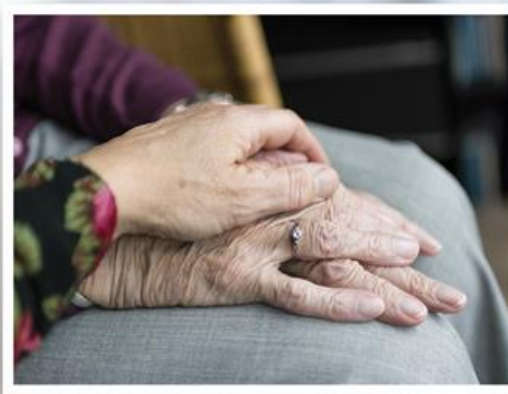


Abertawe Bro Morgannwg University Health Board Annual Report



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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Links included within this Annual Report

Annual Quality Statement (AQS) link: [Annual Quality Statement](#)

Annual Governance Statement/ Accountability Report (AGS) link: [Accountability Report including Annual Governance Statement](#)

Financial Accounts and Statements Link: [Audited Accounts 2018-19](#)

Welsh language version of Annual Report link: [Swansea Bay University Health Board](#) (*note available after 23.3.19*)

Web site address link: [Swansea Bay University Health Board](#)

Email address: sb.inquiries@wales.nhs.uk

Annual Report 2018/19 Contents

Foreword	Pages 4 - 6
About Abertawe Bro Morgannwg University Health Board	Pages 7 - 16
Overview	Pages 17 - 19
Primary and Community Services	Pages 20 - 26
Mental Health and Learning Disabilities Services	Pages 26 - 27
Achievements in 2018/19	Pages 28 - 45
Our People	Pages 46 - 52
Performance Analysis	Pages 53 - 67
Sustainability Report	Pages 68 - 76
Long Term Expenditure	Page 77
Finance Report	Pages 78 - 89

Chair and Chief Executive Foreword

We are delighted to present this, our final Annual Report as Abertawe Bro Morgannwg University Health Board. You will see from the pages that follow we are incredibly proud of the progress that has been made during 2018/19, but we are also realistic about the challenges that remain.

Boundary Change

A significant change during the year has been the Bridgend boundary realignment with the health commissioning responsibility for the population of Bridgend transferring to Cwm Taf Morgannwg University Health Board. Whilst this has been 'all consuming' for many members of staff, whether they moved to a new organisation or remained with the newly named Swansea Bay University Health Board, the transition took place remarkably smoothly. Most importantly, there was minimum disruptions to the populations served by Swansea Bay University Health Board and Cwm Taf Morgannwg University Health Board. That is testament to the enormous effort and diligence of countless staff.

The Board

This has been a year of new beginnings with changes at executive and non-executive level but, with all but one vacancy now filled, we have a stable and talented Board to guide the organisation through the next year and beyond. There have been many staff engagement events during the past year which not only ensures the Board are more visible across all areas but helps members of the Board truly understand the organisation. This has proved invaluable with increased understanding and insight about the challenges, achievements, issues and innovative practice in all Service Delivery Units.

Strategy

Key developments during the year include setting out our ambitions and, importantly, how we will achieve them in our approved Organisational Strategy, **Better Health, Better Care, Better Lives**. Alongside this and, indeed, an enabler, is our refreshed Clinical Services Plan. This describes how we will transform wellness in primary and community services to underpin change in the major hospitals allowing them to dedicate their expertise to those most in need their care.

Performance

Whilst the Health Board remains in targeted intervention status, there is a renewed sense of confidence and optimism in ourselves and from Welsh Government in our ability to deliver on performance and financial sustainability.

Government is extremely supportive of the plans and actions we are putting in place, and shares our desire to make progress towards a lower level of escalation and monitoring, thus allowing more freedom for innovation and improvement.

In terms of our performance, we are definitely in a better place. Waiting times have reduced over the last year, particularly for cancer patients and, in other areas at the end of 2018/19 the number of patients waiting more than 36 weeks was at its lowest point since the start of 2014. There have been improvements in stroke services with increased numbers of patients being admitted directly onto a stroke ward within four hours and, the number of healthcare acquired infections is on an improving trajectory. Our unscheduled care system became more stable during the year with fewer patients waiting more than 12 hours in A&E and improvements in ambulance handover times. This is

an area where more progress is needed both within the emergency department and across the whole system. With regard to mental health services, the Health Board routinely delivers at target levels for assessments, interventions and advocacy contact. Progress is also being made in access to primary care services, for example the number of practices offering appointments between 5pm and 6.30pm, five days a week has increased from 76% to 88%.

Our Staff

Our staff are our greatest asset, we are delighted that the staff survey results demonstrate an improvement in our engagement score as well as a reduction in turnover of 0.8% when compared with the previous year.

Our values, ***Caring for Each Other, Working Together*** and ***Always Improving***, remain hugely important to the Health Board. They were developed through extensive engagement and continue to underpin all that we do.

Partnerships

We are pleased to have been successful in a bid to Welsh Government for transformation funding which will be used to provide better, collaborative primary

and community services. This development is in line with a 'Healthier Wales', the Welsh Government plan for Health and Social Care, and will initially be focussed in the Cwmtawe and Neath Cluster areas. 2019/20 will see the start of the roll-out across the whole Health Board area.

Working closely with our Local Authority and Third Sector partners is really important to us and has huge potential to enhance provision to service users. The ARCH and Western Bay programmes, working with academia and neighbouring Health Boards is critical for innovation and improvement to flourish.

The Chairman

"Having announced my intention to stand down at the Board meeting in March 2019, I left the Health Board at the end of June 2019. It has been a tremendous honour to lead this organisation for 6 years. I have witnessed, through our staff, an amazing desire to provide the best possible care for our patients and their families.

"I feel now is the time that I can hand over the reins as I believe this Health Board is in a safe and much

more stable position than it was when I became chairman, and is most definitely on an improving trajectory. We effectively have a new board, as strong as any I've seen, with a stable and effective team and a dynamic Chief Executive in Tracy, who has brought real leadership and grip to the organisation."

We believe our residents and patients deserve the best healthcare and well-being service and support possible and we will endeavour to provide safe, compassionate, individualised services where and when they are needed. We will work diligently with partners and communities to ensure we are actively improving the health of our population.



Andrew Davies



Tracy Myhill

About Us



Abertawe Bro Morgannwg University Health Board (ABMUHB) was established in October 2009 with responsibility for assessing the health needs, commissioning, planning, well-being and delivering healthcare for the populations of Bridgend, Neath Port Talbot and Swansea local authority areas.

As stated above, further to the Welsh Government announcement on 14 June 2018, delivery and commissioning of healthcare services for the people in the Bridgend County Borough Council (Bridgend CBC) area moved from Abertawe Bro Morgannwg

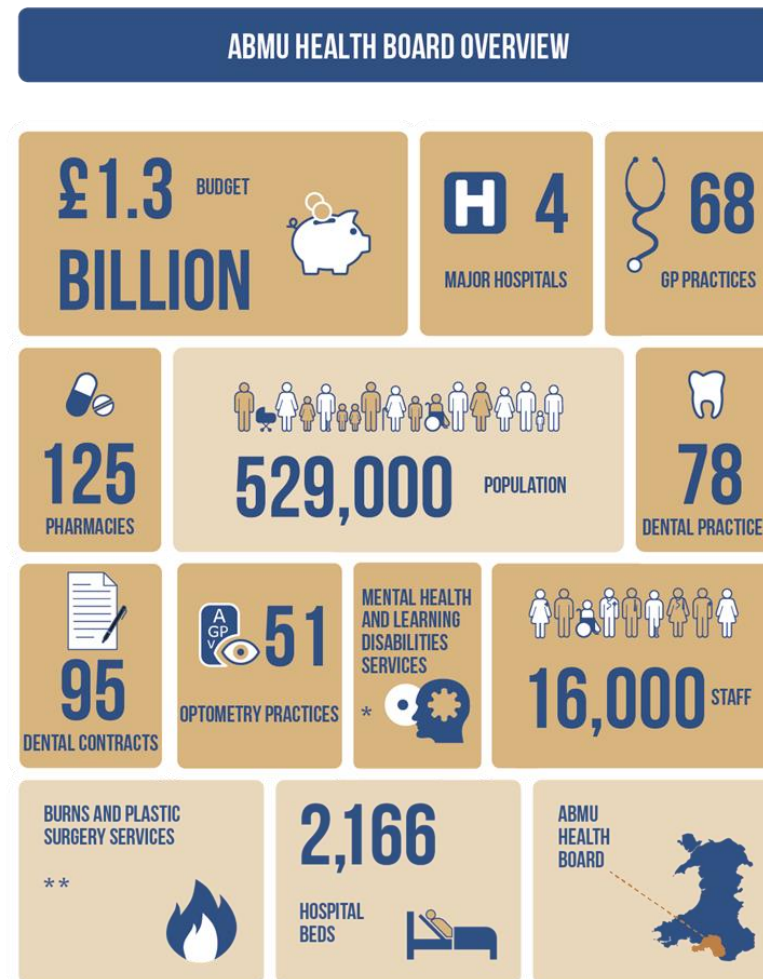
University Health Board (ABMUHB) to Cwm Taf University Health Board (CTUHB).

Following the transfer ABMUHB became Swansea Bay University Health Board (SBUHB), responsible for delivery of healthcare and well-being services for the populations of Neath Port Talbot and Swansea. The effective date of the transfer was 1 April 2019 therefore this annual report will provide a review for the original AMBUHB area including Bridgend; the forward look and plans will cover the new SBUHB area only.

Our Services

ABMUHB covers an estimated population of c.529,000 with a budget of **£1.3bn** (*inc. misc income*). The Health Board employs c.16,000 staff covering a wide range of services including:

- General Practitioners (GPs);
- Optician Services;
- Dental Services including three Orthodontists and three dentists with special interests;
- Pharmacy Services;
- Community based services;
- Hospital Services (four acute hospitals providing scheduled and unscheduled care), Mental Health facilities, Learning Disability (LD) bungalows and community hospitals (six community sites);
- Minor Injuries Units;
- Mental Health and Learning Disability Services;
- GP OOH Services (85,854 contacts during 2018/19);
- Tertiary Services.



* = Regional provider for Learning Disabilities Service, providing services for Cwm Taf and Cardiff and Vale University Health Boards, as well as ourselves

** = Services provided for the whole of South Wales and the South West of England, as well as ourselves

Governance Arrangements

The Health Board is governed by a Board which includes both Executive Directors and Independent Members. During 2018/19, the Board Chairman was Andrew Davies and the Chief Executive was the newly appointed Tracy Myhill. Andrew Davies is directly accountable to the Minister for Health and Social Services and Tracy Myhill is accountable to the Director General/ Chief Executive for NHS Wales and the Chairman

The Board is accountable for effective delivery of healthcare and well-being services for the local population. It does this by providing leadership to the organisation within a framework of prudent and effective controls which enables risk to be assessed and managed. The Board has full responsibility for:

- Setting the strategic direction, the aims and objectives of the Health Board within the overall policies and priorities of the Welsh Government and NHS Wales;
- Ensure compliance with statutory duties and responsibilities;

- Ensure the necessary financial and human resources are in place for the organisation to meet its objectives;
- Review performance through effective scrutiny and challenge across all areas of responsibility;
- Set the Health Board's Purpose, Values and Behaviours (see below);
- Ensuring that its obligations to its stakeholders are understood and met.

caring for each other	working together	always improving
in every human contact in all of our communities and each of our hospitals.	as patients, families, carers, staff and communities so that we always put patients first.	so that we are at our best for every patient and for each other.
We are friendly, helpful and attentive . We welcome others with a smile. We see people as individuals . We do the right thing for every person and treat everyone with dignity and respect . We are kind, compassionate, patient , and empathetic to the needs of others.	We communicate openly and honestly and explain things clearly . We take time to listen, understand and involve people . We value everyone's contribution and we work with our partners to join things up for people. We are open to, and act on, feedback . We speak up if we are concerned.	We keep people safe and provide an efficient and timely service. We are professional and responsible and hold ourselves and each other to account . We choose a positive attitude , seek out learning , and continually develop our skills and services.
We won't ignore people, be dismissive, rude, abrupt or leave anyone to suffer or feel neglected.	We won't let each other down, exclude or criticise people.	We won't accept second best or choose a negative attitude.

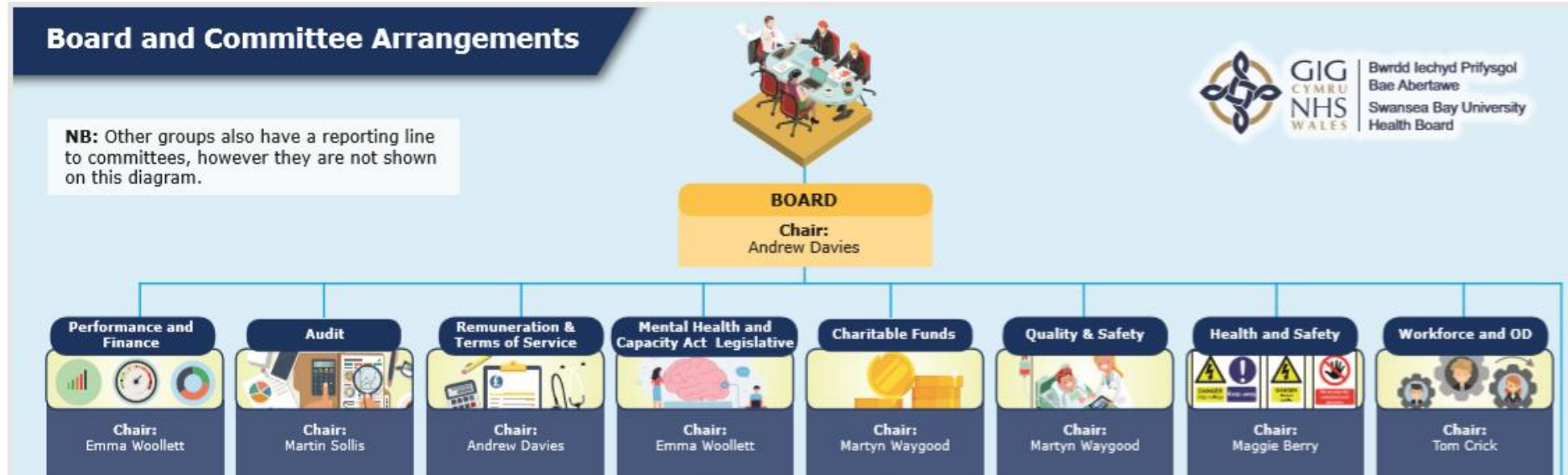
Governance Arrangements Cont...

Along with regular meetings, the Board discharges its responsibilities as detailed above via a range of committees and advisory groups.

An overview of the committee structure is outlined below with full details available in our Annual Governance Statement (AGS) link: [Accountability Report including Annual Governance Statement](#)

During 2018/19, the Health Board has completed a review of its governance arrangements including a

Board Effectiveness survey and a governance maturity matrix, which was sent to all Board members. The outcome of the survey has been used to agree the improvement priorities for 2019/20. This was discussed and agreed at a Board Development meeting in April 2019. Full details of the priorities can be found in the AGS.



Bridgend Boundary Change

The Minister for Health and Social Services announced on 14 June 2018 that from 1 April 2019, the responsibility for delivery and commissioning of healthcare services for the people in the Bridgend County Borough Council (Bridgend CBC) area and moved from Abertawe Bro Morgannwg University Health Board (ABMUHB) to Cwm Taf University Health Board (CTUHB).

The change was managed through a Joint Transition Board (JTB) which was established as a sub-committee of both Health Boards to oversee the implementation of the boundary move. The JTB met monthly during 2018/19 and received regular updates from all sub-groups.

In order to enact the decision by the Welsh Government to implement the boundary change there was a legal requirement to lay an Area Change Order before the National Assembly for Wales, a copy of the Order is available online: The Local Health Boards (Area Change) (Wales) (Miscellaneous Amendments) Order 2019.

Colleagues across both Health Boards have worked closely together, to identify all clinical services that

fall within the scope of the transfer. Working through every identified service, both Health Boards have agreed the future service provider arrangements, the final clinical service listing was reported to the Health Boards in March 2019. For some services, a Service Level Agreement (SLA) has been put in place and ABMUHB will continue to provide services to the population of Bridgend on behalf of CTUHB, and vice versa.

In practice, this is an administrative change and not a service change. Our patients should not notice any changes to their healthcare services. Services are not being lost or reduced, and how patients access services and receive their care remains the same from 1 April 2019.

A workforce transfer process was agreed through both Health Board Partnership forums and has informed and guided the decision making regarding all staff posts impacted by the change. Further details of this significant change can be found on the Swansea Bay University Health Board website.

Partnerships

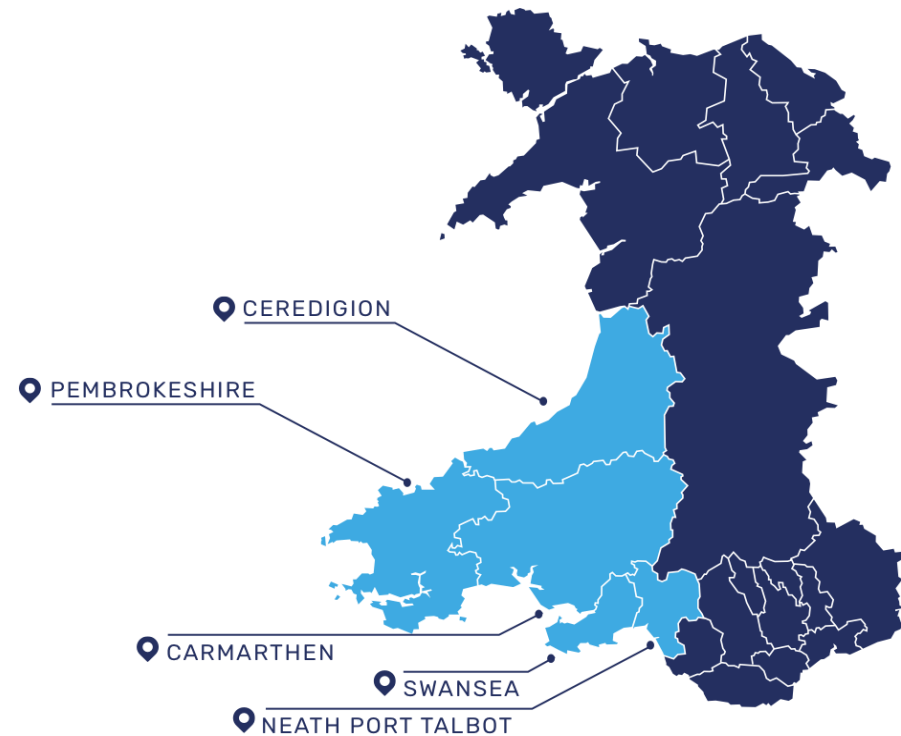
A **Regional Collaboration for Health (ARCH)** is a unique collaboration between three strategic partners; Swansea Bay University Health Board, Hywel Dda University Health Board and Swansea University. It spans the local authority areas of Ceredigion, Pembrokeshire, Carmarthenshire, Neath Port Talbot and Swansea.

The ARCH Portfolio

ARCH is a long term transformational collaboration that aims to improve the health, wealth and wellbeing of the South West Wales region.

It has an ambitious portfolio of regional work, delivered through four programmes of work as set out in the ARCH Portfolio Development Plan and underpinned the Welsh Government publication 'A Healthier Wales'.

We believe a joined up regional approach is the only way we will be able to deliver meaningful change to address service pressures, workforce fragility and to drive a vibrant life science economy. For more details see <http://www.arch.wales/>



Swansea Bay University Health Board, together with Hywel Dda Health Board and Swansea University continues to be committed to progressing the ARCH Programme to improve the health, wealth and wellbeing for the population of South West Wales. The portfolio has been refocussed during 2018/19, and, with a strengthened programme management office, is in a strong position to lead further change during 2019/20.

Western Bay Regional Partnership

The Health Board is a key member of the Western Bay Regional Partnership Board (RPB) along with the three Local Authorities in the ABMU area. This has led the development of integrated services between health and social care in recent years as part of the implementation of the Social Services and Wellbeing (Wales) Act 2014. The Regional Partnership Board's Population Assessment, as required by the Act, was published in April 2017 and used to develop the associated Area Plan which was published in April 2018. The Area Plan sets out how the Western Bay Regional Partnership Board will address the Population Assessment and is the overarching regional plan for integrated health and social care joint working. See below for link to area plan. We have clear evidence of the impact of these services, for example:

Description of Scheme	Projected Outcomes and Outputs (Totals)	
Intermediate Care Services (underpinned by S33 agreement), Whole System Approach, Acute Clinical Response	Admissions avoided	2,919
	Number of bed days saved	29,190
	Cost of bed days saved	£3,669,600
Common Access Point	Number of people referred to Community Resource Team	7,424
Reablement – Discharge Facilitation	Discharges facilitated	957
	Number of bed days saved	2,817
	Cost avoided	£363,960

The relationships and integrated services we have developed have enabled us to be successful in securing RPB funding for a Transformation Fund Proposal; “Our Neighbourhood Approach” in two areas in the region as well as for the Whole System Cluster Transformation across the whole Western Bay area. Our Neighbourhood Approach is focused on enabling people and communities to become more self-supporting through a focus on maximising the assets we have through a place based approach.

This, along with the Cwmtawe Cluster and the other seven Clusters in the Swansea and Neath Port Talbot areas have received Transformation funding to test out how the national primary care model can be implemented sets out our expected future direction for focusing on wellbeing, prevention and earlier intervention with care, when required, planned and delivered as far as possible through a cluster based model of care.

The joint working arrangements for these partnerships have been strengthened in 2018/19. The “Western Bay” arrangements have been reviewed to reflect the new planning area without Bridgend. Governance has also been strengthened with a clear set of strategic priorities to reflect ‘A Healthier Wales’, along with this a new structure for the West Glamorgan Regional Partnership Board (RPB), agreed in March 2019 which has now been implemented.

ABMU Health Board has also been a core partner of the Swansea, Neath Port Talbot and Bridgend Public Services Boards, established as a result of the Wellbeing of Future Generations (Wales) Act 2015. The **Public Service Boards** (PSB) prepared a wellbeing assessment which was published in May 2017 and, based on these, developed wellbeing Plans which were published in May 2018. The PSBs and their priorities have been the subject of review during 2018.

Full details of the PSB plans can be found at

- [Western Bay Area Plan](#)
- [Swansea PSB Area Plan](#)
- [NPT PSB Area Plan](#)

The table below outlines the wellbeing objectives agreed by each of the PSBs and incorporated into the Health Board’s own wellbeing objectives.

Bridgend	Neath Port Talbot	Swansea
Best start in life	Support children in their early years, especially children at risk of adverse childhood experiences	Early years: children have the best start in life to be the best that they can be
Support communities to be safe and cohesive	Create safe, confident and resilient communities, focusing on vulnerable people	Strong communities: to build strong communities with a sense of pride and belonging
Healthy choices in a healthy environment	Value our green infrastructure and the contribution it makes to our wellbeing	Working with nature: to improve health, supporting biodiversity and reduce our carbon footprint
	Put more life into our later years – ageing well	Live well, age well: to make Swansea a great place to live and age well
Reduce social and economic inequalities	Promote wellbeing through work and in the workplace	
	Tackling digital exclusion	

ABMU Health Board's Wellbeing Objectives

In addition to working with its partners and other stakeholders to develop Wellbeing Plans through Public Services Boards, the Health Board also has a statutory requirement to publish its own Wellbeing Objectives. It must clearly set out its wellbeing objectives and the steps being taken to meet them, including how the *five ways of working* and *seven national wellbeing goals* (as detailed in the **Well Being of Future Generations Act** – see right) have been used to inform the setting of the objectives and steps to achieve them. The draft wellbeing objectives for ABMU Health Board were agreed in 2017.

The Health Board agreed its final wellbeing objectives through the approval of the Organisational Strategy in November 2018. These are:

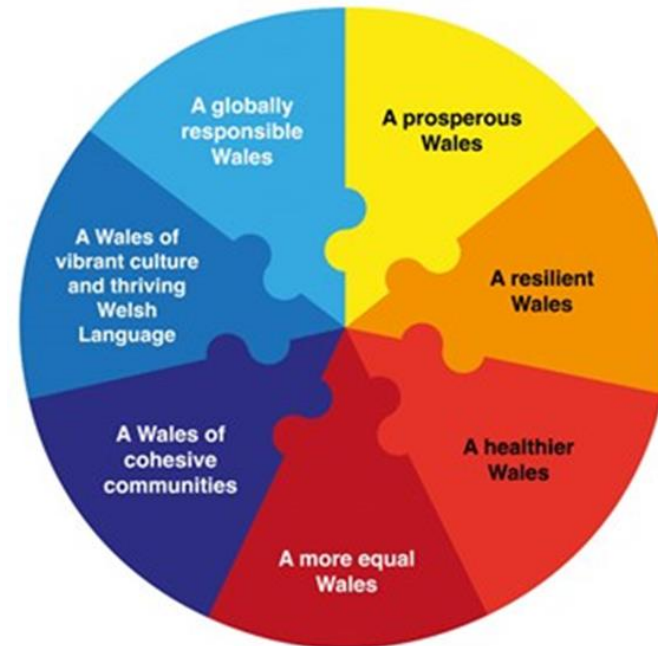
- Giving every child the best start in life;
- Connecting communities with services and facilities;
- Maintaining health, independence and resilience of communities of individuals, communities and families.

ABMUHB, along with other statutory bodies, recently submitted a detailed Reflection Tool measuring our

progress in 2017/18 against the objectives and the five ways of working. The publication of the All Wales reflection tool report is expected in July 2019.

Following on from this ABMUHB undertook the more

recent journey checker, the Simple Changes Grid developed by the Future



Generations Commissioner, to track progress against all 82 objectives. The purpose of this is to measure how public bodies have embedded the Act within organisations and this was submitted to the Commissioner in March 2019.

During 2017/18, ABMUHB and Cardiff and Vale UHB established a **Regional and Specialised Services**

Provider Planning Partnership. Our two Health Boards established this forum to progress improving service planning and delivery for services where we are the only provider in the area. A set of principles have been agreed to establish which services should be considered on the basis of their sustainability, fragility and value along with the opportunity to bring care back to Wales. This partnership works closely with Welsh Health Specialised Services Committee (WHSSC).

The Health Boards' partnership arrangements with Hywel Dda Health Board via the **Joint Regional Planning and Delivery Committee** have continued to mature during 2018/19. The focus to date has been on addressing our common operational challenges and performance pressures. In 2019/20 the priority areas have been identified as endoscopy, dermatology, cellular pathology, vascular and catheter laboratory services in terms of both continuing to address immediate pressures and developing longer term sustainable solutions.

Engagement

ABMU Health Board continues to develop its mechanisms for continuous engagement in line with Welsh Government guidance and has an agreed

Strategic Framework for engagement and consultation with Abertawe Bro Morgannwg **Community Health Council (CHC)**. The CHC is a statutory organisation, it is the independent voice representing the public's interest in the geographical area. In 2018 members of the Health Board met with the Full Council of the CHC to review joint working arrangements. They agreed to set up a joint liaison committee providing oversight of issues affecting both parties ensuring appropriate and timely actions.



The Health Board has a range of ongoing engagement mechanisms that it uses for all of its work. These include ABMYouth, the Stakeholder Reference Group, Disability Reference Group and Regional Third Sector Health, Social Care and Wellbeing Forum. The organisation is also increasingly developing co-production and the use of its “In Your Shoes” methodology. This is used to develop service change plans with people who have lived experiences along with their carers/families.

Overview of Abertawe Bro Morgannwg University Health Board

ABMU HB was very pleased to welcome Tracy Myhill as the new Chief Executive Officer in February 2018. In her first year Tracy has unequivocally delivered on her promise to be a visible and authentic leader. She is proud to note that waiting times have reduced over the year, that improvements have been made in the number of stroke patients being admitted to a stroke unit within the critical four hour time frame and that the number of healthcare acquired infections is on an improving trajectory. The Health Board very clearly recognises that there are significant challenges, particularly within unscheduled care. Further details of performance can be found on page 53.

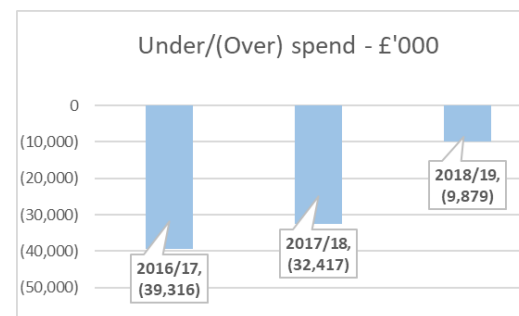
This improvement is set against a backdrop of the extraordinary amount of work that has been required during the year to facilitate the very successful Bridgend boundary change – full details of this can be found on page 11 of this report.

Financial Position

The financial position of the Health Board improved during the year. The year-end position was a deficit of £9.88m, this compares very favourably with the

deficit of £32.4m in 2017/18. It should be noted that the Health Board received non-recurrent support of £10m in revenue funding during the year in recognition of the improvements in the areas of targeted intervention (see below). ABMUHB achieved £13.5m in savings and cost containment

during 2018/19 which contributed towards the reduction in the deficit. For full details see page 78



Integrated Medium Term Plan (IMTP)

The Health Board was unable to submit an approvable (IMTP) for 2018/19 as there was more work to do to agree the Organisational Strategy and improve performance in the targeted improvement priority areas including finance. The Board did support an Annual Plan for 2018/19 which was submitted to Welsh Government.

Escalation Level

In 2016 The Welsh Government placed Abertawe Bro Morgannwg University Health Board in the second highest level of escalation, Targeted Intervention. This followed concerns over the Health Board's performance in respect of key Welsh Government targets, its arrangements for governance and assurance and its financial position. With the exception of Unscheduled Care, all areas of performance set out in the targeted intervention escalation (RTT (Referral to Treatment), Stroke, Cancer and Infection Control) show improvement when comparing 2018/9 to the previous year. With regards to Unscheduled Care there is clear improvement in system resilience and in addition to this, performance has improved comparing this winter to last winter. However, year on year performance has declined as a result of the complexity of patients requiring emergency care provided by our hospitals.

The Health Board is working hard to achieve the Welsh Government targets and move towards a lower level of escalation. The Board and the Executive team are clear this will not be at the

expense of quality. Full details of performance against the targeted intervention measures can be seen in appendix 1.

Managing Risk

In 2018/19, the Health Board Risk Register was significantly reviewed and a new format agreed. As of 31st March 2019 there were 26 risks on the risk register ranging from 12 to 20 which are categorised by rating against each of the Health Board's enabling objectives. In terms of the highest risks these are set out below:

- **Capacity within WODS (56);**
- **Sustained Clinical Services (27);**
- **Storage of Paper Records (36);**
- **Discharge Information (45) ;**
- **Brexit (54).**

Along with the financial deficit risk and those with the highest scores listed above, there are a series of other risks that the Health Board is managing:

- Nursing Staffing Act Levels (Wales) Act 2016;
- Health and Safety;
- Infection Prevention and Control;
- Transcatheter Aortic Valve Insertion (TAVI).

Full details of all risks and management thereof can be found in the [Accountability Report 2018/19](#)

Quality at the Heart of Services

Hospital Acquired Infections

There has been **significant improvement** during 2018/19 in the number of Healthcare Acquired Infections. The most impressive being a 36% reduction in the number of cases of *C.Difficile* when compared to 2017/18. There were also reductions of 7% and 4% respectively in cases of *Staph.Aureus* and *E.Coli*.

Safer Patient Flow

2018/19 has seen the development of the 'Safety Huddle'. This approach identifies, early in the day, issues that might prevent patients from going home. The development has been supported by investment in patient flow co-coordinators along with other resources. The objective being to reduce length of stay by enabling patients who are fit for discharge to go home releasing the hospital beds for those in need of it. Alongside this, progress is being made to improve earlier access for patients to specialist assessment, diagnosis and treatment thus ensuring those people who do not require a hospital stay are not admitted.

Reducing Pressure Ulcers

The Health Board achieved a 7% reduction in reported pressure areas this year; significantly there was been a reduction in serious pressure ulcers (reported to Welsh Government) of 23%.



This was largely achieved through raising awareness with carers, patients and staff of the importance of movement in reducing risk of skin damage from pressure areas. The Health Board has also introduced Pressure Ulcer Peer Review Scrutiny Panels, these are held in all Service

Delivery Unit's and ensure learning from incidents is translated into quality improvement plans.

Primary and Community Services

Primary Care Hub

The Primary Care Hub in the Neath Cluster continues to successfully demonstrate that a cluster of practices can address access issues by working together through a central multidisciplinary team (the 'Hub') with physiotherapists, wellbeing worker, medicines management support and audiologist. The



GPs within the Neath Cluster have adopted Vision360 software, which they use to book patients into appointments with the Hub clinicians whilst speaking to patients during 'Telephone First' conversations. Learning

from the Hub has been rolled out across Neath Port Talbot through the development of 'spoke' services in the Afan and Upper Valleys Clusters. The added provision of these services in rural and valley communities' increases access and multi-professional team solutions to bring care closer to home.

Estate Development

The development of two new health and wellbeing centres, one in Swansea and one in Bridgend, have progressed to submitted outline business case stage during 2018/19. The developments have been made possible thanks to the Welsh Government Primary Care Pipeline funding which has also enabled the refurbishment of two existing ABMUHB owned clinics, one in Murton and one in Penclawdd.

The development of a City Wellness Centre within



Swansea City Centre will provide a wide range of well-being and primary and community services for the population of

Swansea. Proposed services for both the Swansea and Bridgend (*artist impression pictured above*) schemes will include GP services, dental services, children services, pharmacy, third sector services, audiology, speech and language, mental health and sexual health services.

The Health Board was delighted to support the development of the ‘first’ **integrated primary care and family centre in Mayhill in Swansea**. This multi million pound development supported by the Health

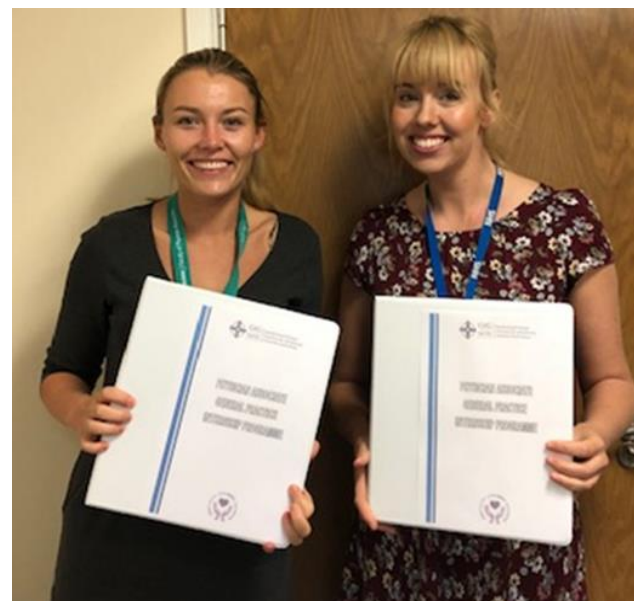


Board, Welsh Government and Swansea Council provides modern purpose built primary care facilities including a new GP practice and

a community pharmacy. The GP Practice accommodation is almost twice the size of the former surgery, with four ground-floor consulting rooms and a further two on the first floor; two treatment rooms; a phlebotomy room; reception; waiting areas; offices; and associated staff rooms. The Health Board Chairman Professor Andrew Davies said: “This state-of-the-art facility is exactly what the community needs and deserves. It is a model of what we can provide in other parts of the Health Board”.

Physician Associate GP Internship Programme

The Sustainability team was successful in securing Welsh Government ‘Pacesetter’ funding to enable a pilot programme to introduce the Physician Associate (PA) role within General Practice over a two-year



period 2018 – 2020. The aim of this programme is to embed this relatively new healthcare role within General Practice by facilitating a structured educational programme

Bria Ulyet (L) and Rhian John (R) at a CPD session to consolidate the skills of newly qualified PAs whilst strengthening and diversifying the Primary Care workforce.

Dental Services

The roll out of the National General Dentistry Services Reform Programme commenced in October 2017. The GDS reform programme was developed nationally by the Chief Dental Officer (CDO) and implemented across Wales in September/October 2017.

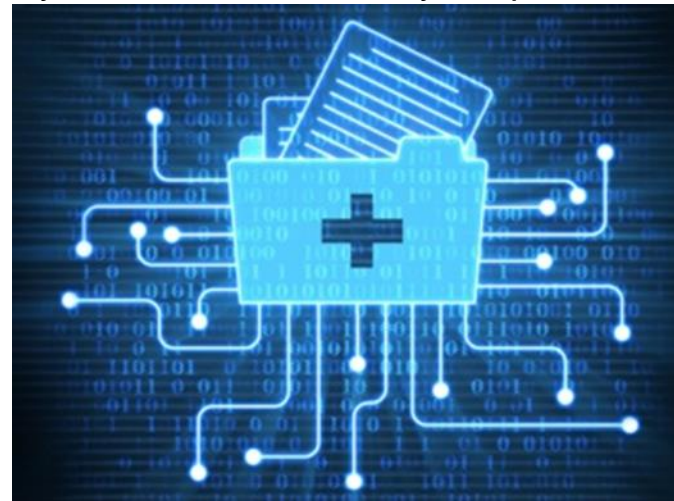
The programme aims to change the way dental services are provided, moving away from achievement of annual targets and towards a dental service focused on preventative care, delivered by a varied skill mix of dental care professionals, with active engagement with patients to look after and improve their oral health.

This new approach will:

1. Actively involve patients;
2. Increase patient access to NHS dentistry;
3. Make more effective use of current resources;
4. Facilitate a preventive and prudent healthcare approach to care;
5. Provide opportunity for more specialised service provision in primary care which will help relieve the burden on secondary care services.

Dental practices are able to join the scheme in April and October of each year. Since the programme commenced, ABMU/SBU HB has 12 practices on the programme, this amounts to 20% of practices which meets the expectations set out for all Health Boards by Welsh Government.

The **National Dental E-referral System** was successfully launched in March 2019. SBUHB and Hywel Dda HB were early adopters for the scheme

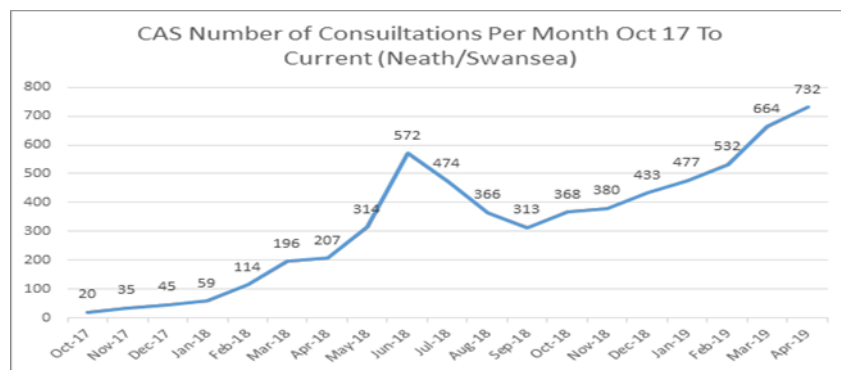


and continue to work with the providers on how the system can be utilised further. The scheme

aims to improve the efficiency of how referrals flow between professionals and improve the time it takes for them to be seen. Patients can also 'track' their referrals giving them greater understanding and assurance.

Pharmacy

The Choose Pharmacy platform and Common Ailments Service (CAS) is now available in all 125 pharmacies across the Health Board footprint. In 2018/19, 7052 consultations were delivered directly to citizens. The Health Board has the 3rd highest figures in Wales despite being the last organisation to roll out the service. See graph below for CAS consultations since the project commenced.



In 2018/19 -Community Pharmacies also delivered 11,446 flu immunisation vaccines as we continually attempt to increase the level of the population receiving the vaccine. This was an increase of 35% being vaccinated within community pharmacies when compared to 2017/18.

System Transformation – Cwmtawe Cluster

GPs and other primary care healthworkers in the Clydach, Morriston and Llansamlet areas of the city became one of the first in Wales to receive £1.7 million transformation funding from Welsh Government.

The way services are provided is changing, with more of an emphasis on working with the communities it serves and keeping people well - not just treating them when they are unwell.

The funding will help turn this healthcare vision into practice for people living in these Swansea communities over an 18 month period.

Cwmtawe Cluster Network is a group of three GP practices and healthcare professionals, including pharmacists; who work together with the voluntary sector and social services partners to improve patient services. Together the cluster provides care for around 44,000 people.

The funding will be used to achieve:

- Increased focus on a social model of health;
- Better use of skilled workforce;
- Services more accessible and sustainable;
- Closer joint working across disciplines and agencies;
- Improved patient experience.

Community Services

In 2018/19 the Health Board implemented a Single Point of Contact for District Nursing Service which is currently managing approximately 10,000 contacts per month. This service has streamlined the referral process for both the public and professionals, e.g. GPs and has enabled the front line District Nurses to focus their time on direct patient care.

Gorseinon Hospital implemented a revised approach to patient flow during 2018/19, early results have been encouraging. The aim of this change is to reduce the amount of time that older people spend in hospital. It is widely acknowledged that long periods of time spent in hospital increases dependency and significantly delays the return home.

Health Visitors (HV) have trialled the 2nd version of the All Wales Family Resilience Assessment Tool (FRAIT). This is a 'tool', developed in Wales by Health Visitors and the University of South Wales, designed to assess the level of intervention necessary to support families in the transition to parenthood. It is commenced at the first contact with the Health Visiting service, which could be during the antenatal period and repeated as necessary.

The Health Board is now delivering a full Primary Care Audiology Service to the whole Cwmtawe Cluster using a combination of Advanced and Associate practitioners. Plans are also in place to extend this to the Neath and Afan Clusters so that all surgeries will be able to access the same level of service this year. The development of Primary Care Audiology service has been a collaboration between Audiology, GPs and Ear Nose and Throat specialists, and has required Audiologists to develop an



extended skill set. It is a good example of clinicians working to the top of their licence,

delivering care closer to home, and providing the right care by the right person. This service helps to release GP appointments so doctors can see those most in need of their clinical skills.

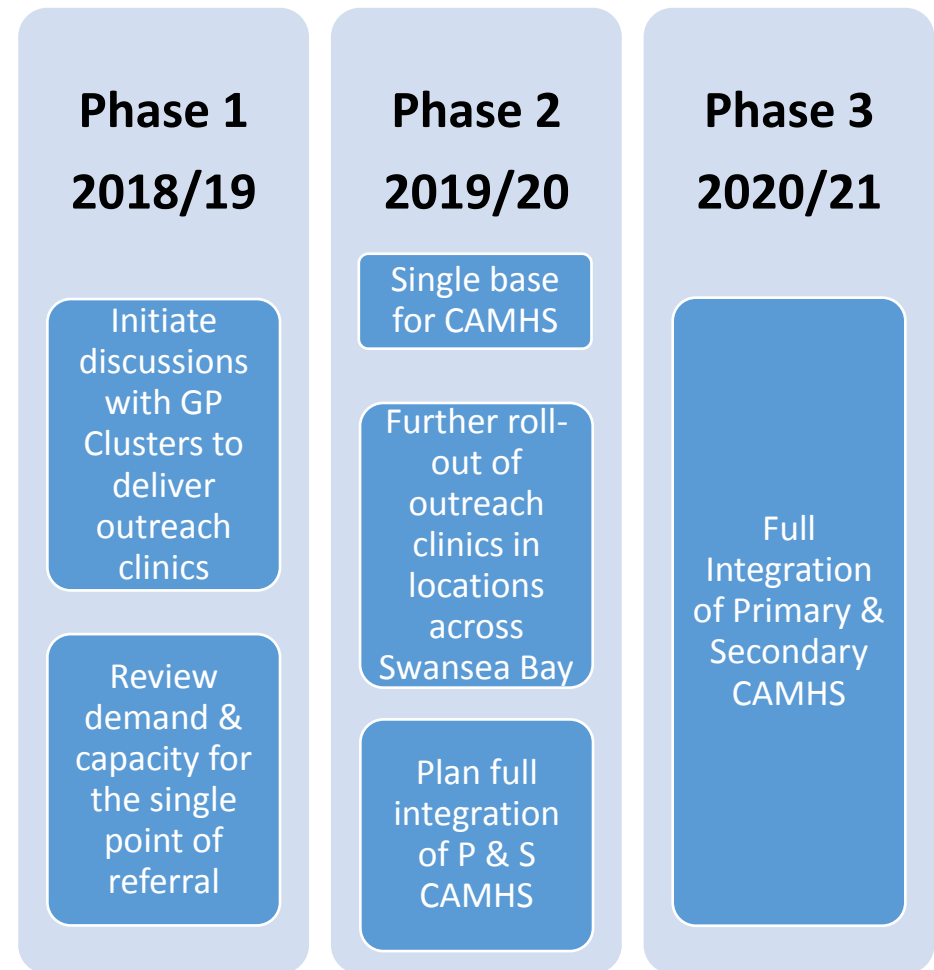
Child and Adolescent Mental Health Services (CAMHS)

The Child and Adolescent Mental Health Service (CAMHS) for the population of Bridgend, Neath Port Talbot and Swansea is provided by Cwm Taf University Health Board (CTUHB). The CAMHS provision has traditionally suffered from significant waiting time and variation challenges, this is in part because the service is relatively small so where there is staff absence for any reason there is a disproportionate impact. The existing service is split between Primary CAMHS (P-CAMHS) and Secondary CAMHS (S-CAMHS) with P-CAMHS seeing patients with lower acuity needs and the S-CAMHS service seeing and treating patients with more complex and persistent mental health disorders.

ABM UHB (now Swansea Bay University Health Board) is working with Cwm Taf University Health Board to develop an integrated service model with a single team working across the whole of the Swansea and Neath Port Talbot area. The integrated service will provide a single point of referral to all primary and secondary CAMHS, an

approach that is strongly supported by GPs and Local Authorities.

The diagram below provides detail on the integration:



Some, but not all, of the benefit of integration includes a larger, more resilient team working across the whole Health Board area, reduced variation in service and shorter waiting times.

The health board measures **CAMHS** performance against local targets. In all but one of the six areas of measurement the organisation is improving its performance demonstrating that the service is improving. It is however worthy of note that, for the first time ever, during February 2019 ABMUHB achieved the target of 80% of S-CAMHS patients being assessed within 28 days.

Local Target	ABM UHB Trend	
% Of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	↑	●
% Of patients with neurodevelopmental disorder receiving diagnostic assessment and intervention within 26 weeks	↓	●
% Of routine assessments undertaken within 28 days from receipt of referral	↑	●
% Of therapeutic interventions started within 28 days following assessment by LPMHSS	↑	●
% Of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan	↑	●
% Of routine assessments undertaken within 28 days from receipt of referral (SCAMHS)	↑	●

Mental Health and Learning Disability Services

This year, work within the mental health (MH) and learning disabilities (LD) business unit has been aligned to the new Strategic Framework. Developed jointly with Local Authorities through the Western Bay Partnership, the framework outlines the optimum model for services that all organisations use to underpin development of services across the geographical area.

Working closely with our partners, the Health Board offers mental health support, care and treatment for adults aged 18-65 and older people over the age of 65 from our hospitals, community clinics and sometimes in patients' homes. We also provide regional substance misuse services, and hold responsibility for forensic mental health services for south, mid and west Wales.

The team look for innovative way to help patients feel 'at home' during their hospital stay. An example of this is the Derwen Arms – this is a local pub like any other, serving beers and refreshments with its own



pool table and dart board. Whilst the beer is strictly non-alcoholic and the darts are made of plastic, that hasn't stopped the pub from being a hit with its customers. It's located within the Derwen Ward, a 20-bed all male assessment unit in Swansea's Cefn Coed Hospital for men with a diagnosis of dementia. Despite its location on a

men-only ward, the patients are often joined by their wives for a social evening.

For the ladies on Onnen Ward at the same hospital, again with a dementia diagnosis, staff have created a hair salon and tearoom called Serenity. A visit to this facility can often help calm patients by bringing back good memories.

Older people with memory difficulties in Swansea are more active and steadier on their feet after signing up to a **walking hockey team**. The team was set up by the community mental health physiotherapy service. It offers exercise in the community for older people with cognitive impairment, early results demonstrate

general balance and function has improved and the



number of falls the participants experienced has reduced dramatically.

Looking forward to 2019/20:

- Reconsideration of the service model for Older People's Mental Health in-patient care with local authorities following the boundary change;
- Development of Suicide Prevention Action Plan for the NPT and Swansea areas with key partners;
- Development of a common Learning Disability service model and modernisation plan in partnership with three Health Boards and seven local authorities;
- Implementation of the Adult Mental Health Strategic framework.

Achievement in 2018/19

Promoting Well-being:

- Progress has been made in the uptake of childhood MMR vaccinations;
- 8581 members of staff (54.5%) took up the offer of the flu vaccine;
- Development of preventative approach to mental wellbeing, working with GP clusters, sports clubs and developing suicide prevention plans;
- Approval of transformation fund bid for Neighbourhood Approach and primary care cluster model in Cwmtawe and Neath Clusters.
- 18% increase in number of patients treated on an Urgent Suspected Cancer pathway compared to 2017/18.



Patients will get even better support on the road to recovery thanks to a new qualification.



Twenty five occupational therapy technicians working across ABMU Health Board have achieved the Agored Cymru level three diploma in occupational therapy support, which has enhanced their skills.

Embedding Effective Governance and Partnerships:

- Renewed Board Leadership with a stable Executive and Board;
- **Approved** Organisational Strategy;
- **Approved** Clinical Services Plan;
- Kings Fund Development programme with Board, Executive Directors and Service Directors progressing well.

Organisational Strategy

During 2018/19 the Health Board developed and approved an Organisational Strategy and a refresh of the Clinical Services Plan.

The **Organisational Strategy, Better Health, Better Care, Better Lives**, describes the ambition and opportunities for the Health Board for 2019/20 and beyond to:

- Play a full role in the local and regional health economy;
- Increase focus on improving population health and well-being;
- Integrate services with partners in communities; and
- Ensure sustainability and delivery of consistently high quality care.

The strategy includes the organisations Well-being objectives (listed below), these have been developed in response to the Health Board's statutory duty under the **Wellbeing of Future Generations Act**.



Well-Being Objectives:

1. Connecting communities with services and facilities across partners leading to demonstrable improvements in well-being and health;
2. Working with local communities, individuals and partners to build community resilience;
3. Give every child the best start in life.

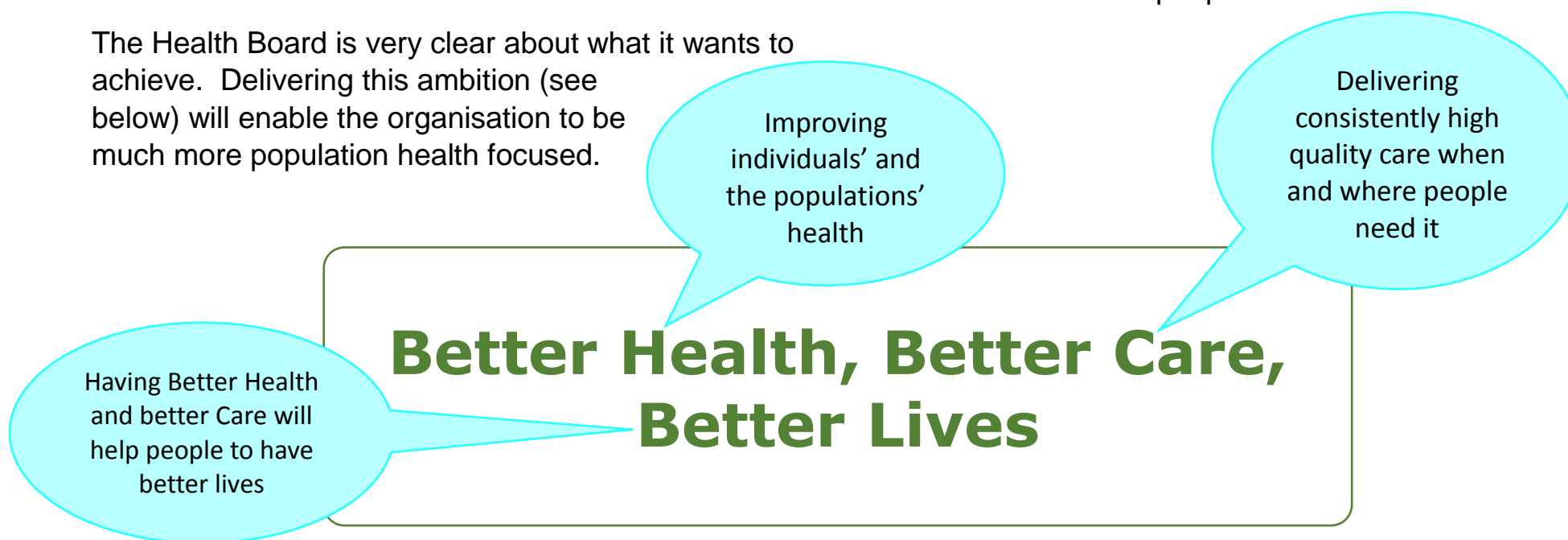
Our Ambition

The Health Board is very clear about what it wants to achieve. Delivering this ambition (see below) will enable the organisation to be much more population health focused.

Strategic Aims

These set out what is necessary to achieve our ambition:

1. Support better health and wellbeing by actively promoting and empowering people to live well in resilient communities;
2. Deliver better care through excellent health and care services achieving the outcomes that matter most to people.



Clinical Services Plan

The Clinical Services Plan (CSP) is our five-year programme to transform the health and care services in Swansea Bay UHB. The CSP development process took place throughout 2018, led by clinicians and supported by our staff and partners. The CSP was approved by the Board in January 2019. The CSP describes how we will transform wellness, primary and community services to underpin significant service change in our major hospitals. This will enable them to dedicate their expertise to meeting the needs of those who most need their care, in particular the frail, elderly and acutely ill.

Clinical Service Plan Principles

CSP Planning Principles



Optimising patient outcomes through

1. One System of Care

Clinical pathway processes that cross Specialities, Departments and Delivery Units

2. My Home First

Pathways which enhance care delivery in or closer to the patients home where clinically safe

3. Right place, Right person, Right time

Workforce, estates, equipment, digitalisation

4. Better Together

Regional and local collaboration on networks of services that meet the care needs of patients

Swansea Bay's Clinical Services Plan 2019-24



Better Health

Better Care

Better Lives



The Clinical Services Plan principles, developed with staff and stakeholders aligns strongly to the quadruple aim as identified within ["A Healthier Wales"](#). The four principles (see left) were developed to guide the Health Board in agreeing the Clinical Services Plan ambitions to become the care system the organisation aspires to be.

Our staff and partners have been at the forefront of shaping the CSP. Between September and November 2018 staff and stakeholders participated in a series of Clinical Redesign Groups for unscheduled care, surgical and regional services where they shared their views and suggestions to further shape the ambitions within the plan.

The clinical leads for the Clinical Services Plan hosted '**Have Your Say**' drop-ins for staff in Neath



Port Talbot, Singleton and Morriston Hospitals. These sessions enabled the sharing and testing of proposals from the Clinical Reference Groups. The sessions also offered an opportunity to hear the views of members of staff along with suggestions and ideas on the proposed priorities and the options for

whole system reconfiguration.

Analysis of data on patient access and quality of care identified a number of areas with opportunities to improve:

Surgical pre and post-operative lengths of stay in hospital
Patients admitted with conditions that can be treated without an admission
Provision of day case surgical services
Pace of discharge from hospital
Length of hospital stays
Waits for out-patient and follow up appointments

Making these improvements is essential to the successful delivery of the Clinical Services Plan, however, they alone are insufficient to address the scale of the challenges.

To ensure the services are sustainable and able to deliver outcomes that matter to patients, the Health Board needs to make transformational change; particularly in primary and community services to enable more people to receive care close to home and deliver sustainable hospital services for surgical, frailty and acute care.

The CSP has a number of prioritised commitments to deliver significant clinical and service transformational change over the next five-year period. Of these, the most significant areas of focus are on:

- **Population Health & Wellbeing** - delivering care that focuses on well-being, self-care, prevention and access to care closer to home through a new neighbourhood model. Development of integrated clusters; new Wellness Centres, improving long term condition pathways;
- **An Integrated Network of Hospitals** – improving outpatient, remodelling surgical services to deliver a sustainable model across our hospital sites; planning the delivery of a single acute medical service within Swansea Bay. This includes the creation of a new hyper acute stroke unit through remodelling stroke services and delivering improvements to maternity and children/young people's services;
- **Mental Health & Learning Disabilities** – transforming the delivery of mental health and learning disability services including remodelling Adult and Older People's Mental Health Services with a focus on care closer to home and working to create a network of learning disability services across south Wales supporting people to live independent lives.

Patient Flow Co-ordinators and Breaking the Cycle

The Patient Flow Co-ordinators (PFC), expanded this year, are a specialist team who help to resolve issues that often prevent medically fit patients from returning home in a timely manner. They help speed up access to tests results and assessments required before patients can leave, refer those who need extra



assistance at home to Social Services or expedite transfers to other hospitals. This year ABMUHB

introduced 'Breaking the Cycle', a two-week initiative designed to improve patient flow. Office based staff were assigned to ward areas to help relay vital information to clinicians and the PFC's to help improve timely discharge.

"A great team to work alongside to support discharge planning. A lot of hard work has been recognised by all involved to expedite patient flow"

Intranet Comment

Securing a Fully Engaged and Skilled Workforce:

- Highest number of responses to staff survey to date and increase in engagement score;
- Investing in developing the leadership skills of our clinical leaders & managers is a priority. This includes: 655 clinical leaders and



Picture of 'Footprints' Cohort 44

managers attending our award-winning behavioural leadership programme, 'Footprints' targeting junior/middle

managers. For our senior clinical leaders, the 'Bridges' programme launched in January 2019 and has engaged with 50 leaders to date. A new consultant development programme was launched in 2019 for newly appointed consultant medical staff. Thirty leaders are

undertaking ILM Level 5 to become accredited coaches;

- Employee Relations strategy in development to support improved Employee Relations climate, including support from ACAS and review of complex cases;
- PADR training for 148 managers since April 2018, with an increased PADR rate to 65%;
- Improvements in mandatory and statutory training compliance from 52.7% in April 2018 to 75.3% in April 2019;
- Project Search (*pictured below*) partnership launched in Princess of Wales Hospital in September 2018 to support young people with



learning disabilities and/or autism to develop employment skills through work placements;

- Our Apprenticeship Academy grows from strength to strength, with 185 apprentices enrolled to date on level 2, 3, 4 programmes. Approximately $\frac{3}{4}$ of all apprentices secure substantive employment with the Health Board following their apprenticeship programme. A further 450 staff are currently enrolled on apprenticeship frameworks;
- During 2018/19, 81 trainees were supported through our adult employability skills programme, which includes a work placement, job and interview coaching and classroom skills development. ABMU is the only Health Board in Wales to deliver this programme;



The first cohort of our Internal Graduate Scheme, 'Graduate Growth' has successfully completed and cohort 2 recruitment is underway.

Supporting Diverse Workforce

Junior doctors arranged a practical leadership skills event at Morriston Hospital on 19 April 2018. The event included talks and workshops to help women develop their skills in daily practice giving them useful hints and tips. The event received some very positive feedback.

Calon, ABMU's LGBT Staff Network

Calon, joined by ABMU staff at Pride Cymru and



Swansea Spring Pride (pictured left). Staff engaged with the public at the events, gathering feedback around the experience of service users and speaking to those interested in

applying to work at ABMUHB.

Calon organised 'Sharing Personal Stories' events for staff throughout 2018/19. They also attended 'Wellbeing through Work' events to facilitate workshops regarding LGBT+ issues.

ABMU's entry for Stonewall Workplace Equality Index was submitted in September, a rise of 5 places.

Demonstrating Progress

- A programme of Service Remodelling has delivered significant change and work continues in acute, community and mental health services;
- Secured Welsh Government funding to embed and maximise use of Value-based Healthcare regional approach based on our ambition and expertise;
- Digital mobilisation enabled 33% more patients to be seen by District Nurses (DNs) compared to last year;
- Key partner in the Pfizer Global Funded Partnership with Swansea University for value based healthcare;
- Reviewed a range of digital opportunities to improve routine collection of Patient Reported Outcome Measures (PROMs);



- Rolled out our 'Patient Knows Best' system (*see below*) to 100 patients and text reminder service has reduced DNAs (Did not Attend);
- 92% of referrals now prioritised electronically;
- Measurable quality improvement through e-pathology test requesting.

ABMU recognises the importance of digital inclusion when giving patient access to services online. The Health Board understands that the internet is an increasingly vital tool in keeping people healthy. An example of this is the Patient Knows Best (PKB) initiative. This gives patients and their carers instant, secure access to test results, medical records and treatment information online.



Improving Services

The Cwmtawe cluster of GP surgeries is one of the first in Wales to have a **social prescribing** worker who can ‘prescribe’ for patients who need social help rather than medical treatment.

A fifth of people who go to see their doctor have social problems which can result in anxiety, low mood, grief, loneliness or financial worries.

Now, instead of reaching for the prescription pad, GPs can send those patients to see Cindy Hayward.

There are around 1,000 third sector organisations in Swansea with an interest in health and wellbeing, and with her background in community development work, Cindy is able to link patients up with the right service for them, which could be anything from Cruse (bereavement charity counselling service) to Citizens Advice.



Nothing like a good chat – the Conversation Club set up by social prescribing worker Cindy Hayward at Bronwen’s House in Clydach

Iestyn Davies, the cluster lead GP, said: *“A lot of people go to their doctor because they have nowhere else to turn.*

“They may be socially isolated with no friends or family nearby and a lot of their health problems are socially related. Being able to refer them to the specialised social prescribing worker to find out what help is available to them will give us more time for the people who need medical help”.

The endoscopy department at the Princess of Wales Hospital in Bridgend has been given **JAG accreditation in recognition of staff's competence** in delivering a safe, patient-centered, high-quality and appropriate service.



JAG stands for Joint Advisory Group on Gastrointestinal Endoscopy and is part of the Royal College of Physicians. Years of dedication and commitment from the multidisciplinary team resulted in the endorsement. Achievements were independently assessed against recognised standards. It is the first unit within Abertawe Bro Morgannwg University Health Board to achieve JAG Accreditation.

A hospital which looks after nature as well as caring for people has become the **first in Wales to receive the prestigious Green Flag Award**.

Glanrhyd in Bridgend is only the second hospital in the UK to receive the award, which recognises the finest parks and green spaces.

The historic site has bird and bat boxes, insect-friendly “bug hotels” and interpretive signs explaining the flora and fauna that can be found there.

Local organisations worked alongside the environment team within ABMU's estates department on the wildlife-friendly features.

Health board Chairman Andrew Davies, who also chairs ABMU's environment committee, said:



“Glanrhyd is an excellent example of how having an attractive natural environment can improve people's quality of life”.

Rapid Diagnosis Centre (RDC) – Neath Port Talbot Hospital



GPs

with concerns about patients who do not present with the traditional “red flag” signs of cancer have been able to refer them to the RDC since it opened in June last year.

If a patient does have cancer, they are referred to a specialist team for treatment without any unnecessary delays. If they are found to have a significant non-cancer diagnosis instead, they will be

referred to the right speciality for treatment of their condition.

Patients are seen in the centre within five days of being referred by their GP. They arrive around 9am and may undergo a series of tests, with the potential of receiving a diagnosis within a few hours. Although a small but significant proportion of patients seen at the RDC receive a cancer diagnosis, many more have the rapid reassurance that no sinister disorder has been found. This allows them and their families to get on with their lives.

Time Capsule on display at Morriston Hospital

Historians of the future will be given a glimpse of the NHS of today when they open a time capsule in Morriston Hospital in 2048.



The capsule was unveiled at a ceremony in March and follows on from the NHS@70 celebrations. The capsule, sponsored by unions and Tata Steel, includes a selection of memorabilia representing the

past and present – ranging from 1930s hospital crockery to a 3D printed jaw.

Surgical Short Stay Unit – Morriston Hospital

Increasing demand in A&E and increasing unscheduled surgical care pressures in the surgical decision making unit (SDMU) were the key drivers for developing a change in operational management of surgical admissions. Increasing pressures on the A&E department at Morriston can result in significant waits for patients to be seen and treated.

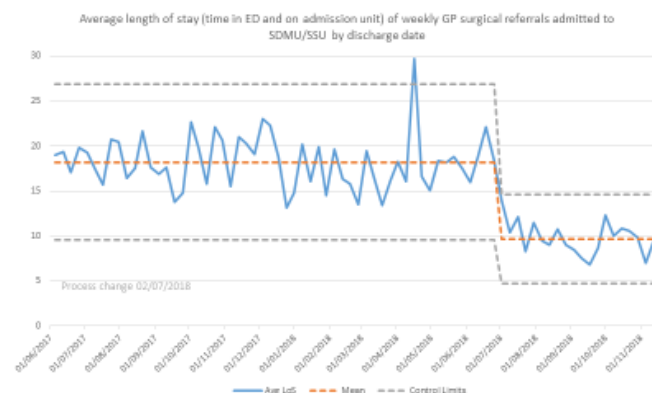
The SDMU is an assessment area that assesses and treats five different surgical specialties and historically has had increasing demands placed on it as a department which results in the long waits and poor experience for patients.

The pathway for these patients include GP referrals, A&E, Consultant referrals, hot clinic referrals and patients who self-present to the unit.

In July 2018 the surgical sisters in charge of SDMU recommended the change in process of how the Surgical Short Stay Unit should use the space as a triage and treatment area. This has resulted in less movement for patients and a quicker discharge process as staff are able to treat patients earlier.

The graph below demonstrates the reduced time patients remain on the admissions unit.

Length of stay on admission unit



- Since the change there has been a significant reduction in the average length of stay from between 15 and 23 hours to 6 to 12 hours and is more stable.



In April 2018 the Chief Nursing Officer for Wales Professor Jean White visited Morriston Hospital to hear about the 'Get up & Go' / PJ paralysis improvements that have been made

across the Hospital.

£9.7m upgrade of Singleton neonatal unit

Work on a £9.7 million upgrade of a Swansea centre that cares for sick and premature babies started in September.



Minister for Health, Vaughan Gething with consultants Sujoy Banerjee and Geraint Morris, along with Singleton Hospital Service

Director Jan Worthing. The transformation of Singleton Hospital's neonatal unit will take 18 months to complete and will be phased to avoid disruption. The Minister for Health, Vaughan Gething visited the unit to make the announcement and to meet staff, along with parents whose babies were being looked after there.

Singleton has one of three neonatal intensive care units in South Wales, alongside Cardiff and Newport.

It is also one of only two neonatal Deanery training units in Wales – the other being in Cardiff's University Hospital of Wales.

Investment in Radiotherapy Services

Cancer patients in Swansea are now being treated with high-tech new equipment which allows radiotherapy to be delivered with even greater accuracy. The new linear accelerator – known as a Linac – along with a state-of-the-art treatment planning system has

been introduced at the radiotherapy department of the South West Wales Cancer Centre at

Singleton Hospital and is being used for a growing number of patients every day.



The Structured Assessment

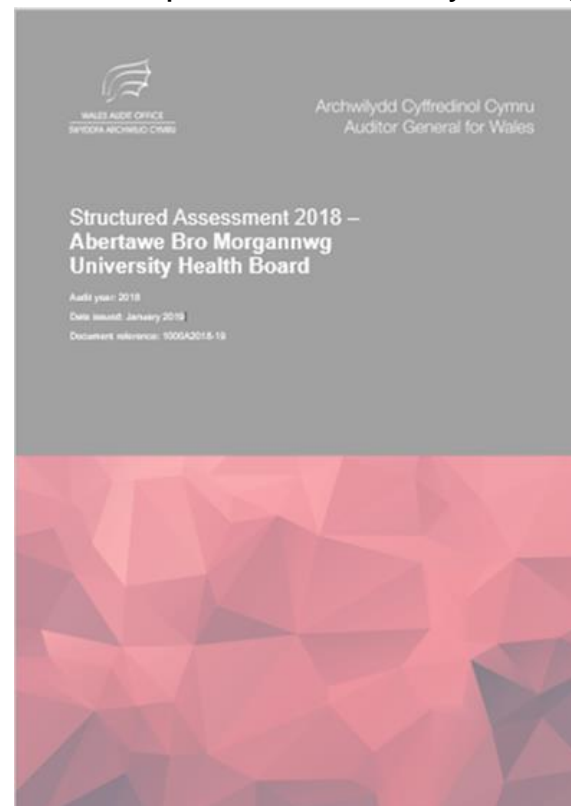
The Structured Assessment is completed by Wales Audit Office and is an external review of the organisation comparing one year with the next. It should be noted that the assessment relates to the calendar year ending December 2018.

The purpose of the assessment is to help discharge the Auditor General's statutory requirement to ensure NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources.

Whilst recognising ABMUHB remains in targeted intervention under the NHS Wales Escalation and Intervention Framework, it was very encouraging to receive the report with the main conclusion stating ***“With strengthened leadership, the Health Board is improving governance and strategic planning, whilst recognising that it needs to do more to strengthen quality governance and design a more coherent operating model for the organisation. The Health Board needs to continue its focus on managing workforce risks and improve performance and efficiency, but there are positive signs of resources being***

managed more strategically and of an evolving values-based approach”.

This compares with the key findings from the



previous years' report that stated ***“...whilst the health board has continued to evolve its corporate arrangements for governance, financial management, strategy development and workforce planning, these have not yet been effective at getting the health***

board to where it needs to be with its finances and performance”.

An indication of the progress made during 2018/19 can be seen in the number of new recommendations

made in the structured assessment, dropping from 18 in the 2017/18 report to just five in the current report. This doesn't mean the Health Board will become complacent, quite the opposite, as recognised in the assessment report ***“We have seen a new energy and sense of ambition at Board meetings, but also a realism about the challenges to get finances and performance where they need to be. There is an openness to the Board’s consideration of issues and its reporting”***. With regards to the 18 recommendations from 2017/18, ten were assessed by WAO to be fully complete with progress having been made on the remaining eight.

Recognising there is more to do, the Health Board has made some significant improvements, particularly in relation to its quality agenda during 2018. For example in cancer care a Strategic Cancer Lead Nurse, a Person Centred Care Manager and a Quality Improvement Manager have been recruited to support improved care and patient experience

along with effectiveness and sustainability of the service. Early indications are promising with the Health Board improving performance against waiting time targets during 2018. Going forward SBUHB is preparing to implement the Single Cancer Pathway (SCP) which will measure waiting times for patients from the point of suspicion of cancer to the start of treatment. Alongside the improvements in cancer care the newly appointed Executive Director of Nursing (August 2018) has initiated a review of the governance processes relating to the Quality & Safety Committee and its subgroups. Another important piece of quality improvement work planned for 2019/20 linked to the governance process review is the reframing of the quality strategy, this will address the matters raised within the Structured Assessment. Further details regarding progress in quality can be seen in the [Annual Quality Statement](#).

Celebrating the NHS @ 70 in ABMU Health Board

The Health Board arranged a year-long celebration to mark the 70th birthday of the NHS on 5 July 2018.

The symbol for the celebrations was a specially engraved miner's lamp. This was displayed in a prominent place at all of the activities. The lamp was made by Aberdare based E Thomas and Williams and was used to highlight the long-standing link between industry in South Wales and healthcare provision.



There have been numerous events that were arranged exclusively to celebrate the NHS@70 and



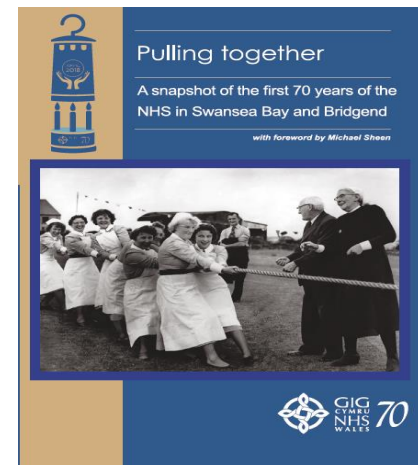
many that were themed to recognise the momentous occasion. Events commenced with the unveiling of a sculpture in a courtyard at Morriston Hospital's

Welsh Centre for Burns and Plastics. The rusting

steel sculpture, the Lady of Llyn Y Fan Fach, uses the themes of regeneration and healing.

Other celebrations included an 'Impact' Therapies Conference in February, Nursing & Midwifery celebration event in May and the inaugural ABMU Medical & Dental Conference also in May.

Volunteers Week took place from 1 to 7 June which paid tribute to the invaluable contribution of volunteers. Other events ranged from Music Festivals to Park Runs and even a Half-Marathon! Staff and Board members attended the Service of



Thanksgiving in Llandaff Cathedral and there was a special 'NHS@70' – VIP Award at the staff awards event in July. ABMU Health Board released its own book, "Pulling Together" which is a celebration of memories and photographs from staff (past & present) and

patients over the past 70 years.

Links with Academia

ABMUHB has been designated as a “University” health board since 2009. This is really important as bringing together healthcare with high quality research, education and innovation leads to better outcomes for patients. The NHS is facing big

At year end – 97 Health and Care Research Wales Portfolio studies open with 2,276 patients participating. 37 commercial studies open with 136 patients participating.

challenges and the need has never been greater to educate the workforce for the future, introduce new technologies and promote innovation.

Partnerships with academic institutions in Wales and beyond are helping the health board to do just that.

Examples of new studies opened or results reported in 2018/19 can be seen below:

- Morriston Hospital is an ARK (Antibiotic Review Kit) Hospital - A 5-year research applied programme funded by NIHR (National Institute for Health Research). The overarching aim of ARK is to reduce the incidence of serious infections caused by antibiotic-resistant

- bacteria in the future, through substantially and safely reducing antibiotic use in hospitals now;
- Healthy people’s poo could prove to be the secret weapon in tackling the twin epidemics of obesity and diabetes.

A research trial in Swansea will see microscopic organisms harvested from the



faeces of healthy volunteers and transplanted into the bowels of people with Type 2 diabetes who are also obese. This has the potential to be a global game-changer by leading to weight loss and even to some people being able to stop taking diabetes medication – saving the UK billions of pounds in healthcare costs.

Examples of Research Publications:

- Professor Steve Bain being Chief Investigator of international trail ‘Pioneer 6’ looking at safety with cardiovascular patients [Link](#)
- Professor Alex Chase and Dr Dave Smith were authors in a complex angioplasty trial [Link](#)

Our Greatest Asset – Our People

This year's celebration is the 5th ABMU Chairman's Values into Practice (VIP) Awards is particularly poignant as it coincides with the 70th anniversary of the NHS. The occasion provides an opportunity to acknowledge and celebrate the inspirational work of the many staff and volunteers across the Health Board who deliver exemplary service and exceptional care on a daily basis.

Winners of the 2018 VIP Chairman's Awards

Commitment to Research & Learning Award - Traumatic Brain Injury Service

Excellence in Leadership & Management Award - Dr Anthony James

Going the Extra Mile (GEM) Award - SCBU (Special Care Baby Unit) Family Support Group

Improving Health & Wellbeing Award - Fit for the Future – Traumatic Brain Injury

Improving Lives through Arts in Health Award - Arts as a Pathway to Hope Project

Improving Lives through Arts in Health – Photography Award - Emma Mugford

NHS@70 Values Into Practice Award - Dr Firdaus Adenwalla & Annette Davies

Putting Patients First Award - SeGMED (Sepsis Group Morriston Emergency Department)

Volunteer of the Year - ABM Youth

Welsh Language Award - Rhian Bowen

Working Together for Patients Award - Macmillan Therapy Team

Winner's Gallery



Commitment to Research and Learning Award: Traumatic Brain Injury Service - Focusing not only on 'fixing what is wrong' but also 'building what is strong', the team worked with

Swansea University to help patients who are supported by the community neuro-rehabilitation service make the most of what they can do.

Excellence in Leadership and Management

Award: Dr Anthony James

The patient is at the heart of everything this consultant geriatrician does. But through his work in Bridgend over the past 20 years he has also become known for the support he gives colleagues and fellow professionals developing their skills and qualifications.



Going the Extra Mile (GEM)

Award: SCBU (Special Care Baby Unit) Family Support Group Bridgend - Lisa, Tanya and Rhian don't limit their commitment to their shifts on the unit. They also run a family support group in their own time for the families of the sick and premature babies they care for.



Improving Lives through Arts in Health Award: Arts as a Pathway to Hope Project



Hospital are a lot livelier these days thanks to artwork produced by patients who have suffered a brain injury.

Improving Health and Wellbeing Award: Fit for the Future – Traumatic Brain Injury - The ABMU Brain Injury Service



from Morriston Hospital in Swansea has teamed up with Swansea City AFC Community Trust for the benefit of patients recovering from traumatic brain injury. They

have put together a programme of sessions at Morriston during which professionals from both teams use their specific skills to ensure patients can build an alternative, positive future despite any disabilities.

Improving Lives through Arts in Health –

Photography Award: Emma Mugford - This year's Staff Photography Competition was

developed by the maternity team who wanted to create a space for bereaved families who have lost a baby to meet with specialist staff away from the maternity unit.



NHS@70 VIP (Values Into Practice) Award: Dr Firdaus

Adenwalla and Mrs Annette Davies – The pair founded the Early Response Team in Neath Port Talbot in 2005 when Annette was a district nursing sister and Dr Adenwalla a consultant physician/geriatrician. The aim was to improve the care

provided to adult residents, particularly older people, in the Neath Port Talbot area and prevent avoidable hospital admissions.



Welsh Language Award: Rhian Bowen - This highly specialist speech and language therapist was concerned that a screening and intervention programme in Neath Port Talbot and Swansea schools, designed to identify children of nursery age with speech and communication problems, was only available in English. With Welsh-medium schools also uneasy at using the programme Rhian took on the challenge of translating the package into Welsh (no photo available).

Putting Patients First Award: SeGMED (Sepsis Group Morriston Emergency Department) - Sepsis is a potentially



life-threatening condition where the body's immune system goes into overdrive as the result of an infection.

In 2016 the Emergency Department (ED) at Morriston Hospital formed the SeGMED working group encompassing a wide range of staff from a consultant to reception staff. It carried out teaching and update sessions to ensure all staff in the ED were aware of the importance of early identification in patients and updated the sepsis screening tool and constantly looked for methods to try to improve compliance of completion of sepsis forms.

Volunteer of the Year Award: ABMyouth - In a first for the Welsh NHS, this youth action panel made up of 20 volunteers aged 13 to 23 from Swansea, Bridgend and Neath Port Talbot champions the rights of children and young people within ABMU. Reporting directly to the executive board, the group

undertakes various projects including visiting paediatric wards and sharing their findings with staff.



Working Together for Patients

Award: Macmillan Therapy Team -

The Macmillan Therapy Team is a team of occupational therapists, physiotherapists and rehabilitation

technicians who provide specialist holistic therapeutic rehabilitation and support for anyone admitted to ward 12 in Singleton Hospital in Swansea. Working in partnership the team provides a collaborative and streamlined approach which benefits patients.

Award Winners Recognised by the Board

Morrison Hospital's Professor Farah Bhatti was elected to the Council of The Royal College of Surgeons of England. She becomes the first female cardiothoracic surgeon ever elected to serve on the Council.



The Diabetes Research Unit Cymru, headed up by Professor Steve Bain, our Assistant Medical Director for Research & Development

and based at Morrison Hospital and Swansea Medical School's Institute of Life Science, has been awarded the status of diabetes 'Centre of Excellence' by pharmaceutical giant, Sanofi. Swansea is Sanofi's only diabetes centre of excellence in the UK, joining six other centres in Europe.

ABMU Apprentice Academy received the *People's Choice Award* for Excellence in Workforce, OD (Organisational Development) and HR (Human Resources) at the HPMA (Healthcare People Management Association) Wales Awards 2018. The



Footprints training programme was also highly commended.

ABMU's nurses' success at Inaugural Learning Disability and Autism Awards



Three of our nurses were nominated at the inaugural Learning Disability and Autism Awards held on the 28 September 2018. Denise Bromfield, Joanne Edwards and Claire Jenkins all received nominations for Learning Disability Nurse Award which was won by Denise Bromfield.

Morrison Radiographer receives Cardiff University Award
 Morrison Senior Diagnostic Radiographer, Barry Spedding, received the award for the Best Placement Educator/Mentor: Diagnostic Radiotherapy and Imaging category at an award ceremony organised by Cardiff University.



Support Worker shortlisted for national #OurHealthHeroes award
 Health Care support worker Lindsey Gill, who works in both Singleton and Neath Port Talbot hospitals for the ABMU Specialist Pain Service, won the Our Health Heroes Regional Support Work Award for Wales and has now also been shortlisted for the national title.



Radiology team receive Cardiff University award
 The X-Ray department at Princess of Wales Hospital won the Best Team Placement in Diagnostic Imaging category - a nomination



which was put forward entirely by Cardiff University students. The win highlights the positive effect on the students who have completed their clinical placements there.

Dietician wins award for helping NHS staff manage IBS

Debbie Thomas, Prescribing Support Dietician triumphed in the Innovation of NHS Wales category of the MediWales Awards in Cardiff, after helping dozens of NHS staff manage the misery of Irritable Bowel Syndrome.



ABMU patient care honoured at RCN Wales Awards



Four of our nurses were recognised at the RCN in Wales Nurse of the Year Awards. Alison Lewis (*left*) picked up the Innovation in Nursing Award for her work in improving care for patients with chronic obstructive pulmonary disease (COPD).

Hannah Rowlands (*right*) was named Health Care Support Worker of the Year for bringing fresh ideas to improving patient experience in Ward 14 at Princess of Wales Hospital.



Jonathan Gapper (*left*) from the Psychiatric Intensive Care Unit (PICU) also at Princess of Wales Hospital, was runner up for the Mental Health and Learning Disabilities Nurse of the Year Award for his active leadership in the development of a transfer of care document.

Andrea Donald (*Right*), Support Worker at Gorseinon Hospital took runner for the Health Support Worker of the Year for her commitment to motivating patients to become more active and generally more social.



Morrison Cardiac specialist received outstanding award before retirement

Dr Mark Anderson was one of the trio of consultants who set



up the Morrison Hospitals Cardiac Centre more than two decades ago and went on to develop a specialist interest in arrhythmia (abnormal heart rhythms). It is for this life saving work that he has been recognised by the British Arrhythmia Alliance, which presented him with the 2018 Award for Outstanding Individual who has contributed to Arrhythmia Services.

Performance Analysis

This section is a summary of the Health Board's performance against the Welsh Government's annual performance measures. Full details can be found at appendix one.

The Welsh Government's annual performance measures framework aims to demonstrate the annual improvement in the health and wellbeing of people in Wales against the themes listed in the pie chart.






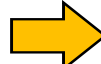




The section that follows sets out how ABMUHB performed against these Welsh Government measures. It works on the basis of a 'balanced scorecard' approach which provides information as to how the Health Board is performing over a 12 month period or compared with the same period the previous year. It assesses whether performance has improved, declined or remained the same over that period.

The table below demonstrates the ABMUHB's performance where 12 month trend information is available. As can be seen, in 2018/19 ABMUHB has **improved in 40** of the 67 themes and **met the target in full in 19** of the measures. This is consistent with the Health Board's aim of continual improvement.

Performance against measures within the NHS Delivery Framework is currently assessed on a financial year basis i.e. 1 April through to 31 March. This aligns financial and performance data reporting periods within NHS organisation's Annual Accounts. Due to the nature of some of the measures in the NHS Delivery Framework, such as those which rely on clinically coded information, the availability of data required for assessing annual performance can have a time delay and hence is not always available when annual reports are produced. Further details can be found in appendix one.

Welsh Government verified Balanced Scorecard where 12 months data is available – ABMUHB 20018/19

Abertawe Bro Morgannwg UHB	Improved performance	Sustained performance	Decline in performance	Performance summary	Targets achieved*
STAYING HEALTHY - People in Wales are well informed and supported to manage their own physical and mental health	2 measures	0 measures	1 measure		
SAFE CARE - People in Wales are protected from harm and supported to protect themselves from known harm	8 measures	0 measures	7 measures		1 measure
INDIVIDUAL CARE - People in Wales are treated as individuals with their own needs and responsibilities	4 measures	1 measure	0 measures		5 measures
OUR STAFF & RESOURCES - People in Wales can find information about how their NHS is resourced and make careful use of them	7 measures	1 measure	3 measures		2 measures
TIMELY CARE - People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	13 measures	0 measures	10 measures		9 measures
EFFECTIVE CARE - People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	3 measures	1 measure	3 measures		1 measure
DIGNIFIED CARE - People in Wales are treated with dignity and respect and treat others the same	3 measures	0 measures	0 measures		1 measure
SUMMARY	40 measures	3 measures	24 measures		19 measures

STAYING HEALTHY- People in Wales are well informed and supported to manage their own health

Performance Summary

Achievement of national targets:



Highlights:



**We
vaccinated
8,581 staff**



More than 2,000
smokers
supported to stop
smoking

88% of 10 day
old children seen
as part of the
Healthy Child
Wales
Programme

Performance trend:

2 measures improved ↑ 1 measure declined ↓

Summary: The measures in this section focus on prevention and actions that the Health Board takes to support people to manage their own health and include childhood immunisation and smoking during pregnancy. Good progress was made throughout the year to increase childhood immunisations rates to 91.1%, however performance fell slightly short of the 95% national target. Whilst full data is not yet available, early indication shows that we **will achieve** the measure for the percentage of smokers co-validating as quit at 4 weeks but not the percentage of smokers making a quit attempt via cessation services.

SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm

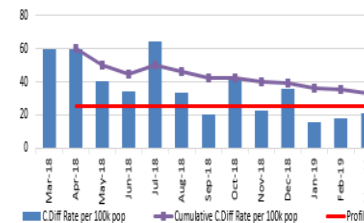
Performance Summary

Achievement of national targets:



Highlights:

37% less *C.difficile* cases
7% less *S. aureus* bacteraemia cases
4% less in *E. coli* bacteraemia cases



Sepsis Care Pathway- First Hour Care Duties

Increased compliance with Sepsis Six first hour bundle



Reduced use of antibacterial items

Performance trend:

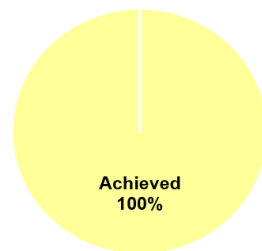
8 measures improved ↑ **7 measures declined** ↓

Summary: The measures in this section focus on safety and ensuring that no harm comes to patients, it includes healthcare acquired infections, serious incidents, prescribing and self-harm. Compliance with the 'Sepsis Six' one hour bundle measure was achieved and significant progress has been made in reducing healthcare acquired infections and antibiotic prescribing over the year. Work is underway to address all other areas, See details in the [Annual Quality Statement](#)

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities

Performance Summary

Achievement of national targets:



Performance Summary



90% of residents in receipt of secondary Mental Health services had a valid Care Treatment Plan (CTP)

100% of residents were sent their outcome assessment report within 10 working days

Increased use of national helplines throughout the year for mental health, dementia and substance misuse



Performance trend:

4 measures improved ↑ 1 measure sustained →

Summary: Access to helplines and mental health services are the themes of the five measures in this section, which were **all achieved in 2018/19**.

STAFF & RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them

Performance Summary

Achievement of national targets:



Highlights:



Over 9,000 staff received an annual Personal Appraisal Development review



22% increase in staff completing all mandatory training (up to December 2018)



Reduction in patients not attending new and follow-up outpatient appointments (DNAs)

Performance trend:

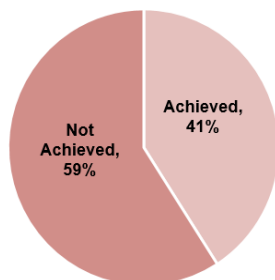
7 measures improved ↑ 1 measure sustained → 3 measures declined ↓

Summary: There are eleven measures in this section however due to availability of data, Welsh Government has provided an assessment on two of the measures only, both of which were achieved in full in 2018/19 hence a 100% achievement. Narrative regarding the remaining measures is included at app. 1

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care

Performance Summary

Achievement of national targets:



Highlights:



- ✓ **22%** less patients waiting longer than 36 weeks for treatment.
- ✓ No patients waiting over 14 weeks for therapies
- ✓ No patients waiting over 8 weeks for all non-cardiology diagnostics and sustained position in Endoscopy
- ✓ Longest waiting patients reduced by over a third

Performance trend:

13 measures improved ↑

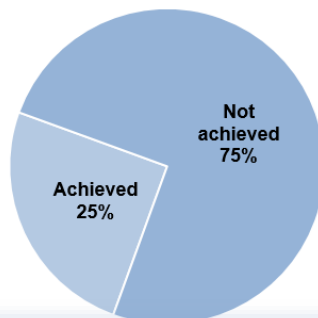
10 measure declined ↓

Summary: The focus of this section is access to services and the measures primarily focus on waiting times. Nine out of the 14 measures in this section were achieved in 2018/19. Significant progress was made during the year to reduce waiting times for elective treatment. There were important improvements in the delivery of Stroke services and unscheduled care has begun to stabilise. See appendix one for details.

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful

Performance Summary

Achievement of national targets:



Highlights:



4% reduction in Mental Health Delayed Transfers of Care
65% increase in Non-Mental Health Delayed Transfers of Care

We coded over 210,000 clinical episodes during 2018/19

Performance trend:

3 measure improved ↑

1 measure sustained →

3 measure declined ↓

Summary: These measures focus on ensuring patients receive the right treatment and that effective processes are followed. ABMUHB met the target relating to completion of Universal Mortality Reviews within 28 days of a patient's death. Whilst the target relating to clinical coding was not met, ABMU is consistently above the all-Wales average. The target is not met for Delayed Transfers of Care (DTOCs), however Mental Health is improving with Non Mental Health being the focus of attention. Research Studies and mortality rates are included here however data was not available at the time of reporting.

Performance Summary

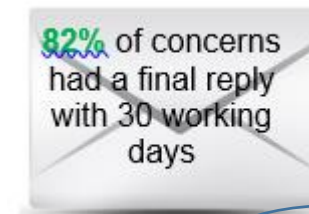
Achievement of national targets:



Performance trend:

3 measures improved ↑ 0 measures declined ↓

Highlights:



95% of patients would recommend or highly recommend the Health Board

Over 58,000 friends and family surveys completed

Summary: This section covers a range of measures that focus on patient feedback and experience. There are three measures in this section however full year data is only available for the measure relating to concerns responded to within 30 days which was achieved in 2018/19. The other two measures focus on cancellation of elective procedures and reducing the number of older patients with an active repeat for medicines that may have anticholinergic effects. A number of local measures relating to patient feedback have also been included in this section to provide a more informed overview. See appendix one.

Workforce and Organisational Development Performance (WOD)

Staff Health & Wellbeing

- Wellbeing Champions network developed and expanded – over 340 Wellbeing Champions now trained across the Health Board to signpost colleagues to staff support services (supporting early intervention - see related photo right) and raising awareness of national health promotion campaigns. The 2017/18 Bevan Commission Exemplar programme was completed and the network presented the work at the Bevan Commission Conference last summer;
- New Staff Wellbeing Service launched June 18 providing early intervention for staff support with over 900 referrals in first 10 months - reduced waiting lists for initial contact for mental health support from 6 weeks to 7 days. The service is a 2018/19 Bevan Commission Exemplar;
- ‘Mindful Menopause’



workshops for staff rolled out across the Health Board with 60 staff attending to date (see for evaluation 'wordle');

- Scanning of all Staff Occupational Health Records has commenced to enable an e-record;
- 8581 flu vaccinations administered to staff during the flu campaign with 54.53% of frontline staff receiving the vaccination helping to protect patients, staff and the wider community;
- Successful 'Wellbeing Week' held across the Health Board in Sept '18 promoting internal and local services that support staff health and wellbeing *(Photo: Alison Clarke and Luke Hathaway)*;
- 267 managers have attended Work Related Stress Workshops, equipping themselves with the tools to manage employee stress at work and 209 have attended Mental Health Awareness Workshops, helping managers to recognise and manage mental health conditions in the workplace;



- Successful funding extension to deliver Welsh Government/ESF 'In Work Support Service' until Dec 2022.

Next year -

- Complete Occupational Health transformation plan – improved, multidisciplinary approach and digitalisation of records/processes will reduce waiting times and improve staff experience;
- Health Board wide Wellbeing Week planned for Sept 2019 – over 40 workshops and presentations to promote services that support staff health and wellbeing;
- Identify services without a Wellbeing Champion with the aim of every Service/Department having a Champion to support staff health and wellbeing;

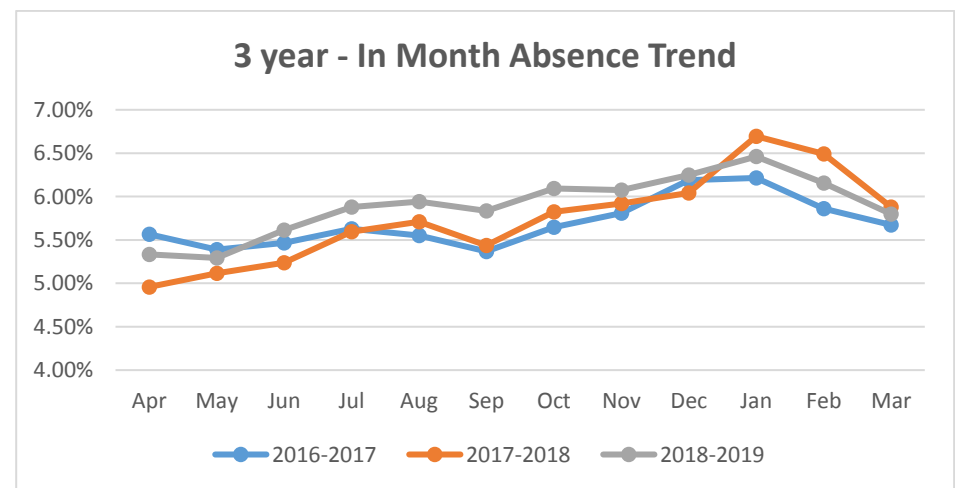


- Continue rollout of Mindful Menopause workshops for staff.

Photo: Wellbeing Champion Sharon Taylor from the city's Acute Clinical Team has transformed an area of Bonymaen Clinic into a gym for staff to enjoy.

Sickness Absence

2018/19 commenced with in-month sickness absence rate standing at 5.33%, which is 0.37% higher than last year. This was due to a number of factors throughout the year, not least the consultation of 3,000 staff through Bridgend Boundary change; absence increased by 0.26%. However, since December 2018 sickness absence has seen an improvement in performance and by focussing particularly on long- term sickness management our performance has improved by 0.80%. A reduction of 2% in absence due to flu helped to achieve this change in trajectory. The cumulative sickness rate in AMBUHB in March 2019 has seen an improvement of 0.06% since December 2018.



Our aim is to reduce sickness absence throughout the coming year focussing particularly on improving the health and wellbeing of staff.

Plans for 2019/20 include:

- Continuing the rollout of the All Wales Managing Attendance at Work Policy, reinforcing the policy's focus on staff health and wellbeing activities required to increase attendance at work;
- We have trained 252 managers in the new Managing Attendance at Work Policy;
- Focus on early intervention for Musculoskeletal (MSk) and Mental Health conditions, via the staff Wellbeing Advise and Support Services. Expediting cases for early referrals and diagnosis. Therefore, reducing related sickness absence and improving the health and wellbeing of employees;
- Enable delivery units and service managers to manage sickness better by focusing on Long-term absence cases, focusing on earlier communication that supports staff to return to work earlier;
- In support of the new Menopause policy launch, monthly 'Menopause wellbeing

workshops' have commenced and will continue throughout 2019/20.

Medical Workforce Actions include:

- Success in securing Welsh Government funding to implement e.job planning. The roll out has commenced, and this project will include scrutiny of all Consultant and SAS doctor job plans and annual leave entitlements to increase productivity;
- Success in securing Welsh Government funding to roll out 'Locum on Duty', this will digitalise the booking of all locums, with a link to Payroll and will support the introduction of a medical bank to increase internal fill rates to reduce locum expenditure;
- Both of these systems will help the Health Board with digitalisation of the medical workforce achieving greater transparency and increased efficiency;
- The Health Board is working closely with Kendall Bluck to review the emergency departments (ED) at Morriston and Neath Port Talbot including undertaking a review of all junior doctor rotas. This has resulted in a set of transformational recommendations for the ED's matching workforce to activity and demand;

- Working closely with Medacs' permanent recruitment team to reduce hard to fill posts. For example a Consultant in Histopathology has recently been recruited;
- Participated in the Bapio recruitment rounds in India in 2016, 2017 and 2018 successfully appointing doctors to help fill junior doctor vacancies. The HB will participate again in 2019;
- Worked with the relevant Royal Colleges and the Deanery to successfully appoint Medical Training Initiatives doctors who can work for the Health Board for two years. This has helped establish a new training pipeline in different countries;
- Developing a comprehensive Medical and Dental recruitment & retention strategy to



increase the core medical workforce to break the agency cycle. Swansea consultant (left) is best trainer Doctors and Dentists across Wales have been recognised for their invaluable

commitment to educating the next generation of healthcare professionals.

Boundary Change

The WOD team managed the largest TUPE transfer of staff in the history of NHS Wales. As part of the consultation exercise the team engaged with over 2000 staff and held over 200 individual meetings with staff. A process was developed that enabled staff to volunteer to transfer to CTMUHB with TUPE protection, the team also adapted the Organisational Change Policy process to manage the change and over 3426 staff were transferred to CTMUHB. This was a significant piece of work for the team who have been commended by all for the work that they have done and the smoothness in which the process was managed for the staff concerned.

Employee Relations

In the last year there has been a significant reduction in employee relations cases, the team has worked hard to resolve outstanding cases and change the climate of employee relations in the Health Board. The team are working with ACAS to help build strong relationships with trade union colleagues.

Welsh Language Standards

Abertawe Bro Morgannwg University Health Board recognises the importance of patients, services users and families being able to receive safe and responsive quality services in a language of their choice. Wherever possible and practical this has been the approach with the Health Board being fully compliant with the Welsh Language Scheme, this was based on the Welsh Language Act 1993.

In July 2018 ABMUHB was issued with a draft Compliance Notice in respect of the new Welsh Language Standards (No.7) Regulations by the Welsh Language Commissioner's Office. The Health Board was offered the opportunity to participate in a consultation with regards to the draft Welsh Language Standards which applied to it. The response to the compliance notice was submitted to the Welsh Language Commissioner at the beginning of October 2018 with an appeal being submitted thereafter resulting in a Final Compliance Notice being received at the end of November 2018 with an effective implementation date of May 2019. Many of the requirements reflect the existing Welsh Language Scheme however some are completely new. To

facilitate delivery and compliance with the standards a comprehensive action plan has been produced which will be delivered via a new task and finish group overseen by the Director of Governance.

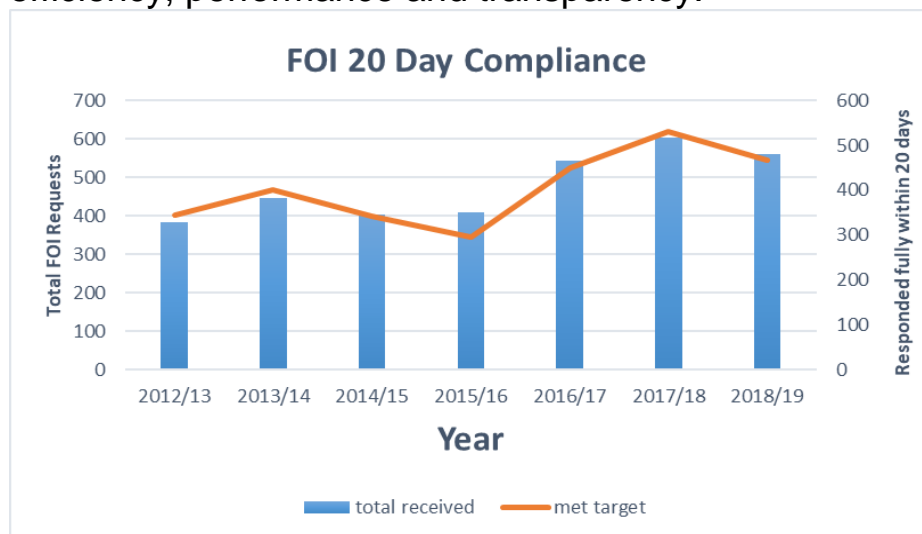
Whilst attention has largely focused on the new Welsh Language Standards during 2018, the Health Board has continued to improve its existing offer as demonstrated by the achievements listed below:

- ABMUHB ensures that Welsh language considerations are included in the commissioning and contracting of services;
- The language preferences of all inpatients is collected on admission;
- Whilst the staff handbook has always included a section on Welsh language, it was reviewed during 2018/19 to reflect the importance of language awareness.



Freedom of Information Act Compliance

The Health Board received 561 FOIA requests in 2018/19, 83% of which were responded to within the 20 working day time limit. Appeals about the Health Board's responses remain low at 1%. The type of information requested continues to focus mainly on efficiency, performance and transparency.



Internal Reviews

Any expression of dissatisfaction about the handling of an FOIA request is subject to an internal review with an independent re-assessment of the response completed. The Health Board received 6 complaints about its FOIA responses in 2018/19, all of which

were upheld. There have been no investigations from the Information Commissioners Office (ICO) during 2018/19.

Transparency

The FOI Act carries an inherent presumption in favour of disclosure; information must be released unless one or more of the exemptions are engaged. From July 2017, the FOIA Team started to record the number of requests where an exemption has been applied. Please find below the number and type of exemptions applied.

S12-Cost of compliance exceeds limit - 49

S21-Information reasonably accessible to the applicant by other means - 31

S22-Information intended for future publication - 1

S40-Personal Information protected by the DPA / GDPR - 67

S41-Information provided in confidence (but only if this would constitute an actionable breach of confidence) - 3

S43-Commercial interests - 11

Sustainability Report

In accordance with HM Treasury Public Sector annual reporting the Health Board is required to publish data in relation to key sustainability metrics including but not limited to; utilities consumption, waste production and Environmental Management. The following submission is in accordance with the HMT guidance issued March 2016. All CO² conversion factors are as per the UK Government Greenhouse gas reporting - Conversion factors 2016 except specialist Clinical Waste CO² conversion factors sourced from the Health Boards Clinical Waste Contractor.

ABMU Health Board is responsible for 60 sites including four Acute Hospitals, six Community Hospitals and the remainder being comprised of Clinics, Health Centres Learning Disability Units and three associated support buildings without direct patient access including Head Quarters and Central Laundry.

The Total land occupied by the Health Board equals 104 hectares. With buildings totalling a gross internal floor area of 349,809 M².

Environmental Management Governance

In 2015 /16 Professor Andrew Davies (ABMU Health Board Chairman) established an Environmental Committee within the Health Board. The Annual Environmental Management report is submitted to the Environmental Committee and subsequently forwarded to the Health Board Executive Committee via the Chairman.

The Environmental Committee is responsible for identifying and ensuring that policies and strategies are in place to meet the Health Boards corporate objectives with regard to environmental management. All nine ABMU sites that require ISO14001 accreditation have successfully retained their accreditation in 2018/19. The Health Board transitioned to the 2015 version of the ISO 14001 Standard during its May 2018 audit.

Environmental Targets - The following targets on Waste, Electricity, and Gas & Water for 2018/19 had been set as part on the Health Boards Environmental Objectives:

Waste Target:

To Increase recycling / recovery by 4.5%

Outcome:



The re-used / recycled volume increased by 16.99% (99 Tonne) while overall waste volume reduced by 8.64% (458 Tonne) in-line with Health Board Waste Strategy targets. A cost reduction of £437,230.00 compared to 2016/17 has also been achieved.

Electricity Target:

To reduce electricity consumption by 1%

Outcome:



The Electricity consumption increased by 0.9% whilst this is greater than target, it is a reduction in last year's outturn that saw a 6% growth in usage. The increase is largely attributable to high use of medical equipment.

Gas Target:

To reduce gas consumption by 1%

Outcome:

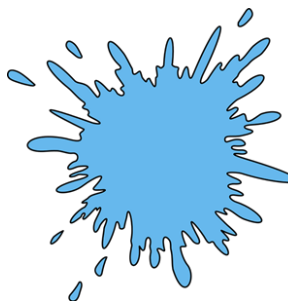


The Gas consumption decreased by 7.4% the majority of this figure is attributed to the large boilers in Cefn Coed being removed, and active monitoring of all sites consumption trends with new "Building Management Systems" equipment at Singleton and Princes of Wales Hospitals.

Water Target:

Reduce water consumed by 1%

Outcome:



The Water consumption decreased by 11%. There were a number of leaks that have been repaired and switching off the large boilers in Cefn Coed has helped reduce consumption.

Sustainable Development

The Health Board is fully committed to reducing its carbon footprint and in previous years achieved and retained ISO14001:2015 accreditation for its Environmental Management systems at all of its hospitals. This demonstrates a commitment to achieving legal and regulatory compliance to regulators and government.

A carbon Reduction Strategy approved in 2016 by the Environment Committee, continues to co-ordinate the Health Boards corporate responsibilities and ten year vision regarding Carbon reduction. The Vision identifies six areas for action within the Health Board.

- Buildings without Carbon
- Journeys without Carbon
- Waste Without Carbon
- Procurement without Carbon
- Culture without Carbon
- Future without Carbon

Associated targets and KPIs have been developed and are monitored by the Environment Committee.

Policy & Procedures

The Health Board has revised its Environmental Policy in 2018, this included updating the ISO 14001 Environmental Management Systems Control Procedures manual.

Greenhouse Gas Emissions

Greenhouse Gas Emissions		2016 -17	2017 -18	2018 -19
Non-Financial Indicators (1,000t CO2e)	Total Gross Emissions	40	40	34.2
	Gross Emissions Scope 1 (direct) - (Fuel Oil)	0.09	0.17	0.18
	Gross Emissions Scope 1 (direct) - (Gas)	18.29	17.32	16.04
	Gross Emissions Scope 1 (direct) - (Owned Transport)	0.59	0.41	0.36
	Gross Emissions Scope 2 (indirect) - (Purchased Electric)	19.25	20.32	15.17
	Gross Emissions Scope 3 (Other indirect) - (Business Travel)	1.66	1.79	2.34
	Gross Emissions Scope 3 (Other indirect) – Waste	0.176	0.156	0.136
Related Energy Consumption (million kWh)	Electricity: Total Consumed	47	49	49.8
	Electricity: Self Generated (PV)	0.049	0.083	0.085
	Gas	99	94	87.4
	LPG	0	0	0
	Other (oil)	0.33	0.6	0.6
Financial Indicators (£million)	Expenditure on Energy ex VAT	7.33	7.41	8.21
	CRC License Expenditure (2010 onwards)	£649,360	£580,117	Purchase will be retrospective estimate £521,845
	Expenditure on accredited offsets (e.g.GCOF)	0	0	0
	Expenditure on official Travel	2.8	2.78	3.29

Energy

Gas consumption reduced by 7.4% this was largely due to site rationalisation and the removal of the boiler plant at the Cefn Coed hospital site. The Building Management System Project, introduced to help regulate the use of energy over a range of equipment at the Princess of Wales and Singleton Hospitals come to an end. This project has provided improved control of temperatures within the hospitals during the summer of 2018/19 along with a reduction in gas consumption and associated CO² production.

New burners for the Singleton Hospital Boilers were installed during the summer and commissioned in October of 2018. They provide greater efficiency which has contributed to the reduced gas consumption.

The Health Board continues to purchase 100% renewable electricity, for which it pay Renewable Source Energy levies.

The Health Board has progressed The “ReFIT - Green Growth” loans via Welsh Government. The

Green Growth fund allows the Health Board to borrow money to fund carbon-reducing schemes. It's a two year programme of work allowing potential expenditure of upto ten million pounds for demand side energy conservation measures. The Green Growth Fund will be reimbursed from the energy savings made.

Work with Welsh Government ReFfit Cymru scheme has progressed and Contractor (Vital) appointed as of 5th December 2018

Investment Grade surveys commenced in January 2019 – with a view to developing Energy Conservation measures to the value of ten million Pounds, budget payback of 6 – 8 years which would equate to about c.£1.8m of efficiency (inflated at 4 %) and 3,500 Tonnes CO² savings per annum.

Solar Farm

Separately, again under the ReFIT programme, the Health Board has assessed the viability of a building of a 5 megawatt Solar farm on third party land. The Health Board is currently in negotiation with the landowner. If it goes ahead, the Solar Farm will cost

an estimated £3.4m with a suggested overall project payback of around 7 years. This equates to total annual savings of 1500 tonnes of CO² with a projected saving of £500K pa. In accordance with the Health Boards responsibilities under the Carbon



Reduction Commitment (CRC) scheme the Health Board will be purchasing c.£521,845 worth of

Carbon credits for its consumption in 2018/19 during the compliance to buy phase. Carbon credits are the UK system for purchasing Credits to account for the Energy consumed by organisations.

The Health Boards CRC exit strategy for when the scheme ends in 2018/19, as agreed by finance is to stay in the 'comply to buy' methodology for the remainder of the scheme which finishes in 2018/19.

Waste

Waste*		2016-17	2017-18	2018-19
Non-Financial Indicators (Tonnes)	Total Waste	5,398	5,301	4,843
	Landfill	275	185	152
	Reused/Recycled	4,793	583	683
	Composted	0	0	21
	Incinerated without energy recovery	0	0	0
	Incinerated with energy recovery	330	4,533	3,987
Financial Indicators (£)	Total Disposal Cost	1,678,470	1,380,383	1,241,240
	Landfill	63,155	43,070	36,215
	Reused/Recycled	1,360,607	177,947	180,122
	Composted	0	0	1,838
	Incinerated without energy recovery	0	0	0
	Incinerated with energy recovery	254,708	1,159,366	1,023,064

*No VAT is recorded in the waste financial indicators as per EFPMS guidance.

*Following a review of the Sustainability Reporting Guidance 2017-18 (October 2017) and the defined metrics it should be noted that waste which has been disposed of through incineration with energy recovery was re-allocated to Incinerated with energy recovery where as in previous years it has been included in Re-used/Recycled. This re-allocation will continue for all future years.

Based on the Total Waste Figures outlined in the table above detail of the breakdown is as follows:-

43% (2074 Tonnes) – Domestic Waste
39% (1885 Tonnes) – Hazardous Clinical Waste
13% (636 Tonnes) – Dry Mixed Recycling Waste
3.5% (182Tonnes) – Offensive Waste
1% (45 Tonnes) – Waste Electrical & Electronic Equipment
0.5% (21 Tonnes) – Food Waste

This year has seen an 8.64% (458 Tonne) reduction in the total waste produced by the Health Board. The overall cost has fallen by 10.08% (£139,143.00 cost reduction) following significant awareness raising, greater emphasis on the waste hierarchy and a general reduction of waste across Health Board sites.



The Health Board's domestic waste and recycling contract continues to maintain a near 100% landfill diversion with the waste being sorted at a Material Recovery Facility and residual materials being utilised at an Energy from Waste facility. This process helps the Health Board comply with the Welsh Governments Strategy – Towards Zero Waste.

The Health Board has implemented separate food waste collections at Cefn Coed Community Hospital and will continue to strive to increase the coverage of this in-line with Welsh Government legislative targets.

Whilst the increased use of single use medical items is excellent from an infection control perspective, it does have a negative impact on waste control. The Health Board recognises this issue and is currently exploring suitable recycling options.

Whilst there has been an increase in the quantity of waste ABMUHB recycled or reused during 2018/19, it is expected there will be further improvement in the segregation of clean dry mixed waste recycling in 2019/20. This will reduce disposal costs and is consistent with the Welsh Government's Environmental Act 2016 and associated targets. Dry

mixed recycling volumes have however increased at the acute hospitals during 2018/19.

In addition to increased recycling levels the Health Board has reduced its overall waste generation by 8.64% (458 Tonne). This is the equivalent weight of 401 Mini Cars!



It should be noted that the Health Board has exceeded its annual ISO14001 target for recycling / recovery of a 4.5% increase, and is on target to achieve the Welsh Government Strategy target of 70% recycling / recovery rate by 2025.

Projects for improving the recycling and recovery rates for waste are being developed through the Health Board's Environmental Management System ISO 14001 ensuring that all of the waste generated is managed appropriately and in line with actions

outlined in the Waste Reduction Strategy 2017 – 2022. Capital funding has been granted to enable additional recycling bin stations to be located in high volume areas, this will further increase the recycling capacity of the hospital sites.

Use of Resources

Finite Resource Consumption			2016-17	2017-18	2018-19
Non-Financial Indicators (000m ³)	Water Consumption (Non-Office Estate)	Supplied	503	494	439
		Sewerage	393	411	367
		Abstracted	0	0	0
Financial Indicators (£million)	Water Consumption (Non-Office Estate)	Supplied	0.6	0.5	0.52
		Sewerage	0.55	0.57	0.54
		Abstracted	0	0	0

Water consumption equates to 25 meters cubed (M³) per person FTE (17,000 FTE) per annum, a reduction of 5 M³ per person compared to 2017/18.

Other Sustainability Initiatives

Green Infrastructure

Since the introduction of the Well Being of Future Generations Act, the Chairman has been instrumental in forging links with other organisations in Wales that are responsible for the stewardship of the Natural Environment. The objective being to promote 'Green Infrastructure' within the Health Board whilst contributing to the overall well-being objectives. ABMUHB has produced a portfolio of its sites detailing land areas, including habitat and geological surveys where available, and has engaged with third parties to undertake further reviews and improve our stewardship of the natural environment.

Glanrhyd Hospital Green Flag Award - In May 2018 the Health Board was assessed by Keep Wales Tidy for the prestigious "Green Flag" award for Glanrhyd Hospital.



The Green Flag Award is the benchmark for parks and green spaces in the UK and beyond, only awarded to exceptional places with the highest standards. Glanrhyd Hospital was awarded the

green flag award in July 2018 being the first NHS site in Wales to achieve this accreditation.

ABMU collaborated with "Wild Spirit Bushcraft" and Welsh Government regarding the planting of Welsh fruit tree stock on site. The trees (Apple, Pear and Plum) planted are native to Wales and a rare "Welsh Heritage stock" in danger of becoming extinct unless these plantation programmes are in place. The Glanrhyd "Orchard" was completed 20th March 2019.

As per the NHS Pollinator Friendly Estate guidance, for the fourth year in a row the Health Board continues to plant wild flowers at the main sites.

Additional measures have been undertaken at Moriston Hospital allowing the areas of land to revert to natural habit by not cutting the borders around the car parks etc. A range of biodiversity habitats (bug hotels/ bird boxes) have been purchased expressly for inclusion in our sites in urban settings.

Collaboration with National Botanical Gardens of Wales

Natural Resources Wales, Swansea University and the Health Board have joined forces to promote health through increased access to Nature.

In December 2018, a funding bid was submitted to the Welsh Government Communities Rural Development Programme 2014 -20 for a “Biophilic” Wales.

If successful this study will work within the Swansea and Neath Port Talbot area, using 40 sites within the ABMU Health Board estate as focal points for community co-developed green infrastructure projects. The sites surround hospitals, health-centres, mental health and residential facilities. We will increase biodiversity value, accessibility, ecosystem services and connectivity. We will create inspirational green spaces for people and evaluate what works best to develop models that can be applied throughout Wales.

Gardd Lles

The “Growing the Future” project developed by the National Botanic Garden of Wales, saw the design of a wellbeing garden in January 2019. Subsequently a “planting display” of the “wellbeing garden” was exhibited at the Royal Horticultural Society - Cardiff (April 2019) to be replicated at Morriston Hospital in 2019.

During 2018/19 the Health Board, in collaboration with Keep Wales Tidy, submitted an application to the big lottery fund – people vote. We were

successful in securing £50,000 of National Lottery People’s Projects funding for use in 2019/20.

Working with local voluntary groups, this will be used to transform unloved areas at Morriston and Gorseion hospitals in Swansea and Ysbyty Cwm Rhondda in neighbouring Cwm Taf Morgannwg

The People Vote lottery will deliver on a design in collaboration with Swansea City Council Biodiversity



department for a courtyard at Morriston Hospital with a view to combining improved Green

infrastructure and providing a dementia friendly area for patients including improvements to the Court Yard at Gorseion Hospital.

Long Term Expenditure Trends

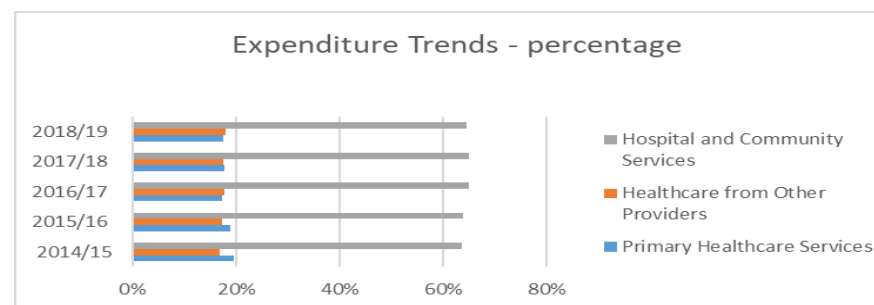
The information and charts below show the long term expenditure trends for the Health Board. As can be seen below both in numbers and graphically there is limited movement across the categories in the level of expenditure over the five year period.

	2014/15 £'000	2015/16 £'000	2016/17 £'000	2017/18 £'000	2018/19 £'000
Primary Healthcare Services	232,967	237,071	232,790	242,052	245,546
Healthcare from Other Providers	199,632	216,761	236,363	238,469	250,518
Hospital and Community Services	756,410	802,341	868,757	887,423	898,238
	1,189,009	1,256,173	1,337,910	1,367,944	1,394,302

Expenditure in each category is largely made up as follows:

- Primary Healthcare Services include - General Medical Services (GP), Dental Services, Ophthalmic Services, Prescribed Drugs
 - Increase in 2018/19 was mainly due to growth in GMS contract (£8.4m) offset by saving in prescribing (4.46m).

- Healthcare from Other Providers - Other NHS Organisations, Local Authorities (LA), Voluntary Organisations, Private Providers, NHS Funded Nursing Care and Continuing Health Care.
 - The increase of c.£12m is due to an increase of £4.8m in Welsh Health Specialist Services (WHSSC), £3.3m in LA costs (due to increase in ICF funding) and £4m increase in outsourcing costs.
- Hospital and Community Services - secondary care hospitals – Morriston, Princess of Wales, Neath Port Talbot and Singleton and Six Community hospitals.
 - Increase primarily due to staff costs of £30m offset by reduction in impairments of £14.7m and £4m cost reduction in clinical supplies and services.



Finance Report

This report provides Summary Financial Statements which describe the financial performance of Abertawe Bro Morgannwg University Health Board (ABMU Health Board), for the year ending 31 March 2019. A full set of the Health Board's Annual Accounts can be found on the Swansea Bay University Health Board website as the successor organisation to ABMU Health Board from 1 April 2019.

FINANCIAL DUTIES PERFORMANCE

There are two statutory financial duties which ABMU Health Board is required to achieve. The duties which came into effect from 1 April 2014, are that each Health Board must ensure that it does not spend more than the total funding allotted to it over a three year period, this replaced the break-even duty for each financial year (NHS (Wales) Act 2014). This duty covers both revenue resource funding and capital resource funding. The three year period ends 2018/19

Revenue Resource Limit	Year 1 of 3 2016/17 £'000	Year 2 of 3 2017/18 £'000	Year 3 of 3 2018/19 £'000	Total £'000
Revenue Resource Funding	1,060,938	1,096,250	1,133,300	3,290,488
Total Operating Expenses	1,100,254	1,128,667	1,143,179	3,372,100
Under/(Over) spend against Allocation	-39,316	-32,417	-9,879	-81,612
As % of Target	3.71%	2.96%	0.87%	2.48%
This Health Board did not meet its financial duty to break-even against its Revenue Resource Limit over the 3 years				

Capital Resource Limit	Year 1 of 3 2016/17 £0	Year 2 of 3 2017/18 £0	Year 3 of 3 2018/19 £0	Total £0
Capital Resource Funding	43,845	40,093	36,447	120,385
Total Operating Expenses	43,751	40,051	36,407	120,209
Under/(Over) spend against Allocation	94	42	40	176
As % of Target	0.21%	0.10%	0.11%	0.15%
This Health Board did meet its financial duty to break-even against its Capital Resource Limit over the 3 years 2016/17 to 2018/19.				

DUTY TO PREPARE A 3 YEAR PLAN

The Health Board must also prepare an Integrated Medium Term Plan in accordance with the planning directions issued by the Welsh Ministers. To secure compliance with the duty under section 175 of the NHS (Wales) Act 2006, while improving the health of the people for whom it is responsible, and the provision of health care to such people, the plan should be submitted to and approved by Welsh Ministers.

Following the Health Board being placed in targeted intervention in September 2016, it was not in a position to submit a 3 year Integrated Medium Term Plan for 2018/19 and therefore did not achieve the duty to have an approved 3 year Integrated Medium Term Plan. Instead the health board has operated, in agreement with Welsh Government, under annual planning arrangements. The Health Board's Annual Operating Plan for 2018/19, which identified a planned annual

deficit of £25 million, was agreed by the board in March 2018. The health board subsequently agreed further amendments to the Annual Operating Plan, resulting in a reduction in the planned annual deficit to £10m. The Health Board's eventual deficit for 2018/19 was £9.879 million.

Non Statutory Target

The health board also has a target to pay organisations and people who provide it with goods and services within 30 days of delivery. This is not a statutory duty; however Welsh Government requires Health Boards to pay their suppliers in accordance with the CBI Prompt Payment Code and Government accounting rules (Public Sector Payment Policy (PSPP)). The aim is to pay 95% of these invoices within 30 days of delivery. The table below shows performance against this target for the last 3 years:

	2016/17	2017/18	2018/19
No of Invoices Paid	297,931	300,160	310,861
Invoices Paid within Target	286,394	282,150	294,597
% of Invoices Paid within Target	96.10%	94.00%	94.80%

The Auditor General issued a qualified audit report on the Health Board's financial statements and this was supported by a substantive report. The basis for the qualified opinion on regularity was that ABMU Health Board breached its resource limit by spending £81.612 million above the £3,290 million that it was authorised to spend in the 3 year period 2016/17 to

2018/19. The £81.612 million constitutes irregular expenditure.

The Auditor General's report confirmed that the financial statements gave a true and fair view of the financial position of the Health Board and of its net operating costs for the year, and that they had been properly prepared.

REVIEW OF 2018/19

Having reported a deficit of £32.417m in the previous financial year, the Health Board faced a very challenging financial outlook heading into the 2018/19 financial year, with an underlying deficit brought forward from 2017/18 and facing cost and demand growth for the

services which it provides. It was in the context of these financial pressures that the Health Board initially identified to Welsh Government a forecast annual plan deficit of £25m comprising the following components

The 2018/19 IMTP Financial Framework Plan	
	£m
2017/18 Carry Forward Deficit	34.0
Cost & Demand Growth	25.4
Total Cost Requirement	59.4
Additional Welsh Government Funding:	
Additional Allocations	-13.1
Savings & Cost Containment	-21.2
2018/19 IMTP Opening Financial Plan	25.1

Given the need to achieve £21m of savings in order to meet the annual plan target it was clear that the focus in 2018/19 needed to be on recovery and sustainability. As part of the recovery and sustainability programme, through the process of strictly controlling operational expenditure, delivering recurrent and non-recurrent savings and with additional funding support from Welsh Government, the Health Board was able to reduce its 2018/19 deficit from £25.1m to £9.879m.

RECOVERY AND SUSTAINABILITY PROGRAMME

The Health Board established a Recovery and Sustainability Programme in 2017/18 to address the financial deficit within the organisation. The Programme included a number of Executive led work streams supported by a small Programme Management team who provided project management support to work stream areas. These work streams were established to focus on driving pathway improvements, efficiency, productivity and cost reduction across a broad range of areas identified through benchmarking and other review.

The Recovery and Sustainability Programme continued in 2018/19 building on the work streams established in 2017/18 with a specific focus in 2018/19 on:

- Service Remodelling
- Medicines Management
- Workforce
- Procurement.

Service Remodelling

The Service Remodelling work stream continued with a programme of change and modernisation across primary, community and hospital services. The objectives of the work



stream were informed by benchmarking reports that identified significant opportunities to reshape care to provide better outcomes for patients and deliver

more efficient and effective services. Over the two year period a number of service changes have been taken forward that have supported the development of new models of care – particularly for elderly and frail patients. We have embedded new teams working at the front door of both Morriston and Singleton Hospitals whose main focus is to support patients with timely assessment (rather than admission) and support to return home. In October 2018, a bed utilisation survey entitled the 'Right Place Right Care Review' was undertaken jointly with ABMU Health Board, Neath Port Talbot County Borough Council and Swansea Council (the footprint of the new West

Glamorgan RPB area). The scope of the review included the bed and bed-equivalent capacity for older people across all partner areas. This included all general medical, care of the elderly and orthopaedic hospital beds, as well as patients being cared for at home or in step-down beds managed jointly by reablement teams.

The review findings illustrated that there is a great deal of opportunity for all partners to make changes, to improve flow through the whole system, to use our joint capacity effectively and to improve outcomes for older people. We are building on the results of this survey to inform future care models including a plan for a comprehensive 'Hospital to Home' service for the new Swansea Bay University Health Board.

Medicines Management

ABMU has a good record in delivering cost and clinically effective medicines usage. A medicines management work stream identified opportunities in 2018/19 to reduce spending on high cost drugs by focussing on maximising its use of biosimilar medication. The group also supports primary care teams to deliver quality, value and cost effective prescribing. Generally, spending on drugs in both primary and secondary care remained level during 2018/19 compared to the previous year, and we did not experience the volatility in NCSO (no cheaper stock option) prescribing that impacted significantly in 2017/18 suggesting that the 'supply' of drugs during the year was more sustainable.



Workforce

The majority of money spent by the Health Board is on paying staff so there was a dedicated work stream which looked at workforce modernisation and a separate stream which focussed specifically on medical workforce. The key objective across both of these areas was to examine and address factors which influenced the amount of money that is spent on variable pay which includes agency and bank usage, overtime and other aspects of variable pay. The workforce work stream had a range of objectives including focussing on how to improve staff health and well-being to support employees effectively and reduce sickness absence, but also focussing on other ways to use resources wisely – for example, by improving the effectiveness of the nurse bank to encourage take-up of shifts thus reducing spend on agency costs.

The medical workforce work stream successfully introduced a national initiative aimed at reducing the cost of medical agency staff in Wales. The Medical Agency cap was introduced by Welsh Government in November 2017 and effectively caps the rate at which external locum doctors are paid. It also caps the internal rate for doctors who are undertaking additional hours within the Health Board.

In 2018/19, we commissioned a specialist review of some of our medical workforce arrangements focussing on junior doctor rota's and a detailed review of workforce models within our Emergency Departments (A&E) and also our Minor Injury Unit in Neath Port Talbot. The review focussed on considering whether our current workforce models were operating efficiently and sustainably. A final report was

received from Kendal Bluck at the end of March 2019 and we will implement the findings of the review in 2019/20.

During the year, we developed an ambitious plan to digitise some of our medical workforce arrangements. The digital plan has two elements:

- E-Job planning System – work has begun to implement an e-job planning system that will enable the Health Board to accurately record and monitor job plans for Consultants. This will streamline the process and speed up the annual cycle of job planning;
- Locum on Duty – this system will digitise our approach to managing locum requests and help create a 'medical bank'. This will help fill gaps in rotas quickly and standardise rates of pay, assisting compliance with the medical agency cap. It will also provide better information and support workforce planning. Planning for the system began in 2018/19 and is planned to be fully rolled out in 2019/20.

During 2018/19 we also took forward a major initiative to roll out electronic rostering across nursing. The e-rostering system provides an intelligent platform to manage nursing resources by providing an integrated electronic system that supports ward based rostering and our temporary bank system. The system roll out began in 2018/19 and by the end of March, was fully operational within Singleton Hospital. The system will be rolled out in Morriston during 2019/20 with further plans to extend into other areas.

Aligned with this, the Health Board has purchased 'Safe Care' which is a complementary product that is integrated with the rostering solution. It enables data on patient acuity to be



collated to provide a system for ensuring that staffing levels meet patient need thus supporting the Health Board to meet its legal duties under the Nurse Staffing Act. Safe care will be rolled out during 2019/20.

During the year, we also focussed on taking forward an improvement programme within our Occupational Health and Well Being Services. This project has had a number of components but has effectively helped the Health Board to reduce the length of time that staff members wait for appointments, speeding up the time from appointment to report and extending the skill mix of the team by employing an occupational therapist and physiotherapist. We have also introduced new digital solutions to support staff in speeding up the turnaround of reports back to referrers. We expect that access to electronic occupational health records will be complete by December 2019.

Procurement

Building on the approach started in 2017/18, we have focused on driving best value from our procurement. In 2017/18 we established our Quality Value Cost (QVC) project. This has helped us to scrutinise spending on non-pay and non-clinical goods. Most importantly it has allowed us to effectively identify variation in spending on these goods and to standardise our approach across the Health Board. It has

also helped to drive down spending on 'non-essential' goods and helped us develop initiatives that focus on reusing and recycling furniture. In total in 2018/19 we have declined, deferred or found an alternative funding source for circa 20% of our non-pay, non-clinical expenditure.

Towards the end of 2018/19 we started to extend the principles of the QVC programme into the procurement of clinical goods and we will build on this going forward into 2019/20. The focus of this work is in line with the review carried out by Lord Carter of Coles for NHS England in 2017/18 which identified significant opportunities for the NHS to derive better value from its purchasing decisions by reducing variation and obtaining best value for money from suppliers. We have agreed a number of core principles working with Unit Medical Directors who have agreed that we should focus on establishing a list of clinically acceptable products with clinical teams (applicable in at least 80% of cases recognising that there will always be niche and specialist products required) and then drive spending decisions based on the list. Examples include a saving of £0.350m on cardiac consumables achieved through this approach.

In 2018/19, we were successful with a bid to Welsh Government's 'Invest to Save' scheme to introduce an automated stock management project into our theatres. The scheme will provide a 'State of the Art' inventory management solution that blends closed cabinet systems and open systems to offer the ideal solution for stock management and patient costing. This will help to control costs by ensuring that

stock is available 'just in time' rather than manual processes which result in over-stocking, and reducing the time that stock stays 'on the shelf'. A business case has been developed and the scheme will be rolled out in 2019/20 completing in early 2021. It will also deliver quality benefits through improved traceability of products used with patients.

Finally, we have begun a process to consider how best to deliver sustainable travel solutions for our workforce in line with the Well-being of Future Generations (Wales) Act 2015. This has included an evaluation of pool car scheme to test value for money. The evaluation concluded it does not provide value for money and the scheme will end July 2019. Our focus now is to establish accurate baselines for our travel patterns post boundary change to be able to identify future requirements, and to develop a new staff travel policy to support us in reducing travel costs and CO² emissions and encouraging alternatives, such as use of digital technology, e.g. Skype.

LOOKING FORWARD

The Health Board's clear ambition and focus is on developing and delivering a balanced financial plan for 2019/20, building on the financial improvement trajectory over the last two years. The scale of the challenge is acknowledged, and will require an upscaling of our approach to planning and realising savings. The Health Board will also need to manage the temporary and transitional diseconomies of scale following the Bridgend Boundary change on 1 April 2019, and this will be one of the key components to be considered as the organisation reviews the efficiency and effectiveness of its operating model and internal structures.

The approach to financial planning in 2019/20 is straightforward, as the organisation strives to deliver breakeven. The focus will be on the stringent management of cost pressures and cost avoidance; generating local savings schemes; and the development of strategic "high value" opportunities. The latter builds on the work undertaken as part of 2018/19 financial planning, using local and national benchmarking information and service intelligence to identify improvement opportunities. This will be strengthened and accelerated in 2019/20 through the creation of the Health Board's Healthcare Value and Efficiency Programme. This will be aligned to the National Efficiency Programme, and will be responsible for ensuring the organisation draws together and uses the best evidence from benchmarking and other intelligence sources to support the development of more efficient and effective services and in delivering the financial plan.

A significant focus will also be supporting the implementation of the refreshed Clinical Services Plan over the short and medium term, which will be progressed as part of the wider organisational Transformation Portfolio. This will be a fundamental enabler in facilitating the reshaping and transformation of our services, within the strategic context of delivering better integrated care with our partners, and improving population health outcomes and wellbeing. The Board will need to make rapid progress in 2019/20 in finalising the critical path of priority projects and developments to ensure we transition smoothly and quickly into delivery. Financial support will be key in terms of considering costs,

benefits and affordability to ensure that the Portfolio delivers best value.

The Health Board is working to an Annual Plan in 2019/20, which is subject to ongoing discussions and review with Welsh Government. This is viewed as a precursor to progressing an approvable Integrated Medium Term Plan (IMTP) for 2020/21 onwards, which demonstrates the Health

Board's ability to deliver sustainable financial balance alongside other key priorities.

Lynne Hamilton
Director of Finance

SUMMARY FINANCIAL STATEMENTS - This statement summarises ABMU Health Board's operating costs. That is, it shows the broad areas where the Health Board has spent its money, minus income it has received over and above that allocated to it from the Welsh Government. The Health Board's Operating Cost Statement includes payments to primary care contractors (i.e. GPs, Pharmacists, Opticians

and Community Dentists), Nursing Homes, its staff, suppliers and the running costs of its hospitals and other premises etc. This information is reported monthly to the Board and the Welsh Government who need it to monitor the Health Board's financial performance, it is audited annually to ensure that it is accurate.

Statement of Comprehensive Net Expenditure	2018/19 £'000	2017/18 £'000
Expenditure on Primary Healthcare Services <i>Includes Payments to GPs, Pharmacists, Opticians and community dentists</i>	245,546	242,052
Expenditure on Healthcare from Other Providers <i>Includes Payments to other NHS healthcare providers, Nursing Homes and private healthcare providers</i>	250,518	238,469
Expenditure on Hospital & Community Health Services <i>Includes Payments to staff and suppliers and the running costs of hospitals and community premises</i>	898,238	887,423
Sub Total	1,394,302	1,367,944
Less: Miscellaneous Income <i>All income excluding that allocated by Welsh Government e.g. from other healthcare commissioners, accommodation & catering charges, income for goods and services provided to other health boards etc</i>	-255,796	-243,248
LHB Net Operating Costs before Interest & Other Gains and Losses	1,138,506	1,124,696
Other (Gains) / Losses <i>From disposals of land, buildings and equipment</i>	-292	-127
Finance Costs <i>Interest payments on Fixed Assets & PFI Contract</i>	5,165	4,923
Net Operating Costs for the Financial Year	1,143,379	1,129,492
Net -Gain/+Loss on Revaluation of Property, Plant & Equipment	-3,526	-17,074
Net -Gain/+Loss on Revaluation of available for sale financial assets	0	44
Total Comprehensive Net Expenditure for the Year	1,139,853	1,112,462

STATEMENT OF FINANCIAL POSITION – This statement records the value of its land, hospitals, clinics and equipment, the money owed from other organisations and the money the

Health Board owes to other organisations. This statement is monitored monthly and is audited annually to ensure it is accurate.

Statement of Financial Position as at 31 st March	2019 £'000	2018 £'000
Non Current Assets: <i>(the Health Board's land, buildings and equipment)</i>		
Property, Plant & Equipment	611,982	603,428
Intangible Assets	2,751	2,474
Trade & Other Receivables	108,880	153,983
Total Non Current Assets	723,613	759,885
Current Assets:		
Inventories <i>(stocks of drugs, fuel etc)</i>	10,234	9,725
Trade & Other Receivables <i>(amounts owed to the Health Board)</i>	66,331	55,901
Cash and Cash Equivalents <i>(bank account and petty cash balances)</i>	830	491
Non Current Assets Classified as "Held for Sale"	77,395	66,117
	155	330
Total Current Assets	77,550	66,447
Total Assets	801,163	826,332
Current Liabilities:		
Trade & Other Payables <i>(amounts owed by the Health Board)</i>	151,171	150,778
Provisions <i>(sums set aside by the Health Board to meet expected future costs e.g. clinical negligence, pension costs & Continuing Healthcare)</i>	35,458	24,092
Total Current Liabilities	186,629	174,870
Net Current Assets / -Liabilities	-109,079	-108,423
Non-Current Liabilities :		
Trade & Other Payables <i>(amounts owed in future years for PFI Contract & other Finance Lease Contracts)</i>	40,178	43,018
Provisions <i>(sums set aside by the Health Board to meet expected costs in future years e.g. clinical negligence, pension costs & Continuing Healthcare)</i>	115,048	160,437
Total Non Current Liabilities	155,226	203,455
Total Assets Employed	459,308	448,007
Financed by: Taxpayers Equity		
General Fund	408,417	399,366
Revaluation Reserve	50,891	48,641
Total Taxpayers Equity	459,308	448,007

STATEMENT OF CHANGES IN TAXPAYERS EQUITY for the YEAR ENDED 31 MARCH 2019 - This statement summarises the movement on ABMU Health Board's General Fund and Revaluation Reserve in year. It shows that its overall worth has increased by £11.301m during the year. In 2018/19 a new International Financial Reporting Standard

(IFRS9) – Financial Instruments was introduced, which amended the way that the Health Board accounts for expected credit losses (its bad debt provision). The impact of the implementation of IFRS 9 on the prior year balances was adjusted via the General Fund.

Statement of Changes in Taxpayers Equity	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Balance at 31st March 2018	399,366	48,641	448,007
Adjustment for the implementation of IFRS 9	-504	0	-504
Balance at 1st April 2018	398,862	48,641	447,503
Net Operating Cost for the Year	-1,143,379		-1,143,379
Net gain/(loss) on revaluation of property/plant & equipment	0	3,526	3,526
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Transfers Between Reserves	1,276	-1,276	0
Total Recognised Income & Expense for 2018/19	-1,142,103	2,250	-1,139,853
Net Welsh Government Funding	1,151,658		1,151,658
Balance at 31st March 2019	408,417	50,891	459,308

STATEMENT OF CASH FLOW for the YEAR ENDED 31

MARCH 2019 - The Cash Flow Statement shows the incoming and outgoing money during the financial year.

Overall, the Statement shows that the Health Board has increased its cash balances over the course of the financial year.

Statement of Cash Flows	2018/19 £000	2017/18 £000
Cash Flows from Operating Activities		
Net Operating Cost for the financial year	-1,143,379	-1,129,492
Movements in Working Capital	27,348	-52,251
Other Cash Flow Adjustments	22,203	131,449
Provisions Utilised	-25,389	-25,868
Net Cash Outflow from Operating Activities	-1,119,217	-1,076,162
Cash Flows from Investing Activities		
Purchase of Property, Plant & Equipment	-35,340	-49,716
Proceeds from Disposal of Property, Plant & Equipment	644	2,043
Purchase of Intangible Assets	-994	-942
Net Cash Inflow/(Outflow) from Investing Activities	-35,690	-48,615
Net Cash Inflow/(Outflow) before Financing	-1,154,907	-1,124,777
Cash Flows from Financing Activities		
Welsh Government Funding (including capital)	1,151,658	1,124,543
Capital Grants Received	384	0
Capital Element of Payments in Respect of Finance Leases and on SoFP PFI Schemes	3,204	0
Net Financing	1,155,246	1,124,543
Net Increase/(Decrease) in Cash & Cash Equivalents	339	-234
Cash & Cash Equivalents (and bank overdrafts) at 1st April 2018	491	725
Cash & Cash Equivalents (and bank overdrafts) at 31st March 2019	830	491

Capital Grants received in year related to grant funding from bodies other than Welsh Government towards the cost of capital schemes undertaken within the Health Board.

The Capital Element of Payments in respect of **Finance Leases** and on SoFP (Statement of Financial Position) PFI schemes relate

to payments made against the capital element of the Neath Port Talbot Hospital PFI project and other finance leases. In previous years these payments have been shown under movements in working capital. The interest element of the payments is shown in Net Operating Cost for the financial year.

We hope you have found this Annual Report for Abertawe Bro Morgannwg University Health Board informative and interesting.

Please visit our website [Swansea Bay University Health Board](#) for more information on what is happening within the newly named Health Board and how you may be able to get involved.