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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	30 July 2020		Agenda Item	4.2
Report Title	Annual Report			
Report Author	Liz Stauber, Head of Corporate Governance			
Report Sponsor	Pam Wenger, Director of Corporate Governance			
Presented by	Pam Wenger, Director of Corporate Governance			
Freedom of Information	Open			
Purpose of the Report	The purpose of the report is to set out the annual report for 2019-20.			
Key Issues	<p>The annual report is part of a suite of documents about the organisation. It tells the story of the services and care it provides and provides information about how it has performed this year, as well as the aims for improving further next year. The report includes:</p> <ul style="list-style-type: none"> - Performance report, detailing how the health board has performed against targets and how it will seek to maintain or improve performance further; - Accountability report, providing information about how it manages and controls resources and risks, and comply with our own governance arrangements. - Financial statements, detailing how it has spent the funding allocation in meeting obligations. 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the report; • APPROVE the annual report for 2019-20. 			

ANNUAL REPORT 2019-20

1. INTRODUCTION

The purpose of the report is to set out the annual report for 2019-20.

2. BACKGROUND

The annual report is part of a suite of documents about the organisation. The manual for accounts sets out that all NHS organisations are required to publish, as single document, a three part annual report and accounts.

3. GOVERNANCE AND RISK ISSUES

The annual report tells the story of the services and care it provides and provides information about how it has performed this year, as well as the aims for improving further next year. It includes:

- **Performance report**, detailing how the health board has performed against targets and how it will seek to maintain or improve performance further;
- **Accountability report**, providing information about how it manages and controls resources and risks, and comply with our own governance arrangements.
- **Financial statements**, detailing how it has spent the funding allocation in meeting obligations.

The accountability report was agreed by the Audit Committee and board at their meetings on 25th June 2020 and submitted thereafter to Welsh Government. The performance and financial statement sections of the annual report are attached at **appendix one** for approval. It has already been circulated to board members as well internal and external audit and feedback received to date incorporated.

4. FINANCIAL IMPLICATIONS

There are no financial implications of which members needs to be aware.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the report;
- **APPROVE** the annual report for 2019-20.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Good governance will ensure that quality, safety and patient experience is being delivered as well as identifying areas for improvement.		
Financial Implications		
There are no financial implications.		
Legal Implications (including equality and diversity assessment)		
There are no legal implications.		
Staffing Implications		
There are no staffing implications.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Good governance will ensure the long-term working of the health board to achieve to what is expected.		
Report History	The annual report is received by the board on a yearly basis.	
Appendices	Appendix one – Annual Report 2019-20	



ANNUAL REPORT

2019-20



A MESSAGE FROM THE CHAIR AND CHIEF EXECUTIVE

We are delighted to present this, our first annual report as Swansea Bay University Health Board and Emma's first as our new Chair. We started as a different organisation in April 2019, following the transfer of the commissioning responsibility for the population of Bridgend to Cwm Taf Morgannwg University Health Board. Although there was sadness at losing colleagues who were moving organisations, there was also a sense of excitement as we developed our plans and ambitions for Swansea and Neath Port Talbot.

We have continued to develop our strategy *Better Health, Better Care, Better Lives* and have made progress in our determination to put health and wellbeing at the forefront of our delivery for the population we serve. Following the success in our Cwmtawe Cluster, the 'whole systems' approach is enabling each of our eight GP clusters to lead an integrated health and social care system for their area, made up of voluntary services, GP practices and integrated health and social care team managers, delivering a range of primary care and wellbeing services through your GP. This is funded through the national transformation fund, announced alongside *A Healthier Wales*, to support new models of local health and social care, delivered through regional partnership boards. Another is our 'Hospital to Home' initiative, providing new ways of working to deliver care closer to home, in line with the philosophy of *Prudent Healthcare*.

Delivering *Better Health, Better Care, Better Lives* cannot be done without the support, challenge and commitment of our partners, particularly Neath Port Talbot and Swansea local authorities, our local charities, Swansea University and Welsh Government. It is through the collaboration of our regional partnership board, renamed West Glamorgan Regional Partnership Board following the boundary change, that we have been able to develop not only our primary care and 'Hospital to Home' services but also a new approach to child and adolescent mental health services (CAMHS) and our framework for adult mental health services.

We said goodbye to our Chairman, Andrew Davies, in June 2019. Andrew leaves a strong legacy in our organisational values, *Caring for Each Other, Working Together and Always Improving*, which he championed tirelessly throughout his tenure and which we are determined should remain core to our behaviours and approach. Following Andrew's departure, Emma was appointed interim Chair and following a rigorous selection process, was confirmed as our substantive chair in April 2020. We are grateful to Martyn Waygood for replacing Emma in the vice-chair role on an interim basis. We were also very pleased to welcome Nuria Zolle as our third sector independent member. In relation to executives, we saw the departures of Sandra Husbands, Director of Public Health, and Lynne Hamilton, Director of Finance, who retired in February 2020 and were pleased to welcome Keith Reid as Director of Public Health, first on an interim basis and then, following a recruitment process, substantively appointed in December 2019. Darren Griffiths has taken up the Director of Finance role on an interim basis and we are grateful to him for supporting the health board during this time.

We know that having happy, well trained, and motivated staff is essential in ensuring that staff are able to give our patients the quality of care and experience that we all want to see and receive. Putting our values at the centre of all our behaviours means ensuring that every member of staff feels able and empowered to do their job and that they feel confident to tell us when things are not right in their area. Two key developments in 2019 were the commencement of our programme of leadership summits, where internal and external speakers provide up to date thinking in leadership best practice, and the pilot for the Guardian Service, which provides an independent service for speaking out. We were thrilled to have had one of our nurses, Jean Saunders, crowned as the Royal College of Nursing Wales 'Nurse of the Year' for her work to support asylum seekers in her care. It demonstrates the importance we place on patient care and experience, as well as equality and diversity, so to not only have one of our nurses celebrated in this way this, but to have others shortlisted, is a wonderful achievement.

In terms of performance, 2019/20 was a challenging year. Our unscheduled care performance was significantly below where it needed to be. Although the number of emergency admissions was not significantly higher than before, those who were admitted had higher complexity of conditions, and had commensurately longer stays in hospital. This created significant operational pressures, which, together with changes to the pension tax rules, meant that we were unable to deliver planned care to the necessary levels. These factors, combined with the fact that we were unable to reduce our cost base following the Bridgend transfer, meant that we did not deliver the breakeven position we had hoped for at the start of the year. Over the course of the year, we recognised that delivering on unscheduled care was fundamental both to delivering better patient experience and to improving our operational performance. We worked on a comprehensive plan for the winter, with 'Hospital to Home' a key component, and we did start to see some improvements after Christmas.

We end the year at a significantly challenging time not just for the health board, Wales or the UK, but on a global-basis, as the world continues to respond to the Covid-19 pandemic. The commitment and response we have seen from our staff as the pandemic has heightened has been incredible and testament to the hard work and commitment our people bring to their roles every day. We recognise that this is an extremely anxious and worrying time for all, as at the time of writing, we do not know what the future is going to bring. However, we are clear that we must take every opportunity to learn from the significant change we have made and 'lock-in' improvements wherever we can.

We thank our staff, patients, partners, and local communities for supporting us to continue to provide care to our patients and improve the health of our local population.

Stay safe.



Emma Woollett, Chair



Tracy Myhill, Chief Executive

WHAT THIS ANNUAL REPORT WILL TELL YOU

Swansea Bay University Health Board's annual report is part of a suite of documents about our organisation. It tells the story of the services and care we provide, what we do to plan, deliver and improve healthcare for you, and how we are setting out to meet changing demands and future challenges. It provides information about how we have performed this year, what we have achieved in 2019-20 and our aims for improving further next year. It explains how we are working with our patients, staff and local communities in developing services for the future, and how we recognise the value of listening to you and your needs in planning our services going forward.

Our annual report includes:

- Our **performance report**, detailing how we have performed against our targets and how we will seek to maintain or improve our performance further;
- Our **accountability report**, providing information about how we manage and control our resources and risks, and comply with our own governance arrangements.
- Our **financial report**, detailing how we have spent the funding allocation in meeting our obligations.

If you would like copies of any of these publications in print form and/or alternative formats or languages, please contact us using the details below:

Swansea Bay University Health Board,
1 Talbot Gateway, Port Talbot, SA12 7BR
01639 683376
SBU.boardservices@wales.nhs.uk

About Swansea Bay University Health Board: Services We Provide



Swansea Bay University Health Board was established in April 2019 and looks after the health needs, as well as the commissioning, planning and delivering of healthcare, for the people of Neath Port Talbot and Swansea. This work is not undertaken by the health board alone, with strong relationships in place with local authorities and other NHS Wales organisations, as well as through regional partnership arrangements such as public service boards and the West Glamorgan Regional Partnership Board.

Our intention is for the health board to move to being a population health focused organisation, commissioning services to meet patient and community needs. The two strategic aims, *Supporting Better Health* and *Delivering Better Care*, and associated enabling objectives, are clear as to our ambition to change, and we will become increasingly focused on working with partners to improve the wellbeing of our population.

The Services we Host

There are also two all-Wales services hosted by the health board:

- Emergency Medical Retrieval and Transfer Service (EMRTS) – provides advanced decision-making and critical care for life or limb-threatening emergencies which require transfer for time-critical treatment at an appropriate facility.
- NHS Wales Delivery Unit – provides professional support to Welsh Government to monitor and manage performance delivery across NHS Wales.

The Partners with Which We Work

The health board works in partnership with a number of organisations, including local authorities, Swansea University, other NHS organisations including the NHS Wales Collaborative and the third sector. In addition, it has joint executive groups with Cardiff and Vale, Cwm Taf Morgannwg and Hywel Dda university health boards. Until recently, the fora with Hywel Dda University Health Board was formally known as the Joint Regional Planning and Delivery Committee (JRPDC) of which Welsh Government was a member and was established to support and clarify clinical

services decisions across the two health boards. Due to the progress being made, it was agreed to stand down the formal committee arrangements in January 2020, although the partnership group still exists to plan and deliver care across south west Wales.

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. 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'.

Key Activities, Developments, Celebrations during 2019-20

There have been a number of achievements throughout the year of which the organisation is proud. Here are some highlights:

- A new scheme titled 'Hospital 2 Home' was rolled out in November 2019 across Neath Port Talbot and Swansea which has been designed to reduce the length of time older people spend in hospital. It supports people over the age of 65 to return home as soon as they are well enough, allowing them to recover in more familiar surroundings. Evidence shows that the longer a person stays in hospital, the harder it becomes for them to regain their independence after being discharged.



- The Cwmtawe Cluster was instrumental in helping introduce a new way of seeing patients with ear and hearing problems in early 2019. The move is part of a wider Welsh Government led vision for transforming primary care across Wales in the 21st century which will see an emphasis on providing a range of quality health and social care services in the community. Under the new scheme,

patients with ear and hearing problems are directed to the service via a telephone triage system in which their needs are assessed by trained professionals who are able to match them to the appropriate response without having to waste time making an appointment to see their doctor. If successful, the service could be part of a new model in primary care that is rolled out across Wales.

- A pilot rapid diagnosis centre (RDC) service at Neath Port Talbot Hospital has been found to reduce waiting times for some patients by up to 92% and is

also cost effective. Patients in Swansea and Neath Port Talbot presenting to GPs with vague but possibly cancerous symptoms can now be referred to the RDC where they have fast access to a range of specialist tests and senior clinicians. Swansea University reviewed the service between June 2017 and May 2018 when GPs referred 198 patients to the clinic, which runs twice a week. Patients were either diagnosed with cancer and then put on the correct cancer treatment pathway, given a diagnosis for a different condition, told no serious problem could be found or sent for further tests. Due to the success of the pilot, the health board has supported this as a permanent service.

- Following the success of Cwmtawe Cluster's audiology clinics, the cluster helped trial new 'talk in' sessions for parents with any concerns over their child's speech and language development. The initiative, by Swansea Bay University Health Board's paediatric speech and language therapy team, follows reports that in some areas of the country up to half of children experience delays in language development and were designed to offer advice and support to parents while aiming at catching any potential problems at the earliest stage possible.
- Leanne Walters became the second advanced multiple sclerosis (MS) champion to be appointed in the UK and the only one in Wales. It is the next stage of a career spanning 18 years, and involves her working closely with people with MS – a progressive neurological disorder of the brain and spinal cord. Her role ranges from visiting them on the wards to carrying out their annual reviews and meeting whatever needs they may have.
- Chief Executive Tracy Myhill scooped two leadership awards in 2019. The first being the Leadership in the Public Sector category in the Leading Wales Awards and the second the Leader Award at Chwarae Teg's Womenspire Awards. The Leading Wales Awards judging panel said Tracy led from the heart, and described her as humble, genuine and inspirational.
- Staff at Gorseinon Hospital opened a new tea room for patients and their visitors which included floral bunting, cake stands and china cups. "Poppy's" is based in the hospital's light and airy conservatory room, which previously functioned as a day room and is part of a weekly timetable of social activities that staff are putting together for patients. As well as visiting the tearoom, patients will be able to take part in arts and crafts classes, enjoy film afternoons and team up for quizzes.



- Volunteers helped make sure that a children's centre playground in Swansea is at its sparkling best during August 2019. A team from the city's Valuation Office spent a day at the playground, part of Hafan Y Mor, at Singleton Hospital. The centre is for children with complex long-term needs, and the all-inclusive playground and sensory garden outside has been hugely popular with them and their families since it opened in 2014.



- A ward at Singleton Hospital which was badly damaged in a fire in March 2019 re-opened in January 2020, following an extensive refurbishment. Ward 12 had undergone not only full repair, refitting and redecorating, but had new ceilings put in. Part of that work involved removing old asbestos which was installed when the hospital was built in 1968, and replacing it with modern fire-proofing materials. Repairs to the fire-damaged Ward 12 have also included new floors, new electrical wiring, a new nurse alarm call system, new furniture and fittings, new kitchen units and redecoration.
- An inspirational 99-year-old who regained her independence after a serious accident was rewarded with a surprise birthday party. Staff at Gorseinon Hospital in Swansea organised the bash for Kathleen Davies after being astounded by her recovery. Arriving by ambulance on the morning, for her weekly exercise class, she was stunned to see the room had been decorated with banners and balloons and a buffet and cake laid on.
- In the first Welsh Allied Healthcare Awards (for allied health professionals, healthcare scientist and pharmacists) held in November 2019, Swansea Bay University Health Board won four of the eight category prizes. The overall winner was head of paediatric occupational therapy, Amanda Atkinson, who was also named winner of the award for leadership and change management for leading patient and carer focussed service transformation within paediatric occupational therapy services.
- A celebration event took place to honour those who have made an outstanding contribution to practice education at Cardiff University's school of healthcare sciences. It celebrated the success of mentors and educators, who through their achievements, have made an impact on the care of patients and clients. Swansea Bay University Health Board stood out at this event winning a number of awards including the singleton radiology department and learning disabilities team for occupational therapy winning 'Best Placement Team.
- The health board launched its brand new bi-lingual website in 2019-20 which provides information about the services we provide to the communities we serve.

Charity Activity



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SWANSEA BAY
HEALTH CHARITY

In May 2019 the health board appointed a head of fundraising to establish a team for the health board. Following this, a framework was developed based on five key themes to develop and maximise the profile of charitable funds. Progress has been made across all five areas.

- **Strategic Planning**

A dedicated brand has been produced for the health board charitable funds, working under the name of *Swansea Bay Health Charity*. Staff were engaged in the creation of the brand and the logo was chosen via a staff vote. In addition, the bids panel, which considers the majority of requests to spend the monies, has re-launched as the *'Helping Hand Fund'*.



Another key development has been to establish the South West Wales Cancer Fund, which is the official fund of the South West Wales Cancer Centre and Velindre Cancer Centre. Through discussions and development work with former Welsh rugby international Jonathan Davies, president of Velindre fundraising, and both fundraising teams, a partnership to provide a fundraising platform for cancer

for the whole of south Wales has been put in place. An initial joint fundraiser was held at the end of 2019.

- **Communications**

To set the charity apart, it needed its own communications channel. As a result, it has a dedicated fully bi-lingual website and social media channels, including Facebook, Twitter and Instagram, which is a new social media arena for the health board.

- **Engagement**

Engaging with staff, patients and the public is key to the charities ongoing success. The charity has an increased presence on the health board intranet and the team is working closely with individual fundraisers, creating a number of materials to support fundraising. It's also working closely with community groups, such as Ospreys in the

Community and has developed a volunteer fundraiser role for increased presence at hospital sites.

- **Fundraising**

Maximising the use of existing platforms can assist in fundraising, so as well as working with fundraisers, profiles have been established with Amazon Smile and eBay. Amazon Smile, through their corporate responsibility, donate a small percentage of all qualifying purchases to a charity of their customers' choice. By registering Swansea Bay Health Charity, valuable donations at no extra cost to customers can be received at no extra cost to customers. With eBay, sellers can choose to donate a portion of their sales to a nominated charity. The charity is also registered as a seller in its own right and a donation account with PayPal has been created to make donating easier, while other online donation platforms are being considered.

- **Campaigns**

At Christmas a successful Amazon wish list appeal took place, where people could purchase gifts instead of giving cash donations and which benefitted children's palliative care and mental health services. A PayPal campaign for our Africa Health Links fund has now been created.

At the start of the financial year 2019/2020, charitable funds lost approximately 18% of the charitable funds portfolio to Cwm Taf Morgannwg University Health Board as part of the boundary change. This reduction in funds were regained through fundraising, donations and legacies by January 2020.

Suite of Annual Report Documents

As indicated on page four, Swansea Bay University Health Board's annual report is made up of a number of documents that describe our work between 2019-20.

The following documents can be read together or as stand-alone documents.

- Performance Report
- Accountability Report
- Financial Report



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PERFORMANCE REPORT

2019-20



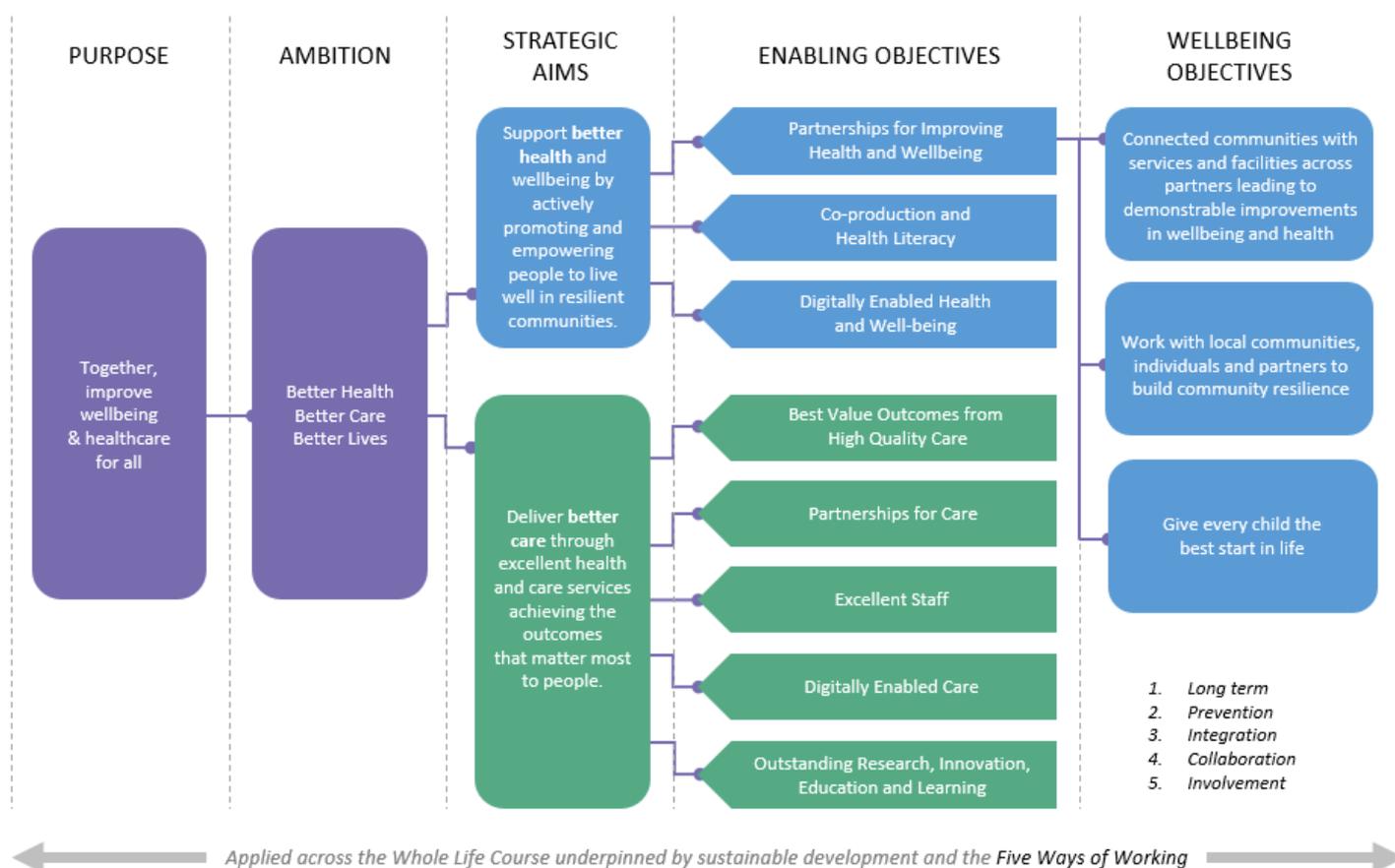
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Vision, Ambition and Strategic Direction

The board has a clear purpose, ambition, strategic aims, and enabling objectives have been developed to fulfil our civic responsibilities by improving the health of communities, reducing health inequalities and delivering prudent healthcare in which patients and service users feel cared for, confident and safe.

Our intention is for the health board to move to being a population health focused organisation, commissioning services to meet patient and community needs. The two strategic aims, *Supporting Better Health* and *Delivering Better Care*, and associated enabling objectives, are clear as to our ambition to change, and we will become increasingly focused on working with partners to improve the wellbeing of our population.



While our objectives ensure we meet national and locally priorities and professional standards, our ways of working are underpinned by a values and behaviour framework, which was developed following many conversations with staff, patients, relatives and carers.

Caring for each other in every human contact in all of our communities and each of our hospitals

We will: Be approachable, helpful, attentive to other's needs; be thoughtful and flexible about how to meet the needs of each person; be calm, patient, reassuring and put people at ease; protect others' dignity and privacy and treat others as we wish to be treated.



Working together as patients, families, carers, staff and communities so we always put patients first

We will: Listen closely; consider other's views and include people; appreciate others: be open, honest and clear; give constructive feedback and be open to and act on feedback ourselves; be supportive and say "thank you."



Always improving so that we are at our best for every patient and for each other

We will: Be vigilant about safety and risk; never turn a blind eye; look for opportunities to learn; enthusiastically share ideas and actively seek solutions; be accountable for our behaviour and hold others to account; keep promises; be positive, a role model and inspiration to others.

Performance Report

Chief Executive's Statement

2019-20 was a challenging year for us, not least as we were starting it as a brand new organisation following the Bridgend boundary change, which had left us with some challenges financially as well as how we operate within the new model. We were disappointed not to have had an approved integrated medium term plan (IMTP – three-year plan) but good progress was made against the annual plan. While we had intended for a breakeven plan at the end of the year, a number of challenges including operational pressures, continuing healthcare and changes to pension tax rules meant that this was no longer achievable for us and also caused numerous challenges providing planned care to our patients, which meant we also did not achieve the performance targets we originally set. While this report sets out how we have performed in 2019-20, it does so in the context of Covid-19 which had, and continues to have, a significant impact on the way we provide our services, with business as usual not an option for us for the time being.

Workforce

❖ Valuing Our Staff

Great staff experience results in great patient experience and every role counts - what people do and how they do it, matters. Having the very best people working for the health board means the very best care can be provided for patients and communities. It is important that staff feel proud about the care they provide and feel connected to the health board and the teams they work within.

In 2017, the first staff experience plan “*In Our Shoes: Creating Great Staff Experience*” was launched and continues to be an organisational priority. This strategy has since evolved into the #ShapingSBUHB movement, which was created by staff on the back of a programme of executive and staff engagement workshops following the results of the NHS Wales staff survey in 2018. It focuses on delivering the actions identified and voted on by staff themselves under the categories of:

- Great leaders, great managers;
- Healthy workplaces and wellbeing and;
- Innovation, learning and development;

- **Our Values and the #LivingOurValues Campaign**

Values and behaviours are key to how staff operate and interact with each other and patients on a day to day basis. The #LivingOurValues campaign was launched in July 2019 at a leadership summit and invites staff to sign a pledge card which describes how they live the organisational values. The campaign is inclusive and encourages participation from every corner of the organisation, from ward to board, including the committee structures, senior unit teams and trade union partnership groups. The campaign is also integral to the internal development programmes, from induction through to leadership programmes.

To date there have been more than 800 pledges signed by a combination of teams and individuals, with more than 30 #LivingOurValues workshops planned and a pledge-o-meter created measuring how many pledges have been received.

In December 2019 the ‘*Living Our Values Awards: Celebrating the Swansea Bay Way*’ were launched as part of a programme of

recognition and reward, with 151 nominations received. The awards will be used along with other ways of recognising staff, as a vehicle to help bring the organisation back together and celebrate what they will have achieved throughout the Covid-19 pandemic.



- **Listening and Supporting Staff to Raise Concerns**

The health board aims to create a culture of openness, honesty and respect which goes hand in hand with the values. In listening and engaging with people as part of

the raising concerns processes, there have been clear messages around the importance of confidentiality and the need for an independent service model.

In responding to this feedback and as part of the commitment to supporting healthy workplaces and wellbeing, a number of actions have taken place to accompany the #LivingOurValues campaign. These include the commissioning of ACAS (Advisory, Conciliation and Arbitration Service) to run workshops for managers, workforce and trade unions in addressing inappropriate behaviours at work, including bullying, and the introduction of The Guardian Service in May 2019 as a one-year pilot. The service provides independent, confidential and non-judgmental support to staff raising concerns and focuses on working with both individuals and the organisation to reach a resolution on a 24/7 365 basis. The health board is the first in Wales to trial the service model. To date there have been, 91 contacts, 42 of which have been closed/resolved, and 127 awareness sessions delivered across the health board. As the contact was initially for one year, a retendering process is now underway for a service to be continued.

- **Valuing and Appreciating Our Staff**

The long service recognition and patient choice awards continued in 2019-20.

This year, the qualifying criteria for long service recognition was reviewed and amended to cumulative years NHS service, rather than continuous, in order to make it more inclusive. In addition to recognising 25 years or more NHS service, a special



recognition was introduced for those reaching 40 years or more. Celebrations were held on 1st October 2019 and 5th November 2019, and 175 qualifying staff attending.

Patient choice awards continue to provide patients, carers, relatives and visitors with the opportunity to have their say and nominate a member of staff, who they feel have made a real difference, and gone above and beyond their duty. 194

staff members, teams and wards were recognised this year during five events across main hospital sites, with one event for primary and community services delivered in conjunction with social services.

- **Developing Leadership Capacity and Capability**

2019 saw the first of the leadership summits with more than 100 managers across the health board attending. This number steadily increased by the third summit, which welcomed more than 200 delegates. A mix of internal and external speakers has ensured that these events are engaging, informative and focussed on up-to-date

thinking in leadership best practice, ensuring our staff are supported to deliver excellent patient care.

Leadership development programmes continue to expand. Following the implementation 'Footprints', the programme for middle-management, further programmes have been developed for those in more senior leadership positions as well as aspiring managers or team leaders, 'Bridges' and 'Impact' respectively. To date, more than 1,300 people have attended one of these programmes.

The health board is fully committed to developing, implementing and embedding the just culture and compassionate leadership models. Its leadership conference focussed on this and work in 2020-21 will continue to develop and embed these principles.

Clinical leadership has also been a focus this year with the launch of our consultant development programme and is now entering its third cohort, with 37 consultants enrolling to date.

The new managers' pathway was launched in June 2019 and provides a framework for all new managers to ensure they can develop the skills and knowledge they need to successfully carry out their role. As well as behavioural programmes, this mandatory framework ensures that essential knowledge is gained with a focus on topics such as finance, HR policies and project management.

In order to create and embed a culture of coaching within the health board, a number of staff have become qualified workplace coaches. A network of over 30 coaches is now working to provide tailored 1-1 development to colleagues.

- **Supporting Staff Health and Wellbeing**

The delivery of Mindfulness based groups and 'Managing your Wellbeing' courses have supported the health and wellbeing of staff and a return to work after sickness absence. Managers have been supported to understand mental health in the workplace and the team has delivered training on the use of the stress standards to enable early support for staff experiencing stress in the workplace. Increased partnership working with Time to Change Wales to reduce stigma and discrimination associated with mental health in the workplace has seen volunteers sharing their personal stories of overcoming mental health issues and remaining or returning to work. The Chief Executive signed the Time to Change Wales pledge on behalf of the health board in September 2019, demonstrating the commitment to this campaign.

A successful wellbeing week in September 2019 saw staff take advantage of a variety of informative and interactive resources provided by the smoking cessation team, nutrition and dietetics and the living life well programme. Health checks by the occupational health team and podiatry department proved to be a big hit with staff members as did the 'Mindful Menopause' workshops. This year the events were supported by the wellbeing team. Fruit was also provided throughout the week and lunch time concerts proved to be a great addition, demonstrating how music can improve wellbeing.

A refreshed staff flu marketing campaign for 2019-20 using the theme 'Winter is Coming' along with the new role of staff flu campaign coordinator helped increase uptake of the flu vaccination to 58.6% of frontline staff, with nearly 9,000 receiving the vaccination.

The health board continues to deliver the European social funded 'In Work Support' service which delivers mental health and musculoskeletal support to local employees working in small to medium size enterprises. 1,072 local employees have been assisted to return to work or to remain in work whilst experiencing health conditions and more 227 local companies have received support to help manage the health and wellbeing of their staff, thereby supporting the local economy.

❖ **Equality, Diversity and Human Rights**

The health board is committed to treating everyone fairly as well as prioritising its duty to:

- Eliminate discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not share it;
- Foster good relations between people who share a relevant protected characteristic and those who do not share it.

The nine 'protected characteristics' are: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation and marriage and civil partnership (in relation to being treated differently at work).

Under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011, the health board is required to prepare and publish equality objectives every four years. As such, it engaged and consulted with stakeholders, public and third sector organisations and staff to gather views on the priority areas of inequality to be addressed. This feedback and the evidence contained within the Equality and Human Rights Commission report 'Is Wales Fairer 2018?' informed the development of the equality objectives for 2020-2024.

Updates on progress with taking forward the actions supporting the delivery of the equality objectives are highlighted in the equality annual report, which was shared with the Workforce and Organisational Development (OD) Committee in February 2020, along with the strategic equality objectives for 2020-24, which were subsequently approved by the board in March 2020.

Examples of key equality highlights for 2019-20 include:

- The primary care children and families' wellbeing team won the Improving Health and Wellbeing Category of the NHS Wales Awards 2019, alongside Swansea Council, for their work to reduce the impact of adverse childhood experiences in the Penderi ward, which takes in some of the most deprived areas of the city;

- The collaborative Diversity and Inclusion Conference with Hywel Dda University Health Board 'This is Me' celebrated the diversity of our workforce and promoted an inclusive workplace for everyone.
- Calon, the health board's LGBT+ and allies staff network, joined NHS Wales colleagues at Swansea Pride and Pride Cymru.
- A new black and minority ethnic network was set up to raise cultural understanding, improve staff support and boost patient care across the health board. It was launched during a Black History Month event to celebrate ethnic and cultural diversity at Morriston Hospital.



- Swansea Bay staff organised a major event to mark World Mental Health Day at the leisure centre. More than 60 groups and organisations were represented demonstrating the range of services available for people needing support.
- The health board launched 'PROJECT SEARCH' which offers work experience in a variety of departments to interns with learning disabilities whilst they gain a qualification with Gower College.
- Trans awareness training sessions were delivered through the health board by Stonewall Cymru to help staff gain a basic understanding of gender identity and terminology.

Staff Composition

❖ By Gender

A breakdown of the workforce by gender is set out in the table below. This figure represents the composition as at 31st March 2020.

Gender	Headcount	FTE	% of headcount
Female	10058	8621.70	77.4
Male	2933	2797.08	22.6
Grand Total	12991	11418.78	100.0

(FTE – fulltime equivalent)

A breakdown of the board members and senior managers by gender is set out in the table below. This figure represents the composition as at 31st March 2020.

Job Title	Gender	Headcount	FTE	% of headcount
Assistant Director of Planning	Male	1	1.00	2.44%
Assistant Director of Strategy (Estates)	Male	1	1.00	2.44%
Chairman	Male	1	1.00	2.44%
Deputy Chief Operating Officer	Male	1	1.00	2.44%
Deputy Director of IM&T and Performance Improvement	Male	1	1.00	2.44%
Director	Male	1	1.00	2.44%
Director of Public Health	Male	1	1.00	2.44%
Executive Director of Nursing	Male	1	1.00	2.44%
Head of Workforce Localities and Systems	Male	1	1.00	2.44%
Interim Director of Finance	Male	1	1.00	2.44%
Medical Director	Male	1	1.00	2.44%
National ENT Transformation Lead	Male	1	0.60	2.44%
Secondment - HEIW Medical Director	Male	1	1.00	2.44%
Secondment - Velindre Director of Commercial and Strategic	Male	1	1.00	2.44%
Non-executive Member	Male	3	1.00	7.32%
Service Director	Male	2	2.00	4.88%
Assistant Director of Finance	Female	1	1.00	2.44%
Assistant Director of Informatics: ICT Band	Female	1	1.00	2.44%
Assistant Director of Planning (Service Planning)	Female	1	1.00	2.44%
Associate Director of Finance	Female	1	1.00	2.44%
Associate Director of HR- Learning and Development Band	Female	1	1.00	2.44%
Board Secretary	Female	1	1.00	2.44%
Chairman	Female	1	0.00	2.44%
Chief Executive	Female	1	1.00	2.44%
Deputy Director of Recovery and Sustainability	Female	1	1.00	2.44%
Director	Female	1	1.00	2.44%
Director of Planning	Female	1	1.00	2.44%
Director of Therapies	Female	1	0.80	2.44%

Director of Workforce and Organisation Development	Female	1	1.00	2.44%
Head of HR Delivery Units Band	Female	1	1.00	2.44%
HR Manager	Female	1	1.00	2.44%
Secondment - Public Health Wales Band	Female	1	0.40	2.44%
Non-Executive Member	Female	3	3.00	7.32%
Service Director	Female	3	3.00	7.32%

❖ By Staff Group

During, the year, the average full time equivalent number of staff permanently employed 12,991. The average number of employees is calculated as the full time equivalent number of employees in each week of the financial year divided by the number of weeks in the financial year. The table below provides a breakdown of the workforce by staff grouping and in addition to permanently employed staff, shows staff on inward secondment, agency staff, and other staff.

	Permanently Employed	Staff on Inward Secondment	Agency Staff	Other Staff	2019-20 Total	2018-19 Total
Administrative, clerical and board members	2,106	16	35	0	2,157	2,535
Medical and dental	1,044	0	13	31	1,088	1,392
Nursing and midwifery registered	3,449	0	171	0	3,620	4,636
Professional, scientific and technical staff	360	0	0	0	360	448
Additional clinical services	2,297	0	25	0	2,322	2,767
Allied health professionals	760	0	16	0	776	921
Healthcare scientists	298	0	5	0	303	324
Estates and ancillary	1,036	0	21	0	1,057	1,410
Students	2	0	0	0	2	5

Total	11,352	16	317	0	11,685	14,438
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❖ Sickness Absence

	2019/20	2018/19	Variance
Total days lost (long term):	185,261.07	224,747.37	-39,486.30
Total days lost (short term):	75,095.71	78,448.06	-3,352.35
Total days lost:	260,356.78	303,195.43	-42,838.65
Total staff years lost: (average staff employed in the period - full time equivalent)	11,321.07	14,093.05	-2,771.98
Average working days lost:	14	13	1
Total staff employed in period (headcount):	12,902	16,088	-3,186
Total staff employed in period with no absence (headcount)	4771	6521	-1,750
Percentage staff with no sick leave:	36.30%	40.32%	-0.04

Welsh Language

The health board is committed to making the Welsh language as visible and accessible as possible. It has a Welsh language delivery group with representation from across the organisation to help with progress and compliance with the Welsh language standards.

The organisation has produced an action plan to deliver the necessary requirements during 2019/20 into 2020/21. This is based upon joint working with other health boards to ensure a consistent approach making best use of resources. Progress against Welsh language standards are reported to our Welsh language delivery group, the health board, Welsh Language Commissioner and Welsh Government with annual monitoring and statistical reports being submitted to the Welsh Language Commissioner and Welsh Government.

In March 2020, a Welsh language standards report was produced which provides the health board with a position statement and analysis of a full financial year of operating under the Welsh language standards. The report builds on previous positive work, and contains a plan and recommendations of actions for the forthcoming year. It is acknowledged that whilst good progress has been made, the health board recognises that there is much more to do to improve its Welsh language services.

A full annual report setting out compliance with the Welsh language standards will be available on our website in autumn 2020.

Digital Transformation

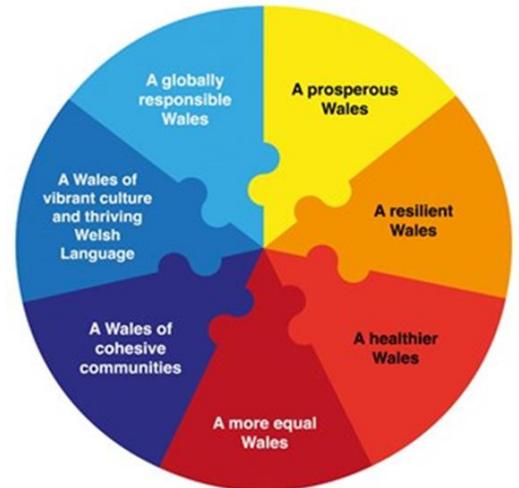
The health board's organisational strategy '*Better health, better care, better lives*' states that the organisation will maximise digital opportunities and use it to transform how people's health is improved and how care is delivered. To deliver this digital goal, there is an ambitious digital strategy '*Destination Digital*'. The aim of this is to ensure that health, care and wellbeing activities carried out by everyone in our health economy will, with pace and scalability, be enabled using digital technology.

During 2019-20, the health board has established five digital transformation programmes of work to deliver change and a number of essential digital enabling programmes to support delivery. The pace and scale of the digital transformation has been significant during the period. Highlights have included.

- **The Swansea Bay Patient Portal** - a digital tool that provides our citizens with access to their own care records, empowering them to take more responsibility and play an active role in their care;
- **The Signal E-Whiteboard Solution** - replaces physical whiteboards on wards with a digital alternative, to ensure live information is available for every patient in our hospitals;
- **Mobilisation of Community staff** - all of our community staff have access to an iPad to help them work more efficiently and have more time for patients;
- **Health Records Modernisation** - the implementation of electronic tags on paper based patient records. This has improved the effectiveness and efficiencies of paper records provision whilst we transition from paper to electronic;
- **Enabling business intelligence and analytics** - accelerating the use analytics and BI dashboards across the organisation to support evidence based decision making.

Our Approach to the Wellbeing of Future Generations Act

The health board has a statutory requirement to publish its 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 have been used to inform the setting of the objectives and steps to achieve them. The 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.*

In May 2019, a board development session was held to consider how the organisation could embed the sustainable development principle, and the principles of the act, in its thinking and actions through all that the organisation does. This provided the health board with the opportunity to showcase some of the good work that we are progressing, for example, on green infrastructure, procurement and early years.

The Future Generations Commissioner was in attendance and provided some challenges to the organisation and also made it clear that public bodies needed to clearly demonstrate that the five ways of working are integrated in our business processes and aligned with explicit well-being objectives, which are mapped to those of the act. The commissioner set out that the health board needs to commit to 'owning its ambition' in meeting our well-being objectives and embedding the five ways of working.

Some of the progress to date has been:

Service Area	Progress Against Sustainable Development Principle
Procurement	<ul style="list-style-type: none"> - All frontline procurement staff have received sustainable procurement training; - Procurement services has created a sustainable procurement portal which is open access for suppliers, customers and staff; - Standard ESPD (European Single Procurement Document) templates for assessing suppliers have been updated to include questions on the act; - Sustainable procurement, including the act being discussed at all supplier meetings as part of the standard supplier meeting template.

Service Area	Progress Against Sustainable Development Principle
Adverse Childhood Experiences	<ul style="list-style-type: none"> - Health visitors have undertaken training; - Pilot being undertaken in Swansea; - Currently working directly with colleagues to set up bespoke national school nurse training.
Safe and Resilient Communities	<ul style="list-style-type: none"> - Working with communities in a neighbourhood area to “Build on what is Strong Not What is Wrong”. - Pilot being undertaken in two areas in Neath Port Talbot: <ul style="list-style-type: none"> • Briton Ferry and Melyn • Upper Amman Valley (Cwmllynfell, Rhiwfawr, Gwaun Cae Gurwen and Brynamman)
Green Growth	<ul style="list-style-type: none"> - The health board is using its environment to improve physical and mental health. There is untapped potential to link the green space resource to primary care, social care and community development collaboration with National Botanical Gardens of Wales, Natural Resources Wales, Swansea University to promote health through increased access to nature; - Continued Wildflower Planting for the promotion of pollinator insects and increased use of indigenous species; - Successful funding bid from the Welsh Government Communities rural development programme 2014 -20 for a “Biophilic Wales”, to develop 40 sites within the estate as points for community co-developed projects
Partnership Working	<ul style="list-style-type: none"> - The health board is a key member of the West Glamorgan regional partnership board, the Swansea public service board, Neath Port Talbot public service board and the ARCH programme; - In order to better align the health board’s approach, the well-being objectives of these plans have been mapped to the health board’s wellbeing objectives; - Each of the projects within the West Glamorgan programme have to demonstrate how they are ensuring the five ways of working are being delivered.

Organisational Strategy, Clinical Services Plan and Transformation Programme

❖ **Organisational Strategy**

During 2018-19 the health board developed and approved an organisational strategy, **Better Health, Better Care, Better Lives**, and a refresh of the clinical services plan.

The organisational strategy 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 wellbeing;
- Integrate services with partners in communities;
- Ensure sustainability and delivery of consistently high quality care;
- Support better health and wellbeing by actively promoting and empowering people to live well in resilient communities;
- Deliver better care through excellent health and care services achieving the outcomes that matter most to people.

❖ **Clinical Services Plan**

The clinical services plan is the five-year programme to transform the health and care services in Swansea Bay University Health Board. The development process took place throughout 2018, led by clinicians and supported by our staff and partners and was approved by the board in January 2019.

It describes how wellness, primary and community services will be transformed to underpin significant service change in major hospitals, enabling them to dedicate their expertise to meeting the needs of those who most need their care, in particular the frail, elderly and acutely ill.

To deliver the priorities identified within both documents, the health board established a transformation portfolio and governance structure, including a *Better Health, Better Care, Better Lives Transformation Board* and *Clinical Services Plan Board* to design and govern arrangements for the following:

- Clinical services plan;
- Enabling programmes such as digital modernisation and the health board's operating model;
- Improvement boards;
- Regional working.

❖ **Transformation Programme**

The transformation board was established formally in May 2019. It meets monthly and includes all members of the executive board together with a small number of programme leads and is chaired by the Chief Executive, with a summary report received by the senior leadership team regularly to update on broader progress and to ensure links with joint planning arrangements through the regional partnership board.

Following the integration of the programme management office, value based healthcare and improvement team in June 2019, work has focussed on the development of an integrated approach and methodology for transformation within Swansea Bay University Health Board. The approach will set out:

- The approach to improvement – how does the organisation systematically develop the right skills, mindset and tools to embed continuous improvement within the board and how do we align our specialist resources with the overall goals and priorities of the organisation, including our quality priorities;
- The approach to programme and project management – an approach to standardised project management was established during 2019 and there are now around 50 trained Prince2 managers in the organisation. A major focus

now is on developing the approach to benefits management so there is a unified approach to assessing, identifying, tracking and realising benefits across financial and non-financial domains.

- Value-based healthcare work has accelerated since June 2019 and the work programme is now fully aligned with the national strategic direction. In aligning the resources within the transformation team, the focus now is on developing an integrated approach so that there is synergy between the improvement approach and the work being taken forward around value. To support the design phase, a local improvement event took place on 21st November 2019. 49 improvement champions across the organisation came together to focus on skills development and shaping the 'Bay Way'. The output from the workshop is being summarised and a further board development session to share the proposed 'Bay Way' and focus on improvement is being explored.

Risk Management

The risk management framework sets out the way in which risks are identified, evaluated and controlled, with delivery of the framework overseen by the Audit Committee, and individual executives and senior managers having specific delegated responsibilities.

While more detail is provided within the annual governance report, there are key risks which impacted on the delivery of performance within the health board, which comprised:

- **Coronavirus**

The biggest risk currently faced by the health board is the Covid-19 pandemic, which started to impact on the organisation's ability to function as 'business as usual'. A gold command structure was quickly established to manage the health board's response and all non-urgent services, such as outpatients and elective surgery, were stopped. The need to plan and respond to the Covid-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to risks. The need to respond and recover from the pandemic will continue both for the organisation and wider society throughout 2020-21 and beyond. The organisation's governance framework will need to consider and respond to this need. The pandemic had a significant impact on the health board's ability to function 'normally' and this is reflected in the performance data for the last quarter of the year.

- **Unscheduled care**

The health board experienced unprecedented levels of unscheduled care pressures throughout the year which meant that planned care procedures needed to be cancelled to accommodate the emergency cases. Therefore not only were the unscheduled care targets a challenge to achieve, the health board also could not deliver on planned care.

- Pension Changes

Due to pension changes made by HM Revenue and Customs, the ability of the anaesthetic service to work flexibly ceased, with a number of consultants reducing their number of sessions to the minimum, which impacted on the number of planned care cases which could take place.

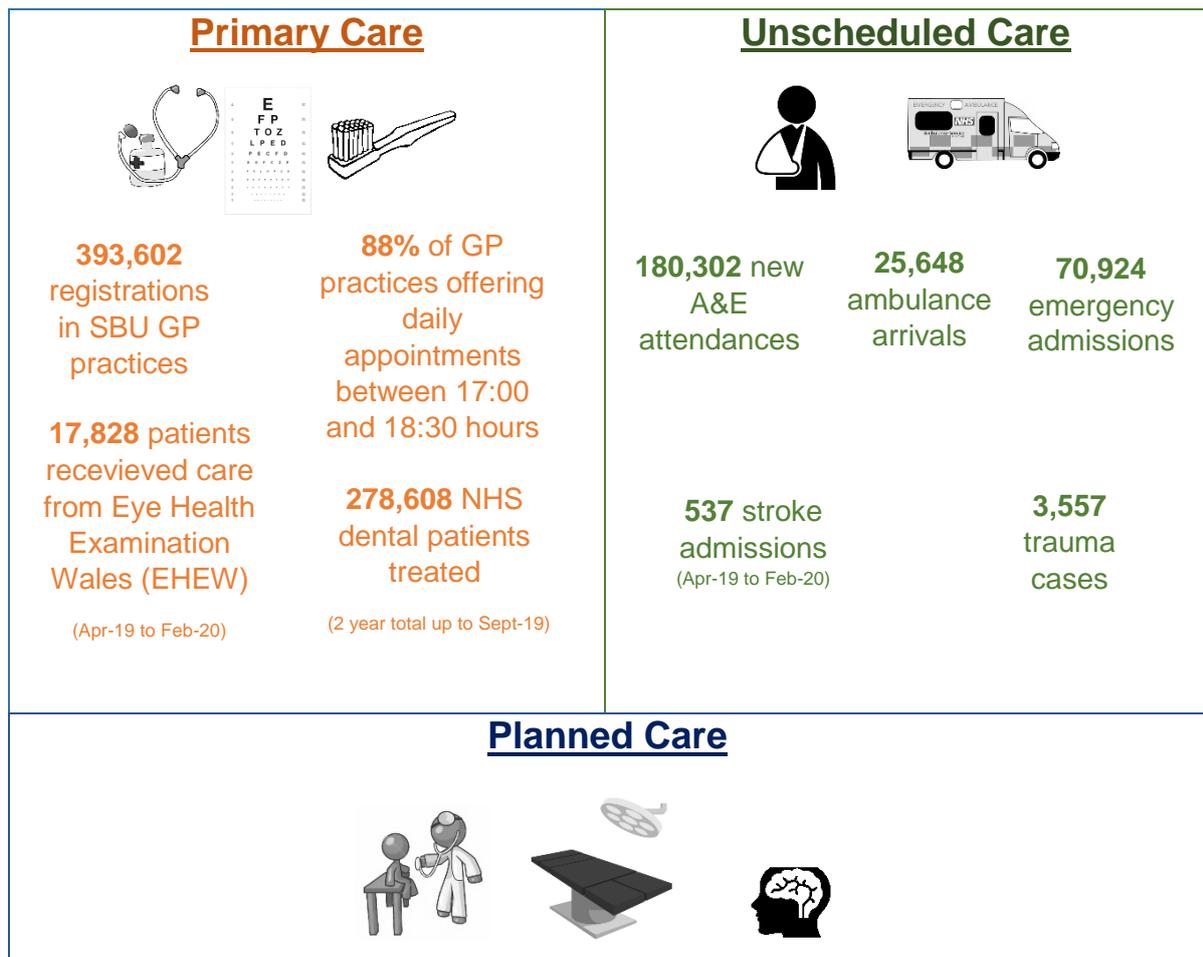
- Financial Position

The health board commenced the year with a forecast to breakeven but due to operational pressures, diseconomies of scale following the Bridgend boundary change and increased continuing healthcare costs, this transpired into a year-end position of a £16.3m deficit.

- Workforce Capacity

Due to challenges in recruiting, the health board is running with a number of vacancies which has increased its reliance on agency and bank staff.

Performance Summary



232,338 referrals for new outpatient appointments	15,790 Urgent suspected cancer referrals	171,039 new outpatient attendances and 341,039 follow-up attendances	3,706 new mental health attendances and 19,029 follow-up attendances
16,601 new outpatient appointments missed (Did Not Attend)	28,179 total operations performed	11,905 cancelled operations	2,468 newly diagnosed cancer patients treated

Performance Analysis

The section that follows provides a summary of the health board performance in 2019-20.

Welsh Government's NHS Outcomes and Delivery Framework focuses on improving the health and wellbeing of the people in Wales through the identification of key population outcomes and indicators under the following seven domains:

- Staying Healthy
- Safe Care
- Individual Care
- Our Staff and Resources
- Timely Care
- Effective Care
- Dignified Care

In the section that follows, we set out how we have performed against these Welsh Government measures. We work on the basis of a 'balanced scorecard' approach which provides us with information as to how we are performing over the year and it assesses whether our performance has improved, declined or remained the same over that period.

Performance against measures within the framework is traditionally assessed on a financial year basis i.e. 1st April through to 31st March. This aligns financial and performance data reporting periods within NHS organisation's annual accounts. However, a consistent approach was agreed by all health boards for the 2019-20 annual report that the assessment by Welsh Government would be based on nine months of data (April to December 2019). This was due to the following reasons:

- From April 2019 responsibility for the population of Bridgend transferred from Abertawe Bro Morgannwg University Health Board to Cwm Taf University Health Board. Thus creating two new organisations in 2019-20; Swansea Bay University Health Board and Cwm Taf Morgannwg University Health Board. Published disaggregated data for both organisations prior to the transfer in April 2019 is not available therefore only data from 1st April 2019 can be used. For consistency, all Welsh health boards agreed that they would adopt the same approach and report from April 2019.
- The Covid-19 pandemic presented a number of challenges to the organisation which are represented in the following disclosures within the performance reporting and scorecard. Complete performance data for the organisation has been presented for the first three quarters of 2019-20 only. The remaining quarter (January 2020 to March 2020) was impacted by the pandemic and the suspension of performance monitoring mid-March. Performance trends have been assessed using the April 2019 to December 2019 period. Only those measures which have an absolute monthly/quarterly target for December 2019 or quarter three 2019-20 have been included in the 'targets achieved' column on the scorecard. The organisation has

provided local management information and narrative on the delivery and achievements throughout the final quarter of 2019/20 in the absence of official performance data.

In addition, a number of measures within the framework are based on annual comparisons or trends and due to the unavailability of published disaggregated data, Welsh Government were not able to provide an assessment of the health board's performance for a number of measures. These include healthcare acquired infections, flu vaccinations, GP practice opening hours, clinical coding accuracy audit, hospital admissions with self-harm and pregnant women giving up smoking. Where possible, reference to these measures have been included in the narrative sections that follow.

The table below provides Welsh Government's summary of the health board's performance against the measures in the framework for 2019-20. There are 93 measures in the framework, however only 24 measures are included in the above trend analysis, and 13 in the target achievement

Swansea Bay 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	3 measures	0 measures	1 measure		1 measure
SAFE CARE: People in Wales are protected from harm and supported to protect themselves from known harm	3 measures	1 measure	4 measures		
INDIVIDUAL CARE: People in Wales are treated as individuals with their own needs and responsibilities	2 measures	1 measure	2 measures		2 measures
OUR STAFF AND RESOURCES: People in Wales can find information about how their NHS is resourced and make careful use of them	4 measures	0 measures	1 measure		
TIMELY CARE: People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	8 measures	2 measures	13 measures		7 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	0 measures	4 measures		2 measures
DIGNIFIED CARE: People in Wales are treated with dignity and respect and treat others the same	1 measure	0 measures	0 measures		1 measure
<i>Note: This scorecard relates to the April to December 2019 period.</i>					
SUMMARY	24 measures	4 measures	25 measures		13 measures

*Relates to those measures with an absolute monthly / quarterly target for December 2019 / quarter 3 2019/20.

The remainder of this section provides a summary of performance for each of the domains within the framework and further detail and analysis of performance is outlined

for a number of key quality and access measures. Where available, performance data up to March 2020 has been included in addition to the summary tables provided by Welsh Government, which only report up to December 2019.

Targetted Intervention Priorities

The health board was placed in “targetted intervention” by the Welsh Government in 2016 as part of the NHS Wales escalation and intervention arrangements. The following table highlights the performance measures which Welsh Government deemed to require significant improvement (in addition to finance which is covered in further detail later in this report).

The health board continues to strongly focus on the targeted intervention priorities through routine performance reporting and structured performance management. All of the targeted priorities were core to the health board’s annual plan in 2019-20 and continues to be a pivotal element of the 2020-21 annual plan.

Further detail on the targeted intervention priorities are included later in this section of the report.

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Unscheduled Care	4 hour A&E waits	Actual	74.5%	75.9%	75.0%	74.5%	74.3%	71.4%	71.0%	73.2%	70.9%	71.6%	74.1%	72.8%
		Profile	77.1%	80.0%	81.9%	83.8%	84.6%	85.5%	72.4%	74.5%	77.3%	78.4%	80.2%	80.4%
	12 hour A&E waits	Actual	653	602	644	642	740	939	890	927	1,018	1,038	783	557
		Profile	484	374	273	283	266	238	799	693	656	612	444	297
	1 hour ambulance handover	Actual	732	647	721	594	632	778	827	821	868	848	704	462
		Profile	320	233	201	220	193	200	673	634	508	451	388	291
Stroke	Direct admission within 4 hours	Actual	62.0%	54.5%	57.0%	56.8%	41.8%	28.6%	55.1%	55.1%	39.0%	23.5%	61.8%	March 2020 data not available
		Profile	76%	77%	78%	78%	79%	80%	80%	81%	82%	82%	83%	
	CT scan within 1 hour	Actual	62%	56%	52%	59%	48%	42%	47%	49%	44%	43%	38%	
		Profile	47%	52%	50%	53%	51%	58%	53%	58%	55%	58%	56%	
	Assessed by Stroke Specialist within 24 hours	Actual	96%	93%	100%	98%	95%	95%	94%	98%	100%	90%	97%	
		Profile	87%	89%	92%	89%	91%	94%	91%	93%	96%	93%	95%	
	Thrombolysis door to needle within 45 minutes	Actual	27%	17%	0%	40%	27%	0%	0%	0%	20%	0%	0%	
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	
	Patients receiving the required minutes for Speech and Language Therapy	Actual	57%	47%	41%	48%	48%	50%	49%	45%	38%	33%	28%	
		Profile												
Planned care	Outpatients waiting more than 26 weeks	Actual	236	323	297	479	925	1,039	1,152	1,120	1,305	1,453	1,306	2,055
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	1,976	2,104	2,318	2,690	3,263	3,565	4,256	4,587	5,141	5,623	5,729	6,509
		Profile	1,970	1,894	1,904	1,856	1,763	1,686	1,450	1,393	1,435	1,247	1,061	938
	Diagnostic waits over 8 weeks	Actual	401	401	295	261	344	294	223	226	569	628	424	1,407
		Profile	480	400	390	370	330	250	180	150	130	100	50	0
	Therapy waits over 14 weeks	Actual	0	0	0	0	1	0	1	0	0	0	1	51
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	91%	91%	94%	91%	93%	91%	98%	95%	92%	99%	93%	87%
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	87%	80%	81%	76%	84%	86%	84%	86%	92%	86%	78%	73%
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	89%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	3	11	10	13	10	10	19	17	11	11	15	8
		Profile	17	12	12	15	12	9	12	12	12	13	14	11
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	14	11	11	17	7	8	13	11	11	13	8	9
		Profile	11	14	12	13	12	11	11	15	15	10	16	11
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	27	22	29	35	22	23	25	15	32	33	31	23
		Profile	41	36	37	40	38	39	40	32	34	40	36	39

STAYING HEALTHY-

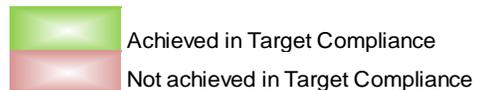
People in Wales are well informed and supported to manage their own physical and mental health

The measures in this section focus on prevention and the actions that the health board takes to support people to manage their own health.

In the following summary of the health board's performance in this domain, an indication of achievement of target has only been provided for the two childhood immunisation measures because the other two measures do not have a complete dataset at the time of writing this report. However, the trend for both measures based on three-quarters does show an improving trend.

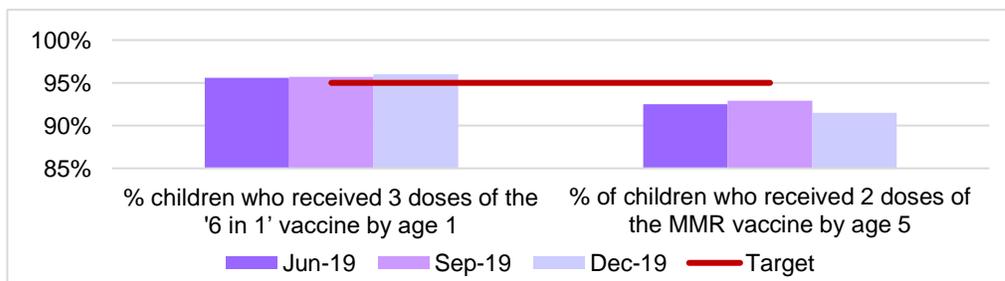
	3 Quarter Trends			Trend
	Q1	Q2	Q3	
% of children who received 2 doses of the MMR vaccine by age 5	92.5%	92.6%	91.5%	↓
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95.6%	95.7%	96.0%	↑
% children 10 days old who accessed 10-14 days health visitor component of Healthy Child Wales Programme	83.8%	91.8%	90.4%	↑
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales*	451.0	438.1	405.8	↑

*Taken from April APC refresh



Childhood immunisations

Good progress was made throughout the year to increase childhood immunisations rates. Between April 2019 to December 2019, 2,690 (96%) of children received three doses of the hexavalent 'six in one' vaccine by age one and 2,867 (92%) of children received two doses of the MMR (measles, mumps and rubella) vaccine by the age of five. The health board achieved the 95% target for MMR for five year olds but fell short of the 95% for the 'six in one' vaccine for one year olds.



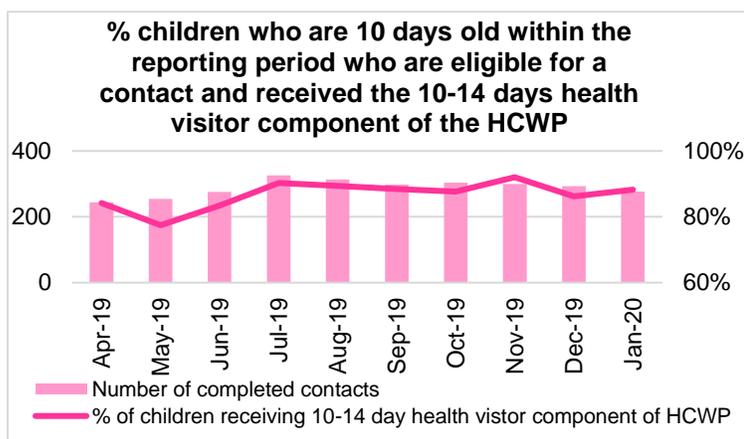
The national target of 95% is important so that herd immunity can be achieved. In order to improve the uptake over the next 12 months, health professionals (GPs, health visitors, school nurses and practice nurses) will continue to check the immunisation status at every contact, and waiting lists/ cancelled clinics will also be closely monitored by the primary care team. In addition, the local public health team will ensure that the recommendations of the measles eradication task group are implemented locally.

STAYING HEALTHY

Healthy Child Wales Programme (HCWP)

The HCWP was released by Welsh Government in 2016 and is an agreed all-Wales approach to support and improve child development. The programme sets out the planned contacts that children and their families can expect from their health boards from maternity service handover to the first years of schooling. These universal contacts cover three areas of intervention: screening; immunisation; and monitoring and supporting child development (surveillance).

The only measure within the programme that has a set target is for the percentage of children who are 10 days old who are eligible for a contact and received the 10-14 days health visitor component of the HCWP.



Even though the complete dataset for the year was not available at the time of writing this report, there has been an improving trend throughout

2019-20. In order to maintain and improve on this further, the health board will ensure that all infants not receiving 10-14 day contact in month will be reviewed, and remedial actions identified. We will also ensure that any breach in 10-14 day contact is recorded on the health board's incident reporting system (DATIX); and we will review the data collection process to ensure that the data published is accurate and submitted on time.

There are another two key measures included in the staying healthy domain which have not been included in Welsh Government's assessment of the health board's performance, as full datasets were not available at the time of writing the report. These are Influenza vaccinations and smoking cessation services.

Influenza vaccination

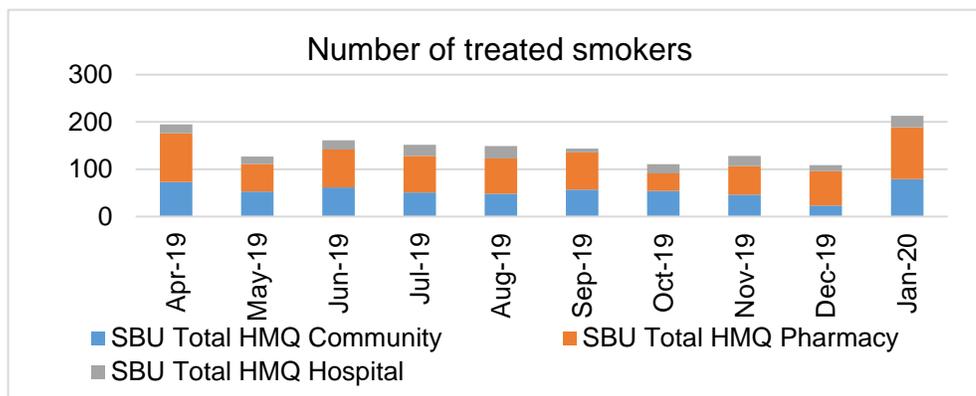
The complete data for the uptake of the influenza vaccination was not available at the time of writing this report, however internal data suggests that the health board fell just short of the 60% target for healthcare workers with 59%. Internal data suggests that the uptake among children two to three years old was achieved in 2019-20, however the targets for over 65 year olds and under 65s in at risk groups were not achieved. The

final uptake figures are likely to be published in the summer of 2020.

STAYING HEALTHY-

Smoking Cessation Services

The two measures relating to smoking cessation relate to adult smokers who make a quit attempt via smoking cessation services (Help Me Quit) and those smokers who are co-validated as quit at four weeks. 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 four weeks but not the percentage of smokers making a quit attempt via cessation services.



In partnership with the local public health team, the health board will:

- Strengthen smoking cessation services through the development of a tobacco needs assessment to inform service planning for the Help Me Quit integrated cessation service model in line with population need;
- Enhance engagement through GP practices by using the primary care clusters and increase the level of service provision by community pharmacies;
- Continue to enforce the no smoking on-site policy;
- Strengthen pathways for maternal community services; inpatients; and for patients undergoing elective procedures.

SAFE CARE-

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

The measures in this section focus on safety and ensuring that no harm comes to patients.

We did not achieve any of the targets in this domain however, internal data suggests that the number of never events was nil in March 2020 and the number of healthcare

acquired infections improved throughout the year. All of the quality measures in this section are explored further in the Annual Quality Statement.

	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
Of the Serious Incidents due for assurance within the month, % which assured in agreed timescales*	58.3%	7.7%	22.2%	47.6%	70.6%	12.5%	44.4%	57.1%	38.9%	↑
Number of new Never Events*	0	1	1	1	1	0	1	0	1	⇒
% of in-patients who have received 'Sepsis Six' first hour care bundle within 1 hour of positive screening	0.0%	50.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	↓
	3 Quarter Trends				Trend					
	Q1 2019/20	Q2 2019/20	Q3 2019/20							
Opioid average daily quantities per 1,000 patients	4,450.69	4,485.51	4,409.03		↑					
Number of patients aged 65+ prescribed an antipsychotic	1,433	1,470	1,474		↓					
Total antibacterial items per 1,000 STAR-PUs	294.01	279.13	336.51		↓					
Fluoroquinolones, Cephalosporins, Clindamycin & Co-amoxiclav per 1,000 patients	13.94	13.30	13.59		↑					
Number of Patient Safety Solutions Wales Alerts & Notices not assured within the agreed timescales	0	1	1		↓					

Note: Sepsis Emergency measure has been excluded as data for this measure is not submitted by the HB.

*Data as at 29/04/20

Achieved in Target Compliance
 Not achieved in Target Compliance

National Prescribing Measures

The health board has made significant progress in the last year to reduce overall antibacterial and antibiotic prescribing. To maintain focus, the following are in place:



- Prescribing management scheme for 2020-21 will focus on 4C prescribing via a pre-qualifier audit on cephalosporin prescribing. This will build on the success seen with the previous co-amoxiclav audit and also inform the development of the antibiotic guidelines;
- Consultant Antimicrobial pharmacist is in post and providing strategic direction for the stewardship programmes across both primary and secondary care. Primary care based antimicrobial pharmacist is also in post;
- Targeted work planned with care homes to improve sampling and provision of clinical information to prescribers for urinary tract infections management;
- Focus on highest prescribing practices, with antimicrobial pharmacist's audits and feedback within practice;
- Links with 'Your Medicines, Your Health' to promote antibiotic messages to the public

SAFE CARE

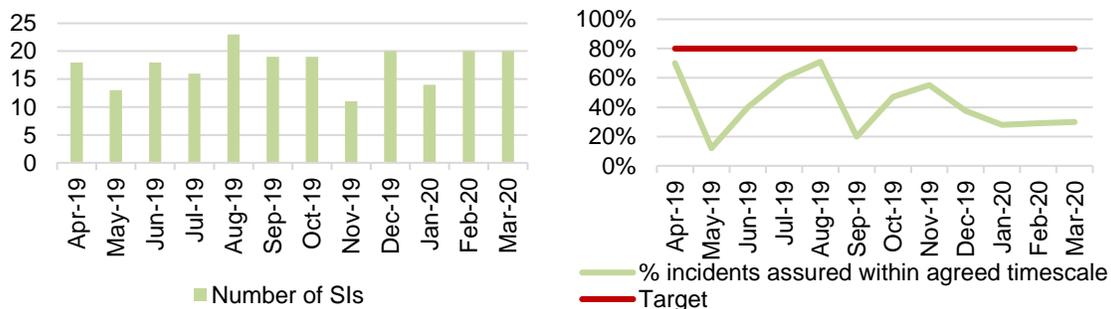
Serious Incidents and Never Events

Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. During 2019-20, the health board had seven never events. Each of the incidents were investigated and learning obtained in order to mitigate the risk of reoccurrence. Examples of learning that

have been introduced and will continue to be taken forward in 2020-21 are outlined below:

- Review of current Welsh Health Organisation (WHO) checklist and audit compliance;
- Six monthly audits to assess compliance in the use of the correct site surgery checklist (1000 Lives+ checklist or similar);
- Review of 'Local Safety Standards for Invasive Procedures' (LocSSIPs) for the prevention of wrong implant/prosthesis and wrong site extraction/ surgery;
- Review of governance practice and risk assessments prior to any change in practice;
- Introduction of safety briefing at start of all invasive procedures with allotted appointment time;
- Sharing anonymised learning with Welsh Government, HEIW (Health Education and Improvement Wales), the local dental committee, health board quality and safety groups and its local practitioners via the newsletter and end of year practice visits.

Serious incidents reported on a monthly basis are set out in the graph below by month. There was a peak which related to the change in mental health serious incident reporting. Any unexpected death of a patient known to the mental health services within a year of their last contact is reported to Welsh Government as a serious incident. This peak has started to stabilise in 2019-20 however the increase in numbers is having a detrimental effect on the health board's ability to close incidents within agreed 60 working days.



Welsh Government are reviewing the serious incident framework and recognise that mental health serious incidents are often difficult to investigate and conclude within 60 working days, given the families are often still grieving and the cause of death is not available until some time after, given timescales regarding toxicology. From 1st April 2020, the 60 working day target will no longer be a requirement for the health boards to be monitored against.

SAFE CARE

Infection Prevention and Control

The infection control measures are based on an annual reduction trend, however due to the Bridgend boundary change in April 2019, it is not possible to accurately compare

data from 2019-20 to 2018-19. Therefore, these measures have been excluded Welsh Government’s assessment of our performance.

However, infection control and reducing the number of healthcare acquired infections is a targeted intervention priority for the health board, therefore it is important to note our performance for 2019/20 and actions we plan to take forward.

The following table provides a summary of how the health board performed in 2019-20 for all five of the national infection control measures. We achieved all of our internal reduction profiles in 2019-20.

	Cumulative cases 19/20 (Apr-19 to Mar-20)	Internal reduction profile for cumulative cases 19/20	Acheivement of internal reduction profile
E.coli	317	452	✓
S.aureus bacteraemias (MRSA and MSSA)	133	151	✓
C.difficile	138	151	✓
Klebsiella sp	82	116	✓
Aeruginosa	28	32	✓

Even though reductions in rates of HCAs (healthcare acquired infections) has been made in each of national measures over the last 12 months, further focus is required to achieve the targets set by Public Health Wales in line with all health boards across Wales.

A focus is required on environmental cleaning and the essential repairs and replacement of antiquated infrastructure within ward areas in 2020-21. Overcrowding and lack of decant facilities have a significant impact on the health board’s ability to reduce transmissions and all associated risks are monitored by the bi-monthly Infection Control Committee and escalated as appropriate to the Quality and Safety Committee.

In order to shift the focus from control to prevention, we are continuing with initiatives to reduce the presence of invasive devices across the health board; we are increasing the number of aseptic non-touch technique (ANTT) competency assessors each month; and utilisation of the ARK (antibiotic review kit). In addition, the new infection prevention and control (IPC) resource within community and primary care will assist with moving the focus to preventing HCAs and associated admissions will reduce rates of HCAs.

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

Access to helplines and mental health services are the themes of the five measures in this section.

	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
% of HB residents in receipt of secondary MH services (all ages) who have a valid CTP	88.9%	89.0%	86.9%	87.5%	91.1%	92.1%	91.5%	91.7%	91.5%	↑
% of HB residents sent their outcome assessment report within 10 working days after assessment	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	→
	3 Quarter Trends				Trend					
	Q1 2019/20	Q2 2019/20	Q3 2019/20							
Number of calls to the MH helpline CALL by Welsh residents per 100,000 of population	198.0	188.0	128.4	↓						
Number of calls to the Wales dementia helpline by Welsh residents per 100,000 of population (age 40+)	4.0	8.0	4.0	↑						
Number of calls to the DAN 24/7 helpline by Welsh residents per 100,000 of population	41.3	39.3	32.4	↓						

 Achieved in Target Compliance
 Not achieved in Target Compliance

Mental health

The two mental health measures in this section are taken from the Mental Health Measures (Wales) Act and the targets for both measures were consistently achieved throughout the year. More details regarding performance against the mental health measures can be found in the timely care section.

Access to national helplines

These measures focus on three helplines available to Welsh residents which include the C.A.L.L. helpline; the DAN 24/7 helpline and Wales dementia helpline. The community advice and listening line (C.A.L.L.) service offers emotional support and information/literature on Mental Health and related matters to people in Wales. The Wales dementia helpline offers emotional support to anyone, of any age who is caring for someone with dementia as well as other family members or friends plus it supports those who have been diagnosed with dementia. DAN 24/7 is a telephone drugs helpline providing a single point of contact for anyone in Wales wanting further information or help relating to drugs or alcohol.

The latest data available at the time of writing this report is for quarter three of 2019-20 which shows that the uptake rate to the Wales Dementia helpline increased whereas uptake for the DAN 24/7 and C.A.L.L. helplines reduced.

The health board actively promotes the C.A.L.L. helpline through the use of leaflets and call cards which are made available in community sites and wards. Care co-ordinators also advise people they come into contact with about the helpline. In addition, as the helpline is for all people with any mental wellbeing concerns not just severe mental health difficulties, the helpline is featured in our Choose Well materials. However, it is recognised that more needs to be done to promote all three helplines.

OUR STAFF AND RESOURCES-

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

The measures in this domain focus on using resources efficiently and ensuring that staff are quality trained in order to deliver excellent care.

	9 Month Trends									Trend
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	
% of headcount who have had a PADR/medical appraisal in previous 12 months	63.9%	64.4%	64.3%	64.4%	65.3%	67.0%	65.4%	68.7%	69.9%	↑
% compliance for all completed Level 1 competencies within Core Skills & Training Framework	74.2%	74.7%	75.1%	76.7%	78.2%	78.4%	78.8%	79.7%	79.9%	↑
% staff sickness absence (rolling 12 months)	5.94%	5.97%	5.98%	5.98%	5.96%	5.95%	6.01%	6.02%	6.07%	↓
	3 Quarter Trends									
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend						
% adult dental patients in the HB pop re-attending NHS primary dental care between 6 & 9 mths	32.2%	32.2%	32.1%	↑						
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	31.3%	30.3%	21.3%	↑						

Achieved in Target Compliance
 Not achieved in Target Compliance

Personal Appraisal Development Review (PADRs)

The health board recognises that its employees are its most valuable resource in providing excellent care to its patients and service users and are critical to the effective and efficient provision of good health care services.

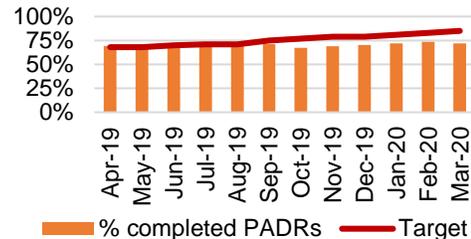
The delivery of high quality patient care depends on every employee:

- Having a clear understanding of the health board's vision and values, their role and the part they play in their team and within the organisation;
- Having an agreed set of priorities and objectives for their work;
- Possessing and applying the knowledge and skills they need to perform their role effectively and to achieve their objectives;
- Being given the opportunity to develop their career supported by a personal development plan.

In 2019-20, we did not meet the national target of 85% however performance improved over the year achieving a year-end position of 72%.

Actions being undertaken to improve include:

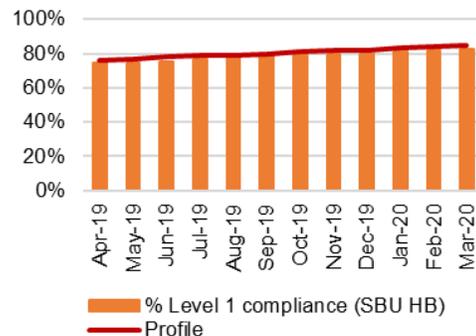
- PADR training will be mandatory for all new managers who have people management responsibility.
- A research project is being undertaken which will make recommendations to improve future compliance.



OUR STAFF AND RESOURCES-

Statutory and Mandatory Training

Compliance against the core skills and training framework has significantly improved over the year with an achievement of 83% in March 2020 against the national target of 85%. In order to improve on this level of performance we are ensuring that our systems are accurately recording compliance especially in relation to face to face training. We are increasing delivery of e-learning workshops; and all relevant subject matter experts are continuing to examine the current mandatory training framework to ensure it is fit for purpose and to comment on any changes required



Sickness Absence

The cumulative sickness absence rate for the health board is above 6% which is higher than the all-Wales average. Focused work by the service delivery units is reflected in a reduction in the number of staff on long term sickness absence however short term sickness continues to be a challenge. The top reason for absence remains stress, anxiety, depression and other mental health illnesses, accounting for almost 30% of all absence. We have adopted the all-Wales managing attendance at work (MAAW) policy which reinforces the focus on staff health and wellbeing activities to increase attendance at work. The core objectives of the policy are to support the health and wellbeing of employees in the workplace; support employees to safely and quickly return to work following a period of absence; and to support employees to sustain their attendance in work. As well as embedding the MAAW policy into everyday practices within the organisation, we are taking forward a number of actions to help reduce the rate of sickness absence. These actions include:

- Developing a plan for implementation of learning from best practise case study conducted in three areas of good sickness performance;
- Learning events and collaborative action plan with workforce, occupation health working in partnership to improve attendance;
- Rolling out the early intervention process that was successfully piloted within Morrision facilities department;
- Delivering invest to save project 'Rapid Access - Staff Wellbeing Advice and Support Service', enabling early intervention for Musculoskeletal (MSk) and mental health;

- Trialling implementation of the “Adopt a Manager” approach following MAAW training. Workforce colleagues have been assigned managers from specific hot spot areas and will now be providing specific coaching and support back in the workplace following completion of training of managers.
- 350 staff wellbeing champions trained to support their teams and signpost to HB support services promoting a prevention/ early intervention approach

TIMELY CARE-

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

The focus of this section is access to services and the measures primarily focus on waiting times. Significant progress was made during the year to in relation to stroke, cancer, delayed follow-ups and mental health.

	9 Month Trends									Trend
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	
% survival within 30 days of an emergency admission for a hip fracture***	75.6%	86.3%	88.6%	90.5%	82.6%	89.7%	95.9%	78.7%	84.4%	↑
% of patients waiting less than 26 weeks for treatment	88.8%	88.1%	88.0%	87.8%	86.4%	85.1%	84.5%	84.1%	82.6%	↓
Number of patients waiting more than 36 weeks for treatment	1,973	2,101	2,319	2,691	3,262	3,563	4,254	4,586	5,138	↓
Number of patients waiting more than 8 weeks for a specified diagnostic	401	401	295	261	344	294	222	226	569	↓
Number of patients waiting more than 14 weeks for a specified therapy	0	0	0	0	1	0	1	0	0	↓
Number of patients waiting for a follow-up outpatient appointment	135,093	136,216	137,057	135,400	134,363	132,054	131,471	130,648	131,263	↑
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	24,642	25,703	26,545	24,398	25,758	23,537	21,778	20,498	20,579	↑
% compliance with stroke QIM Direct admission to an acute stroke unit (<4 hrs)*	60.8%	56.8%	55.6%	54.9%	41.8%	28.6%	55.1%	55.3%	39.3%	↓
Assessed by a stroke consultant (<24 hours)**	96.1%	93.3%	100.0%	98.1%	94.7%	95.3%	93.9%	98.0%	100.0%	↑
Patients receiving the required minutes for SALT	57.4%	47.0%	40.0%	47.3%	48.3%	49.6%	45.3%	52.8%	37.7%	↓
% of emergency responses to red calls arriving within 8 mins	66.0%	73.5%	74.5%	70.9%	70.7%	66.7%	66.4%	58.8%	61.8%	↓
Number ambulance handovers over one hour	732	646	720	594	632	778	827	821	863	↓
% of patients spend < 4 hours in emergency care from arrival until admit, transfer or discharge	74.5%	76.5%	75.0%	74.5%	74.3%	71.5%	71.0%	73.2%	71.0%	↓
Number of patients spent >=12 hrs in emergency care from arrival until admit, transfer or discharge	653	583	644	642	740	939	889	927	1,017	↓
% newly diagnosed with cancer, not via urgent route, started def treat within 31 days of diagnosis	90.8%	91.4%	93.7%	91.5%	93.3%	91.1%	97.7%	94.5%	91.9%	↑
% newly diagnosed with cancer, via urgent suspect route, started def treat within 62 days of referral	87.0%	80.2%	80.8%	75.9%	83.8%	85.7%	84.3%	85.7%	92.1%	↑
% of patients starting first definitive cancer treatment within 62 days from point of suspicion	73.1%	67.8%	73.1%	68.6%	68.1%	72.7%	69.5%	70.7%	77.0%	↑

TIMELY CARE

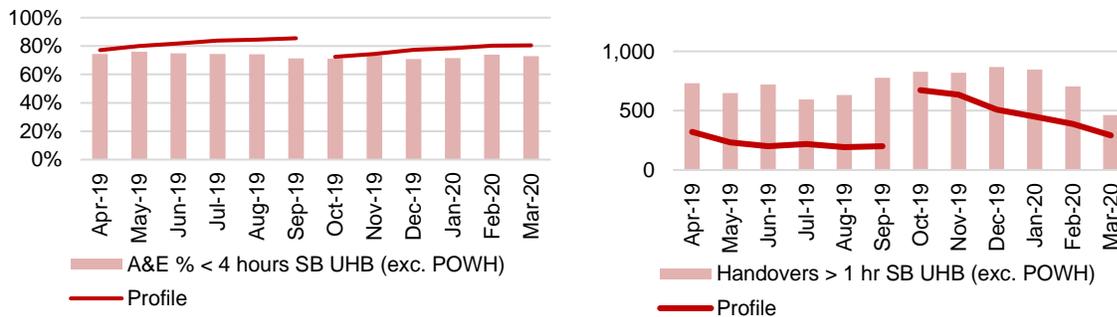
	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
% of MH assessments undertaken within 28 days from the date of receipt of referral	97.5%	96.3%	84.6%	80.7%	79.4%	81.9%	92.8%	92.2%	87.2%	↓
% of therapeutic interventions started within 28 days following an assessment by LPMHSS	98.6%	94.9%	98.5%	97.9%	91.6%	92.9%	97.6%	92.2%	94.5%	↓
% of patients waiting less than 26wks to starts a psychological therapy	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	→
% of children/young people waiting less than 26 wks to start ADHD or ASD neurodevelopment assessment	42.7%	44.1%	40.8%	47.1%	39.2%	38.3%	38.8%	36.0%	35.8%	↓
% R1 ophthalmology patients waiting within target date or within 25% beyond target date for an OP appointment	67.0%	64.3%	62.4%	64.4%	63.6%	65.7%	69.5%	70.8%	71.6%	↑
	3 Quarter Trends									
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend						
% of qualifying patients who first had contact with an IMHA within 5 working days of their request	100.0%	100.0%	100.0%	→						

*Target used is the SSNAP Oct-19 to Dec-19 UK average of 53.3%
 **Target used is the SSNAP Oct-19 to Dec-19 UK average of 84.1%
 ***Taken from April CHKS refresh

Achieved in Target Compliance
 Not achieved in Target Compliance

Unscheduled care

2019-20 was a challenging year in relation to unscheduled care due to increased demand. There was an unforeseen reduction in inpatient capacity in Singleton Hospital due to a ward fire and a reduction in Morriston Hospital due to a particularly resistant infection control issue. In order to provide additional capacity and to enable a deep clean in Morriston Hospital, a decant ward was opened in Neath Port Talbot Hospital. However, all of these issues placed increased pressure on the unscheduled care system which resulted in none of the national targets being met. Local data for March 2020 confirmed that performance was improving however not to the level that would have meant achievement of the national targets or local improvement profiles.



Unscheduled care is one of the health board's targeted intervention priorities, therefore actions to improve the unscheduled care system are integral to the health board's [2020-21 annual plan](#). A whole system plan has been developed for unscheduled care which highlights key actions that will be progressed over the next 12 months. These actions

include standardising the front door frailty model across all sites; development and implementation of a revised service model for acute care medicine in Morriston and Singleton hospitals; new pathways from the emergency department to the mental health distress sanctuary and advancement of the role of urgent primary care paramedics.

TIMELY CARE

Stroke

Demand on stroke services was stable throughout 2019-20, however achieving the four-hour direct admission target was challenging. This is a direct reflection of the pressures on the unscheduled care system. At the time of writing this report, February 2020 was the latest internal data available, and it confirms that the health board achieved 62% against the four-hour direct admission measure therefore achieving the national target of 53.3% (which is based on the UK Sentinel Stroke National Audit Programme SNAPP average).

The health board is consistently one of the best performers for the 24-hour stroke assessment measure and has achieved 100% a number of times throughout 2019-20.

In February 2020, 97% of stroke patients were assessed by a stroke consultant within 24 hours, therefore exceeding the national target of 84.1%. Access to speech and language therapy (SALT) continues to be a challenge with only 28% of patients receiving the targeted level of provision in February 2020.

As detailed in the health board's [2020-21 annual plan](#), our stroke whole system plan is structured around the following five components:

- 1. Preventing stroke:** supporting smoking cessation, obesity and healthy behaviours;
- 2. Pre-hospital:** ensuring people and professionals recognise a stroke and know what to do in the event of one;
- 3. First 72 hours:** including rapid access and treatment in the most appropriate hospital or ward;
- 4. Rehabilitation and life after stroke:** co-production approach to recovery planning and access to therapies and community support;
- 5. TIA (trans-ischemic attack):** identifying and supporting those who have had a TIA early and effectively.



Planned Care

Planned care refers to services for pre-arranged health appointments either in a community setting or in the hospital. The planned care measures referenced in this section include referral to treatment (RTT) waiting times, diagnostic and therapy waiting times and the eye care measures.

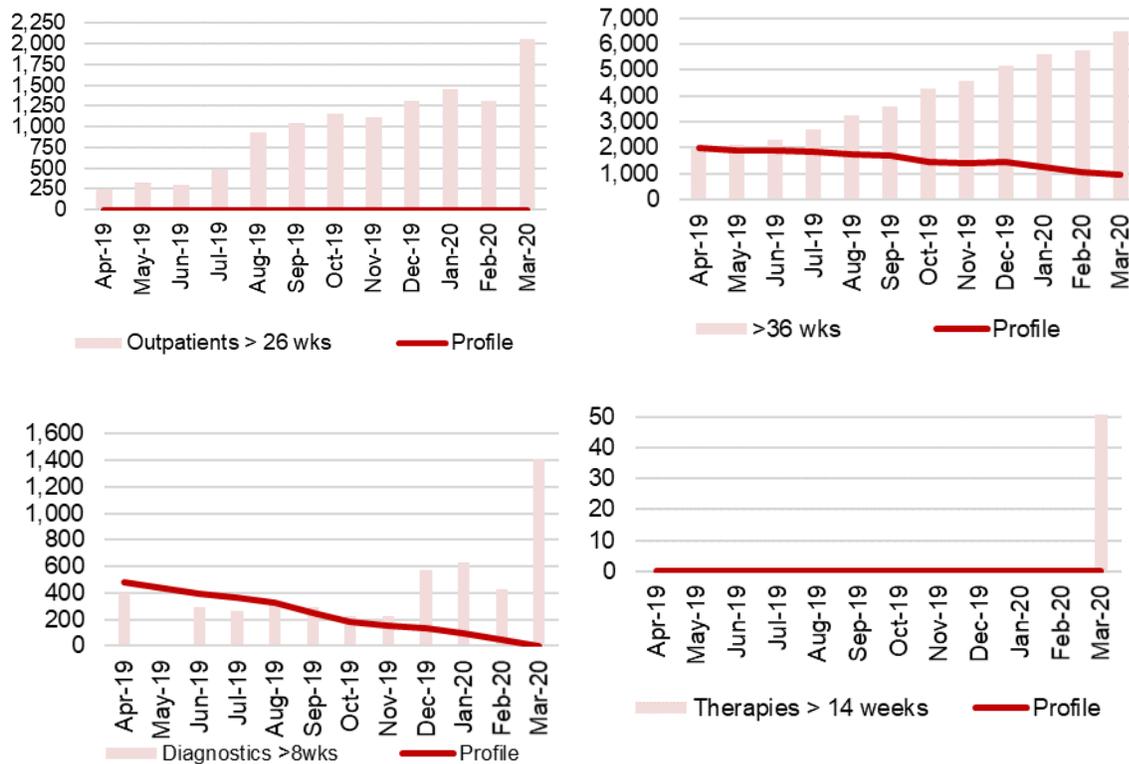
Elective waiting times (RTT, diagnostics and therapies)

2019-20 has been a challenging year for RTT and this is reflected in a significant increase in waiting times for new outpatient appointments and treatment. The main contributors to the increase were unforeseen unscheduled care pressures and the impacts of the tapering allowances on NHS pensions which have reduced our surgical and outpatient capacity. In addition, during March 2020, we were instructed by Welsh

Government to cease all elective appointments in response to the Covid-19 outbreak. This significantly impacted on the health board's year end position for RTT as well as diagnostics and therapy waiting times. In March 2020, there was 2,055 patients waiting more than 26 weeks for an outpatient appointment and 6,509 patients waiting more than 36 weeks for treatment. In addition, there was 1,407 patients waiting more than eight weeks for specified diagnostics and 51 patients waiting more than 14 weeks for therapies.

TIMELY CARE

Elective waiting times (RTT, diagnostics and therapies) cont.



Significant focus will be needed on planned care in order to recover the position and work towards stabilising the RTT position in 2020-21. The actions in the [2020-21 annual plan form the foundation for the actions that will be progressed over the next 12 months.](#)

Our planned care whole system plan is structured around the following five components:

1. Helping people choose and live well
2. Timely access to the most appropriate clinical practitioner to manage the presenting condition
3. timely access to modern diagnostic services
4. Timely access to sustainable treatment appropriate to the presenting condition and the most appropriate clinical practitioner to manage ongoing requirements
5. Timely access support to manage the ongoing requirements of the presenting condition

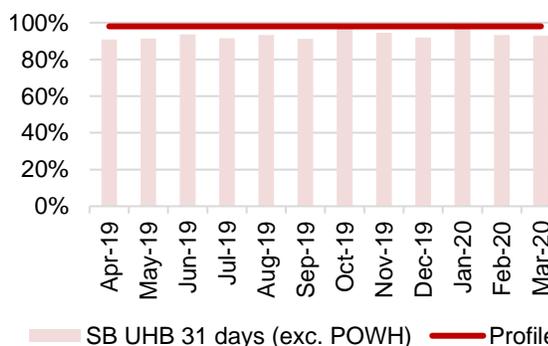
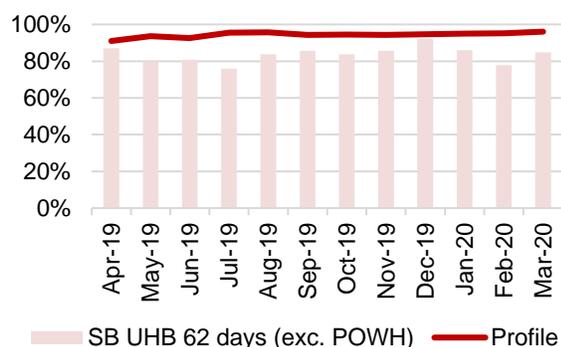
Eye care measures

A new eye care measure commenced reporting in 2019-20 which is based on priority and urgency of care required by each individual patient. Priority is the risk of harm associated with the patient's eye condition if the target appointment date is missed and urgency is how soon that patient should be seen. Patients with a health risk factor of 'R1' are the highest priority patients and the target is that 95% of 'R1' patients should have an appointment within their clinical target date or within 25% in excess of their clinical target date. We have made steady progress against this target from 67% in April 2019 to 76% in March 2020, and we are above the all-Wales average.

TIMELY CARE

Cancer

Timeliness of treatments offered to newly diagnosed patients with cancer in Swansea Bay via the urgent suspected cancer (USC) and non-urgent suspected cancer (NUSC) routes have generally compared well with other health boards across Wales. In March 2020, 85% of cancer patients who were referred by their GP as urgent with suspected cancer commenced treatment within 62 days of their referral, against a minimum expected standard of 95%. In addition, 93% of patients who were on a "non-urgent suspected cancer" pathway commenced treatment within 31 days of the requirement for treatment being agreed with them. This was against the national target of 98%. The following charts show how we performed against the national targets in 2019-20 and the table provides our cumulative position for 2019/20 by tumour site.



Tumour Site	USC – 62 day target			
	Total No. of patients treated	No. of patients treated within target	Patients who breached target	%
Head & Neck	80	73	7	91%
Upper GI	63	52	11	83%

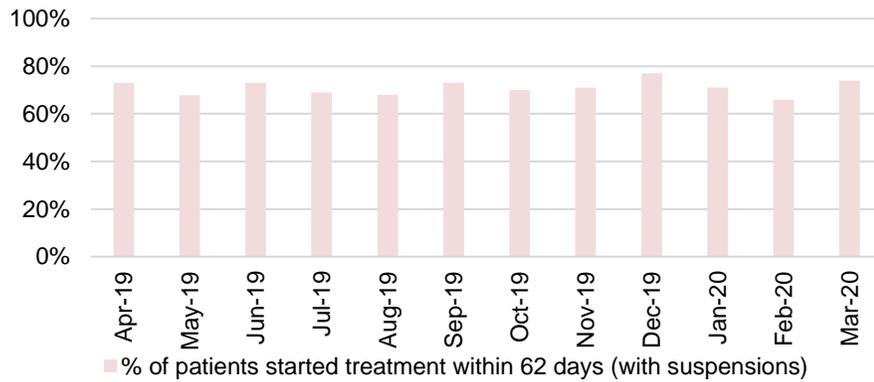
Tumour Site	NUSC – 31 day target			
	Total no. of patients treated	No. patients treated within target	Patients who breached target	%
Head & Neck	43	35	8	81%
Upper GI	69	66	3	96%

Lower GI	112	81	31	72%	118	110	8	93%
Lung	145	132	13	91%	193	189	4	98%
Sarcoma	21	14	7	67%	7	5	2	71%
Skin	355	350	5	99%	165	154	11	93%
Brain/CNS					23	22	1	96%
Breast	125	67	58	54%	119	115	4	97%
Gynaecological	80	31	49	39%	41	27	14	66%
Urological	270	245	25	91%	200	184	16	92%
Haematology	54	41	13	76%	88	88	0	100%
Acute Leukaemia	2	2	0	100%	7	7	0	100%
Children's cancer					3	3	0	100%
Other	37	34	3	92%	48	48	0	100%
Grand Total	1344	1122	222	83%	1124	1053	71	94%

In November 2018, the Welsh Government announced the move to public reporting of the single cancer pathway (SCP), alongside the existing two cancer targets. Official reporting against the pathway by Welsh health boards commenced in April 2019.

The single cancer pathway measures the wait of patients on the two traditional pathways however a patient's waiting time will begin from the point of a suspicion of cancer rather than the point of diagnosis. The single pathway is for all cancer patients, whether referred by the GP or identified through an emergency presentation, an incidental finding, screening or during an appointment in secondary care.

Performance against this target has remained fairly stable in 2019-20 ranging from 66% to 77% and we compared well with the all-Wales average.



We delivered a number of achievements in 2019/20 including embedding the Rapid Diagnostic Centre into Neath Port Talbot Hospital. An evaluation of the service found that waiting times for some patients were reduced by up to 92%. We have increased our surgical and radiotherapy capacity by working in partnership with other NHS providers, and we have developed a cancer programme business case which will modernise and improve service delivery in our South Wales Cancer Centre.

We now need to do more to improve performance and we have a developed cancer whole system plan, which we will progress over the next 12 months. The components of the plan are set in the health board's [2020/21 annual plan and these include:](#)

1. [Preventing cancer](#)
2. [Detecting cancer early](#)
3. [Delivering fast effective treatment and care](#)
4. [Meeting people's needs](#)
5. [Improving information](#)
6. [Targeting research](#)

TIMELY CARE

Mental Health

The indicators in the framework for mental health relate to the Mental Health (Wales) Measure and psychological therapy waiting times/ The Mental Health (Wales) Measure was a new law passed in 2010 by the National Assembly for Wales and, as such, has the same legal status in Wales as other mental health acts.

The measure is intended to ensure that where mental health services are delivered, they focus more appropriately on people's individual needs. The four parts are as follows.

- **Part one** seeks to ensure more mental health services are available within primary care;
- **Part two** gives all people who receive secondary mental health services the right to have a care and treatment plan;
- **Part three** gives all adults who are discharged from secondary mental health services the right to refer themselves back to those services;

- **Part four** offers every in-patient access to the help of an independent mental health advocate.

Part One Performance

Part one of the measure requires local health boards and local authorities to work together to establish a local primary mental health support services (LPMHSS) to provide:

- Assessment
- Short-term interventions
- Information and advice
- Onward referral to other services, where appropriate

LPMHSS Target (Assessments) - Target 80% within 28 days of referral

The inclusion of child and adolescent mental health service (CAMHS) data into the reporting framework in June 2017 has seen a negative impact to the assessment target.

The following table shows that we achieved the 80% for 10 out of the 12 months and consistently achieved the target every month with the exclusion of CAMHS. CAMHS is provided by Cwm Taf Morgannwg University Health Board on our behalf and we are actively working in partnership to address the challenges they face in relation to waiting times for under 18s.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
% assessments within 28 days (inc. CAMHS)	86%	85%	85%	81%	79%	82%	93%	92%	87%	77%	82%	90%
% assessments within 28 days (exc. CAMHS)	97%	97%	97%	97%	98%	98%	98%	97%	98%	93%	97%	97%
Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

TIMELY CARE

LPMHSS Target (Interventions) – Target 80% of therapeutic interventions within 28 days following assessment by LPMHSS

We met the target for every month in 2019-20 and are consistently above the all-Wales average.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
% therapeutic interventions within 28 days (inc. CAMHS)	98%	94%	99%	98%	92%	93%	98%	92%	95%	90%	97%	96%
% therapeutic interventions within 28 days (exc. CAMHS)	99%	98%	100%	99%	93%	96%	97%	90%	92%	89%	94%	97%
Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

From the 1st of January 2018, each health board is responsible to report the new "Access to Psychological Therapies in Specialist Adult Mental Health Services". This was having a negative impact on part one intervention performance. However, in quarter three we approved funding to aid the service in reducing the backlog and to implement more efficient management of the waiting list and this

resulted in a sustained performance of 100% of patients waiting less than 26 weeks for psychological therapy since January 2019.



Part 2 Performance

Part two of the measure places duties on local health boards and local authorities in Wales to work together to ensure people of all ages within secondary mental health services have a care coordinator and a statutory care and treatment plan (CTP) that is reviewed at least once every year.

Part 2 Care and Treatment Plans (CTP) - Target 90% in receipt of secondary care to have CTP at the end of each month.

This includes adults, older people, CAMHS and learning disability services, including those placed with independent providers in our catchment area. Despite not achieving the 90% target between April and July 2019, we consistently met the target for the remaining 8 months of 2019/20.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
% who have a valid care and treatment plan (CTP)	89%	89%	89%	88%	91%	92%	92%	92%	91%	93%	92%	91%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

TIMELY CARE

Part 3 Performance

The aim of part three of the measure is to make it easier for people who are not currently receiving secondary mental health services, but who have done so in the previous three years, to access services again. It gives them the right if they believe their mental health is deteriorating to the point where they need specialist care and treatment again, to refer themselves directly back to secondary services, without first having to see a GP or go elsewhere for a referral.

Part 3 All health board residents who have been assessed under part three of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place: target 100%

Under part three of the measure, a copy of a report on the outcome of assessment following self-referral must be provided to the individual no later than

10 working days after the conclusion of the assessment. We consistently achieved 100% for this measure for every month in 2019/20.

Part 4 Performance

Part four of the measure ensures all inpatients in Wales who are receiving assessment or treatment for a mental disorder are entitled to request support from an independent mental health advocate (IMHA).

Part 4 Percentage of qualifying patients (compulsory and informal/voluntary) who had their first contact with an IMHA within 5 working days of their request for an IMHA: target 100%

We consistently achieved the 100% target for every month in 2019/20.

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

The measures in the effective care domain focus on ensuring patients receive the right treatment and that effective processes are followed.

	9 Month Trends									Trend	
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19		
Crude hospital mortality (<= 74 years of age) rolling 12 months ending*	0.74%	0.74%	0.75%	0.76%	0.76%	0.77%	0.76%	0.77%	0.79%	↓	
% of episodes clinically coded within one reporting month post episode discharge end date	95.6%	95.5%	96.9%	96.0%	95.9%	96.4%	95.6%	95.5%	95.4%	↓	
% comp of completed level 1 IG (Wales) training element of Core Skills & Training Framework	84.3%	84.0%	83.3%	84.2%	85.3%	84.8%	84.6%	84.5%	84.4%	↑	
Number of health board non mental health DToc	49	67	70	61	69	69	76	61	53	↓	
Number of health board mental health DToc	18	23	27	20	18	19	22	22	22	↓	
% universal mortality reviews undertaken within 28 days of a death	98.5%	97.8%	99.4%	99.3%	100.0%	100.0%	95.9%	100.0%	98.5%	↑	
	3 Quarter Trends										
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend							
All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	98.4%	98.5%	98.6%	↑							

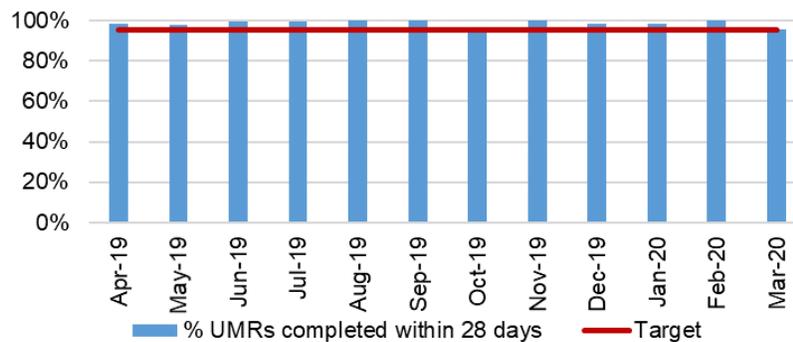
*Taken from April CHKS refresh

 Achieved in Target Compliance
 Not achieved in Target Compliance

Universal Mortality Reviews (UMRs)

The Welsh health service has undertaken pioneering work to ensure that reviews are completed of the clinical records of patients that die in hospital. The process has been developed using a Universal mortality review (UMR) tool to standardise the review process across Wales. The UMR means that every case has a stage one review to see whether there was good care, or whether there are some triggers present that mean a more detailed stage two review is needed. Throughout 2019-20 the health board met and often exceed the 95% national target for this measure and were consistently the

best performing health board in Wales. In March 2020, 96% of UMRs were completed within 28 days against the national target of 95%.



EFFECTIVE CARE

Delayed Transfer of Care (DTOCs)

Delayed transfers of care continue to be a challenge for many health boards across Wales. We continue to focus on reducing length of stay but also reducing the number of people who are “discharge fit” and it is not in their best interest to be in a hospital bed.

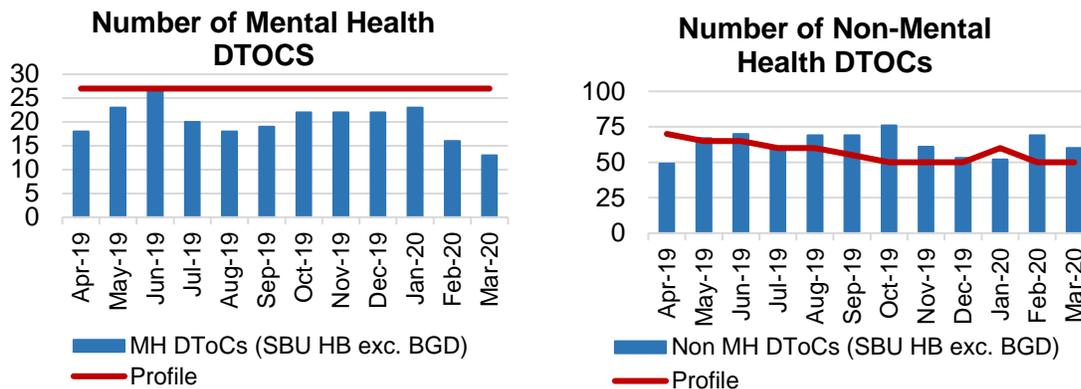
A major cause of the ambulance delays is the flow (release of beds) through the hospital and despite the improvements at the front door, delays at the back door continue to be a key contributory factor. The number of medically fit patients occupying hospital beds across the health board continues to constrain both scheduled and unscheduled care flow. In 2019-20, the health board in partnership with our local authority colleagues, introduced the ‘Hospital to Home’ pathways to support more timely flow of patients from hospital into the community.

‘Hospital to Home’ provides provision that encompasses the physical and mental well-being of individuals including those living with dementia and cognitive impairment with conversations centered on “What matters to me”. It is felt that this service has the potential when fully implemented to help to maximise the use of the existing social care capacity to best effect and ensure there is flow across the system.

Phase one of ‘Hospital to Home’ for less complex patients was implemented in December 2019 and initial figures show that there has been a positive impact on medically fit for discharge (MFFD) patients, however the evaluation will include the impact on our numbers of delayed transfers of care (DTOC) which remains higher than our 2019-20 annual plan trajectory. The eventual aim is that ‘Hospital to Home’ will help to right-size demand and capacity for domiciliary care which is underlying cause of delays in the area.

The below charts show our performance for mental health and non-mental health DTOCs over 2019-20. Mental health has remained below our internal profile throughout the year however non-mental has been more challenging. It is hoped

that as the 'Hospital to Home' model matures the effectiveness of the model will be reflected in reduced MFFD patients and DTOCs.



EFFECTIVE CARE

Clinical Coding

We have significantly improved our compliance against the coding measure relating to the percentage of episodes clinically coded within one month by increasing performance from as low as 20% in 2016 to 94% in March 2020. Even though we fell slightly short of the 95% target, we have eliminated the historical backlog of un-coded episodes and also achieved 91% compliance of the NHS Wales Informatics Services (NWIS) national audit on coding accuracy which provide assurance of the quality of the coding completed. The findings and recommendations will be incorporated into the Clinical Coding audit and development plans for 2020/21.



DIGNIFIED CARE

People in Wales are treated with dignity and respect and treat others the same

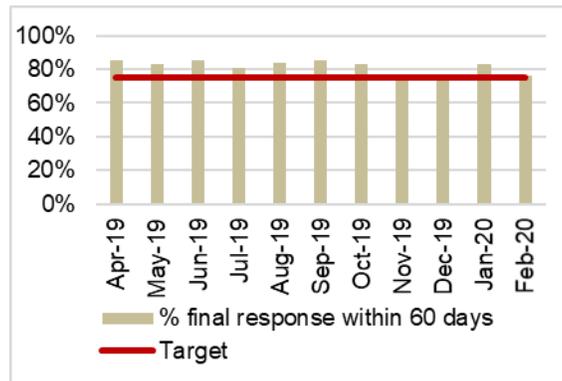
The focus of the Dignified Care domain is patient experience and feedback. The following table shows that we consistently achieved the 80% target for responding to patient complaints. A number of local measures relating to patient feedback have also been included in this section to provide a more informed overview.

	3 Quarter Trends			
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend
% complaints that had final reply (Reg 24)/interim reply (Reg 26) <30 working days of concern received	80.7%	83.7%	88.6%	↑

Achieved in Target Compliance
 Not achieved in Target Compliance

Complaints

During 2019-20, over 1,300 complaints were received by the health board and the main themes related to communication issues, admission, and clinical treatment. Throughout 2019-20, 100% of complaints were acknowledged within two working days and every month we achieved the national target of providing a final response to complaints within 30 working days.



On a monthly basis, the health board conducts a concerns redress assurance group (CRAG) where the corporate complaints team reviews recently closed complaints. A ‘deep dive’ review is undertaken on each service delivery unit in turn, as well as the review of a selection of closed complaints from the other service delivery units. During this review, any agreed actions by the service delivery units are monitored by the corporate complaints team to confirm actions are completed to ensure compliance. CRAG is continually developing and evolving to ensure that the best possible learning and assurance is attained by the health board. We have also introduced CRAG workshops where learning is shared with senior members of the service delivery units.

DIGNIFIED CARE

Patient Experience and Feedback

The health board uses feedback from incidents, complaints, ‘Friends and Family’ questionnaires and systems such as “Let’s Talk” and “Care Opinion” to



learn following feedback from patients, relatives and staff.

We have been collecting the 'Friends and Family' data (real time - short surveys) across the organisation for a number of years. This questionnaire enables us to capture real-time feedback and weekly reports are generated to all wards and clinical areas in parallel with the all-Wales survey.

Each of the service delivery units receives a monthly detailed report identifying the themes and they develop an action plan for improvement at unit level. The main themes identified in the low scoring areas include car parking on all sites; better food; and communication issues between staff.

In order to improve the way we capture data further, here are some of the actions we plan to progress over the next 12 months:

- An all-Wales approach is being taken to the purchase of a patient experience electronic system which will allow more flexibility in relation to the ability to capture more patient experience feedback and also analyse the data. It is anticipated that the new system will be implemented in the autumn/winter of 2020-21. However this timescale may be delayed due to Covid-19.
- 'Happy or Not' machines were placed in Morrision emergency department during late February 2020. They were removed after three weeks due to the outbreak of the Covid-19 and infection issues. They will be re-installed after this outbreak.
- The structure of the 'Friends and Family' surveys is not user friendly for mental health and learning disability service users. A new approach to capturing patient feedback within the service is being implemented and once the data is available it will feature as a key component in our approach to learning from patient experience.

Over 39,000 friends and family surveys completed



95% of patients would recommend or highly recommend the health



90% of all-Wales surveys scored 9 or 10 on overall satisfaction

Sustainability Report

In accordance with HM Treasury public sector annual reporting, the health board is required to publish data relating to key sustainability metrics including, but not limited to:

- utilities consumption;
- waste production;
- environmental management.

The following submission is in accordance with the HM Treasury guidance issued in March 2016 and all CO² (carbon dioxide) conversion factors are as per the UK Government greenhouse gas reporting conversion factors except specialist clinical waste CO² conversion factors sourced from the health board's clinical waste contractor.

The health board is responsible for 67 sites comprising three acute hospitals, four community hospitals, clinics, health centres and learning disability units, as well as three associated support buildings without direct patient access including headquarters and central laundry.

- **Environmental Management Governance**

In 2015-16, the health board established an environmental committee to which the annual environmental management report was submitted in 2019-20. The committee was responsible for identifying and ensuring that policies and strategies were in place to meet the health board's corporate objectives with regard to environmental management. However it is to be superseded by a new Wellbeing and Future Generations Committee chaired by the Director of Strategy in 2020.

All six sites that require ISO14001 Environmental Management accreditation have successfully retained it in 2019-20.

- **Environmental Targets**

The following targets on waste, electricity, and gas and water for 2019- 20 had been set as part on the health board's environmental objectives:

Waste	Target	To increase recycling/recovery by 4.5%
	Outcome	The health board's overall waste volume reduced by 23.22% (1,125 tonnes). This was mainly due to the boundary changes and the creation of Swansea Bay University Health Board. There has been an increase in the reused/recycled waste recorded against non-clinical waste of 3%, which saw the figure rising to 28% (606 tonnes).
Electricity	Target	To reduce electricity consumption by 1%
	Outcome	The total kWh of electricity consumed has reduced by 24%, this is largely due to the reduction in size of the building portfolio when boundary changes were implemented in the creation of Swansea Bay University Health Board.
Gas	Target	To reduce gas consumption by 1%

	Outcome	The total kWh of gas consumed has reduced by 20%, this is largely due to the reduction in size of the building portfolio when boundary changes were implemented in the creation of Swansea Bay University Health Board
Water	Target	To reduce water consumption by 1%.
	Outcome	The total m ³ of water consumed has reduced by 34%, this is largely due to the reduction in size of the building portfolio when boundary changes were implemented in the creation of Swansea Bay University Health Board

- **Sustainable Development**

The health board is fully committed to reducing its carbon footprint and in previous years achieved and retained ISO14001:2015 accreditation for the environmental management systems at all its hospitals. This demonstrates the commitment to achieving legal and regulatory compliance.

A carbon reduction strategy was approved in 2016 by the environment committee which continues to co-ordinate the health board's corporate responsibilities and the 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 key performance indicators have been developed and are monitored by the Environment Committee.

- **Policy and Procedures**

The health board revised its environmental policy in 2020, and the ISO14001 environmental management systems control procedures manual has been updated to reflect the 2015 version of the standard.

- **Greenhouse Gas Emissions**

Greenhouse Gas Emissions		2017 -18	2018 -19	2019 20
Non-financial indicators (1,000t CO ₂ e)	Total gross emissions	40	34.2	21.9
	Gross emissions scope 1 (direct) - (Fuel Oil)	0.17	0.18	0.14
	Gross emissions scope 1 (direct) - (Gas)	17.32	16.04	11.77

	Gross emissions scope 1 (direct) - (owned transport)	0.41	0.36	0.03
	Gross emissions scope 2 (indirect) - (purchased electric)	20.32	15.17	8.32
	Gross emissions scope 3 (other indirect) - (business travel)	1.79	2.34	1.6
	Gross emissions scope 3 (other indirect) – waste	0.156	0.136	0.106
Related energy consumption (million kWh)	Electricity: total consumed	49	49.8	37.3
	electricity: self-generated (PV)	0.083	0.085	0.056
	Gas	94	87.4	64.0
	LPG	0	0	0
	Other (oil)	0.6	0.6	4.4
Financial indicators (£million)	Expenditure on energy ex VAT	7.41	8.21	6.53
	CRC license expenditure (2010 onwards)	£580,117	£521,845	Scheme Finished
	Expenditure on accredited offsets (e.g.GCOF)	0	0	0
	Expenditure on official travel	2.78	3.29	2.24

- **Energy**

Gas consumption reduced by 20%. This was largely due to site rationalisation, however the benefit of the 2018-19 building management system project at Singleton Hospital which is used to control a range of energy consuming equipment. This project has provided better control of temperatures within the hospital and a reduction gas consumption and associated CO² production. The new burners purchased for the hospital's boilers and have also helped to reduce gas consumption due to their greater efficiency.

The health board continues to purchase 100% renewable electricity, for which it pays renewable source energy levies. It has also progressed with the "ReFIT - Green Growth" loans via Welsh Government. The fund allows the health board for the first time

to borrow money to fund carbon-reducing schemes, comprising a two year programme of works, across two phases, with phase one expenditure totalling £7.7 million pounds for demand side energy conservation measures. This will be reimbursed from the energy savings made.

Work with Welsh Government's ReFFit Cymru scheme investment commenced in January 2019 with finalised energy conservation measures agreed in quarter three to the value of £7.7m and a budget payback of six to eight years which would equate to savings of around £1.8m of (inflated at 4 %) and 2,500 tonnes CO² savings per annum. On site work commenced in January 2020, however works have been suspended due to the Covid-19 pandemic.

- **Solar Farm**

Phase two of the ReFIT programme saw the health board assess the viability of a building of a five megawatt solar farm on third party land. It has negotiated exclusivity rights with the landowner. The solar farm will cost an estimated £5.8m with a suggested overall project payback of about nine years, equating to savings of 1,000 tonnes of CO² and around £500,000.

- **Waste**

Waste		2017-18	2018-19	2019-20
Non-financial indicators (tonnes)	Total Waste	5301	4843	3718
	Landfill	185	152	147
	Reused/recycled	583	683	585
	Composted	0	21	21
	Incinerated without energy recovery	0	0	0
	Incinerated with energy recovery	4533	3987	2965
Financial indicators (£)	Total Disposal Cost	1,380,383	1,241,240	941,174
	Landfill	43,070	36,215	36,009
	Reused/recycled	177,947	180,122	153,126
	Composted	0	1,838	1,844
	Incinerated without energy recovery	0	0	0
	Incinerated with energy recovery	1,159,366	1,023,064	750,195

(No VAT is recorded in the waste financial indicators as per EFPMS [Estates and Facilities Performance Management System] guidance)

Based on the total waste figures outlined in the table above, the breakdown of hazardous clinical waste, offensive waste, domestic waste, dry mixed recycling and food waste is as follows:

Domestic waste	42% (1543 tonnes)
Hazardous clinical waste	38% (1415 tonnes)
Dry Mixed recycling waste	14% (530 tonnes)
Offensive waste	4% (153 tonnes)
Waste electrical and electronic equipment and hazardous chemical waste	1.5% (56 tonnes)
Food waste	0.5% (21 tonnes)

This year has seen a 23.22% (1,125 tonnes) reduction in the total waste produced by Swansea Bay University Health Board and the overall cost has also fallen by 24.17% (£300,066). This is mainly due to the boundary changes while the continued awareness raising and greater emphasis on the waste hierarchy and reduction of waste across sites continue to improve performance.

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 helps the health board comply with Welsh Government's strategy 'Towards Zero Waste'. The health board continues to pursue the implementation of separate food waste collections across the estate and the target is to implement food waste collections on all acute hospital sites in 2020-21 in-line with Welsh Government legislative targets.

The health board recognises the factors leading to an increase in waste produced due to the continued introduction of single use medical items which restrict the ability to re-use and repair items within clinical areas. However, suitable recycling routes are being explored to provide a sustainable economic and environmental option for the disposal of these items.

While there has been a decrease in the overall amount of waste the health board is recovering or reusing, there will be continual drive to implement better segregation of clean dry mixed waste recycling in 2020-21 to reduce disposal costs. Dry mixed recycling volumes have increased at the acute and community hospital sites in 2019-20 and the health board will continue to strive to increase the amount of source segregated recycling in-line with the Welsh Government's Environment Act 2016 and associated targets.

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

Projects for improving the recycling and recovery rates for waste are being developed through the health board's environmental management system ISO14001. These targets seeks to ensure that all of the waste generated is managed correctly and the organisation achieves its recycling and recovery objectives in accordance with the waste reduction strategy 2020-25.

Capital funding has been granted to enable additional recycling bin stations to be located in high volume areas to increase the recycling capacity of hospital sites.

- **Use of Resources**

Finite Resource Consumption			2017-18	2018-19	2019- 20
Non-financial indicators (000m ³)	Water consumption (non-office estate)	Supplied	494	439	291
		Sewerage	411	367	245
		Abstracted	0	0	0
Financial indicators (£million)	Water consumption (non-office estate)	Supplied	0.5	0.52	0.33
		Sewerage	0.57	0.54	0.37
		Abstracted	0	0	0

Water consumption equated to 24.3m³ per full time equivalent (FTE) (12,000 FTE) per annum, which is a reduction of 0.7 m³ per person compared to 2018-19 and reduction of 5.7m³ per person compared to 2017-18.

- **Other Sustainability Initiatives**

The health board has progressed its collaboration with Welsh Government local partnerships regarding the possible purchase of the rights for a solar farm and a private wire from a large solar farm located approximately two miles from Morriston Hospital.

- **Green Infrastructure**

Since the enactment of the Wellbeing of Future Generations Act, the health board has actively engaged with other bodies within Wales who are responsible for the stewardship of the natural environment in order promote green infrastructure within the health board and contribute the health board's well-being objectives. The organisation has produced a

portfolio of the health board's sites, detailing land areas, including habitat and geological surveys where available, and has engaged with third parties to undertake further reviews.

As per the NHS pollinator friendly estate guidance, for the fifth year in a row, the health board continues planting wild flowers at the main sites.

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

National Lottery Funding 'People's Choice' – the health board was successful in securing a grant from the National Lottery administered by Keep Wales Tidy. The health board received £50,000 to improve two courtyards at Morrision and Gorsenion hospitals. The design and on-site work has progressed well using a network of volunteers, however this



project has had to be suspended due to the Covid-19 pandemic.

Collaboration with National Botanic Garden of Wales, Natural Resources Wales and Swansea University has promoted health through increased access to nature. The funding bid to the Welsh Government communities' rural development programme 2014 - 20 was made for a "Biophilic Wales" and was successfully awarded £1.2m for a three year programme. The study commenced within the Swansea and Neath Port Talbot area, reviewing 40 sites as focal points for

community co-developed green infrastructure projects. These included hospitals, health centres and mental health facilities. The project seeks to increase biodiversity value, accessibility, ecosystem services and connectivity as well as create inspirational green spaces for people and evaluate what works best to develop models that can be applied throughout Wales. Work on this project commenced however on on-site work has had to be suspended due to the COVID 19 pandemic.

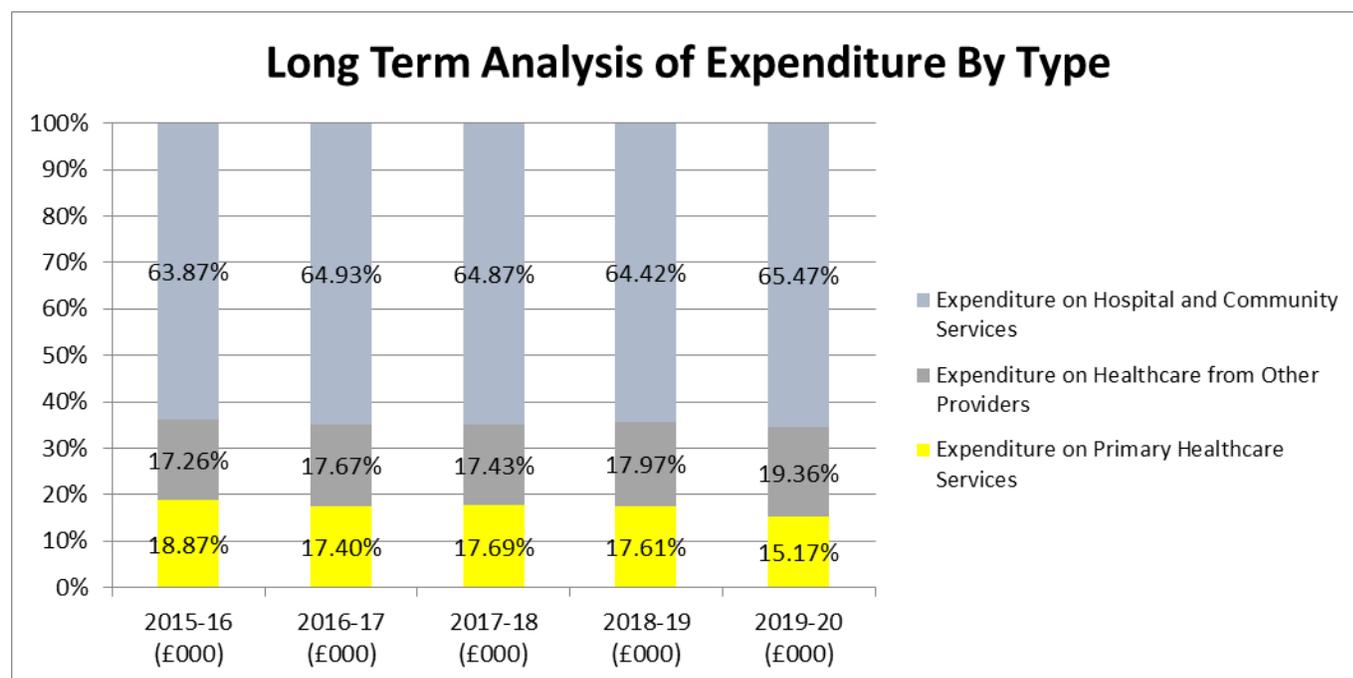
The "Growing the Future" project developed by the National Botanic Garden of Wales saw the design of a wellbeing garden in January 2019. Subsequently a planting display of the wellbeing garden was exhibited at the Royal Horticultural Society in Cardiff which is to be replicated at Morrision Hospital. The in-situ design has been finalised, however on on-site work has had to be suspended due to the COVID 19 pandemic.

Financial Statements

❖ Long Term Expenditure Trends

The expenditure reported in this report for the 2019-20 financial year relates to Swansea Bay University Health Board while expenditure in previous years relates to the former Abertawe Bro Morgannwg University Health Board, and this must be borne in mind when making comparisons of expenditure between years. To help understand the reduction in expenditure between years it is important to note that the baseline resource allocation to the Swansea Bay University Health Board is 28% lower than the baseline allocation for the former Abertawe Bro Morgannwg University Health Board.

		2015-16 £000	2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000
Primary healthcare services		237,071	232,790	242,052	245,546	181,823
Healthcare from other providers		216,761	236,363	238,469	250,518	232,061
Hospital and community services		802,341	868,757	887,423	898,238	784,902



Expenditure on primary healthcare services comprises expenditure on the primary care contracts for general medical services, pharmaceutical services, general dental services, general ophthalmic services, prescribed drugs and appliances and other primary health care

expenditure. For 2019-20, expenditure reduced to £181.823m, a reduction of 26% which is broadly in line with the reduction in the allocation of the new Swansea Bay University Health Board as compared to the former Abertawe Bro Morgannwg University Health Board. The reduction was consistent across all areas of primary care expenditure.

Expenditure on healthcare from other providers comprises expenditure with other NHS organisations, local authorities, voluntary organisations, private providers and for NHS funded nursing and continuing healthcare. In 2019-20 expenditure incurred reduced by 7.4% as a result of the health board change. A significant factor in the 2019-20 expenditure was the almost doubling of expenditure with other NHS Wales bodies from £21.9m in 2018-19 to £42m in 2019-20. This was due to the clinical service level agreements put in place for services at Neath Port Talbot Hospital with Cwm Taf Morgannwg University Health Board as a significant number of services at the hospital are provided by clinical staff based in Bridgend who transferred to Cwm Taf Morgannwg University Health Board as part of the Bridgend boundary change on 1st April 2019. Expenditure with the majority of external healthcare providers reduced in year as a result of the health board change with the exception of local authorities and voluntary organisations due to the intermediate care fund (ICF).

Expenditure on hospital and community services comprises expenditure on services provided by the health board across all its hospital sites and within community settings. In 2019-20 expenditure reduced to £784.902m representing a reduction of 12.6% (£113.3m) reflecting the change from Abertawe Bro Morgannwg University Health Board to Swansea Bay University Health Board. Staff expenditure reduced by £90.2m (13.7%) with non- staff costs reducing by £23.1m (9.6%). Included within staff costs are increases of £23.584m in respect of the 6.3% increase in employer pension contributions and £8.8m in respect of the 2019/20 pay award. Non staff costs reduced in all areas apart from an increase of £3.262m in asset impairments, £2.468m in losses, special payments and irrecoverable debts and £1.181m in amortisation charges in respect of intangible fixed assets.

❖ Finance Report

This report provides summary financial statements which describe the financial performance of Swansea Bay University Health Board for the year ending 31st March 2020. The 2019-20 financial year represents the first year of the Swansea Bay University Health Board following the Bridgend boundary change effective from 1st April 2019. It must be noted that the 2018-19 values reported in these accounts relate to the former Abertawe Bro Morgannwg University Health Board, while the 2019-20 values relate to Swansea Bay University Health Board. A full set of the [health board's annual accounts](#) can be found on the Swansea Bay University Health Board website.

Bridgend Boundary Change

The Cabinet Secretary for Health and Social Services announced on 14th June 2018 that from 1st April 2019, the responsibility for providing healthcare services for the people in the Bridgend County Borough Council area would move from Abertawe Bro Morgannwg University Health Board to Cwm Taf University Health Board.

The Local Health Boards (Area Change) (Wales) (Miscellaneous Amendments) Order 2019 transferred the principal local government area of Bridgend from Abertawe Bro Morgannwg

University Local Health Board to Cwm Taf University Local Health Board and also changed the health board names to Cwm Taf Morgannwg University Local Health Board and Swansea Bay University Local Health Board,

In accordance with the Local Health Boards (Area Change) (Transfer of Staff, Property and Liabilities) (Wales) Order 2019 made on 19th March 2019 and effective on 1st April 2019, assets and liabilities relating to Bridgend services transferred from Swansea Bay University Health Board to Cwm Taf Morgannwg University Health Board on 1st April 2019. The transfer was accounted for as a 'Transfer by Absorption' in accordance with the Government Financial Reporting Manual. The recorded amounts of net assets were brought into the financial statements of Cwm Taf Morgannwg University Local Health Board from 1st April 2019. Prior year restatement of the closing balances at 31st March 2019 was not required.

The balances which transferred to Cwm Taf Morgannwg University Health Board on 1st April 2019 amounted to £150.340m of fixed assets (land, buildings and equipment), £6.089m of current assets (stock and receivables) and £26.150m of current liabilities (payables and provisions). The transfer of services also resulted the Swansea Bay University Health Board receiving a reduction of 28% in its baseline funding from Welsh Government compared with the funding previously provided to Abertawe Bro Morgannwg University Health Board.

❖ Financial Duties Performance

Statutory Targets

There are two statutory financial duties which Swansea Bay University Health Board is required to achieve. The duties which came into effect from 1st 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, instead of within each financial year (NHS (Wales) Act 2014). This duty covers both revenue resource funding (the revenue resource limit) and capital resource funding (the capital resource limit). The fourth three-year period is 2017/18 to 2019/20.

Revenue Resource Limit	Year one of three 2017-18 £000	Year two of three 2018-19 £000	Year three of three 2019-20 £000	Total £000
Revenue resource funding	1,096,250	1,133,300	913,670	3,143,220
Total operating expenses	1,128,667	1,143,179	929,954	3,201,800
Under/(over) spend against allocation	(32,417)	(9,879)	(16,284)	(58,580)
As % of target	2.96%	0.87%	1.78%	1.86%
<p>This health board did not meet its financial duty to break-even against its revenue resource limit over the three-years 2017-18 to 2019-20.</p>				

Capital Resource Limit	Year one of three 2017-18 £000	Year two of three 2018-19 £000	Year three of three 2019/20 £000	Total £000
Capital resource funding	40,093	36,447	30,901	107,441
Total operating expenses	40,051	36,407	30,873	107,331
Under/(over) spend against allocation	42	40	28	110
As % of target	0.10%	0.11%	0.09%	0.10%
This health board did meet its financial duty to break-even against its capital resource limit over the three years 2017-18 to 2019-20.				

❖ Duty to Prepare a Three-Year Plan

Following the health board being placed in targeted intervention in September 2016, it was not in a position to submit a three-year integrated medium term plan (IMTP) for 2019-20 and therefore did not achieve the duty to have an approved three-year IMTP. Instead the health board has operated, in agreement with Welsh Government, under annual planning arrangements. The health board's annual operating plan for 2019/20 identified a balanced financial plan which was approved in principle by its board in March 2019, subject to agreement on the impact of the Bridgend boundary change.

During 2019-20 the health board experienced significant operational pressures which resulted in the health board planned annual deficit being increased to £16.3m. The health board's eventual deficit for 2019/20 was £16.284m.

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)). It should aim to pay 95% of these invoices within 30 days of delivery.

The table below shows performance against this target for the last 3 years:

	2017/18	2018/19	2019/20
No of Invoices Paid	300,160	310,861	300,160
Invoices Paid within Target	282,150	294,597	282,150
% of Invoices Paid within Target	94.0%	94.8%	94.0%

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 Swansea Bay University Health Board breached its

resource limit by spending £58.580m over the £3,143m that it was authorised to spend in the three-year period 2017-18 to 2019-20. The £58.580m 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 2019-20

Having reported a deficit of £9.879m in the previous financial year, the new Swansea Bay University Health Board faced a very challenging financial outlook heading into the 2019/20 financial year, with an underlying deficit brought forward from 2018/19, managing the temporary and transitional diseconomies of scale following the Bridgend Boundary change on 1st April 2019, and facing cost and demand growth for the services which it provides. Despite these service and financial pressures, the health board was initially able to identify a balanced financial plan, subject to agreement on the impact of the Bridgend boundary change. During the year, however, the health board experienced significant operational pressures which resulted in the health board planned annual deficit being increased to £16.3m comprising the following components:

The 2019/20 IMTP Financial Framework Plan	
	£m
Forecast Opening Position Post Bridgend Transfer	23.3
Unavoidable Cost Pressures	42.3
Core Funding Uplift	-33.2
LTA Benefit	-0.4
Welsh Government Non Recurrent Funding Supporting Developments	-10.0
Required Savings	22.0
Savings & Cost Containment	-22.0
Position Prior to Bridgend Boundary Change	0.0
Bridgend Boundary Change Diseconomies Not met	3.0
Savings Delivery Shortfall	3.0
Operational Pressures	10.3
2019/20 Forecast Deficit Position	16.3
2019/20 Actual Position	16.284

The health board plan for 2019-20 was extremely challenging, particularly given the impact of the Bridgend boundary change on service delivery and clinical and corporate management costs.

The plan required £22m of savings to be delivered which was higher than the level being pursued in the previous financial year and needed to be delivered on a significantly smaller service footprint and expenditure base.

The health board maintained its focus on recovery and sustainability during 2019-20 and further developed its transformational agenda through the identification of high value opportunities. Through recovery and sustainability, the health board was able to deliver £19m of the £22m savings requirement, which was a higher level of delivery than in previous years.

During 2019-20, the health board experienced significant demands on its service, which were in excess of those planned. This resulted in increased expenditure levels arising from the need to increase to capacity and workforce requirements to meet service demands and patient acuity.

In response to the pressures being faced and the challenging financial position the health board established a delivery support team to provide enhanced support within the health board to revisit savings schemes, review processes for the management of expenditure and support the organisation to identify new opportunities to improve financial performance.

The health board was also supported by KPMG during the latter part of 2019-20, which helped to enhance control mechanisms and provide further focus on the key efficiency opportunities.

At the end of 2019-20, the health board reported a year-end deficit of £16.284m.

❖ Looking Forward

The health board's clear ambition and focus is on developing and delivering a sustainable and balanced financial plan. In light of the scale of the challenge the health board's plan for 2020-21 stabilises the 2019-20 financial performance. The future years are based on improving efficiency and financial performance aligned to changes in service delivery models.

The approach to financial planning in 2020-21 is straightforward, as the organisation strives to stabilise its cost base. The focus will be on the stringent management of cost pressures and cost avoidance; developing and delivering savings through local schemes and the key efficiency opportunities. The latter builds on the work undertaken in 2019/20 with KPMG which used local and national benchmarking information and service intelligence to identify and assess opportunities. Understandably this approach has been affected by the organisational response to Covid-19, but the ambition for a sustainable financial plan for future years remains unfaltering and the approach to achieving this underpins activities in 2020-21.

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 progress in 2020-21 the agreed priority projects and developments to ensure it transitions smoothly and quickly into delivery, making the most of every opportunity to do so. 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 2020-21, which is subject to ongoing discussions and review with Welsh Government. This is viewed as a precursor to progressing an approvable IMTP for 2021-22 onwards, which demonstrates the health board's ability to deliver sustainable financial balance alongside other key priorities.

Darren Griffiths
Interim Director of Finance

Statement of Comprehensive Net Expenditure for the Year Ended 31st March 2020

This statement summarises Swansea Bay University Health Board's operating costs, in the same way you would operate a household expenses account. 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, to show its net operating costs (or household budget). In a household, this would include costs such as rent or mortgage payments, rates, utility bills, food, holidays and cars, less any ad-hoc monies received such as interest on savings or monetary gifts etc. 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 to monitor the health board's financial performance, and it is audited annually to ensure that it is accurate.

Statement of Comprehensive Net Expenditure	2019/20 £000	2018/19 £000
Expenditure on Primary Healthcare Services <i>Includes Payments to GPs, Pharmacists, Opticians and community dentists</i>	181,823	245,546
Expenditure on Healthcare from Other Providers <i>Includes Payments to other NHS healthcare providers, Nursing Homes and private healthcare providers</i>	232,061	250,518
Expenditure on Hospital & Community Health Services <i>Includes Payments to staff and suppliers and the running costs of hospitals and community premises</i>	784,902	898,238
Sub Total	1,198,786	1,394,302
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>	-271,930	-255,796
	926,856	

LHB Net Operating Costs before Interest & Other Gains and Losses		1,138,506
Other (Gains) / Losses		
<i>From disposals of land, buildings and equipment</i>	-5	-292
Finance Costs		
<i>Interest payments on Fixed Assets & PFI Contract</i>	4,926	5,165
Net Operating Costs for the Financial Year	931,777	1,143,379
Net Gain/(Loss) on Revaluation of Property, Plant & Equipment	-3,487	-3,526
Net Gain/(Loss) on Revaluation of available for sale financial assets	88	0
Transfer to/(from) other bodies in the Resource Accounting Regime <i>(Transfer of asset balances due to the Bridgend boundary change)</i>	150,340	0
Total Comprehensive Net Expenditure for the Year	1,078,718	1,129,853

Statement of Financial Position as at 31st March 2020

This statement works in the same way you would record your net financial worth at a point in time. For example, you could include the value of your house and car (non-current assets), your money in the bank, interest due from savings (current assets, trade and other receivables) and whether you have any bills you need to pay (current liabilities, trade and other payables). For Swansea Bay University Health Board, this statement records the value of its land, hospitals, clinics and equipment, the money we are owed from other organisations (e.g. other health boards, local authorities and private patients) and how much we owe to our suppliers and other organisations. This statement is monitored monthly and it is audited annually to ensure that it is accurate.

Statement of Financial Position as at 31 st March	2020 £000	2019 £000
Non Current Assets: <i>(the Health Board's land, buildings and equipment)</i>		
Property, Plant & Equipment	460,560	611,982
Intangible Assets	4,928	2,751
Trade & Other Receivables	102,559	108,880
Total Non Current Assets	568,047	723,613

Current Assets:		
Inventories (<i>stocks of drugs, fuel etc</i>)	10,012	10,234
Trade & Other Receivables (<i>amounts owed to the Health Board</i>)	66,267	66,331
Cash and Cash Equivalents (<i>bank account and petty cash balances</i>)	486	830
	76,765	77,395
Non Current Assets Classified as "Held for Sale"	475	155
Total Current Assets	77,240	77,550
Total Assets	645,287	801,163
Current Liabilities:		
Trade & Other Payables (<i>amounts owed by the Health Board</i>)		
Provisions (<i>sums set aside by the Health Board to meet expected future costs e.g. clinical negligence, pension costs & Continuing Healthcare</i>)	-127,631	-151,171
	-28,761	-35,458
Total Current Liabilities	-156,392	-186,629
Net Current Assets / -Liabilities	-79,152	-109,079
Non-Current Liabilities :		
Trade & Other Payables (<i>amounts owed in future years for PFI Contract & other Finance Lease Contracts</i>)		
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>)	-37,136	-40,178
	-108,031	-115,048
Total Non Current Liabilities	-145,437	-155,226
Total Assets Employed	343,458	459,308
Financed by: Taxpayers Equity		
General Fund	310,914	408,417
Revaluation Reserve	32,544	50,891
Total Taxpayers Equity	343,458	459,308
Signed on behalf of the Board on 25th June 2020		
Tracy Myhill		
Chief Executive		
Statement of Changes in Taxpayers Equity for the Year Ended 31st March 2020		

This statement summarises the movement on Swansea Bay University Health Board's general fund and revaluation reserve in year. It shows that its overall worth has reduced by £115.850m during the year. The main reason for the reduction is the transfer of £150.340m of land, buildings and equipment to the Cwm Taf Morgannwg University

Health Board on 1st April 2019, this representing the assets associated with the provision of healthcare services in the Bridgend area, responsibility for the provision of which transferred to Cwm Taf Morgannwg University Health Board on 1st April 2019 as a result of the Bridgend boundary change.

Also with effect from 1st April 2019, the employer NHS Pension contribution increased by 6.3%. The increased employer contributions were paid on behalf of NHS Wales by Welsh Government. In order to recognise the increased costs in the accounts of NHS Wales bodies, the staff costs identified in the statement of comprehensive net expenditure include these costs which amounted to £23.584m in 2019/20 with the costs matched by notional Welsh Government funding accounted for through the general fund.

	General Fund	Revaluation Reserve	Total Reserves
Statement of Changes in Taxpayers Equity	£000	£000	£000
Balance at 31st March 2019	408,417	50,891	459,308
Net Operating Cost for the Year	-931,777		-931,777
Net gain/(loss) on revaluation of property/plant & equipment	0	3,487	3,487
Net gain/(loss) on revaluation of assets held for sale	0	-88	-88
Transfers Between Reserves	2,895	-2,895	0
Transfer (to)/from other LHB's	-131,489	-18,851	-150,340
Total Recognised Income & Expense for 2019/20	-1,060,371	-18,347	-
Net Welsh Government Funding	939,284		939,284
Notional Welsh Government Funding	23,584		23,584
Balance at 31st March 2020	310,914	32,544	343,458

Statement of Cash Flows for the Year Ended 31st March 2020

The cash flow statement shows the incoming and outgoing money during the financial year. Overall, the Statement shows that the health board has reduced its cash balances over the course of the financial year.

Statement of Cash Flows	2019-20 £000	2018-19 £000
Cash Flows from Operating Activities		
Net Operating Cost for the financial year	-931,777	-1,143,379
Movements in Working Capital	-18,657	27,348
Other Cash Flow Adjustments	62,689	22,203
Provisions Utilised	-19,699	-25,389
Net Cash Outflow from Operating Activities	-907,444	-1,119,217
Cash Flows from Investing Activities		
Purchase of Property, Plant & Equipment	-34,882	-35,340
Proceeds from Disposal of Property, Plant & Equipment	43	644
Purchase of Intangible Assets	-381	-994
Net Cash Inflow/(Outflow) from Investing Activities	-35,220	-35,690
Net Cash Inflow/(Outflow) before Financing	-942,664	-1,154,907
Cash Flows from Financing Activities		
Welsh Government Funding (including capital)	939,284	1,151,658
Capital Grants Received	197	384
Capital Element of Payments in Respect of Finance Leases and on SoFP PFI Schemes	2,839	3,204
Net Financing		
Net Increase/(Decrease) in Cash & Cash Equivalents	942,320	1,155,246
Cash & Cash Equivalents (and bank overdrafts) at 1st April 2019	-344	339
	830	491
Cash & Cash Equivalents (and bank overdrafts) at 31st March 2020	486	830

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 statement of financial position PFI (private finance initiative) schemes relates to payments made against the capital element of the Neath Port Talbot Hospital PFI project and other finance leases. The interest element of the payments is shown in net operating cost for the financial year.