Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

ANNUAL REPORT 2017/18

Abertawe Bro Morgannwg (ABM) University Health Board is the operational name of ABM University Local Health Board (LHB)

This annual report provides information about our performance, our achievements over the past year and how we intend to improve in 2018/19 and beyond. It has 'companion' documents namely the *Annual Quality Statement* and *Annual Governance Statement* which provide additional information about ABMU relating to 2017/18.

Welsh language versions of this document are available via **www.abm.wales.nhs.uk** or on request from:

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FOREWORD

Welcome to the Annual Report for Abertawe Bro Morgannwg University (ABMU) Health Board for the year from 1 April 2017 to 31 March 2018. I am delighted to present this report to you and to **outline some of our achievements and challenges during this financial year.** I would firstly like to pay tribute to our staff whose hard work and commitment has resulted in some excellent achievements over the past year.

It almost goes without saying that the past 12 months have proved to be another challenging time for the Health Board. However, I am pleased to report that the Health Board has strived to make improvements and continues to do so across each of the targeted intervention service areas which include unscheduled care, cancer, Referral to Treatment (RTT) times, infection control and financial management.

During 2017/18 saw a **year of unprecedented change** in terms of our Board membership. We wished Alex Howells, Acting Chief Executive well as she left her role at the end of January 2018 to take up the role of Chief Executive of a brand new health authority, Health Education and Improvement Wales. In February 2018, we welcomed Tracy Myhill as the new Chief Executive. Tracy is an experienced Chief Executive having recently worked the Welsh Ambulance Service Trust (WAST) and has worked within the NHS in Wales for over 30 years, in several Board roles including Deputy Chief Executive, Executive Director and National Director in a range of healthcare and government. She has brought a wealth of leadership experience to the organisation.

The latter part of the financial year started to bring some **stability and progress** is beginning to be made. Various measures were put into place enabling us to improve on the planned deficit control total which was successfully reduced from £36m to £32.4m. During 2017/18 we established a Recovery and Sustainability Programme with a particular focus on addressing our deteriorating financial performance and to **drive delivery** of a savings programme which delivered some £17m. This has been informed by lessons from national reviews such as the Carter review; the work of the National Efficiency and Value Board; local benchmarking information; and local reviews and reports commissioned by the Health Board.

Our focus is unrelentingly on delivering best care and ensuring our patients' needs are at the heart of all that we do. In order to lead and run a successful organisation, we also need to ensure that patient flow through our hospitals is efficient, that we deliver best value, that we build the capability of our staff members, and that we play a leading, partnership role in health and care delivery. Getting these things right enables us to **improve the quality of our service and do the right thing for patients.**

We have seen some **progress in our performance**, the Health Board continues to strive to deliver much needed improvement in particular service areas such as unscheduled care, meeting 36 week waiting times, cancer service targets and lowering rates of infection. Key to this will be continuation of improved financial delivery and a robust workforce model. We have set out ambitious plans for

2018/19 and beyond so that we can make step changes and this will require us to **adopt different approaches in order to delivery service sustainability**

Looking back over the year, there has also been a huge amount of progress and achievements within the Health Board. There are many developments and positive achievements that I could include in my foreword but I am sure you will enjoy reading about them in the body of our Annual Report.

As a university Health Board, one of our aims is to share our skills and support each other in developing colleagues and new areas of work. One of the many significant achievements during 2017/18 was when a patient had his chest rebuilt using 3d printing technology during an operation to remove a large tumour. This operation was carried out by surgeons in Morriston Hospital which was the first time for this procedure to be carried out in Wales and because of its success we plan to carry it out again in the future.

Other key achievements include:

- ✓ News ways of working by GPs based in Neath which is **helping thousands of patients** get faster and more direct access to treatment. The Neath Primary Care Hub is an innovative project which has earned Welsh Government 'Pacesetter' status, for inventive ways of delivering care in future;
- ✓ Our **Primary and Community Services Strategy** was developed in recognition of the essential contribution of our primary and community services to changing our service models to rebalance our system from an acute hospital focus to providing care ' Closer to Home';
- ✓ Cimla Hospital based Lymphoedema Network Wales received the **'Innovation within NHS Wales' award** for their education project enabling community nurses to gain knowledge and learn skills around lymphoedema and chronic oedema;
- ✓ MediWales Innovation Awards - **three prizes for trail-blazing projects**;
- ✓ Providing knee replacement surgery as a day case **enabling patients to leave hospital the same day;**
- ✓ A 75% **symptom improvement rate** from a project to help identify foods believed to trigger Irritable Bowel Syndrome;
- ✓ **A reduction of 43% in the use of antibiotics in newborn babies** (which earned an NHS Wales Award) and changes to prescribing criteria for adults to reduce the risk of Clostridium difficile;
- ✓ The launch of the Rapid Diagnosis Centre at Neath Port Talbot Hospital which **lets patients know the outcome of their tests for cancer** either the same day, or within a week should they require additional tests;
- ✓ The development of our **Digital Strategy** which provides an opportunity for us to improve quality and help to meet our sustainability challenges;
- ✓ Establishing a Transient Ischaemic Attack (or mini-stroke) clinic enabling **patients to be seen much faster;**
- ✓ Singleton Hospital's neonatal intensive care unit being the first in Wales to offer Family Integrated Care enabling **parents to be involved in looking after their newborn babies** even when they are very tiny or sick;

- ✓ Significant **improvement in compliance** with the Mental Health Measure;
- ✓ Promotion of an **awareness campaign** around Sepsis and PJ Paralysis;
- ✓ **Improved clinical coding** from 19.8% in April 2016 to 94.4% in March 2018 as well as achieving 93% compliance of the NHS Wales Informatics Services (NWIS) national audit on coding accuracy;
- ✓ Use of the 'Patient Knows Best' app **giving patient access** to more information about their care; and
- ✓ Celebrating at a special **recognition ceremony with hundreds of ABMU** staff with a combined service of almost 8,000 years.

For our patients our values set out what they can expect from us at each contact, whether that is on the phone, in writing, or face-to-face. It says we care about more than just the treatment they receive, that we will respect them and will endeavour to provide safe, compassionate, individualised healthcare services through working with them, when they need us most. We all have a stake and responsibility in contributing to our future and the services we provide to our local population

I would like to personally thank the Board, the leadership and the staff for their continued commitment and hard work and I look forward to the year ahead with optimism.

Andrew Davies
(Chairman)

ABOUT US

ABMU was established in October 2009 and has responsibility for **assessing the health needs; commissioning; planning and delivering healthcare** for the populations of Bridgend, Neath Port Talbot and Swansea Local Authorities. Through our strong partnership arrangements we also have a joint responsibility for improving the health and wellbeing of our diverse communities.

As a healthcare provider, **we provide health promotion and prevention, primary care, community services, mental health, learning disabilities and hospital-based care** for our resident population, and for some specialist services for people from a wider geographical area.
and provides primary,

In 2017/18 ABMU had a budget of over £1.0 billion employing just over 16,000 staff, 70% of who are involved in direct patient care. Our responsibilities extend to both **primary** (general practitioner, optician, pharmacy and dental services) **and secondary** (hospital) services together with **certain tertiary services.** We also provide forensic mental health services and learning disability services.

A range of **community based services** are delivered within patients' own homes, via community hospitals, health centres, and clinics. ABMU also provides general medical and dental services to Hillside Secure Children's Unit and general medical services to HM Prison Swansea.

We have four acute hospital sites these being the **Princess of Wales Hospital in Bridgend*, Neath Port Talbot Hospital in Port Talbot and the Singleton and Morriston Hospital sites** which are both in Swansea. Details of our other hospital sites are published on our website. At the end of March 2018, the **total number of beds** in the Health Board **stood at 2,166.**

We have **excellent links with Swansea University,** particularly the College of Medicine and the College of Human and Health Sciences (responsible for nursing, midwifery, and allied healthcare and healthcare scientist professional education across the region) as well as the Medical School. This collaborative approach has led to the development of an ambitious programme for multi- disciplinary clinical skills teaching at the postgraduate level to support the development of new and innovative ways of working. We have other important relationships with **Trinity St David's University, Cardiff University and University of South Wales** for research, collaboration and education.

** From April 2019, the responsibility for providing healthcare services for people in the Bridgend County Borough Council area will move from ABMU Health Board to Cwm Taf University Health Board. The Annual Report for 2018/19 will provide more information as to steps that were taken to enact this decision and ensure a smooth transfer from the perspective of our patients and staff.*

The Board

The Board is **accountable** for the delivery of effective health care services for the local population. It is also accountable for governance and internal control. The Health Board's Chair is accountable to the Cabinet Secretary for Health and Social Services whereas the Chief Executive is the Accountable Officer responsible to the Director General of the NHS in Wales.

The Board is **responsible** for:

- **Setting the strategic direction** of the organisation within overall policies and priorities of the Welsh Government and the NHS;
- Establishing and maintaining high standards of **corporate governance**
- Ensuring delivery of the aims and objectives of the organisation through **effective challenge** and **scrutiny of performance** across all areas of responsibility;
- Ensuring **effective financial stewardship** by effective administration and economic use of resource;
- Ensuring **effective communication** between the organisation and the community; including stakeholders regarding planning and performance and that these arrangements are responsive to the locality's health need; and
- **Appointing, appraising** and **remunerating** executives.

A range of committees and advisory groups support the workings of the Board, further detail is contained within our Annual Governance Statement (AGS) for 2017/18.

OUR PURPOSE, VISION AND VALUES

Our Purpose

To fulfil our civic responsibilities by improving the health of our communities, reducing health inequalities and delivering prudent healthcare in which patients and users feel cared for, confident and safe

Our Vision

To be an excellent healthcare, teaching and research organisation for ABMU and the wider region

Our Values

Our Corporate Objectives

Promoting and Enabling Healthier Communities	Delivering Excellent Patient Outcomes, Experience and Access	Demonstrating Value and Sustainability	Securing a Fully Engaged and Skilled Workforce	Embedding Effective Governance and Partnerships

CHIEF EXECUTIVE'S OVERVIEW

POSITION IN 2017/18

Promoting and Enabling Healthier Communities

- Published our Children and Young People's Strategy
- Violence Against Women Domestic Abuse and Sexual Violence Act embedded
- Wellbeing Objectives agreed and Wellbeing and Area Plans in development
- Health Inequalities and low adherence to a healthy lifestyle remain
- New approach to tackling our challenges at scale, mobilising all of our workforce agreed
- Ongoing work to improve against our prevention priorities of vaccinations and immunisations, smoking cessation and obesity / physical activity

Securing a Fully Engaged and Skilled Workforce

- Our workforce challenges are a key driver of our financial and sustainability challenges
- Staff Engagement and Nursing and Midwifery Strategies approved
- We still have circa 800wte vacancies which is a key driver of our financial and sustainability challenges Nursing turnover is highest at over 9%, although it has reduced recently.
- Despite an initial improvement over the last 12 months, the sickness absence rate has started to increase again and is above target.

Delivering Excellent Patient Outcomes, Experience and Access

- The numbers of falls have decreased significantly in year.
- Our Universal Mortality Review performance is the best in Wales.
- Launched our Older Persons Charter
- Our Primary Care measures of access are improving and we largely comply with the Mental Health measures.
- We are continuing our work to roll out PREMs and PROMs
- **Unscheduled Care** - there was good progress with improving performance in the first 6 months of the year, particularly at Morriston, however performance has since deteriorated reflecting an increasing length of stay and numbers of Delayed Transfers of Care.
- **Stroke** - performance is on-track for the majority of the measures apart from the 4-hour bundle and thrombolysis.
- **Planned Care** - the Health Board is on target to meet the agreed trajectories for Outpatients, 52-week waits, Diagnostics and Therapies. Challenges remain in meeting the target for 36-week waits.
- **Cancer** – the non Urgent Suspected Cancer (nUSC) target is largely being met but the Health Board is off-track against the USC trajectory and a renewed performance improvement management regime has been put in place.
- **Health Care Acquired Infections (HCAIs)** - Numbers of c. difficile cases have risen in year and are above trajectory. We were on-track against the Staph. aureus trajectory until November when cases stated to rise and the number of E. coli cases has steadily increased in year.

Demonstrating Value and Sustainability

- Financial plan forecast remains on track to achieve a figure below our financial control total
- The Recovery and Sustainability (R&S) Programme is established with cross-cutting Workstreams
- Programme of Service Remodelling has delivered significant change in 2017/18 – plans in place to rebalance care into the community in acute, community and mental health services
- Service redesign using Value-Based Healthcare (VBHc) approach underway and been tested externally
- Primary and Community Services Strategy approved
- Draft Strategic Framework for adult Mental Health agreed

Embedding Effective Governance and Partnerships

- The Health Board remains in Targeted Intervention Status
- Implementation of the Deloitte's Governance Review is proceeding
- Regional Planning and Delivery mechanisms established through JRPDC
- Discharge process standards agreed through Western Bay
- Wellbeing and Area Plans on track to being agreed

We measure performance according to the delivery of the objectives outlined in our Annual Plan. We have made significant progress against our corporate objectives with the delivery of operational, clinical and quality standards during 2017/18.

Organisational Strategy

During 2017/18 we undertook work to prepare for engagement on service change proposals so that we are better prepared for the challenges we face both now and the future years. It is our intention to take back the outcome of this engagement work in the summer of 2018 with a view developing firm service change proposals.

In terms of our future plans, ABMU's organisation's **Clinical Strategy** is in the process of being updated and will build on the previously consulted upon and agreed Clinical Strategy, *Changing for the Better* (C4B), as well as reflecting national policy changes and changes in the local environment since the original strategy was agreed.

Following this we plan to develop an overarching **Organisational Strategy** to provide a clear, overarching strategic direction for the Health Board to guide all of our strategic choices. Our Quality Strategy is also due to be refreshed to reflect our organisational values and this will be founded on the principles of Prudent and Value-Based Healthcare. It will have a strong focus on Quality Improvement, engaging on every level with all our staff and services. Our Quality Assurance focus will be further embedded and a culture of transparency and continuous improvement will build on the Health Board's commitment to meet the current quality standards, measured by our quality indicators. Collaboration, co-production and benchmarking will form the basis of an integrated approach, working towards seamless quality outcomes.

Integrated Medium Term Plan

We do not yet have an approved Integrated Medium Term Plan in place, but we have developed an annual plan for 2017/18 within the **national, regional and local health and care strategic context**, including *Prosperity for All*, the *Parliamentary Review of Health and Social Care*, our Wellbeing and Area Plans developed through the Western Bay Regional Partnership Board, our regional planning work with Hywel Dda UHB and the ARCH Programme. It aims to deliver:

- Improved quality and safety of services;
- Improved performance against our Targeted Intervention priorities;
- Modernised service models and redesigned capacity to reflect improved length of stay underpinned by a *Value Based Healthcare* approach;
- Increased sustainability of the workforce;
- Improved efficiency of our services;
- Fit with strategic direction of the Health Board; and
- A reduced financial deficit.

In terms of progress made in delivering our Annual Plan further detail is available in the Finance Report and arrangements to oversee delivery of our Annual Plan are set out in in our AGS.

Well-being of Future Generations (Wales) Act 2015
We welcome the strengthening of the national strategic context through the publication of '*Prosperity for All*' which lays out the headline commitments of the Welsh Government up until 2021.

The Parliamentary Review of Health and Social Care was published in January 2018 and provides opportunities for us to further integrate services and develop new models of care. The principles of the Review will inform our **programme of service remodelling** in 2018/19, the focus of which is frailty, older people's mental health and learning disabilities. We will be building on the work that is already ongoing with partners to redesign our service models and to be prepared to access any Transformation Funding that is available. This includes our work with our housing colleagues through our Health and Housing Group.

ABMU has a duty to lay the foundations for achieving these aims in the long term, based on the principles of prevention, involvement, collaboration and integration. We have a particular responsibility to work with partners to break the cycle of ill-health by strategically **shifting the approach from treatment to prevention** and this is reflected in our new approach to prevention and public health intervention is also part of our sustainability duty under the Wellbeing of Future Generations Act.

ABMU has agreed our three Wellbeing Objectives as:

The themes from the Bridgend, Neath Port Talbot and Swansea Public Service Board **Wellbeing Plans** are woven throughout our Annual Plan. We are maximising the practical opportunities that the Act gives us to meet our **sustainability challenges** – e.g. through carbon reduction opportunities, sustainable travel and increasing the use of digital technology to deliver care in new ways closer to people's homes. In addition to this we are improving the efficiency of our working practices and developing models of care that are increasingly focused on self-care and prevention at the earliest opportunity.

Our Partnerships
We appreciate that we would not be able to deliver change without the support and collaboration of our partners. Stakeholder engagement is a priority for the Health Board for us to continue to **build strong partnerships and relationships**. The Health Board is using the foundations of the Social Services and Wellbeing Act to

accelerate our work in collaboration with partners to integrate our services and provide high-quality healthcare within a sustainable service model which rebalances care 'Closer to Home'.

We are continuing to develop a positive model of partnership working with our staff-side colleagues. In addition to the trade union Board member who attends meetings of the Health Board, we also have staff representatives sitting on our Recovery and Sustainability Programme Board. The ABM Community Health Council (CHC) Chair also attends both these meetings and executives also attend CHC meetings. We need to further **build on the well established relationships between ABMU the CHC** to improve their visibility and influence on service improvement and identify how we can **further develop our joint working going forward.** The Board plans to meet with the CHC twice a year to discuss this further.

We work alongside the **third sector who help us to provide services** with service level agreements being funded through grants. The Chair of our Stakeholder Reference Group is an Associate Board Member and attends our Board meetings.

Our partnership work across health and social care is developed and delivered through the Western Bay Regional Partnership Board. It is **designed to meet the challenges of demographic changes and health inequalities** in the population we serve to support the sustainability of patient care and promote a model of care that is aligned with care being delivered closer to home. It also seeks to provide solutions to **address the imbalance in demand and capacity** in our system. The context includes significant performance, workforce and financial challenges which ultimately impact on the quality of our services.

Western Bay Regional Partnership Board

The Western Bay Regional Partnership Board oversees the **development of integrated services across the region for some of our most vulnerable groups** and our draft Area Plan outlines our key priorities. Where appropriate, the detail of our plans and developments is included in our service improvement plans.

The work programme was reviewed in early 2018 to ensure priorities remained appropriate, with the aim being to focus on those areas where we can jointly deliver the greatest impact. This is critical as we enter the second year of our Recovery and Sustainability Programme where increasingly our focus is on developing **new care models, particularly to support frail older people**.

The delivery of more care outside hospital settings is a critical aspect of the Recovery and Sustainability Programme and we are committed to working in partnership to achieve this. Fundamentally, improving patient flow through hospital and avoiding unnecessary hospital admissions is a key theme that runs through a number of our plans and to improving performance in both planned and unscheduled care. The reduction of Delayed Transfers of Care is also a key theme of the Area Plan.

Joint Regional Planning and Delivery Committee

Throughout 2017/18 we have increasingly matured the partnership working arrangements between ourselves and Hywel Dda University Health Board and have developed a robust regional planning agenda. By way of the **Joint Regional Planning and Delivery Committee** we have developed a work

programme to address both operational and longer term pressures across the region. A similar process is in place in the South East of Wales and we link into these planning systems via our team within Princess of Wales Hospital.

Strategic Partnership with Cardiff and Vale University Health Board

During 2017/18 we established a **strategic partnership with Cardiff & Vale University Health Board**. We also continue to work closely with colleagues in **Swansea University** for our mutual benefit with a view to **enabling even better services for patients.**

A Regional Collaboration for Health (ARCH)

Together with Hywel Dda University Health Board and Swansea University we have set out the vision for the South East through a Regional Collaboration for Health (ARCH) Portfolio Delivery Plan. The ARCH Portfolio is a **collaboration which brings together health and science to transform the NHS in South West Wales**, to train and develop the next generation of doctors, nurses, health workers, scientists, innovators and leaders and, boost the local economy by encouraging investment and creating new jobs.

This has commenced locally by focusing on a **master plan for the Morriston hospital site** and the opportunities we need to progress to help address current service pressures. We are well placed to respond to *Prosperity for All* as many of the themes within the strategy are being addressed through the ARCH programme. Whilst progress was slower than we would have wished for the first half of 2017/18 due to funding constraints, the three partners have demonstrated their commitment to the Programme by agreeing to jointly contribute to the ongoing funding of the Programme Management Office.

We will be able to continue to jointly plan and deliver improvements to the health, wealth and wellbeing for the population of South West Wales through the four inter-related workstreams of:

- Service Transformation;
- Well Being;
- Skills and Education; and
- Research, Enterprise and Innovation.

Quality and Safety

The Health Board is committed to and expects to provide health services that meet the needs of our patients and their families and provides the **highest quality standards**. Underpinning our plans to strengthen our quality assurance, patient feedback and quality improvement arrangements is our Quality Strategy and there is more information around this in our AQS which provides a summary of work we have undertaken in the past year.

Below is a snapshot of just some of the **service quality improvements and achievements of 2017/18:**

- ✓ Supported primary care, through mergers of GP practices;
- ✓ Implemented changes to GP Out-of-Hours Care, Minor Injuries, Rheumatology and Breast Cancer;
- ✓ Reduced the incidence of patient falls by 10%(comparing March 2017 to March 2018);
- ✓ Achieved the **best performance** in Wales for universal mortality reviews;
- ✓ Exceeded the 10% **reduction trajectory** in terms of numbers of severe pressure ulcers;
- ✓ **Continued to achieve** national target that 80% of serious incidents are investigated, action plans developed/learning identified closure forms submitted to Welsh Government within 60 working days;
- ✓ **Reduction in medication errors** of 32% and more appropriate use of antibiotics;
- ✓ Piloted a quality assurance framework in our service delivery units which is being rolled-out across the organisation;
- ✓ Responded to 26 Health Inspectorate Wales (HIW) inspections with appropriate actions;
- ✓ Launched 'Telephone First' and 'Access Framework';
- ✓ Rolled-out an integrated triage-hub which is being adapted to reflect local needs;
- ✓ Implemented **electronic prescribing across all sites**
- ✓ Agreed a delivery plan for Child & Adolescent Mental Health Services with the service to be developed on a more sustainable basis;
- ✓ **Strengthened commissioning arrangements** for learning disabilities in conjunction with Cwm Taf and Cardiff & Vale University Health Boards;
- ✓ **Developed new models of care** enabling reduction in bed capacity to bring us closer to benchmarked levels;
- ✓ Completed negative pressure isolation room at Morriston Hospital;
- ✓ **Reduced infection outbreaks** by making targeted environmental improvements to patient areas.

We recognise the value of benchmarking ourselves with other organisations, and our teams will continue to embrace the challenge of the National Planned Care Programme which has provided a coherent and clinically-led approach to **raising standards.** We also have access to a wide range of benchmarking data which we have translated into "baseline assessment" packs for our operational units, to inform their plans as part of our Recovery and Sustainability Programme. We have also developed a dashboard to support plans to **address unwarranted clinical variation** and this is currently being rolled-out under the leadership of ABMU's Medical Director.

Recovery and Sustainability Programme

The Recovery & Sustainability (R & S) Programme was established in the final part of that year to **help us reduce spending** but also **focus on those other issues which relate to our 'Targeted Intervention'** escalation status (unscheduled care, waiting times, hospital acquired infection rates, stroke and cancer services). In establishing this programme we have **three priorities:** maintaining patient safety; improving our financial position and sustaining and improving performance.

It is shaped around seven workstreams:

- Workforce Delivery – efficiently & effectiveness achieved for example through electronic staff rostering;
- Workforce Redesign – new workforce models achieved through role substitution;
- Value Based Procurement – outcome & efficiency such as use of hip prosthesis;
- Medicine Management – in terms of patient outcomes and costs through use of biosimilar drugs for instance;
- Value Based Healthcare & Variance – looking at the outcomes and value to patients and reducing clinical variation;
- Mental Health Services – transforming services to improve quality & outcomes by seeking to rebalance the ratios between community and hospital services;

We also have established four new Service Improvement Boards:

- Planned Care – focussing on improving Referral to Treatment (RTT) times; demand & capacity planning and delivering efficient and productive theatres and outpatient services;
- Cancer Services– building on improved performance but improving treatment of breast, lower GI, urology & gynaecology cancers;
- Stroke – our focus this year is on quicker access to thrombolysis, diagnostics (CT) and specialist stroke assessment within 4 hours;
- Unscheduled Care – system wide working looking at pre hospital pathways; front door assessment and patient flow through hospital including implementation of the SAFER bundle and national initiatives such as the #*endpjparalysis* campaign.

The financial year 2017/18 had a projected deficit of £36m which we managed to reduce to £32m by the end of March 2018. Welsh Government rightly expect us to further improve and we have therefore **taken steps to enable such improvements** and move us **closer towards achieving break-even.** For example in respect of healthcare acquired infections we are focusing on the systemic issues that lead to infections and as part of this we have changed the processes around antimicrobial prescribing. We also have a Communications & Engagement Group and have established new processes in respect of Quality Impact Assessments (QIA) to ensure we understand the impact of proposals on the quality of care that we deliver. There are more examples of what has been put in place throughout this Annual Report, our AGS and the AQS.

Staff recognise the need for change and are supportive of this. We have implemented a series of controls to focus on ensuring that our pay and non-pay costs are carefully scrutinised and we are also identifying other individual actions to help us deliver our ambitious goals.

The **underpinning our recovery processes** and to **helping to build sustainable plans for 2018/19 and beyond** and has been reframed for 2018/19 to reflect learning from the previous year and to ensure alignment with the delivery of the Annual Plan. Whilst continuing to deliver on issues such as technical efficiency, reducing waste and improved controls, its focus has also now moved to looking at **new pathways and models**, and the outcomes and value we get for patients from the money we spend. This is critical in enabling ABMU to move from a 'recovery' focus to a more 'sustainable trajectory'.

PERFORMANCE REPORT

The section that follows provides analysis of ABMU's performance in 2017/18.

The Welsh Government's annual performance measures framework aims to set out the annual improvement in the health and wellbeing of the people in Wales and identifies key population outcomes and indicators under the themes set out in the in the pie diagram opposite.

In the section which 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 compared with the same period the previous year. It assess whether our performance has improved, declined or remained the same over that period.

The table overleaf shows our performance against the measures where a twelve month comparison trend is available. In 2017/18 our **performance improved in 36 measures and remained stable in two measures** (32 of which achieved the requirement in full).

STAYING HEALTHY- HOW DID WE PERFORM?

Six of the thirteen measures in this category were achieved in 2017/18. The below table provides a summary of how we performed against each measure comparing our performance in 2017/18 to 2016/17 and against the all-Wales position.

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

Measures	Period	National Target	Health Board Performance	Target Attained	Trend	Comparison with all-Wales position
% of pregnant women who gave up smoking during pregnancy	2016/17	Annual improvement	4.8%	✓	↑	Worse ↓
% of children who received 3 doses of the '5 in 1' vaccine by age 1	Q4 17/18	95%	96%	✓	↓	Same →
% of children who received 2 doses of the MMR vaccine by age 5	Q4 17/18	95%	89%	✗	↓	Same →
% of children who are 10 days old who have accessed the 10-14 days health visitor component of Healthy child Wales Programme	Q3 17/18	4 quarter improvement	53.5%	✗	↓	Worse ↓
% uptake of the influenza vaccine in Over 65s	2016/17	75%	65.0%	✗	↑	Worse ↓
% uptake of the influenza vaccine in Under 65s in at risk groups	2016/17	75%	43.7%	✗	↑	Worse ↓
% uptake of the influenza vaccine in Pregnant women	2016/17	75%	81.5%	✓	↑	Better ↑
% uptake of the influenza vaccine in Healthcare workers	2016/17	50%	57.4%	✓	↑	Better ↑
Number of emergency admissions for basket of 8 chronic conditions per 100,000 pop	Mar-18	12 month reduction	1,273	✓	↑	Worse ↓
Number of emergency readmissions for basket of 8 chronic conditions per 100,000 pop	Mar-18	12 month reduction	267	✗	↓	Worse ↓
% estimated LHB smoking population treated by NHS smoking cessation services	Q1-Q3 2017/18	5%	1.8%	✗	↓	Worse ↓
% smokers treated by NHS smoking cessation services who are co-validated as successful	Q1-Q3 2017/18	40%	53.4%	✓	↑	Better ↑
% of people who found it difficult to make a convenient GP appointment	2017/18	Annual Improvement	48.0%	✗	↓	Worse ↓

* For monthly data the tend is assessed over a 12 month period, for quarterly data the trend is assessed over 4 quarters, for annual data the trend is assessed by comparing the current year with the previous year

STAYING HEALTHY- KEY AREAS OF PERFORMANCE

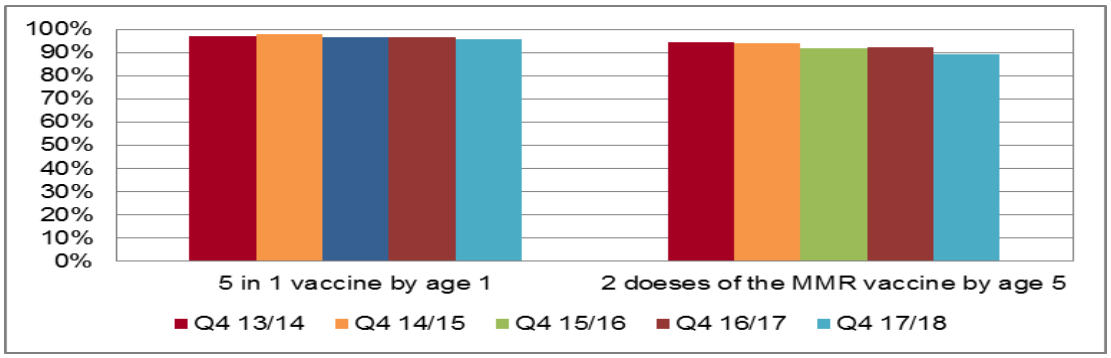
Uptake of the seasonal flu vaccine

At the time of writing this report the final uptake figures for ABMU for 2017/18 had not been officially published. However our internal figures show that we achieved a 58% uptake of the seasonal flu vaccine amongst staff with direct patient contact, making this our most successful staff campaign to date. Despite not achieving the targets for vaccination of patient groups in 2017/18, improvements in uptake of the influenza vaccine has been noted for all eligible groups during the 2017/18 season. Plans are currently being progressed for the 2018/19 season to reduce variance in uptake rates for all eligible individuals, with a particular focus on improving uptake rates in individuals with a chronic respiratory disease.

We vaccinated 9,553 staff

Uptake of childhood immunisations

The two national measures for childhood immunisations are 3 doses of the '5 in 1' vaccine by age 1 and 2 doses of MMR vaccine by age 5. In 2017/18 we achieved 96% against the 95% target for the '5 in 1' vaccine but only achieved 89% for the 2 doses of MMR.



Actions to be undertaken in 2018/19 include: continued focus on reducing the number of children awaiting appointments for their routine immunisations; audit of the timeliness of first scheduled immunisations; school nursing service to support clusters with catch up immunisation sessions during school holidays; membership of the primary care flu planning group to be extended to the lead health visitor; and continued data cleansing to ensure confidence that the data is an accurate reflection of our current position.

Smoking Cessation Services

In 2017/18 we supported more than 2,000 people to stop smoking and whilst more than the previous year, this only equated to 2.5% against the national target of 5% of smokers making a quit attempt via Smoking Cessation Services. The latest nationally published data as at quarter 3 in 2017/18 confirms that we achieved the measure for smokers treated by Smoking Cessation Services who are co-validated as successfully quitting at 4 weeks by attaining 53.4% against a target of 40%.

There is also a national measure regarding the percentage of women who gave up smoking during pregnancy. The latest data available for this annual measure is for 2016/17 whereby we achieved 4.8%. As this is an annual improvement measure, we have achieved the target as performance was 4.7% in 2015/16 but ABMU is below the all-Wales position of 23.7%. All these women are automatically referred to smoking cessation when booked into antenatal clinic and different ways of working at currently being explored in order to target women who attend regular hospital appointments who have not yet managed to give us smoking.

Actions to be taken forward in 2018/19 to help improve smoking cessation rates include: a review of the ABMU hospital Cessation service in line with the national integration agenda; continued focus on maternal smoking improvements and input into National Improvement programme; and Greater focus on the role of Primary care, working with Primary Care Delivery Unit to deliver a tobacco programme and increase referrals into *Help Me Quit* services.

SAFE CARE- HOW DID WE PERFORM?

We achieved six out of the sixteen measures which included prescribing measures and adhering to patient safety notices/ alerts.

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

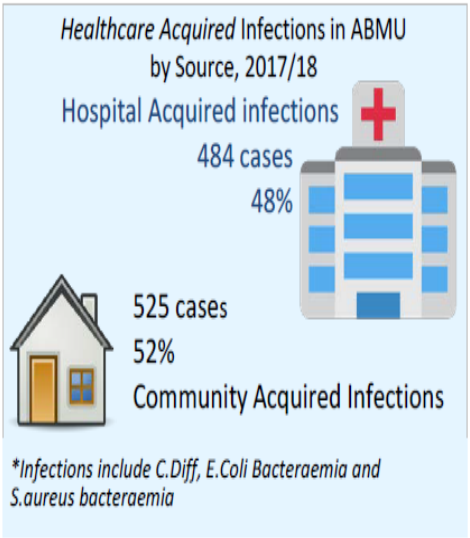
Measures	Period	National Target	Health Board Performance	Target Attained	Trend	Comparison with all-Wales position
Rate of hospital admissions with any mention of self harm for children/ young people per 1,000 pop	2016/17	Annual reduction	3.25	✗	↓	Better ↑
Amenable mortality per 100,000 of the European standardised population	2016	Annual reduction	142.9	✓	↑	Worse ↓
Number of preventable Hospital Acquired Thromboses	Q2 17/18	4 quarter reduction	2	✗	↓	N/A
Total antibactial items per 1,000 STAR-Pus (specific therapeutic group age related prescribing unit)	Q4 17/18	4 quarter reduction	364	✗	↓	Worse ↓
Fluoroquinolone, Cephalosporin, Co-amoxiclav items as a % of total antibacterial items prescribed	Q4 17/18	4 quarter reduction	9%	✓	↑	Worse ↓
Cumulative rate of laboratory confirmed E.Coli bacteraemias cases per 100,000 population	Apr-17 to Mar-18	67.0	99.95	✗	↑	Worse ↓
Cumulative rate of laboratory confirmed *S.aureus bacteraemias* (MRSA & MSSA) cases per 100,000	Apr-17 to Mar-18	20.0	37.4	✗	↓	Worse ↓
Cumulative rate of laboratory confirmed *c.difficile* cases per 100,000	Apr-17 to Mar-18	26.0	53.7	✗	↑	Worse ↓
NSAID average daily quantity per 1,000 STAR-Pus	Q4 17/18	4 quarter reduction	1,496	✓	↑	Worse ↓
Number of Patient Safety Solutions Wales Alerts that were not assured within the agreed timescales	Mar-18	0	-	✓		N/A
Number of Patient Safety Solutions Wales Notices that were not assured within the agreed timescales	Mar-18	0	-	✓		N/A
% serious incidents assured within agreed timescales	Mar-18	90%	77%	✗	↓	Better ↑
Number of Never Events	Mar-18	0	2	✗	↓	Worse ↓
Number of grade 3, 4 7 unstageable healthcare acquired pressure ulcers reported as Serious Incidents	Mar-18	12 month reduction trend	13	✓	↑	N/A
Number of administration, dispensing and prescribing medication errors reported as Serious Incidents	Mar-18	12 month reduction trend	1	✗	↓	N/A
Number patient falls reported as Serious Incidents	Mar-18	12 month reduction trend	2	✗	↓	N/a

* For monthly data the tend is assessed over a 12 month period, for quarterly data the trend is assessed over 4 quarters, for annual data the trend is assessed by comparing the current year with the previous year

SAFE CARE- KEY AREAS OF PERFORMANCE

Healthcare Acquired Infections

Healthcare Associated Infections (HCAIs) impact on the Health Board's performance and reputation in relation to the provision of safe, quality healthcare. Eliminating avoidable infections and reducing harm and variation are key quality measures to the Health Board, its staff and the population it serves.



Despite not achieving the 2017/18 reduction targets set by the Welsh Government for all three healthcare acquired infection measures, we saw an overall reduction trend throughout the year in both Clostridium difficile (C.diff) and E Coli Bacteraemia cases.

Infection Control is a key focus area for us and key actions undertaken in 2017/18 include:

- Aseptic Non-Touch Technique (ANTT) rolled-out across ABMU with more than 3,500 staff now trained;
- ICNet fully rolled-out resulting in timely reports circulated weekly to delivery units. System was invaluable at end of December/beginning of January for monitoring trends of Influenza in a timely way; and
- Building work completed on the negative pressure isolation facility in Morriston hospital.

Listed below are some of the planned actions for 2018/19:

- Implement a restricted Antimicrobial Policy;
- Training on the importance of hydration for prevention of urinary infections;
- Delivery units continue to improve numbers of clinical staff who have completed Aseptic Non-Touch Technique training and been competency assessed;
- Deliver ward-based training to improve compliance with MRSA risk-assessments and provide update on new MRSA decolonisation which has been introduced to improve compliance with treatment;
- Increase percentage of patients isolated within two hours of unexplained diarrhoea;
- Improve compliance with the requirement that all single and multi-bedded source rooms are emptied temporarily to enable deep cleaning and high level decontamination following identification and isolation of *C. difficile; and*
- Improve patient environments.

Never Events and Serious Incidents

Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. In response to the never event that occurred in 2017/18 a new reflective practice session is now held for all such incidents. The initial view is that the learning and reflection events have so far resulted in immediate learning, actions taken and clear ownership by the clinical teams. Actions planned for 2018/19 include development of organisational improvement groups to address the thematic learning and implementation of actions

to prevent incidents, and to progress the recommendations from the NHS Wales Delivery Unit intervention findings, aiming to achieve full implementation by the end of quarter three.

National Prescribing Measures

ABMU has made significant progress in the last year to reduce overall antibacterial and Non-steroidal anti-inflammatory drugs (NSAIDs) prescribing. We are dedicated to supporting global and national Initiatives such as **World Antibiotic Awareness Week** and **European Antimicrobial Awareness Day**; improve community pharmacy engagement; and review of antibiotic prescribing guidelines. NSAIDs are also included in the Primary Care Medicines Management Team work plan to encourage practices to avoid or reduce the use of NSAIDs where possible, and use the most cost effective preparations.

DIGNIFIED CARE- HOW DID WE PERFORM?

We met one of the seven measures under this category in 2017/18.

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

Measures	Period	National Target	Health Board Performance	Target Attained	Trend	Comparison with all-Wales position	
Average rating given by the public for the overall satisfaction with health services in Wales	2016/17	Annual improvement	5.97	✗	↓	Worse	↓
% of procedures postponed on more than one occasion within Welsh Government target	Mar-18	12 month improvement	44.6%	✗	↓	Better	↑
Patients aged 75 and over with an AEC of 3 or more for items on active repeatm as a % of all patients aged >75	Q3 17/18	4 quarter reduction	8.2%	✗	↓	Worse	↓
% of population in Wales who are registered with dementia with their GP practice	2016/17	Annual improvement	58.8%	✓	↑	Better	↑
% of adults who reported they were very/ fairly satisfied about care received at GP appointment	2017/18	Annual improvement	83.4%	✗	↓	Worse	↓
% adults who reported they were very/ fairly satisfied about care received at hospital appointment	2017/18	Annual improvement	89.0%	✗	↓	Worse	↓
% GP practice teams that have completed mental health Direct Enhanced Services (DES) in dementia care or other directed training	2016/17	Annual improvement	16.7%	✗	↓	Worse	↓

* For monthly data the tend is assessed over a 12 month period, for quarterly data the trend is assessed over 4 quarters, for annual data the trend is assessed by comparing the current year with the previous year

Patient Experience

During 2017/18 **76.5%** (56% in 2016/17) **of formal complaints received a response within 30 working days** which meets the Welsh Government target of 75%. Further information regarding the way in which we deal with complaints is set out in our AQS.

We are now in our 3rd year of collecting the *Friends and Family* data which provides real-time feedback enabling weekly reports to all wards and clinical areas in parallel with the all-Wales Survey which includes the two measures in the table on the previous page (relating to satisfaction with care received at GP and hospital appointments). The number of feedback forms completed for *Friends and Family* continues to increase and is collected across 333 areas within ABMU.
The percentage of patients who would highly recommend ABMU to friends and family during 2017/18 was 95%.

In line with Welsh Government's *Listening and Learning from Feedback Framework* information from our clinical areas and departments are being captured using the '**You said – We Did'** template and reported in the Quality and Assurance meetings. ABMU's ***Lets Talk*** is dedicated feedback system. This allows patients to text, email or telephone to tell us about any issues or concerns they have. Care Option is another online website where patients post comments or concerns etc. We ensure that responses are posted to any issues or concerns on the Care Option website for all to see.

The *Patient Advisor Liaison Service* (PALS) Teams pictured below, exist in all four main hospital sites to **provide help and support patients or family members** if they have concerns about the services they have had via ABMU. We receive an average of 5,000 items of patient experience feedback every month and continue to use patient feedback as a mechanism for listening, learning and improving.

EFFECTIVE CARE- HOW DID WE PERFORM?

We achieved four of the eleven measures in this category in 2017/18 with the seven unmet targets relating to delayed transfers of care, mortality rates, clinical coding and research studies.

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

Measures	Period	National Target	Health Board Performance	Target Attained	Trend	Comparison with all-Wales position
Delayed transfer of care delivery per 10,000 population- mental health (all ages)	Mar-18	12 month reduction trend	6.2	✗	↓	Worse ↓
Delayed transfer of care delivery per 10,000 population- non mental health (aged 75+)	Mar-18	12 month reduction trend	126.6	✗	↓	Better ↑
% universal mortality reviews undertaken within 28 days of a death	Mar-18	95%	85.7%	✗	↓	Better ↑
Crude hospital mortality rate (less than 75 years of age)	Mar-18	12 month reduction trend	0.81%	✗	↓	Worse ↓
% of episodes clinically coded within one month post episode end date	Mar-18	95%	94.4%	✗	↓	Better ↑
% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	2017/18	Annual improvement	93.0%	↑	↑	Better ↑
All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	Q4 17/18	100.0%	100%	✓	↑	Better ↑
Number of Health and Care Research Wales clinical research portfolio studies	2017/18	120	96	✗	↓	N/A
Number of Health and Care Research Wales commercially sponsored studies	2017/18	38	44	✓	↑	N/A
Number of patients recruited into Health & Care Research Wales Clinical Research Portfolio Studies	2017/18	3,062	2,207	✗	↓	N/A
Number of patients recruited into commercially sponsored studies	2017/18	232	401	✓	↑	N/A

* For monthly data the tend is assessed over a 12 month period, for quarterly data the trend is assessed over 4 quarters, for annual data the trend is assessed by comparing the current year with the previous year

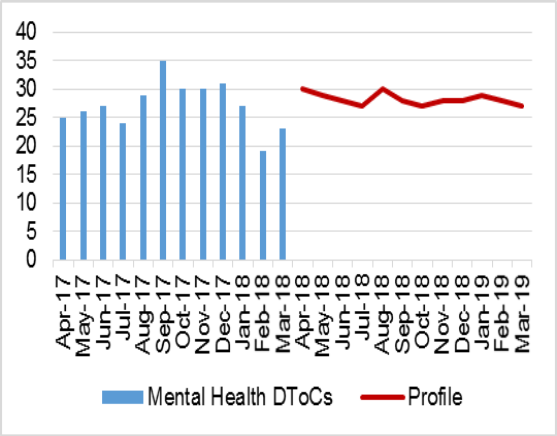
EFFECTIVE CARE- KEY AREAS OF PERFORMANCE

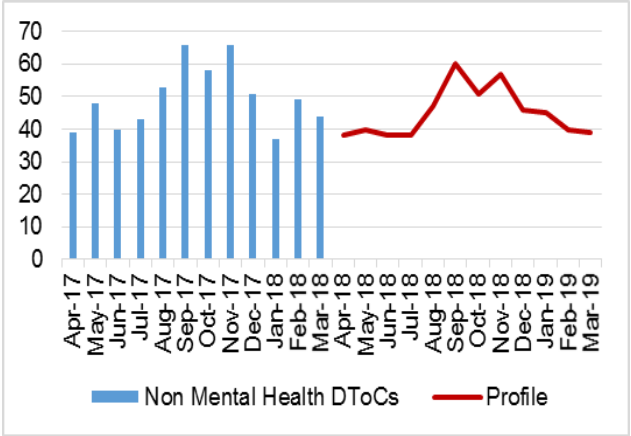
Delayed Transfers of Care (DTOCs)

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 reducing the number of people who are "discharge fit". Key actions to reduce DTOCs include:

- Supporting and promoting the UK wide #endpjparalysis campaign. The campaign encourages people, whenever possible to get up, get dressed and keep active, especially when they are in hospital. Studies have shown that 10 days of bed rest can lead to 10% muscle loss and for people over 60, 10 days of bed rest can be equal to 10 years of aging. Therefore staying active will help patients reduce the risk of getting weaker (deconditioning), maintain muscle strength, improve mood, improve appetite, improve sleep, reduce the risk of constipation and also falls;
- Joint work with local authorities (Las) regarding options to support the provision of sustainable capacity in the community;
- Implementation of good practice recommendations on effective discharge planning, with a particular focus on earlier and consistent communication with patients and families on the quality and safety benefits of earlier discharge; and
- Pilot of integrated care of older people model in Singleton supported to be a substantive service to ensure that patients receive a comprehensive geriatric assessment to enhance their rehabilitation and support independent living.

Reducing DtoCs is a significant challenge for us but the below charts show how our intention to stabilise the position in 2018/19 taking into account seasonal variation and anticipated peaks in demand.





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 19.8% in April 2016 to 94.4% in March 2018. Even though we fell slightly short of the 95% target, we have eliminated the historical backlog of un-coded episodes and also achieved 93% 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 2018/19.

Research Studies

Two of the four measures relating to research studies were achieved in 2017/18, both achieved measures related to commercially sponsored research studies. We will continue to strengthen our relationship with Swansea University through our ARCH programme which will include the expansion of the Joint Clinical Research Facility (JCRF) under the City Deal plans enabling increased focus on primary care research. In addition we are exploring appointment of research protected time for staff within academic nursing, therapies, healthcare science and radiotherapy research; as well as further appointments of JCRF Medics within Diabetes & Cardiology research.

We participated in 140 research studies involving 2,608 participants

Timely Care

Six of the twenty two one measures in this category were achieved in 2017//18.

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

Measures	Period	National Target	Health Board Performance	Target Attained	Trend	Comparison with all-Wales position	
% of GP practices open during daily core hours or within 1 hour of daily core hours	2017	Annual improvement	90.0%	✓	↑	Better	↑
% of GP practices offering daily appointments between 17:00 and 18:30 hours	2017	Annual improvement	78.0%	✗	↓	Worse	↓
% urgent calls (P1) calls logged & patient started definitive clinical assessment <= 20 mins of call answered	Mar-18	12 month improvement trend	78.5%	✗	↓	N/A	
% urgent calls (P1) patients seen <=60 mins following clinical assessment/ face to face triage	Mar-18	12 month improvement trend	66.7%	✗	↓	N/A	
% of the health board population regularly accessing NHS primary dental care	Dec-17	4 quarter improvement trend	62.6%	✓	↑	Better	↑
% of patients waiting less than 26 weeks for treatment (RTT)	Mar-18	95.0%	87.8%	✗	↓	Better	↑
Number of patients waiting more than 36 weeks for treatment	Mar-18	0	3,363	✗	↑	N/A	
Number of patients waiting more than 8 weeks for a specified diagnostic	Mar-18	0	29	✗	↑	N/A	
Number of patients waiting for an outpatient follow-up who are delayed past their agreed target date	Mar-18	12 month reduction trend	66,271	✗	↓	N/A	
% compliance with stroke Quality Improvement Measure (<4 hours = Direct admission to Acute Stroke Unit)	Mar-18	58.7%	32.2%	✗	↓	Worse	↓
% compliance with stroke Quality Improvement Measure (CT Scan within 12 hours)	Mar-18	94.5%	95.7%	✓	↑	Worse	↓
% compliance with stroke Quality Improvement Measure (Assessed by a stroke consultant within 24 hours)	Mar-18	84.5%	77.4%	✗	↑	Worse	↓
% compliance with stroke Quality Improvement Measure (Thrombolysis door to needle within 45 minutes)	Mar-18	12 month improvement trend	5.9%	✗	↓	Worse	↓
% of ambulance red call responses within 8 minutes	Mar-18	65.0%	66.6%	✓	↓	Better	↑
Number of ambulance handovers over one hour	Mar-18	0	1,006	✗	↓	N/A	
% of new patients spending no longer than 4 hours in A&E	Mar-18	95.0%	71.6%	✗	↓	Worse	↓
Number of patients who spend 12 hours or more in A&E	Mar-18	0	1,051	✗	↓	N/A	
% of patients referred as non-urgent suspected cancer seen within 31 days	Mar-18	98.0%	93.3%	✗	↓	Worse	↓
% of patients referred as urgent suspected cancer seen within 62 days	Mar-18	95.0%	88.1%	✗	↑	Better	↑
% survival within 30 days of emergency admission for hip fracture	Mar-18	76.9%	84.9%	✓	↑	Better	↑
% of mental health assessments undertaken within 28 days from the date of receipt of referral	Mar-18	80.0%	70.0%	✗	↓	Worse	↓
% of therapeutic interventions started within 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS)	Mar-18	80.0%	85.9%	✓	↓	Better	↑

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TIMELY CARE- KEY AREAS OF PERFORMANCE

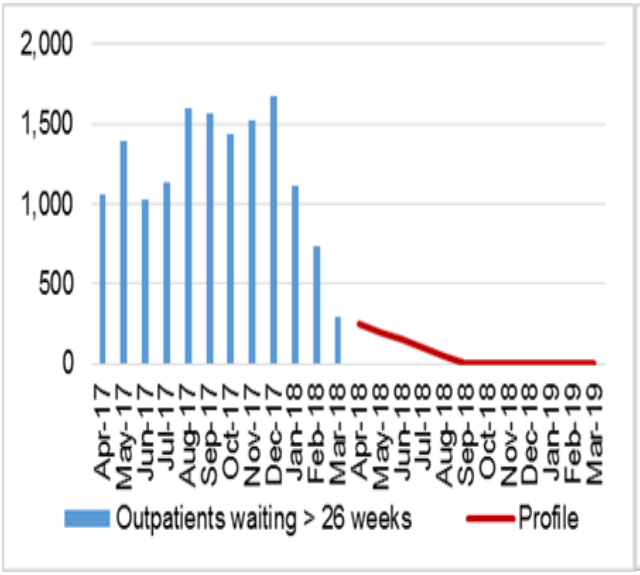
Planned Care

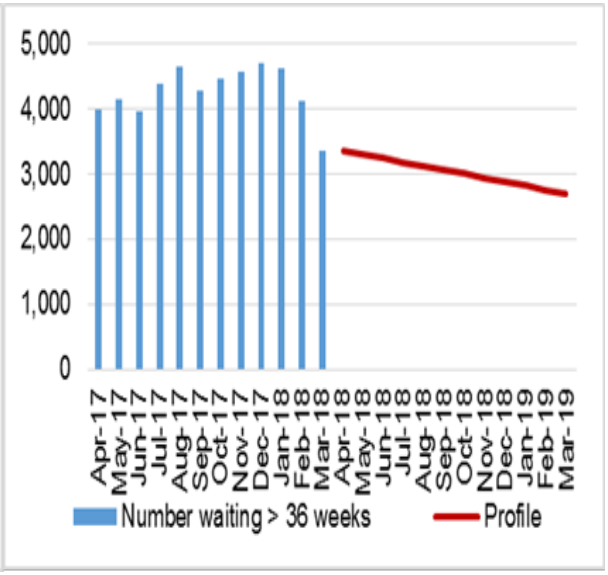
Significant progress was made in 2017/18 in reducing waiting times for our patients. As at the end of March 2018:

- There were 292 patients waiting over 26 weeks for an outpatient appointment. This is the best position since April 2013;
- There were 3,363 patients waiting over 36 weeks from referral to treatment. This is the best position since June 2014. However the Health Board has been subject to a financial clawback on this measure as we were unable to fully use the money allocated to us to improve reduce waiting times; and
- There were no patients waiting over 8 weeks for Endoscopy. This is the best position since June 2016.

Robust performance management of the planned care system has contributed to the significant improvement in performance as well as a combination of maximising core capacity, managing staff shortages (i.e. sickness and vacancies), improving theatre utilisation, outsourcing activity and implementation of Unit level Outpatient Improvement Plans. The challenge for 2018/19 continues to be the reduction of long waiting patients whilst maintaining the good progress made in reducing outpatient waiting times.

The following charts show the significant improvement made in 2017/18 and our aspiration to continue that improvement in 2018/19 for outpatient waiting times over 26 weeks and waiting time for treatment over 36 weeks.





Below are some actions that we are taking to improve performance in 2018/19:

- Reduced inappropriate referrals – developing out of hospital care models and clearer referral criteria for use in primary care;
- Increased outpatient clinic slots – unsustainable service models (after managed demand) to have sustainable capacity to meet planned care and cancer demand;
- Improved theatre performance and access to beds – ensure surgery is carried out on most appropriate physical site and increase the use of technology to move from Inpatient based care to daycase care;
- Appropriate levels of follow up care – implement national planned care programme models, virtual clinics and see-on-symptom models; and
- Hywel Dda University Health Board service models – further enhance regional working to develop service specifications for some services and also consider value for money opportunities of jointly commissioned capacity.

Unscheduled Care

We exceeded our trajectory for both 4 and 12 hour waits from April – October 2017 although performance then deteriorated which coincided with a step change increase in emergency admissions which were above predicted levels of activity. As expected the 1-hour ambulance handover performance mirrored the 12-hour breaches.

In 2017/18 the number of emergency admissions and ED attendances was broadly in line with the previous year however there was an increase in relation to older patients and medical admissions which has an impact on patient flow, capacity and unscheduled care performance over the winter months. This has been a particular challenge in the Swansea area despite the fact that Singleton Hospital is playing an extended role in relation to urgent and emergency care.

SAFER patient flow bundle:

S-Senior review

A-All patients

F- Flow

E- Early discharge

R- Review

S-Senior review

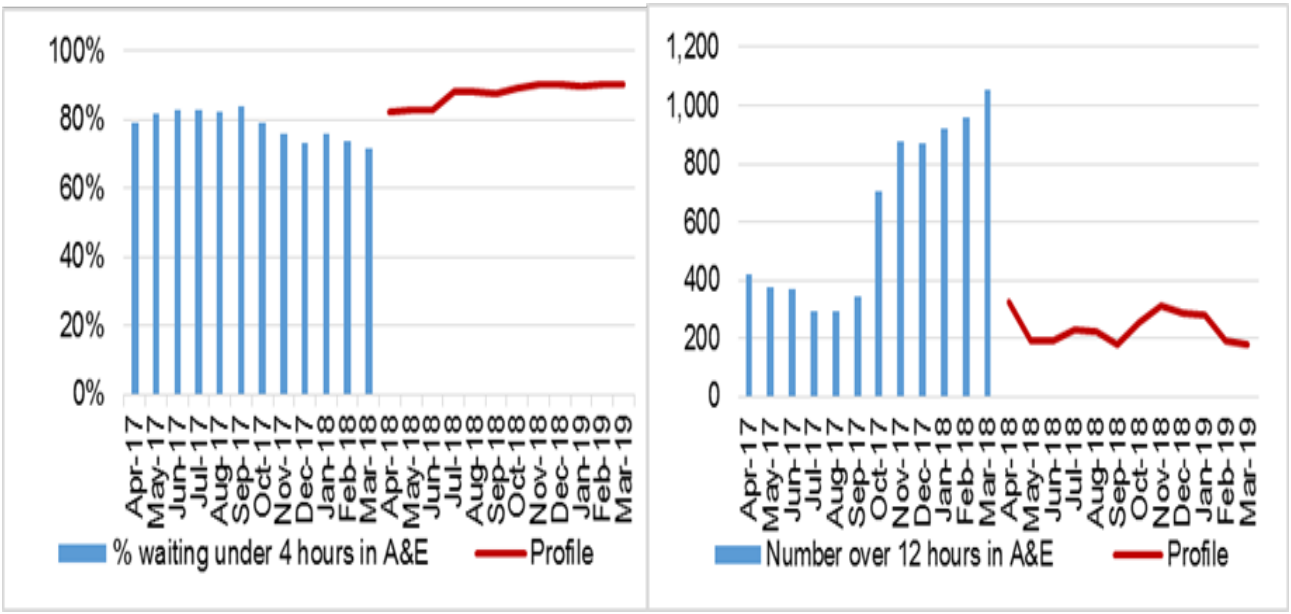
During 2017/18 we focussed on implementation of the *SAFER* flow bundle to support patient flow and release bed days. A launch took place (in Morriston hospital in November 2017 and at Singleton hospital in December 2017) to raise awareness and educate staff and public on the impact of unnecessary or avoidable hospital stays on patient outcomes. We also implemented *Breaking the Cycle* at Morriston hospital in January 2018 whereby back-office staff (whose day jobs would not normally involve direct patient care) helped-out on wards for two weeks at the height of winter pressures. Tasks included chasing test results and prescriptions which enabled nurses to dedicate more time to patients so they could be discharged as soon as they were well enough to leave hospital.

Below are some of the actions we intend to carry out in 2018/19 in order to improve unscheduled care performance:

- Prevention actions on smoking, vaccinations and immunisations;
- Timely access to urgent care by maximising the 111 service and rebalance care to the community through sustainable primary care, *Community Resource Teams* and staff working within *Intermediate Care*;
- Reduction in hospital attendance by maximising Ambulatory Emergency Care (AEC) and reducing conveyances of falls to hospital;

- Operational improvement in Emergency Departments, improve frailty services, AEC, change hospital models of care and focus on reducing numbers of medically fit for discharge patients; and
- Reduce patient length of stay to the Welsh peer group average which enabled the closure of additional acute and community hospital beds.

The following chart shows how our focus on unscheduled care will translate into improved performance in 2018/19.



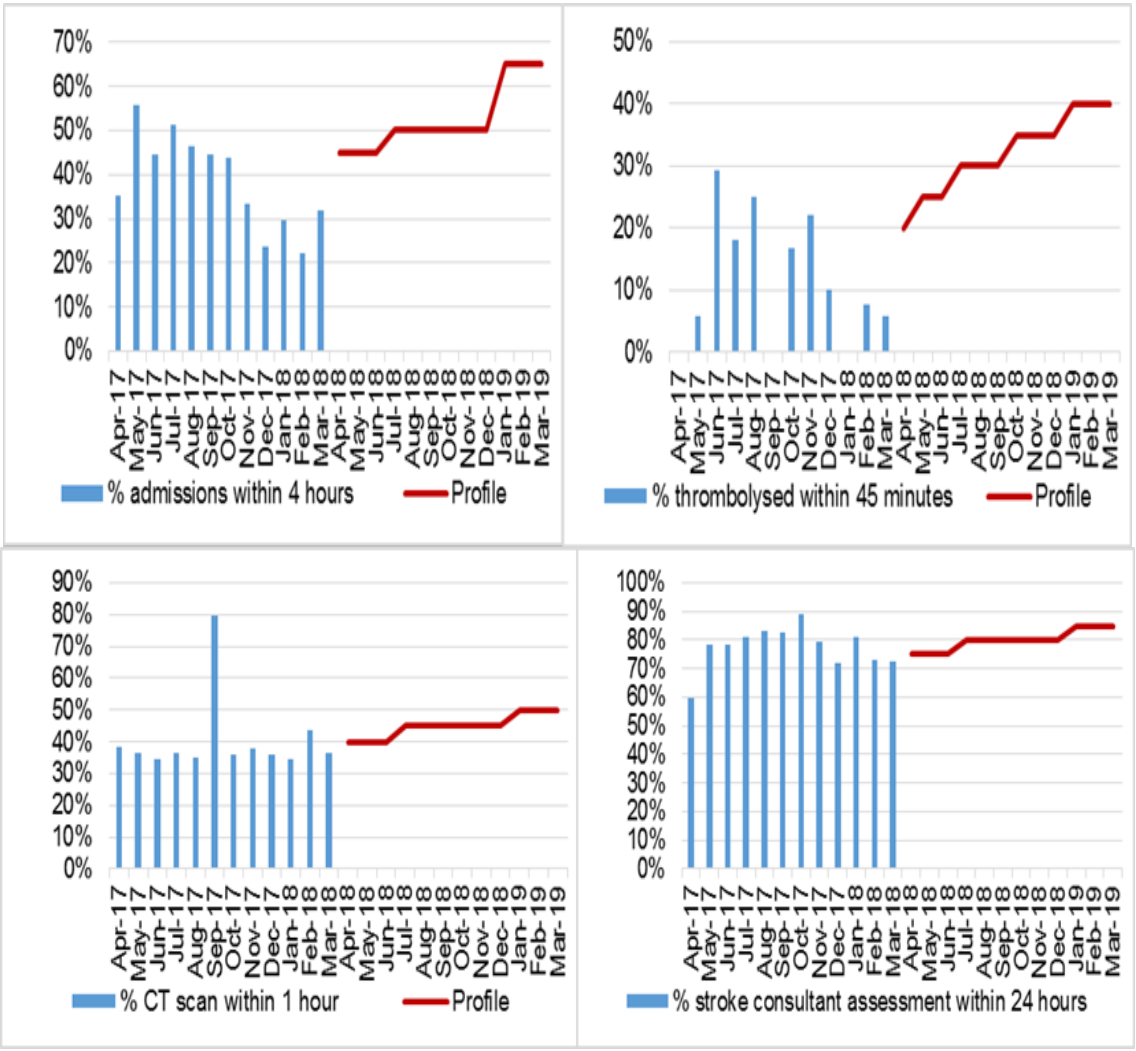
Stroke

Demand on acute stroke services increased during 2017/18 with a 14% increase in confirmed stroke admissions across ABMU. Since the introduction of the *National Quality Improvement Measures* for stroke services in October 2015 steady progress has been made in achieving the measures however direct admission to an acute stroke unit with four hours continues to be a challenge for us as well as thrombolysis times (door to needle).

The national measures have been revised for 2018/19 and so the following charts show how we plan to improve performance for 2018/19 measures through the following actions:-

- Ongoing development of *Hyper Acute Stroke Unit* (HASU) model with particular focus on front end of the pathway and stroke rehabilitation /Early Support Discharge in conjunction with Hywel Dda Health Board;

- Improvements in workforce capacity, improvements to the TIA (transient ischemic attack – a brief episode of neurological dysfunction caused by loss of blood flow in the brain, spinal cord, or retina, without tissue death) service, piloting different ways of working at the front end of the pathway and improved communication and flow across the stroke pathway; and
- Working with the NHS Wales Delivery unit to identify and support pathway improvements.



Cancer

The **incidence of cancer has continued to rise** on average 1.5% a year, and demand is set to rise by at least 2% a year for the next 15 years. The overall number of referrals we receive has not changed significantly over the last twelve months although the weekly variation in referrals is a challenge and can affect performance against the national 31day and 62day access measures. Dermatology, lower gastrointestinal, and breast surgery receive the highest number of referrals but our **main tumour site performance challenges are in breast surgery, gynaecology and urology.**

We delivered a number of achievements in 2017/18 including:

- Reducing our backlog of patients waiting over 62 days; implemented a robust Cancer Peer Review policy;
  Establishing a One-Stop Urology Clinic;

- Implementing a new revised Post-Menopausal Bleed Pathway;
- Implementation of a two year pilot at Neath Port Talbot Hospital for the Rapid Diagnostic Centre; and
- Publication of our ARCH South West Wales Non-Surgical Cancer Strategy.

We know we must do more to improve performance and our approach for 2018/19 will be to continue the structured approach from 2017/18 to set improvement trajectories for some key performance metrics on a delivery unit and tumour site basis. **Our top three issues for improvement are urology at the Princess of Wales hospital, breast and gynaecology.** In addition, below are some key actions we will be taking forward in 2018/19:

- Consider options for the future of the Rapid Diagnostic Centre (RDC), including a business case for its continuation past June 2019;
- Implement a culture that allows delivery units to access self-service cancer information to assist with their planning and performance management using the Cancer and Radiology Dashboards;
- Demand and capacity modelling for all tumour sites;
- Appointment of a Cancer Lead Strategic/transformational nurse;
- Implement a framework for regional multi-disciplinary teams;
- Progress service measures set out in the Wales Cancer Delivery Plan 2016 – 2020 and our local Cancer Major Health Conditions Delivery Plan;
- Develop robust plans for the implementation of the Single Cancer Pathway; and

Mental Health and Learning Disabilities

The Mental Health (Wales) Measure 2010 became law in December 2010 and the four parts of the measure are as follows:

- Part 1 seeks to ensure more mental health services are available within primary care;
- Part 2 gives all people who receive secondary mental health services the right to have a Care and Treatment Plan;
- Part 3 gives all adults who are discharged from secondary mental health services the right to refer themselves back to those services; and
- Part 4 offers every in-patient access to the help of an independent mental health advocate.

In 2017/18 our performance **we largely complied with the four parts of the measure** and **performance has been consistently good** despite ongoing challenges in relation to meeting the assessment and treatment targets for the Local Primary Mental Health Support Service (LPMHSS).

Part 1 Performance

Part 1 of the Measure requires Welsh 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/advice and 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. In March 2018 we achieved 70% for this measure (94% excluding CAMHS).

There are difficulties with information systems for the collection of Part 1 data for under 18s but we are actively addressing this in partnership with Cwm Taf University Health Board who provide the CAMHS service on our behalf.

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

We met the target for eight of the 12 months in 2017/18 with March 2018 achieving 85.9% compared with the all-Wales average of 84.8%. Meeting the target do not however inform you how many people are waiting or the length of longest waits, but we manage and monitor the lists locally.

Part 2 Performance

Part 2 of the Measure places duties on Welsh health boards and local authorities 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, Child & Adolescent Mental Health Services (CAMHS) and Learning Disability Services, including those placed with independent providers in our catchment area. We did not meet the target in March 2018 with compliance of 88.8% against a 90% target. The Mental Health and Learning Disabilities Delivery Unit continues to conduct annual CTP audits within each Community Mental Health Team, utilising the all- Wales CTP Audit Tool in order to provide assurance on the quality of the plans being developed. It has also introduced a live CTP register alerting practitioners of review due dates. This has been put into place in partnership with the local authority and early indicators have seen an improvement in CTP compliant rates.

The Health Board has regular meetings with Cwm Taf Health Board to review and discuss performance, and the quality of care in CAMHS.

Performance – Part 3 of Measure

This seeks 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.

Self-referrals and timely assessments

Under Part 3 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. In March 2018 we met the target with 100% compliance.

Performance – Part 4 of the Measure

Part 4 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). Our data confirms we achieved 100% as of September 2017 which was maintained through to March 2018.

INDIVIDUAL CARE

Three of the six of the measures in this section was achieved in 2017/18.

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

Measures	Period	National Target	Health Board Performance	Target Attained	Trend	Comparison with all-Wales position
Rate of calls to the mental health line CALL (Community Advice and Listening Line) by Welsh residents per 100,000 of the population	Q4 2017/18	4 quarter improvement trend	107.5	✓	↑	Worse ↓
Rate of calls to the Welsh dementia helpline by Welsh residents per 100,000 of the population	Q4 2017/18	4 quarter improvement trend	4.4	✗	↓	Worse ↓
Rate of calls to the DAN 24/7 helpline by Welsh residents per 100,000 of the population	Q4 2017/18	4 quarter improvement trend	36.3	✗	↓	Better ↑
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP)	Mar-18	90.0%	88.8%	✗	↓	Worse ↓
% of LHB residents who have been sent their outcome assessment report within 10 working days after their assessment	Mar-18	100.0%	100%	✓	→	Same →
% of hospitals with arrangements in place to ensure advocacy available to all qualifying patients	Q4 2017/18	100.0%	100%	✓	→	Same →

* For monthly data the tend is assessed over a 12 month period, for quarterly data the trend is assessed over 4 quarters, for annual data the trend is assessed by comparing the current year with the previous year

Calls to helplines

The Health Board actively promotes helplines through the use of leaflets and call cards which are made available in community sites and wards. Care co-ordinators also provide advice to service users who may benefit from them. Three helplines available to Welsh residents which include the C.A.L.L (Community Advice and Listening Line) helpline; the DAN 24/7 helpline and Wales Dementia helpline. At the end of 2017/18 there had been a significant increase in the uptake for the CALL helpline but a reduction in uptake for the other two helplines when compared with 2016/17. For the uptake rates of the DAN 24/7 helpline, ABMU is above the all-Wales uptake rate (36.3 compared with 34.4). Whereas the uptake rate for the Wales Dementia helpline is lower than 2016/17 below the all-Wales rate (4.4 compared with 7.6). Even though the uptake rate for C.A.L.L. has significantly improved from 83.2 in 2016/17 to 107.5, ABMU is below the all-Wales average of 173.9.

STAFF & RESOURCES

Six of the eleven measures were achieved in 2017/18.

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

Measures	Period	National Target	Health Board Performance	Target Attained	Trend	Comparison with all-Wales position	
Did Not Attend (DNA) rates for new outpatient appointments	Mar-18	12 month reduction trend	5.6%	✓	↑	Better	↑
Did Not Attend (DNA) rates for follow-up outpatient appointments	Mar-17	12 month reduction trend	7.1%	✓	↑	Better	↑
Biosimilar medicines prescribed as a % of total 'reference' product plus biosimilar	Q3 17/18	Quarterly improvement	12.3%	✓	↑	Better	↑
Number of procedures that do not comply with NICE Do Not Do guidance	Mar-18	0	10	✗	↑	N/A	
Elective Caesarean section rate	2016/17	Annual reduction	14%	✗	↓	Worse	↓
% headcount who have had a PADR/medical appraisal in previous 12 months	Mar-18	85%	60%	✗	↑	Worse	↓
% of staff who undertook a performance appraisal who agreed it helped them improve how they did their job	2016	Annual improvement	55%	✓	↑	Better	↑
Overall staff engagement score	2016	Annual improvement	3.68	✓	↑	Better	↑
% of staff completing statutory and mandatory training	Mar-18	85.0%	51.0%	✗	↑	Worse	↓
% of sickness absence rate of staff	Mar-18	12 month reduction	5.75%	✗	↓	Worse	↓
% of staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	2016	Bi annual improvement	70%	✓	↑	Better	↑

* For monthly data the tend is assessed over a 12 month period, for quarterly data the trend is assessed over 4 quarters, for annual data the trend is assessed by comparing the current year with the previous year

STAFF & RESOURCES

Did Not Attend (DNA) rates

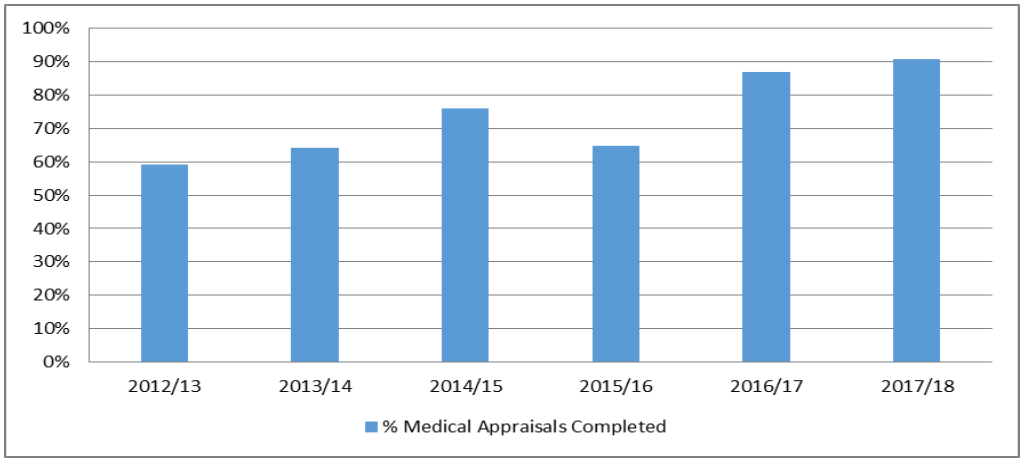
Both measures relating to DNA rates for new outpatient and follow-up appointments were achieved for the second consecutive year. Our *Outpatient Improvement Group* continues to lead on improving the way in which we deliver services. Actions for 2018/19 include:

- Full implementation of the Outpatient Appointment Test Reminder;
- Provision of advice and support to primary and secondary care referrers in order to reduce inappropriate referrals; and
- Patient access improvements to ensure patients are seen in a timely manner.

Our DNA rates are amongst the lowest in Wales

Medical Appraisal/ Personal Appraisal Development Reviews (PADRs)

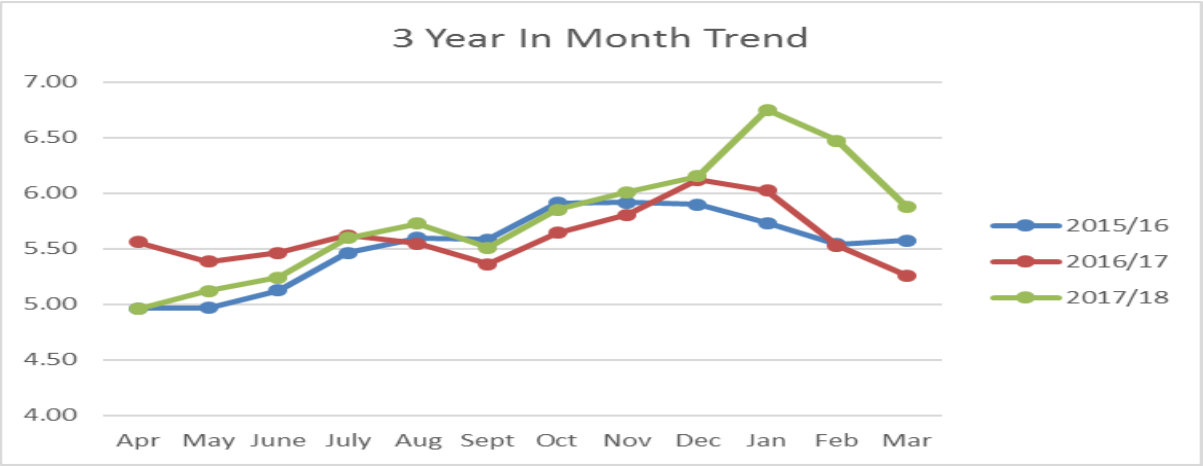
In 2017/18 medical appraisal rates increased to 92.8% in primary care and 87.7% in secondary care, giving a total of 89.5% across ABMU which demonstrates continuing engagement of doctors in both primary care and secondary care. The following graph illustrates the improvement made in secondary care appraisal since 2013/14.



For non-medical staff the achievement rate for appraisals was 63.9% representing an 8% improvement on the previous year but below the target level of 85%. We implemented *Group Appraisals* in 2017/18 for some staff group areas including domestic, catering, portering and estates. A focus on improving compliance further will continue into 2018/19. In addition, we will focus on training managers to complete *Values Based* PADR and use the *Electronic Staff Record* (ESR) to improve reporting figures as well as embedding co-production within the Health board PADR process. We recognise that the accuracy of PADR data generated via the ESR system needs to be improved however we anticipate an improvement in 2018/19 with the roll-out of *Manager Self-Service* in ESR as well as full implementation of the all-Wales PADR/ Pay Progression policy.

Sickness Absence

2017/18 commenced with in-month sickness absence at its lowest in the last three years. However, due to a number of factors which have affected this area we have seen rates consistently rise throughout the year. The winter period was particularly difficult due to the prevalence of flu, which resulted in us experiencing the highest in month sickness figures for three years. The cumulative sickness rate in ABMU in March 2018 stood at 5.75%. Our aim is to reduce sickness absence throughout the course of 2018/19 focussing particularly on improving the health and wellbeing of staff. Given the fact we will need to take forward service change which can have an effect on sickness absence, we will be providing additional support to staff and managers alike in how to deal with the emotional factors of change.



Plans for 18/19 include:

- Improve access to staff health and wellbeing services in a timely manner (early intervention/prevention) with the aim of reducing related sickness absence and improving the health and wellbeing of employees;
- Enable managers to recognise and support staff with common manageable health problems in the workplace (musculoskeletal and mild-moderate mental health - highest contributor of long term sickness); and Enable delivery units and service managers to manage sickness better by standardising long term sickness review processes and delivering a bespoke training and toolkit programme for each delivery unit.

Recruitment

In common with other NHS organisations across the country, ABMU is facing unprecedented challenges with regard to the availability of specialist qualified staff, and the need to provide sustainable medical rotas. Our vacancy position is a major focus of effort with particular emphasis being placed on understanding the reasons for the high turnover of nursing staff and putting plans in place to address this at both a corporate and delivery unit level.

Work is ongoing to provide a framework for changing the workforce models and to maximise the opportunities provided by the staff groups which are not facing recruitment challenges, use of our non-registered workforce and structured support, training and management of our existing staff.

Due to the need to provide sustainable training rotas for doctors, and to make the best use of our qualified workforce in general, we need to fundamentally reshape our

service models across the organisation whilst implementing our agreed Clinical Strategy, assessing the equality impact, and staying true to our values.
Our focus during 2017/18 has been on:

- Reviewing Staff Recruitment & Retention initiatives;
- Developing new and extended roles;
- Reducing sickness and absence and supporting staff health and wellbeing;
- Improving staff experience, starting with a clear articulation of commitment through our Staff Experience Strategy and Value & Recognition Programme

Achievements over the past year include:

Recruitment, Retention and Staff Wellbeing

- ✓ Overseas recruitment and increased commissioning of training places has been arranged to help fill clinical vacancies as well as holding targeted recruitment days locally, particularly for those interested in taking-up nursing and healthcare support worker posts;
- ✓ We have supported staff surveys and listening events and a revised our exit survey process within Nursing & Midwifery;
- ✓ Delivery Unit plans have been put into place to reduce sickness absence rates;
- ✓ Managers have attended 'Sickness Absence/Better Behaviours training' – with 13 programmes delivered between April 2017 and March 2018;
- ✓ 256 Wellbeing Champions have now undertaken training to deliver the role in their service area and are supporting the Health Board's approach to early intervention/prevention for health and wellbeing.
- ✓ 78 managers have undertaken the Work Related Stress Risk Assessment Training and a rolling programme of courses has been planned to enable managers to better manage stress in the workplace.
- ✓ 48 managers have attended Mental Health Awareness Training and a rolling programme of training has been planned.
- ✓ Commenced the *Staff Wellbeing Advice and Support Service* enabling staff to access support within seven days of self-referring to the service. Early evidence shows 67% of staff are referring for mental health difficulties and 33% for physical health.
- ✓ We continue to engage with *Time to Change Wales* and 10 presentations have been made to staff, managers and delivery units with the aim of reducing stigma and discrimination related to mental health at work;
- ✓ 86 managers have attended Occupational Health training, raising awareness of the role of Occupational Health and how to ensure a 'good referral' is made; and
- ✓ Staff health and wellbeing courses (Managing Your Wellbeing and Lighten Up) continue to be delivered.

Embedding our Organisational Values through Staff Experience

- ✓ We have continued to work to embed *Living Our Values* programme which has included workshops, staff shadowing listening events;
- ✓ Following the launch of our Staff Experience Strategy, an extensive Reward and Recognition Programme took place during 2017/18. This included the launch of the *ABMU Long Service Awards* programme. Long service recognises individuals who have 25 or more years NHS service. In 2017 a total of 2,422 individuals who qualified for recognition, were invited to be presented with a certificate and pin badge.
- ✓ Our *Patient Choice Awards* continued in 2017/18 providing patients, carers, relatives and visitors 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. In 2017/18 we presented 289 individuals and teams with a Patient Choice Award across the six Delivery Units. Our *Chairman's Values into Practice (VIP) Staff Awards* took place on 5th July 2018 to mark the 70th birthday of the NHS;

- ✓ Progress continues with our equalities work and during 2017/18 our Stonewall Workplace Equality Index assessment, which ranks and benchmarks our progress on lesbian, gay, bisexual and trans (LGBT+) equality in the workplace improved from 247 in the UK to 154. Our key achievements include the increased profile of Calon, our LGBT+ network which has been rebranded to include all staff members through the explicit inclusion of Allies members (including Trans Allies). The *No Bystanders Campaign* was successfully launched during August 2017 to encourage staff to speak out and stand up to LGBT+ discrimination. This campaign was a huge success with dozens of teams signing the pledge. Trans equality awareness training was also rolled-out during 2017, focussing initially on our Patient Feedback Department. Calon marched with other LGBT network groups in NHS Wales at Pride Cymru 2017. A member of Calon attended Swansea University's LGBT Network's Pride and Prejudice Symposium and gave a talk on the importance of Staff Networks and Role Models.

Developing leadership capacity and capability

- ✓ Driven by the results of our "In our shoes staff survey", we launched a new leadership programme which focuses on behavioural leadership skills. This programme entitled 'Footprints' is making a real difference to staff confidence and skills and in its first year, nearly 400 managers have benefited from this programme over a series of 26 cohorts. Work is now underway to develop Stage II of Footprints which will focus on senior leadership development.

- ✓ Our internal 'Graduate Growth' scheme continues to progress. Now in year two, our six graduates (featured below) are in key operational management areas.

- ✓ Our apprenticeship academy is going from strength to strength with 100 apprentices having joined us in a range of clinical and non-clinical roles. Many of our early apprentices have now completed their apprenticeship programme and are employed by ABMU on a permanent basis. Apprentices are currently employed in pathology, estates, administration, ICT and as Healthcare Support Worker roles on the wards. To support our apprentices in their roles, we have created an Apprenticeship newsletter, called *The Signpost* and run regular continuing professional development and networking opportunities to keep in touch and provide ongoing support and development.

- ✓ The success of our Apprenticeship Academy and future development would not be possible without the strength and support of our partners at Neath Port Talbot Group of Colleges and Bridgend College. In addition to newly recruited apprenticeships, existing staff are also able to undertake apprenticeship qualifications to support them in their role. There are currently over 300 staff currently studying for apprenticeship qualifications in a wide variety of areas including team leading, project management, business administration and customer service.

Launch of Apprentice Academy 2017 – visit by Eluned Morgan AM, Minister for Welsh Language and Lifelong Learning

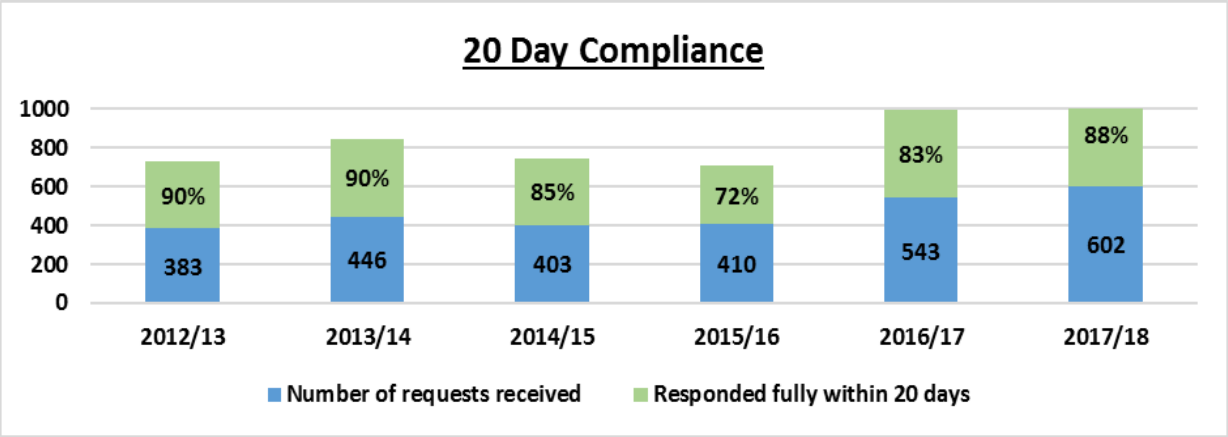
- ✓ Through our vocational training team, we offer a range of work-based training opportunities for the unemployed. These include Employability Skills Programme for adults and Engagement programmes for 16-19 year olds.

Workforce Redesign

- ✓ The development of long-term care service teams made up of a number of different professionals including paramedics to free-up GPs to see more complex patients;
- ✓ The development of new advanced nurse practitioner roles and multi-skilled community professionals;
- ✓ Further development of clinical pharmacists to provide direct support to patients;
- ✓ The development of physician assistant roles to take on the routine work of GPs;
- ✓ The development of the medical assistant, an administrative role trained to deal with incoming correspondence usually handled by GPs;
- ✓ Further reinforce the community therapy and health science workforce to embed services within cluster networks with an emphasis on prevention, co-production and providing services closer to home;
- ✓ Develop the 'future GP' model linking with the development of the Primary Care Academy at Swansea University;
- ✓ Mobilising the workforce through the use of IT;
- ✓ Supporting nurses within GP practices to develop into nurse practitioner and advanced nurse practitioner roles, in addition to minor illness roles to support GPs and reduce their workload;
- ✓ Acute outreach team delivering care at home through GPs and advanced nurses;
- ✓ Development of advanced practitioner audiologist roles to shift demand from ENT to Audiology;
- ✓ Consultant pharmacist roles in a number of key areas such as unscheduled care, antimicrobial prescribing and cancer care, which will promote innovation and support prudency forging links with the University.
- ✓ Two Physiotherapy Consultant posts one in critical care and the other in MSK to expand the research agenda and forge links with the University in line with ARCH;
- ✓ Within medical physics and clinical engineering some tasks have moved from consultant to other healthcare science staff, in addition to the introduction of apprentices;
- ✓ Two fast- track trainees have been employed within audiology, who will qualify as associate practitioners after 2 years;
- ✓ Utilising advanced biomedical scientist roles in place of difficult to recruit consultant pathologists;
- ✓ Band 3 and 4 roles have been developed with additional competencies to provide continuing care packages to children in the community;
- ✓ Supporting pharmacy assistants / technicians to achieve NVQ level 2 and 3.
- ✓ Pharmacy technicians are being trained to safely administer oral medicines to ensure safe and timely administration of medication and allow nurses to prioritise sick patients;
- ✓ Development of a generic nursing/therapy healthcare support worker role.
- ✓ Increased use of band 4 associate practitioner roles;
- ✓ Medical assistant/care navigator role developed to support GP practices
- ✓ Continuing to proactively develop the role of the physician associate (PA) with three now employed on internship programmes In creating a local talent pipeline, we continue to work in partnership with Swansea University School of Medicine to provide clinical placements for their PA students in Cohort 1 and 2 and will support internship posts when they qualify in October 2018 and 2019.

Freedom of Information Act (FOIA)

The Act is part of the Government's commitment to **greater openness** in the public sector and its underlying principle is that all non-personal information held by a public body should be freely available unless an exemption applies. The Act requires **responses to be processed within 20 working days** unless there is need to consider the wider public interest in disclosing a piece of information or further clarity is required as to the information being sought.



The table provides an analysis over the past six years of the **upwards trend in FOIA requests** and the level of achievement in terms of our ability to provide a response within 20 working days.

The primary sources of such requests includes politicians (or their researchers), journalists, companies or individuals who are either seeking the information for their own use or on behalf of an organisation. The prime topics targeted under FOI are workforce issues (agency staff, workforce levels), contracts, clinical access issues as well information regarding the number of patients with particular conditions or prescribed particular medication. Eight out of the 602 requesters appealed the content of the initial response we sent them. A single request that referred to the Information Commissioner's Office.

Due to their complicated nature, it is often necessary for context to be added to draft responses to aid interpretation of data. On occasion it is not possible to provide this in time to meet the 20 working day requirement and hence some responses inevitably miss this timescale. In such instances we aim to keep the requester informed.

Bilingual Services

Since the establishment of the Welsh Language Commissioner's Office we as a health board have been required to follow our existing Welsh Language Schemes pending the implementation of the Welsh Language Standards, a date for which not yet been confirmed.

Our Welsh Language Scheme sets out how we aim to deliver services bilingually and is based upon the principle that **service users should be able to express themselves more effectively and comfortably in the language of their choice.**

A Welsh Language Strategy Group was established in the autumn of 2016 and continues to oversee work necessary to respond to both the Welsh Language Standards and also the follow on strategy…. 'More than just words...'

Set out below are **examples of achievements** made over the past year in terms of ABMU's delivery of bilingual services:

- ✓ We have changed the way in which outpatient appointment letters are issued which is allowing us to issue the vast majority of these bilingually. Work is continuing so that we are able to do this fully by the end of 2018;
- ✓ We have held awareness sessions on Welsh Language issues with GPs and practice managers and continue to work with them to increase the number of secondary care referrals that identify the patient's language needs;
- ✓ In collaboration with Coleg Cymraeg Cenedlaethol, Coleg Gwyr and Swansea University we have attended careers festivals and sessions held in local schools and collegues to promote the importance of the Welsh language;
- ✓ Our grant contracts with the third sector continue to include the need for applicants to demonstrate their approach to bilingual service provision;
- ✓ The Myrddin patient information system now has a field to record patient language preference; as at 31st March 2018 307 patients had indicated a preference for care through the medium of Welsh;
- ✓ We are following up the 500 staff who expressed an interest in completing a 10hr on-line Welsh Language course provided on our behalf through the National Centre for Learning Welsh;
- ✓ We continue to support bilingual communication in terms of our website, hospital based information screens, patient leaflets and posters, via patient experience surveys as well as via social media;
- ✓ We are operating a bilingual text reminder service to reduce the number of appointments that are missed by service users. Patients booking-in to outpatients in Morriston hospital can also register their arrival electronically in either Welsh or English;
- ✓ Outpatient staff display the 'Iaith Gwaith' logo, showing service users they can speak to them in Welsh or that they are learners. Volunteer staff also use 'Iaith Gwaith' lanyards and posters for the same purpose.

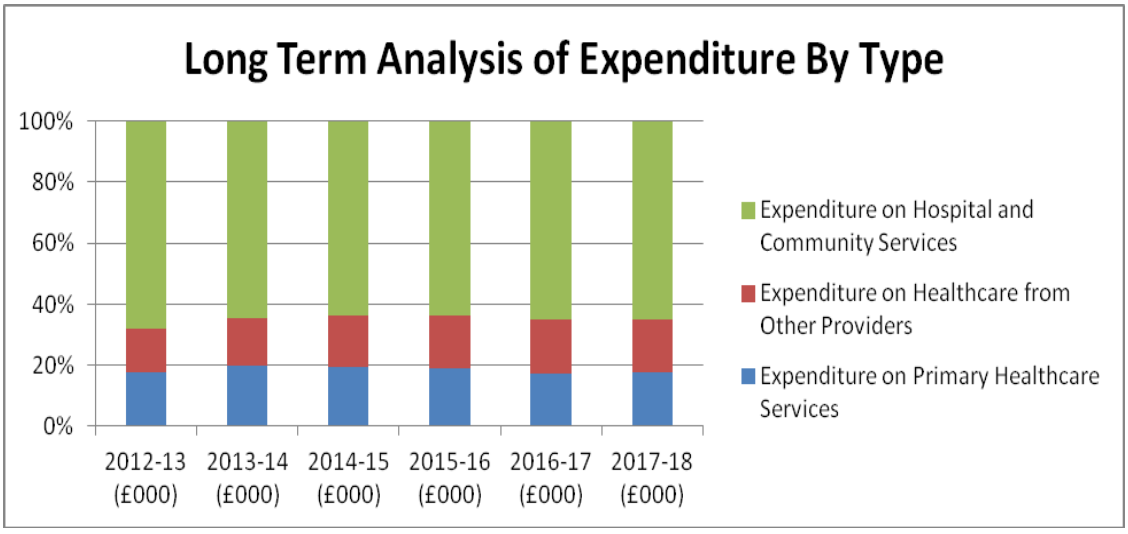
Health Inspectorate Wales (HIW) who inspect our services confirmed that during service surveys carried out in 2017/18:

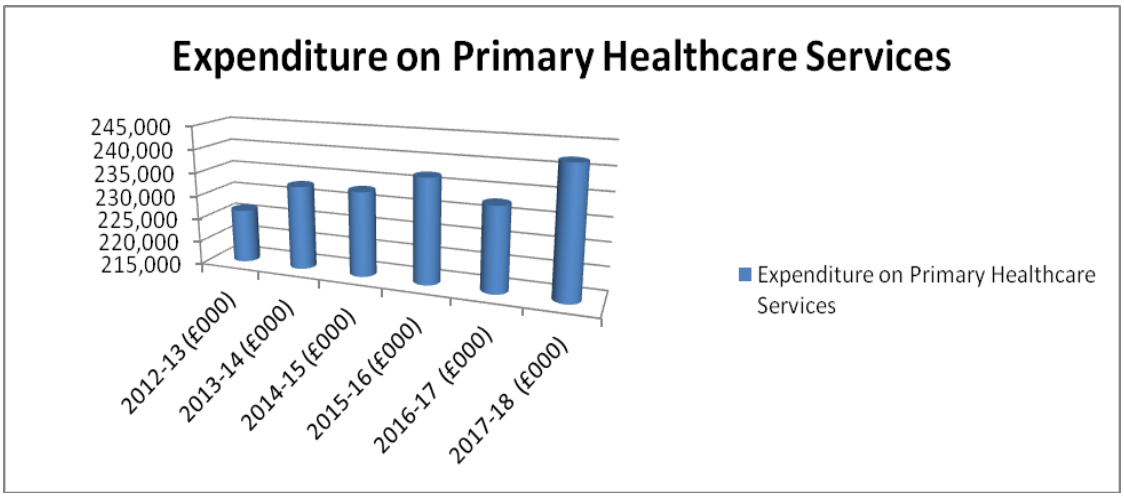
- 85% of hospital patients who completed a questionnaire were offered the option to communicate with staff in the language of their choice;
- 94% of GP patients who completed a questionnaire said that they could always speak to staff in their preferred language;
- 95% of dental patients who completed a questionnaire said that they could always speak to staff in their preferred language.

LONG TERM EXPENDITURE TRENDS

As set out in the table below, whilst there have been movements in each of these headings over the last five years, an analysis of the expenditure shows that the mix of expenditure is broadly consistent year on year.

	2012/13 £000	**2013/14** £000	**2014/15** £000	**2015/16** £000	**2016/17** £000	**2017/18** £000
Primary Healthcare Services	226,411	232,867	232,967	237,071	232,790	242,052
Healthcare from Other Providers	188,769	186,724	199,632	216,761	236,363	238,469
Hospital & Community Services	881,006	762,917	756,410	802,341	868,757	887,423

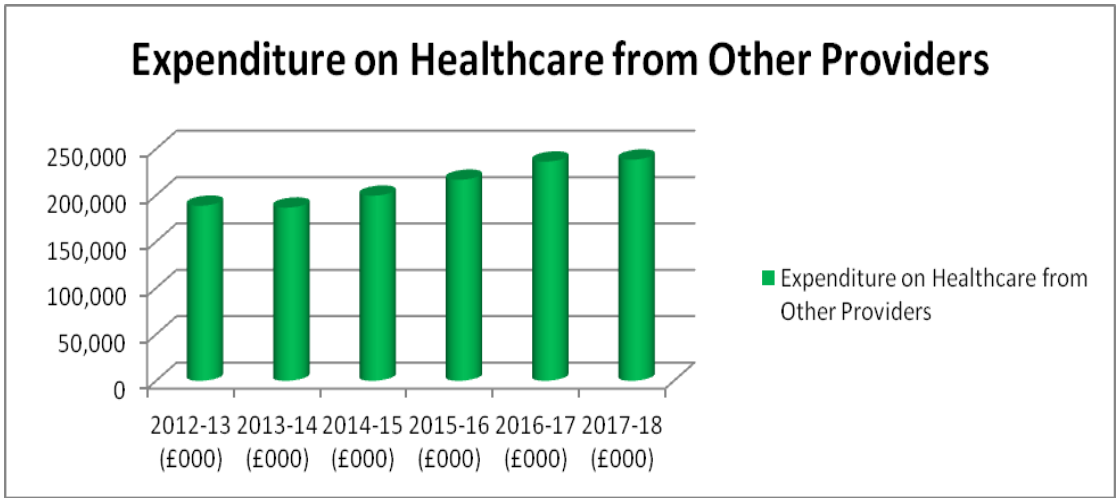




Expenditure on primary healthcare services comprises expenditure on the primary care contracts for General Medical Services, Pharmaceutical Services, General Dental Services, General Ophthalmic Services, Prescribed Drugs and Appliances and other Primary Health Care Expenditure.

After an increase from £226m to £232m in 2013/14, expenditure on primary health care services remained consistently at around £232m over the period 2013/14 to 2014/15. In 2015/16 expenditure increased to £237m as a result of increased costs of prescribed drugs and appliances with increases in the volume of items prescribed and price increases.

In 2016/17 there was a reduction in expenditure to £233m which was due to £3.501m of rates rebates (relating to 2016/17 and previous years) in respect of GP premises following successful ratings appeals. In 2017/18 expenditure increased to £242m with the main increases being in general medical services of £5.7m relating to increases in the costs of enhanced services, the costs of GP out-of-hours services and the uplift in the general medical services contract. There were also increases in dental services expenditure linked to an increase in the general dental services contract and in training costs for foundation trainees, and in primary care prescribing due to cost increases for a number of drugs due to stock shortages.



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. Expenditure in this area has fluctuated over the last six years ranging from £188m to £238m

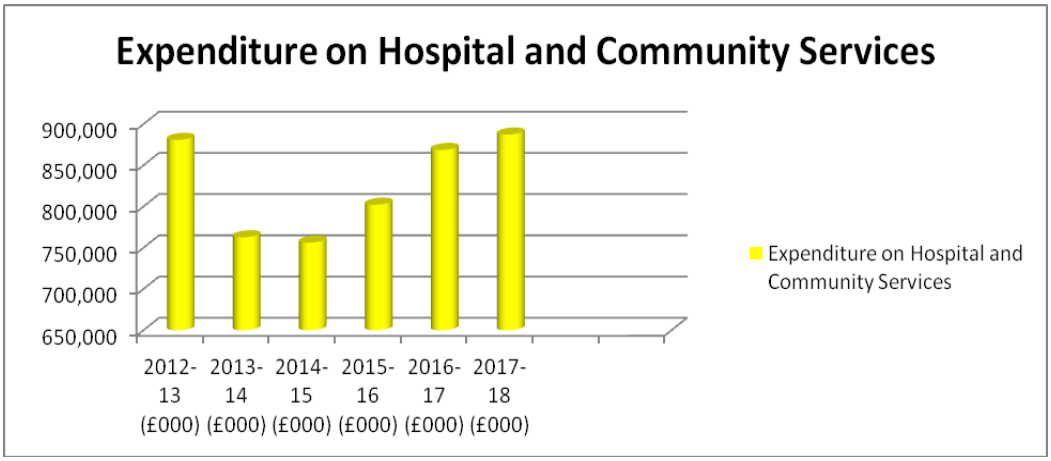
Expenditure trends in healthcare from other providers remained fairly flat in 2012/13 and 2013/14 followed by sharp increases in expenditure from 2014/15 to 2016/17, with a smaller increase in 2017/18. In 2014/15 the increase in expenditure was linked to continuing healthcare following increases in the weekly rates charged for patients and a growth in the number of complex care packages required for patients particularly for care at home. There were also further increases in expenditure with the Welsh Health Specialised Services Commission (WHSSC) linked to service developments and costs associated with outsourcing of cardiac treatments to reduce cardiac waiting times.

Expenditure further increased in 2015/16, again being linked to continuing healthcare with further increases in the weekly rates charged for patients and a growth in the number of complex care packages required for patients. Expenditure with WHSSC

also increased due to developments such as the *Emergency Medical Retrieval Transportation Service* (EMRTS) which sees doctors providing services in the field based with Air Ambulance Services. In addition, 2015/16 saw a change in the funding structure for the Western Bay programme which led to payments being made to Local Authorities for the services that they are providing under this programme with the full allocation having been provided to the health board by Welsh Government.

Expenditure increases in healthcare from other providers in 2016/17 was primarily in four areas. There was again an increase in expenditure with WHSSC relating to developments in areas such as organ donation and neonatal services, further increases in NHS funded nursing care and continuing healthcare costs as a result of increases in the weekly rates payable and in the number of NHS funded nursing care packages, increased expenditure with local authorities via the *Intermediate Care Fund* (ICF) as part of the Western Bay programme funded by Welsh Government and increased payments to private providers for outsourcing of activity.

The expenditure increase in 2017/18 was in *Funded Nursing Care* as a result of the Supreme Court ruling on what constitutes nursing care in the care home environment with the increase in cost of £3.444m covering backdated payments to 2014 being funded by Welsh Government. Offsetting the increased expenditure in this area was a reduction in expenditure with private providers due to reduced outsourcing of activity.



This area of expenditure has seen the biggest fluctuations. Since ABMU's establishment in 2009 a number of hosted bodies have transferred to other organisations, predominantly Velindre NHS Trust. These include Informing Healthcare (IHC), the *National Leadership and Innovation Agency* for Health (NLIAH), the *Centre for Equality & Human Rights* (CEHR) and *Welsh Health Supplies* (WHS). All of these transfers led to reductions in ABMU expenditure on hospital and community Services over the period 2012/13 to 2014/15. The majority of these services transferred from 1st April 2013 (with the exception of Welsh Health Supplies which transferred on 1st April 2014). In addtion on 1st June 2012 the *NHS Wales Shared Services Partnership* (NWSSP) was created at which point Accounts Payable, Procurement, Payroll and Recruitment and Internal Audit Services and their associated costs transferred to Velindre NHS Trust.

Following these reductions, expenditure on hospital and community services has increased since 2015/16, with the increase in 2015/16 being due to increased expenditure in staff costs, drugs and surgical consumables.

In 2016/17 the largest increase in expenditure on hospital and community services was in staff costs of £34.5m which was due to an increase in employers national insurance and pension contributions, pay awards and an increase in staff numbers of 353 between 2015/16 and 2016/17. There were also significant increases in drugs costs due to new drugs particularly in respect of Hepatitis C and cancer treatments, increased costs in other clinical supplies and consumables plus increased recruitment costs associated with costs of overseas nurse recruitment.

In 2017/18 the increase in expenditure on hospital and community services related to three main areas. The largest increase of £8.343m was in asset impairments as a result of the five yearly revaluation of the NHS estate by the District Valuer. There was also an increase of £5.1m in staff costs as a result of the pay award, living wage allowance and introduction of the apprenticeship levy, although ABMU was successful in delivering £7.5m of staff cost savings through service redesign and reductions in variable pay such as agency staff costs. The third increase in costs related to clinical supplies and services of £3.248m with increases in the costs of medical and surgical consumables.

SUSTAINABILITY REPORT

ABMU is required to publish data in relation to key sustainability metrics including but not limited to; utilities consumption, waste production and environmental management. The following information is in accordance with the Her Majesty's Treasury guidance issued March 2016. All CO^2 conversion factors are as per the UK Government Greenhouse gas reporting - conversion factors 2016 except specialist Clinical Waste CO^2 conversion factors which are sourced from the Health Board's clinical waste contractor.

We are responsible for **60 sites** including four acute hospitals, six community hospitals with the remainder comprising clinics, health centres, learning disability units and associated support buildings without direct patient access including Health Board HQ and our laundry. The total land these buildings occupy is around **104 hectares with buildings having a combined gross internal floor area of 349,809m^2.**

Environmental Management Governance

The ABMU Environmental Committee receives the Annual Environmental Management Report each year and is responsible for providing assurance that policies and strategies are in place to meet the Health Board's corporate objectives with regard to environmental management. All nine ABMU sites that require ISO14001 accreditation successfully retained their accreditation in 2017/18. The following targets on Waste, Electricity, and Gas & Water have been set as part of our environmental objectives:

Waste

Target: **To increase** recycling / recovery by 4.5%

We almost doubled our rates of domestic mixed-recycling at 7.21% while overall waste volume reduced by 1.8% in-line with our Waste Strategy target.

Electricity

Target: T**o reduce** electricity consumption by 1%

Our electricity consumption increased by 6% with the largest increase occurring at Morriston and Neath Port Talbot Hospital.

Gas

Target: **To reduce** gas consumption by 1%

Our gas consumption fell by 4% the majority of this saving is attributed to the removal of boilers in Cefn Coed Hospital (CCH) and combined heat and power systems not being operational.

Water

Target: **To reduce** water consumption by 1%.

Our water consumption decreased by 8% as a result of repairs being made and the replacement of boilers in CCH.

Sustainable Development

The Health Board is fully **committed to reducing its carbon footprint** and has retained ISO14001:2004 accreditation for its Environmental Management systems at all its hospitals. This demonstrates a commitment to achieving legal and regulatory compliance. Our Carbon Reduction Strategy continues to provide the vision for this important issue. Associated targets and key performance indicators have been developed and are monitored in reports to the Environment Committee.

Policy & Procedures

During 2017/18 we revised our Environmental Policy and the ISO 14001 Environmental Management Systems Control Procedures manual has also been updated.

Energy

Gas consumption reduced by 4% this which was largely due to site rationalisation and the removal of boiler plant at the CCH. Also planned demolition of redundant buildings at Morriston Hospital were completed during 2017/18 which had a positive impact. We continue to purchase 100% renewable electricity, for which we pay Renewable Source Energy levies.

The end of March 2018 saw the completion of a project to improve the Building Management system (BMS) used to control a range of energy consuming equipment, at Princess of Wales and Singleton hospitals completed.

We also progressed The “ReFIT - Green Growth” loans via Welsh Government which enables the organisation to borrow money to fund carbon-reducing schemes. It has a two-year programme of works and the costs arising from this will be met through the savings made in energy costs. Following a tender process we are hoping to appoint a service provider during the summer of 2018.

In accordance with our responsibilities under the Carbon Reduction Commitment (CRC) scheme we will be purchasing an estimated £640,439 worth of Carbon Credits for its consumption in 2017/18.

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 ‘Energy from Waste’ facility. This helps us comply with the Welsh Government’s Strategy – Towards Zero Waste. Factors that have increased waste include the use of single use medical items. Whilst such items of equipment have inherent infection control benefits this affects our ability to progress reuse and repair of clinical items however, suitable recycling routes are being explored to provide a sustainable economic and environmental disposal solution.

Whilst there has been a decrease in the overall amount of waste the health board is recovering or reusing ABMU we are continuing to **implement better segregation of clean dry mixed-waste recycling** into 2018/19 with a view to reducing disposal costs. Dry Mixed Recycling volumes increased at our four acute hospital sites during 2017/18 and we continue to strive to increase the amount of source segregated recycling in-line with the Welsh Government’s Environment Act 2016 and associated targets.

Domestic waste and recycling has seen an **increase in the mixed recycling stream** of 7.21% in 2017/18 with an additional 21.90 tonnes of waste being recycled compared with the previous financial year. In addition to the increased recycling levels the Health Board has **reduced its 'black bag' non-recyclable waste** and confidential waste by 4.75% and 17.59% respectively. Having exceeded the annual ISO14001 target for recycling / recovery of a 4.5% increase, we are now on target to achieve the Welsh Government 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 ISO 14001 ensuring that all of the waste generated is managed appropriately according to the Waste Reduction Strategy 2017 – 2022.

Other Sustainability Initiatives

Feasibility assessment work was undertaken co-operation with Bridgend County Borough Council at the Princess of Wales and Glanrhyd hospitals in readiness for the evaluation of in establishing a District Heat Network however this was concluded to be not economically viable at this time.

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 our largest site Morriston Hospital.

Since the Well-Being of Future Generations Act came into being links have been forged with other bodies within Wales who are responsible for the stewardship of the natural environment in order promote '**Green Infrastructure'** and contribute to our Well-Being objectives. ABMU have produced a portfolio of the Health Board's sites detailing land areas, including habitat and geological surveys and has engaged with third parties to undertake further reviews. As per NHS Pollinator Friendly Estate guidance, wild flowers have been planted at our main sites.

Finite Resource Consumption			2014-15	2015-16	2016-17
Non-financial indicators (000m$^{2)}$	Water Consumption (non-office estate)	Supplied	484	503	494
		Sewerage	411	393	411
		Abstracted	0	0	0
Financial Indicators (£m)	Water Consumption (non-office estate)	Supplied	0.6	0.6	0.5
		Sewerage	0.581	0.55	0.57
		Abstracted	0	0	0

Water consumption equates to 30 m3 per person FTE (17,000 Full Time Equivalent) per annum.

Greenhouse Gas Emissions		2015/16	2016/17	2017/18
Non-Financial Indicators (1,000t CO2e)	Total Gross Emissions	41	40	40
	Gross Emissions Scope 1 (direct) - (Fuel Oil)		0.09	0.17
	Gross Emissions Scope 1 (direct) - (Gas)	17.30	18.29	17.32
	Gross Emissions Scope 1 (direct) - (Owned Transport)		0.59	0.41
	Gross Emissions Scope 2 (indirect) - (Purchased Electric)	24	19.25	20.32
	Gross Emissions Scope 3 (Other indirect) - (Business Travel)		1.66	1.79
	Gross Emissions Scope 3 (Other indirect) – Waste		0.176	0.156
Related Energy Consumption (million kWh)	Electricity: Total Consumed	49	47	49
	Electricity: Self-Generated (PV)	0.055	0.049	0.083
	Gas	94	99	94
	LPG	0	0	0
	Other (oil)	1.2	0.33	0.6
Financial Indicators (£)	Expenditure on Energy ex VAT	6.88m	7.33m	7.41m
	Carbon Reduction Commitment (CRC) License Expenditure (2010 onwards)	£670,955	Purchase will be retrospective estimate £649,360	Purchase will be retrospective estimate £640,439
	Expenditure on accredited offsets	0	0	0
	Expenditure on official travel	3.2m	2.8m	2.78m

Waste		2015-16	2016-17	2017-18
Non-Financial Indicators (tonnes)	Total Waste	4728	5398	5301
	Landfill	296	275	185
	Reused/Recycled	4124	4793	583
	Composted	0	0	0
	Incinerated without energy recovery	307	0	0
	Incinerated with energ recovery	0	330	4533
Financial Indicators (£)	Total Disposal Cost	1,411,686	1,678,470	1,380,383
	Landfill	88,491	63,155	43,070
	Reused/Recycled	1,120,713	1,360,607	177,947
	Composted	0	0	0
	Incinerated without energy recovery	202,481	0	0
	Incinerated with energ recovery	0	254,708	1,159,366

No VAT is recorded in the waste financial indicators as per EFPMS guidance.
Following review of the Sustainability Reporting Guidance 2017/18 waste which has been disposed of through incineration with energy recovery has been re-allocated to the category of 'Incinerated with Energy Recovery' instead of its previous allocation to 'Re-used/Recycled'. Based on the Total Waste Figures outlined in the above table the breakdown of Hazardous Clinical Waste, Offensive Waste, Domestic Waste & Dry Mixed Recycling is as follows :-

44% (2319 Tonnes) – Domestic Waste
41% (2168 Tonnes) – Hazardous Clinical Waste
10% (516 Tonnes) – Dry Mixed Recycling Waste
4% (231 Tonnes) – Offensive Waste
1% (67 Tonnes) – WEEE Waste.

FINANCE REPORT

The Director of Finance sets out the Summary Financial Statements that describe ABMU's financial performance for the year ending 31st March 2018. A full set of the Health Board's Annual Accounts can be found on the ABMU Health Board website

FINANCIAL DUTIES PERFORMANCE

Statutory Targets

There are two statutory financial targets which ABMU is required to achieve. The first duty from 1st April 2014, is that Health Boards must ensure that it does not spend more than total funding allotted to it over a three-year period (instead of within each financial year (NHS (Wales) Act 2014). The second three-year period is 2015/16 to 2017/18.

Revenue Resource Limit	Year 1 of 3 2015/16 £000	Year 2 of 3 2016/17 £000	Year 3 of 3 2017/18 £000	Total £000
Revenue Resource Funding	1,028,395	1,060,938	1,096,250	3,185,583
Total Operating Expenses	1,028,309	1,100,254	1,128,667	3,257,230
Under/(Over) spend against Allocation	86	(39,316)	(32,417)	(71,647)
As % of Target	0.01%	3.71%	2.96%	2.25%
This Health Board did not meet its financial duty to break-even against its Revenue Resource Limit over the three years 2015/16 to 2017/18.				

Capital Resource Limit	Year 1 of 3 2015/16 £000	Year 2 of 3 2016/17 £000	Year 3 of 3 2017/18 £000	Total £000
Capital Resource Funding	40,049	43,845	40,093	123,987
Total Operating Expenses	40,012	43,751	40,051	123,814
Under/(Over) spend against Allocation	37	94	42	173
As % of Target	0.09%	0.21%	0.10%	0.14%
This Health Board did meet its financial duty to break-even against its Capital Resource Limit over the three years 2015/16 to 2017/18.				

DUTY TO PREPARE A THREE-YEAR PLAN

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

Following a decision to escalate ABMU into Targeted Intervention in September 2016, it was not in a position to submit a three-year IMTP for 2017-20 and therefore did not achieve the duty to have an approved three-year IMTP. Instead, we have operated, in agreement with Welsh Government, under annual planning arrangements. Our Annual Operating Plan for 2017-18, which identified a planned annual deficit of £36 million, was approved by the Board in March 2017. The health board's end of year deficit for 2017-18 was £32.417 million, an improvement against of the £36 million deficit plan.

Non-Statutory Target

We also have a target to pay organisations and people who provide us 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). We should aim to pay 95% of these invoices within 30 days of delivery. The table below shows performance against this target for the last three years:

	2015/16	2016/17	2017/18
No of Invoices Paid	**284,228**	**297,931**	**300,160**
Invoices Paid within Target	**270,776**	**286,394**	**282,150**
% of Invoices Paid within Target	**95.3%**	**96.1%**	**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 ABMU breached its resource limit by spending £71.647 million over the £3,257 million that it was authorised to spend in the three-year period 2015/16 to 2017/18. The £71.647 million constitutes irregular expenditure.

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

REVIEW - 2017/18

Having reported a deficit of £39.316m in the previous financial year, we faced a very challenging financial outlook heading into the 2017/18 financial year, with an underlying deficit brought forward from 2016/17 and facing cost and demand growth for the services which it provides. It was in the context of these financial pressures that we identified to Welsh Government a forecast annual plan deficit of £36m comprising the following components:

	£m
2016/17 Carry Forward Deficit	53.0
Cost & Demand Growth	28.9
Total Cost Requirement	**81.9**
Additional Welsh Government Funding:	
Additional Allocations	-20.9
Savings & Cost Containment	-25.0
2017/18 IMTP Financial Framework Shortfall	**36.0**

Given the need to achieve £25m of savings in order to meet the annual plan target it was clear that the focus in 2017/18 needed to be on recovery and sustainability. Through the work undertaken as part of the recovery and sustainability programme and through the process of strictly controlling operational expenditure, we were able to reduce the 2017/18 deficit from £36m to £32.417m.

RECOVERY AND SUSTAINABILITY PROGRAMME

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

During the year, the Board commissioned an independent report from Deloitte who provided information on the areas that the board should focus on to drive efficiency and productivity. This 'high level opportunity assessment' was used to frame objectives for the work streams. The Board also used a review carried out by Lord Carter of Coles 'Operational productivity and performance in England NHS acute hospitals: Unwarranted variation' as a source of reference for the work streams. A summary of the work streams and their key achievements is set out below:

The Service Remodelling workstream was established to lead a programme of change and modernisation across primary, community and hospital services. The objectives of the work stream were informed by benchmarking reports that identified significant opportunities to reshape care to provide better outcomes for patients and deliver more efficient and effective services. During the year, we successfully implemented a number of service changes which have developed new models of care, particularly for older people including those with mental health problems. This has led to changes in service delivery across almost all hospital sites and within older people's mental health services. Some of these changes were introduced on a temporary basis which provided an opportunity to test new models of care.

These changes include:

- Introduction of a new model for assessing frail older people at Singleton Hospital on a 'trial basis' over the winter period to test the effectiveness of the model and which will continue into 2018/19;

- Internal pathway improvements in both Singleton and Neath Port Talbot Hospitals leading to reduced length of stay for medical patients which has enabled a reduction in medical bed capacity and has helped more people return home sooner;
- Improvements to surgical pathways in Singleton which have helped to maintain surgical flow during the winter period by effective use of capacity which has released surgical beds;
- The conversion of a ward in Neath Port Talbot Hospital to become an 'enabling' ward whereby therapy, nursing and support staff work together to help patients to return home;
- Introducing a new model of liaison to help ensure that patients from Neath Port Talbot who are admitted to Singleton or Morriston Hospitals receive timely assessment and are supported to return home wherever possible, or quickly transferred back to Neath Port Talbot Hospital for rehabilitation;
- Investment in community services for Older People's Mental Health which has enabled a shift to community care in line with best practice and remodelling of the inpatient capacity;
- Improved clinical leadership and service models for flow between Moriston and Gorseinon hospital which has allowed the bed capacity at Gorseinon to be reduced to improve the environment;
- A reduction in beds on a ward at the Princess of Wales Hospital to improve the environment by providing extra toilet facilities and to help reduce the risk of infection.

ABMU has a good track record in delivering cost and clinically effective medicines usage. A medicines management work stream has been operational for a number of years and identified opportunities in 2017/18 to reduce its spending on high cost drugs by focussing on maximising its use of biosimilar medication, as well as supporting primary care teams to support quality, value and cost effective prescribing. In common with other NHS organisations, 2017/18 was a challenging year in being able to contain costs due to the impact of concessionary pricing. Concessionary pricing means that where pharmacy contractors are unable to purchase a medicine at, or under, the price set out in the Drug Tariff, they can submit a concessionary pricing request, which if approved means that contractors are reimbursed the actual price they paid in that specific month only. In 2017/18 this meant spending on concessionary pricing increased from £0.710m in 2016/17 to £4.744m in 2017/18 (from 0.77% of the budget to 5%). The Board was able to mitigate some of this expenditure through its work on reducing high cost drugs and was able to hold the cost of secondary care prescribing broadly at the same level in 2017/18.

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

The medical workforce work stream successfully introduced a national initiative aimed at reducing the cost of medical agency staff in Wales. The Medical Agency cap was introduced by Welsh Government in November 2017 and effectively caps the rate at which external locum doctors are paid, and also the internal rate for doctors who are undertaking additional hours within the Health Board. Exceptions to the agreed rates are strictly controlled. The introduction of the cap helped to ensure that during that last five months of 2017/18, medical agency costs for 2017/18 were held below the average level for the comparative period in 2016/17. The impact of these work streams can be seen in the reduction of agency staff costs in 2017/18 when compared with 2016/17.

Agency Staff Expenditure (£000)	**2017/18**	**2016/17**	**2015/16**
Medical	7,962	9,765	7,979
Dental	0	0	0
Nursing, midwifery and health visiting staff	7,582	6,283	7,131
Additional Clinical Services - Unqualified Nurses	735	1,779	5,413
Additional Clinical Services - All Other Staff	2	11	1
Allied Health Professionals	305	379	136
Professional, Scientific and Technical Staff	63	97	21
Healthcare Scientists	685	1,011	578
Administrative and clerical	1,023	3,168	3,040
Estates and Ancillary staff	1,172	1,549	1,091
TOTAL NON NHS STAFF SALARIES AND WAGES	**19,529**	**24,042**	**25,390**

SUMMARY FINANCIAL STATEMENTS

Statement of Comprehensive Net Expenditure – year ended 31st March 2018

This statement summarises ABMU 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	2017/18 £000	2016/17 £000
Expenditure on Primary Healthcare Services *Includes Payments to GPs, Pharmacists, Opticians and community dentists*	242,052	232,790
Expenditure on Healthcare from Other Providers *Includes Payments to other NHS healthcare providers, Nursing Homes and private healthcare providers*	238,469	236,363
Expenditure on Hospital & Community Health Services *Includes Payments to staff and suppliers and the running costs of hospitals and community premises*	887,423	868,757
Sub Total	**1,367,944**	**1,337,910**
Less: Miscellaneous Income *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*	**-243,248**	**-240,222**
LHB Net Operating Costs before Interest & Other Gains and Losses	**1,124,696**	**1,097,688**
Other (Gains) / Losses *From disposals of land, buildings and equipment*	-127	30
Finance Costs *Interest payments on Fixed Assets & PFI Contract*	4,923	4,966
Net Operating Costs for the Financial Year	**1,129,492**	**1,102,684**
Net -Gain/+Loss on Revaluation of Property, Plant & Equipment	17,074	1,944
Net -Gain/+Loss on Revaluation of available for sale financial assets	-44	-1,347
Total Comprehensive Net Expenditure for the Year	**1,112,462**	**1,102,087**

Statement of Financial Position – 31st March 2018

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 & Other Receivables) and whether you have any bills you need to pay (Current Liabilities, Trade & Other Payables). For ABMU Health Board, this statement records the value of its land, hospitals, clinics and equipment, the money we are owed from other organisations (e.g. Welsh Government, other health boards 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 31st March	2018 £000	2017 £000
Non Current Assets: (*the Health Board's land, buildings and equipment)*		
Property, Plant & Equipment	603,428	592,912
Intangible Assets	2,474	1,993
Trade & Other Receivables	153,983	83,525
Total Non Current Assets	**759,885**	**678,430**
Current Assets:		
Inventories *(stocks of drugs, fuel etc)*	9,725	10,455
Trade & Other Receivables (*amounts owed to the Health Board)*	55,901	66,532
Cash and Cash Equivalents *(bank account and petty cash balances)*	491	725
	66,117	77,712
Non Current Assets Classified as "Held for Sale" *(plot of land)*	330	1,875
Total Current Assets	**66,447**	**79,587**
Total Assets	**826,332**	**758,017**
Current Liabilities:		
Trade & Other Payables (a*mounts owed by the Health Board)*		
Provisions (s*ums set aside by the Health Board to meet expected future costs e.g. clinical negligence, pension costs & Continuing Healthcare)*	150,778 24,092	149,419 35,570
Total Current Liabilities	**174,870**	**184,989**
Net Current Assets / -Liabilities	**-108,423**	**-105,402**
Non-Current Liabilities :		
Trade & Other Payables *(amounts owed in future years for PFI Contract & other Finance Lease Contracts)*		
Provisions (s*ums set aside by the Health Board to meet expected costs in future years e.g. clinical negligence, pension costs & Continuing Healthcare)*	43,018 160,437	46,222 90,375
Total Non Current Liabilities	**203,455**	**136,597**
Total Assets Employed	**448,007**	**436,431**
Financed by: Taxpayers Equity		
General Fund	399,366	408,605
Revaluation Reserve	48,641	27,826
Total Taxpayers Equity	**448,007**	**436,431**
Signed on behalf of the Board on 30th May 2018 **Tracy Myhill** **Chief Executive**		

Statement of Changes in Taxpayers Equity – year ended 31st March 2018

This statement summarises the movement on ABMU Health Board's General Fund and Revaluation Reserve in year. It shows that its overall worth has increased by £11.546m during the year. The increase was mainly due to the 5 yearly revaluation of the NHS estate under taken by the District Valuer during 2017/18. The transfer to other LHB's represents the value of assets transferred to Cardiff & Vale University Health Board in respect of Llantwit Major Health Centre.

Statement of Changes in Taxpayers Equity	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Restated Balance at 1st April 2016	**408,605**	**27,826**	**436,461**
Net Operating Cost for the Year	-1,129,492		-1,129,492
Net gain/(loss) on revaluation of property/plant & equipment		17,074	17,074
Net gain/(loss) on revaluation of assets held for sale		-44	-44
Transfers Between Reserves	-3,785	3,785	0
Transfer to/from LHB's	-505		-505
Total Recognised Income & Expense for 2017/18	**-1,133,782**	**20,815**	**-1,112,967**
Net Welsh Government Funding	1,124,543		1,124,543
Balance at 31st March 2018	**399,366**	**48,641**	**448,007**

Statement of Cash Flows – year ending 31st March 2018

The Cash Flow Statement shows the incoming and outgoing money during the financial year. Overall, the Statement shows that the Health Board has decreased its cash balances over the course of the financial year.

Statement of Cash Flows	2017/18 £000	2016/17 £000
Cash Flows from Operating Activities		
Net Operating Cost for the financial year	-1,129,492	-1,102,684
Movements in Working Capital	-52,251	-17,912
Other Cash Flow Adjustments	131,449	78,313
Provisions Utilised	-25,868	-18,361
Net Cash Outflow from Operating Activities	-1,076,162	-1,060,644
Cash Flows from Investing Activities		
Purchase of Property, Plant & Equipment	-49,716	-32,143
Proceeds from Disposal of Property, Plant & Equipment	2,043	52
Purchase of Intangible Assets	-942	-971
Net Cash Inflow/(Outflow) from Investing Activities	**-48,615**	**-33,062**
Net Cash Inflow/(Outflow) before Financing	**-1,124,777**	**-1,093,706**
Cash Flows from Financing Activities		
Welsh Government Funding (including capital)	1,124,543	1,092,241
Net Financing	**1,124,543**	**1,092,241**
Net Increase/(Decrease) in Cash & Cash Equivalents	**-234**	**-1,465**
Cash & Cash Equivalents (and bank overdrafts) at 1st April 2017	**725**	**2,190**
Cash & Cash Equivalents (and bank overdrafts) at 31st March 2018	**491**	**725**