communities in order to promote self-worth and integration.
	Respiratory Care	Employment of a respiratory Nurse with a focus on asthma management.
Amman Gwendraeth	**Dementia GP Service**	GP led Dementia Service working with Social Services and Alzheimer's Society provides support and help to those who have been diagnosed with dementia and their families. The Service is held on 1st and 3rd Friday of the month in Llandybie Hall.
	Lifestyle Programme	The Service is available for patients aged between 18 and 65 with a Body Mass Index (BMI) of 25 – 30 and who are not being seen by a hospital service for any associated health conditions. The programme is run in conjunction with Foodwise and the National Exercise Referral Scheme (NERS).
	Quick Response (QR) Information Pods	The pods are available in all Practices in the Cluster and allow patients to scan codes from their smart phones to access digital information and resources that have been identified as being beneficial to patient.

	Cluster Pharmacist	Employment of two Cluster Pharmacists each aligned to four Practices in the Cluster delivering medication reviews in the GP Practices and care homes and assisting with GP sustainability.
	Pain Clinic	The Service consists of a Practice based Physiotherapist, mental health practitioner and a Pharmacist who identify, consult and offer treatment for pain using cognitive behaviour therapy.
Llanelli	**Social Prescribing**	Employment of two Social Prescribers working with patients to take greater control of their own health and getting them to focus on their strengths and assets rather than needs and issues.
	Cluster Pharmacist	Working with the seven GP Practices in the Cluster to establish a uniform Direct Oral Anticoagulants (DOAC) procedure and ensure all patient reviews are up to date.
North Ceredigion	**Virtual Pulmonary Rehab (VIPAR)**	The VIPAR model works on a hub and spoke basis through video conferencing to enable patients in rural areas to participate in pulmonary rehabilitation programmes by linking live to classes being held elsewhere.
	Locality CRP testing	C-reactive protein (CRP) machines were used across the practices within the cluster to promote best practice in antibiotic prescribing.
South Ceredigion (joint with Teifi)	**Integrated Primary and Community Service**	A multi-disciplinary team approach which is targeted at patients with frailty living within their own homes. Working with Community Pharmacies there has been a reduction in medicines waste, a reduction in polypharmacy and a reduction in medication associated with falls. The team also work with Memory Nurses which has improved READ coding for patients with dementia; including diagnosis and treatment.
North Pembrokeshire	**Advanced Care Planning with Paul Sartori Foundation**	Assists Practices in identifying those patients where advanced care planning is most urgent and relevant to ensure that patients maintain their dignity and autonomy whilst receiving support.
	Cluster Pharmacists	The two Pharmacists had over 9,000 patient contacts across the eight GP Practices in North Pembrokeshire.

	Acute Visiting Service	The Cluster has employed an Advanced Paramedic Practitioner to undertake acute on the day home visits for patients.
	Practice Based Social Worker	The Cluster had joint funded a Practice Based Social Worker pilot with the Local Authority. The post is held in one GP Practice.
	Counselling Services	The Cluster continued to fund the running costs of the Pembrokeshire Counselling Services
	Bowel Screening Uptake	The Cluster undertook an exercise to contact non responders with the aim of increasing bowel screening uptake.
South Pembrokeshire	**Healthy Lifestyle Advisors**	Two part time Healthy Lifestyle Advisors managed a caseload of clients who require support to make changes to their lifestyle that will improve their health. Between April 2018 and February 2019 the Healthy Lifestyle Advisors saw 563 patients. 323 had a 3 month intervention support, 424 were clinician referrals and 223 were self-referrals. 143 people were seen in the workplace.
	Occupational Therapist Project	The Occupational Therapists project continued as 1.88WTE covering 5 practices. Between April 2018 to March 2019, 544 referrals were received which led to 544 occupational therapy assessments which generated 1070 Occupational Therapy follow ups. A reduction in the number of 8 hospital admissions prevented has occurred with the General Practices referring to the Primary Care Occupational Therapists at an earlier stage.
	Pharmacist	In April 2018 the Cluster Pharmacist took on a new role to work in two of the Cluster Practices. A new Pharmacist was recruited but left post shortly afterwards. The Cluster decided it would not recruit further as four of the five practices had Pharmacists working in their Practices.
	Outreach Elderly Nurse	The project started in October 2018 and will continue until 31st March 2020. In 2018/2019, 220 people in care homes were been vaccinated and 71 housebound patients were vaccinated.

		Three families received advice on the long term planning for their elderly as crisis avoidance with no other input. Multiple reviews undertaken have included: annual, diabetes, Chronic Obstructive Pulmonary Disease (COPD), cancer. This also involved discussion and advice regarding long term planning for patients and Carers. Emergency respite was also arranged for patients discharged from A&E.
	Advance Care Planning with Paul Sartori Foundation	This project originally focused on work in care homes and was broadened to work in the GP Practices.
	Pembrokeshire Counselling Service Project	From January 2019 the service started providing confidential, short term (6 sessions) one to one counselling to adult clients from aged 16 upwards with mild to moderate mental health issues. This is an early intervention and preventative Service.
	Practice based Social Worker	A practice based Social Worker started in one practice in February to link in with MDT working and the Cluster Occupational Therapist.
	Occupational Therapist (Fit Notes) Vocational Clinics	This project, funded for nine months through the Royal College of Occupational Therapy, started in February 2018. Occupational Therapists worked across the locality and took automatic referrals for occupational therapy assessments for patients presenting with Musculoskeletal (MSK) or mental health issues and in employment.

2.14 Pacesetter Programme

New and innovative projects are being piloted through the national Pacesetter Programme. The Programme is encouraging and enabling different Practices to work together, collaboratively around the needs of patients to deliver more joined-up Services and thereby solve many of the problems faced by patients in their everyday interactions within Primary Care. Year one, 2018/19, saw the development of 10 networks, a network being more than one Practice working at scale across geographical boundaries, and not necessarily being aligned to their Clusters. The networks represent a greater emphasis on integration, which is most welcomed.

We recently requested further proposals for consideration for year two, 2019/20. An additional 13 proposals were received; however, it was agreed by the Steering Group that was held on 14 February 2019 to support three across the Hywel Dda University Health Board region. Those that were not successful were offered support to improve and develop their proposed projects or informed that their proposal did not meet the agreed criteria of demonstrating innovation in practice.

The current Pacesetter projects are based on the following principles:

- plans are drawn up and shared in an open and transparent way
- full and early consultation with the public, patients and clinicians across care settings
- need to be realistic, evidence based and funded properly
- clinically-led and prioritise patient care, not savings
- ensure collaboration between the different sectors, not domination of one sector over another
- inter-organisational partnerships should be forged, rather than mergers
- focus on delivering services in an area.

Projects include the following models:

- Models that introduce new roles, or change existing roles, in general practice (e.g. introducing pharmacists, physiotherapists into general practice, extending roles for allied health professionals and primary care nurses);
- Models of collaboration among professionals and among the primary care, secondary care and social care sectors (e.g. 'micro-teams', GPs and specialists working together and/or specialists working in the community, extended roles for community pharmacists); and
- New organisational forms for general practice (e.g. primary care networks, regional multi practice organisations, community clinics and multispecialty community clinics).

Overall the evidence to date suggests that these community-based projects are improving patient access while maintaining a level of quality that is equivalent with services offered in acute settings. The evidence also suggests that working at scale and sharing resources and infrastructure with more services available within Primary Care settings improves patient experience and may improve quality for patients with long term conditions.

Looking ahead to 2019/20:

- Develop a proactive support package for General Medical Services Practices that could include a revised merger agreement; Royal College of General Practitioners (RCGP) sustainability support etc.
- To continue to manage the Vacant Practice Process.
- To establish an Access Forum with partner agencies to review access arrangements for patients and to consider implementing Access Guidelines in line with other Health Boards across Wales.
- Consider the potential to expand the overseas recruitment programme assisting with recruitment and retention issues.

- Work with Workforce colleagues to develop a robust workforce plan, starting in Managed Practices.
- Work to improve patient engagement and awareness.
- Continue to support Cluster development and innovation through the scoping and development of seven integrated localities.

3 Access to General Dental Services

3.1 Strategic Context

General Dental Practitioners (GDPs) are Independent Contractors who deliver NHS Dental Services via nationally negotiated Contracts which were introduced in 2006. General Dental Services (GDS) contracts for routine care and Personal Dental Services (PDS) Agreements for time limited contracts or for more specialist elements of care such as orthodontics, intermediate oral surgery etc.

GDS Contracts are delivered through a contracted number of Units of Dental Activity (UDAs); it is important to note that the value of UDAs can differ between dentists within a Practice as well as across Practices as there was no set value when the Contract was introduced in 2006.

With the introduction of Dental Contract Reform and the developments that have subsequently occurred since the roll out in 2016/17, the focus on Dental Contract delivery will become more concentrated on the quality of Dental care provided and its value for money, than on Contract monitoring against UDA targets. Contract Reform allows the Practice to maintain their Contract value but reduce their UDA numbers by 10% (phase 1) thus allowing them, through working with a multi-disciplinary team which can include hygienists, therapists etc., to promote oral hygiene and health through the use of a newly developed toolkit Assessment of Clinical Oral Risks and Needs (ACORN). The expectation of any Practices included within Contract Reform continues to be; improve evidence based prevention and treatment, encourage clinical teams to develop a culture of continuous quality improvement to ensure enhanced patient quality and safety, support the implementation of Dental recall intervals based on oral health risk and need, reduce inequality in Dental care use and improve Dental access for those with the highest need, encourage proactive, preventative and co-ordinated care, establish quality indicators to inform improvement in quality and value of primary Dental care and provide evidence to inform change.

Orthodontic Services are commissioned through Personal Dental Service (PDS) Agreements and are contracted through Units of Orthodontic Activity (UOAs). Each full course of Orthodontic treatment attracts 22 UOAs, and again the UOA rate can vary across Practices and indeed across Wales. NHS Orthodontic services are commissioned for young people who were younger than 18 when their referral for treatment was made.

3.2 Dental Services in Hywel Dda

In order to improve Dental access in Hywel Dda the Health Board approved investment of £944k for 2018/19. This investment was to provide access to NHS Dental Services for up to an additional 8,000 residents per annum, and to provide an additional Orthodontic Treatment starts for an additional 300 patients per annum.

During 2018/19 the Health Board maintained the 2017/18 level of access (45%) to NHS Dental Services. The Health Board will continue to work with Dental Practices, especially Contract Reform Practices, the Local Dental Committee and other key stakeholders to identify any innovative schemes that will enable the improvement of access. Continued recruitment and retention issues in many of the rural areas have had a significant impact on service delivery during 2018/19.

Winter pressure funding via the 111 service enabled the implementation of new in hour and out of hours urgent dental access services, improving and increasing the appointments available to the population of Ceredigion and East Carmarthenshire. The introduction of these additional appointments has enabled the Dental Services Team to support the needs of the local population and ensure that patients are accessing the care required in a timely and efficient manner, in the most appropriate setting. Waiting times for patients seeking access to general Dental care within Ceredigion is currently in excess of three years and the introduction of this service which has not been available for a number of years has highlighted the significant dental needs of many patients.

Eight Practices were identified to participate in Phase 1 of Dental Contract Reform in 2018/19. This saw an increase of five Practices from those involved in 2017/18; however one of the original Practices involved had to be removed from the programme. Welsh Government's target for 10% of the Health Board's Practices being involved in Contract Reform for 2018/19 was not met.

The introduction of electronic referrals has enabled both referring clinicians and patients to track the referral made into specialist or Secondary Care Dental Services, allowing for patients to be better informed as to the referral progress through the appropriate Pathway as each referral is provided with an individual reference number which can be provided to the patient by the referring dentist. E-referrals enable patients be better informed and reduce a delay related with the paper administration process, ultimately improving the patients' experience for accessing these Dental Services. E-referrals will also allow for more informative data to monitor activity going into these services and appropriateness of referrals.

3.3 Orthodontics

During 2018/19 the Health Board began a tender process to commission Orthodontic Contracts based on population need which required an additional annual investment of investment of £428k from June 2019. During 2018/19 the Health Board invested £484k into Orthodontic waiting list Initiatives, to reduce the average waiting time to 5.5 years by 31st March 2019.

3.4 Contract Monitoring

All Dental Contract holders are contractually obligated to transmit their activity data on a monthly basis to NHS Dental Services and it is through these claims that the Health Board can monitor performance. Those Practices involved in Contract Reform are also required to submit ACORN risk assessment forms for each patient.

The Health Board has its own employed Associate Medical Director for Dental as well as a Dental Practice Advisor (DPA) who provide advice and support to both dental contractors and the Health Board.

On an annual basis, Dental contractors are also expected to complete an online self-assessment toolkit, the Quality Assessment System (QAS). The information collated is reviewed by the Dental Practice Advisor and a report is issued highlighting any issues that need further follow up with the practices and the timescales for any associated actions to be concluded.

3.5 Designed to Smile (D2S)

This year sees the 10th anniversary of Designed to Smile and the team hopes to celebrate this with a week in September inviting schools and nurseries to participate in national competitions.

Improved engagement with General Dental Practices has been implemented, with an opportunity for Practices to enrol on an e-learning course: Design to Smile in Practice. On completion, Practices will be offered a visit from the D2S team for a one hour Continuing Professional Development (CPD) session. There was a 21.1% reduction in Dental Caries in 201/19 against a national average reduction of 14% decay.

Further integration with Health Visitors will ensure a broader opportunity to deliver key messages to all families, not just those eligible for D2S.

3.6 Community Dental Services (CDS)

The CDS is a referral only service for vulnerable adults and children, and as part of the Service, provides Dental care under conscious sedation, which from December 2019 will be available on all Community sites.

The Health Board has invested in ensuring that all decontamination and sterilisation of instruments takes place in the Hywel Dda Hospital Sterilisation and Decontamination Units (HSDU) which meet the highest standards of quality and safety for reprocessing of instruments.

During 2018/19 the CDS began to introduce a Paediatric General Anaesthetic Assessment Service to ensure that children's dental needs were reviewed to ensure that treatment under general anaesthetic is provided after all other sedation options have been reviewed.

During 2018/19 the Oral Health Promotion (OHP) Team have expanded the Gwen Am Byth care home programme to all nursing homes across Hywel Dda. To date, we have targeted a total of 42 homes, 12 of which are fully compliant, three have refused and 27 are in the early stages of receiving training and implementing the national documentation. Membership of the Local Implementation Groups has expanded to include a wider scope of multidisciplinary teams. Links have been made with the Infection Control Lead to carry out an audit focusing on those care homes with no input from OHP teams, versus those who are fully engaged in the Gwen am Byth programme, comparing incidence of pneumonia.

The Oral Health Promotion Manager has worked with Learning and Development to agree CPD sessions for relevant Health Board staff with the aim of increasing attendance and awareness of mouth care within all hospital and community settings. This is in addition to the continued sessions provided via the Skills to Care programme.

The Community Dental Service continues to support residents in Care Homes with the domiciliary Dental Services.

Looking forward to 2019/20

- Progress the commissioning of additional access to routine NHS Dental Services.
- Continue to work with Hospital A&E and Minor Injury Unit (MIU) departments to reduce the attendance of patients with dental needs in these departments.
- Complete the Procurement process for the new Orthodontic Contract(s).
- Further engagement with Orthodontic providers to validate and reduce the waiting list.
- Review the success of the expanded D2S programme.
- Expand the Contract Reform programme in line with Welsh Government expectations, aiming for all practices to be involved by 2021.
- Consider options for how we can deliver NHS dental services to areas where there are recruitment and retention challenges.
- Engagement with Health Visitors and General Dental Practices to ensure engagement with the “Lift the Lip” scheme.

4 Community Pharmacy

4.1 Strategic Context

Community Pharmacists are Independent Contractors who deliver National Health Services via a nationally negotiated contract. Services are provided within a contractual framework which has three elements:

Essential Services – which must be provided to all patients e.g. dispensing;

Advanced Services – which may be provided to all patients subject to meeting accreditation requirements;

Enhanced Services – These can be National or local Services commissioned by Health Boards to meet the needs of their population.

Since 2017-18 there has been an increasing emphasis on the commissioning of Enhanced Services through Community Pharmacies by Welsh Government which is supported by additional funding. This is set to continue into 2019/20.

It is recognised that Community Pharmacists have a role to play in supporting the health needs of the population and by collaborating with medical Practices can help with the demand for appointments for common ailments and can also offer a range of unscheduled care services.

4.2 Community Pharmacy Services in Hywel Dda

The number of Community Pharmacies in Hywel Dda has remained constant at 99 for a number of years, and are a mix of large multiples, small groups and independents. During 2018/19 there were three changes of Pharmacy ownerships and one relocation of premises.

All Pharmacies provide a range of essential services e.g. dispensing prescriptions, disposal of unwanted or unused medication, self-care advice and sign posting to other health care professionals.

In addition to these the Health Board commissions a range of Enhanced Services.

Emergency Supply of Medication

This Enhanced Service was introduced in 2016 and enables a participating Pharmacy to provide urgently required repeat medication to patients who are unable to obtain a GP prescription before they need to take their next dose, thus relieving potential pressure on other service areas e.g. Out of Hours (OOH) services, A&E Departments etc.

No. of Pharmacies providing service		*No. of patients that used service*	*No. of items supplied*	*Pts diverted from OOH*	*Pts diverted from A&E*
2017-18	67	2,848	4,054	713	385
2018-19	90	4,256	6,549	813	414

Smoking Cessation Service

In line with the 2012 Tobacco Control Action Plan for Wales and its target to decrease adult smoking rates to 16% by 2020, Help Me Quit was launched as the single brand for stop smoking Services in Wales in April 2017 and includes Community Pharmacy as one of the Service providers. The Community Pharmacy Service offers a 12 week programme that provides behavioural support and a free supply of Nicotine Replacement Therapy (NRT). The expectation is that 5% of smokers make a quit attempt via a smoking cessation service and that 40% are validated as quit at four weeks. There are a range of Cessation Services within Hywel Dda, including; Hospital Smoke Free Support Service, Stop Smoking Wales (clinics and telephone support) and Community Pharmacies.

At the end of 2017/18, 43 Pharmacies were offering this service. During 2018/19 this increased by a further 10 Pharmacies and the number of clients attempting to quit through Pharmacies also increased.

No. of Pharmacies providing service		*No. of clients*	*No. of Quits*	*Quit Rate*
2017-18	43	561	253	45%
2018-19	53	697	303	43%

The quit rate has fallen slightly during 2018/19, but this is not unexpected with 10 new providers. Individual Pharmacy quit rates tend to rise as Pharmacists gain experience in supporting clients that want to quit.

The total number that attempted a quit through all Cessation Services in Hywel Dda during 2018/19 was 1,966, which represents 3.4% of smokers. Whilst this is an improvement on 2017/18 (2.7%) it is still short of the 5% target. Community Pharmacy activity for 2018/19 represents 35% of the number that attempted a quit.

The aim is to have more Pharmacies offering Smoking Cessation services to allow good access locally and to increase the number of clients using the Pharmacy based service by at least 25%.

Common Ailment Service

The roll out of the Choose Pharmacy IT platform began in Hywel Dda in February 2017, with the Common Ailments Service being the first Service to be included on the platform. The Service provides a means by which patients can consult with a Community Pharmacist rather than their GP for 26 minor ailments which includes head lice, hay fever, nappy rash, conjunctivitis, threadworms, scabies etc. The Pharmacist can dispense items free of charge from an agreed list of treatments for the majority of the ailments. At the end of 2017/18 there were 69 Community Pharmacies that had been linked to the Choose Pharmacy IT platform and were able to offer the Common Ailments Scheme.

The roll out of the platform to Pharmacies across all Health Boards is undertaken by NHS Wales Informatics Service (NWIS), and during 2018/19 a further cohort within Hywel Dda were scheduled. By the end of March 2019, the number of Pharmacies

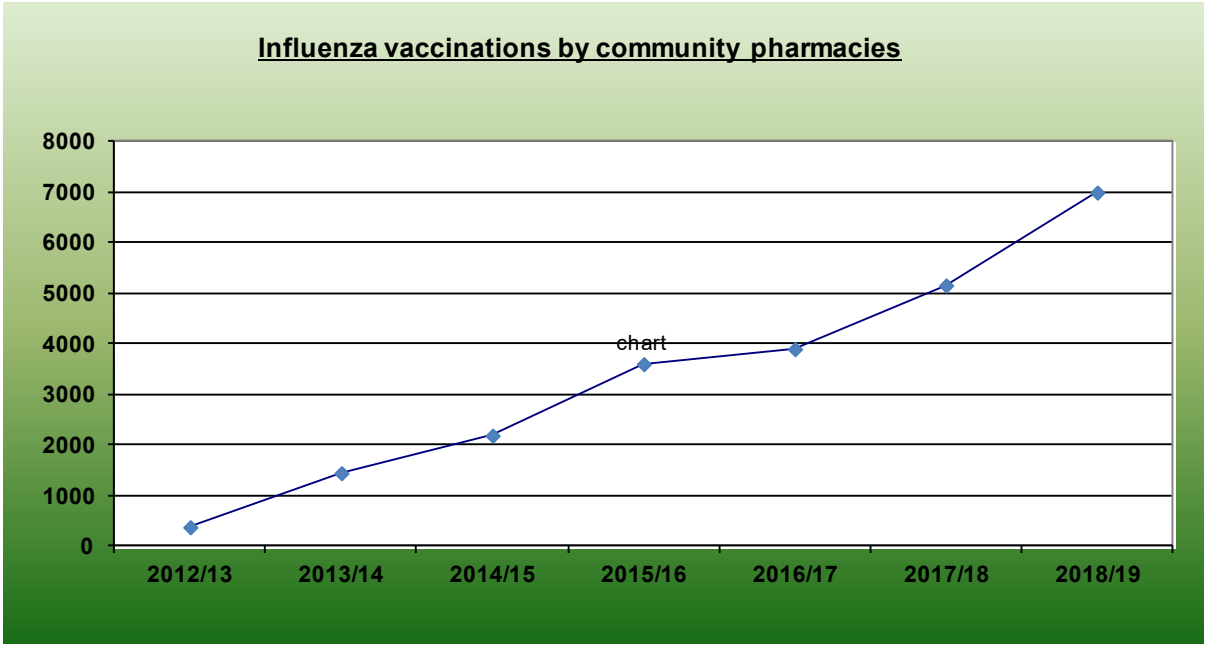
that were able to offer the Common Ailments Service had risen to 95. The increasing number of participating Pharmacies is reflected in the rising number of consultations each year.

No. of Pharmacies providing service		*No. of consultations*
2016-17	6	46
2017-18	69	1,136
2018-19	95	2,835

The aim is to have all 99 Pharmacies in Hywel Dda able to offer the Common Ailments Service during 2019/20.

Community Pharmacy Influenza Vaccination Service

In Autumn 2012 Welsh Government invited Community Pharmacists to take part in the provision of NHS influenza vaccinations for the over 65s and those in at risk groups aged under 65. In the first season of Pharmacy involvement only 21 Pharmacies took part and delivered 371 vaccinations. With each subsequent year, more Pharmacies have taken up the Influenza Vaccination Enhanced Service with 78 Pharmacies taking part in 2018/19, delivering 6,993 NHS influenza vaccinations.



With NHS influenza vaccinations becoming a regular Enhanced Service for Pharmacies, a base of at least 80 participating Pharmacies will be the aim for 2019/20 and a minimum target of 8,000 vaccinations.

Triage & Treat

A Pharmacy based local Enhanced Service was developed to deal with low level injuries such as minor wounds, abrasions, splinters and minor burns. Initially this was focused on the Tenby area, to support the demand for first-aid type treatment. The Service has not been rolled out beyond the first cohort, as new trainer/s were needed to support further expansion.

Trainers have been identified within the Health Boards A&E Departments and the aim is to increase access to Triage & Treat from the current low numbers (10) to at least 25 Pharmacies. There has been a positive response to the offer of training from Pharmacy staff.

During 2018/19, 93 people accessed the Triage & Treat Service of which 57 would have attended either A&E or a GP Practice. With more participating Pharmacies across a wider geographical area, there will be more capacity and the Service can have more of a positive impact on diverting suitable patients from A&E and General Medical Services.

Pharmacy Walk-in Centres

The Pharmacy Walk-in Centre project was funded as part of the Delivery Agreement funding for Networking and Sustainability. To develop Pharmacy Walk-in Centres feedback was sought from GP Practices, Pharmacies and the public about what a Pharmacy Walk-in Centre should include. The feedback was developed into a Framework which has been used to measure Pharmacies for suitability. Twenty five expressions of interest were received, and twelve were offered the opportunity to become Pharmacy Walk-in Centres. The initial roll-out on 1 March 2019 included six Pharmacies with another four launched on 1 April 2019. Two further Pharmacies will come on board on 1 July 2019 before we go out for further expressions of interest for a roll out in the next financial year 2019-2020.

The Pharmacy Walk-in Centres are open a minimum of 45 hours with at least three of these hours being delivered on a Saturday.

Pharmacy Walk-in Centres offer the following Enhanced Services as core Services for at least 85% of their opening time:

- Common Ailment Service
- Emergency Contraception
- Emergency Supply of Medication
- Smoking Cessation Level 3
- Return of patient sharps

AND the following advanced services:

- Medicines Use Review
- Discharge Medicines Review

There is a commitment from the Pharmacy Walk-in Centres to work towards delivering the following as 'additional' Services (if not already) within six months:

- Triage & Treat (further training to be offered 2019 - 2020)
- Flu Vaccinations
- Lifestyle Advocates (Health Promotion) - *This is a programme run by Public Health Wales and is a training / support programme to enable nominated members of staff from Primary Care to promote wellbeing & prevention in their settings.*

They are also committed to developing collaborative working with local Practices and other Primary & Community Services.

To support Community Pharmacy to increase the unscheduled care services, two Community Pharmacy Champions have been recruited. As a result of their involvement and the Peer Support offered to Community Pharmacy, the number of Pharmacies offering Emergency Supply has gone up from 64 in 2017/2018 to 90 by the end of March 2019. There are now 95 Pharmacies offering the Common Ailment service (66 last year), and the number of Community Pharmacies offering Emergency Contraception has gone up from 43 last year to 67 this year.

QR Patient Health Information Hubs have been developed and delivered to all 99 Community Pharmacies, these include QR codes that take the patient, via a smart phone, to information on Services offered by Community Pharmacy as well as local health information, lifestyle and self-help information. This will promote the use of Pharmacy Services and assist with signposting patients to the appropriate Services.

Delivery Drivers within Carmarthenshire have been offered the opportunity to attend a Level 2 award in Basic Life Support and safe use of an Automated External Defibrillator (AED). This is the first step in developing relationships with the Delivery Drivers and up-skilling them to signpost frail isolated adults in the community. This training will be offered to all Delivery Drivers within the Hywel Dda area within 2019/2020.

Looking Forward to 2019/20

- To encourage all Pharmacies to take up the provision of Emergency Supply of Medication; target 95/99.
- To enable more smokers to have access to local Smoking Cessation Services by having at least 60 pharmacies offering a 12 week programme.
- To work towards the target of offering 5% of smokers a quit attempt by increasing the client numbers through community pharmacies to at least 850.
- To have the Common Ailments Service available in all 99 Pharmacies in Hywel Dda.
- Support the training of Pharmacists to undertake vaccinations to expand the delivery of influenza vaccinations to at least 80 Pharmacies.
- To provide at least 8,000 influenza vaccinations through Community Pharmacies

- Increase the number of Pharmacies trained to provide the Triage & Treat Service to at least 25.
- Recruit more pharmacies as Pharmacy Walk-in Centres and to expand the remit of service delivery for those that came on board in Phase 1.

5 Optometric Services

5.1 Strategic and Hywel Dda Context

Optometrists assess patients' vision, issue optical prescriptions and provide optical vouchers for appliances such as spectacles and contact lenses. They also diagnose diseases and abnormalities of the eye and manage many eye conditions including acute eye conditions and low vision.

Eye Health Examination Wales (EHEW)

EHEW is an extended eye care service which enables patients to access eye care services closer to their home in their local optometry practice if they have an eye problem they feel needs urgent attention, rather than attending a GP practice, A&E department or an eye department in a hospital.

The service also enables patients who are at greatest risk of developing a serious eye condition or those patients who are at risk of experiencing irreversible sight loss, to have an annual check at their local Optometry Practice.

The EHEW service has provision to monitor patients discharged from hospitals following uncomplicated cataract procedures and patients with Ocular Hypertension (OHT) or those who are glaucoma suspects. The service is well integrated with the Hospital Ophthalmology Service and is effective in reducing the number of patients being referred on to the hospital eye care service and has a very high patient satisfaction rate with good access for patients accessing the service.

There were 44 accredited Practices in 2018/19, giving the Health Board 100% accreditation among Optometric Practices. The Health Board has seen an increase in activity of 8% compared to 2017/18.

Utilising EHEW for providing services closer to the patients' home will continue to develop throughout 2019/20. Funding received by Secondary Care from the Welsh Government Eye Care Sustainability Fund will be partly used to provide training to Optometrists regarding cataract referrals. This will allow those attending the training to complete a refinement on cataract referrals that will reduce the number of appointments the patient will need to have in the Hospital Eye Service prior to their surgery as the consultants will have access to more detailed patient information. Additionally, the Glaucoma data capture service is in the process of being delivered.

Low Vision Service Wales (LVSW)

In 2018/19 a total of 1694 Low Vision assessments were carried out by accredited Low Vision practitioners in Primary Care Opticians in the Hywel Dda area. This is an increase of 34% since 2017/18. There are currently 34 Practices offering the service

within Hywel Dda, with a thriving domiciliary service across the area. The Health Board has seen a significant increase in domiciliary assessments in 2018/19, with 50% of assessments carried out being domiciliary, compared to 33% in 2017/18. During an hour long assessment, the LVSW practitioner will measure the patient's vision, demonstrate and prescribe suitable visual aids (including electronic magnifiers), as well as discussing the patients particular eye condition(s), and the difficulties this/these cause them on a day to day basis. The practitioner can also signpost and refer to a number of other health and social care providers, education and local sources of voluntary help and support as necessary. This service, combined with Eye Health Examination Wales, enables a significant number of patients with conditions such as Dry Age-related Macular Degeneration (AMD) to be fully managed solely within Primary Care.

6. Inspections

During 2018/19, HIW have carried out inspections to five GP Practices and seven Dental Practices:-

Practice Name	**County**
GP Practice Visits	
Meddygfa Sarn, Pontyates	Carmarthenshire
Meddygfa Minafon, Kidwelly	Carmarthenshire
Morfa Lane Surgery, Carmarthen	Carmarthenshire
Church Surgery, Aberystwyth	Ceredigion
Llynyfran Surgery, Llandysul	Ceredigion
Dental Practice Visits	
Brynteg Dental, Ammanford	Carmarthenshire
Celtic Dental Practice, Llandeilo	Carmarthenshire
Robert Street Dental Practice, Milford Haven	Carmarthenshire
My Dentist, Ammanford	Carmarthenshire
St David's Dental Care Ltd, St David's	Pembrokeshire
Brynteg Dental Practice, Tenby	Pembrokeshire
Vergam Dental Practice, Fishguard	Pembrokeshire

Community Health Council (CHC) Inspections

During 2018/2019 the CHC has carried out inspections to Church Surgery, Aberystwyth, Brynteg Surgery, Ammanford and Argyle Medical Practice, Pembroke Dock. These inspections contain an element of patient satisfaction surveys and recommendations for improvement in identified areas.

Church Surgery, Aberystwyth

The Community Health Council made recommendations for the Practice to monitor the appointment system; clearly display the availability of a fully bilingual service; display information more clearly about how to raise a concern or make a complaint; consider providing some facilities for children in the waiting area; make clear that arrangements can be made to hold confidential conversations away from the reception area; review the arrangements upstairs – including seating arrangements and use of music as a way of making sure conversations are private. These recommendations were completed in December 2018 and as a result have taken the following actions:

- The Practice telephone system has been upgraded to provide eight outgoing lines and 16 incoming lines with call recording.
- The notice boards have been reviewed to ensure information is displayed bilingually and staff have badges to identify that they are Welsh speaking. The Practice tries to organise a rota to ensure a Welsh-speaking Receptionist is available at all times.
- Exploring the option of creating an area specifically for children within the waiting area and have plans to provide a reading corner in the future.
- The Reception area has been reconfigured to ensure patient confidentiality and it is advertised clearly that they now have an available room should patients wish to hold a more private conversation.
- The Practice makes sure that there is a room available on the ground floor should a patient be unable to use the stairs.
- Display the Practice statement that makes clear their commitment to addressing any concerns that a patient may have. This information is included on the website and on the TV screen in the waiting area.

Argyle Medical Practice, Pembroke Dock

The Community Health Council made recommendations for the Practice to review its appointment system and work with its Patient Participation Group (PPG) to share ideas and proposals on how to do this; review its Reception arrangements; make it clear that there are private areas available if people want to discuss confidential matters; make it clear and easy for people to raise a concern and encourage involvement in the activities of the PPG. As a result, the Practice has taken the following actions to address the recommendations:-

- Practice will look at Receptionist training and will look at deploying the NHS Wales “Make Every Contact Count” package to all staff across the Surgery.

- The Practice will provide signs at the Reception desks advising that a private area can be made available to discuss private matters.
- The Practice will look into having information boards displayed in the waiting areas of the Practice.

The PPG has been very successful and is run deliberately at arm's length from the Practice to allow independence. This report will be shared with the PPG for its thoughts on how they can encourage involvement with them.

Brynteg Surgery, Ammanford

The Community Health Council made recommendations for the Practice to look at ways of improving the telephone booking arrangements; remind patients that there is a Welsh-speaking GP; review the seating arrangements to make sure they suit people of all needs; inform patients that there is a private area available for confidential matters; consider introducing a Patient Participation Group (PPG).

The Practice has an action plan in place to address these recommendations and we are closely monitoring their achievements against these actions.

Incidents and complaints

During 2018/19, 46 formal complaints were received through the Health Board; most concerns were regarding GP Practices (clinical treatment and assessment) and waiting times for Orthodontic treatment.

There are currently 25 open incidents for Primary Care. Most incidents reported have been from General Practice and Community Pharmacy and are a Level 1, No Harm caused incident.

7. Conclusion

Considerable work has been undertaken by the team in 2018/19 to manage a number of challenging contractual GMS changes against a backdrop of Contract change and the need to consider working in new and innovative ways to deliver sustainable services to patients.

Similarly, work is continuing to progress with the development and delivery of NHS Dental Services with a number of key areas of service change identified for 2018/19 running alongside the drive to focus on the Dental Contract Reform programme and support a more preventative approach to delivering Dental Services, as well as reshaping Orthodontic Services. The participation in the pilot for E-referrals has been recognised nationally as key area of work that has assisted in the national roll out.

Significant work has been undertaken in the development of Community Pharmacy Services that demonstrates an innovative approach to integrated working across Primary Care professionals; with a number of key Service changes identified that will

support the sustainability agenda moving forward. Further innovative service model ideas are in the pipeline for 2019/20 onwards to continue to support the development of the sustainability of Primary Care Services and enabling whole system transformation.

Whilst there is no formal contractual arrangements for the delivery of Eye Care, work continues to progress to seek all opportunities to develop and refine existing pathways to improve patient flow throughout the system and to deliver care in the most appropriate setting.

The Primary Care Team is committed to delivering safe, effective and sustainable services through working with all of our Primary Care contractors and will be looking to progress the national agenda against the backdrop of local change and development.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 July 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Medical Revalidation and Appraisal Annual Report 2018-2019
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Dr Philip Kloer, Medical Director & Responsible Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Helen Williams, Medical Directorate Support & Revalidation Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

April 2019 marked the beginning of the second year of the second five year cycle of the revalidation of doctors in Wales. This report has been produced for information, to provide assurance that the processes in place within Hywel Dda University Health Board (HDdUHB) are being managed effectively to support Medical Appraisal and Medical Revalidation across the Health Board.

Cefndir / Background

Revalidation is a five year cycle of regulation which was introduced across the UK by the General Medical Council (GMC) who state:

'Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise. Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by their employer and the GMC.'

The process incorporates the need for doctors to fulfil certain requirements and maintain a portfolio of supporting information, which shows that they are meeting the standards set out in the GMC's '*Good Medical Practice Framework*' (2013). The GMC notify individual doctors of their revalidation date, the date by which all of the requirements need to have been met and a recommendation made by the Responsible Officer (RO).

The foundations of revalidation lie within the process of medical appraisal, which has been compulsory in Wales since 2004. Revalidation puts added emphasis on the role of annual appraisal and without it, a recommendation cannot be made. The strands of supporting information required for revalidation need to be evidenced at one or more appraisal meeting and include:

- Continuing Professional Development – CPD is a continuous process of learning that involves education and training in order to keep up-to-date and develop and improve performance. Evidence of CPD is an annual appraisal requirement.

- Quality Improvement Activity - QIA's evidenced should be relevant to a Doctor's own work and incorporate aspects of evaluation, action, outcomes and change. At least one Quality

Improvement Activity should be evidenced at appraisal within each five year cycle.

- Significant Events – The GMC describe a significant event as being, *'any unintended or unexpected event, which could or did lead to harm of one or more patients'.* These events need to be discussed and reflected upon at each appraisal.

- Patient and Colleague Feedback – All doctors need to obtain and reflect upon patient and colleague feedback at least once during the five year revalidation cycle. The feedback helps to inform future development and practise.

- Compliments and Complaints – It is a revalidation requirement that all formal complaints are declared and should be discussed at each appraisal where applicable. Compliments should also be discussed and included.

If, for any reason, the evidence and supporting information required for revalidation recommendation is not provided, it is necessary for the RO to defer the doctor in question. There may be a number of reasons why this may be the case, such as long term sickness or maternity leave. The RO can defer a doctor for a period of between 4-12 months and will provide an alternative revalidation date. This is only possible for those doctors with extenuating circumstances. Those doctors who do not engage with the revalidation process risk being deferred for non-engagement and consequently risk losing their GMC license to practise.

Within Hywel Dda University Health Board, medical appraisal (primary care appraisal is managed by the Appraisal Unit of the RSU) and revalidation is overseen by the Revalidation and Performance Panel. The panel is made up of the Responsible Officer, Revalidation and Appraisal Lead and Deputy Responsible Officer, Assistant Director - Medical Directorate, Directorate Support and Revalidation Manager, Associate Medical Directors for Primary Care, Workforce and Professional Standards together with senior representatives from the Workforce and OD team, the Assurance, Safety and Improvement Team and the National Clinical Assessment Service. Information gathered from appraisal summaries and the Health Board clinical governance departments is discussed at regular monthly panel meetings and is used by the RO to make an informed decision as to whether or not a positive recommendation can be submitted to the GMC.

Asesiad / Assessment

In Wales, revalidation comes under the remit of the Welsh Government's Wales Revalidation Delivery Board (WRDB). The WRDB is made up of a panel of representatives including doctors and employers in the NHS, independent sector, British Medical Association, Wales Deanery, Community Health Councils and the Welsh Government. In addition to the WRDB, the Revalidation and Implementation Group (RAIG) was established in October 2011 to facilitate the consistent delivery of revalidation for doctors in Wales. RAIG consists of members from various organisations across Wales and deals with the operational aspects of medical appraisal and revalidation.

Each year, individual Designated Bodies are asked to complete a Medical Revalidation and Appraisal Annual Report. The report is designed to enable Designated Bodies in Wales to report relevant figures; carry out a self-assessment of the systems and processes that are in place to support medical appraisal and revalidation; provide assurance to individual Boards and to others that appropriate systems are in place. Completed reports are analysed by the Revalidation Support Unit of the Wales Deanery and data is reported to the WRDB and RAIG. Where it is evident that more than one Health Board requires further support in a particular area, plans are developed for support and/or guidance to be provided on an All-Wales level. The Medical Revalidation and Appraisal Annual Report was first reported directly to the Board

in July 2017.

The attached Medical Revalidation and Appraisal Annual Report relates specifically to Hywel Dda University Health Board for the period April 2018- March 2019. For information, the 2017-2018 report can be accessed via the following link: http://www.wales.nhs.uk/sitesplus/documents/862/Item%207.2%20Medical%20Revalidation%20and%20Appraisal%20Annual%20Report%202017-18.pdf .

Part 1
Medical Appraisal
The Secondary Care appraisal compliance rate is recorded as 81% at the end of March 2018. The process incorporates 4 main stages of completion (which can take up to a month after the appraisal meeting has taken place), and this figure only relates to those appraisals that have reached the final stage of completion. Where those appraisals that are part way through the 4 stage process are taken into account, the figure rises to 97% compliance, a rise of 0.5% since the end of March 2018. These figures demonstrate that the appraisal process across Secondary Care has continued to be monitored closely and efficiently and improvements have been made.

Revalidation Recommendations
The report demonstrates that in the year April 2018 - March 2019, 203 approved recommendations were submitted to the GMC. These recommendations resulted in 172 Doctors being positively recommended for revalidation and 31 revalidation dates being deferred, with alternative dates provided. There were no instances of revalidation non-engagement submissions during this year.

Appraisers
The Health Board currently has 52 appraisers based across the main Health Board sites, an increase of 7 appraisers since 2017-2018, following last year's appraiser recruitment drive.

Part 2
Quality Assurance of Processes
This section of the report considers the quality assurance of the Revalidation processes together with the underpinning systems of appraisal and governance. The Health Board was required to undertake a self-assessment of revalidation and appraisal processes and systems using a RAG (Red, Amber, Green) rating system. The Health Board is able to evidence the highest level of assurance (Green) for 90% (26) of those areas included in the report, a rise of 1.5% since last year. The remaining 10% (3) aspects have been rated Amber, as it has been identified that further work is required in these areas. Action plans have been created to address those areas for development and progress against these action plans will be reviewed upon completion of next year's report.

Part 3
Quality Visits, Internal Quality Assurance and Other Projects
In October 2018, Hywel Dda participated in its first quality review undertaken by the Revalidation Support Unit. The review forms part of a 2 year quality assurance cycle of appraisal and revalidation processes across Health Boards and non-NHS Designated Bodies in Wales. The reviews incorporate meetings and discussions with members of the Executive Team, the Medical Appraisal and Revalidation Team, Appraisers and Appraisees, which help to identify areas of good practice together with possible areas for improvement.

The action plan which resulted from the Hywel Dda review led to improved communication with appraisers, a strengthened appraiser network, and the regular quarterly Medical Director

newsletter incorporates a standing appraisal and revalidation update. Work is ongoing to identify further opportunities for lay representation in revalidation processes and this is being considered on an All Wales basis. Further work is also being undertaken in response to the constraints that are included at appraisal by individual doctors and this will be informed by the outcome of the constraints project currently being undertaken by Cwm Taf University Health Board.

Review information will be collated by the Revalidation Support Unit and a final report based on All Wales data will be published at the end of each review cycle (current cycle will be complete by the end of 2019). Information from the Hywel Dda review has been shared with the Chief Medical Officer for Wales who commended the Health Board on the robust systems which are in place.

Argymhelliad / Recommendation

This report is provided for information.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Risk Register Reference:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	2.1 Managing Risk and Promoting Health and Safety 3.1 Safe and Clinically Effective Care 7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	9. To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 10. To deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	- GMC *'Good Medical Practice Framework'* 2013 - GMC *'Supporting Information for Revalidation and Appraisal'* 2012 - Medical Revalidation and Appraisal Annual Report 2016-2017 - Medical Revalidation and Appraisal Annual Report 2017-2018
Rhestr Termau: Glossary of Terms:	RO – Responsible Officer MARS – Medical Appraisal and Revalidation System

	RSU – Revalidation Support Unit WRDB – Welsh Revalidation Delivery Board RAIG – Revalidation and Implementation Group OD – Organisational Development GMC – General Medical Council CPD – Continuing Professional Development QIA – Quality Improvement Activity SEA – Significant Event Analysis WPA – Whole Practice Appraisal
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Revalidation and Performance Panel

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	In the event of a doctor not being revalidated, there is a risk that they could lose their license to practise. If this occurs, it may be necessary for locum cover to be arranged at a significant cost to the Health Board.
Ansawdd / Gofal Claf: Quality / Patient Care:	There would be a significant risk posed to patient care if doctors are not revalidated. No revalidation, no license to practise.
Gweithlu: Workforce:	It is illegal for a doctor to practise without a GMC license to practise. This would consequently have a negative impact on the Medical Workforce.
Risg: Risk:	All risks identified are included on the Medical Directorate risk register and the register is a standing item on the Revalidation and Performance Panel Meeting agenda. All risks are monitored and managed as per the Health Board process.
Cyfreithiol: Legal:	A Doctor's license to practise is at risk if a positive recommendation is not received by the GMC by the given date. Without a GMC license to practise it is illegal for a doctor to practise medicine.
Enw Da: Reputational:	The Health Board's reputation may be at risk where a Doctor loses his license, particularly where service provision is affected or where a performance issue is highlighted and reported.
Gyfrinachedd: Privacy:	All information is stored and reported in accordance with the Health Board policies and procedures in accordance with the GDPR, Data Protection Act and Caldicott principles.
Cydraddoldeb: Equality:	Medical Revalidation and Appraisal applies to all Doctors with a GMC license to practise. The processes consider equality and diversity issues and are fair and non-discriminatory.

Llywodraeth Cymru
Welsh Government

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

REVALIDATION PROGRESS REPORT (RPR) 2018-19

Link to last year's RPR report
http://www.wales.nhs.uk/sitesplus/documents/862/Item%207.2%20Medical%20Revalidation%20and%20Appraisal%20Annual%20Report%202017-18.pdf

1.1 Name of designated body:	Hywel Dda
Name of Responsible Officer:	Philip Kloer
Type of organisation:	Hywel Dda University Health Board (NHS)
Name of person completing this report:	Helen Williams
Job title of person completing this report:	Medical Directorate Support and Revalidation Manager

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Part 1 - Progress

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1.2 Appraisal Completion Figures

IMPORTANT: ONLY DOCTORS WITH WHOM THE DESIGNATED BODY HAS A PRESCRIBED CONNECTION SHOULD BE INCLUDED IN THIS SECTION. EACH DOCTOR SHOULD BE INCLUDED IN ONLY ONE CATEGORY	Number of prescribed connections (on 31.03.2019)	No of doctors exempt from appraisal due to extenuating circs (on 31.03.2019)	No of completed appraisals (summary agreed)	% of completed appraisals (WRDB to confirm % parameters)
General practitioners	312	28	268	95
Consultants (including honorary contract holders)	202	9	169	88
Staff grade, associate specialist, specialty doctor (including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere)	140	18	90	77
Doctors with practising privileges (for independent healthcare providers only); all doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)	-	-	-	-
Temporary or short-term contract holders (including trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts)	183	39	101	77
Other (Including some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc.)	-	-	-	-
Trainees doctor on national postgraduate training scheme (for Deaneries only)	-	-	-	-

1.2.1 DB commentary on appraisal completion figures e.g. known reasons for late/missed appraisals or reasons for deferrals

Secondary Care Doctors: We undertake monthly audits relating to late/missed appraisals and extenuating circumstances include, e.g. sickness and maternity leave. At the end of March 2019, 7 Doctors had selected an appraiser, 18 appraisals were booked and due to go ahead imminently and another 17 have only just fallen out of their appraisal quarter. Therefore 42 will still have undertaken an appraisal within 15 months of any previous appraisal. These Doctors accounted for 8% of the total numbers in Secondary care and brings the compliance within this sector to 89%. An additional 40 Doctors had had the appraisal meeting however; the summary had yet to be committed/agreed by the 31/03/2019. These Doctors accounted for 8% of the total numbers in Secondary care and brings the compliance within this sector to 97%. A further 3% (14 Doctors) provided no reason for why they have not engaged with the appraisal process within required timescales, for whom the HB non-engagement process is being followed.

Primary Care Doctors: In addition to the figures detailed above, 5 appraisals had gone ahead but had yet to be agreed, accounting for a further 2% of the total numbers in Primary Care and a further 7 appraisals had been booked, accounting for a further 2.5%. Extenuating circumstances accounted for 0.5% of the total numbers.

Number of Recommendations split by year	2015-2016	2016-2017	2017-2018	2018-2019
Number of total approved recommendations	336	59	53	203
Number of approved positive recommendations	277	38	30	172
Number of approved requests for deferral (insufficient evidence to support a recommendation)	49	17	22	31
Number of approved requests for deferral (participating in an ongoing process)	9	3	0	-
Number of approved notifications of failure to engage	1	1	0	-

Recommendations which were due between 01 April 2018 and 31 March 2019 but were not completed on time		
7 days and under	1-3 weeks	Over 3 weeks
-	-	-

1.3 Appraisers	
Number of secondary care appraisers on MARS as of 31 March 2019:	52
Number of secondary care appraisers approved by the Designated Body:	52

Part 2 – Quality Assurance of Processes

Please include a copy of the DBs Revalidation Action Plan or equivalent as an appendix to this report

2.1 Revalidation Processes. What level of assurance does the DB have:			
2.1.1 That there are sufficient support structures in place to support the RO and revalidation team?		Level of Assurance (RAG):	**GREEN**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
There is a strong support structure in place to support the RO and revalidation team. Departments, teams and individuals from across the Health Board, the Revalidation support Unit, the GMC, other HBs across Wales and other external bodies all play a part in supporting the RO and sharing information to inform the revalidation recommendations made. The Health Board Responsible Officer Advisory Group is made up of key individuals including, the Responsible Officer and Deputy-Responsible Officer, the AMD for Workforce and Primary Care, the Assistant Director for Workforce and OD, Head of Quality and Governance, Head of Workforce, Assistant Director-Medical Directorate, Medical Directorate Support & Revalidation Manager and a representative from the National Clinical Assessment Service. Group members together are able to ensure that the RO is provided with clear, up to date information on a regular basis. The Revalidation and Appraisal team within the Health Board has grown since the introduction of revalidation at the end of 2012 and is now made up of the Revalidation Manager and Support Officer.	Please type here	Please type here	
2.1.2 That revalidation recommendation decisions are made timely and in line with GMC RO regulations?		Level of Assurance (RAG):	**GREEN**

Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
We aim to ensure that all recommendations are made prior to/no later than individual revalidation dates and follow the GMC RO regulations to inform the recommendations made. Information is gathered from a number of sources, such as, appraisal summaries, clinical leads and clinical governance departments to ensure that Doctors are revalidation ready and any performance issues highlighted are discussed at monthly Responsible Officer Advisory Group meetings. The RO/Deputy is solely responsible for the recommendations made based on the information gathered by the team.		

2.1.3 That revalidation deferrals decisions are made and managed appropriately?	Level of Assurance (RAG):	**GREEN**

Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
The Health Board ensures that where a deferral decision is made, Doctors are informed in writing. Where a deferral due to insufficient information is made, Doctors are provided with an individual deferral action plan to try to ensure that they are aware of what is outstanding and to minimise the need for multiple deferrals.		

2.1.4 That there are processes in place for reviewing WPA in the context of appraisal and revalidation?	Level of Assurance (RAG):	**GREEN**

Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
When gathering information regarding individual Doctors for the purposes of making revalidation		

recommendations, information is drawn from appraisal summaries and where it is noted that Doctors may have other roles that may require further governance checks, e.g. where a Doctor may be doing private work, we liaise with that agency for confirmation of no fitness to practise issues. Appraisers are relied upon to discuss any other professional roles that a Doctor may have which requires information to be included at appraisal but this would depend on whether or not the Doctor in question declares the roles held. For the purposes of education supervisor/clinical supervisor requirements, Doctors are clear of what information they need to be taking to appraisal and the appraisers are clear about what they should expect to see, although this may not always be the case for other roles that a Doctor may have.			
2.1.5 That the RO role can be covered in the event of unplanned absence?		Level of Assurance (RAG):	**GREEN**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
Yes, in the absence of the RO, one of two nominated Medical Director deputies will stand in to fulfil the role.			
2.1.6 That revalidation processes are reviewed for effectiveness and quality; and that key issues arising from reviews and quality improvement activity are progressed?		Level of Assurance (RAG):	**GREEN**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	

Revalidation processes are continually reviewed and feedback of various kinds is used to inform future developments. The Responsible Officer Advisory Group Meeting provides a forum in which the team can discuss any issues, share information and updates and decide on the way forward. Surveys are also undertaken regularly to gain an understanding of the Doctors' experience of appraisal and revalidation within the Health Board and suggestions for development and improvement are gladly received.			
2.1.7 That all revalidation processes consider equality, diversity and inclusivity issues and are fair and non-discriminatory?		Level of Assurance (RAG):	**GREEN**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
The Health Board's written Controls Policy prescribes that all Policies and Procedures are subject to Equality Impact Assessment prior to approval. Equality Impact Assessment is embedded into the decision making mechanisms of the Health Board in order for the views and needs of service users to be considered at every stage, from planning through to delivery. The Health Board has an Equality and Diversity Policy, an Equality Impact Assessment Policy and Procedure and a range of staff training. The All Wales documentation and guidance is used where appropriate. The Health Board's Organisational Values and Behaviours also promote fair and non-discriminatory practise and represent how we do things and the behaviours expected.			
2.1.8 That the DB takes into consideration public and patient views regarding revalidation processes?		Level of Assurance (RAG):	**AMBER**

Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
This is an area that needs to be developed further. The revalidation annual report is taken to Public Board once a year and a lay representative sits on the panel of the Revalidation Quality Assurance Reviews.	Consider ways of involving the public further with the revalidation process:- - Public survey to enquire as to what the local population understand about the process of revalidation and how they would like to be involved - Work with other Health Boards to find out how they seek public and patient views regarding revalidation processes and how this information is considered and applied to local processes	

2.1.9 That the DB engages with national activity relating to revalidation, e.g. RAIG and RO meetings and QA events?	Level of Assurance (RAG):	**GREEN**

Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
The Responsible Officer and Deputy RO regularly attend the RO network meetings and the Directorate Support and Revalidation Manager regularly attends RAIG meetings and any other national events/activities that relate to revalidation and/or appraisal.		

2.1.10 That thresholds applied for revalidation recommendations are in line with those of other DBs?	Level of Assurance (RAG):	**GREEN**

Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
Revalidation recommendations are made in accordance with GMC and All Wales protocols. The Health Board participates in All Wales meetings and update/training opportunities and uses the All Wales format for appraisal.		

2.2: Underpinning systems: appraisal. What level of assurance does the DB have:		
2.2.1 That there is sufficient support for doctors to enable them to be appraised? Including number of available appraisers, information about appraisal, support with MARS, access to relevant data		Level of Assurance (RAG): **GREEN**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
The Doctors are supported by the Directorate Support and Revalidation Manager, Medical Revalidation and Appraisal Support Officer, Revalidation and Appraisal Lead, Appraisal Leads, Appraisers and the MARS team/HEIW– all of whom are on hand to provide support and guidance. Information about appraisal is provided in new starter induction packs and is communicated to Doctors via email and telephone and there is also useful information to be found on the Health Board intranet page. MARS training sessions for appraisees is an ongoing requirement due to the high turnover of Doctors, although the number of sessions required has decreased since the compulsory introduction of MARS in April 2014 and we have seen a significant decrease in requests for training since the new MARS was introduced. Doctors are provided with information from Health Board systems including, IRIS (Information Reporting Intelligence System), Datix and Intrepid prior to their appraisals incorporating, clinical activity information,		

claims, incidents and complaints information along with internal CPD summaries. An appraiser recruitment drive undertaken last year was successful in recruiting another cohort of appraisers across the Health Board specialties and sites.		
2.2.2 That there is a robust induction process for doctors including appraisal and revalidation guidance for the organisation?		Level of Assurance (RAG): **GREEN**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
There is a process for induction for doctors new to the Health Board which incorporates classroom type presentation/information sharing, mandatory training e-learning modules and also a departmental induction which takes place in the clinical area. Information relating to appraisal and revalidation is provided by the Medical Staffing team upon commencement in post and is provided as part of induction packs which all doctors are provided with. When doctors start work for the Health Board, they are contacted directly by the Revalidation and Appraisal office with a view to providing support, whether it be general advice or help with the MARS system etc.		
2.2.3 That all doctors requiring appraisal are appraised when they should be?		Level of Assurance (RAG): **GREEN**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
We have a high appraisal compliance rate across the		

Health Board, however, there will always be a small percentage of those with extenuating circumstances and/or non-engagement and so although we can be assured that the majority of Doctors requiring appraisal will appraised when they should be, this will not apply to all Doctors. We monitor appraisal compliance on a monthly basis and are able to identify those Doctors who are late/not-engaging very quickly.		

2.2.4 That reasons for non-completion are documented, and non-engagement is managed appropriately?		Level of Assurance (RAG):	**GREEN**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
There is a monthly audit of appraisal compliance and reasons for non-completion are recorded. There is a robust process in place to manage appraisal non-engagement in accordance with the Wales Appraisal Exceptions Management Guidance.			
2.2.5 That appraisers are fit for purpose, appropriately trained and up to date?		Level of Assurance (RAG):	**GREEN**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
We have a formal recruitment process in place to recruit new appraisers which consists of a written expression of interest, interview and then training. All appraisers are invited to appraiser events and are asked to attend at least one local/regional/national event a year. The appraiser events provide a forum for networking with other appraisers and unit staff. Training and update opportunities are regularly advertised to doctors.			

2.2.6 That appraisers are supported and managed in their role, and are performing the role appropriately?		Level of Assurance (RAG):	GREEN
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
The appraisers have a support network in the forms of the RO, appraisal leads/co-ordinator, Revalidation and Appraisal Lead (AMD/Deputy RO), Directorate Support and Revalidation Manager, Medical Revalidation and Appraisal Support Officer and the team at HEIW. The current appraisal leads and co-ordinator meet with their group of appraisers at least once a quarter to share information and good practice. Appraisal summaries are monitored by the Revalidation & Appraisal Leads and the appraisers themselves in the form of a 'peer review'. Suggestions for improvement are discussed and shared. Appraisers can access the Appraisal Leads and/or the Directorate Support and Revalidation Manager and Medical Revalidation and Appraisal Support Officer, in the event of any issues that may need to be considered outside of the appraisal or for personal support. Appraisers are provided with certificates detailing the number of appraisals undertaken within the appraisal year in addition to feedback to take along to appraisal as part of WPA. Following a recent Quality Assurance visit it was identified that appraisers would like further opportunities to meet with each other and the RO locally and so a HB wide Appraiser Forum has been set			

up and meets every 6 months.		
2.2.7 That appraisal outputs (summary and PDP) meet agreed standards?		Level of Assurance (RAG): **AMBER**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
For the most part, the appraisal outputs meet agreed standards in the sense that our most experienced and trained appraisers are aware of the need to ensure that the summary and PDP is of the highest standard, in order that the appraisal has meaning to the appraisee, the Health Board and patients. A small minority of our appraisers need to attend a local or regional appraiser event and have missed the opportunities to participate in the quality assurance exercise and develop further skills.	We need to ensure that all our appraisers understand the importance of maintaining skills in order to keep their roles as appraisers. The new SPA tariff guidance stipulates outcome measures which need to be evidenced as part of the job planning process if the allocated time is to be provided. Evidence of maintaining skills is one of these outcome measures and so hopefully this will encourage appraisers to attend the relevant training and update opportunities.	
2.2.8 That appraisal and its outputs are having a positive impact on individuals and on the organisation?		Level of Assurance (RAG): **GREEN**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
Health Board systems which hold information about a Doctor's learning and practise are used to provide Doctors with reports detailing internal CPD, clinical activity information, compliments, incidents, complaints and claims information. In order for Doctors to be able to reflect on and learn from information, they need to know what information there is. The Doctors would also be required to include other information which they have personally gathered (external courses etc). A survey undertaken by the Health Board found that Doctors		

were keen to be provided with clinical activity information but didn't know that a system existed where it could be obtained. The survey also showed that although it was common for Doctors to be asked to respond to concerns, outcomes were very rarely relayed to those individuals in question. By providing the information directly to Doctors prior to appraisal, it helps to provide assurance to the RO that supporting information is routinely discussed and reflected upon and that any discrepancies in the information provided as a result of e.g. poor coding, can be picked up and dealt with, helping to raise the quality of other information processes within the Health Board.		

2.3: Underpinning systems: governance. What level of assurance does the DB have:

2.3.1 That appropriate checks, including regarding their appraisal status and any outstanding concerns, are carried out prior to establishing a connection with a doctor?	Level of Assurance (RAG):	**GREEN**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
When a Doctor is offered employment with us, the usual pre-employment checks are carried out, however, we do not send out RO information flow forms until we have had confirmation of the Doctor's employment (usually ESR) or when the Doctor makes the connection to us on GMC connect, as per the All Wales approach. We do ask for information relating to a Doctors appraisal status and whether they are involved with any outstanding concerns prior to an offer of employment being made. We are unaware of who the Doctors previous Designated Body is until a connection has been made and we are able to access		

the Doctor's revalidation history on GMC connect.			
2.3.2 That the DBs GMC Connect list is up to date (in terms of both joiners and leavers), and cross-checked against your staff records and / or the MPL?		Level of Assurance (RAG):	**GREEN**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
Starters and leavers lists in Secondary Care are produced each month using ESR and these are cross checked with the GMC Connect list. We receive notifications when a Doctor is included or removed from the MPL and the GMC connect list is amended accordingly.			
2.3.3 That where concerns arise about doctors with whom you have a prescribed connection, these are managed and inform the revalidation recommendation appropriately?		Level of Assurance (RAG):	**GREEN**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
We have a robust process for managing concerns when they arise and how these concerns may inform revalidation recommendations. The Responsible Officer Advisory Group is held once a month (and more often when necessary) which discusses a number of different type of concerns, i.e. GMC investigations, internal investigations and Datix related concerns. We also have regular meetings with our GMC liaison adviser and any concerns which arise are discussed.			
2.3.4 That should concerns arise during the appraisal process, these will be shared and managed appropriately?		Level of Assurance (RAG):	**GREEN**

Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
Our appraisers are aware of the escalation process should any concerns arise during an appraisal and we have a process in place should this occur.		

2.3.5 That should concerns arise about a doctor who works for the DB but does not have a prescribed connection with the DB, or no longer has a prescribed connection with the DB, this information is shared appropriately between organisations?	Level of Assurance (RAG):	**GREEN**

Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
We have formed strong links with other organisations and share information when appropriate. When a Doctor is employed by us we send out the RO information flow forms to the previous RO and complete those same forms if they are sent to us in relation to a Doctor who is no longer employed by us. In these instances, we would also liaise with our GMC liaison adviser.		

2.3.6 That governance information is consistently available relating to all doctors, including for example those who work within the DB for a short period of time?	Level of Assurance (RAG):	**GREEN**

Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
We retrieve governance information from a number of sources relating to individual Doctors, including:- Incidents, Complaints and claims departments, Associate Medical Directors, Clinical Leads, Medical Staffing, Medical Education department, appraisal summaries and external organisations (where		

appropriate). It is readily available and includes information relating to those who only work with us for a short time.			
2.3.7 That governance data is shared appropriately with those making revalidation recommendations – including for example information about complaints and incidents, and feedback from patients?		Level of Assurance (RAG):	**GREEN**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
Prior to a Doctor being revalidated information is gathered, as detailed above. All information is considered by the RO and deputy RO prior to a recommendation being made.			
2.3.8 That the DB encourages lay involvement in quality assurance processes to provide independent scrutiny and challenge?		Level of Assurance (RAG):	**GREEN**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
The quality assurance review arranged by HEIW included a lay representative and the Health Board welcomed the feedback provided.			
2.3.9 That the organisation's Board is appropriately engaged in / informed about governance and revalidation processes?		Level of Assurance (RAG):	**GREEN**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	

Information is reported into the Workforce and OD subcommittee on a regular basis. This subcommittee reports into the Quality, Safety and Experience Assurance Committee, which reports directly to the Board. Medical appraisal statistics are reported on a monthly basis to the Business, Planning and Performance Assurance Committee which also reports directly to the Board. The Revalidation Annual Report has been included on a Public Board agenda for the last 3 years.		
2.3.10 That doctors constraints identified at appraisal are reported to the Board for consideration i.e. to be included in risk register if appropriate?		Level of Assurance (RAG): **AMBER**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
Some work has been undertaken in terms of constraints and a process was drafted in 2017 however, this does need further development in terms of acknowledgement of the constraints (despite the majority of them being known to the Health Board already, through other modes of feedback) and acting upon the constraints identified.	Await outcome of project being undertaken by HEIW and Cwm Taf and review 2017 constraints process	
2.3.11 That governance processes are having a positive impact, and informing revalidation appropriately?		Level of Assurance (RAG): **GREEN**
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
Over the last few years we have developed our		

appraisal and revalidation processes in such a way that the triangulation of information between departments is much improved and we are able to track the all round performance and activity of our Doctors in a much better way, which in turn helps to ensure that the RO is provided with as much information as possible, on which to base a revalidation recommendation.		

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Part 3 – Quality Visits, Internal Quality Assurance and Other Projects

Llywodraeth Cymru
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3.1 Revalidation Support Unit Quality Assurance Review			
3.1.1 Has the DB participated in a quality review from the Revalidation Support Unit? (if no go to question 3.2)	Yes	Date of Visit	09/10/2018
Please provide details of the DB action plan	Please provide details of the steps taken against the action plan to date	Progress against steps taken	
Areas for development	**Actions**	**Progress**	
1. Clinician to review appraisal summaries prior to the Revalidation Performance Panel	- Revalidation and Appraisal Lead to review appraisal summaries prior to Responsible Officer Advisory Group Meetings	- Where possible appraisal summaries are reviewed by clinician prior to the Responsible Officer Advisory Group Meetings	
2. Improve communication to the Appraisers, to include; the agreed Tariff, quality and timely feedback on performance, information on revalidation and governance processes within the DB	- Local Appraiser forum has been set up and will meet twice a year to communicate developments, updates and share good practise - Feedback on performance to be provided on an annual basis by appraisal leads to cohort of appraisers	- First meeting went ahead in November 2018 and another to take place in June 2019 - We are in the process of providing feedback reports to all our appraisers. All appraisers will have had a recent feedback report by the end of June 2019	
3. Consider revising the name of the Revalidation Performance Panel, the current name could portray a negative view, could be marketed better	- Change the name of the Panel to Responsible Officer Advisory Group	- Group named has now been officially changed	
4. Strengthen lay representation in revalidation processes	- Liaise with other Health Boards in Wales to understand how this is being reflected in other Health Board revalidation processes	- This has been discussed with other Health Boards but a decision has yet to be made as to the best way forward	
5. Strengthen and formalise the Appraiser network across all sites	- Local Appraiser forum has been set up and will meet twice a year to communicate developments, updates and share good practise	- First meeting went ahead in November 2018 and another to take place in June 2019	

6. Share progress of constraints to doctors informing them of whose acting on them particularly with regards to patient safety outcomes	- Constraints reports taken from MARS to be provided to Doctors at the end of each appraisal year. - Constraints to be sorted in to specific areas to be shared with appropriate Directors - Draft local protocol for appraisers to be created to provide guidance as to the process to be followed in the event of a Doctor including a constraint in relation to patient safety in the narrative of the constraint section in the appraisal folder	- End of year reports are currently being collated - Constraints are in the process of being sorted to specific areas to share with appropriate Directors - Local protocol has been drafted and will be shared with appraisers for feedback during the next Appraiser forum in June
7. Consider adding appraisal and revalidation to the Local Negotiating Committee (LNC) agenda, consider asking the LNC chair to get involved with difficult situations	- Where a difficult situation arises we will consider asking the LNC chair to get involved	- A difficult situation has yet to arise
8. Include in the next RO newsletter to doctors; information on revalidation and governance processes within the DB, and raise the profile of appraisal and Appraisers. Consider sharing this information at the Clinical Leads meetings also.	- Information on Revalidation and Governance processes within the Health Board to be included in the next RO Newsletter	- Comprehensive Medical Director newsletter was distributed in March 2019 which incorporated revalidation information. Up to date information relating to appraisal and revalidation will be a regular feature in the quarterly newsletters.

3.2 Internal Quality Assurance exercises			
3.2.1 Does the DB undertake internal quality assurance exercises (If no, go to question 3.3)	No	Date of last exercise	Click or tap here to enter text.
Please provide details of the sample size and parameters that are used	Please proved details of the resources used i.e. RSU calibration video, scoring criteria, sample summaries etc.	Please provide brief details of the outcome of the quality assurance exercise	

3.2.2 Please provide a copy of the most recent Internal Quality Assurance outcomes with your RPR return (if applicable).

3.3 Other Revalidation or Appraisal Projects			
3.3.1 Has the DB recently completed or is currently undertaking any projects relating to appraisal and/or revalidation?	No	Date of last project	Click or tap here to enter text.

Project 1. Please provide details of the project.	Project 2. Please provide details of the project.	Project 3. Please provide details of the project.

3.3.2 Please provide a copy of your project report with your RPR return

Part 4 – DB Statement of Compliance

Llywodraeth Cymru
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4.1 Completed report authorised by Responsible Officer

Name	Signature	Date.
Dr Philip Kloer	PKloer	21.05.2019

4.2 Board statement of compliance

Signed on behalf of the designated body (Chief executive or chairman, or executive if no board exists)

Name	Role	Signature	Date.
Mr Steve Moore	Chief Executive	Steve Moore	Click or tap here to enter text.

I can confirm that:
The organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013)
We are satisfied with the level of assurance we have about these systems and processes, both now and throughout the year, and the way in which they support and inform revalidation
We are satisfied with the organisation's progress in terms of revalidation, and that there is a clear plan in place to guide further quality improvements

Or: we have concerns about any of the above, as described below:

NHS Wales

Fighting Fraud Strategy

GIG CYMRU NHS WALES

CONTENTS

01 Foreword
02 Executive Summary
03 Strategic Objectives
04 Strategic Framework
05 Resources
06 Governance
07 Quality Assurance
08 Conclusion

01 Foreword

I am pleased to introduce this Counter Fraud Strategy for NHS Wales. This Strategy will focus efforts on the fight against criminal fraud, bribery and corruption. The Welsh Government is clear that it will not tolerate economic crime against NHS Wales. These crimes are not victimless, because they steal funding that is intended to provide services to patients. Welsh Government supports action to protect these funds and to seek redress for all economic crimes committed against NHS Wales.

With a multi-dimensional approach through criminal prosecution, fraud prevention and awareness campaigns, we are determined to not only make economic crime much harder to commit, but also to increase recovery of funding stolen from NHS Wales. We will continue to build intelligence to gain a comprehensive picture of the evolving fraud risks and to develop creative, innovative and proportionate solutions to address them.

Development of a strategic, tactical and operational response across NHS Wales means that it will be better able to target weaknesses that fraudsters are exploiting. The more money that we are able to stop getting into the hands of criminals, the more resources are available for frontline services.

I am pleased to support this important work and am confident that this strategy will be a crucial step forward in fighting fraud in NHS Wales.

Finally, I would like to thank our highly motivated staff and stakeholders for their efforts in the continued fight against fraud, bribery and corruption within the NHS in Wales.

Dr Andrew Goodall CBE
Chief Executive, NHS Wales
June 2019

CONTENTS

01 Foreword
02 Executive Summary
03 Strategic Objectives
04 Strategic Framework
05 Resources
06 Governance
07 Quality Assurance
08 Conclusion

02 Executive Summary

The prevalence and scale of economic crime, including all aspects of fraud, is an increasing concern for the UK. The aims of this Strategy are to prevent fraud from taking place in NHS Wales, and to increase the likelihood of detecting fraud with appropriate sanctions applied where appropriate. We will achieve this through:

- Using intelligence to understand the nature of fraud risks;
- Educating and engaging staff and stakeholders to raise awareness of the potential for fraud and the harm that it causes; and
- Pro-actively detecting and investigating frauds and securing appropriate sanctions.

Fraud against the NHS, which for the purpose of this document includes fraud, bribery, corruption and other relevant unlawful activity, affects all those who work within it and all those who rely upon it. Fraud steals valuable NHS resources, increases costs, reduces efficiency and undermines public confidence. NHS Wales and the Welsh Government are clear that fraud cannot be tolerated as it is unacceptable, and takes away vital resources intended for the provision of high quality patient care. Whilst controls to prevent fraud are in place, these must continually evolve over time to reflect learning, progress and an understanding of new potential risks and system weaknesses. As such, NHS Wales will focus its resources on prevention and detection activity, where these are likely to have the most impact.

Our approach includes the application of sanctions by means of criminal and disciplinary proceedings, in tandem with action to recover monies defrauded, via civil recovery or under the powers given by the Proceeds of Crime Act 2002. In the five years to 31 March 2019, 388 sanctions have been applied, and £2.3m of monies defrauded from NHS Wales reclaimed and returned to fund patient care.

The types of fraud that we particularly face includes:

- Procurement frauds;
- Contractors – inflated invoices/collusion in awarding of contracts;
- Dentists, GPs, Opticians, Pharmacists – claiming for treatments not provided to patients;
- Patients – falsely claiming exemption from NHS Charges;
- Staff – working while sick, timesheets and expenses, false qualifications;
- Grants to Voluntary Organisations; and
- Cyber Fraud.

The challenges that we face, in an environment where fraud risks are continually evolving, and where the level of fraud activity is believed to be increasing, are:

- There is a lack of comprehensive analysis of specific fraud risks which may result in counter fraud resources not being directed to the most appropriate areas; and
- Although each Health Board and Trust are required to appoint a Local Counter Fraud Specialist (LCFS), there is no benchmark for the level of resource that should be invested in counter fraud activity, resulting in significant variation in resourcing levels.

The scale and prevalence of economic crime, the wide variety of areas affected, and the challenges mentioned above, all point to the need for targeted and co-ordinated action to effectively tackle the problem.

CONTENTS

01 Foreword
02 Executive Summary
03 Strategic Objectives
04 Strategic Framework
05 Resources
06 Governance
07 Quality Assurance
08 Conclusion

03 Strategic Objectives

Our vision is to have an NHS in Wales, which is able to protect the resources needed for front-line patient care from fraud. To do this we need to have a co-ordinated approach:

- which educates and engages with staff and stakeholders to raise awareness of the potential for fraud and the harm that it causes;
- that uses intelligence to understand the nature of fraud risks; and
- pro-actively detects, investigates frauds and secures sanctions at all levels.

The key strategic objectives for NHS Wales over the mid-term are:

Inform and Involve

- continue to improve the approach to joint working
  - ➔ ensure that Counter Fraud Services are aligned and engaged with Audit & Assurance, the Post- Payment Verification Teams, and the Auditor General's auditors.
- reinforce the clear message that fraud will not be tolerated
  - ➔ continue to raise awareness with staff and stakeholders; and
  - ➔ ensure clear guidance on how to report suspicions.

Prevent and Deter

- identify the key fraud risks to NHS Wales:
  - ➔ undertake regular risk assessments;
  - ➔ work jointly with partners to make better use of data analytics;
  - ➔ in-depth analysis of relevant information; and
  - ➔ review existing sources of assurance.
- Maximise the benefits of partnership working
  - ➔ Sharing information and learning lessons with organisations such as the Auditor General, NHS Counter Fraud Authority, Health Inspectorate Wales, the Home Office, Cabinet Office and Welsh Government.
  - ➔ Continually reviewing and improving our system controls to address identified weaknesses.

Hold to Account

- ensure a consistent and comprehensive approach to counter fraud across the whole of NHS Wales:
  - ➔ develop a benchmark for LCFS resource in each organisation in NHS Wales;
  - ➔ require all NHS organisations to achieve a green rating against the Counter Fraud Standards; and
  - ➔ invest in and develop the Counter Fraud capacity across NHS Wales and develop a talent pipeline.
- improve the capacity for financial investigation work:
  - ➔ maintain a minimum resource of two financial investigators;
  - ➔ arrange additional training to reinforce cover arrangements and succession planning.

CONTENTS

01 Foreword
02 Executive Summary
03 Strategic Objectives
04 Strategic Framework
05 Resources
06 Governance
07 Quality Assurance
08 Conclusion

04 Strategic Framework

Countering fraud requires a multi-faceted approach that is both proactive and reactive.

The various bodies involved in countering fraud within NHS Wales comply with broad principles to guide their work to minimise the incidence of fraud and to deal effectively with those who commit fraud against the NHS.

The overall requirement underpinning these principles is effective strategic governance, strong leadership and a demonstrable level of commitment to tackling fraud from senior management across NHS Wales. The key principles, which are the overarching areas scored by the NHS Counter Fraud Authority in the Counter Fraud Standards, are:

Inform and Involve – raising awareness with NHS Wales staff, stakeholders and members of the public in highlighting the fraud risks, the consequence of those risks to the NHS, and the measures taken against those found to have committed fraud;

Prevent and deter – providing solutions to mitigate identified fraud risks, undertaking proactive targeted work to detect possible fraudulent activity based on effective analysis of data, and discouraging individuals who may be tempted to commit fraud against the NHS;

Hold to Account – investigate allegations of fraud thoroughly and to the highest professional standards, and where appropriate seek the full range of civil, criminal and disciplinary sanctions and seek redress where possible; and

Strategic Governance – Fraud is constantly evolving and continuous re-evaluation and improvement is needed to ensure that our approach remains effective.

CONTENTS

01 Foreword
02 Executive Summary
03 Strategic Objectives
04 Strategic Framework
05 Resources
06 Governance
07 Quality Assurance
08 Conclusion

NHS Wales Strategic Framework for Counter Fraud

CONTENTS

01 Foreword
02 Executive Summary
03 Strategic Objectives
04 Strategic Framework
05 Resources
06 Governance
07 Quality Assurance
08 Conclusion

05 Resources

The primary approach to counter fraud services in NHS Wales is through the following:

Health Boards, Trusts and Special Health Authority

Local Counter Fraud Specialists

All Wales

Counter Fraud Service Wales

Specialist Support

NHS Counter Fraud Authority

- Welsh Government Directions on Counter Fraud require each Health Body to nominate qualified Local Counter Fraud Specialists, recognised and accredited by the Counter Fraud Professional Accreditation Board. There are currently 20 LCFS in Wales, all directly employed by NHS bodies. LCFS are the primary point of contact for all economic crime concerns within the health body they serve. They agree work plans with their respective organisations covering a balance of proactive (fraud awareness and detection) and reactive (fraud investigation) work, closely aligned to the delivery of the Fraud, Bribery and Corruption Standards for NHS Bodies (Wales).

- The Counter Fraud Services Wales (CFSW) comprises seven experienced, accredited and trained investigators. The role of CFSW is to investigate large scale and complex economic crime and provide specialist operational guidance to the LCFS network. The CFSW are authorised to utilise restricted financial investigation powers under the Proceeds of Crime Act 2002, and currently have two fully trained investigators to undertake this work.

- The NHS Counter Fraud Authority (NHSCFA) is a special health authority providing services to NHS England. In accordance with a Section 83 Government of Wales Act 2006 arrangement, the NHSCFA provides specialist operational support services to NHS Wales. These include Forensic Computing and Specialist Dental services and the Welsh Government pay directly for these services via an annual SLA.

In addition to the above, the following functions also have a direct role in countering fraud:

- **Primary Care Services (PCS)** – The Post Payment Verification (PPV) team in PCS undertake checks within General Medical Services, General Ophthalmic Services and Community Pharmacy. Similar checks on Dental Services in NHS Wales are conducted via an agreement with NHS (England) Business Services Authority. The purpose of the checks is to provide assurance to the Health Boards that claims for payment made by primary care contractors are appropriate, and that the delivery of the service is as defined in the NHS service specification and relevant legislation. There is regular liaison and an Information Sharing Protocol with the CFSW and LCFS teams, with any potential fraud concerns referred for investigation.

CONTENTS

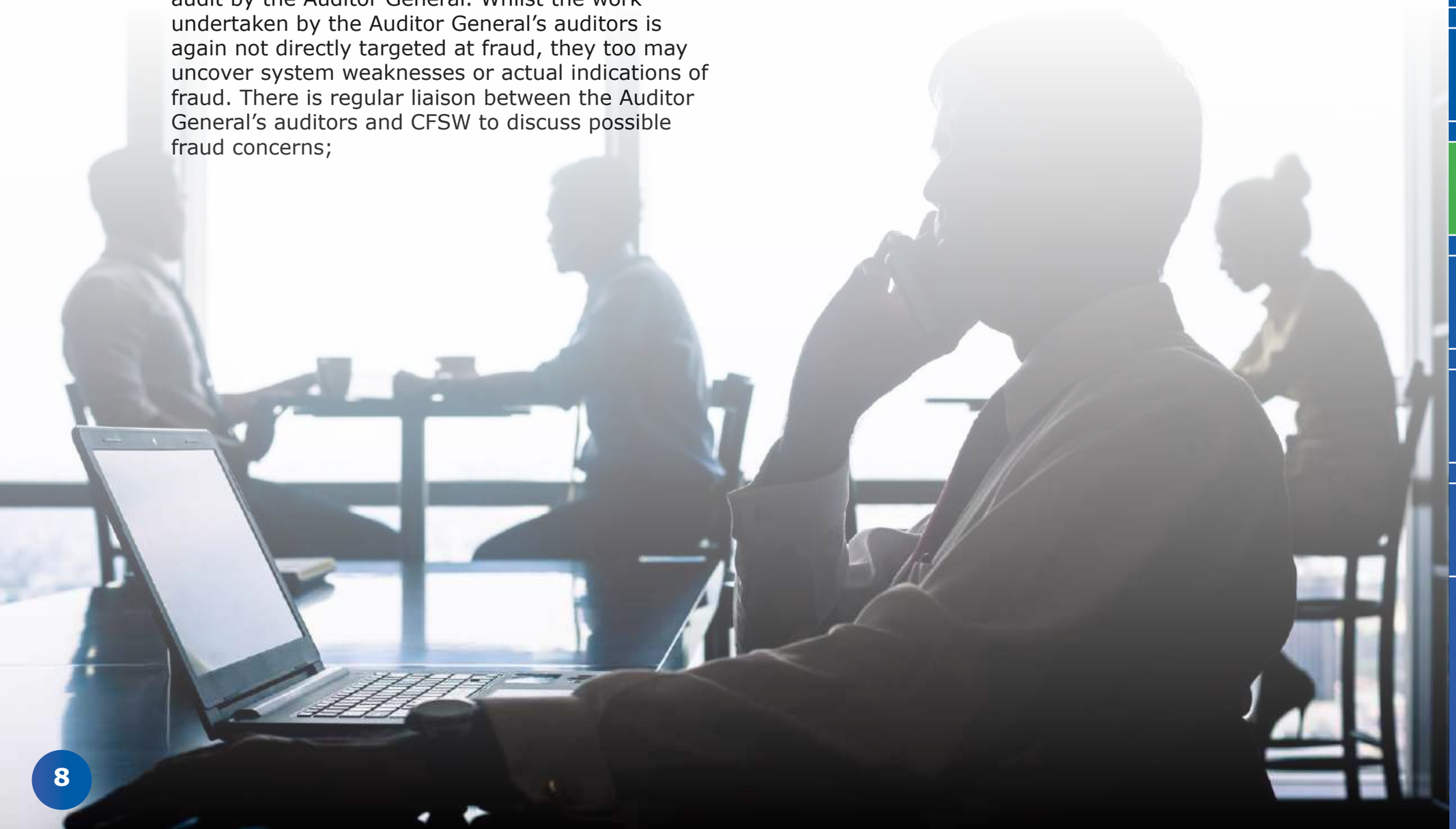
01 Foreword
02 Executive Summary
03 Strategic Objectives
04 Strategic Framework
05 Resources
06 Governance
07 Quality Assurance
08 Conclusion

- **Audit & Assurance** - all NHS bodies in Wales receive internal audit and assurance services delivered by the NWSSP Audit & Assurance Team. While they are not directly responsible for detecting fraud, their controls and assurance work can both highlight system weaknesses, and potential breaches of controls, which may indicate a higher propensity for fraud. In such circumstances, they work with the relevant LCFS to achieve a co-ordinated response. In addition, an Information Sharing Protocol between the LCFS and Audit & Assurance helps to reinforce the good relationship between the Counter Fraud and Internal Audit services;

- **Auditor General for Wales (Auditor General)** – all NHS bodies in Wales are subject to an external audit by the Auditor General. Whilst the work undertaken by the Auditor General's auditors is again not directly targeted at fraud, they too may uncover system weaknesses or actual indications of fraud. There is regular liaison between the Auditor General's auditors and CFSW to discuss possible fraud concerns;

- **National Fraud Initiative (NFI)** - The NFI was established by the Audit Commission in 1996 and matches data within and across public bodies every two years to identify anomalies that may be due to fraud. NFI is run in Wales by the Auditor General under statutory data matching powers. Since NFI started, it has found more than £35m in fraud and overpayments across the Welsh public sector and the latest biennial NFI exercise uncovered £5.4m, an increase of £1m from the previous exercise.

In addition to the specific measures highlighted above, it is incumbent on all NHS staff to be vigilant in identifying potential opportunities for, and/or actual occurrences of, fraud and to report any concerns to CFSW or the health body LCFS.



CONTENTS

01 Foreword
02 Executive Summary
03 Strategic Objectives
04 Strategic Framework
05 Resources
06 Governance
07 Quality Assurance
08 Conclusion

06 Governance

The Counter Fraud Steering Group (CFSG) provides the prime governance and oversight for counter fraud arrangements in NHS Wales. The group is a subgroup of the all-Wales Directors of Finance Forum. The role of the CFSG is to provide strategic oversight and review of the counter fraud service provided to NHS Wales, and to make recommendations for change to Welsh Government and to the NHS Wales Directors of Finance Group for adoption.

The Group is chaired by the NWSSP Director of Finance and Corporate Services, with a current membership, which includes:

- Welsh Government representative
- NHS Wales Directors of Finance representative
- NHS Wales Audit Committee Chairs representative
- NWSSP Director of Audit & Assurance
- NWSSP Director of Primary Care Services
- NHS CFS Wales Operational Fraud Manager
- NHS Counter Fraud Authority representative
- NHS Wales LCFS representative
- NWSSP Head of Corporate Services
- NWSSP Legal & Risk Representative
- Auditor General representative (Observer)

Operationally, all local counter fraud services across Wales report to their Finance Directors and have their annual work plans approved and monitored by the Audit Committees in each organisation. These will typically meet four to five times a year and the respective LCFS for each organisation will attend the Committees and present their annual work plans, progress report and annual report to the appropriate meetings.

In addition, the CFS Wales Operational Fraud Manager presents updates on NHS Wales counter fraud activity, proactive work, potential risks, and accurate data on resources and sanctions via quarterly and annual reports and regularly updates the Health and Social Services Audit and Risk Committee of Welsh Government on fraud risks in NHS Wales.

CONTENTS

01 Foreword
02 Executive Summary
03 Strategic Objectives
04 Strategic Framework
05 Resources
06 Governance
07 Quality Assurance
08 Conclusion

07 Quality Assurance

The quality of services is measured by compliance with the Fraud, Bribery and Corruption Standards (the standards), produced by the NHS Counter Fraud Authority, and adopted by NHS Wales. The standards are designed to ensure that counter fraud, bribery and corruption measures are implemented in accordance with the Minister for Health and Social Service directions, and the service level agreement between the Welsh Government and the NHS Counter Fraud Authority.

There are currently 23 standards, grouped under the following four key principles:

- **Inform and Involve** – assesses measures to raise fraud awareness, and to highlight the consequences of fraud;
- **Prevent and Deter** – assesses how an organisation discourages individuals from committing fraud, and ensuring that opportunities for fraud to occur are minimised;
- **Hold to Account** – assesses the arrangements to detect and investigate fraud, and how redress is sought through the appropriate application of sanctions; and
- **Strategic Governance** – assesses an organisation's strategic governance arrangements, to ensure that appropriate measures are embedded at all levels.

The quality assurance programme comprises two main processes: assurance and assessment. The assurance process primarily focuses on an annual self-review against the standards, which is undertaken by the organisation and the results submitted to the NHSCFA. The assessment process is then undertaken by the NHSCFA Quality and Compliance team.

The Self-Review Tool, supporting evidence and inspection process enables an independent assessment of the counter fraud resources and performance at the health body.

The annual assessments indicate that NHS Wales LCFS performance is generally positive, and confirm that any recommended improvements or enhancements are promptly addressed.

In addition, the work of the CFSW team is also subject to a cyclical governance assurance review, again conducted by the NHS CFA. This was last undertaken during 2017, and found that:

"In summary the CFS Wales conducts criminal investigations professionally and thoroughly. They comply with current legislation and NHS operational policies governing the conduct and management of criminal cases, including use of the FIRST case management system. The advice, guidance and support they provide to the wider counter fraud community in Wales is appreciated".

CONTENTS

01 Foreword
02 Executive Summary
03 Strategic Objectives
04 Strategic Framework
05 Resources
06 Governance
07 Quality Assurance
08 Conclusion

08 Conclusion

NHS Wales and the Welsh Government is committed to sustaining and improving the health and wellbeing of the people of Wales. Maximising the use of resources is crucial to delivering on this commitment. We are therefore determined to combat NHS fraud wherever it arises and continue to adopt a co-ordinated approach to ensure that as far as possible healthcare funding is used for legitimate patient care.

To achieve this we need a shared vision and common sense of purpose i.e. of a Welsh Health Service where fraud is not allowed to flourish but which is mitigated and reduced through targeted interventions, supported by an anti-fraud culture in which all staff and stakeholders are engaged.

This strategy will help in engaging fully with all those who have a role in protecting services and resources and further raise the profile of the detrimental impact of fraud. The strategy will be supported by a detailed action plan that will be regularly monitored by the Counter Fraud Steering Group.

CONTENTS

01 Foreword
02 Executive Summary
03 Strategic Objectives
04 Strategic Framework
05 Resources
06 Governance
07 Quality Assurance
08 Conclusion

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Reporting Fraud

Report NHS fraud securely and confidentially by using the NHS Counter Fraud Authority's online reporting tool or by calling our free phone line on ***0800 028 40 60***.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Designed by NHS Wales Shared Services Partnership Communications

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GIG CYMRU NHS WALES | Bwrdd Iechyd Hywel Dda Health Board

HYWEL DDA UNIVERSITY HEALTH BOARD – WORK PLAN MARCH 2019 – MARCH 2020

The Board meets in public bi-monthly. The following table sets out the Board's business for 2019/20, including standing agenda items (denoted by *); items denoted by ** are those that are reported to the Board as and when required.

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
GOVERNANCE										
Public Forum Questions*	**Chair**	**JW**	✓		✓	✓	✓	✓	✓	✓
Patient/Staff Story *	**MR**	**LO'C**	✓		✓	✓	✓	✓	✓	✓
Apologies*	**Chair**	**CM**	✓	✓	✓	✓	✓	✓	✓	✓
Declaration of Interests*	**Chair**	**All**	✓	✓	✓	✓	✓	✓	✓	✓
Minutes from previous meeting*	**Chair**	**CM**	✓		✓	✓	✓	✓	✓	✓
Matters Arising & Table of Actions*	**Chair**	**CM**	✓		✓	✓	✓	✓	✓	✓
Report of the Chair* • Chair's Action	**Chair**	**JW**	✓		✓	✓	✓	✓	✓	✓
Report of the Chief Executive*	**SM**	**SMJ**	✓		✓	✓	✓	✓	✓	✓
• Register of Sealings			✓		✓	✓				
• Consultations Update			✓		✓	✓				
• Brexit			✓		✓	✓				
• Apprenticeship Update					✓					
• Thoracic Surgery					✓	✓				
• Major Trauma					✓	✓				
• Health & Care Strategy					✓					
Committee Annual Reports • Audit & Risk Assurance Committee • Business Planning & Performance Assurance Committee • Charitable Funds Committee • Finance Committee	**Chairs**	**Lead Execs JW**		✓		✓ MHLAC				

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
• Mental Health Legislation Assurance Committee • Primary Care Applications Committee • Quality, Safety & Experience Assurance Committee • University Partnership Board										
Governance, Leadership & Accountability Standard	**SM**	**JW**		✓						
Annual Governance Statement	**SM**	**JW**		✓						
Accountability Report	**SM**	**JW**		✓						
Final Accounts for 2018/19	**HT**	**HT**		✓						
Letter of Representation	**HT**	**HT**		✓						
Wales Audit Office ISA 260	**WAO**	**HT**		✓						
Approval of Charitable Funds Annual Report & Accounts	**SJ**	**NLI**		✓						
HDdUHB Annual Quality Statement	**MR**	**SM**		✓						
HDdUHB Annual Report 2018/19	**Chair**	**SJ**				✓				
Community Health Council (CHC) Annual Report	**CHC**						✓			
Organ Donation Annual Report	**JT**							✓		
WAO Annual Audit Report	**WAO**	**JW**							✓	
WAO Structured Assessment	**WAO**	**JW**							✓	
Standing Orders/Standing Financial Instructions	**SM**	**JW**			✓					
Committee Terms of Reference	**SM**	**JW**	✓ ARAC BPPAC QSEAC SRG		✓ CFC Fin C PCAC HPF	✓ RTSC	✓ UPB MHLAC PF			

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
STRATEGIC ISSUES/FOR DECISION										
Ceredigion Community Equipment Services: Section 33 Agreement	**SJ**	**SMJ**			✓					
Annual & Financial Plan 2019/20	**KM/HT**		✓							✓
Transforming Clinical Services/ Future Health & Care Strategy: A Healthier Mid and West Wales	**PK/RJ**	**PK/RJ**	✓		✓	✓	✓	✓	✓	✓
Strengthening Regional Partnership Board Governance	**SJ**		✓							
Pathology Strategic Outline Case	**KM**		✓							
Implementing the Welsh Language Standards	**SJ**		✓							
Thoracic Surgery Consultation	**SM**				✓					
Pooled Budgets/Funding Arrangements	**JP/SJ**				✓					
Major Trauma	**SM/KM**				✓					
Carmarthenshire Section 33 Agreement	**SJ**	**SMJ**					✓			
Sexual Assault Referral Centre (SARC)	**SM**						✓			
Strategic Equality Plan Annual Report 2018/19	**SJ**	**JH**					✓			
Bronglais CDU	**JT**						✓			
HDdUHB Major Incident Plan	**RJ**	**SH**					✓			
HDdUHB Seasonal Influenza Plan 2019/20	**RJ**						✓			
Retention and Attraction Strategy	**LG**							✓		
Performance Management Assurance Framework	**KM**							✓		
Winter Planning 2019/20	**JT**							✓		

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
Well-being Objectives Annual Report 2018/19	**SJ**	**AB**						✓		
QUALITY, SAFETY & PERFORMANCE										
Focus on Hospital & Community Services*	**JT**	**County Director**	✓ Cere		✓ Carms	✓ Pembs	✓ Cere	✓ Carms	✓ Pembs	✓ Cere
Integrated Performance Assurance Report (to include)* • Performance • Finance • Workforce & OD (including AAC) • Concerns • Six Monthly Individual Patient Funding Request (IPFR) Data • CHC Quarterly Performance	**SM**	**KM**	✓		✓	✓	✓	✓	✓	✓
Board Assurance Framework	**SM**	**JW**			✓				✓	
Corporate Risk Register	**SM**	**JW**			✓				✓	
Finance and Turnaround Update	**HT/AC**		✓		✓	✓	✓	✓	✓	✓
Dental Plan Progress Update	**JP**		✓			✓				
Update on Nurse Staffing Levels (Wales) Act	**MR**				✓			✓		
Winter Planning 2018/19 – Evaluation	**JT**				✓					
Health & Care Standards Fundamentals of Care Audit 2018	**MR**	**CH**			✓					
Presentation of Learning Disabilities Charter	**JT**					✓				
Transforming Learning Disabilities Project	**JT**					✓				
Internal Assurance Review of Quality and Safety of Maternity Services Following Recent	**JT**					✓				

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
Independent Review of Maternity Services at the former Cwm Taf University Health Board										
Bi-Annual Improving Experience Report	**MR**	**LO'C**				✓			✓	
Staff Survey	**LG**						✓			
Paediatric Care Task & Finish Group – Progress Update	**JT**						✓			
Quality Improvement Framework	**MR**						✓			
HDdUHB Director of Public Health Annual Report	**RJ**						✓			
Mid Year Review of Annual Plan	**KM**	**PW**					✓			
International Health Governance Framework	**RJ**	**RF**						✓		
Working with Vulnerable Groups	**SJ**							✓		
Ombudsman Reports**	**MR**	**LO'C**								
COMMITTEE UPDATE REPORTS										
HDdUHB Board Level Committees Update Report (to include)* • Audit & Risk Assurance Committee • Business, Planning & Performance Assurance Committee • Charitable Funds Committee • Finance Committee • Mental Health Legislation Assurance Committee • Primary Care Applications Committee • Quality, Safety & Experience Assurance Committee	**Chairs**	**JW**	✓		✓	✓	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
• University Partnership Board										
In-Committee Board Update Report	**Chair**	**JW**	✓		✓	✓	✓	✓	✓	✓
HDdUHB Advisory Groups Update Reports (to include)* • Stakeholder Reference Group • Healthcare Professionals Forum • Local Partnership Forum	**Chairs**	**JW**	✓		✓	✓	✓	✓	✓	✓
HDdUHB Joint Committees & Collaboratives Update Report (to include)* • EASC • NWSSP • WHSSC • JRPDC • MWJC • Collaborative Leadership Forum	**Chairs**	**RF**	✓		✓	✓	✓	✓	✓	✓
Update Report from Public Services Boards	**SJ**	**AB**	✓							
Statutory Partnerships Update (incl Public Services Boards)	**SJ**	**AB**			✓	✓	✓	✓	✓	✓
FOR INFORMATION										
Board Annual Workplan	**JW**	**CM**	✓		✓	✓	✓	✓	✓	✓
Head of Internal Audit Opinion	**JW**			✓						
Healthcare Inspectorate Wales (HIW) Annual Report 2018/19						✓	✓			
HDdUHB Primary Care Annual Report 2018/19	**JP**					✓				
Medical Revalidation and Appraisal Annual Report 2018/19	**PK**	**HW**				✓				

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
NHS Wales Fighting Fraud Strategy						✓				
Ombudsman Annual Letter **	**MR**	**LO'C**								

Initials

AB – Anna Bird **AC – Andrew Carruthers** **AG – Alison Gittins** **AS – Alison Shakeshaft** **CH – Chris Hayes** **CHC – Community Health Council** **CM – Clare Moorcroft** **ED's – Executive Directors** **EL – Elaine Lorton** **GM – Gareth Morgan** **HT – Huw Thomas** **HW – Helen Williams** **PK – Philip Kloer**	**JH – Jackie Hooper** **JP – Jill Paterson** **JPJ – Jenny Pugh-Jones** **JT – Joe Teape** **JW – Joanne Wilson** **KJ – Keith Jones** **KM – Karen Miles** **LC – Liz Carroll** **LO'C – Louise O'Connor** **LG – Lisa Gostling** **LRD – Libby Ryan-Davies** **MR – Mandy Rayani**	**NLl – Nicola Llewellyn** **PS – Peter Skitt** **PW – Paul Williams** **RE – Rob Elliott** **RF – Rosie Frewin** **RJ – Ros Jervis** **SH – Sam Hussell** **SJ – Sarah Jennings** **SM – Steve Moore** **SMJ – Sian-Marie James** **SP – Sian Passey** **WAO – Wales Audit Office**