

**PWYLLGOR ARCHWILIO A SICRWYDD RISG  
AUDIT AND RISK ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 July 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Hywel Dda University Health Board Annual Report 2023/24
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Phil Kloer, Interim Chief Executive
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, Director of Finance Joanne Wilson, Director of Corporate Governance/Board Secretary

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The Audit and Risk Assurance Committee is required to approve the individual components of the Hywel Dda University Health Board (HDdUHB) Annual Report 2023/24, prior to its approval by Board on 11 July 2024, ensuring that it reflects, in line with guidance in the NHS Wales Manual for Accounts 2023/24, an analysis of the main business, performance and accountabilities, key achievements and successes of the organisation between April 2023 and March 2024.

The Draft Performance Report Overview, Accountability Report (including the Governance Statement), and Draft Remuneration Report were submitted to Welsh Government, Audit Wales and Internal Audit by 10 May 2024, for review. A record of feedback received on both the Performance Report and Accountability Report is attached at Appendix 1a & b, with amendments being incorporated into the final version, at Appendix 2, which is now being presented.

**Cefndir / Background**

NHS bodies are required to publish, as a single document, a three-part annual report and accounts which includes:

- a. The Performance Report, which must include:
  - An overview
- b. The **Accountability Report**, which must include:
  - A Corporate Governance Report
  - A Remuneration and Staff Report
  - A Senedd Cymru/Welsh Parliamentary Accountability and Audit Report.
- c. The Financial Statements

Guidance on how to complete and display these reports has been issued by Welsh Government in Chapter 3 of the Manual for Accounts, in accordance with HM Treasury reporting requirements as stipulated in the HM Treasury Financial Reporting Manual (FReM).

### **Asesiad / Assessment**

The end of year reporting timelines for NHS Wales bodies are as follows:

- Draft accounts to be submitted by 3 May 2024 – completed on time.
- Draft Performance Report Overview, Accountability Report (including the Governance Statement), and Draft Remuneration Report to be submitted by 10 May 2024 – completed on time.
- Final Annual Report (Performance Report Overview, Accountability Report and Remuneration Report) and Annual Accounts to be submitted by Audit Wales to Welsh Government by 15 July 2024, as a single unified PDF document – to be approved by ARAC and Board on 9 and 11 July 2024 respectively.
- A public meeting must be held no later than 30 September 2024, at which the Annual Report and audited accounts are presented – AGM to be held on 26 September 2024. There has been a temporary amendment of Standing Orders agreed by Welsh Government for 2024 only.

Each of the components of the Annual Report were reviewed and agreed by Board Committees, as follows:

- Performance Report 2023/24 – the Interim Chair, Interim Chief Executive, Executive Directors and Chairs of the Strategic Development and Operational Delivery Committee (SDODC) and the Quality, Safety and Experience Committee (QSEC) received the final draft of the Performance Report for review on 17 April 2024. The Draft Performance Report was reviewed by ARAC on 9 May 2024, prior to submission to auditors. Feedback received has been addressed and the final documentation presented for approval at ARAC on 9 July 2024.
- Accountability Report for 2023/24 – the Interim Chair and Interim Chief Executive received the final draft of the Accountability Report for review on 22 April 2024. The Draft Accountability Report was reviewed at ARAC on 9 May 2024, prior to submission to auditors and Welsh Government. Feedback received has been addressed and the final documentation presented for approval at ARAC on 9 July 2024.
- Audited Annual Accounts – Draft Accounts were submitted to Welsh Government on 3 May 2024, prior to review by ARAC on 9 May 2024. The Accounts have been scrutinised by Audit Wales in readiness for approval at ARAC on 11 July 2024.

The HDdUHB Annual Report 2023/24 (which includes the Performance Report, Accountability Report and Financial Statements (Accounts)) are required to be submitted to Welsh Government by 15 July 2024, and presented at the planned Annual General Meeting on 26 September 2024.

### **Argymhelliad / Recommendation**

The Audit and Risk Assurance Committee is requested to provide assurance to the Board that a robust governance process was enacted during the year, and to recommend the approval of the HDdUHB Annual Report 2023/24 to the Board, prior to its submission to the Welsh Government, via Audit Wales, by 15 July 2024, and its subsequent presentation at the Annual General Meeting on 26 September 2024.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.2.1 All risk and control related disclosure statements (in particular the Accountability Report and the Performance Report), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	NHS Wales 2023/24 Manual for Accounts
Rhestr Termiau: Glossary of Terms:	Included in Report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	ARAC – Audit & Risk Assurance Committee SDODC – Strategic Development & Operational Delivery Committee QSEC – Quality, Safety & Experience Committee Chair Chief Executive

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Not applicable
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Not applicable
<b>Gweithlu:</b> <b>Workforce:</b>	Not applicable
<b>Risg:</b> <b>Risk:</b>	Associated risk is non-compliance due to unforeseen circumstances and tight deadlines. The process has been actively managed to minimise risks.
<b>Cyfreithiol:</b> <b>Legal:</b>	Associated legal impact is non-compliance with statutory duty to produce Annual Report and Accounts in time for the Annual General Meeting due to unforeseen circumstances and tight deadlines. The process is being actively managed to minimise risks.
<b>Enw Da:</b> <b>Reputational:</b>	Potential for media interest once the Annual Report is published.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not applicable – statutory requirement.
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not applicable – statutory requirement.

**Table of changes for Performance Report from 09/05/24 to date (Submission to ARAC (Audit and Risk Assurance Committee), WG (Welsh Government), AW (Audit Wales) and IA):**

The references below relate to the English content (starting at page 50) and have been reflected in the Welsh content.

Date	From	Page No (Final Report):	Changes	Action and Date amended
09/05/24	Director of Finance / ARAC	62	<ul style="list-style-type: none"> <li>Minor word/phrase amends in the Statement of the Chief Executive (as per Director of Finance amends to SBAR for ARAC meeting on 9 May)</li> </ul>	09/05/24
09/05/24	ARAC Performance Team	70, 73, 74, 76, 78	<ul style="list-style-type: none"> <li>Addition of key/symbols definition for SCP (statistical process control) table, and all other data tables in this section for ease of reference (requested by ARAC)</li> </ul>	09/05/24
11/06/24	Audit Wales	67/68	<ul style="list-style-type: none"> <li>Removal of the words 'nine' and 'ten' in relation to CSP service areas (following Audit Wales feedback)</li> </ul>	11/06/24
11/06/24	Audit Wales	81	<ul style="list-style-type: none"> <li>RAAC - changed final line to "All six wards were re-opened by spring 2024.</li> </ul>	11/06/24
11/06/24	Audit Wales	33	<ul style="list-style-type: none"> <li>Change to say 'in the diagram on page 82'</li> </ul>	27/06/24
27/06/24	Fiona Hancock	51	<ul style="list-style-type: none"> <li>Addition of line with cover photo staff names</li> </ul>	27/06/24
27/06/24	Fiona Hancock	53	<ul style="list-style-type: none"> <li>Addition of content headings for Accountability Report and Financial Accounts</li> </ul>	27/06/24
27/06/24	Audit Wales	62	<ul style="list-style-type: none"> <li>Added paragraph regarding 'going concern' in Statement of the Chief Executive</li> </ul>	27/06/24
27/06/24	Fiona Hancock	94	<ul style="list-style-type: none"> <li>9.1 changed to include link to full Sustainability Report 2023-24 on website</li> </ul>	27/06/24

Table of changes for Accountability Report from 09/05/24 (Submission of Draft Accountability Report to WG, AW and IA)

Date	From	Page No (Final Report):	Comments Received	Action taken
23/05/24	John Evans (Welsh Government)	138	Could you confirm that the Corporate Governance Code referred to on page 41 are in relation to the corporate governance in central government departments code of good practice 2017.	Reference to the Good Governance Code 2017 made to following paragraph <b>Code of Corporate Governance</b> Corporate governance is, in simple terms, the way in which organisations are directed, controlled and led. Good corporate governance is fundamental to an effective and well managed organisation. The UK Corporate Governance Code ( <b>2017</b> ) is the primary reference and overview of good practice for corporate governance in Central Government Departments.
23/05/24	John Evans (Welsh Government)	143	Could you also confirm that the HOIA report is the final version.	The Accountability Report has been updated following receipt of final HOIA Opinion.
30/05/24	Urshiva Perez (Audit Wales)	100	Is there a new Chair for the Healthcare Professional Forum?	Further information added in respect of the Healthcare Professionals Forum Chair and Vice-Chair positions on page 14.
30/05/24	Urshiva Perez (Audit Wales)	100	'Michael Gray, Director of Social Services, was confirmed as Associate <b>Director</b> on 31 January 2024'.	Changed to 'Michael Gray, Director of Social Services, was confirmed as Associate <b>Member</b> on 31 January 2024.'
30/05/24	Urshiva Perez (Audit Wales)	100	Duplication 'Where roles were vacant, interim arrangements were in place to ensure <b>to ensure</b> business continuity and effective governance arrangements.'	Duplication removed.
30/05/24	Urshiva Perez (Audit Wales)	111	Typo – 'The Group also held a workshop to review how effective it was and will introduce a new way of working in 2024/ <b>05</b> which will help it focus on its key role to the Board'.	Corrected to 2024-25.

30/05/24	Urshiva Perez (Audit Wales)	111	Missing words in following sentence 'BAME met four times during 2023/24'.	Corrected to 'The BAME <b>Advisory Group</b> met four times during 2023-24'.						
30/05/24	Urshiva Perez (Audit Wales)	118	Query re Risk Management Framework - Did the self-assessment determine which 'Level' the Health Board is currently at?	<p>No overall maturity level was assessed as each of the 7 areas were assessed separately. These have been added to the table on page 21.</p> <table border="1"> <thead> <tr> <th>Level 1 Awareness and understanding</th> <th>Level 2 Implementation planned and in progress</th> <th>Level 3 Implementation in all key areas</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>• People</li> <li>• Partnerships</li> <li>• Outcomes</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Risk handling</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Leadership</li> <li>• Risk Strategy and policies</li> <li>• Processes</li> </ul> </td> </tr> </tbody> </table>	Level 1 Awareness and understanding	Level 2 Implementation planned and in progress	Level 3 Implementation in all key areas	<ul style="list-style-type: none"> <li>• People</li> <li>• Partnerships</li> <li>• Outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Risk handling</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership</li> <li>• Risk Strategy and policies</li> <li>• Processes</li> </ul>
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30/05/24	Urshiva Perez (Audit Wales)	119	Typo - This is a continuous process that should methodically address all the significant risks associated with all the activities of the health <b>board</b> .	Corrected to 'board'.						
30/05/24	Urshiva Perez (Audit Wales)	126	Not sure this reads correctly - 'Outsourcing of cancer treatments from third party suppliers at a significant cost to the health board may become our only option should the unit be closed prior to the <b>of a regional hub for cancer treatment preparation in south west Wales, currently scheduled for 2028 NWSSP's Transforming Access to Medicines (TrAMS) project</b> '.	Outsourcing of cancer treatments from third party suppliers at a significant cost to the health board may become our only option should the unit be closed prior to the <b>development</b> of a regional hub for cancer treatment preparation in south-west Wales, currently scheduled for 2028 NWSSP's Transforming Access to Medicines (TrAMS) project'						
30/05/24	Urshiva Perez (Audit Wales)	132	Need consistent use of titles - <b>executive</b> director of nursing here but director of nursing in other parts of the report	Report reviewed and the term 'Executive Director' has been used for all Executive Directors within the report.						
30/05/24	Urshiva Perez (Audit Wales)	133	Explanation on abbreviation 'AMAT' isn't until page 37.	Added 'audit management and tracking software' before abbreviation						
30/05/24	Urshiva Perez (Audit Wales)	Throughout	Need consistent use of the 'Health Board' and the 'health board' when referring to Hywel Dda	Standardised use of 'health board' throughout unless as part of a named organisation.						

30/05/24	Urshiva Perez (Audit Wales)	139	Referred to as BAME in the earlier section - 'The <b>Black, Asian and Minority Ethnic Staff Network</b> continues to grow in popularity and is meeting regularly to discuss issues in the workplace'.	Changed to BAME 'Advisory Group.'
30/05/24	Urshiva Perez (Audit Wales)	Throughout	Consistency in use of the 'Board' and the 'board'	Standardised use of 'the Board' throughout.
30/05/24	Urshiva Perez (Audit Wales)	146	2024/25? – 'All limited assurance reports are subject to follow up reviews and these will form part of the <b>2023-24</b> Internal Audit plan if they have not already been followed up'.	Corrected to 2024-25.
30/05/24	Urshiva Perez (Audit Wales)	146	Duplication – 'Where audit assignments planned, this year did not proceed to full audits following preliminary planning work, these were either removed from the plan, <b>removed from the plan</b> and replaced with another audit, or deferred until a future audit year.	Duplication removed.
30/05/24	Urshiva Perez (Audit Wales)	148	Maybe delete this word - 'We have robust arrangements <b>remain</b> to support the effective conduct of Board and committee business.'	Word deleted.
30/05/24	Urshiva Perez (Audit Wales)	148	Change word to 'our' – 'We continue to have a mature approach to overseeing our Board Assurance Framework and have further strengthened oversight and assurance on our risk management arrangements by renewing <b>its</b> Risk Management Strategy and introducing a six-monthly risk assurance report'.	Work changed.
30/05/24	Urshiva Perez (Audit Wales)	149	Missing word - In respect of the corporate approach to planning, AW found that 'the health board has maintained its focus on <b>its</b> long-term vision, and development and delivery of the Annual Plan is supported by appropriate oversight.	Word added
30/05/24	Urshiva Perez (Audit Wales)	149	This doesn't quite reflect the message in the structured assessment. The key findings section in the report reads "The Health Board continues to have a focus on delivering	<i>Section changed as follows:</i> 'We continue to <b>have a</b> focus on <b>delivering</b> our long-term vision, <b>and</b> by the development of plans

			<i>its long-term vision, and development of plans, such as the Annual Plan and Clinical Services Plan, is supported by appropriate corporate oversight and Board scrutiny."</i>	such as the Annual Plan and Clinical Services Plan, <b>supported by</b> with appropriate corporate oversight and Board scrutiny, <del>given the scale of planning activity, capacity to support these activities remain a concern'</del>
30/05/24	Urshiva Perez (Audit Wales)	149	Change word to 'our' - In respect of managing <b>its</b> financial resources, AW found that 'despite a clear process for financial planning, and reasonable arrangements for managing and monitoring the financial position, the health board's financial position is extremely challenging for 2023-24'.	Word changed.
30/05/24	Urshiva Perez (Audit Wales)	149	For completeness you may want to include the messages on the HB's corporate approach to financial management and Board oversight of financial performance.	The following points from AW Structured Assessment 2023 have been added: <ul style="list-style-type: none"> <li>• We have appropriate arrangements for financial management and controls, but ongoing pressures are resulting in overspends</li> <li>• We continue to have good arrangements for monitoring and scrutinising our financial position, although greater scrutiny on those with delegated responsibility for overspent budgets is needed</li> </ul>
24/06/24	Audit Wales	113	Section West Wales Regional Partnership Board Page 19 sentence "In West Wales, this is a <b>an</b> " ?	'An' removed
24/06/24	Audit Wales	172	Upon review of Remuneration Report to Note 9.6 the following matters were noted: Per the TABLE on page 75, The Median ratio should be shown as a figure to 1 i.e 7.72 : 1 Also the Median Figure used for 23/24 differs from the figure used in note 9.6 7.72 & 7.69 respectively - these should agree	Table amended.

24/06/24	Audit Wales	175	Per section 11.6.2 - paragraph bottom of page 78 should state 10,456.49 per the Table above not 10,454.49 Per Page 79 - Column should total 90.86 for FTE Male Per page 79 - Band 8a FTE Total should be 106.80 Per page 79 - Total of Total should show 239.91	Tables amended.
24/06/24	Audit Wales	119	Section 11.5.18 Page 25 "it's" regarding Risk Appetite Statement - incorrect grammar	Corrected



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



Bwrdd Iechyd Prifysgol Hywel Dda

# Adroddiad Blynyddol a Chyfrifon

## 2023-2024

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for English  
version

## Yr hyn y mae ein Hadroddiad Blynyddol yn ei ddweud wrthy ch

Mae ein Hadroddiad Blynyddol yn esbonio'r hyn yr ydym ni, y bwrdd iechyd, yn ei wneud, y gofal yr ydym yn ei ddarparu, a'r modd yr ydym yn cynllunio, cyflawni a gwella eich gwasanaethau gofal iechyd lleol. Mae'n disgrifio, mewn tair rhan, ein cyflawniadau a'n heriau trwy gydol 2023-2024 ar draws ystod eang o feysydd:

### Rhan 1 Adroddiad ar berfformiad

Mae'r adroddiad hwn yn manylu ar y modd yr ydym wedi perfformio o gymharu â thargedau a chamau gweithredu Llywodraeth Cymru a gynlluniwyd i wella ein perfformiad.

### Rhan 2 Adroddiad ar atebolrwydd

Mae'r adroddiad hwn yn manylu ar y gofynion allweddol o ran ein hatebolrwydd o dan Ddeddf Cwmnïau 2006 a Rheoliadau Cwmnïau a Grwpiau Mawr a Chanolig (Cyfrifon ac Adroddiadau) 2008 (fel y'u haddaswyd ar gyfer sefydliadau sector cyhoeddus). Mae'n cynnwys ein Datganiad Llywodraethu Blynyddol, sy'n rhoi gwybodaeth am y modd yr ydym yn rheoli ein hadnoddau a'n risgiau ac yn cydymffurfio â threfniadau llywodraethu.

### Rhan 3 Cyfrifon terfynol

Mae'r crynodeb o'n Datganiadau Ariannol yn manylu ar y modd yr ydym wedi gwario ein harian a chyflawni ein rhwymedigaethau o dan Ddeddf Cyllid y Gwasanaeth Iechyd Gwladol (Cymru) 2014.

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn Fwrdd Iechyd Lleol a sefydlwyd o dan adran 11 o Ddeddf Gwasanaeth Iechyd Gwladol (Cymru) 2006.

## Cysylltu â ni

Mae'r cyhoeddiadau, mewn print neu fformatau/ieithoedd amgen, ar gael ar gais trwy gysylltu â ni:

**Cyfeiriad:** Bwrdd Iechyd Prifysgol Hywel Dda, Adeilad Ystwyth, Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job, Caerfyrddin, SA31 3BB

**Ffôn:** 01267 239554/07464 523370

**Gwefan** <https://biphdd.gig.cymru/>

#### Y Cyfryngau Cymdeithasol:

- Facebook: [BwrddIechydHywelDda](#)
- Instagram: [HywelDdaUHB](#)
- LinkedIn: [hywel-dda-university-health-board](#)
- X (Twitter): [@BIHyweldda](#)
- YouTube: [hywelddahealthboard1](#)

**Llun clawr:** Rosamma Rejimon, Is-Brif Nyrs a Christopher Munir, Nyrs Gofrestredig

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# 1. Rhagair gan y Cadeirydd a'r Prif Weithredwr

Yn ystod y flwyddyn ddiwethaf rydym wedi wynebu heriau sylweddol a chyflawni llawer yn y bwrdd iechyd. Mae'r adroddiad blynyddol hwn yn disgrifio ein blwyddyn yn nhermau'r modd y bu i ni reoli'r heriau hynny, a'r modd yr ydym, er gwaethaf yr heriau, wedi gwneud cynnydd gwirioneddol mewn sawl maes o'n gwaith.

Rydym wedi dod ymhell o dan yr arweinyddiaeth ddiweddar, gyda'r strategaeth a'r gwaith ar ein diwylliant, ein gwerthoedd a'n hymddygiadau yn gosod sylfeini cadarn ar gyfer y sefydliad. Serch hynny, rydym yn dal i wynebu heriau sylweddol. Mae yna bwysau hirsefydlog arnom o ran y gweithlu, yr ystad a'r sefyllfa ariannol, ac ar hyn o bryd rydym yn cael cymorth ychwanegol gan Lywodraeth Cymru mewn perthynas â'n statws uwchgyfeiriedig o 'ymyrraeth dargededig'.

Mae gennym gryn dipyn o elfennau bregus o ran y gwasanaeth ac, er bod tosturi a phroffesiynoldeb ein staff i'w coleddu, rydym yn derbyn nad yw ansawdd y gofal a phrofiad y claf bob amser yr hyn y byddem yn ei ddymuno. Mae hwn yn gyfnod arbennig o heriol i wasanaethau cyhoeddus, gan gynnwys y GIG a, gyda gwaddol y pandemig, yr argyfwng costau byw, ein poblogaeth sy'n heneiddio, ein natur wledig, ac ystod eang o ffactorau eraill, gallwn ragweld amgylchedd heriol yn y blynyddoedd i ddod.

Trwy gydol 2023-24, bu i ni ymateb i'r pwysau parhaus ar wasanaethau yn sgil y pandemig ac i'r effaith ehangach y mae'r blynyddoedd diwethaf wedi'i chael ar ein poblogaeth.

Rydym wedi gweld galw parhaus ar draws ein systemau gofal brys a gofal wedi'i gynllunio, mwy o bwysau ar wasanaethau gofal sylfaenol, galw mawr o ran nifer y bobl sy'n mynd i'n hadrannau achosion brys, a phwysau sylweddol ym maes gofal cymdeithasol. At hynny, bu i ni ymateb i effaith gweithredu diwydiannol gan aelodau o'n cymunedau nyrsio a meddygon iau, a chyfodiad y broblem o goncrit awyredig awtoclafiedig cyfnerth (RAAC) yn Ysbyty Llwynhelyg.

Gwyddom fod pobl yn parhau i brofi oedi wrth gyrchu gofal a thriniaeth, ac mae'n wir ddrwg gennym am hyn. Er ein bod wedi gwneud

cynnydd sylweddol o ran lleihau nifer y cleifion sy'n aros am driniaeth, gwyddom ei bod yn anodd i bobl sy'n dal i aros.

Rydym yn gweithio'n galed iawn i leihau ein rhestrau aros ymhellach i'r lefelau cyn y pandemig, ac i gyflawni targed Llywodraeth Cymru. Er enghraifft, mae ein Gwasanaethau Cymorth Rhestrau Aros yn cyfathrebu mewn modd rhagweithiol a thosturiol â chleifion ar restrau aros.

Fodd bynnag, rydym wedi datblygu cynlluniau sy'n ein symud tuag at system iechyd fwy cynaliadwy, ac rydym wedi dangos y gallwn fod yn hyblyg ac ymateb yn gyflym i newid wrth i sefyllfaoedd godi.

Er gwaethaf ein heriau, rydym wedi gwneud cynnydd mewn rhai meysydd pwysig o'n perfformiad, megis lleihau ein gwariant, recriwtio rhagor o nyrsys a lleihau'r defnydd o staff asiantaeth, a lleihau nifer y cleifion arhosiad hir. Rydym wedi gwella ein perfformiad mewn rhai meysydd, gan gynnwys yr oedi wrth drosglwyddo o ambiwlansys (4 awr), amseroedd aros y llwybr canser, amseroedd aros rhwng atgyfeirio a thriniaeth, ac amseroedd aros i gael atgyfeiriad i asesiad iechyd meddwl ar gyfer pobl ifanc dan 18 oed. Rydym hefyd wedi gwneud cynnydd o ran mynd i'r afael â risgiau critigol i'n hystad, er enghraifft, RAAC, tân, a gwaith parhad busnes.

Yn yr adroddiad hwn trwyddo draw, rydym yn tynnu sylw at rai o'r llwyddiannau niferus ar draws y bwrdd iechyd yn ystod y flwyddyn.

Mae'r rhain yn amrywio'n fawr, o lansio ein rhaglen Llwybrau Iechyd; cyflawni cam cyntaf ein Cynllun Gwasanaethau Clinigol; penodi partneriaeth meddygon teulu newydd ar gyfer practisau Cross Hands a'r Tymbl yn Sir Gaerfyrddin; a gwrando ar y cyhoedd ac ymgysylltu â nhw ynghylch gwasanaethau pediatrig brys ac mewn argyfwng yn ysbytai Llwynhelyg a Glangwili; i gymeradwyo ein Siarter Celfyddydau ac Iechyd; agor canolfan argyfwng iechyd meddwl 24/7 gyntaf Cymru i blant a phobl ifanc; a chymeradwyo ein hachos strategol a rheoli digidol.

Rydym yn eithriadol o falch o'n holl staff, ac mae rhai ohonynt wedi cael eu cydnabod am eu gwaith trwy amrywiaeth o wobrau lleol, rhanbarthol a chenedlaethol.

Cydnabuwyd dau aelod o staff, sef Gina Beard, Nyrs Canser Arweiniol, a Dr Mike Bartlett, Arbenigwr Cyswllt Hematoleg, yn Anrhydeddau Blwyddyn Newydd y Brenin, lle diolchwyd iddynt am eu gwasanaethau i ganser ac addysg feddygol, yn y drefn honno.

Enillwyd gwobrau ar draws nifer o wasanaethau, gan gynnwys ein Tîm Gwasanaethau Mamolaeth, ein Gwasanaeth Smygu a Llesiant, ein Tîmau Nyrsio, ein Tîm Ystadau, a mwy. Mae llwyddiannau unigol yn cynnwys Sandra Miles, Nyrs Arweiniol Datblygu Ymarfer Proffesiynol yn cael ei henwi'n enillydd Gwobr Rhagoriaeth y Prif Swyddog Nyrsio; a'n Nyrs Rhywedd Arbenigol gyntaf, Polly Zipperlen, yn cael ei phenodi i weithio'n rhan o'r Tîm Rhywedd Lleol.

Rydym yn hynod falch o weld rhai o'n nyrsys newydd gymhwyso ar gyfres 'Rookie Nurses' y BBC, wnaeth hefyd gyrraedd rhestr fer Gwobrau Royal Television Society Cymru Wales ym mis Ebrill.

Roeddem wrth ein bodd hefyd fod y Sefydliad Peirianeg Gofal Iechyd a Rheoli Ystadau wedi cydnabod datblygiad ein fferm solar yng Nghaerfyrddin â gwobr Cyflawniad Cynaliadwyedd. Bu i ni hefyd ennill achrediad Veteran Aware, sy'n cydnabod yn ffurfiol ein hymrwymiad i'n cymuned Lluoedd Arfog.

Mae ein partneriaid ledled pob sector yn darparu cymorth amhrisiadwy i'n helpu i ddarparu gwasanaethau iechyd a gofal i'n poblogaeth. Rydym yn gwerthfawrogi'r perthnasoedd gweithio effeithiol a chydnerth hyn ac yn parhau i groesawu'r cyfleoedd a ddaw yn sgil cydweithio. Er enghraifft, datblygwyd ein dull Iechyd Cyfunol o fynd i'r afael â chynaliadwyedd, sy'n cynnwys gweithio gyda phrifysgolion lleol a sefydliadau partner, ac mae ein Sefydliad Tritech wedi gweld llwyddiant parhaus yn achos amrywiaeth o brosiectau. Bu i ni hefyd gefnogi gwaith ar y model cymdeithasol ar gyfer iechyd a llesiant, gan gyflwyno sesiwn ar ymwybyddiaeth o ganser y coluddyn yn rhan o Fenter Canser Moondance yn Ysgol Pen Rhos, Tyisha, Llanelli.

Mae rhagor o nyrsys a meddygon o'r gymuned ryngwladol wedi cael eu recriwtio a'u croesawu'n gynnes i deulu Hywel Dda. Mae ein tîmau'n parhau i ddatblygu dulliau newydd o recriwtio a chadw er mwyn cryfhau ein gweithlu ar gyfer y dyfodol. Mae'r adroddiad hwn yn dweud mwy wrthyfch am yr hyn yr ydym yn ei wneud i wella ein diwylliant a llesiant a datblygiad ein staff, i ddatblygu ein hiaith a'n diwylliant Cymreig, ac i wella gweithlu'r dyfodol.

Yn ystod rhan olaf y flwyddyn, rydym wedi gweld newidiadau i'n tîm uwch, gyda'n Cadeirydd yn ymddeol; ein Prif Weithredwr yn symud i rôl newydd; a Chyfarwyddwyr yn cael eu penodi ar gyfer Iechyd y Cyhoedd, Therapiau a Gwyddorau Iechyd, a gwasanaethau Nyrsio (dros dro) a Meddygol (dros dro); yn ogystal ag Is-Gadeirydd newydd yn cael ei benodi. Bydd y newidiadau hyn yn dod ag egni a chyfleoedd newydd. A ninnau'n dîm arwain newydd, rydym yn awyddus i lynu wrth ein gwerthoedd a'n hymddygiad cytûn, gan fynd ati ar yr un pryd i esblygu ein sefydliad i helpu i fynd i'r afael â heriau heddiw ac yfory.

Diolch i bawb sy'n gweithio ym Mwrdd Iechyd Prifysgol Hywel Dda a gyda ni, beth bynnag fo'ch rôl, am eich ymroddiad, eich proffesiynoldeb, eich dyfalbarhad a'ch caredigrwydd wrth i ni ofalu am ein cleifion bob dydd, a hynny'n aml mewn amgylchiadau anodd iawn.

Rydym yn falch o deulu Hywel Dda ac mae'n fraint cael gwasanaethu ein cymunedau ar hyd a lled Sir Gaerfyrddin, Ceredigion a Sir Benfro 'nawr ac yn y flwyddyn i ddod.



**Judith Hardisty**  
**Cadeirydd**  
**(Dros Dro)**

**Llofnodwyd:**  
**Dyddiad:**



**Yr Athro Philip Kloer**  
**Prif Weithredwr**  
**(Dros Dro)**

**Llofnodwyd:**  
**Dyddiad:**

## 2. Amdanom ni

### 2.1 Ein gweledigaeth

Mae gennym weledigaeth a rennir â'n cymunedau i ni fyw bywydau iach, llawen. Ein huchelgais yw symud o fod yn wasanaeth sy'n trin salwch yn unig, i fod yn un sy'n cadw pobl yn iach, yn atal pobl rhag mynd yn sâl neu'n atal salwch rhag gwaethygu, ac sy'n darparu unrhyw help y mae arnoch ei angen yn gynnar.

Rydym yn gweithio yn ein cymunedau i ddarparu cymorth a gofal mwy cydgysylltiedig mor agos at y cartref â phosibl.

Mae gan ein hysbytai hefyd rôl bwysig o ran darparu cymorth arbenigol o safon pan fo angen, ac rydym am wella gwasanaethau ysbyty fel eu bod yn darparu'r gofal mwyaf diogel ac o'r safon orau i chi, gyda gwell canlyniadau ar eich cyfer.

### 2.2 Ein Bwrdd

Mae'r gwaith llywodraethu a rheoli ar gyfer Bwrdd Iechyd Prifysgol Hywel Dda (y bwrdd iechyd) yn cael ei gyflawni gan Gyfarwyddwyr Gweithredol, a gyflogir gan y bwrdd iechyd, ynghyd ag Aelodau Annibynnol o'r Bwrdd, a benodir i'r Bwrdd gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol trwy broses penodiadau cyhoeddus agored a chystadleuol.

Mae'r Bwrdd yn cwrdd o leiaf bob dau fis, a hynny mewn sesiwn gyhoeddus. Mae yna strwythur o bwyllgorau a grwpiau cynghori yn cefnogi ei broses o wneud penderfyniadau. Mae dyddiadau a lleoliadau'r cyfarfodydd cyhoeddus, ynghyd â'r agendâu, y papurau, a'r cofnodion cysylltiedig, i gyd yn cael eu cyhoeddi ar ein gwefan <https://biphdd.gig.cymru>.

Mae'r bwrdd iechyd wedi'i drefnu'n gyfarwyddiaethau sy'n eistedd o dan bob un o'r Cyfarwyddwyr Gweithredol sy'n mynychu cyfarfodydd y Bwrdd. Mae ein Bwrdd a'n Gweithrediaeth wedi gweld nifer o newidiadau yn ystod y flwyddyn adrodd hon. Mae manylion y newidiadau hyn, ynghyd â rhestr lawn o'r aelodau, i'w gweld yn

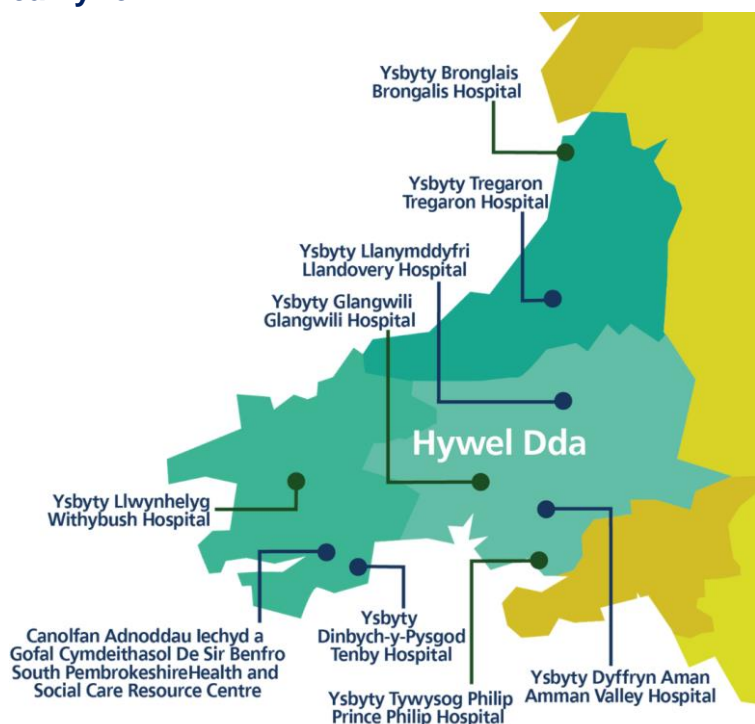
[Adroddiad y Cyfarwyddwyr](https://biphdd.gig.cymru/amdanom-ni/eich-bwrdd-iechyd/aelodau-bwrdd/) ac ar ein gwefan: <https://biphdd.gig.cymru/amdanom-ni/eich-bwrdd-iechyd/aelodau-bwrdd/>

### 2.3 Ein strwythur

Mae Bwrdd Iechyd Prifysgol Hywel Dda (y bwrdd iechyd) yn cynllunio ac yn darparu gwasanaethau gofal iechyd y GIG ar gyfer pobl sy'n byw yn Sir Gaerfyrddin, Ceredigion, Sir Benfro a'r siroedd cyfagos.

Mae gennym dros 13,000 o staff, a gyda'n gilydd rydym yn darparu gwasanaethau sylfaenol, cymunedol, yn yr ysbyty, iechyd meddwl, ac anabledau dysgu. At hynny, rydym yn darparu gwasanaethau tra arbenigol a gomisiynir gan Bwyllgor Gwasanaethau Iechyd Arbenigol Cymru, ynghyd â gwasanaethau Cychwyn Cadarn ar y cyd â chyd-weithwyr yn yr awdurdodau lleol. Rydym yn darparu mewn partneriaeth â thri awdurdod lleol, a hefyd gyda chyd-weithwyr yn y sectorau cyhoeddus a phreifat a'r trydydd sector, yn cynnwys ein tîm gwerthfawr o wirfoddolwyr.

**Darperir ein gwasanaethau yn y manau canlynol:**



- Pedwar prif ysbyty: Ysbyty Bronglais yn Aberystwyth; Ysbyty Glangwili yng Nghaerfyrddin; Ysbyty'r Tywysog Philip yn Llanelli; ac Ysbyty Llwynhelyg yn Hwlfordd
- Pum ysbyty cymunedol: Ysbyty Dyffryn Aman ac Ysbyty Llanymddyfri yn Sir Gaerfyrddin; Ysbyty Tregaron yng Ngheredigion; ac Ysbytai Dinbych-y-pysgod a De Sir Benfro yn Sir Benfro
- Dwy ganolfan gofal integredig: Aberaeron ac Aberteifi yng Ngheredigion, a nifer o leoliadau cymunedol eraill, e.e. Bro Preseli, Crymych
- 48 o bractisau cyffredinol (gyda chwech o'r rhain yn cael eu rheoli gan y bwrdd iechyd); 38 o bractisau deintyddol (gan gynnwys pedwar practis orthodontig); 96 o fferyllfeydd cymunedol; 41 o bractisau offthalmig cyffredinol; a 7 darparwr gwasanaeth offthalmig cartref
- Nifer o leoliadau sy'n darparu gwasanaethau iechyd meddwl ac anableddau dysgu
- Gwasanaethau tra arbenigol a gomisiynir gan Bwyllgor Gwasanaethau Iechyd Arbenigol Cymru (WHSSC). Dadsefydlwyd WHSSC a Phwyllgor y Gwasanaethau Ambiwylans Brys (EASC) ar 31 Mawrth 2024 a chawsant eu disodli gan y Cyd-bwyllgor Comisiynu ar 1 Ebrill 2024.
- Gwasanaethau Cychwyn Cadarn ar y cyd ag awdurdodau lleol Sir Gaerfyrddin, Ceredigion a Sir Benfro

Mae'n ceisio sicrhau'r buddsoddiad mwyaf mewn iechyd a llesiant a welodd Gorllewin Cymru erioed, sef tua £1.3 biliwn.

Ein hamcan yw cyrraedd y cam lle gallwn gyflwyno Achos Busnes Llawn ar draws holl elfennau ein rhaglen erbyn mis Mawrth 2026, a gobeithiwn fod Achos Busnes y Rhaglen yn dwyn hyn yn nes. Bydd y llinell amser hon yn ein galluogi i gyflawni gwelliannau ar gyfer ein poblogaeth cyn gynted â phosibl, ac i symud ymlaen yn gyflym i gysoni â'r targed datgarboneiddio.

Mae cyrraedd y nod hwnnw yn gofyn am gynnydd ar draws nifer o barthau, yr ydym wedi'u galw'n 'amcanion strategol'.

Mae'r amcanion strategol hyn yn berthnasol i'n pobl (ein staff, defnyddwyr ein gwasanaethau, a'n cymunedau) ac i'n gwasanaethau. Rydym wedi pennu'r camau gweithredu penodol, a elwir yn 'amcanion cynllunio', yr ydym yn eu cymryd i sicrhau cynnydd ym mhob un o'r parthau hyn.



## 2.4 Ein strategaeth

### 2.4.1 Ein hamcanion strategol a'n hamcanion cynllunio

Rydym yn glir o ran pen hirdymor ein taith, a ddisgrifir yn ein strategaeth, 'Canolbarth a Gorllewin Cymru Iachach', ac a atgyfnerthir yn Achos Busnes y Rhaglen a gyflwynwyd gennym i Lywodraeth Cymru ym mis Chwefror 2022. Mae Achos Busnes y Rhaglen yn amlinellu'r achos dros yr adeiladau a'r seilwaith y mae arnom eu hangen i gyflawni ein strategaeth hirdymor.

Fel hyn, rydym yn parhau i ganolbwyntio ar ein cyfeiriad strategol ac yn sicrhau bod ein gweithgarwch o ddydd i ddydd yn cyd-fynd yn benodol â'n cyfeiriad strategol ac yn cyfrannu ato. Rydym wedi defnyddio'r dull hwn ar hyd y flwyddyn (gan adeiladu ar ganlyniadau amcanion cynllunio yn y flwyddyn flaenorol), ac mae wedi'i ymgorffori'n gadarn yn ein harferion busnes. Mae'r broses o lunio amcanion cynllunio yn rhoi ystyriaeth i

amrywiaeth o ffactorau, gan gynnwys: ein risgiau a'n perfformiad, blaenoriaethau Gweinidogol, polisïau a deddfwriaeth Llywodraeth Cymru, a gwaith i gefnogi ein strategaeth.

Caiff pob amcan cynllunio ei arwain gan gyfarwyddwr gweithredol a'i alinio â phwyllgor o'r Bwrdd, a darperir adroddiadau diweddarau rheolaidd yn ystod pob yn ail gyfarfod o'r pwyllgor. Mae fframwaith sicrwydd ein Bwrdd yn olrhain cynnydd y camau gweithredu hyn a'u heffaith ar fesurau ein canlyniadau

strategol. Mae ein hymagwedd at gynllunio yn cylchdroi o amgylch yr amcanion strategol a'r amcanion cynllunio, ac mae adolygiad systematig o'r amcanion cynllunio yn agwedd gritigol ar gylch cynllunio'r sefydliad.

Mae ein Bwrdd yn cymeradwyo ein holl amcanion cynllunio yn ffurfiol, ac ni chânt eu newid na'u dileu heb ganiatâd y bwrdd, gan amlygu ein tryloywder a'n hatebolrwydd i'r boblogaeth a wasanaethwn.

### Amcanion Cynllun 2023-24

1a Datblygu cynllun denu a recriwtio
1b Datblygu cyfleoedd i gamu ymlaen yn eich gyrfa
2a Ymgysylltu â'n pobl a gwranddo arnynt
2b Parhau i geisio bod yn gyflogwr delfrydol
2c Datblygu a chynnal cynllun trosfwaol ar gyfer y gweithlu, datblygu sefydliadol a phartneriaethau
3a Trawsnewid y rhaglen gofal brys a gofal mewn argyfwng
3b Cynllun gweithredu ar gyfer haint a ddelir wrth gael gofal iechyd
4a Gofal wedi'i gynllunio ac adfer ar ôl cael canser
4b Cynllun diagnostig rhanbarthol
4c Cynllun adfer iechyd meddwl
5a Strategaethau ystadau
5b Ymchwil ac arloesi
5c Strategaeth ddigidol
6a Cynllun gwasanaethau clinigol
6b Llwybrau a gofal iechyd seiliedig ar werth
6c Ymgysylltu'n barhaus
7a Iechyd y boblogaeth
7b Lleoliadau integredig
7c Model cymdeithasol ar gyfer iechyd a llesiant
8b Datgarboneiddio a chynaliadwyedd
8b Effaith economaidd a chymdeithasol leol
8c Trywydd ariannol
8d Y Gymraeg a diwylliant Cymru

O ystyried yr angen i adolygu lle roeddem arni yn y Bwrdd, cafodd nifer o amcanion cynllunio naill ai eu harafu neu eu hoedi fel y gallai adnoddau gael eu symud i gefnogi meysydd gwaith a oedd yn gyson â'n hadferiad ariannol.

Yn ystod y flwyddyn, aethom ati i gynnal adolygiad o'n hamcanion cynllunio ar gyfer y flwyddyn 2024-2025, a'u diwygio, gan adlewyrchu bwriad i ffocysu mwy a bod yn fwy cyson o ran ein dull.

## 2.4.2 Ein taith strategol

Cymeradwyodd y bwrdd iechyd ei strategaeth hirdymor, 'Canolbarth a Gorllewin Cymru Iachach', yn 2019. Bydd y strategaeth yn llywio ein hiechyd a'n gofal ar hyd yr 20 mlynedd nesaf er mwyn i ni sicrhau y gall cenedlaethau'r dyfodol fyw'n dda. Gallwch ddarllen y ddogfen strategaeth lawn yma:

<https://biphdd.gig.cymru/amdanom-ni/canolbarth-a-gorllewin-iachach/> neu ofyn am gopi trwy ffonio 01554 899 056. Mae fersiynau amgen hefyd ar gael, yn cynnwys Hawdd ei Ddeall, cyfeillgar i ieuencid, sain, wedi'i animeiddio, ac Iaith Arwyddion Prydain.

Rydym yn cynllunio ar gyfer gofal iechyd diogel, cynaliadwy, hygyrch a charedig. Rydym yn symud o fod yn wasanaeth sy'n trin salwch yn unig, i fod yn un sy'n cadw pobl yn iach, yn atal pobl rhag mynd yn sâl neu'n atal salwch rhag gwaethygu, ac sy'n darparu unrhyw help y gallai fod arnoch ei angen yn gynnar. Ein nodau yw cefnogi teuluoedd yn ystod tri chyfnod rhyng-gysylltiedig yn eu bywydau:

- **Dechrau a Datblygu'n Dda:** Bydd pob plentyn yn cael y dechrau gorau mewn bywyd a hyd at oedran gweithio, dechrau sy'n cefnogi ymddygiadau a chanlyniadau cadarnhaol ar hyd ei oes
- **Byw a Gweithio'n Dda:** Bydd pob oedolyn yn byw ac yn gweithio mewn cymunedau cydnerth sy'n grymuso cyfrifoldeb personol ac ar y cyd dros iechyd a llesiant
- **Tyfu'n Hen yn Dda:** Bydd pob person hŷn yn cael cymorth i gynnal iechyd a llesiant yn ystod ei henaint, gan olygu y bydd yn byw mor dda ac mor annibynnol â phosibl o fewn rhwydweithiau cymdeithasol cefnogol.

I gyflawni hyn, rhaid i ni weithio ledled y system gyfan gan fod nifer o bethau mewn bywyd yn effeithio ar iechyd a llesiant rhywun. Mae ein ffocws nid yn unig ar wasanaethau traddodiadol

y GIG, ond ar weithio gydag eraill mewn meysydd megis gofal cymdeithasol, tai, addysg, cyflogaeth, hamdden, bwyd a'r amgylchedd.

Gyda'n gilydd, byddwn yn darparu rhagor o gymorth fel y gall pobl reoli eu hiechyd a'u llesiant yn eu cartrefi a'u cymunedau eu hunain. Mae angen i ni wneud hyn i gadw pobl yn iach a hefyd i ymateb i heriau sy'n peri i'n gwasanaethau fod yn fregus iawn.

Byddwn yn gweithio gyda phobl ac yn darparu gwasanaethau sy'n seiliedig ar y saith ardal leol yn ein hardal, a hynny am fod ganddynt anghenion unigryw. Ein saith ardal leol yw:

- Gogledd Ceredigion
- De Ceredigion
- Gogledd Sir Benfro
- De Sir Benfro
- Taf, Tywi, Teifi
- Aman a Gwendraeth
- Llanelli

Trwy ardaloedd lleol, byddwn yn datblygu atebion ar gyfer yr hyn sy'n bwysig i bobl, gan gysylltu ac adeiladu ar gryfderau cymunedau fel bod gan bobl ymdeimlad o berthyn ac fel eu bod yn cael eu cefnogi i gadw'n iach.

Bydd ein hysbytai yn chwarae rôl bwysig wrth ddarparu cymorth arbenigol o ansawdd da pan fo angen. Byddwn yn eu datblygu fel eu bod yn darparu cyfleoedd da o ran addysg ac ymchwil, gan annog pobl i weithio gyda ni.

Bydd pobl yn gallu cael cymorth trwy un pwynt cyswllt, a fydd yn cysylltu'r holl fathau gwahanol o ofal a chymorth y gallai fod arnynt eu hangen. Byddwn yn galw'r rhain yn rhwydweithiau cymunedol integredig, a gallent gynnwys:

- Practisau meddygon teulu, deintyddol ac optometrig, a fferyllfeydd
- Gwelyau cymunedol, boed hynny mewn ysbytai cymunedol, canolfannau iechyd a llesiant, cartrefi nyrsio a phreswyl, neu hyd yn oed yn eich cartref eich hun
- Gwasanaethau'r awdurdod lleol (y cyngor sir)
- Cymorth gan y trydydd sector a chymorth a lywir gan y gymuned

Mae ysbyty newydd ar gyfer gofal brys a gofal wedi'i gynllunio yn ne ardal Hywel Dda yn elfen hanfodol. Bydd yn darparu gofal trawma ac yn brif adran frys ar gyfer ein hardal. Bydd yn cynnwys gwasanaethau dan arweiniad meddygon ymgynghorol 24 awr y dydd, saith

niwrnod yr wythnos. Yma, bydd pobl yn cael llawdriniaethau mawr, triniaeth ar gyfer cyflyrau meddygol neu lawfeddygol cymhleth pan fyddant yn sâl iawn, gofal iechyd meddwl arbenigol, neu brofion na ellir eu cynnal yn nes at eu cartref. Bydd y rhan fwyaf o bobl yn defnyddio'r ysbyty hwn dim ond pan fydd arnynt angen gofal meddygol sylweddol, a bydd y mwyaf yn aros llai na 72 awr cyn cael eu rhyddhau i fynd adref neu i ysbyty mwy lleol.

Yng ngogledd ein hardal, bydd Ysbyty Bronglais, Aberystwyth yn darparu gofal brys, yn cynnwys adran damweiniau ac achosion brys 24/7, a gofal wedi'i gynllunio, a bydd yr achosion mwyaf arbenigol yn cael eu trosglwyddo i'r ysbyty newydd. Bydd yna lawdriniaethau a thriniaethau dydd, uned dan arweiniad bydwragedd a genedigaethau risg isel dan arweiniad meddygon ymgynghorol, yn ogystal â gwasanaethau cleifion allanol, cemotherapi a gofal diwedd oes.

Bydd Ysbyty'r Tywysog Philip, Llanelli, yn darparu gwasanaethau 24/7 ar gyfer mân anafiadau dan arweiniad meddygon teulu, ynghyd â gofal ar gyfer oedolion mewn argyfwng meddygol a gwasanaethau profi (diagnostig). Bydd hyn yn cynnwys gwelyau dros nos dan arweiniad meddygon ymgynghorol ar gyfer cleifion mewnol, llawdriniaethau risg isel, cemotherapi, adsefydlu, a gofal diwedd oes.

Bydd ysbytai Glangwili a Llwynhelyg, yng Nghaerfyrddin a Hwlfordd, yn darparu unedau mân anafiadau 24/7 dan arweiniad meddygon teulu, gyda phrofion a chymorth, yn ogystal â therapi, gofal dan arweiniad nyrsys a gwelyau ar gyfer adsefydlu ac ailalluogi pobl. Bydd ganddynt unedau dan arweiniad bydwragedd, ynghyd â chemotherapi a gofal diwedd oes, a chlinigau cleifion allanol.

Dim ond un rhan o broses drawsnewid ehangach ledled y sefydliad yw hon. Darperir cymorth ar gyfer rheoli rhaglenni a phrosiectau yn achos rhaglenni newid a thrawsnewid allweddol, cymorth sy'n cyd-fynd â'n hamcanion strategol a chynllunio. Dyma'r blociau adeiladu sy'n ein helpu i gyflawni ein strategaeth iechyd a gofal hirdymor.

Mae ein rhaglen waith trawsnewid yn canolbwyntio ar bedwar parth:

- **Trawsnewid iechyd a llesiant y boblogaeth:** mae hyn yn cynnwys prosiectau (e.e. presgripsiynu cymdeithasol) sy'n cefnogi ein symudiad hirdymor tuag at fodel cymdeithasol ar gyfer iechyd a llesiant, ynghyd ag atal ac ymyriad cynnar mewn perthynas ag iechyd a llesiant
- **Trawsnewid ein gwasanaethau clinigol cyfredol:** ar hyn o bryd, mae ein ffocws ar gefnogi ein rhaglen gofal brys a gofal mewn argyfwng, ynghyd â phrosiectau i gefnogi ein hadferiad yn dilyn effaith y pandemig
- **Trawsnewid ein modelau gofal yn y dyfodol:** ein ffocws ar drawsnewid llwybrau clinigol, yn enwedig y rhai sy'n effeithio ar ein modelau aciwt a chymunedol ar gyfer y dyfodol a'r achosion busnes cysylltiedig
- **Trawsnewid y ffordd yr ydym yn gweithio:** prosiectau sy'n cefnogi'r rhaglenni gwaith gweithio ystwyth a datgarboneiddio, yn ogystal â darparu cymorth cyffredinol ar gyfer arfer da mewn perthynas â rheoli rhaglenni a phrosiectau, ynghyd â thempledi a pheccynnau cymorth.

### 2.4.3 Ein cyfeiriad strategol

Mae yna gysylltiad amlwg a chryf rhwng ein strategaeth gofal iechyd a'n trefniadau cynllunio blynyddol. Mae ein hamcanion cynllunio yn nodi'r camau yr ydym yn eu cymryd heddiw i wella gwasanaethau a hefyd i adeiladu tuag at ein strategaeth a chyflawni ein hamcanion strategol. Mae ein tybiaethau cynllunio, Fframwaith Sicrwydd y Bwrdd, a mesurau ein canlyniadau strategol, i gyd yn cyfrannu at gysylltu ein gweithgareddau dyddiol â'r broses o wireddu ein gweledigaeth strategol, sef yr hyn a fydd, yn ei dro, yn cyflawni ein hamcanion strategol. Yn y pen draw, bydd hyn yn cyflawni ein cenhadaeth i 'adeiladu lleoedd caredig ac iach i fyw a gweithio ynddynt yng Nghanolbarth a Gorllewin Cymru'.



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Rhan Un:

# Adroddiad Perfformiad

2023-2024

## 3. Trosolwg o Berfformiad

Mae'r Trosolwg o Berfformiad yn grynodedb o'r Adroddiad ar Berfformiad. Mae'n rhoi trosolwg i'r darlennydd o'r heriau yr ydym wedi'u hwynebu a'r modd yr ydym wedi mynd i'r afael â nhw, yn ogystal â'r hyn a gyflawnwyd a'r cynnydd a wnaed.

Mae'r trosolwg yn cynnwys y brif wybodaeth am y modd yr ydym wedi perfformio o gymharu â thargedau Llywodraeth Cymru, a'n camau gweithredu i wella. Mae'r Adroddiad Perfformiad llawn yn mynd i fanylder, ond bydd y crynodeb hefyd yn asesu'r modd yr ydym wedi cadw ffocws ar ddiogelwch ac ansawdd yn ystod ein hadferiad parhaus o'r pandemig, ac yn ystyried yr hyn yr ydym wedi'i ddysgu a'r modd y bydd hyn yn llywio gwaith yn y dyfodol.

### 3.1 Datganiad gan ein Prif Swyddog Gweithredol

Mae'r heriau sy'n wynebu ein system iechyd a gofal ar lefelau hanesyddol wrth i ni a chymdeithas ymgodymu â nifer o ddigwyddiadau cydamserol sy'n effeithio ar ein ffordd o fyw. Yn ein hachos ni, y bwrdd iechyd, mae'r pwysau hyn fel arfer yn perthyn i'r categorïau canlynol:

- Argaeledd y gweithlu (yn cynnwys gofal cymdeithasol)
- Fforddiadwyedd a phwysau chwyddiannol
- Iechyd y boblogaeth a'r galw am ofal iechyd

O ganlyniad, gwelwn ôl-groniadau ac oedi o ran gofal i gleifion, straen gormodol ar staff, systemau llai effeithlon, a phwysau ariannol digynsail. Rydym hefyd ar ddechrau tuedd ddemograffig hirddisgwyliedig o ran cenhedlaeth. Gallwn ddisgwyl cynnydd yn nifer y bobl dros 65 oed, a hynny o tua 100,000 yn 2023 i tua 124,587 erbyn 2043. At hynny, cydnabyddir bod gan Hywel Dda ystad sy'n heneiddio a model gofal anaddas.

Mae'n amlwg y bydd camau gweithredu pwrpasol a hirdymor yn ofynnol i fynd i'r afael â graddfa'r heriau hyn. Rydym yn canolbwyntio ar wella mynediad i wasanaethau ar gyfer ein cleifion, gan hefyd gydbwysu'r angen i gyflawni cynaliadwyedd ariannol a gweithio'n unol â'n cyllideb

gytunedig. Mae Llywodraeth Cymru yn deall bod yr her yn un sylweddol, ac mae wedi cydnabod na ellir mynd i'r afael â'n diffyg o gymharu â'n cyllideb mewn un flwyddyn. Felly, mae wedi rhoi 'cyfanswm rheoli' i ni, sy'n cydnabod ei lefel diffyg safonol o £44.8 miliwn ar gyfer y bwrdd iechyd yn y byrdymor. Roedd ein sefyllfa ar ddiwedd y flwyddyn a ddaeth i ben ar 31 Mawrth 2024 wedi mynd heibio i hyn, gyda diffyg o £65.8 miliwn; ac mae ein cynllun ar gyfer blwyddyn ariannol 2024-25 yn cynnwys diffyg o £64 miliwn fel ein sefyllfa ariannol ddisgwyliedig.

Mae ein perfformiad ar gyfer 2023-24 wedi gwella, yn seiliedig ar flaenoriaethau'r Gweinidog a nodir yn Fframwaith Cynllunio 2023-24, ein hamcanion cynllunio, yr 'amodau atebolrwydd' a ddarparwyd i ni ym mis Medi 2023, a'r broses o 'ymyrraeth wedi'i thargedu' ar gyfer cyflawni.

Ochr yn ochr â hyn, rydym yn parhau i weithio tuag at gyflawni ein strategaeth, 'Canolbarth a Gorllewin Cymru Iachach': <https://biphdd.gig.cymru/amdanom-ni/canolbarth-a-gorllewin-iachach/>

Rydym wedi blaenoriaethu amcanion sy'n gyson â'r Fframwaith Cynllunio, y blaenoriaethau Gweinidogol, a'r mentrau hanfodol sy'n cyd-fynd â 'Canolbarth a Gorllewin Cymru Iachach'. Mae hyn yn cynnwys datblygu Cynllun Gwasanaethau Clinigol i fynd i'r afael â heriau gweithredol cyfredol, gan ddarparu trywydd o amgylch y gwasanaethau a ddarperir gennym yn y byrdymor a'r tymor canolig.

Manylir isod ar ein dull gweithredu a chyflawni yn unol â phob un o'r blaenoriaethau hyn, ac maent i'w gweld yn y Trosolwg o Berfformiad a'r Adroddiad Blynyddol trwyddynt draw.

Mae'r bwrdd iechyd o'r farn ei bod yn briodol mabwysiadu'r sail busnes gweithredol ac y bydd yn parhau i weithredu hyd y gellir rhagweld. Nid yw'r bwrdd iechyd yn ymwybodol o unrhyw amgylchiadau a fyddai'n peri amheuaeth.

**Yr Athro Philip Kloer**  
**Prif Weithredwr (Dros dro)**

### 3.1.1 Cymru Iachach – y cyd-destun polisi trosfwaol

Mae Cymru Iachach yn parhau i ddarparu conglaen ar gyfer y ffordd yr ydym yn darparu gwasanaethau, gyda'r ethos canolog yn un o helpu pobl yn Sir Gaerfyrddin, Ceredigion a Sir Benfro (ardal Hywel Dda), a ledled Cymru yn ehangach, i gael bywydau hirach, iachach a hapusach. Mae hyn yn cyd-fynd â'n strategaeth ni, 'Canolbarth a Gorllewin Cymru Iachach'.

Mae ein strategaeth yn disgrifio ymagwedd system gyfan at iechyd a llesiant, gyda phwyslais sylweddol ar roi pobl a chymunedau wrth wraidd y strategaeth. Bydd ein rhwydweithiau cymunedol lleol yn chwarae rôl hanfodol o ran cyflawni'r trawsnewidiad gofynnol. Rydym yn anelu at greu system gofal iechyd gynaliadwy ar gyfer y dyfodol, wedi'i hadeiladu ar 'fodel cymdeithasol o iechyd a llesiant', gan newid o ffocws ar ofal yn yr ysbyty i ffocws ar iechyd da ac atal, lle caiff gofal ei ddarparu yn nes at y cartref trwy well modelau cymunedol.

Bydd ein model gofal yn y dyfodol yn cynnwys rhwydwaith o hybiau cymunedol integredig (canolfannau iechyd a llesiant), a ddatblygir ar y cyd â'n partneriaid yn y sector cyhoeddus a'r trydydd sector, i gefnogi llesiant ac anghenion corfforol, iechyd meddwl a gofal cymdeithasol ein cymunedau. Cefnogir pob un o'n saith rhwydwaith cymunedol integredig gan un neu ragor o ganolfannau iechyd a llesiant, sy'n dwyn pobl a gwasanaethau ynghyd mewn un lle ac yn darparu cysylltiadau rhithwir rhwng y boblogaeth a rhwydwaith y gymuned. Bydd timau amlddisgyblaethol a'r rhwydweithiau ehangach yn amgylchynu unigolion a theuluoedd.

Mae model gwasanaeth y dyfodol yn cynnwys ysbyty gofal brys a gofal wedi'i gynllunio newydd yn ne'r rhanbarth, a fydd yn gweithredu fel y prif safle ysbyty ar gyfer ardal Hywel Dda. Bydd yn cynnig model canolog ar gyfer yr holl wasanaethau plant ac oedolion arbenigol, ac yn cael ei gefnogi gan rwydwaith o ysbytai a hybiau cymunedol a fydd yn darparu gofal mwy lleol:

- Ysbyty Gofal Brys a Gofal wedi'i Gynllunio (wedi'i leoli rhwng Arberth a Sanctlêr yn ne'r rhanbarth)
- Ysbyty Bronglais yn Aberystwyth
- Ysbyty'r Tywysog Philip yn Llanelli

- Ysbyty Cymunedol Glangwili yng Nghaerfyrddin
- Ysbyty Cymunedol Llwynhelyg yn Hwlfordd
- Nifer o hybiau cymunedol lleol

### 3.1.2 Iechyd y boblogaeth

Mae ein hymrwymiad i wella iechyd y boblogaeth yn greiddiol i'n strategaeth. Trwy gydol 2023-24, mae hyn wedi cael ei lywio gan un o'n hamcanion cynllunio. Rydym yn symud tuag at gefnogi pobl i fyw'n dda trwy hyrwyddo llesiant ac atal afiechyd.

Trwy adeiladu ar y nodau llesiant a'r ymrwymadau a bennir yn y Fframwaith Iechyd a Llesiant, mae gennym gyfle i fabwysiadu dulliau a datrysiadau newydd i leihau anghydraddoldebau iechyd a sicrhau poblogaeth iachach a mwy cydnerth. Mae gennym gyfrifoldeb a rennir i weithredu ar yr holl benderfyniadau iechyd trwy gefnogi ein partneriaid i greu cyfleoedd newydd a chynaliadwy i gryfhau ein heconomi.

Gallwn adeiladu ar yr effeithiau cadarnhaol a brofwyd yn ystod y pandemig, megis cynyddu cynhwysiant digidol a chefnogi asedau ac adnoddau cymunedol. Mae diogelu iechyd yn parhau i fod yn hanfodol; mae mynd ati mewn modd effeithiol i reoli twbercwlosis a chlefydau heintus eraill a ledaenir yn y gymuned yn gofyn am adnoddau i sicrhau ein bod yn diogelu iechyd ein poblogaeth. Mae lleihau lledaeniad ac effaith y clefydau hyn yn y gymuned, mewn perthynas ag iechyd a llesiant, a chan gynnwys cyflogaeth a thlodi, yn flaenoriaeth allweddol wrth i ni weithio gyda'n partneriaid.

### 3.1.3 Yr ymateb i COVID-19

Yn ystod y 12 mis diwethaf, bu i ni wynebu heriau sylweddol parhaus yn y bwrdd iechyd. Rydym wedi ymateb i bwysau ar y gwasanaeth yn sgil pandemig COVID-19, wedi parhau i reoli risgiau uniongyrchol amrywiadau newidiol ac achosion olynol o COVID-19, wedi ymateb i effaith ehangach y tair blynedd ddiwethaf ar ein poblogaeth ac wedi datblygu cynlluniau i sicrhau system iechyd fwy cynaliadwy. Fodd bynnag, mae hyn wedi rhoi cyfle i ni ddangos y gallwn fod yn hyblyg ac ymateb yn gyflym i sefyllfaoedd sy'n newid yn sydyn.

Mae 2023-24 wedi gweld galw cynyddol ar draws ein systemau gofal brys a gofal wedi'i gynllunio, pwysau cynyddol ar wasanaethau gofal sylfaenol, galw uchel o ran y nifer sy'n

mynd i'n hadrannau brys, pwysau sylweddol ym maes gofal cymdeithasol, a lefelau uwch na'r arfer o salwch ymhlith ein gweithlu. Mae hyn yng nghyd-destun ailddechrau nifer o wasanaethau arferol er gwaethaf y cyfyngiadau ar y capasiti. Rydym yn falch o'r ffordd y mae ein staff wedi ymateb, gan amlygu cydnerthedd, dewrder, egni, dyfeisgarwch a sgiliau gwych yn ystod y tair blynedd ddiwethaf.

Mae COVID-19 wedi cael effaith sylweddol ar ein poblogaeth. Er enghraifft, trwy gynyddu ynysigrwydd, yn arbennig yn achos pobl hŷn a gofalwyr, gwaethygu cyflyrau iechyd meddwl, cyfyngu ar fynediad i rwydweithiau a gwasanaethau cymorth ehangach, a chynyddu achosion o Drais yn erbyn Menywod, Cam-drin Domestig a Thrais Rhywiol.

### 3.1.4 Adferiad y GIG

O ganlyniad i COVID-19, rydym wedi parhau i ystyried ffyrdd o adfer yr ôl-groniad cyfredol o ran ein rhestrau aros. Mae gennym gynlluniau ar waith sydd wedi cefnogi'r maes gwaith hwn (yn cynnwys ym maes gofal wedi'i gynllunio, adfer ar ôl cael canser, a diagnosteg ranbarthol), a chefnogwyd hyn ymhellach gan waith parhaus gyda'n byrddau iechyd cyfagos.

Tra bo cleifion yn aros, rydym yn parhau i gyflwyno mecanweithiau cymorth ar eu cyfer. Un o'r mecanweithiau hyn yw ein Gwasanaethau Cymorth Rhestrau Aros, proses o fynd ati mewn modd rhyngweithiol a thosturiol i gyfathrebu â chleifion ar y rhestrau aros. Rhestrir elfennau allweddol y gwasanaeth isod:

- Rhoi gwybod i gleifion yn rheolaidd am eu hamser aros disgwylidig cyfredol
- Cynnig un man cyswllt pe byddai angen iddynt gysylltu â ni
- Darparu cyngor ar opsiynau hunanreoli i gleifion wrth iddynt aros
- Cynnig cyngor o ran beth i'w wneud os bydd eu symptomau'n dirywio
- Sefydlu dull systematig o fesur niwed – gan ddwyn ynghyd y niwed a asesir yn glinigol a'r niwed a hunanasesir gan y claf, a defnyddio'r wybodaeth hon i lywio'r broses o flaenoriaethu rhestrau aros
- Cynnig opsiynau amgen o ran triniaeth os yw hynny'n briodol
- Ymgorffori'r gwaith o adolygu a gwirio cydsyniad cleifion

### 3.1.5 Iechyd meddwl a llesiant emosiynol

Rydym yn parhau i wneud cynnydd ledled y gwasanaeth iechyd meddwl ac anabledau dysgu cyfan trwy ein hagenda Trawsnewid Iechyd Meddwl.

Ni oedd y bwrdd iechyd cyntaf i weithredu Opsiwn 2 y gwasanaeth 111. Rydym yn parhau i weithio tuag at gyflawni ein targedau mewn perthynas â rhannau 1a ac 1b, ac yn gweithio gyda chyd-weithwyr o'r Bwrdd Partneriaeth Rhanbarthol i gryfhau ymhellach y trefniadau gofal a chymorth ar gyfer plant ag anghenion emosiynol ac iechyd meddwl.

Rydym yn bwriadu mynd ati'n gynnar i fabwysiadu'r Fframwaith Help a Chymorth Cynnar cenedlaethol, sydd wedi cael ei weithredu'n rhan o'r rhaglen Gyda'n Gilydd ar gyfer Plant a Phobl Ifanc.

### 3.1.6 Cefnogi ein gweithlu iechyd a gofal

Rydym wedi parhau i ymgysylltu â'n pobl a gwrando arnynt, a hynny er mwyn sicrhau ein bod yn eu cefnogi i ffynnu trwy ffyrdd iach o fyw a pherthnasoedd iach. Rydym wedi gweithredu un pwynt mynediad ar gyfer cymorth iechyd a llesiant i bobl, gan sicrhau bod siarteri llesiant yn cael eu coleddu'n llawn.

Bydd Tîm y Gweithlu a Datblygu Sefydliadol yn sicrhau bod prosesau caredig yn cael eu dilyn i gefnogi pobl yn ystod adegau heriol. Mae ail adroddiad darganfod wedi cael ei lunio i gefnogi'r broses gadw, a byddwn yn parhau i geisio bod yn sefydliad amrywiol a diwylliannol-gynhwysol, gan alluogi diwylliannau gweithio hapus ac iach.

### 3.1.7 Cyllid y GIG ac ymdopi yn unol â'r adnoddau

Mae ein Hadroddiad Blynyddol yn nodi'r modd yr ydym wedi rheoli ein cyllid gydol 2023-24. Rydym yn parhau i fod mewn sefyllfa ariannol eithriadol o anodd. Fodd bynnag, yn ystod y misoedd diwethaf gwnaed ymdrechion sylweddol i gyflawni arbedion ac i wella'r sefyllfa cymaint â phosibl. Yn ganolog i'r gwaith hwn y mae gwaith y Grŵp Cyflawni Craidd, a sefydlwyd i gydlynu, cefnogi a goruchwylio'r broses o gyflawni arbedion. Mae'r trefniant hwn yn adlewyrchu ymdrech ganolbwyntiedig i esblygu ein hymagwedd at gynllunio a

chyflawni, ynghyd â newid ehangach o ran ffocws i arbedion yn y flwyddyn ariannol.

### 3.1.8 Gweithio ochr yn ochr â gofal cymdeithasol

Mae gweithio ochr yn ochr â gofal cymdeithasol yn hanfodol wrth ddelio â'r heriau parhaus y mae'r ddau sector yn eu hwynebu.

### 3.1.9 Y Cynllun Tymor Canolig Integredig

Nid oeddem wedi gallu datblygu cynllun a oedd yn darparu cydbwysedd ariannol, ac felly aethom ati i lunio Cynllun Blynyddol, a gyflwynwyd i Lywodraeth Cymru ddiwedd mis Mawrth 2023, ynghyd â chyflwyniad atodol ddiwedd mis Mai 2023.

Sylfaen y cynllun oedd y blaenoriaethau gweinidogol a'n hamcanion cynllunio blaenoriaethol. Mae enghreifftiau o'r dull hwn yn cynnwys gwaith ar y canlynol:

- Trawsnewid gofal brys a gofal mewn argyfwng
- Ein gwasanaethau gofal wedi'i gynllunio, diagnosteg ac adfer ar ôl cael canser
- Sicrhau mynediad priodol at ofal sylfaenol a gofal cymunedol

Mae'r rhain yn ychwanegol at alluogwyr allweddol, megis ein cynllun sefydlogi'r gweithlu, ein trywydd i sefydlogrwydd ariannol, trawsnewid digidol, a'n gwaith parhaus tuag at gyflawni ein strategaeth 'Canolbarth a Gorllewin Cymru Iachach'.

Mae hyn yn creu'r llwyfan i gynllun tymor canolig gael ei lunio ar gyfer gofal diogel, cynaliadwy, hygyrch a charedig; yn cynnwys cyflawni cydbwysedd ariannol, mynd i'r afael â'n diffygion o ran y gweithlu, gwella iechyd ein poblogaeth, a darparu mynediad amserol at ofal o ansawdd uchel. I sicrhau bod y mecanweithiau cyflawni cywir ar waith, rydym wedi cyflwyno amcanion strategol ac amcanion cynllunio yn ystod y ddwy flynedd ddiwethaf i sicrhau eglurder ein rhaglenni gwaith. Rydym hefyd wedi cysoni'r rhain â Fframwaith Sicrwydd ein Bwrdd a phwyllgorau ein Bwrdd i ddarparu goruchwyliaeth a threfniadau craffu priodol. Mae'r dull hwn wedi'i fireinio ymhellach eleni, a bydd yn parhau i aeddfedu wrth i ni gryfhau

ein trefniadau cynllunio a chyflawni yn y bwrdd iechyd.

## 3.2 Ymgysylltu ynghylch ein strategaeth (ymgyngoriadau)

Oherwydd natur y gwasanaethau a ddarperir ledled Canolbarth a Gorllewin Cymru, cydnabyddir bod i amrywiaeth eang o'n gwasanaethau elfennau bregus. Roedd hwn yn sbardun allweddol y tu ôl i ddatblygu strategaeth y bwrdd iechyd, 'Canolbarth a Gorllewin Cymru Iachach: Cenedlaethau'r dyfodol yn byw'n dda' (<https://biphdd.gig.cymru/amdanom-ni/canolbarth-a-gorllewin-iachach/>) sy'n ceisio lleihau, os nad dileu, y risgiau i ddarparu gwasanaethau cynaliadwy. Yr uchelgais yw symud o fod yn wasanaeth sy'n trin salwch yn unig, i fod yn un sy'n cadw pobl yn iach, yn atal pobl rhag mynd yn sâl neu'n atal salwch rhag gwaethygu, ac sy'n darparu unrhyw help y mae arnoch ei angen yn gynnar. Hyd nes y caiff y strategaeth ei rhoi ar waith yn llawn, yn arbennig hyd nes y sefydlir y rhwydwaith ysbytai newydd arfaethedig, mae'n rhaid i'n gwasanaethau reoli'r elfennau bregus hyn bob dydd.

### 3.2.1 Ymgynghoriad ar dir safle'r ysbyty newydd



Yn dilyn ymgysylltiad ac ymgynghoriad cyhoeddus cynhwysfawr, a gynhaliwyd yn 2018, aethom ati i wneud ymrwymiad hirdymor i drawsnewid i fodloni gofynion model cymdeithasol ar gyfer iechyd a llesiant, gan fabwysiadu strategaeth iechyd a gofal newydd. Roedd hyn yn cynnwys yr angen am ysbyty gofal brys a gofal wedi'i gynllunio newydd, a fyddai'n gwasanaethu de ardal y bwrdd iechyd yn bennaf, a hynny mewn ardal a nodwyd rhwng Arberth a Sanclêr.

Cynhaliwyd ymgynghoriad cyhoeddus rhwng 23 Chwefror ac 19 Mai 2023 i ddewis safle ar gyfer ysbyty gofal brys a gofal wedi'i gynllunio newydd. Yn rhan o'r ymgynghoriad hwnnw, cynhaliwyd ystod eang o gyfarfodydd a digwyddiadau gyda staff, y cyhoedd a rhanddeiliaid.

Lluniwyd adroddiad adborth gan y sefydliad ymchwil annibynnol, Opinion Research Services (ORS), o'r ymatebion a gafwyd yn rhan o'r ymgynghoriad cyhoeddus. Ym mis Awst 2023, aed ati i roi ystyriaeth gydwybodol i'r adborth, a hynny ar y cyd â grwpiau allweddol, yn cynnwys y Grŵp Cyfeirio Rhanddeiliaid. Cafodd y broses ymgynghori ynghylch dewis safle ar gyfer yr ysbyty newydd arfaethedig achrediad Sicrwydd Ansawdd Arfer Gorau gan y Sefydliad Ymgynghori (tCI).

Ym mis Medi 2023, mewn cyfarfod eithriadol o'r Bwrdd, bu'r aelodau'n trafod canfyddiadau'r ymgynghorid cyhoeddus diweddar hwn, ynghyd â'r wybodaeth dechnegol a masnachol ddiweddaraf am y tri safle posibl ar gyfer ysbyty gofal brys a gofal wedi'i gynllunio newydd yn ne ardal Hywel Dda.

Yn dilyn ystyried y canfyddiadau'n drylwyr, canfyddiadau a gafodd eu coladu a'u dadansoddi gan Opinion Research Services (ORS), ynghyd â gwybodaeth dechnegol bellach am y tri safle posibl, a gwybodaeth fasnachol, penderfynodd aelodau'r Bwrdd leihau'r rhestr fer o safleoedd ar gyfer ysbyty gofal brys a gofal wedi'i gynllunio newydd o dri safle i ddau.

Penderfynodd y Bwrdd symud ymlaen â Thŷ Newydd, Hendy-gwyn ar Daf, a'r safle yn Sanclêr. Dewiswyd y safleoedd hyn yn dilyn ystyriaeth o'r adroddiad ymgynghori, asesiad o'r effaith ar gydraddoldeb iechyd, gwerthusiadau technegol, bioffilig a chlinigol, a gwerthusiad o'r gweithlu. Penderfynwyd na fyddai'r safle yng Ngerddi'r Ffynnon, Hendy-gwyn ar Daf yn cael ei ystyried ymhellach.

Nid oes gan y bwrdd iechyd safle a ffeirir, ac nid yw wedi prynu unrhyw safle na thir ar gyfer y datblygiad hwn. Mae prynu safle a darparu'r ysbyty gofal brys a gofal wedi'i gynllunio newydd yn amodol ar gyllid gan Lywodraeth Cymru, nad yw wedi'i gadarnhau eto, ac, os byddai'n llwyddiannus, byddai'n cymryd sawl blwyddyn i'w gyflawni. Mae rhagor o waith a thrafodaethau pellach â chyd-weithwyr yn Llywodraeth Cymru yn mynd rhagddynt i

weithio trwy'r gofynion manwl, yn cynnwys yr adnoddau a'r amserlenni tebygol.

Gallwch ddarllen rhagor am y broses ymgynghori ar ein gwefan, ynghyd â darllen y dogfennau technegol manwl:

<https://biphdd.gig.cymru/amdanom-ni/canolbarth-a-gorllewin-iachach/safle-ysbyty-newydd/>

### 3.2.2 Gwasanaethau brys ac mewn argyfwng i blant a phobl ifanc (pediatreg) yn ysbytai Llwynhelyg a Glangwili

Cynhaliwyd ymgynghoriad cyhoeddus rhwng 26 Mai a 24 Awst 2023, a gwahoddwyd staff y bwrdd iechyd, sefydliadau partner a'r gymuned yn ehangach i rannu eu barn ar dri opsiwn posibl ar gyfer dyfodol gwasanaethau pediatrig brys ac mewn argyfwng yn ysbytai Llwynhelyg a Glangwili. Yn rhan o'r ymgynghoriad hwnnw, cynhaliwyd ystod eang o gyfarfodydd a digwyddiadau gyda staff, y cyhoedd a rhanddeiliaid.

Lluniwyd adroddiad adborth gan y sefydliad ymchwil annibynnol, Opinion Research Services (ORS), o'r ymatebion a gafwyd yn rhan o'r ymgynghoriad hwn. Rhwng 12 a 19 Hydref 2023, cynhaliwyd cyfnod o ystyriaeth gydwybodol ar gyfer yr adroddiad ar adborth yr ymgynghoriad â grwpiau rhanddeiliaid allweddol.

Ar 30 Tachwedd 2023, ystyriwyd canfyddiadau'r ymgynghoriad yn helaeth gan aelodau'r Bwrdd, canfyddiadau a goladwyd ac a ddadansoddiwyd gan Opinion Research Services (ORS). Bu ein Bwrdd hefyd yn ystyried asesiadau o'r effaith ar ansawdd, y sgorau a roddwyd i'r opsiynau gan rhanddeiliaid, ac adborth o'r broses ystyriaeth gydwybodol. Yna, daethpwyd i benderfyniad i symud ymlaen ag opsiwn 1 ar gyfer model y dyfodol ar gyfer gwasanaethau pediatrig brys ac mewn argyfwng yn ysbytai Llwynhelyg a Glangwili.

- Yn yr ymgynghoriad, disgrifiwyd opsiwn 1 fel yr opsiwn sy'n adeiladu ar y gwasanaeth sy'n cael ei ddarparu ar hyn o bryd yn dilyn y mesurau dros dro a gyflwynwyd yn 2021 o ganlyniad i COVID-19.
- Byddai model yr Uned Triniaethau Dydd Pediatrig (PACU) yn aros yn Ysbyty Glangwili, ond heb unrhyw PACU yn Ysbyty Llwynhelyg. Byddai peidio â chael PACU yn Ysbyty Llwynhelyg yn golygu y byddai

plentyn â salwch aciwt (salwch y mae angen ei asesu) y mae'n ofynnol ei dderbyn i'r ysbyty (aros dros nos) yn cael ei drin yn yr uned cleifion mewnol 24 awr yn Ysbyty Glangwili.

- Bydd apwyntiadau cleifion allanol wedi'u trefnu (ar gyfer plant nad oes arnynt angen asesiad ar unwaith nac arhosiad dros nos, neu'r rhai heb gyflyrau tymor hwy) ar gael yn Ysbyty Llwynhelig yn rhan o opsiwn 1. Mae hyn yn ychwanegol at glinig mynediad cyflym, sef gwasanaeth sy'n galluogi plant a phobl ifanc a atgyfeiriwyd gan feddyg teulu/adran damweiniau ac achosion brys ar gyfer gofal di-argyfwng i gael eu gweld gan bediatregydd yn Ysbyty Llwynhelig cyn pen 72 awr.

Mae'r broses ymgynghori i ddewis opsiwn ar gyfer darpariaeth gwasanaethau brys ac mewn argyfwng i blant a phobl ifanc yn ysbytai Llwynhelig a Glangwili yn y dyfodol wedi cyflawni achrediad Sicrwydd Ansawdd Arfer Gorau gan y Sefydliad Ymgynghori (tCI). Mae rhagor o fanylion am y broses ymgynghori a'r dogfennau technegol ar gael i'w darllen yma:

<https://biphdd.gig.cymru/amdanom-ni/canolbarth-a-gorllewin-iachach/gwasanaethau-plant-yn-y-dyfodol/>

Cafodd Cynllun Prosiect Gweithredu ei ddatblygu a'i gymeradwyo gan y Bwrdd ym mis Ionawr 2024 er mwyn bwrw ymlaen â'r opsiwn y cytunwyd arno ar gyfer darparu gwasanaethau pediatrig brys ledled ysbytai Llwynhelig a Glangwili. Bydd y cynllun gweithredu yn ystyried y meysydd allweddol canlynol yn benodol:

- Y Gweithlu
- Teithio, cludiant a hygyrchedd
- Agenda ddigidol
- Ymwneud gofal sylfaenol, yn enwedig meddygon teulu
- Yr amgylchedd yn adran achosion brys Glangwili a'i briodoldeb i blant
- Hyfforddiant staff
- Cynllun cyfathrebu ac ymgysylltu

Mae manylion Cynllun y Prosiect Gweithredu, penderfyniad y Bwrdd a chanfyddiadau'r ymgynghoriad i'w gweld yma:

<https://biphdd.gig.cymru/gwasanaethau-pediatrig-cynllun-gweithredu/>

### 3.2.3 Cynllun Gwasanaethau Clinigol

Ym mis Mawrth 2023, cafwyd cymeradwyaeth y Bwrdd i sefydlu rhaglen waith i ddatblygu a chyflawni Cynllun Gwasanaethau Clinigol. Roedd hyn yn ymateb i natur fregus ein gwasanaethau ac yn seiliedig ar egwyddorion gofal sy'n ddiogel, yn gynaliadwy, yn hygyrch, ac yn garedig. Mae datblygu Cynllun Gwasanaethau Clinigol hefyd yn gam gweithredu yng ngofynion 'ymyriad targededig' Llywodraeth Cymru.

Mae'r cynlluniau hirdymor ar gyfer gwasanaethau yn parhau'r un fath â'r rheiny a bennir yn ein strategaeth, 'Canolbarth a Gorllewin Cymru Iachach'. Fodd bynnag, mae hefyd angen ystyried y gwasanaethau a ddarperir yn y tymor canolig.

Mae nifer o'r gwasanaethau'n parhau i fod yn fregus, a hynny'n bennaf am fod ein timau clinigol wedi'u gwasgaru ledled nifer o safleoedd. Felly, mae yna orddibyniaeth ar nifer bach o unigolion mewn gwasanaethau penodol, yn cynnwys gofal critigol. Nid yw rhai gwasanaethau, yn cynnwys llawdriniaethau dewisol, wedi dychwelyd i'r lefelau gweithgarwch cyn y pandemig, ac mae hyn yn effeithio ar restrau aros.

Yng nghyfarfod ein Bwrdd ym mis Mawrth 2023, cytunwyd felly fod ar y gwasanaethau canlynol angen cymorth canolbwyntiedig, ac y byddai rhaglen waith yn cael ei llunio i gyflawni ein Cynllun Gwasanaethau Clinigol:

- Gofal Critigol
- Dermatoleg
- Llawfeddygaeth gyffredinol frys
- Endosgopi
- Offthalmoleg
- Orthopedeg
- Radioleg
- Strôc
- Wroleg
- Gwasanaethau brys ac mewn argyfwng i blant a phobl ifanc (pediatrig) yn ysbytai Llwynhelig a Glangwili (yr ymgynghoriad wedi'i gwblhau)
- Gofal sylfaenol a'r gymuned

Mae asesiad clinigol o'r gwasanaethau sydd wedi'u cynnwys yn rhaglen y Cynllun Gwasanaethau Clinigol wedi'i gynnal.

Yn achos y papur materion ynghylch gofal sylfaenol a chymunedol, arweiniwyd yr aseciad gan y tîm uwch-reolwyr, sy'n goruchwylio gwasanaethau dan gontract. Nid yw'r gwasanaethau brys ac mewn argyfwng i blant a phobl ifanc (pediatrig) yn ysbytai Llwynhelig a Glangwili wedi'u cynnwys yn rhan o'r papur materion, oherwydd cafodd penderfyniad gan y Bwrdd ynghylch y gwasanaethau hyn ei gyhoeddi ar 30 Tachwedd 2023, ac mae ar gael i'w ddarllen yma: <https://biphdd.gig.cymru/gwasanaethau-plant-yn-y-dyfodol/>

Mae'r papur materion yn tynnu sylw at y gweithgareddau ymgysylltu cynnar a gynhaliwyd, y prosesau a'r methodolegau a ddefnyddiwyd, yn ogystal â'r data. Darperir y gwasanaethau sy'n rhan o'r Cynllun Gwasanaethau Clinigol ledled ein tair sir, a hynny o ysbytai a safleoedd cymunedol. Mae'r papur materion, a gyflwynwyd i gyfarfod cyhoeddus y Bwrdd ar 28 Mawrth 2024, ar gael i'w ddarllen yma:

<https://biphdd.gig.cymru/diweddariad-cynllun-gwasanaethau-clinigol/>

Y cam nesaf yn dilyn cyfarfod cyhoeddus y Bwrdd ar gyfer y maes gwasanaethau (ac eithrio gofal sylfaenol a'r gymuned) fydd cynnal adolygiad o'r materion a llunio set o opsiynau o ran y modd y gallwn gefnogi a gwella'r gwasanaethau hyn yn ystod y blynyddoedd i ddod. Y cam nesaf ar gyfer gofal sylfaenol a'r gymuned yw datblygu strategaeth.

Mae ein Cynllun Gwasanaethau Clinigol wedi cael derbyniad da gan Lywodraeth Cymru, sydd wedi cydnabod ein difrifoldeb wrth i ni fynd i'r afael â chwestiwn modelau gwasanaethau cynaliadwy. Mae rhagor o wybodaeth am y Cynllun Gwasanaethau Clinigol ar gael yma:

<https://biphdd.gig.cymru/cynllun-gwasanaethau-clinigol/>

### 3.2.4 Eisteddfod yr Urdd, Llanymddyfri 29 Mai-3 Mehefin 2023

Roedd yr Eisteddfod yn gyfle i ni ymgysylltu ag aelodau o'n poblogaeth leol a'r boblogaeth a oedd yn ymweld, a rhannu'r amrywiaeth eang o wasanaethau yr ydym yn eu darparu. Roedd yna ffocws ar ddechrau'r

ymgynghoriad ar ddyfodol gwasanaethau plant yn ysbytai Glangwili a Llwynhelig.

Ymwelodd amrywiaeth o dimau'r bwrdd iechyd â'r stondin, yn cynnwys: Gwasanaethau'r Gymraeg, y Tîm Ymgysylltu, Cyfathrebu, Gweithlu'r Dyfodol, y Tîm Imiwneiddio a Brechu, y Tîm Cynhwysiant Digidol, Therapiau Plant, Ymgyrchoedd Recriwtio, y Tîm Nyrsio Plant Cymunedol, y Tîm Iechyd ac Anabled Plant a'r Gwasanaethau Therapi Chwarae, y Tîm Methiant y Galon, a Phatholeg, Nyrsys Ysgol Sir Gaerfyrddin, Rheoli Meddyginiaethau, Dysgu a Datblygu, y Tîm Llesiant Dementia, a Thîm Iechyd Meddwl Cymunedol De Ceredigion.

### 3.2.5 Sioe Sir Benfro 16-17 Awst 2023

Roedd hwn yn gyfle arall i ymgysylltu ag aelodau o'n poblogaeth leol a'r boblogaeth a oedd yn ymweld, a rhannu gwybodaeth am ein gwasanaethau.



Roedd yna ffocws ar ddechrau'r ymgynghoriad ar ddyfodol gwasanaethau plant yn ysbytai Glangwili a Llwynhelig.

Ymwelodd amrywiaeth o dimau'r bwrdd iechyd â'r stondin, yn cynnwys: Y Gwasanaeth Byddwch yn Iach, Nyrsio Ysgolion, Cynhwysiant Digidol, Tîm Gweithlu'r Dyfodol, y Tîm Atal Heintiau, Ymwelwyr Iechyd, y Tîm Mamolaeth, y Tîm Diabetes, Tîm Allgymorth Datblygiad Cymunedol, y Tîm Imiwneiddio Cymunedol, Recriwtio, y Gwasanaeth Rhoi Organau, y Tîm Ymgysylltu, a'r Tîm Cyfathrebu.

### **3.2.6 Prosiect Uned Ddydd Cemotherapi (CDU) Ysbyty Bronglais – Grŵp Gorchwyl a Gorffen Celf Gyhoeddus**

Mae'r Grŵp Gorchwyl a Gorffen Celf Gyhoeddus wedi penodi tri chynrychiolydd cleifion. Cynhelir y cyfarfodydd yn fisol, ac maent yn ffurfio rhan o'r broses o ymgysylltu â staff a chleifion. Cadarnhaodd ein Bwrdd ar 28 Mawrth 2024 y byddai gwaith adeiladu ar yr Uned Ddydd Cemotherapi newydd yn Ysbyty Bronglais yn dechrau ym mis Mai. Bydd y prosiect yn cynnig gwelliannau sylweddol o ran gofal a phrofiad i gleifion Hywel Dda, ac yn darparu gwell amgylchedd gwaith i staff yr Uned Ddydd Cemotherapi.

### **3.2.7 Practis Meddygon Teulu Cross Hands a'r Tymbl – dyfodol gwasanaethau i gleifion cofrestredig**

Gwnaeth y meddygon teulu partner ym Meddygfa Cross Hands a'r Tymbl y penderfyniad anodd i roi'r gorau i'r contract Gwasanaethau Meddygol Cyffredinol a oedd ganddynt â'r bwrdd iechyd i weithredu'r practis, a hynny'n weithredol o 31 Mawrth 2024. Cynhaliwyd proses ymgysylltu cyhoeddus yn unol â'r broses safonol ar gyfer rhoi'r gorau i gontract Gwasanaethau Meddygol Cyffredinol. Rhedodd y broses ymgysylltu o 27 Hydref tan 26 Tachwedd. Cafodd penderfyniad ei wneud yn y cyfarfod Eithriadol o'r Bwrdd a gynhaliwyd ar 14 Rhagfyr 2023, a hynny'n seiliedig ar adborth a gafwyd yn ystod y broses ymgysylltu ac ar argymhellion y Panel Practisau Gwag, a oedd yn cynnwys cynrychiolwyr o Llais a'r Pwyllgor Meddygol Lleol, cyn yr ymarfer ymgysylltu cyhoeddus.

Cadarnhaodd y bwrdd iechyd y byddai Partneriaeth Aman Tawe, y bartneriaeth amlddisgyblaethol brofiadol sydd eisoes yn darparu gofal i'n cleifion ledled Gwauncaegurwen, Garnant a Brynaman, yn ymgymryd â'r Contract Meddygol Cyffredinol ar 1 Ebrill 2024.

### **3.2.8 Meddygfa Cangen Talacharn – dyfodol gwasanaethau i gleifion cofrestredig**

Ym mis Medi, gwnaeth meddygon teulu partner Meddygfa'r Conach and Horses yn Sanclêr gais i gau eu Meddygfa Gangen yn Nhalacharn. Yn dilyn proses ymgysylltu â chleifion a rhanddeiliaid lleol, a oedd yn cynnwys digwyddiadau wyneb yn wyneb a gynhaliwyd ym mis Tachwedd a mis Chwefror, ac ar ôl ystyried y cais yn fanwl trwy'r broses adolygu gytunedig, penderfynodd y Bwrdd wrthod y cais yn amodol ar waith pellach gyda'r Practis mewn perthynas â'i fodel Gwasanaethau Meddygol Cyffredinol ar gyfer y dyfodol.

Mae hyn yn golygu y bydd y Feddygfa Gangen yn y drefflan yn parhau'n agored, ond byddwn yn gweithio gyda Phractis y Coach and Horses i ystyried y gwasanaethau a allai weithredu o'r Feddygfa Gangen, a'r gwasanaethau hynny a fydd yn parhau i gael eu darparu o safle'r prif bractis yn Sanclêr.

Mae rhagor o fanylion am y modd y gwnaed y penderfyniad ar gael yma:

<https://biphdd.gig.cymru/meddygfa-cangen-talacharn/>

## 4. Adroddiad ar Berfformiad

Mae'r tabl isod yn crynhoi ein cynnydd mewn meysydd a flaenoriaethwyd ar gyfer eu gwella yn 2023-24. Gellir dod o hyd i fanylion am y rheswm dros ddefnyddio siartiau rheoli prosesau yma: <https://biphdd.gig.cymru/addroddiad-sicrwydd-perfformiad-integredig-22-mawrth-24>.

Amrywiad Sut rydyn ni'n gwneud dros amser	Sicrwydd Sut rydyn ni'n gwneud dros amser	Taflwybr Perfformiad yn erbyn ein huchelgais
<ul style="list-style-type: none"> <li> Gwella'r duedd</li> <li> Tuedd arferol</li> <li> Tuedd sy'n peri pryder</li> </ul>	<ul style="list-style-type: none"> <li> Taro'r targed bob amser</li> <li> Taro a methu'r target</li> <li> Methu'r targed bob amser</li> </ul>	<ul style="list-style-type: none"> <li> Bodlonwyd neu gwellwyd y taflwybr</li> <li> O fewn 5% i'r taflwybr</li> <li> Mwy na 5% oddi ar y taflwybr</li> </ul>

Maes i'w wella	Targed	Mawrth 2024	Amrywiad	Sicrwydd	Trywydd
<b>Gofal wedi'i Gynllunio</b>					
Cleifion sy'n aros mwy na 52 wythnos am apwyntiad cleifion allanol newydd	0	3,479			
Cleifion sy'n aros mwy na 104 wythnos rhwng atgyfeirio a thriniaeth	0	1,458			
<b>Gofal brys</b>					
% y galwadau am ambiwlans oherwydd bygythiad i fywyd yr ymatebir iddynt cyn pen 8 munud	65%	45.3%			amh
Trosglwyddiadau o'r ambiwlans i'r ysbyty sy'n cymryd mwy na 4 awr	0	484			
% y cleifion sy'n treulio llai na 4 awr mewn adran frys	95%	65.06%			amh
Nifer y cleifion sy'n treulio dros 12 awr mewn adran frys	0	1,655			
Nifer y cleifion yn yr ysbyty sy'n profi oedi cyn cael eu rhyddhau	amh	220		amh	amh
<b>Canser</b>					
% y cleifion ar y llwybr canser unigol sy'n dechrau triniaeth cyn pen 62 diwrnod	75%	60%			
<b>Iechyd meddwl</b>					
% y bobl ifanc 0-17 oed sy'n cael asesiad iechyd meddwl cyn pen 28 diwrnod i gael eu hatgyfeirio	80%	98.2%			
% y bobl 18+ oed sy'n cael asesiad iechyd meddwl cyn pen 28 diwrnod i gael eu hatgyfeirio	80%	92.4%			
% yr oedolion sy'n aros llai na 26 wythnos am therapi seicolegol	80%	48.5%			
% y plant sy'n aros llai na 26 wythnos am asesiad niwroddatblygiadol	80%	18.7%			

Diagnosteg a therapiau					
Nifer y cleifion sy'n aros mwy nag 8 wythnos am ddiagnosteg benodol	0	3,699			
Nifer y cleifion sy'n aros mwy nag 14 wythnos am therapi penodol	0	3,863			
Ansawdd a diogelwch					
Nifer yr achosion o C.difficile a gadarnheir	16	13			
Nifer yr achosion o E.coli a gadarnheir	27	21			
Cleifion sy'n nodi profiad cadarnhaol	90%	93.2%			amh
Y Gweithlu					
% yr absenoldebau staff oherwydd salwch	4.79%	6.31%			amh
Cyllid					
Diffyg diwedd y flwyddyn	£65.8 miliwn	£65.8 miliwn	amh	amh	

Mae rhagor o fanylion am y mesurau uchod, ac am y materion a'r risgiau a effeithiodd ar ein perfformiad yn 2023-24, i'w gweld yn yr adran isod.

## 5. Ein hasesiad o berfformiad (blaenoriaethau allweddol, perfformiad, heriau a risgiau)

### 5.1 Gofal brys a gofal mewn argyfwng (yn cynnwys y Chwe Nod Cenedlaethol)

Mae ein gweledigaeth ar gyfer y ddarpariaeth gofal brys a gofal mewn argyfwng ledled y bwrdd iechyd yn gyson â'r uchelgais a nodir yn Fframwaith Chwe Nod Cenedlaethol Llywodraeth Cymru: <https://www.llyw.cymru/chwe-nod-ar-gyfer-gofal-brys-gofal-mewn-argyfwng-llawlyfr-polisi-ar-gyfer-2021-i-2026>

Mae hwn yn amlinellu'r disgwyliad y bydd sefydliadau iechyd a gofal yn gweithio gyda'i gilydd i ddatblygu gwasanaeth gofal brys a gofal mewn argyfwng sy'n cefnogi pobl i gael mynediad at y gofal iawn, yn y lle iawn, ar yr amser iawn, ac mor agos at eu cartref â phosibl.

Trwy ddefnyddio'r fframwaith hwn a gwrando ar gleifion, gofalwyr a sefydliadau partner, rydym wedi bod yn gweithio i wella mynediad at ofal brys a gofal mewn argyfwng. Mae ein rhaglen Trawsnewid Gofal Brys a Gofal mewn Argyfwng (TUEC) yn canolbwyntio ar y canlynol:

- Datblygu un ganolfan ffrydio clinigol ranbarthol, a'i gweithredu'n raddol, i feddygon a chydweithwyr proffesiynol eraill gryfhau'r broses o gyfeirio i ddewisiadau amgen diogel yn lle gofal yn yr ysbyty. Roedd y cam cyntaf yn cynnwys cynnig ystod eang o well gwasanaethau yn y gymuned, er enghraifft:
  - Uwch-ymarferwyr Parafeddygol o Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru
  - Ymarferwyr gofal sylfaenol yn cynnig apwyntiadau ar yr un diwrnod lle bo angen
  - Gwasanaeth gofal brys ar yr un diwrnod yn ne Ceredigion (wedi'i leoli yng Nghanolfan Gofal Integredig Aberteifi). Mae'r gwasanaeth hwn wedi gweld niferoedd cynyddol yn ystod y 12

- mis diwethaf, ac rydym yn gweithio i ddatblygu model tebyg yng ngogledd Ceredigion
- Canolfannau asesu a chydlynu integredig Porth Preseli (Sir Benfro) ac Eastgate (Sir Gaerfyrddin), sy'n darparu un pwynt cyswllt i gydlynu trefn brysbennu ac atgyfeiriadau wedi'u cynllunio, canolradd a brys ar yr un diwrnod, i hwyluso proses ryddhau, ac i atal derbyniadau i'r ysbyty
  - Y defnydd o atebion yn ymwneud â gofal a alluogir gan dechnoleg (teleiechyd a theleofal) i helpu pobl i gynnal annibyniaeth ac i hunanreoli eu cyflyrau lle bo hynny'n briodol
- Darparu gwasanaethau Gofal Argyfwng ar yr Un Diwrnod sy'n darparu mynediad cyflym i ddiagnosteg ac asesiadau arbenigol yn achos mwyafrif y cleifion, sef targed o 90%, gan osgoi derbyniadau i'r ysbyty. Mae ysbytai Glangwili, y Tywysog Philip a Llwynhelyg oll yn darparu gwasanaethau Gofal Argyfwng ar yr Un Diwrnod, y gellir eu cyrchu'n uniongyrchol gan feddygon teulu, parafeddygon Ymddiriedolaeth Gwasanaethau Ambiwylans Cymru neu drwy ein hadrannau brys. Ar gyfartaledd, mae tua 800 o bobl y mis yn defnyddio'r gwasanaethau hyn, gyda 90.5% o'r rheiny'n dychwelyd adref ar yr un diwrnod.
  - Gwella'r broses o gydlynu a chynllunio ar gyfer rhyddhau trwy gydweithio â chyd-weithwyr yn yr awdurdod lleol a'r sector gwirfoddol i sicrhau bod cleifion yn dychwelyd adref pan na fydd arnynt angen triniaeth aciwt yn yr ysbyty mwyach. Er enghraifft, rydym wedi gwneud y canlynol:
    - Cyflwyni rolau aseswyr dibynadwy, lle mae ystod eang o weithwyr proffesiynol hyfforddedig yn cynnal asesiadau awdurdodedig ar ran darparwr gwasanaethau arall
    - Datblygu glasbrint ar gyfer wardiau i sicrhau trefniadau rhyddhau effeithiol, sy'n cynnwys adnoddau hyfforddi i helpu staff rheng flaen i nodi pobl y mae arnynt angen cymorth ychwanegol yn gynharach
    - Datblygu llwyfan digidol sy'n cipio'n gyflym ddiweddariadau ar gynllun triniaeth unigolyn a'r cynllun ar gyfer ei ryddhau, gan leihau dyblygu ac oedi a sicrhau atgyfeiriadau amserol

Mae ein blaenoriaethau ar gyfer rhaglen trawsnewid gofal brys a gofal mewn argyfwng 2023-24 fel a ganlyn:

- Datblygu'r ganolfan ffrydio clinigol ymhellach, gan gynnwys gwasanaeth meddygon teulu y tu allan i oriau 24/7
- Datblygu a gweithredu llwybrau eiddilwch, sy'n ymgorffori gwasanaethau Gofal Brys ar yr Un Diwrnod, yn ein safleoedd ysbytai aciwt ar gyfer y rheiny y mae arnynt angen mynediad cyflym at wasanaethau. Mae hyn eisoes wedi ei gyflwyno yn Ysbyty Llwynhelyg, a bydd gweddill ein safleoedd ysbytai yn datblygu eu gwasanaethau yn unol â'r model hwn
- Parhau i ganolbwyntio ar arferion rhyddhau effeithiol ac effeithlon i leihau arosiadau hir yn yr ysbyty y gellir eu hosgoi, yn enwedig yn achos ein poblogaeth o oedolion bregus

## **% y galwadau am ambiwlans oherwydd bygythiad i fywyd yr ymatebir iddynt cyn pen 8 munud**

Yn ystod 2023-24, roeddem am hybu canran y galwadau yr ymatebir iddynt cyn pen 8 munud, gan, yn ddelfrydol, fodloni'r targed cenedlaethol o 65%. Ddiwedd mis Mawrth, bodlonwyd 45.3% o'r galwadau (262 allan o 578 o alwadau). Roedd yna ddau brif reswm pam na lwyddwyd i ymateb cyn pen 8 munud i alwadau am ambiwlans oherwydd bygythiad i fywyd:

- Nid oedd cerbyd ar gael yn y lleoliad wrth gefn cymeradwy, ac felly nid oedd yn bosibl ymateb. Roedd hyn yn cynnwys cerbydau wedi'u dal ar safleoedd ysbytai a oedd yn aros i drosglwyddo cleifion
- Roedd yna gerbyd yn y lleoliad wrth gefn agosaf, ond nid oedd yn bosibl cyrraedd y digwyddiad cyn pen 8 munud

Mae Ymddiriedolaeth Gwasanaethau Ambiwylans Cymru yn defnyddio cynllun gweithredu uwchgyfeirio i nodi pwysau posibl ar y gwasanaeth a'r ffordd orau o reoli a lliniaru'r effeithiau.

## Trosglwyddiadau o'r ambiwlans i'r ysbyty sy'n cymryd mwy na 4 awr, a chleifion yn aros mewn adran damweiniau ac achosion brys/uned mân anafiadau (MIU)

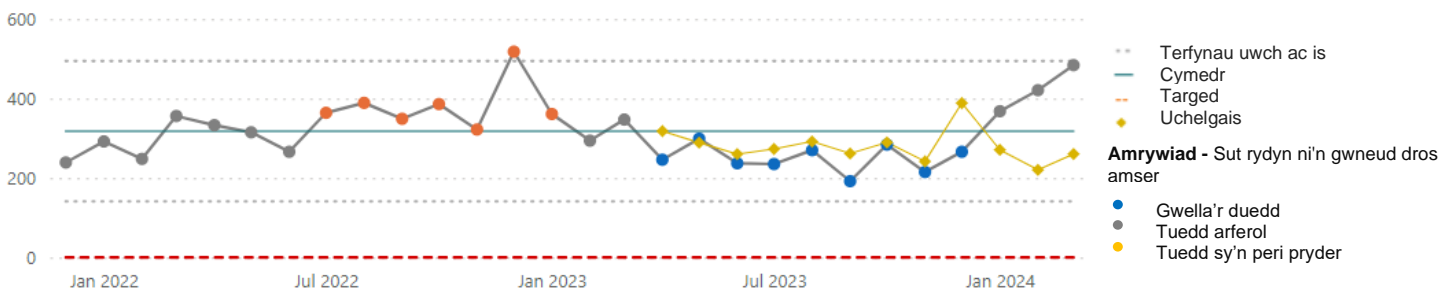
Ein nod allweddol oedd lleihau'r amser a gymerir i drosglwyddo o ambiwlansys a lleihau'r amser y mae claf yn aros mewn uned ddamweiniau ac achosion brys/uned mân anafiadau. Er i ni gyflawni gwelliant cyson yn ystod 2023, arweiniodd effaith y galw am driniaeth frys a'r pwysau ar y capasiti yn ystod cyfnod y gaeaf at ddirywiad yn y perfformiad erbyn mis Mawrth 2024, gydag 1,192 o drosglwyddiadau o ambiwlansys yn cymryd dros awr (targed = 0), a 484 yn cymryd dros 4 awr (targed = 0). Treuliodd 65% o'r cleifion lai na 4 awr mewn adran frys/uned mân anafiadau, a threuliodd 1,655 fwy na 12 awr yno.

Roedd gan nifer o'r cleifion anghenion cymhleth a oedd yn gofyn am lawer o gymorth yn dilyn eu rhyddhau, ac arweiniodd hyn at oedi'r trefniadau rhyddhau yn achos rhai. Felly, roedd ar y cleifion hyn angen gwely am fwy o amser, ac arweiniodd hyn at sgileffaith yn achos cleifion a oedd yn aros yn ein hadrannau brys a'n hunedau derbyn am wely.

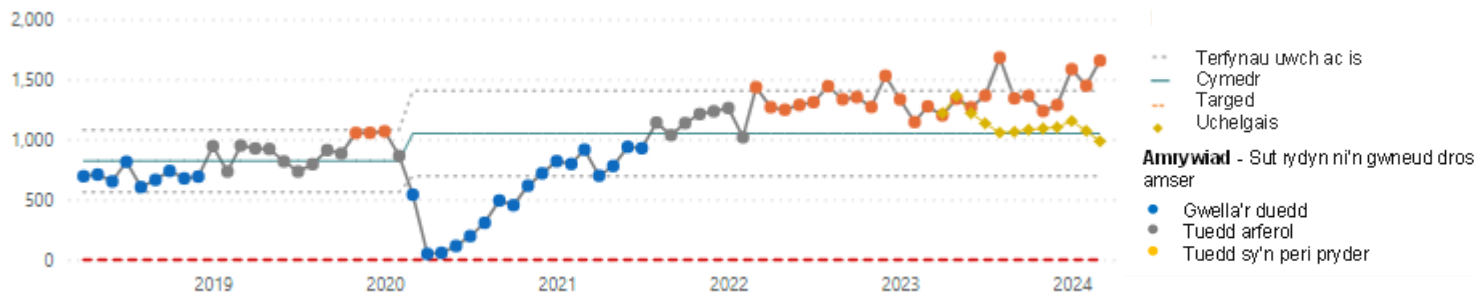
Canlyniad hyn oedd cleifion yn aros mewn ambiwlansys am fwy o amser wrth iddynt aros am i le ddod ar gael yn yr adran frys. Bu i lwybrau gofal brys a gofal mewn argyfwng ar yr un diwrnod leihau nifer y cleifion a ddaeth i mewn i'r adrannau brys. Aethom ati i olrhain yn fanwl y galw byw am ofal brys (e.e. damweiniau ac achosion brys, gwelyau cleifion mewnol) a'r capasiti a oedd ar gael gennym i drin y cleifion hyn.

Aethom ati hefyd i gyflwyno camau i sicrhau bod ein cleifion yn cael eu rhyddhau mewn modd mwy amserol i helpu i wella llif cleifion trwy ein hysbytai. Daeth hybiau ffrydio clinigol yn weithredol ac maent yn cael eu datblygu ymhellach yn 2024 i adolygu atgyfeiriadau gan feddygon teulu a galwadau am ambiwlansys i asesu a oes angen cludo'r claf i'r ysbyty neu a ellir darparu gofal amgen.

### Nifer y trosglwyddiadau o'r ambiwlans i'r ysbyty a gymerodd fwy na 4 awr



### Nifer y cleifion a dreuliodd dros 12 awr mewn adran damweiniau ac achosion brys/uned mân anafiadau



### Nifer y cleifion yn yr ysbyty sy'n profi oedi cyn cael eu rhyddhau

Cynhelir adolygiadau dyddiol er mwyn deall y rhesymau am yr oedi cyn rhyddhau cleifion a cheisio lliniaru'r rhain lle bynnag y bo'n bosibl. Bob mis, cynhelir cyfrifiad o'r cleifion sy'n cael eu rhyddhau

yn dilyn llwybr gofal gohiriedig (DPOC). Er bod niferoedd y cleifion DPOC yn y cyfrifiad wedi disgyn yn ystod 2023-24, o 294 ym mis Mawrth 2023 i 220 ym mis Mawrth 2024, mae yna resymau gwahanol am yr oedi yn yr asesiadau ledled ein tair sir.

Yn Sir Gaerfyrddin, y gostyngiad yng nghapasiti'r gwasanaethau therapi sy'n llywio'r oedi. Yng Ngheredigion a Sir Benfro, mae'n ymwneud mwy ag asesiadau nyrsio. Mae nifer yr asesywyr dibynadwy wedi cynyddu, a nod y cyd-weithwyr hyn yw atal achosion o oedi.

Mae gennym weithgor i fonitro cynlluniau gweithredu a metrigau gwelliant, sy'n gweithio gyda'n partneriaid yn yr awdurdodau lleol a sefydliadau gwirfoddol i fynd i'r afael â chymhlethdod y cyfyngiadau ar y llif cleifion.

Yn ogystal â rheoli achosion o oedi yn fewnol, rydym yn parhau i gydweithio â chyd-weithwyr yn yr awdurdodau lleol, partneriaid yn y trydydd sector/y sector annibynnol ac Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru i alluogi llif a phroses drosglwyddo ddiogel i gleifion, ac i wella gofal cymunedol.

## 5.2 Canser

### % y cleifion ar y llwybr canser unigol sy'n dechrau triniaeth cyn pen 62 diwrnod

Ein nod yw cynyddu canran y cleifion sy'n dechrau ar eu triniaeth ddiffiniol gyntaf cyn pen 62 diwrnod i'r adeg yr amheuir gyntaf fod ganddynt ganser.

Yn ystod y 12 mis diwethaf, mae nifer y cleifion sy'n dechrau triniaeth cyn pen 62 diwrnod wedi cynyddu o 41% i 60%

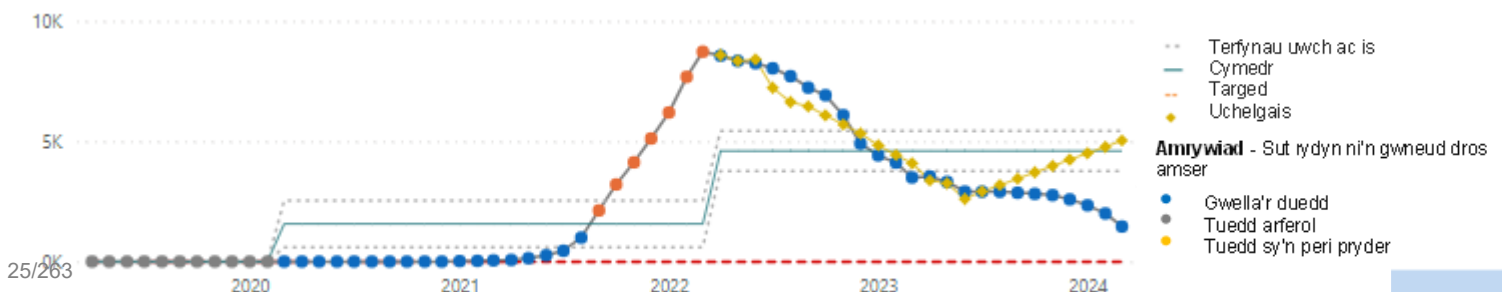
Mae'r ôl-groniad wedi lleihau o 481 o gleifion yn aros am fwy na 63 diwrnod ym mis Ebrill 2023, i 409 ym mis Mawrth 2024

Mae cynnydd yn nifer yr atgyfeiriadau, llwybrau cleifion cymhleth, gostyngiad yn y capasiti o ganlyniad i weithredu diwydiannol, a phroblemau o ran capasiti ym maes radioleg ac endosgopi wedi effeithio ar berfformiad. At hynny, mae'r oedi cyn cael triniaeth drydyddol yn ffurfio canran uchel o'n tramgwyddau. Mae clinig diagnostig cyflym wedi'i gyflwyno, ac mae yna gynlluniau i gyflwyno safle arall erbyn haf 2024. I leihau amseroedd aros diagnostig ym maes radioleg, cynhaliwyd prosesau cynllunio ar gyfer galw a gallu a gwaith mapio llwybrau atgyfeirio. Lanswyd system archebu newydd ym maes endosgopi i alluogi ymyriadau targededig i ddarparu lle i achosion brys pan amheuir canser.

Roedd 30% o'r holl dramgwyddau yn ystod y 12 mis diwethaf ar y llwybr wroleg. Mae 80% o'r cleifion sydd ar y llwybr wroleg yn y cam diagnostig, gyda thraean ohonynt wedi bod yn aros mwy na 28 diwrnod. Mae cynllun yn cael ei ddatblygu i gynyddu capasiti am gyfnod o dri mis i glirio'r cleifion hynny sydd wedi bod yn aros mwy na 28 diwrnod am driniaeth ddiagnostig yn Chwarter 1 (Ch1). Pan fydd wedi'i glirio, bydd gan lwybr diagnostig wroleg y capasiti i ateb y galw presennol; mae rhoi diagnosis i gleifion cyn pen 28 diwrnod yn galluogi cleifion i ddechrau triniaeth cyn pen 62 diwrnod, ac felly bydd yn gwella'r perfformiad o ran y llwybr wroleg, yn ogystal â'r perfformiad yn gyffredinol.

## 5.3 Gofal wedi'i gynllunio, diagnosteg a therapiau

### Nifer y cleifion sy'n aros mwy na 104 wythnos rhwng atgyfeirio a thriniaeth



## Cleifion sy'n aros mwy na 52 wythnos am apwyntiad cleifion allanol newydd a mwy na 104 wythnos rhwng atgyfeirio a thriniaeth

Bu i ni gyflawni ein nodau ar gyfer mis Mawrth 2024 i leihau nifer y cleifion sy'n aros mwy na 52 wythnos am apwyntiad cleifion allanol newydd (uchelgais = 6,532 neu lai, gwirioneddol = 3,479) a nifer y cleifion sy'r aros mwy na 104 wythnos am driniaeth (uchelgais = 5,034 neu lai, gwirioneddol = 1,458).

Cafodd y nifer mawr o gleifion brys a oedd angen gwelyau, y gweithredu diwydiannol, a'r digwyddiad yn ymwneud â choncrit awyredig awtoclafiedig cyfnerth (RAAC) yn Ysbyty Llwynhelyg oll effaith ar ein gallu i gynnig gofal dewisol yn ystod 2023-24. Aethom ati i liniaru'r heriau hyn trwy sicrhau bod capasiti'n cael ei ddiogelu ar gyfer yr achosion mwyaf brys a'r cleifion a fu'n aros hiraf. Bu i ni hefyd allanoli rhai triniaethau i'w cyflawni gan ddarparu'r allanol. Cafodd ein cleifion a fu'n aros hiraf eu cefnogi gan ein <https://biphdd.gig.cymru/gwasanaeth-cymorth-rhestr-aros-wlss/>, sy'n darparu cymorth clinigol a chyngor ar lesiant i gleifion.

### Nifer y cleifion sy'n aros 8 wythnos am ddiagnosteg benodol

Ein uchelgais ar gyfer mis Mawrth 2024 oedd peidio â bod â mwy na 3,697 yn aros am wyth wythnos neu ragor am ddiagnosteg. Bu i ni fethu'r targed lleol o drwyth blewyn oherwydd dau dramgwydd (mis Mawrth 2024, gwirioneddol = 3,699). Y gwasanaethau diagnosteg â'r nifer mwyaf o dramgwyddau oedd radioleg (1,693), endosgopi (1,268) a chardioleg (358).

Bu i radioleg brofi lefelau uwch o alw na gallu, a hynny'n bennaf ym meysydd uwchsain nad ydynt ymwneud ag obstetreg, MRI, a CT, ac arweiniodd hyn at arosiadau hirach. Roedd mesurau lliniaru ar gyfer hyn yn cynnwys llogi uned MRI â staff, a gweithgarwch mewnol ychwanegol i gynyddu capasiti.

Profodd y gwasanaeth endosgopi heriau o ran cynlluniau swyddi yn cyfyngu ar y gallu i gynyddu gweithgarwch clinigol; fodd bynnag, bu i sesiynau ychwanegol a sefydlwyd yn chwarter olaf 2023-24 leihau amseroedd aros.

Nid oedd gan y gwasanaeth cardioleg ddigon o gapasiti o ran cardiolegwyr i fodloni'r galw am ecocardiograffeg, a bu cynnydd yn nifer yr atgyfeiriadau ar gyfer monitro symudol. Sicrhawyd capasiti cardiolegwyr locwm i gynyddu ein galluedd o ran ecocardiograffeg, a gwnaed ymdrechion penodol i wneud arbedion effeithlonrwydd ar gyfer monitro symudol.

### Nifer y cleifion sy'n aros mwy nag 14 wythnos am therapi penodol

Ein uchelgais ym mis Mawrth 2024 oedd peidio â bod â mwy na 1,140 o gleifion yn aros 14 wythnos neu ragor am therapi. Ni chyflawnwyd y targed lleol hwn (Mawrth 2024, gwirioneddol = 3,863). Nodwyd y nifer uchaf o dramgwyddau yn y gwasanaethau deieteg (1,312), awdioleg (996) a ffisiotherapi (769).

Profodd Deieteg gynnydd cyflym yn y galw am y Gwasanaeth Rheoli Pwysau Oedolion (1,267 o dramgwyddau), tra bo nifer y tramgwyddau yn y Gwasanaeth Therapi Deieteg yn isel (45). Datgelodd adolygiad cenedlaethol o adroddiadau deieteg wahaniaethau ledled Cymru, a daeth i'r casgliad y bydd tramgwyddau ar gyfer y Gwasanaeth Rheoli Pwysau Oedolion, o fis Ebrill 2024, yn cael eu cofnodi'n weithgarwch y tîm amlddisgyblaethol ac felly ni fyddant yn rhan o'r tramgwyddau therapi 14 wythnos.

Mae awdioleg wedi gweld cynnydd yn nifer yr atgyfeiriadau uwchlaw'r capasiti i weld cleifion, sydd wedi arwain at gynnydd yn nifer y cleifion sy'n aros. Sefydlwyd cynllun i gynyddu capasiti staff clinigol yn 2024-25 i leihau'r ôl-groniad.

Mae heriau o ran capasiti sy'n deillio o waith i fynd i'r afael â'r broblem RAAC yn Ysbyty Llwynhelyg wedi effeithio ar ffisiotherapi, ynghyd â'r ffaith bod y galw yn fwy na'r capasiti yn y gwasanaethau cymunedol a chyhyrsgerbydol. Ers hynny, mae'r adran ffisiotherapi a'r gampfa wedi'u hadfer yn Ysbyty De Sir Benfro. Cafodd y cleifion a fu'n aros hiraf eu cefnogi gan ein

<https://biphdd.gig.cymru/gwasanaeth-cymorth-rhestr-aros-wlss/>, sy'n darparu cymorth clinigol a chyngor ar lesiant i gleifion.

Rydym wedi cynnal cyfres o weithdai a digwyddiadau ymgysylltu gyda rhanddeiliaid allweddol ym meysydd therapïau, risg a sicrwydd, gwybodeg, perfformiad a'r gweithlu o bob rhan o'r bwrdd iechyd. Mae'r ymarfer darganfod hwn wedi llywio cynllun gwelliant trosfwaol â therapi integredig i wella'r canlynol:

- Goruchwylio perfformiad
- Goruchwylio'r proffil risg clinigol a mesurau lliniaru
- Proffil risg clinigol a mesurau lliniaru
- Goruchwylio galw a gallu
- Goruchwylio ansawdd, diogelwch a phrofiad

Bydd y cynllun Gwelliant â Therapi Integredig yn galluogi'r gwaith gwella hwn i symud ymlaen, gan gynnwys camau clyfar, gofynion o ran adnoddau, a'r amserlenni bras.

## 5.4 Iechyd meddwl

### % y bobl ifanc 0-17 oed sy'n cael asesiad iechyd meddwl cyn pen 28 diwrnod i gael eu hatgyfeirio

### % y bobl 18+ oed sy'n cael asesiad iechyd meddwl cyn pen 28 diwrnod i gael eu hatgyfeirio

Ein nod oedd cynyddu'r ganran o oedolion a phlant sy'n cael asesiad iechyd meddwl cyn pen 28 diwrnod i gael eu hatgyfeirio, a hynny er mwyn cyrraedd y targed cenedlaethol o 80% a bodloni ein huchelgais o 83% ar gyfer asesiadau oedolion ac 82% ar gyfer asesiadau plant.

Ddiwedd mis Mawrth, amlygwyd gwelliant yn ein perfformiad, a bu i ni fodloni targedau cenedlaethol a chyflawni ein huchelgais ar gyfer mis Mawrth 2024:

- 92.4% yn achos oedolion ym mis Mawrth 2024, o gymharu ag 86.6% ym mis Mawrth 2023
- 98.2% yn achos plant ym mis Mawrth 2024, o gymharu â 72.2% ym mis Mawrth 2023

Er gwaethaf heriau o ran recriwtio, absenoldeb staff, a llai o ofod clinigol o ganlyniad i RAAC, rydym wedi cynyddu perfformiad trwy fapio prosesau systemau a llwybrau i wella effeithlonrwydd a lleihau'r amser cyn cael asesiad, cyflwyno darparwyr llwyfannau digidol, a dod o hyd i ofod clinigol. Cyfrannodd hyn oll at greu lle ar gyfer apwyntiadau newydd. Rydym yn parhau i recriwtio staff clinigol, monitro contractau â darparwyr allanol, ac asesu risg atgyfeiriadau i amlygu brys. Rydym yn bwriadu rhoi 728 o asesiadau ar gontract allanol tan 2025 gan ein bod wedi sicrhau cyllid gan y Bwrdd Partneriaeth Rhanbarthol.

### % yr oedolion sy'n aros llai na 26 wythnos am therapi seicolegol

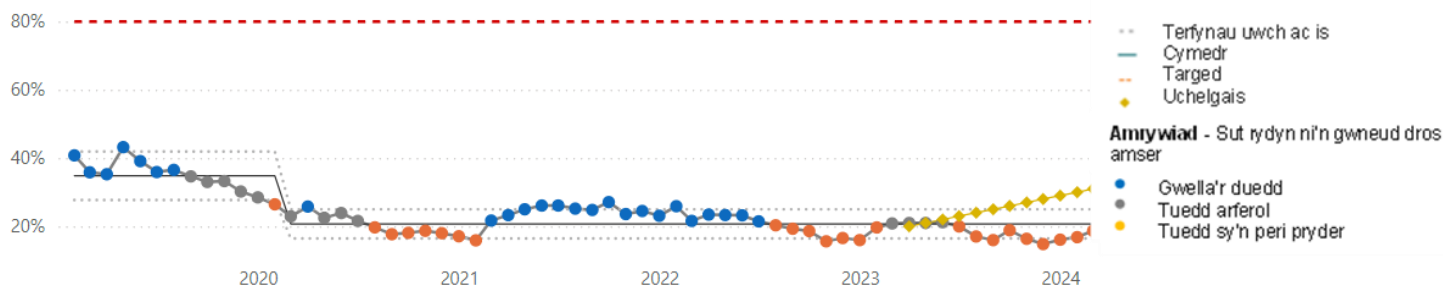
Ein nod oedd cynyddu canran yr oedolion sy'n aros llai na 26 wythnos am therapi seicolegol, a hynny er mwyn cyrraedd y targed cenedlaethol o 80% a bodloni ein huchelgais o 48.2%. Ddiwedd mis Mawrth bu i ni gyflawni ein huchelgais ond nid ydym wedi cyrraedd y targed cenedlaethol eto: 48.5% ym mis Mawrth 2024, o gymharu â 45.1% ym mis Mawrth 2023

Mae'r galw yn parhau i fod yn fwy na'r capasiti, ac mae yna heriau o ran recriwtio er gwaethaf ymgyrch recriwtio. Lliniarwyd hyn trwy ffocysu ar therapïau grŵp a gynigir i gleientiaid sy'n aros mwy na 26 wythnos, adolygu a chyfuno'r rhestrau aros ledled y tair sir, a chynnig therapi ar-lein, ac mae contract allanoli ar waith ar gyfer therapi dadsensiteiddio symudiad llygaid.

Mae negeseuon testun atgoffa SMS i gleientiaid yn cael eu cyflwyno ar draws gwasanaethau yn dilyn cynllun peilot i leihau effaith cyfraddau'r rheiny Nad Ydynt yn Bresennol (DNA) mewn apwyntiadau ar y gwasanaeth a ddarperir. Mae risgiau'n cynnwys absenoldeb staff, cynnydd mewn atgyfeiriadau, a chyfraddau derbyn neu briodoldeb therapi grŵp.

## 5.5 Niwroddatblygiadol

### % y plant sy'n aros llai na 26 wythnos am asesiad niwroddatblygiadol



Ein nod oedd cynyddu canran y plant sy'n aros llai na 26 wythnos am asesiad niwroddatblygiadol, a hynny er mwyn cyrraedd y targed cenedlaethol o 80% a bodloni ein huchelgais o 31%.

Ddiwedd mis Mawrth, nid oeddem wedi cyrraedd ein huchelgais ar gyfer mis Mawrth na'r targed cenedlaethol:

- 18.7% ym mis Mawrth 2024, o gymharu â 20.9% ym mis Mawrth 2023

Effeithir ar amseroldeb cynnal asesiadau ar gyfer Anhwylder Diffyg Canolbwyntio a Gorfywiogrwydd (ADHD) ac Anhwylderau'r Sbectwm Awstiaeth (ASD) mewn plant a phobl ifanc gan gynydd o flwyddyn i flwyddyn mewn atgyfeiriadau a gofynion niwrowahaniaeth newydd ar gyfer cymorth cyn ac ar ôl diagnosis.

Rydym yn parhau i recriwtio ar gyfer staff clinigol i fynd i'r afael â rhestrau aros. Mae mentrau i oresgyn yr heriau hyn yn cynnwys clinigau dan arweiniad nyrsys ac adolygu cleifion sydd newydd gael diagnosis yn unol â chanllawiau'r Sefydliad Cenedlaethol dros Ragoriaeth mewn Iechyd a Gofal (NICE).

Mae'r rhain yn helpu i gynyddu capasiti o ran asesiadau cychwynnol a'r broses o roi clinigau sgrinio gan bediatregwyr cymunedol ar waith i adolygu'r cleifion hyn sydd ar y rhestr aros ar hyn o bryd.

Bu i ni sefydlu clinigau ychwanegol, cyflwyno'r defnydd o lwyfannau digidol lle y bo'n briodol, a rhoi 379 o asesiadau diagnostig ar gyfer ASD ar contractau allanol i ddau ddarparwr.

## 5.6 Rheoli heintiau

### E.coli: Nifer yr achosion o facteremia a gadarnhawyd yn y labordy (yn ystod y mis)

### C. difficile: Nifer yr achosion o facteremia a gadarnhawyd yn y labordy (yn ystod y mis)

Ein nod yw dileu heintiau ac, yn benodol, rydym wedi bod yn gweithio'n galed i leihau nifer yr achosion o Clostridioides difficile (C.diff) ac Escherichia coli (E.coli), dau haint sydd ar gynydd ledled Cymru. Yn ardal Hywel Dda rydym wedi sicrhau gostyngiad o 10% yn nifer yr achosion o C.diff; fodd bynnag, rydym yn parhau i weld niferoedd uchel o achosion o E.coli, sy'n cyd-fynd â'r darlun cenedlaethol.

Mae presenoldeb uchel yn ein hadrannau achosion brys yn cyflwyno heriau ac yn cyfyngu ar gyfleoedd ar gyfer dihalogi amgylcheddol, gan felly gynyddu'r risg o haint; mae newid ein prosesau a'n cynhyrchion glanhau yn helpu i fynd i'r afael â hyn. Yn unol â'n cynllun gwella ar gyfer heintiau sy'n gysylltiedig â gofal iechyd (HCAI), mae sawl agwedd ar waith canolbwyntiedig wedi helpu i leihau nifer yr achosion o C.diff a heintiau llif y gwaed a geir yn yr ysbyty. Mae hyn yn cynnwys

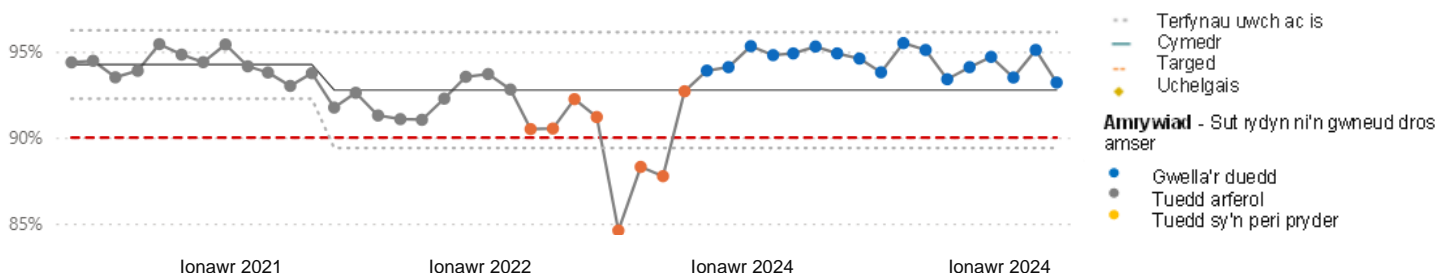
rowndiau wythnosol gyda'r microbiologydd a'r fferylllydd ar wardiau heintiau i gadarnhau rheolaeth a thriniaeth gywir er diogelwch y cleifion, ynghyd â monitro'r stiwardiaeth ar wrthfotigau.

Wrth gwrs, mae addysg a hyfforddiant yn hollbwysig i sicrhau bod staff yn ymwybodol o arferion atal a rheoli heintiau, a chynhelir archwiliadau rheolaidd i sicrhau cydymffurfedd â'r safonau. Creffir ar bob HCAI mewn cyfarfodydd misol i bennu'r achos a datblygu a lledaenu dysgu i atal heintiau pellach. Mae llythyr yn cael ei anfon at feddyg teulu pob claf sydd â haint C.diff wedi'i gadarnhau i alluogi adolygiad o driniaeth wrthfotig yn y dyfodol, tra bo'r cleifion yn cael llythyrau a gwybodaeth i helpu i reoli eu haint gartref. Rydym hefyd yn gwella canlyniadau cleifion, gyda niferoedd cynyddol o gleifion sy'n cael gofal cymunedol a gofal eilaidd yn cael trawsblaniad microbiota ysgarthol (FMT) i atal achosion pellach o C.diff.

Mae'r arfer o fonitro a chwestiynu ein data E.coli yn barhaus yn awgrymu bod y broblem fwyaf yn bodoli yn y boblogaeth gyffredinol yn hytrach nag yn ein hysbytai neu gartrefi gofal, ac mae ymchwiliadau pellach yn parhau i ganfod unrhyw gyffredinedd neu themâu sy'n peri pryder. Mae prif ffynhonnell heintiau E.coli yn y llif gwaed yn parhau i fod yn gysylltiedig â'r system wrinol, a chredir bod dulliau atal sy'n ymwneud â hybu iechyd a byw'n iachach yn ofynnol; dyma fydd ein ffocws ar gyfer unrhyw negeseuon parhaus i'r gymuned. Trwy weithio ar y cyd â'n cyd-weithwyr yn Iechyd Cyhoeddus Cymru, mae ymgyrch hybu iechyd yn cael ei datblygu ar hyn o bryd a chaiff ei chyflwyno gan y timau atal heintiau ac awdurdodau lleol integredig o ddechrau'r gwanwyn hwn.

## 5.7 Cleifion yn nodi profiad cadarnhaol

### Cleifion: Sgôr gyffredinol profiad y claf



Achos pwynt data isel Gorffennaf 2022: newid i'r system yn achosi oedi wrth anfon arolygon a materion ymarferoldeb

Ein nod oedd bod cleifion yn cael profiad cadarnhaol wrth ddefnyddio ein gwasanaethau. Mae'r data'n cael ei gasglu o bob rhan o wasanaethau ein bwrdd iechyd, a hynny gan ddefnyddio arolygon profiad y claf.

Yn ystod y 12 mis diwethaf, llwyddwyd yn gyson i gyflawni neu ragori ar y targed o 90% o gleifion yn dweud bod eu profiad wedi bod yn rhagorol neu'n dda iawn.

Mae hon wedi bod yn flwyddyn heriol, yn enwedig ym meysydd meddygaeth frys, lle bu'r galw'n eithriadol o uchel, ac yn ein hystad, megis mynd i'r afael â'r problemau RAAC a brofwyd yn Ysbyty Llwynhelyg. Er gwaethaf hyn, rydym yn falch bod y mwyafrif o bobl wedi adrodd am brofiad cadarnhaol wrth gael gofal neu ymweld â'n cyfleusterau.

Mae hyn yn arbennig o nodedig ym maes meddygaeth frys a'r cyfleusterau gofal argyfwng yr un diwrnod, lle roedd dros 90% o'r adborth yn gadarnhaol yn gyson. Rydym yn hynod o ddiolchgar i'r bobl a neilltuodd amser i roi adborth i ni; heb hyn ni allwn wella ein gwasanaethau na mynd i'r afael ag unrhyw broblemau a allai fod wedi effeithio ar brofiad defnyddwyr ein gwasanaethau. Rydym wedi ymrwymo i wrando'n ofalus ar yr holl adborth a gawn, gan wella'n barhaus a dathlu'r hyn sy'n gweithio'n dda. Mae un o brif feysydd yr adborth cadarnhaol a gawn yn ymwneud â gofal, tosturi a charedigrwydd ein staff, a hoffem ddiolch iddynt am ddarparu gofal a phrofiadau mor galonogol.

## 5.8 Y Gweithlu

### % y cyfraddau absenoldeb oherwydd salwch ymhlith staff

Ein nod oedd lleihau canran yr absenoldebau staff oherwydd salwch, gan anelu at ein targed o 4.79%. Ni chyrrhaeddwyd y targed yn ystod y 12 mis diwethaf, ac roedd y perfformiad yn amrywio rhwng 6.15% a 6.43%. Mae'r cyfraddau salwch wedi gostwng, ac mae'r amrywiadau wedi sefydlogi o gymharu â'r flwyddyn flaenorol.

Roeddem yn parhau i weld lefelau uwch o absenoldeb nag a welwyd cyn y pandemig. Gorbryder, straen a/neu iselder sy'n parhau i gyfrif am y nifer mwyaf o resymau dros absenoldeb, sef tua 30% o'r holl ddyddiau a gollir. Rydym yn gweithio mewn partneriaeth â'n hundebau llafur i ystyried y rhesymau corfforol a seicolegol, fel ei gilydd, dros absenoldeb oherwydd salwch a beth arall y gallwn ni, y bwrdd iechyd, ei wneud i gefnogi staff ymhellach.

Mae yna sawl llinyn i'r gwaith hwn, yn cynnwys ymchwil i themâu sylfaenol, cynllun gweithredu i wella ein proses rheoli absenoldeb yn barhaus, a ffrwd waith sy'n mapio ein bwriadau allweddol i wella creadigrwydd ar gyfer adleoliadau dros dro ac addasiadau rhesymol. Bydd y gwaith hwn yn cael ei gynnwys mewn cynllun gweithredu trosfwaol, a bydd dangosyddion perfformiad allweddol yn cael eu datblygu, gyda'r nod cyffredinol o leihau lefelau absenoldeb byrdymor a hirdymor.

## 5.9 Y sefyllfa ariannol ar ddiwedd y flwyddyn

Ein cynllun yn 2023-24 oedd bodloni diffyg o £66 miliwn erbyn diwedd y flwyddyn ariannol. Cyfanswm rheolaeth darged y bwrdd iechyd gan Lywodraeth Cymru yw llwyddo i fod â diffyg o £44.8 miliwn, ar ôl sicrhau arbedion o £30.8 miliwn. Ein halldro drafft ar ddiwedd y flwyddyn yw £65.8 miliwn. Mae ein ffigurau ar ddiwedd y flwyddyn yn destun archwiliad a gallent newid, felly nid ydynt yn derfynol eto.

### Camau allweddol a gymerwyd i wella perfformiad a lliniaru risgiau wrth symud i 2024-25:

Mae'r camau nesaf a'r camau lliniaru canlynol yn cael eu cymryd ar draws portffolios y Cyfarwyddwyr Gweithredol, ac mae adolygiadau parhaus ar waith trwy drafodaethau'r tîm Gweithredol i werthuso diweddariadau o ran cynnydd ac effaith, gan ddadrisgio'r cynllun blynyddol.

- Creu'r Grŵp Gwerth a Chynaliadwyedd i fynd ati mewn modd systematig i roi gwelliannau â thema ar waith, gan sicrhau bod gweithgorau'n gwneud penderfyniadau clir ledled y sefydliad yn gyson
- Mae'r Prif Swyddog Gweithredol wedi nodi y bydd fframwaith uwchgyfeirio mewnol yn cael ei roi ar waith i reoli meini prawf cytbwys sy'n cwmpasu ansawdd, diogelwch, y claf, perfformiad a chyllid
- At hynny, yn ddi-oed, trosi cyfleoedd yn gynlluniau gweithredol derbyniol a chyflawnadwy er mwyn darparu ymrwymadau eglur yn chwarter 1 a fydd yn dadrisgio'r bwlch presennol o ran cyflawni arbedion yn ffurfiol
- Seminar Bwrdd i graffu ymhellach ar gynnydd a darparu trosolwg o'r disgwyliadau a nodwyd ganddynt yn rhan o'r broses o gymeradwyo'r Cynllun Blynyddol ar 28 Mawrth 2024
- Mae llythyrau atebolrwydd yn cael eu hanfon ym mis Ebrill at Gyfarwyddwyr Gweithredol dirprwyedig, sy'n cynnwys yr arbedion a ddisgwylir ar gyfer eu portffolios

I gael rhagor o fanylion, gweler yr adran ar y [Cyfrifon Ariannol](#) yn yr adroddiad hwn.

## 5.10 Twyll, gwrthlygredigaeth a gwrthlwgrwobrwo

Rydym yn cyflogi dau Arbenigwr Gwrth-dwyll Lleol Achrededig llawn-amser, ac mae gennym Bolisi Gwrth-dwyll a Chynllun Ymateb ar waith: <https://bibhdd.gig.cymru/bolisi-gwrth-dwyll-a-chynllun-ymateb/>. Mae'r cynllun hwn, ynghyd â rhaglen o hyfforddiant staff a gweithgarwch hyrwyddo, yn

cynnwys nodau strategol cyffredinol ein gwaith atal twyll. Mae hefyd yn cynnwys ein hymateb gweithredol sy'n cyd-fynd â strategaeth twyll, llwgrwobrwyo a llygredigaeth Awdurdod Gwrth-dwyll y GIG (NHSCFA) a Safonau Gweithredol y Llywodraeth 013 – Gwrth-dwyll (GovS 013).

Er mwyn bodloni'r safonau hyn, mae ein tîm Gwrth-dwyll wedi datblygu cynllun gwaith blynyddol sy'n cyd-fynd â Strategaeth NHSCFA a GovS 013. Cymeradwyir y cynllun gwaith gan ein Cyfarwyddwr Cyllid a Chadeirydd ein Pwyllgor Archwilio a Sicrwydd Risg. I sicrhau darpariaeth effeithiol a chydymffurfedd â'r cynllun, mae'r tîm yn darparu diweddariadau deufisol ar y gweithgarwch yr ymgymherir ag ef i'r Pwyllgor Archwilio a Sicrwydd Risg. At hynny, mae Gwasanaethau Gwrth-dwyll Cymru yn goruchwyllo pob achos ac yn coladu a chyflwyno ystadegau gweithgarwch chwarterol i Lywodraeth Cymru.

Er mwyn bodloni'r safonau hyn ymhellach, mae ein Polisi Safonau Ymddygiad yn ymgorffori ymddygiad proffesiynol mewn perthynas â thwyll, llwgrwobrwyo a llygredigaeth. Darperir cymeradwyaeth ar lefel weithredol gan ein proses adolygu polisïau.

Yn unol â'n cynllun gwaith gwrth-dwyll blynyddol, rydym wedi mynd ati i hybu ymwybyddiaeth ymhlith y staff o bolisïau allweddol, bygythiadau sy'n dod i'r amlwg, a diwylliant gwrth-dwyll trwy hyfforddiant gorfodol ar-lein, sesiynau ymwybyddiaeth, a chyfryngau digidol. At hynny, cynhelir cyfres o fesurau ataliol i adolygu a phrofi rheolaethau presennol i liniaru'r risg o dwyll, llwgrwobrwyo a llygredigaeth, ac i nodi bygythiadau sy'n dod i'r amlwg a rheolaethau posibl. Lle nodir gweithgarwch troseddol, mae ein cynllun yn caniatáu i bryderon gael eu hymchwilio ac, os yw'n berthnasol, i droseddwr gael eu herlyn, a cheisir gwneud iawn ariannol lle bo hynny'n briodol.

Rydym yn parhau i gydymffurfio â Chyfarwyddiadau'r Llywodraeth ar fesurau atal twyll, y cytundeb gwasanaeth o dan adran 83 o Ddeddf Llywodraeth Cymru 2006, cyfarwyddiadau Llywodraeth Cymru, a GovS 013. Mae hunanadolygiad blynyddol yn cael ei gwblhau hefyd a'i fonitro gan yr NHSCFA.

Gallwch ddarllen ein hadroddiadau gwrth-dwyll blynyddol, ein cynlluniau gwaith a'n hunanadolygiadau yma: <https://biphdd.gig.cymru/amdanom-ni/trefniadau-llywodraethu/pwyllgoraur-bwrdd/pwyllgor-archwilio-a-sicrwydd-risg-arac/>

## 5.11 Ansawdd a diogelwch

Mae darparu gofal o ansawdd uchel yn broses gymhleth a bregus. Trwy gydol 2023-24, rydym wedi parhau i adolygu a nodi meysydd i'w gwella er mwyn sicrhau y gallwn gyflawni ein dyletswydd ansawdd a darparu gwasanaethau o safon i'n cleifion ledled y bwrdd iechyd. Mae rhagor o wybodaeth am ein trefniadau llywodraethu ansawdd ar gael yn adran [Atebolrwydd yr Adroddiad Blynyddol](#) hwn.

Eleni, rydym yn llunio ein Hadroddiad Ansawdd Blynyddol, ein Hadroddiad Blynyddol ar y Ddyletswydd Gonestrwydd a'n Hadroddiad Blynyddol Gweithio i Wella, a bydd pob un ohonynt ar gael ar ein <https://biphdd.gig.cymru/deddf-ansawdd-ac-ymgysylltu/> ar ôl eu cyhoeddi. Mae'r adroddiadau hyn yn manylu ar y gwelliannau a wnaed gennym i sicrhau bod ein gwasanaethau'n ddiogel, yn amserol, yn effeithiol, yn effeithlon, yn seiliedig ar dystiolaeth, ac yn canolbwyntio ar yr unigolyn, yn unol â'r <https://biphdd.gig.cymru/deddf-ansawdd-ac-ymgysylltu/>

## 5.12 RAAC

Mae ein tîm rheoli ysbyty a'r staff yn Ysbyty Llwynhelyg wedi bod yn delio â phroblem ddifrifol a achoswyd gan estyll concrit awyredig awtoclafiedig cyfnerth (RAAC) a ddarganfuwyd ar y safle.

Yn dilyn rhybudd gan GIG Lloegr ym mis Tachwedd 2019, rhoddodd Llywodraeth Cymru wybod i bob bwrdd ac ymddiriedolaeth iechyd yng Nghymru am broblem bosibl o ran y defnydd o estyll RAAC, a ddefnyddiwyd yn gyffredinol wrth godi adeiladau'r GIG rhwng 1960 a 1995. Roedd yn

ofynnol i bob bwrdd ac ymddiriedolaeth iechyd yng Nghymru bennu a oedd estyll RAAC yn bresennol yn nhoeau, waliau neu lorïau adeiladau, ac adrodd yn ôl i Lywodraeth Cymru, gan nodi'r canfyddiadau a chynllun rheoli.

Roedd ymchwiliadau pellach ym mis Ionawr 2022 a chanllawiau newydd yn dangos bod maint y broblem o ran presenoldeb planciau RAAC yn Ysbyty Llwynhelyg yn gofyn am raglen fanwl o ymchwiliadau i bennu cyflwr yr estyll concrit ac i ddarparu sicrwydd parhaus mewn perthynas â diogelwch yr estyll hyn. Cyhoeddodd Sefydliad y Peirianwyr Adeiladu ddogfen ganllaw ym mis Ebrill 2023 yn amlinellu ffactorau risg, asesiadau o gyflwr yr estyll, yn ogystal â strategaethau adfer a rheoli.

O ganlyniad i hyn, aethom ati ym mis Mai 2023 i benodi cwmni peirianeg adeiladu i gynnal arolygon dwys o'r ardaloedd dan sylw ac i ddarparu adroddiad llawn ar bob astell RAAC unigol. Lle nodwyd materion adeileddol, aseswyd maint y gwaith adfer a rhoddwyd mesurau lliniaru ar waith, gan gynnwys gosod propiau adeileddol a chau'r ardaloedd yr effeithiwyd arnynt dros dro. Rhoddwyd cynlluniau ar waith ar ddechrau'r broses arolygu i reoli'r effaith ar weithrediad y gwasanaethau o ddydd i ddydd yn yr ysbyty, ac roedd sicrhau argaeledd gwelyau yn yr ysbyty yn flaenoriaeth.

Ar 15 Awst 2023, aethom ati i ddatgan digwyddiad mawr mewnol yn Ysbyty Llwynhelyg. Roedd hyn yn golygu ein bod yn gallu blaenoriaethu gwaith ein timau i ymdrin â'r mater brys, a manteisio ar gymorth gan asiantaethau partner.

Canfuwyd tua 5,000 o estyll diffygiol ym mhob un o'r chwe ward a arolygwyd ar yr ail lawr ac mewn ardaloedd ar y llawr gwaelod ac yn y gegin. Roedd yn rhaid cau adran Cleifion Allanol A tra bo gwaith atgyweirio yn cael ei wneud. Caewyd y gegin, a darparwyd gwasanaeth dros dro o'r ystafell fwyta nes i gegin maes gael ei hagor ddiwedd 2023.

Sefydlwyd tudalennau pwrpasol ar ein mewnwyd a'n gwefan i roi'r wybodaeth ddiweddaraf am y sefyllfa i staff, cleifion, y cyhoedd a'r wasg, a hynny trwy gyfrwng y datganiadau diweddaraf i'r wasg a chwestiynau cyffredin. Erbyn diwedd 2023, roedd y gwaith yn mynd rhagddo'n gyflym, ac o'r diwedd roeddem yn gallu nodi cynnydd da yn Ysbyty Llwynhelyg. Ailagorwyd tair o'r chwe ward a oedd wedi cau ac roedd y gegin faes newydd yn weithredol. Ailagorwyd pob un o'r chwe ward erbyn gwanwyn 2024.

Cafodd staff yn Ysbyty Llwynhelyg, Ysbyty De Sir Benfro a'r ysbytai cymunedol ganmoliaeth am addasu'n ddi-oed i sefyllfa a oedd yn newid yn gyflym ac am amlygu gwaith tîm a chydnerthedd mor anhygoel yn ystod cyfnod heriol iawn. Daeth y digwyddiad mawr mewnol i ben ym mis Ionawr 2024, ond bydd y gwaith arolygu ac atgyweirio yn parhau tan wanwyn 2025. Byddwn yn parhau i ymgysylltu â'n staff, ein cleifion a'r cyhoedd, a rhoi gwybod iddynt am y datblygiadau diweddaraf.

## 6. Deddf Llesiant Cenedlaethau'r Dyfodol

### 6.1 Ein hamcanion llesiant

Nid yw ein hamcanion llesiant wedi'u cyfyngu i un canlyniad cenedlaethol, ac maent yn cydfynd â mwy nag un o'r nodau cenedlaethol. Rydym yn cydnabod yr angen i ddangos cysondeb clir rhwng ein hamcanion strategol a'n hamcanion cynllunio gweithredol, fel y dangosir yn y diagram (tudalen 34).

Er i COVID-19 amlygu a gwaethygu anghydraddoldebau parhaus o ran iechyd, mae hyn hefyd wedi'i osod yn erbyn cefndir yr argyfwng hinsawdd a natur. Er mwyn gwella iechyd a llesiant y cyhoedd, bydd angen i ni weithio mewn partneriaeth i fynd i'r afael â'r heriau sy'n gysylltiedig â thlodi, ffactorau amgylcheddol, tai gwael, ac ynysigrwydd cymdeithasol.

Sefydlwyd ein hamcanion llesiant i fod yn nodau ac uchelgeisiau hirdymor i wreiddio'r broses o weithredu'r ddeddf, ac mae'r rhain yn parhau i fod yn berthnasol ar gyfer y flwyddyn i ddod. Isod, rydym wedi nodi enghreifftiau o'r modd y maent yn cysylltu ag amcanion strategol ein bwrdd iechyd a'n hamcanion cynllunio gweithredol ar gyfer 2023-2024.

### 6.2 Ein cynnydd

Mae Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 yn sefydlu dyletswyddau unigol ac ar y cyd, fel ei gilydd, ar gyfer pedwar deg pedwar o gyrrff cyhoeddus, gan gynnwys byrddau iechyd. Mae ein bwrdd iechyd yn aelod o dri Bwrdd Gwasanaethau Cyhoeddus, un ym mhob un o'n hardaloedd awdurdod lleol, sef Sir Gaerfyrddin, Ceredigion a Sir Benfro.

Trwy ein haelodaeth, rydym yn gweithio ar y cyd ag amrywiaeth o bartneriaid lleol a rhanbarthol ac yn anelu at wella llesiant cymdeithasol, economaidd, amgylcheddol a diwylliannol ein poblogaeth a chenedlaethau'r dyfodol.



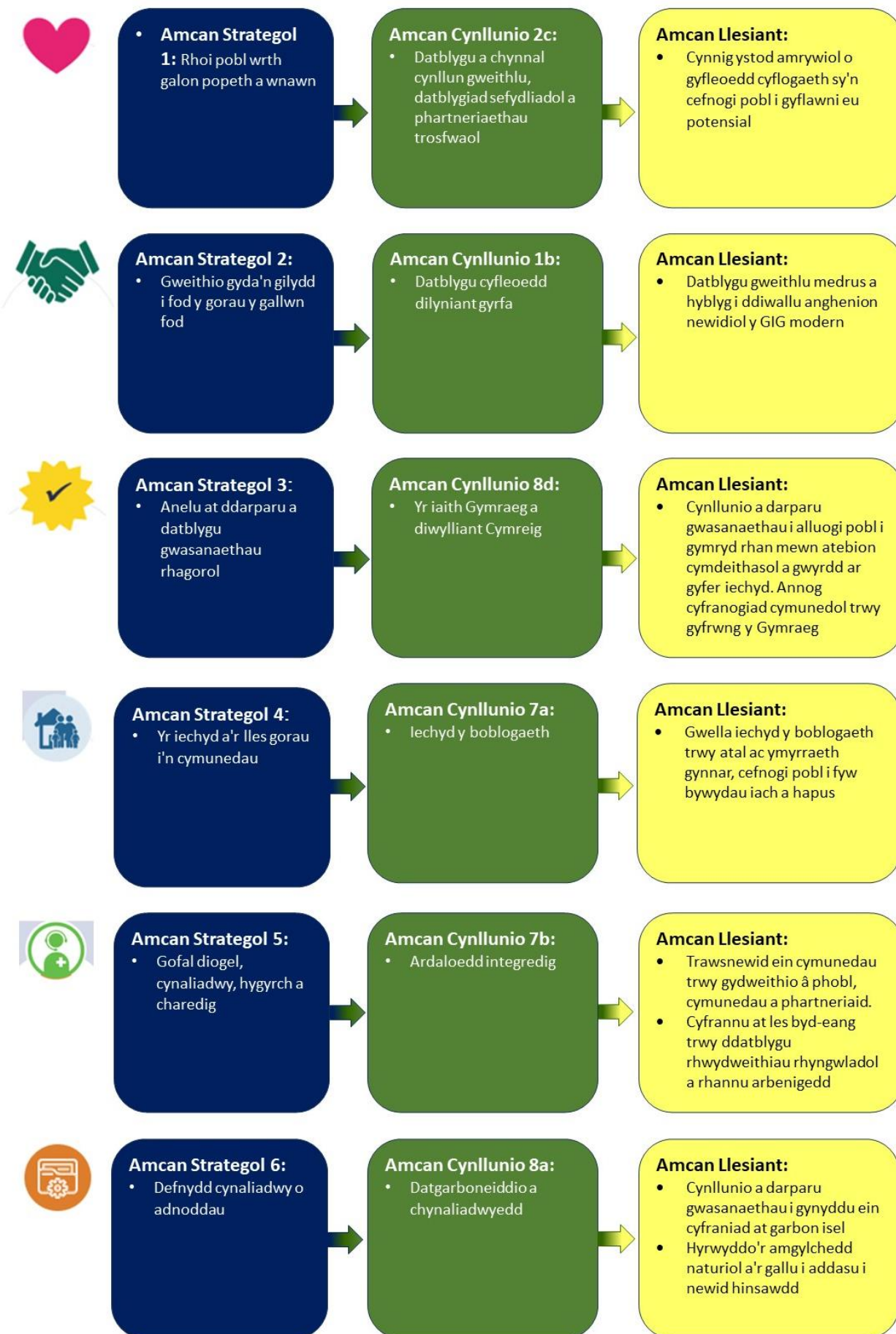
Er enghraifft, bwriad ein rhaglen arobryn, Hwb Celfyddydol, yw mynd ati trwy gyfrwng y celfyddydau i leihau teimladau o drallod a gwella iechyd meddwl ymhlith plant a phobl ifanc.

Cyhoeddir ein Hadroddiad Blynyddol nesaf ar yr Amcanion Llesiant ym mis Medi 2024. Bydd hwn yn darparu manylion am ein perfformiad o gymharu â'n hwyth amcan llesiant, a'r modd y mae'r rhain yn gysylltiedig â'n hamcanion strategol a'n hamcanion cynllunio cyffredinol.

Bydd hefyd yn esbonio'r modd yr ydym yn ceisio mwy o integreiddio trwy ein trefniadau partneriaeth, yn cynyddu cyfranogiad go iawn o du'r cyhoedd ac ystod eang o randdeiliaid, yn cynllunio ar gyfer yr hirdymor i ddiwallu anghenion ein poblogaeth yn y dyfodol, yn canolbwyntio ar atal afiechyd, ac yn cydweithio â byrddau ac ymddiriedolaethau iechyd eraill ledled y GIG yng Nghymru a'r sector cyhoeddus ehangach. Rydym yn gweithio mewn modd effeithiol ar lefel ranbarthol trwy'r Bwrdd Partneriaeth Rhanbarthol, a gyda'n partneriaid uniongyrchol yn y sectorau cyhoeddus a gwirfoddol trwy ein Byrddau Gwasanaethau Cyhoeddus.

Mae'r Adroddiad ar Berfformiad yn disgrifio ein hamcanion strategol a'n hamcanion cynllunio, ynghyd â'r gweithgareddau cysylltiedig. Nod y rhain yw cefnogi, cynnal a gwella llesiant ein poblogaeth, ein cleifion, ein staff a'n gwirfoddolwyr sydd, gyda'i gilydd, yn ffurfio Bwrdd Iechyd Prifysgol Hywel Dda.

Isod, rydym yn egluro'r modd y mae ein hwyth amcan llesiant yn cysylltu â'n hamcanion strategol a chynllunio cyffredinol.



## 7. Gwell gyda'n gilydd ar gyfer iechyd a gofal

### 7.1 Gweithio gyda'n partneriaid

Rydym o'r farn y gallwn, trwy gydweithio â'n partneriaid, wella ein gwasanaethau i gefnogi iechyd a llesiant ein cymunedau yn well.

I gyflawni hyn, rydym wedi datblygu ein strategaeth 'Canolbarth a Gorllewin Cymru Iachach'. Mae'r strategaeth hon yn cynnwys ymagwedd system gyfan at iechyd a llesiant, gyda'r sector cyhoeddus, y trydydd sector a rhwydweithiau cymunedol yn cydweithio tuag at nod cyffredin.

Rydym yn gweithio'n agos gyda'n cydweithwyr yn y Byrddau Gwasanaethau Cyhoeddus yn Sir Gaerfyrddin, Ceredigion a Sir Benfro, ac ym Mwrdd Partneriaeth Rhanbarthol Gorllewin Cymru. Gyda'n gilydd, ein nod yw adeiladu gwasanaeth gofal cymunedol integredig cryf i Gymru, gan roi gwell ansawdd bywyd i bobl.

Trwy weithio mewn partneriaeth ag eraill, gallwn wella mynediad at y lefel gywir o ofal, yn nes at gartref. Dyma enghreifftiau:

- Y Ganolfan Iechyd a Llesiant yn Cross Hands, Prosiect Pentre Awel a Hwb Caerfyrddin
- Gwasanaeth tîm Llesiant Delta a Gartref yn Gyntaf
- Cleifion Ceredigion yn cael triniaeth ffisiotherapi yn nes at gartref.



Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, Eluned Morgan, a'r Dirprwy Weinidog Gofal Cymdeithasol, Julie Morgan, yn ymweld ag Ysbyty Cymunedol De Sir Benfro

- Rhaglen ymchwil partneriaeth a ariennir gwerth £5 miliwn i archwilio atebion i heriau gwledig, a hynny ar y cyd â

Phartneriaeth Arloesi Polisi Lleol (LPIP) Cymru Wledig, ymchwilwyr, cymunedau a llunwyr polisi i gefnogi datblygiad cynaliadwy, cynhwysol

- Y cynllun 'Cadau'n Iach Gyda'n Gilydd' yn Sir Benfro
- Y fenter 'Ymhellach yn Gynt' sydd wedi'i lleoli yn y Ganolfan Gydlyn yn Ysbyty De Sir Benfro
- Y porth HealthPathways ar gyfer gweithwyr gofal iechyd proffesiynol
- Hwb Celfyddydol, sef rhaglen arobryn a gynlluniwyd i fynd ati trwy gyfrwng y celfyddydau i leihau teimladau o drallod a gwella iechyd meddwl ymhlith plant a phobl ifanc sy'n hysbys i'n Gwasanaeth Iechyd Meddwl Arbenigol i Blant a'r Glasoed (S-CAMHS)

Rydym yn gweithio'n agos gyda nifer o sefydliadau cenedlaethol, yn cynnwys:

- Addysg a Gwella Iechyd Cymru (AaGIC), i gefnogi'r gwaith o ddarparu Strategaeth y Gweithlu Iechyd a Gofal Cymdeithasol sy'n cyd-fynd â Cymru Iachach. Rydym yn arwain y broses o roi nifer o fentrau pwysig ar waith sy'n cwmpasu cynllunio, dylunio, datblygu a darparu'r gweithlu
- Iechyd a Gofal Digidol Cymru, i goleddu cyfleoedd i gael gwybodaeth ddiogel, gadarn, gywir ac amserol yn y man lle mae'r claf yn cael gofal, gan ein galluogi i ddarparu gwasanaethau digidol costeffeithiol o ansawdd uchel
- Mae'r Cydweithrediad Rhanbarthol ar gyfer Iechyd (ARCH) yn gydweithrediad unigryw rhwng tri phartner strategol: Bwrdd Iechyd Prifysgol Bae Abertawe, Bwrdd Iechyd Prifysgol Hywel Dda a Phrifysgol Abertawe. Mae'n cwmpasu ardaloedd awdurdodau lleol Ceredigion, Sir Benfro, Sir Gaerfyrddin, Castell-nedd Port Talbot ac Abertawe. Mae'r bartneriaeth yn ein galluogi i gydweithio i ystyried partneriaethau rhanbarthol a datrysiadau rhanbarthol

Rydym yn aelod o Fforwm Lleol Cymru Gydnerth Dyfed Powys. Mae'r bartneriaeth amlasiantaethol hon yn cynnwys cynrychiolwyr o wasanaethau cyhoeddus

Ileol, er enghraifft y gwasanaethau brys, awdurdodau lleol, y GIG, Cyfoeth Naturiol Cymru, ac eraill. Mae hefyd yn cael ei gefnogi gan sefydliadau eraill, megis partneriaid yn y lluoedd arfog a'r sector gwirfoddol, yr Awdurdod Gweithredol Iechyd a Diogelwch, cwmnïau trafniadaeth a chyfleustodau, yr Asiantaeth Prifffyrdd, a chwmnïau cyfleustodau cyhoeddus. Nod y Fforwm yw cynllunio a pharatoi ar gyfer digwyddiadau lleol ac argyfyngau trychinebus a meithrin cydnerthedd ar y cyd. Yn ystod y flwyddyn ddiwethaf, rydym wedi cymryd rhan mewn gweithgareddau hyfforddi ac ymatebion byw i nifer o ddiwyddiadau.

## 7.2 Ymchwil ac arloesi

Rydym yn cefnogi ymchwil ac arloesi i wella gofal a gwasanaethau cleifion.

Rydym yn gweithio gyda phrifysgolion, er enghraifft Prifysgol Cymru y Drindod Dewi Sant, Prifysgol Abertawe, a Phrifysgol Aberystwyth, i gyflawni Canolbarth a Gorllewin Cymru Iachach. Dyma enghreifftiau sy'n dangos gwerth a budd y partneriaethau hyn:

- Datblygu hyfforddiant realiti rhithwir arbenigol a dysgu seiliedig ar efelychu ar gyfer gweithwyr gofal iechyd proffesiynol, yn ogystal â gwasanaeth newydd sy'n galluogi cleifion â diagnosis o ganser eilaidd i gael ymchwiliadau pellach i ddod o hyd i dardd y canser a chael y driniaeth fwyaf priodol
- Datblygu cynllun rhwydwaith gwres ardal carbon isel (yn amodol ar gyllid) yn Aberystwyth, gan gynnwys Ysbyty Bronglais, a hynny mewn cydweithrediad â Phrifysgol Aberystwyth a Chyngor Sir Ceredigion
- Gweithredu'r Sefydliad TriTech, sy'n cefnogi'r gwaith o ddatblygu datrysiadau gofal iechyd ar lefel leol, genedlaethol a byd-eang. Mae'r sefydliad yn cynnig un pwynt mynediad at y GIG i ddylunwyr a chynhyrchwyr, a hynny trwy ddull cydweithredol ac ystywyth. Mae gwaith Trittech ac Arloesi a gyflawnwyd yn ystod y cyfnod adrodd wedi cynnwys:

Prosiect Adroddiad Cyflawni Tunstall: roedd y prosiect yn cynnwys gwerthusiad o'r

datrysiad Gofal a Alluogir gan Dechnoleg a ddarparwyd gan Tunstall, ac yn ystyried monitro cleifion anadlol o bell yn y gymuned

Her Trittech: roedd yr her, a gyflwynwyd mewn cydweithrediad â phartneriaid, wedi dod o hyd i bedwar enillydd, a chwblhaodd pob un ohonynt brosiectau ym mis Ebrill 2023. Aeth y tîm Trittech ac Arloesi ati wedyn i gomisiynu Prifysgol Abertawe i gynnal adolygiad annibynnol o broses gyfan her Trittech a'i holl ganlyniadau. Mae hyn wedi arwain at awgrymu amrywiaeth o welliannau i'r her

Y Prosiect Gwyrddio'r Tir: gyda ffocws ar ddylunio bioffilig, mae'r prosiect yn ymwneud â dylunio adeiladau cyhoeddus. Gwnaed ceisiadau am grantiau a bu'r cais am waith gyda Gardd Fotaneg Genedlaethol Cymru yn llwyddiannus; mae'r gwaith yn edrych ar adeiladu gerddi cymunedol.



Mae partneriaeth ARCH wedi gwneud y canlynol:

- Lansio proses ymgysylltu â rhanddeiliaid i helpu i lunio Strategaeth Arloesi ac Ymchwil ARCH, sy'n dal i gael ei datblygu
- Cyhoeddi Adolygiad ARCH 2022-23, sy'n dathlu cyflawniadau gweithio mewn partneriaeth ar draws ein meysydd blaenoriaeth rhanbarthol, gan gynnwys: trawsnewid gwasanaethau'r GIG; y gweithlu, addysg a sgiliau; ymchwil, menter ac arloesi
- Cynnal yr asesiad o anghenion iechyd ar gyfer poblogaeth ranbarthol ARCH (Ceredigion, Sir Benfro, Sir Gaerfyrddin, Abertawe a Chastell-nedd Port Talbot) i

## gefnogi Prosiect Campysau Bargaen Ddinesig Bae Abertawe

Mae Iechyd a Gofal Gwledig Cymru (IGGC) yn cael ei gynnal gan Fwrdd Iechyd Prifysgol Hywel Dda. Roedd RHCW, ynghyd â'r bwrdd iechyd, yn rhan o gais consortiwm sydd wedi cael dros £5 miliwn o gyllid i archwilio ac ymchwilio i atebion i heriau gwledig. Bydd ymchwilwyr a llunwyr polisi yn gweithio gyda chymunedau o bob rhan o Gymru wledig i archwilio atebion arloesol i amrywiaeth o heriau mawr y mae cymunedau gwledig yn eu hwynebu, materion megis y 'premiwm gwledig' ar dlodi. Nod y bartneriaeth ymchwil, a ariennir gan UKRI, yw llenwi'r bylchau yn y dystiolaeth, archwilio atebion arloesol, a gwella'r defnydd o ymchwil i gefnogi polisiau effeithiol i feithrin 'economi llesiant'.

Mae'r bwrdd iechyd yn aelod o Fwrdd Partneriaeth Rhanbarthol Gorllewin Cymru, ac rydym yn gweithio ar y cyd â phartneriaid i drawsnewid gwasanaethau i oedolion a

phlant ag anghenion gofal a chymorth a'u gofalwyr di-dâl.

Gyda'n gilydd, rydym yn helpu i yrru datblygiad gwasanaethau iechyd a gofal cymdeithasol arloesol ac integredig yn ei flaen, a hynny trwy hybu cydweithio ac integreiddio ar lefel ranbarthol, gan sicrhau bod gwasanaethau'n cael eu cynllunio ar y cyd â'r bobl sy'n eu defnyddio, a'u galluogi i gyflawni'r canlyniadau sydd o bwys iddynt hwy. Yn ystod y 12 mis diwethaf, mae'r Bwrdd wedi:

- Cyhoeddi ei Strategaeth Gyfalaf Ranbarthol, sy'n cyflwyno golwg 10 mlynedd ar anghenion buddsoddi cyfalaf yn y rhanbarth
- Cyhoeddi ei ail Gynllun Ardal pum mlynedd
- Cynnal ei Gynhadledd a'i Wobrau ar gyfer 2024

## 8. Ein gweithlu

### 8.1 Ein pobl a'n diwylliant

Gan adeiladu ar ein hymrwymiad i alluogi diwylliannau gweithio iach a hapus ym Mwrdd Iechyd Prifysgol Hywel Dda, parhaodd ein Rheolwyr Cysylltiadau Datblygu Sefydliadol i ddarparu cymorth rhagweithiol ac ymatebol i dimau lleol, gan ddylanwadu ar berthnasoedd a'u meithrin i fod yn gatalydd ar gyfer newid, a chefnogi timau i ddatblygu eu cynlluniau eu hunain ar gyfer diwylliant pobl.

#### 8.1.1 Cydnabod a gwerthfawrogi

Rydym yn parhau i gydnabod ymrwymiad ac ymroddiad eithriadol y staff mewn nifer o ffyrdd.

#### Digwyddiad gwobrwyo staff Cymeradwyaeth Hywel

Parhaodd digwyddiadau Gwobrwyo Staff Cymeradwyaeth Hywel yn 2023-24, gyda staff yn cael eu henwebu gan gyd-weithwyr ar gyfer gwobrau ar draws ystod o categorïau, a'u rhoi ar y rhestr fer gan baneli staff annibynnol, yn cynnwys cynrychiolwyr undebau llafur. Mae'r adborth gan yr enwebeion yn parhau i fod yn gadarnhaol, ac

mae llawer o staff yn cytuno bod cael eu henwebu wedi gwneud iddynt deimlo eu bod yn cael eu gwerthfawrogi gan eu cydweithwyr a'r bwrdd iechyd.



Sarah Williams, Uwch Weinyddwr, Meddygfa Dinbych-y-pysgod (ar y chwith gyda Jill Paterson, Cyfarwyddwr Gofal Sylfaenol, Cymunedol a Hirdymor) a Lloyd Rowling, Radiograffydd yn Ysbyty Llwynhelyg (ar y dde) yn derbyn eu gwobrau hir-wasanaeth o 25 mlynedd

#### Gwobrau gwasanaeth hir

Mae ein pecyn Gwobrau Gwasanaeth Hir yn cydnabod gwasanaeth cronus o 25+ a 40+ mlynedd gyda'r GIG, a hynny i ddiolch am ffyddlondeb ein gweithlu i'r bwrdd iechyd a'r GIG yn ehangach. Mae'r gwobrau'n cynnwys

cerdyn personol a phin pwrpasol wedi'i ddylunio'n arbennig.

### Gwobrau Canmoliaeth y Cadeirydd

Mae Gwobrau Canmoliaeth y Cadeirydd yn darparu ffordd deg ac ystyrlon o gydnabod staff sy'n 'mynd yr ail filltir' ac yn amlygu ein gwerthoedd ar lefel ragorol. Ers lansio Gwobrau Canmoliaeth y Cadeirydd yn 2022, mae 238 o enwebiadau wedi dod i law.

### Mesur profiad y staff

Yn hanesyddol, rydym wedi dibynnu'n helaeth ar arolwg staff GIG Cymru fel yr unig ffordd o gasglu gwybodaeth am brofiad y staff i feincnodi'n fewnol ac yn genedlaethol. Datblygodd ein Tîm Profiad y Gweithlu a Diwylliant ffyrdd o gasglu rhagor o ddata ansoddol, gan ddarparu mwy o ddyfnder yn ein tystiolaeth a'n dysgu. Mae hyn yn ein helpu i ddefnyddio profiad y staff i lywio ein strategaethau ymgysylltu a chadw yn well.

### Arolwg o ganlyniadau'r Bwrdd

Mae ein harolwg o ganlyniadau'r Bwrdd yn darparu gwiriad misol i'r Bwrdd ar ymgysylltiad y staff. Gwahoddir y staff i lenwi'r arolwg unwaith y flwyddyn, sy'n darparu mesuriad parhaus i asesu sut y mae ein gweithlu'n teimlo.

### Arolwg o ddiwylliant

Nod yr arolwg hwn yw mesur tri maes: pobl a diwylliant; ymgysylltu; a chadw. Mae'n caniatáu mwy o graffu ac asesiad cywir o anghenion cymorth penodol o ran newid diwylliant yn ein timau. Mae hefyd yn ein galluogi i gymharu gwahanol ddiwylliannau ledled y bwrdd iechyd, gan nodi'r hyn sy'n gweithio mewn mannau eraill i 'ledaenu a helaethu/lleihau' lle bo'n briodol.

### Y Rhaglen gwasanaeth cwsmeriaid 'Gwneud Gwahaniaeth'

Mae dros 1,000 o staff wedi defnyddio'r rhaglen gwasanaeth cwsmeriaid 'Gwneud Gwahaniaeth', gan roi'r cyfle iddynt ystyried y modd y mae ymddygiad yn effeithio ar gleifion, ymwelwyr a chyd-weithwyr, a'r modd y gallant reoli eu hiechyd a'u llesiant eu hunain.

## 8.2 Recriwtio a chadw

### 8.2.1 Recriwtio rhyngwladol

Trwy gydol 2023-24, bu i ni barhau i gymryd rhan ym mhrosiectau recriwtio moesegol Cymru Gyfan. Arweiniodd hyn at recriwtio 97 yn rhagor o Nyrsys a Addysgwyd yn Rhyngwladol (IENs) o bob rhan o'r byd, gan helpu i sefydlogi'r pwysau ar ein staff yn Ysbyty Glangwili, ynghyd â chwe meddyg yn uniongyrchol o Kerala, gan gynnwys tri seiciatrydd.

### 8.2.2 Recriwtio cynhwysol a chanolog

Mewn ymgais i gefnogi ein cymunedau lleol, yn ogystal â sicrhau gwell gwaith partneriaeth, cynwysoldeb a hygyrchedd, mae ein timau recriwtio yn parhau i ddatblygu dulliau pragmatig ar gyfer recriwtio. Er enghraifft, defnyddio ffurflenni cais byrrach, neu ddim ffurflenni cais, a llwybrau ymgeisio all-lein ar gyfer swyddi megis nyrsys cofrestredig, gweithwyr cymorth gofal iechyd, a staff domestig.

Mae'r dulliau newydd hyn wedi cynyddu niferoedd cyffredinol ein staff nyrsio a bydwreigiaeth i 3,168.29 cyfwerth ag amser llawn sydd mewn swydd, a daeth y nifer uchaf erioed o geisiadau i law eleni.

### 8.2.3 Effeithiolrwydd pobl a sefydlogi

Cryfhawyd ein rheolaethau i leihau'r defnydd o asiantaethau nyrsio a'r costau cysylltiedig. Arweiniodd y penderfyniad i atal costau teithio a llety, ynghyd â rhoi terfyn ar y defnydd o asiantaethau oddi ar y fframwaith, at ostyngiad sylweddol yn y defnydd o asiantaethau nyrsio. Byddwn yn parhau i leihau'r defnydd o asiantaethau ar draws pob grŵp staff yn 2024-25.

### 8.2.4 Cadw

Mae ein Tîm Datblygu Sefydliadol yn darparu cymorth hanfodol i'n cynlluniau denu a chadw trwy helpu i bortreadu'r sefydliad fel lle deniadol a dymunol i weithio ynddo. Mae prosiectau penodol a oruchwylir gan ein grwpiau cadw yn elfen hanfodol o gynnal a chynyddu ein gweithlu nyrsio a meddygol i fodloni'r galw cynyddol a chyfnewidiol ar wasanaethau.

Bu i'n Grŵp Cadw Nyrsys gyfrannu at leihad sylweddol yn nhrosiant y staff nyrsio a bydwreigiaeth, gan arwain at fudd amcangyfrifedig o tua £2 filiwn o ran costau yn 2023. Rydym yn eithriadol o falch mai ni yw'r sefydliad GIG sy'n perfformio orau ledled Cymru o ran cyfradd trosiant ein nyrsys cofrestredig.

Sefydlwyd ein Grŵp Cadw Meddygol yn 2023 ac, yn dilyn dadansoddi data a gwybodaeth am staff meddygol, mae cynllun gweithredu'n cael ei ddatblygu ar y cyd i lywio'r camau nesaf yn 2024-25.

### Adroddiad darganfod

Yng nghyd-destun yr heriau digynsail i gyflenwad ein gweithlu, aethom ati i gomisiynu adroddiad darganfod staff arall yn 2023 i'n helpu i ddeall y profiadau o weithio yn y bwrdd iechyd. Helpodd hwn ni i benderfynu beth y gellir ei wneud i gadw staff yn ein cyflogaeth, a lle y gellir eu cefnogi i fyw bywydau iach a hapus. Caniataodd yr adroddiad i ni ddeall mwy am ein diwylliant, yr effaith y mae hyn yn ei chael ar gadw staff, a sut y gallai diwylliant ein gweithle esblygu, gan wneud Hywel Dda yn lle gwych i weithio ynddo. Nodwyd nifer o themâu allweddol:

- Cyflymu'r berchnogaeth ar ein taith ddiwylliannol, ei chyflymder, a'i heffaith
- Mae arwain pobl yn greiddiol i lwyddiant sefydliad
- Bod yn fwy beiddgar a mentrus yn ein hymagwedd at gadw staff
- Cynllun uchelgeisiol ar gyfer moderneiddio

Mae argymhellion yr adroddiad wedi'u hymgorffori yng ngham nesaf rhaglenni ein taith newid diwylliant sy'n seiliedig ar werthoedd.

### 8.3 Gweithlu'r dyfodol

Mae datblygu ein gweithlu ar gyfer y dyfodol yn parhau i fod yn flaenoriaeth allweddol, gyda mwy o bwyslais ar wneud iddo fynd ymhellach, a'i ymestyn, lle bo hynny'n bosibl, i'n cyd-weithwyr ym maes gofal cymdeithasol.

Mae rhai o'n huchafbwyntiau allweddol yn cynnwys:

- Sefydlu Grŵp Cynllunio Pobl ac Addysg Strategol i gydlynu, goruchwyllo ac ystyried dulliau cyfunol o ymdrin â ffrydiau gwaith mewn addysg a hyfforddiant, gan ddarparu gwerth ychwanegol i wella'r ddarpariaeth addysg
- Mwy o gydweithio rhwng Bwrdd Iechyd Addysgu Powys a Bwrdd Iechyd Prifysgol Hywel Dda i hyrwyddo effeithiolrwydd cyfleoedd datblygu ac adnoddau
- Ysgogi dulliau dysgu arloesol trwy symud tuag at addysg ryngbroffesiynol a dysgu seiliedig ar efelychu, gan gynnwys partneriaeth â Phrifysgol Abertawe i geisio creu Prosiect Efelychu Realiti Rhithwir
- Mae 197 o Nyrsys a Addysgwyr yn Rhyngwladol wedi pasio eu Harholiad Clinigol Strwythuredig Gwrthrychol (OSCE), gan gyfrannu at y gostyngiad yn y defnydd o asiantaethau nyrsio. Roedd sefydlu canolfan OSCE Bwrdd Iechyd Prifysgol Hywel Dda yn gyfle i gefnogi bwrdd iechyd arall gyda'i ddarpariaeth
- Roedd cydnabod pwysigrwydd creu arfaeth ar gyfer y dyfodol, gan gydweithio ag ysgolion, colegau, darparwyr hyfforddiant, y Ganolfan Waith a'r Adran Gwaith a Phensiynau, wedi darparu:
  - Rhaglenni i gefnogi myfyrwyr addysg bellach ag anghenion dysgu ychwanegol
  - Dosbarthiadau meistr a diwrnodau 'cwrdd â'r proffesiwn' ar gyfer y rheiny sy'n ystyried amrywiaeth o broffesiynau gofal iechyd
  - Cyflwyno dros 140 o sesiynau dwyieithog i ymgysylltu ag ysgolion ledled y tair sir
  - Cymorth i'r rhai nad ydynt mewn cyflogaeth, addysg na hyfforddiant ddeall cyfleoedd cyflogaeth, a darparu sgiliau cyflogadwyedd, yn cynnwys prosesau ymgeisio
  - Mwy o gydnabyddiaeth i wirfoddolwyr trwy ddiwyddiadau dathlu, ac annog rhagor o weithgareddau i greu cymuned o wirfoddolwyr
- Creu cyfleoedd lleol i brentisiaid, sy'n cynnwys 34 o brentisiaid gofal iechyd ar lwybr nyrsio. Mae ein cymuned staff gyfan yn cynnwys 168 o brentisiaid

## 8.4 Llesiant

### 8.4.1 Meithrin Ymwybyddiaeth

Mae Gwasanaeth Llesiant Seicolegol y Staff wedi mynd ati i hyrwyddo amrywiaeth o wasanaethau, digwyddiadau ac adnoddau yn ystod y flwyddyn ddiwethaf. Gan ddefnyddio gwahanol sianeli cyfathrebu, nod tîm Gwasanaeth Llesiant Seicolegol y Staff yw sicrhau bod yr holl staff yn ymwybodol o'r hyn sydd ar gael a'r modd i gael mynediad ato.

SharePoint yw'r ffynhonnell ganolog o hyd, a chafodd bron 45,000 o ymweliadau yn 2023-24. Lansiodd y Porth Iechyd a Llesiant Staff fel adnodd digidol ym mis Mai 2023, gan ddod â'r holl wasanaethau cymorth staff mewnol ynghyd mewn un lle.

### 8.4.2 Datrysiadau i systemau

Mae ein tîm Gwasanaeth Llesiant Seicolegol y Staff yn rhan hanfodol o'n proses fewnol o ran sicrhau'r gwasanaeth a'r arbenigedd cywir ar gyfer timau pan fo arnynt eu hangen. Mae hefyd yn sicrhau ein bod yn mynd ati mewn modd rhagweithiol i ymateb i geisiadau i gefnogi timau a gwasanaethau penodol. Rydym yn parhau i gynnig ymgynghoriadau un i un i reolwyr, gan roi cymorth i arweinwyr fynd i'r afael â materion cymhleth sy'n ymwneud â staff a thimau, ynghyd ag i'r rheiny sy'n cefnogi ac arwain eraill. Cynigiwyd cyfres o sesiynau iechyd meddwl a llesiant yn y gwaith trwy amrywiaeth o raglenni gwahanol, gan gynnwys:

- Rhaglenni arweinyddiaeth a rheolaeth
- Rhaglenni tiwtoriaeth i niysys a meddygon iau
- Hyfforddiant ymsefydlu a diweddarau ar gyfer hwyluswyr llesiant

Yn ystod 2023-24, mae dros 1,200 o gyd-weithwyr wedi cymryd rhan yn y gweithgareddau hyn a chael eu cefnogi trwyddynt.

### 8.4.3 Gwasanaeth Llesiant Seicolegol y Staff

Mae iechyd meddwl a llesiant ein staff yn parhau i fod yn flaenoriaeth i ni. Yn 2023-24, atgyfeiriodd dros 500 o gyd-weithwyr eu

hunain i gael cymorth seicolegol. Parhaodd y galw yn uchel, a, lle roedd hynny'n briodol, cynigiwyd mynediad at wasanaethau amgen i lawer o staff. Cymerwyd camau i leihau amseroedd aros i bythefnos. Rydym yn gweithio i sicrhau bod staff yn cael yr wybodaeth ddiweddaraf am y cymorth sydd ar gael fel y gallant wneud y dewis priodol. Mae hyn yn cynnwys cyfeirio lle bo modd, a gwella ein sgiliau clinigol o ran darparu therapi byrdymor effeithiol.



Mae 76 o gyd-weithwyr o ystod o grwpiau staff wedi mynychu ein rhaglen Adfer mewn Natur ers iddi ddechrau. Mae gwerthusiad o'r rhaglen yn dangos gwelliant clinigol sylweddol mewn iechyd meddwl a gostyngiad o ran symptomau chwythu plwc. Mae straeon am drawsnewidiad personol yn amlygu effaith gadarnhaol sylweddol y rhaglen. Rydym yn pennu cwmpas cynllun rhaglenni ar gyfer 2024-25 yn dilyn diddordeb cynyddol yn y Diwrnodau Adfer mewn Natur.

### 8.4.4 Y Gwasanaeth Iechyd Galwedigaethol

Mae ein Gwasanaeth Iechyd Galwedigaethol yn parhau i gefnogi iechyd a llesiant ein staff gyda chynghor iechyd galwedigaethol pwrpasol. Roedd y Tîm Iechyd Galwedigaethol amlddisgyblaethol arbenigol ac amrywiol wedi cwblhau dros 3,026 o asesiadau cyn-gyflogi, wedi cael dros 1,867 o atgyfeiriadau gan y rheolwyr, ac wedi cefnogi 360 o geisiadau a hunanatgyfeiriwyd.

Yn ystod y flwyddyn, darparodd y tîm dros 3,600 o imiwneiddiadau, ynghyd â 4,361 o frechlynnau'r fflw, a hynny trwy weithio gyda'r gymuned a staff canolfannau brechu torfol.

Darparwyd clinigau brechu ychwanegol i gefnogi'r broses o recriwtio niysys, meddygon a gweithwyr proffesiynol perthynol i ofal iechyd rhyngwladol.

Bu'r Gwasanaeth Iechyd Galwedigaethol yn gweithio gyda chyd-weithwyr ledled Cymru i gyflwyno system rheoli iechyd galwedigaethol newydd. Hyd yma, mae dros 750 o staff a rheolwyr y bwrdd iechyd wedi cael eu hyfforddi a'u paratoi i ddefnyddio'r system hon.





### 8.4.5 Y Gronfa Dysgu Gydol Oes

Mae'r Gronfa Dysgu Gydol Oes wedi galluogi dros 200 o staff i gyrchu hyd at uchafswm o £100 y pen i ddysgu sgil/crefft/hobi newydd. Nod y fenter yw cefnogi llesiant staff, gan hybu hunan-barch a hyder, a chreu diwylliant dysgu.

## 8.5 Arweinyddiaeth a datblygu

### 8.5.1 Arweinyddiaeth, rheoli talent a hyfforddi

Mae tystiolaeth yn parhau i ddangos mai arweinyddiaeth sy'n cael yr effaith fwyaf ar ddiwylliant sefydliadol. O ganlyniad, symudodd ein gwaith yn 2023 tuag at ddatblygu a gwella'r cynnig arweinyddiaeth ar gyfer ein harweinwyr presennol a'n darpar arweinwyr. Mae'r ddelwedd isod yn amlinellu'r cyfleoedd datblygu sydd ar gael i'n huwch-arweinwyr, naill ai'n uniongyrchol trwy'r tîm Arwain a Datblygu neu gyda sefydliadau partner.

 <p><b>Clinigwyr</b></p> <ul style="list-style-type: none"> <li>• MLF – Fforwm Arweinyddiaeth Feddygol</li> <li>• Arweinwyr Clinigol</li> <li>• Rhaglen Ymgynghorwyr Newydd</li> <li>• Monitro Cymheiriaid</li> <li>• Fforwm Proffesiynol SAS</li> <li>• ARCH – Rhaglen Arweinyddiaeth Glinigol gyda BI/Prifysgol Abertawe</li> </ul>	 <p><b>Bwrdd a Gweithredwyr</b></p> <ul style="list-style-type: none"> <li>• Rhaglen Datblygu'r Bwrdd</li> <li>• Rhaglen Datblygu'r Tîm Gweithredol</li> <li>• Hyfforddiant Gweithredol</li> </ul>
 <p><b>System Leadership</b></p> <ul style="list-style-type: none"> <li>• Ysgol Haf Academi Wales</li> <li>• CLIMB</li> <li>• Hyfforddi (ILM L5)</li> <li>• Dull Hyfforddwr – sgiliau hyfforddi ar gyfer arweinwyr</li> </ul>	 <p><b>Uwch Arweinyddiaeth</b></p> <ul style="list-style-type: none"> <li>• Cronfa Dalent Darpar Gyfarwyddwr Cynorthwyol</li> <li>• Rhaglen Ddatblygu LEAP (Ymgysylltu Arweinyddiaeth â Phobl Anhygoel)</li> </ul>

Yn dilyn gwaith ymchwil a datblygu cadarn yn ystod 2022, aethom ati i lansio tair rhaglen newydd yn ystod y flwyddyn ddiwethaf:

- **LEAP (Arweinwyr yn Ymgysylltu â Phobl Anhygoel)**

Mae ein harweinwyr yn arwain system y mae angen iddi fod yn ystwyth, yn fywiog, yn ymatebol, yn arloesol, yn amrywiol, ac yn atgynhyrchol. Crëwyd LEAP i ddatblygu a chefnogi arweinwyr i'w galluogi i ymateb ac addasu i'r heriau

'nawr ac yn y dyfodol. Mae'n grymuso arweinwyr i adeiladu ar eu cryfderau eu hunain a chryfder eu timau i ddatblygu perfformiad unigol a pherfformiad ar y cyd, ac yn darparu her ac ymwybyddiaeth feirniadol o ymagweddau personol at arweinyddiaeth a'i heffaith, ac o'u cyfrifoldebau. Mae pedwar carfan wedi'u cyflwyno i 67 o'n huwch-arweinwyr ledled y bwrdd iechyd.

- **Rheoli talent a chynllunio ar gyfer olyniaeth**

Er mwyn gwella a datblygu corff ein huwch-arweinwyr ymhellach, cynlluniwyd fframwaith 'Arwain Hywel Dda i'r Dyfodol' i ddarparu egwyddorion arweiniol ar gyfer uwch-arweinwyr presennol a darpar uwch-arweinwyr. Mae hyn yn helpu'r broses barhaus o asesu a datblygu cymwyseddau ac ymddygiadau sy'n cyd-fynd â'n gwerthoedd. Arweiniodd y fframwaith hwn at sefydlu ein canolfan datblygu arweinwyr ym mis Gorffennaf 2023, a gynlluniwyd i nodi, datblygu a thyfu gyfaoedd ein harweinwyr talentog yn y bwrdd iechyd. O ganlyniad, lansiwyd Cronfa Dalent o Ddarpar Gyfarwyddwyr Cynorthwyol, ac mae chwe arweinydd wedi dod yn aelodau. Bydd y Tîm Rheoli Talent yn parhau i gwrdd ag aelodau i gefnogi a monitro cynnydd unigolion.

- **Y dull hyfforddi**

Gall hyfforddiant yn y gweithle arwain at staff yn teimlo'n llawn cymhelliant ac wedi'u grymuso, a'u bod yn cael eu gwerthfawrogi. Mae'r rhaglen hon yn rhoi'r sgiliau a'r egwyddorion i arweinwyr ddatblygu dull arweinyddiaeth seiliedig ar hyfforddi. Ers ei chyflwyno yn hydref 2023, darparwyd saith carfan i 86 o arweinwyr ledled y bwrdd iechyd.

### 8.5.2 Rhwydwaith hyfforddi

Sefydlwyd y Rhwydwaith Hyfforddi i gefnogi newid, cynyddu'r gallu i arwain, a helpu cydweithwyr i ddatblygu ar hyd eu gyfaoedd trwy greu diwylliant hyfforddi cynaliadwy yn unol â gwerthoedd ein sefydliad. Trwy roi pobl wrth galon y rhwydwaith hyfforddi, mae'n sicrhau bod yna amser a gofod i feddwl, i ddysgu ac i ddatblygu, gan gydweithio i feithrin partneriaethau cefnogol, cyfartal a dilys. Gwelodd 2023 dwf sylweddol yn ein rhwydwaith hyfforddi, gyda 28 o hyfforddwyr cymwys a 40 wrthi'n cael hyfforddiant. Mae'r cyrhaeddiad i mewn i'r sefydliad a'r ddarpariaeth ar ei gyfer wedi amrywio ac ehangu'n sylweddol.

### 8.5.3 Dysgu a Datblygu

Rydym wedi cyflwyno effeithlonrwydd i'n prosesau addysg a datblygu. Mae hyn yn cynnwys cyflwyno presenoldeb awtomatig ar

raglenni hyfforddi statudol a gorfodol, ynghyd â system gwbl electronig ar gyfer cyrchu hyfforddiant, yn cynnwys dyfarniadau uwch ac absenoldeb astudio. Mae'r effeithlonrwydd hwn hefyd yn galluogi gwell dirnadaeth a gwell adroddiadau data.

Unwaith eto, gwelwyd gwelliant amlwg o ran cydymffurfio â hyfforddiant statudol a gorfodol. Cyflawnwyd 87% o ofynion cydymffurfio'r fframwaith hyfforddi ar gyfer sgiliau craidd. Roedd hyn yn uwch na'r meincnod o 85% a osodwyd i'r lefel genedlaethol.

A ninnau'n ganolfan achrededig Agored Cymru, cyflawnwyd 561 o unedau mewn amrywiaeth o feysydd, yn cynnwys therapi galwedigaethol, ffisiotherapi, adsefydlu, lleferydd ac iaith, cymorth amdriniaethol, offthalmoleg, gofal sylfaenol, iechyd rhywiol, a threfniadau ymsefydlu clinigol y GIG. Amlygodd y broses Sicrwydd Ansawdd Allanol fod safonau uchel yn cael eu cyflawni, yn cynnwys yn y meysydd cymorth i ddysgwyr a'r gallu i oresgyn rhwystrau.

Trwy ein llwybrau 'Meithrin Nyrsys', mae dros 400 o staff ar wahanol gamau o'r llwybr nyrsio academaidd, ac mae dros 20 yn cyrchu cymwysterau mewn gwaith proffesiynol perthynol i ofal iechyd. Yn 2023-24 buom yn dathlu ein carfan gyntaf yn cwblhau'r Diploma Ymarferydd Cynorthwyol Therapiau Lefel 4 newydd, ar ôl arwain y cynllun peilot mewn partneriaeth â Phrifysgol Cymru y Drindod Dewi Sant.

Buom yn cefnogi staff i ddatblygu eu sgiliau digidol trwy hyfforddiant, a hynny nid yn unig i wella eu gallu digidol, ond hefyd i helpu i nodi effeithlonrwydd.

Cynhaliwyd sioeau teithiol sirol i hyrwyddo ac ymgysylltu â'n gweithlu, ac i gefnogi mynediad at gyfleoedd dysgu.

### 8.5.4 Cynllunio ar gyfer ein pobl a'n gwasanaethau

Yn ystod 2023-24, bu i ni barhau i esblygu ein dull o ymdrin â threfniadau strategol ar gyfer cynllunio pobl i gefnogi a datblygu gwasanaethau sy'n cyd-fynd ag uchelgeisiau yn ein cynlluniau ledled y bwrdd iechyd. Aethom ati i ymgorffori argymhellion o adolygiad gan Swyddfa Archwilio Cymru i'n

helpu i wella a chryfhau ein dull gweithredu, argymhellion a oedd yn cynnwys datblygu rolau llysgenhadon.

Roedd cryfhau ein tîm cynllunio pobl ddiwedd 2022-23 wedi galluogi mwy o gapasiti i gefnogi gwasanaethau yn 2023-24, ac aethpwyd ati i gynllunio a darparu dull o gynllunio'r gweithlu gweithredol ledled holl wasanaethau'r bwrdd iechyd.

Buom yn gweithio ar y cyd â'n partneriaid i gefnogi rhaglenni rhanbarthol penodol, yn cynnwys patholeg, radioleg a chanser. Llwyddwyd i oresgyn ffiniau canfyddedig, gan osod sylfeini i sicrhau ein bod yn parhau i nodi bylchau difrifol yn y gweithlu a chryfhau trefniadau comisiynu addysg integredig ar gyfer gofal sylfaenol a chymdeithasol.

Mae ein gwaith i fodelu gweithlu'r dyfodol yn parhau i wella wrth i ni ddiwygio gwybodaeth a'n gwerthfawrogiad o wahaniaethau daearyddol, anghenion arbenigol a'r heriau unigryw yn y gwasanaethau a'r proffesiynau. Mae gennym ddealltwriaeth gliriach o'r bwch rhwng ein sefydliad a ariennir a'n gweithlu gwirioneddol, ac o'r modd y defnyddir ein gweithlu wrth gefn ledled grwpiau proffesiynol. Cawsom eglurder o ran y cwestiynau y mae angen eu gofyn a'u hateb.

Wrth i ni geisio defnyddio'r Fframwaith Adfywio Pobl i asesu dilysrwydd ein llwybrau cyflenwi pobl, daethom yn ymwybodol o'r her sy'n ein hwynebu 'nawr o ran llunio ein hanghenion cyflenwi i reoli'r galw yn y dyfodol.

## 8.6 Tegwch a chynhwysiant

Rydym yn ymrwymedig i roi pobl wrth wraidd popeth a wnawn. Ein gweledigaeth yw creu diwylliant ac amgylchedd sefydliadol hygyrch a chynhwysol ar gyfer pawb. Mae hyn yn cynnwys y staff, y rhai sy'n cael gofal (ynghyd â'u teuluoedd a'u gofalwyr), yn ogystal â phartneriaid sy'n gweithio gyda ni – boed y rheiny'n sefydliadau statudol, yn bartneriaid yn y trydydd sector neu'n gymunedau. Mae hyn yn golygu ystyried pobl yn unigolion, a chanolbwyntio ar yr unigolyn, fel bod pawb yn cael eu trin yn deg ac â didwylledd, urddas a pharch, ni waeth beth yw eu cefndir na'u credoau.

Mae rhagor o wybodaeth am y mesurau sydd gennym ar waith i sicrhau ein bod yn cydymffurfio â'n rhwymedigaethau o dan ddeddfwriaeth cydraddoldeb a hawliau dynol, ynghyd ag am ein cynnydd yn unol â'n hamcanion cydraddoldeb strategol, i'w gweld yn yr adran ar [Atebolrwydd yn yr Adroddiad Blynyddol](#) hwn.

## 8.7 Y Gymraeg

Rydym am fod y bwrdd iechyd cyntaf yng Nghymru lle mae'r Gymraeg a'r Saesneg yn cael eu trin yn gyfartal o ran eu statws (Safonau Iechyd a Gofal: Gofal gydag Urddas). Rydym yn anelu nid yn unig at gydymffurfio â Safonau'r Gymraeg, ond at goleddu eu hysbryd.

Mae'r Gymraeg yn un o drysorau Cymru.

Mae'n rhan o'r hyn sy'n ein diffinio fel pobl ac fel cenedl.

Mae Safonau'r Gymraeg, a ddaeth i rym ar 30 Mai 2019, yn set o ofynion statudol sy'n nodi, yn gwbl glir, ein cyfrifoldebau i ddarparu gwasanaethau dwyieithog rhagorol. Gellir cyrchu'r rhain trwy adran Gwasanaethau'r Gymraeg ar ein gwefan, yma: <https://biphdd.gig.cymru/gwasanaethau-r-gymraeg/>

Mae ein sefydliad yn teimlo'n angerddol ac yn uchelgeisiol ynghylch cyflawni ac yn mynd y tu hwnt i'n dyletswyddau statudol. Fodd bynnag, rydym yn cydnabod nad yw'r ffordd yr ydym yn cyflawni hyn ledled ein safleoedd a'n timau bob amser yn gyson. Mae angen i'n diwylliant esblygu er mwyn i ni ddarparu gwasanaeth dwyieithog di-dor i'r bobl sy'n defnyddio'r GIG a'r gwasanaethau gofal, ac mae hon yn ymdrech hirdymor.

Ein nod yw darparu gwasanaeth gofal iechyd dwyieithog i'r cyhoedd a galluogi ein staff i ddefnyddio'r Gymraeg yn naturiol yn y gweithle. Ymdrechwn i fod yn esiampl yn y maes hwn, gan arwain trwy esiampl wrth i ni hyrwyddo a galluogi defnydd cynyddol o'r Gymraeg gan ein gweithlu. Pa un a ydych yn siaradwr rhugl, yn siaradwr anhyderus, neu'n siaradwr newydd, mae'r gweithle'n darparu

cyfleoedd i ddefnyddio, ymarfer a dysgu'r Gymraeg.

Cyflawnwyd carreg filltir enfawr tuag at y nod hwn ddiwedd y llynedd pan aethom ati i benodi tiwtor i weithio'n benodol gyda staff sydd â sgiliau Cymraeg Lefel 3 ac uwch ond nad oes ganddynt yr hyder i ddefnyddio'r sgiliau hynny. Roedd y penodiad hwn yn bosibl o ganlyniad i gyllid gan y Ganolfan Genedlaethol ar gyfer Dysgu Cymraeg, a dechreuodd y tiwtor ddiwedd mis Chwefror 2023. Mae cyllid wedi'i sicrhau ar gyfer ail flwyddyn y prosiect.

Mae canlyniadau'r swydd hon wedi cael eu mesur a'u hadolygu, a gellir dod o hyd iddynt yn yr adroddiad gwerthuso yma: <https://biphdd.gig.cymru/gwasanaethaur-gymraeg/>

Byddwn yn adrodd ar y cynnydd o ran hyn, ac o ran camau gweithredu allweddol eraill i gyflawni ein huchelgais a'n rhwymedigaethau statudol ar gyfer y Gymraeg, a hynny yn ein Hadroddiad Blynyddol ar y Gymraeg, a gyhoeddir ar ein gwefan yn ystod haf 2024: <https://biphdd.gig.cymru/gwasanaethaur-gymraeg/>

### 8.7.1 Sgiliau iaith y staff

Caiff sgiliau iaith ein staff, yn unol â Safonau'r Gymraeg 116 ac 117, eu cipio a'u cofnodi ar y system rheoli staff electronig (ESR). Fel yr oedd ar 31 Mawrth 2024, mae 97.59% o'r staff wedi cofnodi eu sgiliau iaith Gymraeg fel a ganlyn:

Lefel Sgiliau	0 – Dim Sgiliau	1 – Mynediad	2 – Sylfaen	3 – Canolradd	4 – Uwch	5 – Hyfedredd	Heb ei Gofnodi ar yr ESR eto
Nifer	4,773	2,730	1,084	876	938	1,344	290
%	39.66%	22.68%	9.01%	7.28%	7.79%	11.17%	2.41%

### 8.7.2 Swyddi gwag

Nodir isod nifer y swyddi newydd a'r swyddi gwag a hysbysebwyd yn ystod y flwyddyn, wedi'u cofnodi yn ôl y rhai lle roedd sgiliau Cymraeg yn hanfodol neu'n ddymunol, a'r nifer lle roedd angen dysgu'r Gymraeg neu lle nad oedd y Gymraeg yn angenrheidiol:

- Nifer y swyddi lle roedd y Gymraeg yn hanfodol: 23
- Nifer y swyddi lle roedd y Gymraeg yn ddymunol: 2,702
- Y nifer lle roedd angen dysgu'r Gymraeg: 0
- Y nifer lle nad oedd y Gymraeg yn ofynnol: 0
- Cyfanswm Nifer y Swyddi: 2,725

O blith y 2,725 o swyddi a hysbysebwyd, cynigiwyd 2,659 ohonynt, ac mae 619 o'r unigolion a benodwyd i'r swyddi hynny yn meddu ar sgiliau Cymraeg lefelau 3 i 5.

### 8.7.3 Cwynion yn ymwneud â'r Gymraeg

Cafwyd dwy gŵyn yn ymwneud â'r gwasanaeth Cymraeg yn ystod 2023-24. Cynhaliwyd un ymchwiliad gan Gomisiynydd y Gymraeg yn ystod y flwyddyn, a hynny o dan adran 71 o Fesur y Gymraeg. Mae'r manylion llawn i'w gweld yn yr Adroddiad Blynyddol ar y Gymraeg, a gyhoeddir ar ein gwefan:

<https://biphdd.gig.cymru/gwasanaethaur-gymraeg/>

## 9. Adroddiad cynaliadwyedd

### 9.1 Yr Amgylchedd, Cynaliadwyedd a Lleihau Carbon

Yn ystod y flwyddyn ddiwethaf, rydym wedi parhau i gyfrannu at leihau carbon ac ymgorffori arferion cynaliadwy trwy ein gweithgareddau o ddydd i ddydd.

Rydym wedi cyflwyno nifer o fentrau effeithlonrwydd ynni/datgarboneiddio, gan gynnwys tanio ein <https://biphdd.gig.cymru/fferm-solar-yn-derbyn-gwobr-cyflawniad-cynaliadwyedd/> yng Nghaerfyrddin. Mae ein hymgyrch 'Diffoddwch eich Dyfais' yn annog staff i ddiffodd eitemau trydanol nad ydynt yn cael eu defnyddio, ac mae Gweithredu ar Newid Hinsawdd wedi tynnu sylw at yr ymgyrch fel un sy'n enghraifft o arfer da.

Rydym wedi cynnal ein perfformiad a'n systemau yn unol â Safon Amgylcheddol ISO14001 ac wedi datblygu amcanion a thargedau sy'n cael eu hadolygu a'u monitro'n ffurfiol.

Mae ein hymagwedd at weithio ystywyth yn parhau i gael ei ddatblygu, ac rydym yn adolygu ystad ein bwrdd iechyd i wneud y defnydd gorau o'n hadnoddau, gan gynnwys newid i fflyd o gerbydau trydan.

Mae lleihau gwastraff a chynyddu swm y deunydd a ailgylchir yn parhau i fod yn flaenoriaeth allweddol i'r bwrdd iechyd, ac rydym yn archwilio ffyrdd o wella ein perfformiad yn y meysydd hyn. Er enghraifft, rydym yn cyflwyno cynllun i ailgylchu cynhyrchion hylendid amsugol (AHP) i helpu i leihau eu hallyriadau carbon 96%, ac yn ffocysu ar botiau moddion a sbecwla plastig untro, cymhorthion symudedd a cherdded, a golchi/ailldefnyddio gwisgoedd. Rydym ar y blaen ledled GIG Cymru o ran llwyddo i gyfnewid anadlyddion ym meysydd gofal sylfaenol a gofal eilaidd am anadlyddion powdr sych, gan leihau cemegion tanio hydrofflorocarbon niweidiol.

Mae llwyfan ar-lein 'Warp It' yn ein helpu i ailldefnyddio dodrefn a chyfarpar ledled y sefydliad, gan osgoi gorfod prynu dodrefn diangen a lleihau allyriadau carbon sy'n deillio o waredu gwastraff. At hynny, rydym yn gwahanu mathau gwahanol o wastraff solet ar bob un o'n safleoedd ac eithrio Ysbyty Glangwili, a disgwylir i Ysbyty Glangwili fodloni'r gofynion cyfreithiol hyn erbyn 2025.



Defnyddiwyd rhai o'n prosiectau fel astudiaethau achos i amlygu arfer da yn Rhaglen Lleihau Gwastraff Gyda'n Gilydd Comisiwn Bevan, sy'n disgrifio mentrau lleihau gwastraff llwyddiannus ym maes iechyd a gofal cymdeithasol ledled y DU. Darllennwch yma:

<https://bevancommission.org/lets-not-waste/>

Er bod ein gwariant ar gyfleustodau yn parhau i fod yn uchel, mae wedi gostwng, a hynny'n bennaf oherwydd effaith y marchnadoedd ynni ansefydlog a gwell perfformiad y boeler biomas. Mae ein contract perfformiad ynni â Centrica, a fydd yn dod i ben ar 31 Mawrth 2025, yn cyflawni arbedion blynyddol gwarantedig ac yn lleihau allyriadau carbon. Ers mis Mawrth 2015, mae hyn wedi golygu gostyngiad o tua 28,137 tonnell fetrig mewn allyriadau carbon. Mae trefniadau ar waith i drefnu contract perfformiad ynni newydd trwy lwybr Fframwaith Re:Fit 4 Wales, a fydd yn dechrau ym mis Ebrill 2024.

Yn dilyn cyhoeddi Strategaeth Datgarboneiddio GIG Cymru Gyfan ym mis Mawrth 2021, aethom ati i gomisiynu'r Ymddiriedolaeth Garbon i ddatblygu Cynllun Cyflenwi Datgarboneiddio y bwrdd iechyd. Mae hwn yn nodi'r modd yr ydym yn bwriadu bodloni'r targedau cenedlaethol ar gyfer rheoli carbon, adeiladau, trafniadaeth, caffael, cynllunio'r ystad, defnydd tir, a chynaliadwyedd clinigol.

Rydym wedi gosod technolegau effeithlonrwydd ynni i leihau ein hól troed carbon, gan gyfrannu at uchelgais carbon niwtral net 2030 Llywodraeth Cymru. Mae enghreifftiau'n cynnwys canopiâu solar yn Ysbyty De Sir Benfro, newid y prif foeler yn Ysbyty Glangwili o olew nwy i LPG, a chynnal arolwg o ganolfan ynni Ysbyty'r Tywysog Philip i dargedu effeithlonrwydd gwresogi.

Mae hyfforddiant ar Lythrennedd Carbon a Gofal Iechyd Cynaliadwy ar gael i'r holl staff trwy Hyrwyddwyr Hinsawdd Doeth AaGIC: <https://aagic.gig.cymru/newyddion/rydym-yn-creiwio-staff-y-gig-i-fod-yn-hyrwyddwyr-hinsawdd-doeth/>, ac mae nifer o aelodau staff wedi cael achrediad. Mae'r modiwl e-ddysgu 'Cyflawni Sero Net' ar gael hefyd, ond nid yw hwn yn ofyniad hyfforddi gorfodol ar hyn o bryd. Mae ein Hwb Cynaliadwyedd ar y fewnrwyd yn rhoi mynediad i staff at wybodaeth gyffredinol, astudiaethau achos, a dolenni i ffynonellau eraill.

Gan edrych ymlaen at 2024-25, rydym yn bwriadu archwilio rhagor o gyfleoedd i gyflawni ein nodau datgarboneiddio er mwyn sicrhau dyfodol gwell a chynaliadwy. Ein nod yw rhoi arfer ac ymddygiadau da wrth wraidd busnes craidd ein sefydliad a'i weithgareddau o ddydd i ddydd fel y gallwn ddod â buddion gweithgareddau lleihau carbon yn fyw a sicrhau gwasanaethau o ansawdd uchel ar yr un pryd.

Mae ein Hadroddiad Cynaliadwyedd 2023-24 yn ei gyfanrwydd ar gael i'w ddarllen yma: <https://biphdd.gig.cymru/amdanom-ni/trefniadau-llywodraethu/pwyllgoraur-bwrdd/pwyllgor-adnoddau-cynaliadwy-src/> Bydd yr adroddiad manylach hwn yn cynnwys data ar gyfleustodau, gwastraff, trafniadaeth, cynaliadwyedd a gwybodaeth rheoli amgylcheddol.

## 9.2 Tasglu ar gyfer Datgeliadau Ariannol yn ymwneud â'r Hinsawdd

### 9.2.1 Ein trefniadau llywodraethu mewn perthynas â materion yn ymwneud â'r hinsawdd

Rydym yn parhau i fod yn gwbl ymrwymedig i gynaliadwyedd amgylcheddol ac atebolrwydd o ran lleihau carbon, yn unol â Rheoliadau Newid yn yr Hinsawdd (Cymru) 2021 a'r trywydd i sero net. Mae gennym Gynllun Cyflenwi Datgarboneiddio 2022-25 sy'n nodi 46 o fentrau, ynghyd â strwythur llywodraethu cymeradwy sy'n adrodd i'r Pwyllgor Adnoddau Cynaliadwy (SRC).

Ar hyn o bryd, rydym yn adrodd ar ein gweithgarwch datgarboneiddio, sy'n lliniaru rhai o risgiau'r newid yn yr hinsawdd trwy leihau allyriadau carbon, yn y ffyrdd canlynol:

- Adroddiadau deufisol yr SRC (trwy'r Grŵp Gorchwyl a Gorffen Datgarboneiddio)
- Adroddiad Blynyddol BIP Hywel Dda
- Datganiad Llywodraethu Blynyddol BIP Hywel Dda
- Adroddiad Blynyddol BIP Hywel Dda ar Amcanion Llesiant
- Adroddiad Ansoddol Blynyddol Llywodraeth Cymru ar Ddatgarboneiddio
- Adroddiad Ansoddol Blynyddol Llywodraeth Cymru ar Allyriadau Sero Net
- Adroddiadau Datgarboneiddio Chwarterol Llywodraeth Cymru
- Adroddiad Blynyddol y Bwrdd Gwasanaethau Cyhoeddus (ar gais)

### 9.2.2 Trefniadau ein Bwrdd at gyfer goruchwyllo materion yn ymwneud â'r newid yn yr hinsawdd

Mae goruchwyliaeth y Pwyllgor Adnoddau Cynaliadwy yn cynnwys cyflawni'r 46 o fentrau yn ein Cynllun Cyflenwi Datgarboneiddio. Ar hyn o bryd rydym yn archwilio o le y daw'r gymeradwyaeth fewnol ar gyfer yr adroddiadau ansoddol sy'n berthnasol i ofynion y Tasglu newydd arfaethedig ar gyfer Datgeliadau Ariannol yn ymwneud â'r Hinsawdd.

Er mwyn rhoi mwy o gymorth i'n hymateb strategol i agenda'r argyfwng newid hinsawdd ehangach a'i gynnwys mewn polisïau, trefniadau cynllunio, gwelliannau a gweithrediadau presennol/ar gyfer y dyfodol, mae angen rhagor o amser i ddatblygu'r strwythurau llywodraethu ac adrodd priodol sy'n gyfrifol am lywio ein dull gweithredu.

### 9.2.3 Rôl y rheolwyr o ran asesu a rheoli materion yn ymwneud â'r hinsawdd

Mae'r newid yn yr hinsawdd yn agenda drawsbynciol sy'n effeithio ar bob rhan o'r sefydliad. Mae rheolwyr ledled nifer o gyfarwyddiaethau yn cyfrannu at yr agendâu datgarboneiddio a chynaliadwyedd.

Bydd y broses hon o ddyrannu cyfrifoldebau am ddarpariaeth y sefydliad mewn perthynas â chanlyniadau'n ymwneud â'r hinsawdd a'r rolau ar gyfer swyddi neu bwyllgorau ar lefel rheolwyr yn cael ei gwirio yn dilyn adolygiad mewnol o'r strwythurau a'r adnoddau presennol. Wedi hynny, bydd disgrifiad o'r strwythur(au) sefydliadol cysylltiedig a'r prosesau a ddefnyddir i hysbysu'r rheolwyr am faterion yn ymwneud â'r hinsawdd yn cael ei ddarparu trwy fecanweithiau adrodd yn y dyfodol.

### 9.2.4 Y metrigau a'r targedau a ddefnyddir i asesu a rheoli materion perthnasol yn ymwneud â'r hinsawdd

Nodir crynodeb o effaith (lle mae'n bosibl ei meintoli a'i hamcangyfrif) y camau sy'n ymwneud â'r hinsawdd ac y bydd y Bwrdd yn eu rhoi ar waith hyd at fis Mawrth 2025 yn y Cynllun Cyflenwi Datgarboneiddio. Mae cwmpas y cynllun hwn wedi'i gyfyngu i gyd-fynd â Chynllun Cyflenwi Strategol Datgarboneiddio GIG Cymru a'r dyddiadau priodol. Ar hyn o bryd, mae'r Cynllun Cyflenwi yn mynd i'r afael â lleihau allyriadau carbon ar draws pob cwmpas allyriadau nwyon tŷ gwydr, gyda ffocws penodol ar yr allyriadau sy'n gysylltiedig ag adeiladu ac adnewyddu ystadau. Mae ein taflwybr presennol yr adroddwyd arno yn unol â Chanllaw Sector Cyhoeddus Cymru ar gyfer Adrodd ar Darged Carbon Sero-Net i'w weld yn yr Adroddiad Sicrwydd Perfformiad Integredig diweddaraf.

### 9.2.5 Asesu'r risgiau a'r cyfleoedd sy'n gysylltiedig â'r hinsawdd yn unol â'n strategaeth a'n proses rheoli risgiau

Hyd yma, nid yw'r metrigau na'r targedau wedi cael eu pennu na'u cymeradwyo yn unol â strategaeth a phroses rheoli risgiau y sefydliad.

### 9.2.6 Allyriadau nwyon tŷ gwydr a risgiau cysylltiedig

Y flwyddyn 2018-19 yw'r llinell sylfaen ar gyfer allyriadau carbon, ac, yn ystod y cyfnod hwn roedd cyfanswm yr allyriadau a fesurwyd gennym yn 98,854 tCO<sub>2</sub>e. Mae hyn yn 9.87% o gyfanswm ôl troed GIG Cymru, ac yn golygu mai BIP Hywel Dda yw'r bwrdd iechyd â'r ail gyfran fwyaf o allyriadau.

Mae'r rhan helaeth o'r allyriadau yn deillio o ffynonellau anuniongyrchol i fyny'r gadwyn gwerth – cwmpas 3. Mae 14% (14,255 tCO<sub>2</sub>e) o'r allyriadau yn rhai cwmpas 1, o ganlyniad i greu neu ryddhau nwyon tŷ gwydr yn uniongyrchol, ac mae 5% (4,972 tCO<sub>2</sub>e) o'r allyriadau yn deillio o ffynonellau cwmpas 2, sef y rheiny sy'n gysylltiedig â defnyddio trydan.

Mae cofrestr risgiau y Rhaglen Cyflenwi Datgarboneiddio yn amlinellu'r heriau i gyflawni'r canlyniadau yn y cynllun, ac yn cynnwys mesurau rheoli sy'n bodoli. Mae'r gofrestr hon wedi'i chyfyngu i'r risgiau sy'n gysylltiedig â chyflawni'r mentrau a ddiffinnir yn y rhaglen, ac felly bydd ymarfer cwmpasu yn y Cynllun Gweithredu Hinsawdd yn ofynnol i gael diffiniad pellach o'r risgiau sefydliadol yn wyneb yr argyfwng hinsawdd (yn amodol ar gymeradwyaeth fewnol).

### 9.2.7 Rheoli risgiau a chyfleoedd sy'n gysylltiedig â'r hinsawdd a'n perfformiad yn unol â thargedau

Ar hyn o bryd, mesurir perfformiad yn erbyn ein hallyriadau nwyon tŷ gwydr, a nodir y targedau hyn yn ein Cynllun Cyflenwi Datgarboneiddio, a fydd yn cael ei ddiweddarau ym mis Mawrth 2025. Mewn ymateb i ofynion a nodir yng Nghynllun Cyflenwi Strategol Datgarboneiddio GIG Cymru, datblygwyd y Cynllun Cyflenwi Datgarboneiddio cychwynnol hwn gan yr

Ymddiriedolaeth Garbon ar ran y bwrdd iechyd. Mae'n pennu'r cyfeiriad strategol ar gyfer y deng mlynedd nesaf, ac mae'r Cynllun Gweithredu Datgarboneiddio corfforedig (adran 5) yn crynhoi'r camau datgarboneiddio cyflawnadwy a gaiff eu rhoi ar waith yn ystod y ddwy flynedd nesaf (o fis Mawrth 2022). Mae'r Cynllun Cyflenwi yn mynd i'r afael ag allyriadau carbon ledled pob cwmipas allyriadau nwyon tŷ gwydr, gyda ffocws penodol ar yr allyriadau sy'n gysylltiedig ag adeiladu ac adnewyddu ystadau.

### Mae enghreifftiau o fentrau'r Cynllun Cyflenwi Datgarboneiddio yn cynnwys:

- Yn 2014, aethom ati i ymrwymo i'r Contract Perfformiad Ynni (EPC) cyntaf yng Nghymru. Mae'r EPC yn gontract â darparwr allanol i weithredu mesurau effeithlonrwydd ynni, ac mae'n darparu gwarant y bydd yr arbedion a ragwelir yn cael eu cyflawni. Darperir ein EPC gan Nwy Prydain, ac mae'r contract yn un 10 mlynedd. Mae'r EPC wedi cefnogi nifer o gynlluniau, yn cynnwys peiriannau Gwres a Phŵer Cyfunedig yn Ysbyty'r Tywysog Philip ac Ysbyty Llwynhelyg, sy'n defnyddio'r prif gyflenwad nwy i gynhyrchu trydan ar y safle, a boeler biomas yn

Ysbyty Glangwili, gan leihau'r gost fesul kWawr a lleihau ein hallyriadau CO<sub>2</sub> yn sylweddol. Gallwn hawlio'r Cymhelliad Gwres Adnewyddadwy ar gyfer pob kWawr a gynhyrchir, ac mae'r boeler hefyd yn defnyddio sglodion coed o Gymru. Mae'r EPC yn gwarantu arbedion blynyddol sy'n o leiaf £600,000 a 4,000 tonnell fetrig o CO<sub>2</sub>.

- Rydym yn parhau i weithio gyda chwmni ADMS i wneud arbedion mewn perthynas â'n contract dŵr. Mae'r cwmni'n monitro ein systemau dŵr ac yn rhoi gwybod i ni am unrhyw ollyngiadau, gan sicrhau y gall y rhain gael eu datrys yn gyflym er mwyn arbed arian i'r bwrdd iechyd a lleihau gwastraff. Mae mynd i'r afael â materion amgylcheddol yn rhan bwysig o'r rheolaeth sefydliadol, ac rydym yn glynu wrth safon ryngwladol ISO 14001, sy'n amlinellu'r modd i roi system rheoli amgylcheddol effeithiol ar waith i reoli a gwella perfformiad amgylcheddol. Dyfarnwyd achrediad Rheoli Amgylcheddol ISO 14001 i ni ym mis Hydref 2020. Ers hynny, rydym yn destun archwiliad ailardystio blynyddol.

## 10. Casgliad ac edrych I'r dyfodol

Mae'r adroddiad hwn yn adlewyrchu cryfder a chydnerthedd ein staff a'n cleifion o ran uchelgais a rennir i wella iechyd, gofal a llesiant ein cleifion a'n cymunedau lleol yn wyneb heriau sylweddol trwy gydol y flwyddyn.

Mae staff o bob rhan o'r sefydliad wedi gweithio'n eithriadol o galed i wneud popeth posibl i fynd i'r afael â'r materion niferus a wynebwyd gennym: o'r ôl-groniad o gleifion a oedd yn aros am ofal a thriniaeth a'r heriau o ran ein gweithlu, i'n sefyllfa ariannol sy'n gwaethygu a'r galw cynyddol am ein gwasanaethau.

Rydym wedi cymryd camau i sicrhau gwelliannau ledled y system a hefyd trwy gynllunio ar gyfer y blynyddoedd i ddod. Rydym yn benderfynol o wella ein hiechyd ariannol a'n perfformiad i'r hyn a welid cyn y pandemig ac, yn bwysig, i'r lefel yr ydym yn

anelu ati. Felly, rydym wedi llunio Cynllun Blynyddol un flwyddyn ar gyfer 2024-25 yn gam cyntaf tuag at hyn:

<https://biphdd.gig.cymru/cynllun-blynyddol-2024-25-pdf>

Rydym hefyd wedi gwneud cynnydd sylweddol o ran datblygu ein strategaeth 'Canolbarth a Gorllewin Cymru Iachach' a'r gwaith ar ein diwylliant, ein gwerthoedd a'n hymddygiadau, gan osod sylfaen gadarn ar gyfer y sefydliad.

Mae maint yr heriau ariannol a'r heriau o ran y gweithlu a'r gwasanaethau yn golygu y bydd newid sylweddol a sylfaenol yn ofynnol. Roeddem wedi gwneud cynnydd yn ystod 2023-24 o ran ein rhaglen recriwtio rhyngwladol, lleihau nifer y swyddi gwag a'n defnydd o staff asiantaeth, lleihau nifer y cleifion arhosiad hir yn yr ysbytai a cham cyntaf ein Cynllun Gwasanaethau Clinigol, yn

cynnwys penderfyniad y Bwrdd ynghylch Peditreg Brys ac Mewn Argyfwng ym mis Tachwedd 2023.

Er mwyn cyflawni ein gweledigaeth ('Canolbarth a Gorllewin Cymru Iachach'), bydd yn ofynnol i'r sefydliad feddu ar ffocws clir (ein nodau strategol), trywydd tuag at y weledigaeth strategol (yr amcanion cynllunio), ffordd i fesur cynnydd (y mesurau blaenoriaeth ar gyfer 2024-25 a mesurau'r canlyniadau strategol), a dulliau cadarn o oruchwylio a rheoli risgiau (Fframwaith Sicrwydd y Bwrdd a strwythur ein pwyllgorau).

Nid ydym mewn sefyllfa i gyflwyno Cynllun Tymor Canolig Integredig ffurfiol i Lywodraeth Cymru, a hynny'n bennaf am ei bod yn ofynnol gwneud rhagor o gynnydd o ran ein diffyg ariannol cyn y gellir ei gymeradwyo. Mae'r diffyg ariannol a ragwelir gennym ar gyfer y flwyddyn ariannol i ddod yn amlygu'r heriau sylweddol a wynebwn. Fe'i hysgogir yn rhannol gan ein trefniadaeth a'r heriau o ran darparu gwasanaethau ledled ein hardal; gan yr heriau o ran sicrhau llif ledled y system iechyd a gofal, gyda'r galw dilynol i ddefnyddio staff asiantaeth cost uchel; a chan yr amgylchedd chwyddiannol eithriadol yr ydym yn gweithredu ynddo ar hyn o bryd.

Fodd bynnag, rydym yn glir ynghylch y meysydd y bwriadwn eu datblygu yn ystod y tair blynedd nesaf trwy weithio gyda phartneriaid ac ymateb i'r elfennau sy'n sbarduno polisi, megis Gweithrediaeth GIG Cymru ar ei newydd wedd; y Fframwaith Clinigol Cenedlaethol; yr Economi Sylfaenol; Dyletswydd Gofal Cymdeithasol; a Deddf Cenedlaethau'r Dyfodol; ynghyd â'r Blaenoriaethau Gweinidogol a'r canlyniadau.

A ninnau'n gyflogwr mawr, sy'n cyfrannu'n sylweddol at yr economi leol, rydym am gefnogi ein poblogaeth i ddatblygu gyrfaedd gwerth chweil, cefnogi ein busnesau lleol a'r gwaith o adfywio ein trefi, a darparu arweinyddiaeth o ran ailosod ein cymdeithas wrth i ni geisio mynd i'r afael â heriau cymdeithasol megis datgarboneiddio.

### Yn ystod 2024-25 byddwn yn:

- Gwella mynediad i gleifion ar draws yr holl wasanaethau gofal wedi'i gynllunio a chefnogi cleifion tra eu bod yn aros, a

hynny trwy gynyddu effeithlonrwydd ein system a'n gwaith ar lefel ranbarthol

- Parhau i gefnogi ein gweithlu, a chanolbwyntio ar gynaliadwyedd y gweithlu, cynllun sefydlogi, a lleihau'r defnydd o asiantaethau
- Parhau i ailgynllunio ein system gofal brys a gofal mewn argyfwng yn unol â chwe nod y polisi cenedlaethol
- Atgyfnerthu ymhellach ein perthynas â'n partneriaid, gan gynnwys byrddau iechyd cyfagos, a hynny trwy fentrau rhanbarthol megis Cydweithrediad Rhanbarthol ar gyfer Iechyd (ARCH) a Chyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal
- Gwella ein sefyllfa ariannol yn rhan o ymgyrch tymor hwy tuag at gydbwysedd ariannol, a hynny trwy gyflawni arbedion a gweithio gyda Llywodraeth Cymru ar ein trywydd i gynaliadwyedd ariannol
- Parhau i weithio ar ein strategaeth, 'Canolbarth a Gorllewin Cymru Iachach', ac ar ein Cynllun Gwasanaethau Clinigol.
- Datblygu ein strategaeth o ran gofal Sylfaenol a Chymunedol
- Cyflymu ein gwaith yn y maes digidol; ym maes Gofal Iechyd Seiliedig ar Werth; ym maes ymchwil ac arloesi; ym maes yr economi sylfaenol; ac mewn meysydd rheoli ansawdd
- Parhau i ddysgu o'n hamcanion cynllunio a datblygu ein dull o gynllunio
- Gweithredu strwythur sefydliadol newydd, gwell arweinyddiaeth glinigol, a threfniadau llywodraethu diwygiedig â ffocws ar gapasiti a galluedd ein sefydliad i gyflawni ein hamcanion allweddol.

Rydym yn cydnabod bod yna lawer i'w wneud, ac nid ydym yn tanamcangyfrif yr heriau yr ydym yn eu hwynebu yn y sefydliad wrth i ni fynd i mewn i 2024-25. Ar y cyd â chi, ein staff, ein partneriaid a'n cymunedau, gallwn sicrhau newid cadarnhaol a symud tuag at ein gweledigaeth o Ganolbarth a Gorllewin Cymru Iachach.



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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



Hywel Dda University Health Board

# Annual Report and Accounts

2023-2024

## What our Annual Report tells you

Our Annual Report explains what we do as a health board, the care we provide, how we plan, deliver, and improve your local healthcare services. It describes, in three parts, our achievements and challenges throughout 2023-2024 across a wide range of areas:

### Part 1 Performance Report

This report details how we have performed against Welsh Government targets and actions planned to improve our performance.

### Part 2 Accountability Report

This report details our key accountability requirements under the Companies Act 2006 and The Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008 (as adapted for public sector organisations). It includes our Annual Governance Statement (AGS), which provides information about how we manage and control our resources and risks and comply with governance arrangements.

### Part 3 Financial Accounts

Our summarised Financial Statements detail how we have spent our money and met our obligations under The National Health Service Finance (Wales) Act 2014.

Hywel Dda University Health Board is a Local Health Board established under section 11 of the National Health Service (Wales) Act 2006.

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- YouTube: [hywelddahealthboard1](#)

**Cover photo:** Rosamma Rejimon, Junior Sister and Christopher Munir RGN

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# 1. Foreword from Chair and Chief Executive

The last year has seen significant challenges and achievements for us as a health board. This annual report describes our year in terms of how we managed those challenges and how, despite them, we have made real progress in many areas of our work.

We have come a long way under recent leadership, with the strategy and the work on our culture, values and behaviours laying solid foundations for the organisation. Nonetheless, we still face significant challenges. We have longstanding workforce, estate, and financial pressures, and we are currently receiving additional support from Welsh Government in relation to our escalated status of 'targeted intervention'.

We have significant service fragilities and, whilst the compassion and professionalism of our staff is to be cherished, we accept that the quality of care and patient experience is not always as we would wish. This is a particularly challenging period for public services, including the NHS and, with the legacy of the pandemic, the cost of living crisis, our ageing population, our rurality and a wide range of other factors, we can anticipate a challenging environment in the years ahead.

Throughout 2023-24, we responded to the continued service pressures in the wake of the pandemic and to the wider impact the last several years has had on our population. We have seen continued demand across our urgent care and our planned care systems, increased pressure on primary care services, high walk-in demand at our emergency departments, and significant pressures in social care. In addition, we responded to the impact of industrial action by members of our nursing and junior doctor communities, and the emergence of the reinforced autoclaved aerated concrete (RAAC) issue at Worthybush Hospital.

We know that people continue to experience delays in accessing care and treatment and we are deeply sorry for this. While we have made significant progress in reducing the number of patients who are waiting for treatment, we know that it is difficult for

people who are still waiting. We are working very hard to further reducing our waiting lists to pre-pandemic levels and meeting the Welsh Government target. For example, our Waiting List Support Services (WLSS), proactively and compassionately communicates with patients on waiting lists.

However, we have developed plans that move us towards a more sustainable health system, and we have shown that we can be flexible and can quickly respond to change as situations arise.

Despite our challenges, we have made progress in some important areas of our performance, such as reducing our expenditure, recruiting more nurses while reducing use of agency staff, and reducing the number of long-stay patients. We have improved our performance in some areas, including ambulance handover delays (4 hours), cancer pathway waiting times, referral to treatment waiting times, and referral to mental health assessment waiting times for under 18-year-olds. We have also made progress in addressing critical risks to our estate, for example, RAAC, fire and business continuity work.

Throughout this report, we highlight some of the many achievements from across the health board during the year.

These are wide ranging, from launching our HealthPathways programme; delivering the first phase of our Clinical Services Plan, appointing a new GP partnership for Cross Hands and Tumble practices in Carmarthenshire, and listening and engaging with our public on urgent and emergency paediatric services at Worthybush and Glangwili hospitals; to approving our Arts and Health Charter; opening Wales's first 24/7 mental health crisis hub for children and young people; and approving our digital strategic and management case.

We are incredibly proud of all our staff, some of whom have been recognised for their work through a range of local, regional, and national awards.

Two members of staff, Gina Beard, Lead Cancer Nurse, and Dr Mike Bartlett, Associate Specialist Haematology were recognised in The King's New Year Honours, thanking them for their services to cancer and medical education respectively.

Awards have been won across several services, including our maternity services team, smoking and well-being service, our nursing teams, our estates team and more. Individual successes include Sandra Miles, Professional Practice Development Lead Nurse being named as a Chief Nursing Officer (CNO) Excellence Award winner; our first Gender Nurse Specialist, Polly Zipperlen, was appointed to work as part of the local gender team.

We were incredibly proud to see some of our newly qualified nurses feature in the BBC series 'Rookie Nurses', which was also shortlisted in the Royal Television Society Cymru Wales Award in April.

We were delighted too that our solar farm development in Carmarthen was recognised with a sustainability achievement award by the Institute of Healthcare Engineering and Estate Management. We also achieved Veteran Aware accreditation, formally recognising our commitment to our Armed Forces community.

Our partners from across all sectors provide invaluable support in helping us provide health and care services for our population. We value these effective and resilient working relationships and continue to embrace the opportunities that collaboration brings. For example, we developed our One Health approach to sustainability, including working with local universities and partner organisations, and our Tritech Institute has seen continued success with a range of projects. We also supported work on the social model for health and well-being, delivering a session on bowel cancer awareness as part of the Moondance Cancer Initiative (MCI) at Ysgol Pen Rhos, Tyisha, Llanelli.

More nurses and doctors from the international community have been recruited and warmly welcomed to our Hywel Dda family. Our teams continue to develop new approaches to recruitment and retention to strengthen our workforce for the future. This report tells you more about what we're doing to improve our culture, our staff well-being and development, developing our Welsh language and culture, and our future workforce.

During the latter part of the year, we have seen some changes to our senior team, with the retirement of our Chair; our Chief Executive moving to a new role; and the appointment of directors for public health, therapies and health sciences, nursing (interim) and medical (interim); as well as appointing a new vice chair. These changes will bring new energy and opportunities. As a new leadership team, we are keen to remain true to our collective values and behaviours, whilst at the same time evolving our organisation to help meet the challenges of today and tomorrow.

Thank you to everyone working in and with Hywel Dda University Health Board, whatever your role, for your dedication, professionalism, steadfastness and kindness as we care for our patients every day, often in very difficult circumstances.

We are proud of our Hywel Dda family and privileged to serve our communities across Carmarthenshire, Ceredigion and Pembrokeshire now and in the year ahead.



**Judith Hardisty**  
**Chair**  
**(Interim)**

**Signed:**  
**Date:**



**Professor Philip Kloer**  
**Chief Executive**  
**(Interim)**

**Signed:**  
**Date:**

## 2. About us

### 2.1 Our vision

We have a shared vision with our communities for us to live healthy, joyful lives. Our ambition is to shift from a service that just treats illness to one that keeps people well, prevents ill-health or worsening of ill health, and provides any help you need early on.

We are working in our communities to provide more joined-up support and care as close to home as possible.

Our hospitals also have an important role to provide quality specialist support when needed, and we want to improve hospital services so they provide you with the very best standards and safety in care, with better outcomes for you.

### 2.2 Our Board

Governance and control for Hywel Dda University Health Board (the health board) is provided by Executive Directors who are employees of the health board, and Independent Board Members (IMs) who are appointed to the Board by the Minister for Health and Social Services via an open and competitive public appointments process.

Our Board meets on a bi-monthly basis at a minimum, in public session. It is supported in the decision-making process by a structure of committee and advisory groups. Dates and venues for the public meetings, and associated agendas, papers and minutes are all published to our website <https://hduhb.nhs.wales>.

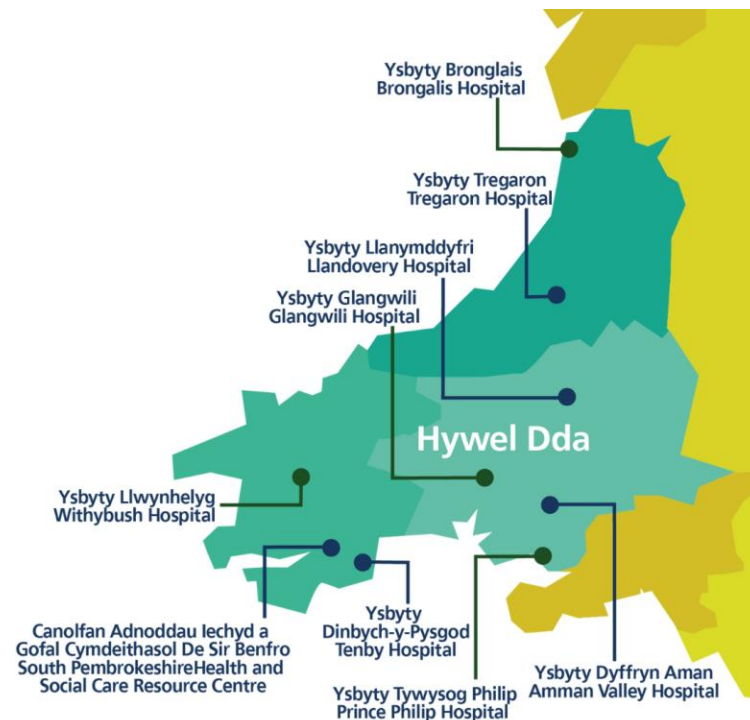
The health board is organised into directorates that sit under each of the Executive Directors that attend Board meetings. Our Board and Executive have seen several changes this reporting year. These changes and a full list of members are detailed in the [Directors' Report](#) and on our website: <https://hduhb.nhs.wales/about-us/your-health-board/board-members/>

### 2.3 Our structure

Hywel Dda University Health Board (the health board) plans and provides NHS healthcare services for people living in Carmarthenshire, Ceredigion, Pembrokeshire, and bordering counties.

We have over 13,000 staff and together we provide primary, community, in-hospital, mental health and learning disabilities services. In addition, we provide highly specialised services commissioned by Welsh Health Specialised Services Committee, and Sure Start joint services with local authority colleagues. We deliver in partnership the three local authorities, as well as public, private and third sector colleagues, including our valued team of volunteers.

#### Our services are provided at:



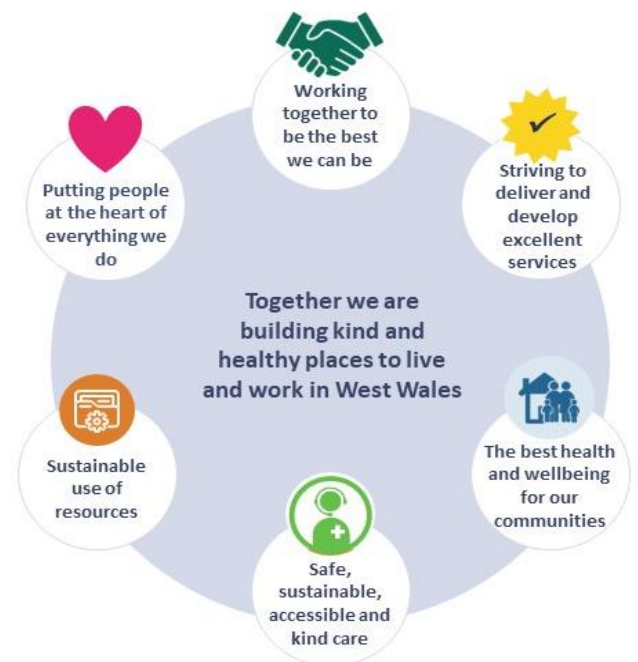
- Four main hospitals: Bronglais Hospital in Aberystwyth; Glangwili Hospital in Carmarthen; Prince Philip Hospital in Llanelli; and Withybush Hospital in Haverfordwest
- Five community hospitals: Amman Valley and Llandoverly hospitals in Carmarthenshire; Tregaron Hospital in Ceredigion; and Tenby and South

## Pembrokeshire hospitals in Pembrokeshire

- Two integrated care centres: Aberaeron and Cardigan in Ceredigion, and several other community settings e.g. Bro Preseli, Crymych
- 48 general practices (six of which are health board managed practices); 38 dental practices (including four orthodontic); 96 community pharmacies; 41 general ophthalmic practices; and 7 ophthalmic domiciliary providers
- Numerous locations providing mental health and learning disabilities services
- Highly specialised services commissioned by Welsh Health Specialised Services Committee (WHSSC). WHSSC and the Emergency Ambulance Services Committee (EASC) were disestablished on 31 March 2024 and replaced by the Joint Commissioning Committee on 1 April 2024
- Sure Start joint services with Carmarthenshire, Ceredigion, and Pembrokeshire local authorities

Reaching that destination requires progress across several domains, which we have termed ‘strategic objectives’.

These strategic objectives relate to our people (staff, service users and communities) and our services. We have set out the specific actions, known as ‘planning objectives’, we are taking to make progress in each of these domains.



## 2.5 Our strategy

### 2.4.1 Our strategic and planning objectives

We are clear on our long-term destination, described in our strategy – A Healthier Mid and West Wales – and reinforced in our Programme Business Case (PBC) that was presented to Welsh Government in February 2022. Our PBC outlines the case for the buildings and infrastructure we need to deliver our long-term strategy. It seeks the greatest investment into health and well-being that west Wales will have ever seen, in the region of £1.3 billion.

Our objective is to reach submission of Full Business Case stage across all elements of our programme by March 2026, which we hope this PBC brings closer. This timeline will enable us to deliver improvements for our population as soon as possible, and progress at pace to align with the decarbonisation target.

In this way we remain focused on our strategic direction and ensure our day-to-day activities are explicitly aligned, and contributing to, our strategic direction. We have used this approach throughout the year (building on the outcomes of planning objectives in the previous year), and it has been well embedded into our business practices. The development of planning objectives takes account of a range of factors, including: our risks and performance, the Ministerial priorities, Welsh Government policies and legislation, and work in support of our strategy.

Each planning objective is led by an executive director and aligned to a committee of the board, with regular update reports provided at every other committee meeting. Our board assurance framework tracks progress and the impact of these actions on our strategic outcome measures. Our approach to planning revolves around these strategic and planning objectives, with a

systematic review of the planning objectives a critical aspect of the organisation's planning cycle. Our board formally signs-off all planning objectives and they are not altered

or removed without board approval, demonstrating our openness and accountability to the population we serve.

## 2023-24 Planning Objectives

1a Develop an attraction and recruitment plan

1b Develop career progression opportunities

2a Engage with and listen to our people

2b Continue to strive to be an employer of choice

2c Develop and maintain an overarching workforce, organisational development and partnerships plan

3a Transforming urgent and emergency care programme

3b Healthcare acquired infection delivery plan

4a Planned care and cancer recovery

4b Regional diagnostics plan

4c Mental health recovery plan

5a Estates strategies

5b Research and innovation

5c Digital strategy

6a Clinical services plan

6b Pathways and value-based healthcare

6c Continuous engagement

7a Population health

7b Integrated localities

7c Social model for health and well-being

8a Decarbonisation and sustainability

8b Local economic and social impact

8c Financial roadmap

8d Welsh language and culture

Given the need to review where we were as a board, several planning objectives were either slowed or paused, such that resources could be shifted to support areas of work that aligned with our financial recovery.

During the year, we carried out a review of, and revised, our planning objectives for the year 2024-2025, reflecting an intention to be more focused and consistent in our approach.

## 2.4.2 Our strategic journey

The health board approved its long-term strategy, A Healthier Mid and West Wales, in 2019. The strategy will guide our health and care through the next 20 years so we ensure that our future generations can live well. You can read the full strategy document here: <https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/> or request a copy by calling 01554 899 056. Alternative versions are also available including Easy Read, youth friendly, audio, animation and British Sign Language (BSL).

We are planning for safe, sustainable, accessible and kind healthcare. We are changing from a service that just treats illness to one that keeps people well, prevents ill-health or worsening of ill-health, and provides any help you may need early on. Our goals are to support families in three interconnected phases of life:

- **Starting and Developing Well:** Every child will have the best start in life through to working age, supporting positive behaviours and outcomes across the life-course
- **Living and Working Well:** Every adult will live and work in resilient communities that empower personal and collective responsibility for health and well-being
- **Growing Older Well:** Every older person will be supported to sustain health and well-being across older age, living as well and independently as possible within supportive social networks.

To achieve this, we must work across the whole system because many things in life affect a person's health and well-being. Our focus is not just on traditional NHS services, but working with others in areas like social

care, housing, education, employment, leisure, food and the environment.

Together we will provide more support so people can manage their health and well-being in their own homes and communities. We need to do this to keep people well and to respond to challenges which are making our services very fragile.

We will work with people and provide services based around the seven localities within our area as they have unique needs. Our seven localities are:

- North Ceredigion
- South Ceredigion
- North Pembrokeshire
- South Pembrokeshire
- Taf, Tywi, Teifi
- Amman and Gwendraeth
- Llanelli

Through localities, we will develop solutions on what matters to local people, connecting and building on the strengths of communities so people have a sense of belonging and are supported to stay well.

Our hospitals will play an important role providing quality specialist support when needed. We will develop them so they provide good education and research opportunities, encouraging people to work with us.

People will be able to get assistance from a single point of contact, which will link up all the different types of care and support they might need. We will call these integrated community networks and they could include:

- GP, dental and optometric practices and pharmacies
- Community beds, whether in community hospitals, health and well-being centres, nursing and residential homes or even your own home
- Local authority (county council) services
- Third sector and community-driven support

A new hospital for urgent and planned care in the south of the Hywel Dda area is a critical element. It will provide trauma care and be the main emergency department for our area. It will have consultant-led services 24-hours a

day, seven days a week. Here people will have major operations, treatment for complicated medical or surgical conditions when they are very ill, specialist mental health care, or tests that cannot be done closer to home. Most people will only use this hospital when they need significant medical care, with most staying less than 72 hours before being discharged home or to a more local hospital.

In the north of our area, Bronglais Hospital, Aberystwyth, will provide urgent care including a 24/7 accident and emergency department, and planned care, with the most specialist cases transferred to the new hospital. There will be day surgery and treatment, a midwife-led unit and low risk consultant-led births, as well as outpatients, chemotherapy and end-of-life care.

Prince Philip Hospital, Llanelli, will provide 24/7 GP-led minor-injuries and care for adults in a medical emergency and testing (diagnostic) services. This will include consultant-led overnight inpatient beds, low risk surgery, chemotherapy, rehabilitation and end-of-life care.

Glangwili and Withybush hospitals, in Carmarthen and Haverfordwest, will provide 24/7 GP-led minor-injuries units with tests and support, as well as therapy and nurse-led care and beds for rehabilitation and re-abling people. They will have midwife-led units, along with chemotherapy and end-of-life care, and outpatient clinics.

This is only one part of wider transformation across the organisation. Programme and project management support is provided for key change and transformation programmes, aligned to our strategic and planning objectives. These are the building blocks that help us achieve our long-term health and care strategy.

Our transformation work programme is centred around four domains:

- **Transforming population health and well-being:** this includes projects (e.g. social prescribing) that support our long-term shift towards a social model for health and well-being, and prevention and early intervention in relation to health and well-being
- **Transforming our current clinical services:** our current focus is on supporting our urgent and emergency care programme, and projects to support our recovery from the impact of the pandemic
- **Transforming our future models of care:** our focus on the transformation of clinical pathways, particularly those that impact on our future acute and community models and associated business cases
- **Transforming the way we work:** projects supporting the agile working and decarbonisation programmes of work, as well as providing general support on good practice in relation to programme and project management, along with templates and toolkits

### 2.4.3 Our strategic direction

There is an obvious and strong connection between our health and care strategy and our annual planning arrangements. Our planning objectives set out the actions we are taking today to both improve services and to build towards our strategy and deliver our strategic objectives. Our design assumptions, the Board Assurance Framework, our strategic outcome measures all contribute to connecting our daily activities with making our strategic vision a reality, which in turn will deliver our strategic objectives, and ultimately our mission to 'build kind and healthy places to live and work in mid and west Wales'.



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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Part One:

# Performance Report

2023-2024

## 3. Performance overview

The performance overview is a summary of the Performance Report. It provides the reader with an overview of the challenges we have faced and how we have addressed them, as well as achievements and progress made.

The overview includes headline information about how we have performed against Welsh Government targets and our actions to improve. The full Performance Report goes into detail, but the summary will also assess how we have maintained a focus on safety and quality during our continued recovery from the pandemic and considers what we have learned and how this will inform future work.

### 3.1 Statement of our Chief Executive Officer

The challenges facing our health and care system are at historic levels as we and society deal with multiple, simultaneous events affecting our way of life. For us as a health board, these pressures typically fall into the following categories:

- Workforce availability (including social care)
- Affordability and inflationary pressures,
- Population health and demand for health care.

As a result, we see backlogs and delays to care for patients, excessive strain on staff, reduced system efficiency and unprecedented financial pressures. We are also now at the beginning of a long-anticipated demographic trend. We can expect a rise in people aged over 65 from around 100,000 in 2023 to around 124,587 by 2043. Furthermore, in Hywel Dda, it is well recognised that we have an ageing estate and an unsustainable model of care.

It is clear that the scale of these challenges will require concerted and long-term action to address. We are focused on improving access to services for our patients whilst balancing the need to achieve financial

sustainability and work within our agreed budget. Welsh Government understand that the challenge is significant and have recognised that our deficit against our budget cannot be addressed within one year. They therefore issued us with a 'control total' recognising their accepted deficit level for the health board in the short term of £44.8m. Our position for the year ended 31 March 2024 exceeded this, with a deficit of £65.8m; and our plan for the 2024-25 financial year includes a deficit of £64m as our anticipated financial position.

The health board's performance for 2023-24 has shown some improvements, underpinned by the Ministerial priorities set out in the 2023-24 Planning Framework, as well as our planning objectives, the 'accountability conditions' issued to us in September 2023, and the process of 'targeted intervention' for delivery.

Alongside this, we continue to work towards delivering our strategy 'A Healthier Mid and West Wales': <https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/>

We have prioritised objectives aligned to the Planning Framework, Ministerial priorities and essential initiatives aligned to 'A Healthier Mid and West Wales'. This includes developing a Clinical Services Plan to address current operational challenges, providing a roadmap around our service provision in the short and medium term.

Our approach and delivery against each of these priorities are detailed below and can be found throughout the Performance Overview and the Annual Report.

The health board considers the adoption of the going concern basis to be appropriate and that it will continue to operate for the foreseeable future. The health board is not aware of any circumstances, which would call the going concern basis into doubt.

**Professor Philip Kloer**  
**Chief Executive (Interim)**

### 3.1.1 A Healthier Wales – as the overarching policy context

A Healthier Wales continues to provide a cornerstone to the way we deliver services, with the central ethos of helping people in Carmarthenshire, Ceredigion and Pembrokeshire (the Hywel Dda area) and across Wales more widely to have longer, healthier and happier lives. This aligns with our own strategy 'A Healthier Mid and West Wales'.

Our strategy describes a whole system approach to health and well-being, with a significant emphasis on placing people and communities at its heart. Our local community networks will play a vital role in achieving the required transformation. We aim to create a sustainable healthcare system for the future, built on a 'social model of health and well-being', and shifting from a focus on hospital-based care to one on wellness and prevention where care is provided closer to home through enhanced community models.

Our future model of care will have a network of integrated community hubs (health and well-being centres), developed together with our public sector and third sector partners, supporting well-being and the physical, mental health and social care needs for our communities. Each of our seven integrated community networks will be supported by one or more health and well-being centres, bringing people and services together in one place and providing virtual links between the population and the community network. Multi-disciplinary teams and the wider networks will wrap around individuals and families.

The future service model includes a new urgent and planned care hospital in the south of the region, which will operate as the main hospital site for the Hywel Dda area. It will offer a centralised model for all specialist children and adult services and be supported by a network of hospitals and community hubs which will provide more locality-based care:

- Urgent and Planned Care Hospital (located between Narberth and St Clears in the south of the region)
- Bronglais Hospital in Aberystwyth
- Prince Philip Hospital in Llanelli

- Glangwili Community Hospital in Carmarthen
- Withybush Community Hospital in Haverfordwest
- A number of locally based community hubs

### 3.1.2 Population health

Our commitment to improving population health is at the core of our strategy. Through 2023-24, this has been guided by one of our planning objectives. We are moving towards supporting people to live well by promoting well-being and preventing ill health.

Building on the well-being goals and commitments set out in the Health and Well-being Framework, we have an opportunity to adopt new approaches and solutions to reduce health inequalities and achieve a healthier and more resilient population. We have a shared responsibility to act on all determinants of health by supporting our partners to create new and sustainable opportunities to strengthen our economy.

We can build on the positive impacts experienced during the pandemic, such as increasing digital inclusion and supporting community assets and resources. Health protection remains critical; managing tuberculosis and other community spread infectious diseases effectively requires resources to ensure we protect the health of our population. Minimising the spread and impact of these in the community, in terms of health and well-being, including employment, poverty, is a key priority in working with our partners.

### 3.1.3 COVID-19 response

The last 12 months has seen continued significant challenges for us as a health board. We have responded to service pressures in the wake of the pandemic, continued to manage the direct risks of the changing variants and successive waves of COVID-19, responded to the wider impact of the last three years on our population, and developed plans towards a more sustainable health system. It has, however, provided an opportunity to show that we can be flexible,

and responding quickly to fast-changing situations.

2023-24 has seen increasing demand across our urgent care and our planned care systems, increased pressure on primary care services, high walk-in demand at our emergency departments, significant pressures in social care, and higher levels of sickness than normally experienced across our workforce. This is in the context of restarting many routine services despite continued constraints on capacity. We are proud of the way in which our staff have responded showing resilience, bravery, dynamism, resourcefulness, and great skills over the last three years.

COVID-19 has had a significant impact on our population. For example, by increasing isolation, especially for older people and carers, worsening mental health conditions, restricting access to wider support networks and services, and increasing cases of Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV).

### 3.1.4 NHS Recovery

As a result of COVID-19, we have continued to look at ways of recovering the current backlog we have in our waiting lists. We have plans in place that have supported this area of work (including in planned care, cancer recovery, and regional diagnostics), and this has been further supported by ongoing work with our neighbouring health boards.

While patients are waiting, we are continuing to roll out support mechanisms for our patients. One of these is our Waiting List Support Services (WLSS), a process of proactively and compassionately communicating with patients on waiting lists. Key elements of the service are listed below:

- Keeping patients regularly informed of their current expected wait
- Offering a single point of contact should they need to contact us
- Providing advice on self-management options while waiting
- Offering advice on what to do if their symptoms deteriorate
- Establishing a systematic approach to measuring harm – bringing together the

clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation

- Offering alternative treatment options if appropriate
- Incorporating review and checking of patient consent

### 3.1.5 Mental health and emotional well-being

We continue to make progress across the entire mental health and learning disabilities service through our wider Transforming Mental Health agenda.

We were the first health board to implement the 111 Option 2. We continue to work towards meeting our targets in respect of parts 1a and 1b and working with Regional Partnership Board colleagues to further strengthen care and support arrangements for children with emotional and mental health needs.

We intend to become early adopters of the national Early Help and Support Framework, which has been implemented as part of the Together for Children and Young People programme.

### 3.1.6 Supporting our health and care workforce

We have continued to engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships. We have implemented a single point of access for health and well-being support for people ensuring well-being charters are fully embraced.

Our Workforce and Organisational Development Team will ensure kind processes are followed to support people during challenging times. A second discovery report has been undertaken to support retention and we will continue to strive to be a diverse and culturally inclusive organisation, enabling healthy and happy working cultures.

### 3.1.7 NHS finance and managing within resources

Our Annual Report sets out how we have managed our finances through 2023-24. We remain in an extremely difficult financial

position, however, significant efforts have been made over recent months to deliver savings and improve the position as much as possible. Central to this is the work of the Core Delivery Group, set up to co-ordinate, support and oversee the delivery of savings. This arrangement reflects a focused effort to evolve our approach to planning and delivery, and a broader shift in focus to savings within the financial year.

### 3.1.8 Working alongside social care

Working alongside social care is critical facing the ongoing challenges that both sectors face.

### 3.1.9 Integrated Medium-Term Plan (IMTP)

We were unable to develop a plan that delivered a financial balance, and so we produced an Annual Plan, which was submitted to Welsh Government at the end of March 2023, with a supplementary submission at the end of May 2023.

The basis of the plan were the ministerial priorities and our priority planning objectives. Examples of this approach include the work on:

- Transforming urgent and emergency care
- Our planned care, diagnostic and cancer recovery
- Ensuring appropriate primary and community care access

These are alongside key enablers, such as our workforce stabilisation plan, our roadmap to financial sustainability, digital transformation and our continued work towards our strategy 'A Healthier Mid and West Wales'.

This creates the platform for a medium-term plan to be developed for safe, sustainable, accessible and kind care; including reaching financial balance, addressing our workforce deficits, improving the health of our population and providing timely access to high quality care. To ensure the correct delivery mechanisms are in place, we have introduced strategic and planning objectives over the last couple of years to bring clarity to our programmes of work. We have also aligned these to our Board Assurance

Framework and Board committees to provide oversight and appropriate scrutiny. This approach has been further refined this year and will continue to mature as we strengthen our planning and delivery arrangements within the health board.

## 3.2 Engaging on our strategy (consultations)

Due to the nature of service provision across mid and west Wales, it is recognised that a wide range of our services have some fragilities. This was a key driver behind the development of the health board's strategy 'A Healthier Mid and West Wales: Our future generations living well'

(<https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/>) which seeks to reduce, if not eliminate, the risks to sustainable service provision. It has the ambition to shift from a service that just treats illness to one that keeps people well, prevents ill-health or worsening of ill health, and provides any help you need early on. Until the strategy is fully implemented, in particular the establishment of the proposed new hospital network, our services are having to manage these fragilities on a daily basis.

### 3.2.1 New hospital site land consultation



Following a comprehensive public engagement and consultation, completed in 2018, we made a long-term commitment to transform to meet the requirements of a social model for health and well-being, adopting a new health and care strategy. This included the need for a new urgent and planned care hospital, serving primarily the south of the health board area in an identified zone between Narberth and St Clears.

A public consultation took place from 23 February to 19 May 2023 for the selection of a site for a proposed new urgent and planned

care hospital. As part of that consultation, a wide range of meetings and events were held with staff, public and stakeholders.

A feedback report was produced by the independent research organisation, Opinion Research Services (ORS), from the responses received as part of the public consultation. Conscientious consideration of the feedback was undertaken in August 2023 with key groups, including the Stakeholder Reference Group. The consultation process for the selection of a site for the proposed new hospital has achieved Best Practice Quality Assurance accreditation from the Consultation Institute (tCI).

In September 2023, at an extraordinary meeting of the Board, members discussed the findings of this recent public consultation, together with the latest technical and commercial information, on the three potential sites for a new urgent and planned care hospital in the south of the Hywel Dda region.

Following thorough consideration of the consultation findings, which were independently collated and analysed by Opinion Research Services (ORS), together with further technical information on the potential three sites, and commercial information, Board members decided to reduce the shortlist of sites for the new urgent and planned care hospital from three sites to two sites.

The Board decided to progress with Tŷ Newydd, Whitland, and the site at St Clears. These sites were chosen following consideration of the consultation report, equalities health impact assessment, technical, biophilic, clinical and workforce appraisals. It was decided that site at Whitland Spring Gardens would not be taken forward for further consideration.

The health board does not have a preferred site and has not bought any site or land for this development. Purchasing a site and delivering the new urgent and planned care hospital is subject to Welsh Government funding, which is not yet confirmed, and if successful, would take several years to achieve. Further work and discussions with Welsh Government colleagues are taking place to work through the detailed

requirements, including the likely resource and timescales.

You can read more about the consultation process and detailed technical documents on our website at <https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/new-hospital-site/>.

### **3.2.2 Urgent and emergency children and young people's services (paediatrics) at Wwithybush and Glangwili hospitals**

A public consultation was held between 26 May and 24 August 2023, inviting our public, staff, partner organisations and the broader community to share their views on three potential options for the future of urgent and emergency paediatric services at Wwithybush and Glangwili hospitals. As part of that consultation, a wide range of meetings and events were held with staff, public and stakeholders.

A feedback report was produced by the independent research organisation Opinion Research Services (ORS), from the responses received, as part of this consultation. A period of conscientious consideration of the consultation feedback report was undertaken between 12-19 October 2023 with key stakeholder groups.

There was extensive consideration by Board members on 30 November 2023 of the consultation findings, that were independently collected and analysed by Opinion Research Services (ORS). Our Board also considered equality impact assessments, the scoring of the options by stakeholders and feedback from the conscientious consideration process. A decision was then reached to proceed with option 1, for the future model for urgent and emergency paediatric services at Wwithybush and Glangwili hospitals.

- Option 1 was described within the consultation as the option which builds on the service currently being provided following the temporary measures introduced in 2021 due to COVID-19.
- The Paediatric Ambulatory Care Unit (PACU) model would remain at Glangwili Hospital, but with no PACU at Wwithybush Hospital. Having no PACU at Wwithybush

Hospital means a child with an acute illness (an illness needing assessment) requiring admission (an overnight stay) would be treated at the 24-hour inpatient unit at Glangwili Hospital.

- Booked outpatient appointments (for children not needing immediate assessment, an overnight stay, or for those without longer term conditions) at Withybush Hospital will be available as part of option 1. This is in addition to a Rapid Access Clinic, a service which enables children and young people who have been referred by a GP/emergency department (A&E) for non-emergency care, to be seen by a paediatrician at Withybush Hospital within 72 hours.

The consultation process for the selection of an option for the future provision of urgent and emergency services for children and young people at Withybush and Glangwili hospitals has achieved Best Practice Quality Assurance accreditation from the Consultation Institute (tCI). Further details of the consultation process and the technical documents are available to read here:

<https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/future-children-services/>

An Implementation Project Plan has been developed and was approved by the Board in January 2024 to take forward the agreed option for the provision of emergency paediatric services across Withybush and Glangwili hospitals. The implementation plan will specifically consider the following key areas:

- Workforce
- Travel, transport and accessibility
- Digital agenda
- Primary care involvement, particularly GPs
- Environment in Glangwili Hospital emergency department and its appropriateness for children
- Staff training
- Communication and engagement plan

Details of the Implementation Project Plan, the Board's decision and the consultation findings can be found here:

[hduhb.nhs.wales/paediatric-services-implementation-plan-pdf/](https://hduhb.nhs.wales/paediatric-services-implementation-plan-pdf/)

### 3.2.3 Clinical Services Plan

In March 2023, Board approval was received to establish a programme of work to develop and deliver a Clinical Services Plan. This was in response to the fragility of our services and based on the principles of care that is safe, sustainable, accessible, and kind. The development of a Clinical Services Plan is also an action within the 'targeted intervention' requirements of Welsh Government.

The long-term plans for services remain as per those set out in our 'A Healthier Mid and West Wales' strategy. However, there is also a need to consider service provision over the medium term.

Many of our services remain fragile, predominantly because our clinical teams are spread across multiple sites. Therefore, there is an over-reliance on a small number of individuals in certain services, including critical care. Some services, including elective surgery, have not returned to pre-pandemic activity levels, which is affecting waiting lists.

At our Board meeting held in March 2023, it was therefore agreed that the following services required focused support and would form a programme of work to deliver our Clinical Services Plan:

- Critical Care
- Dermatology
- Emergency general surgery
- Endoscopy
- Ophthalmology
- Orthopaedics
- Radiology
- Stroke
- Urology
- Urgent and emergency children and young people's (paediatric) services at Withybush and Glangwili hospitals (consultation complete)
- Primary care and community

A clinically led assessment of the services included within the Clinical Services Plan programme has been completed.

For the primary and community care issues paper, the assessment was led by the senior

management team, which oversees contracted services. Urgent and emergency children and young people's (paediatric) services at Wthybush and Glangwili hospitals have not been included as part of the issues paper, as a Board decision regarding these services was published 30 November 2023 and is available to read here:

<https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/future-children-services/>

The issues paper highlights the early engagement activities which have taken place, the processes and methodologies used, as well as the data. Services within the Clinical Services Plan are delivered across our three counties from hospitals and community sites. The issues paper, presented to the health board's public Board meeting on 28 March 2024, is available to read here. <https://hduhb.nhs.wales/clinical-services-plan-issues-paper-pdf/>

The next step after the public board meeting will be to review the issues and develop a set of options for how we can support and improve these services over the coming years. The next step for primary care and community is the development of a strategy.

Our Clinical Services Plan has been well received by Welsh Government who have acknowledged the seriousness with which we are addressing the question of sustainable service models. Further information regarding the Clinical Services Plan is available here: <https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/clinical-services-plan/>

### 3.2.4 Eisteddfod yr Urdd, Llandovery 29 May – 3 June 2023

The Eisteddfod was an opportunity for us to engage with members of our local and visiting populations and share the broad range of services we provide. There was a focus on the start of the consultation regarding the future of children's services at Glangwili and Wthybush hospitals.

The stand was attended by a variety of health board teams including: Welsh Language Services, Engagement Team, Communications, Future Workforce, Immunisation and Vaccination Team, Digital Inclusion Team, Children's Therapies,

Recruitment Campaigns, Children's Community Nursing Team, Children's Disability Health Team and Play Therapy Services, Heart Failure Team, and Pathology, Carmarthenshire School Nurses, Medicines Management, Learning and Development, Medicines Management, Dementia Well-being Team, and South Ceredigion Community Mental Health Team.

### 3.2.5 Pembrokeshire County Show 16-17 August 2023

This was another opportunity to engage with members of our local and visiting populations and share information about our services.



There was a focus on the start of the consultation regarding the future of children's services at Glangwili and Wthybush hospitals.

The stand was attended by a variety of health board teams including: Be Well Service, School Nursing, Digital Inclusion, Future Workforce Team, Infection Prevention Team, Health Visiting, Maternity Team, Diabetes Team, Community Development Outreach Team, Community Immunising Team, Recruitment, Organ Donation Service, the Engagement Team, and the Communications Team.

### 3.2.6 Bronglais Hospital Chemotherapy Day Unit (CDU) project – Public Art Task and Finish Group

The Public Art Task and Finish Group has appointed three patient representatives. Meetings run monthly and all meetings form part of the engagement with staff and patients. Our Board confirmed on 28 March

2024 that building work on the new Chemotherapy Day Unit (CDU) at Bronglais Hospital will start in May. The project will deliver significant enhancements in care and experience for Hywel Dda patients and provide a better working environment for CDU staff.

### **3.2.7 Cross Hands and Tumble GP Practice – the future of services for registered patients**

The GP Partners at Cross Hands and Tumble Surgery made the difficult decision to resign the General Medical Services contract they hold with the health board to operate the practice, with effect from 31 March 2024. We ran a public engagement in accordance with the standard process for General Medical Services contract resignations. The engagement ran from 27 October until 26 November. A decision was made at the Extraordinary Board meeting held on 14 December 2023, based on feedback received throughout the engagement process and on the recommendations of the Vacant Practice Panel, which included representation from Llais and the Local Medical Committee prior to the public engagement exercise.

The health board confirmed Amman Tawe Partnership, the experienced multi-disciplinary partnership, who already provide care to our patients across Gwaun Cae Gurwen, Garnant and Brynamman, will take over the General Medical Services (GMS) contract on 1 April 2024.

### **3.2.8 Laugharne Branch Surgery - the future of services for registered patients**

The GP Partners of Coach and Horses Surgery in St Clears applied in September to close their Branch Surgery in Laugharne. Following an engagement process with patients and local stakeholders, which included face-to-face events held in November and February, and consideration of the application through the agreed review process. The Board decided to decline the application subject to further work with the Practice around their future GMS model.

This means that the Branch Surgery in the township will remain open, but we will work with the Coach and Horses Practice to consider the services which may operate out of the Branch Surgery, and those services which will continue to be provided from the main practice site at St Clears.

Further details about how the decision was reached are available here:

<https://hduhb.nhs.wales/laugharne-branch-surgery-pdf/>

## 4. Performance Report

The table below summarises our progress in areas prioritised for improvement in 2023-24. Details about why we use statistical process control (SPC) charts, can be found here: <https://hduhb.nhs.wales/integrated-performance-assurance-report-pdf/>.

Variation	Assurance	Trajectory
How are we doing over time	Performance against target	Performance against our ambition
<ul style="list-style-type: none"> <li><span style="color: blue;">●</span> Improving trend</li> <li><span style="color: grey;">●</span> Usual trend</li> <li><span style="color: orange;">●</span> Concerning trend</li> </ul>	<ul style="list-style-type: none"> <li><span style="color: blue;">▲</span> Always hitting target</li> <li><span style="color: grey;">▲</span> Hit and miss target</li> <li><span style="color: orange;">▲</span> Always missing target</li> </ul>	<ul style="list-style-type: none"> <li><span style="color: blue;">⬢</span> Trajectory met or improved upon</li> <li><span style="color: grey;">⬢</span> Within 5% of trajectory</li> <li><span style="color: orange;">⬢</span> More than 5% off trajectory</li> </ul>

Area for improvement	Target	March 2024	Variation	Assurance	Trajectory
<b>Planned Care</b>					
Patients waiting over 52 weeks for a new outpatient appointment	0	3,479	<span style="color: blue;">●</span>	<span style="color: orange;">◻</span>	<span style="color: blue;">◆</span>
Patients waiting over 104 weeks from referral to treatment	0	1,458	<span style="color: blue;">●</span>	<span style="color: orange;">◻</span>	<span style="color: blue;">◆</span>
<b>Emergency care</b>					
% life threatening ambulance calls responded within 8 minutes	65%	45.3%	<span style="color: grey;">●</span>	<span style="color: orange;">◻</span>	n/a
Ambulance to hospital handovers taking longer than 4 hours	0	484	<span style="color: grey;">●</span>	<span style="color: orange;">◻</span>	<span style="color: orange;">◆</span>
% patients spending less than 4 hours in an emergency department	95%	65.06%	<span style="color: orange;">●</span>	<span style="color: orange;">◻</span>	n/a
Number of patients spending over 12 hours in an emergency department	0	1,655	<span style="color: orange;">●</span>	<span style="color: orange;">◻</span>	<span style="color: orange;">◆</span>
Number of patients in hospital with delayed discharges	n/a	220	<span style="color: blue;">●</span>	n/a	n/a
<b>Cancer</b>					
% patients on single cancer pathway starting treatment within 62 days	75%	60%	<span style="color: grey;">●</span>	<span style="color: orange;">◻</span>	<span style="color: orange;">◆</span>
<b>Mental health</b>					
% aged 0-17 having a mental health assessment within 28 days of referral	80%	98.2%	<span style="color: blue;">●</span>	<span style="color: grey;">◻</span>	<span style="color: blue;">◆</span>
% aged 18+ having a mental health assessment within 28 days of referral	80%	92.4%	<span style="color: blue;">●</span>	<span style="color: grey;">◻</span>	<span style="color: blue;">◆</span>
% adults waiting less than 26 weeks for a psychological therapy	80%	48.5%	<span style="color: blue;">●</span>	<span style="color: orange;">◻</span>	<span style="color: blue;">◆</span>
% children waiting less than 26 weeks for a neurodevelopment assessment	80%	18.7%	<span style="color: orange;">●</span>	<span style="color: orange;">◻</span>	<span style="color: orange;">◆</span>

Diagnostics and therapies					
Number of patients waiting over 8 weeks for a specified diagnostic	0	3,699	●	□	◆
Number of patients waiting over 14 weeks for a specified therapy	0	3,863	●	□	◆
Quality and safety					
Number of confirmed C.difficile cases	16	13	●	□	◆
Number of confirmed E.Coli cases	27	21	●	□	◆
Patients reporting a positive experience	90%	93.2%	●	□	n/a
Workforce					
% staff sickness absence	4.79%	6.31%	●	□	n/a
Finance					
End of year deficit	£65.8m	£65.8m	n/a	n/a	◆

Further details on the measures above, and the issues and risks that impacted our performance in 2023-24, are detailed in the section below.

## 5. Our performance assessment (key priorities, performance, challenges and risks)

### 5.1 Urgent and emergency care (including the national six goals)

Our vision for urgent and emergency care (UEC) provision across the health board aligns to the ambition set out by the National Six Goals Framework from Welsh Government: <https://www.gov.wales/six-goals-urgent-and-emergency-care-policy-handbook-2021-2026>. This outlines the expectation that health and care organisations work together to develop an urgent and emergency care service that supports people to access the right care, in the right place at the right time and as close to home as possible.

Using this framework and listening to patients, carers and partner organisations, we have been working on improving access to urgent and emergency care. Our Transforming Urgent and Emergency Care (TUEC) programme focuses on the following:

- The development and phased implementation of a single regional clinical streaming hub for doctors and other professional colleagues to strengthen signposting of safe alternatives to hospital-based care. The first phase included offering a wide range of enhanced community-based services, such as:
  - Advanced Paramedic Practitioners (APP) from the Welsh Ambulance Services NHS Trust (WAST)
  - Primary care practices offering same day appointments where needed
  - A same day urgent care service in south Ceredigion (based in Cardigan Integrated Care Centre). The service has seen increasing numbers over the last 12 months and we are working to develop a similar model in north Ceredigion
  - Porth Preseli (Pembrokeshire) and Eastgate (Carmarthenshire) integrated assessment and co-ordination hubs, providing a single point of contact to co-ordinate and triage routine,

- planned, intermediate and urgent same day referrals, facilitating discharge and preventing unnecessary admission to hospital
- Use of technology enabled care (telehealth and telecare) solutions to help people maintain independence and self-manage their conditions where appropriate
- The provision of Same Day Emergency Care (SDEC) services providing rapid access to diagnostics and specialist assessment with most patients, a target of 90%, avoiding a hospital admission. Glangwili, Prince Philip and Withybush hospitals all deliver SDEC services which can be accessed directly by GPs, WAST paramedics or via our emergency departments. An average of around 800 people per month use these services, with 90.5% of those returning home on the same day.
- Improving discharge planning and co-ordination, through joint working with local authority and voluntary sector colleagues ensuring patients to return home as soon as they no longer require acute hospital treatment. For example, we have:
  - Introduced trusted assessor roles, where a wide range of trained professionals carry out authorised assessments on behalf of another service provider
  - Developed a ward blueprint for effective discharge, including training resources to help frontline staff identify people needing additional support earlier
  - Developed a digital platform that quickly captures updates on an individual's treatment plan and discharge planning, reducing duplication, delays and timely referrals

Our priorities for the TUEC programme 2023-24 are to:

- Further develop the clinical streaming hub, including a 24/7 out-of-hours GP service
- Develop and implement frailty pathways, incorporating SDEC services, at our acute hospital sites for those who need rapid access to services. This has already been introduced in Withybush Hospital and our remaining hospital sites will develop their services in line with this model
- Continue focusing on effective and efficient discharge practices to reduce avoidable long lengths of stay in hospital, particularly for our frail adult population

### **% life threatening ambulance calls responded within 8 minutes**

During 2023-24, we wished to maximise the percentage of calls responded to within 8 minutes, ideally meeting the national target of 65%. At the end of March 45.3% calls were met (262 out of 578 calls). Life threatening calls not met within 8 minutes were primarily due to two reasons:

- Not having a vehicle available at the approved standby point and therefore unable to respond. This included vehicles held at hospital sites, waiting to handover patients
- Having a vehicle at the nearest standby point but the incident was not practically reachable within 8 minutes

WAST used a resource escalation action plan to identify potential service pressures and how to best manage and mitigate the impacts.

### **Ambulance to hospital handovers taking longer than 4 hours and patients waiting in A&E/Minor Injury Unit (MIU)**

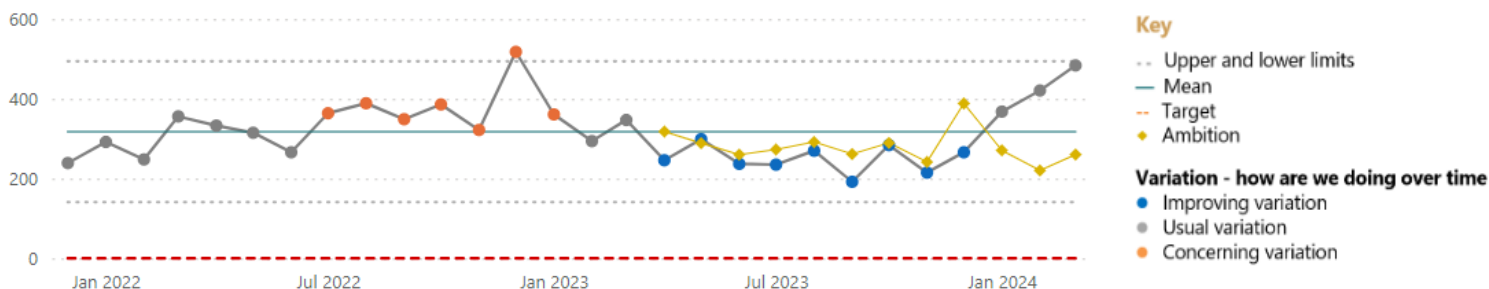
Our key aim was to reduce the time that ambulance handovers took and reduce the time a patient waited in A&E/MIU. Whilst we achieved steady improvements during 2023, the impact of emergency demand and capacity pressures during the winter period led to a deterioration in performance by March 2024 with 1,192 ambulance handovers taking over 1 hour (target=0) and 484 over 4 hours (target=0). 65% patients spent less than 4 hours and 1,655 spent over 12 hours in A&E/MIU.

Many of our patients had complex needs that required a lot of support when discharged, which led to delayed discharges for some. These patients therefore required beds for longer which had a knock-on effect for patients waiting in our emergency departments and admission units for a bed.

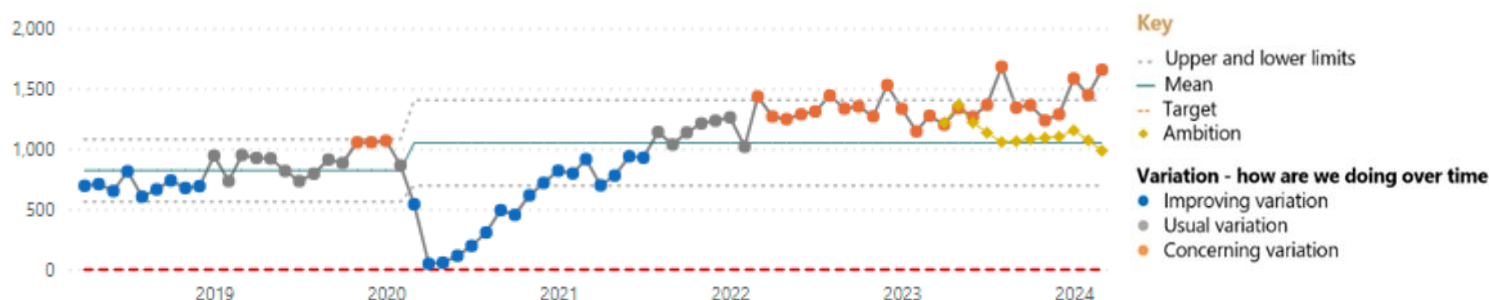
This resulted in patients waiting longer on ambulances, while they waited for a space to be made available within the emergency department. Same day emergency and urgent care pathways actively reduced the number of patients coming into the emergency departments. We closely tracked the live demand for emergency care (e.g. A&E, inpatient bed) and our available capacity to treat these patients.

We also introduced steps to help ensure a timelier discharge for our patients to help improve patient flow through our hospitals. Clinical streaming hubs became operational and are being developed further in 2024 to review GP referrals and ambulance calls to assess if the patient requires conveyance to a hospital or alternative care can be provided.

### Number of ambulance handovers longer than 4 hours



### Number of patients who spend longer than 12 hours in A&E/MIU



### Number of patients in hospital with delayed discharges

Daily reviews take place to understand the reasons for patient discharge delays and to try and mitigate these wherever possible. Each month a census count takes place of patients that have a delayed pathway of care (DPOC) discharge. Whilst DPOC patient census numbers have reduced through 2023-24, from 294 March 2023 to 220 March 2024, there are differing reasons for assessment delays across our three counties.

In Carmarthenshire, it is reduced capacity in therapy services driving delays. In Ceredigion and Pembrokeshire, it is more around nursing assessment delays. The number of trusted assessors has increased and these colleagues aim to prevent delays occurring.

We have a working group to monitor action plans and improvement metrics, working with our local authority partners and voluntary organisations to address the complexity of the patient flow constraints.

As well as internally managing delays, we continue to work collaboratively with local authority colleagues, third sector/independent sector partners and WAST to enable flow, safe patient transfer and enhance community care.

## 5.2 Cancer

### % patients on single cancer pathway starting treatment within 62 days

Our aim is to increase the percentage of patients who start their first definitive treatment within 62 days from point of suspicion.

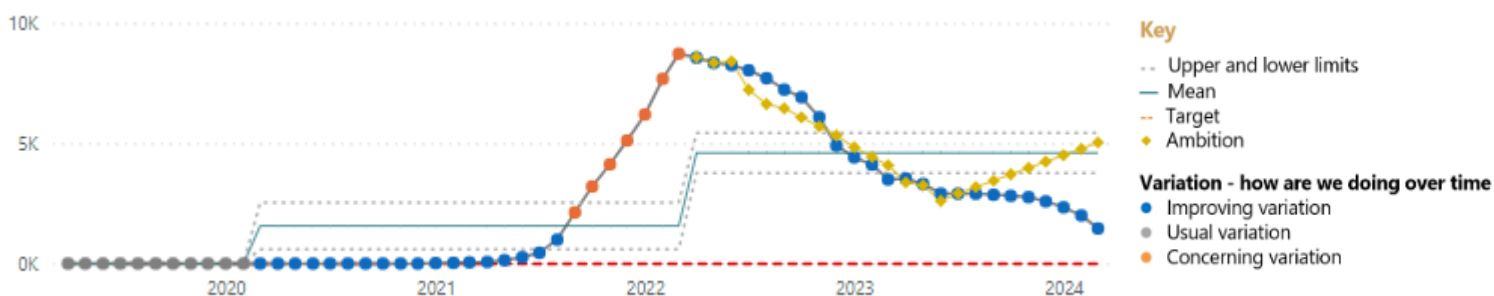
- In the last 12 months 41% to 60% of patients have started treatment within 62 days
- The backlog has reduced from 481 patients waiting over 63 days in April 2023, to 409 in March 2024

Increased referrals, complex patient pathways, reduction in capacity due to industrial action and radiology and endoscopy capacity issues have impacted performance. Additionally, delays for tertiary treatment make up a high percentage of our breaches. A rapid diagnostic clinic has been introduced with plans to roll out to another site by summer 2024. Demand and capacity planning and referral pathway mapping for radiology have been undertaken to reduce diagnostic waiting times. A new booking system in endoscopy has been launched to enable targeted intervention to accommodate urgent suspected cancer cases.

30% of overall breach volumes in the past 12 months have been in the urology pathway. 80% of patients in the urology pathway are in the diagnostic phase with a third being over 28 days. A plan is being developed to increase capacity for a three-month period to clear those patients waiting over 28 days for a diagnostic procedure in Quarter 1 (Q1), once cleared the urology diagnostic pathway has the capacity to meet current demand, diagnosing patients within 28 days enable patients to commence treatment within 62 days and therefore will improve performance in the urology pathway and performance overall.

## 5.3 Planned care, diagnostics and therapies

### Number of patients waiting over 104 weeks from referral to treatment



Our key ambition was to ensure we reduced the longest waits for our patients. We reduced referral to treatment (RTT) waits over 3 years from 1,770 in March 2023 to 185 in March 2024.

### Patients waiting over 52 weeks for a new outpatient appointment and over 104 weeks RTT

We achieved our aims for March 2024 to reduce the number of patients waiting over 52 weeks for a new outpatient appointment (ambition = 6,532 or less, actual = 3,479) and patients waiting over 104 weeks for treatment (ambition = 5,034 or less, actual = 1,458).

High numbers of emergency patients needing beds, staff industrial action and the Reinforced Autoclaved Aerated Concrete (RAAC) incident in Worthybush Hospital all impacted our elective care capacity during 2023-24. We mitigated these challenges by ensuring capacity was protected for the most urgent and the longest waiting patients. We also outsourced some treatments through external providers. Our longest waiting patients were supported by [our Waiting List Support Service](#), which provides clinical support and well-being advice for patients.

## Number of patients waiting 8 weeks for specific diagnostic

Our ambition for March 2024 was to have no more than 3,697 patients waiting 8 weeks or more for a diagnostic. We narrowly missed local target by two breaches (March 2024 actual = 3,699). The diagnostic services with the highest numbers of breaches were radiology (1,693), endoscopy (1,268) and cardiology (358).

Radiology experienced higher levels of demand than capacity, mainly within non-obstetric ultrasound, MRI and CT, which led to increased waits. Mitigations for this included the hire of a staffed MRI unit and additional internal activity to increase capacity.

Endoscopy experienced challenges with job plans, limiting the ability to increase clinical activity, however, additional sessions established in the last quarter of 2023-24 reduced waiting times.

Cardiology had insufficient cardiologist capacity to meet demands for echocardiography and there were increased referrals for ambulatory monitoring. Locum cardiologist capacity was secured to increase our echocardiography capacity and there were focused efforts to make efficiency savings for ambulatory monitoring.

## Number of patients waiting more than 14 weeks for a specified therapy

Our March 2024 ambition was to have no more than 1,140 patients waiting 14 weeks or more for a therapy. We did not achieve this local target (March 2024 actual = 3,863). The highest number of breaches were reported by dietetics (1,312), audiology (996) and physiotherapy (769).

Dietetics saw a rapid increase in demand for the Adult Weight Management Service (1,267 breaches), while breaches within the Dietetics Therapy Service were low (45). A national review of dietetics reporting revealed differences across Wales and concluded from April 2024, breaches for the Adult Weight Management Service will be recorded as multi-disciplinary team activity and therefore will not be part of the 14-week therapy breaches.

Audiology have seen an increase in referrals above capacity to see patients, which has resulted in an increase in patients waiting. A plan was established to increase clinical staff capacity in 2024-25 to reduce the backlog.

Physiotherapy has been impacted by capacity challenges imposed by works to address the RAAC incident at Withybush Hospital, along with demand outweighing capacity in community and musculoskeletal services. The physiotherapy department and gym have since been reinstated at South Pembrokeshire Hospital. The longest waiting patients were supported by [our Waiting List Support Service](#), which provides clinical support and well-being advice for patients.

We have held a series of workshops and engagement events with key stakeholders from therapies, risk and assurance, informatics, performance and workforce from across the health board. This discovery exercise has informed an overarching therapy integrated improvement plan to improve:

- Oversight of performance
- Oversight of clinical risk profile and mitigations
- Clinical risk profile and mitigations
- Oversight of demand and capacity
- Oversight of quality, safety and experience

The Therapy Integrated Improvement plan will enable progression of this improvement work, including smart actions, resource requirements and estimated timescales.

## 5.4 Mental health

### % aged 0-17 having a mental health assessment within 28 days of referral

### % aged 18+ having a mental health assessment within 28 days of referral

Our aim was to increase the percentage of adults and children having a mental health assessment within 28 days of referral, to achieve the national target of 80% and meet our ambition of 83% for adult assessments and 82% for child assessments.

At the end of March, we showed improving performance, met national target and achieved our March 2024 ambition:

- 92.4% for adults in March 2024, compared to 86.6% at March 2023
- 98.2% for children in March 2024, compared to 72.2% at March 2023

Despite challenges in terms of recruitment, staff absence and reduced clinical space as a result of RAAC, we have increased performance through process mapping of systems and pathways to improve efficiency and reduce time to assessment, roll-out of digital platform providers and sourcing of clinical space which contributed to new appointment slots being created. We continue to recruit clinical staff, monitor contracts with external providers and risk assess referrals to highlight urgency. We plan to outsource 728 assessments until 2025 due to securing Regional Partnership Board funding.

### % adults waiting less than 26 weeks for psychological therapy

Our aim was to increase the percentage of adults waiting less than 26 weeks for psychological therapy, to achieve the national target of 80% and meet our ambition of 48.2%. At the end of March, we met our ambition or but have not yet reached the national target:

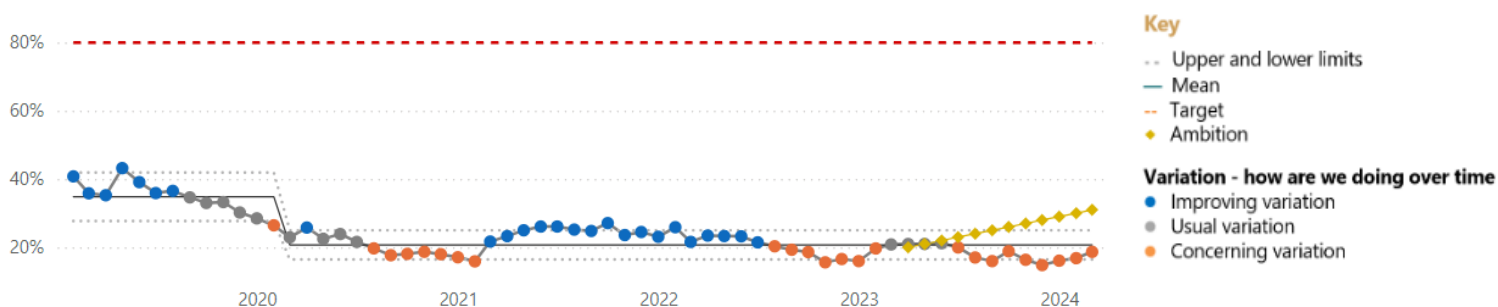
- 48.5% at March 2024, compared to 45.1% at March 2023

Demand continues to outweigh capacity with challenges in recruitment despite a recruitment campaign. This was mitigated by a focus on group therapies offered to clients waiting more than 26 weeks, a waiting list review and consolidation across the three counties, the offer of online therapy and outsourcing in progress for eye movement desensitisation therapy.

SMS text reminders to clients is being rolled out across services following a pilot to reduce the impact of Did Not Attend (DNA) rates on service provision. Risks include staff absence, an increase in referrals and acceptance or appropriateness of a group therapy.

## 5.5 Neurodevelopmental

### % children waiting less than 26 weeks for a neurodevelopmental assessment



Our aim was to increase the percentage of children waiting less than 26 weeks for a neurodevelopmental assessment, to achieve the national target of 80% and our ambition of 31%.

At the end of March, we did not meet our March ambition or national target:

- 18.7% at March 2024, compared to 20.9% at March 2023

Timeliness of carrying out assessments for Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) in children and young people is affected by a year-on-year increase in referrals and new neurodivergence requirements for pre and post diagnostic support.

We continue to recruit for clinical staff to tackle waiting lists. Initiatives to overcome these challenges include nurse-led clinics and reviewing newly diagnosed patients in line with National Institute for Health and Care Excellence (NICE) guidance.

These help to increase capacity on initial assessment and the implementation of screening clinics by community paediatricians to review the older patients currently on the waiting list.

We established additional clinics, rolled out the use of digital platforms where appropriate and outsourced 379 diagnostic assessments for ASD to two providers.

## 5.6 Infection control

### **E.coli: Number of laboratory confirmed bacteraemia cases (in-month)**

### **C. difficile: Number of laboratory confirmed bacteraemia cases (in-month)**

Our aim is to eliminate infection and, in particular, we have been working hard to reduce the numbers of *Clostridioides difficile* (C.diff) and *Escherichia coli* (E.coli) which have both seen increased cases across Wales. Within the Hywel Dda area we have achieved a 10% reduction of cases of C.diff, however, we continue to see high case numbers of E.coli which aligns to the national picture.

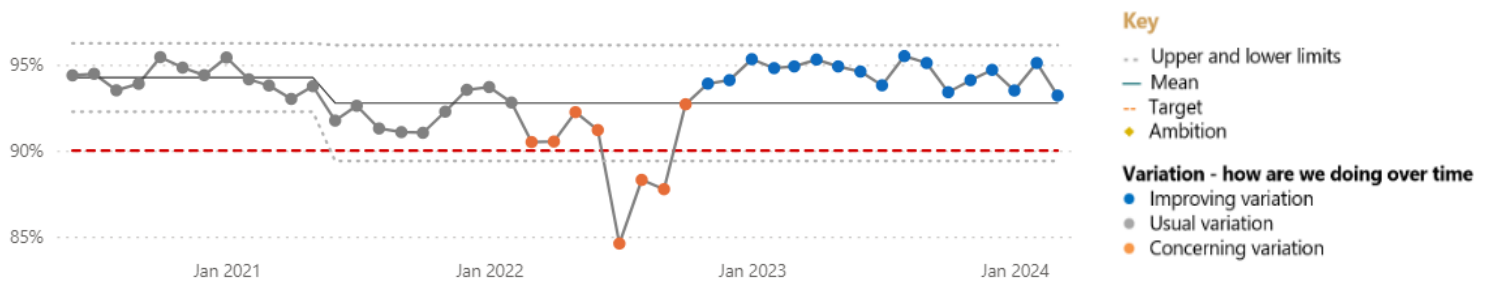
High attendances within our emergency departments present challenges and limit opportunities for environmental decontamination, thereby increasing the risk of infection; changing our cleaning processes and products is helping to address this. In alignment with our healthcare acquired infection (HCAI) improvement plan, a number of aspects of focused work has helped to reduce hospital acquired C.diff and bloodstream infections. This includes weekly infection ward rounds with the microbiologist and pharmacist to confirm correct management and treatment for patient safety, while monitoring antibiotic stewardship.

Education and training are of course paramount to ensure staff awareness of infection prevention and control practice and regular audits are undertaken to obtain compliance with standards. Each HCAI is scrutinised in monthly meetings to determine cause and develop and disseminate learning to prevent further infection. All patients with a confirmed C.diff infection have a letter sent to their GP to enable a review of future antibiotic treatment, while patients receive letters and information to help manage their infection at home. We are also improving patient outcomes with increasing numbers of patients from both community and secondary care receiving faecal microbiota transplantation (FMT) to prevent further episodes of C.diff.

Continual monitoring and interrogation of our E.coli data suggests the greater issue lies within the general population rather than our hospitals or care homes and further investigation continues to determine any commonality or concerning themes. The predominant source for E.coli bloodstream infections continues to be linked to the urinary system and prevention methods around health promotion and healthier living are considered necessary, this shall be our focus for any ongoing community messaging. Working collaboratively with our colleagues in Public Health Wales, a health promotion campaign is currently being developed and shall be delivered by the integrated infection prevention and local authority teams commencing this spring.

## 5.7 Patients reporting a positive experience

### Patients: Overall patient experience score



July 2022 low data point cause: change to the system causing a delay in surveys being sent out and functionality issues

Our aim was that patients receive a positive experience when using our services, the data is captured from across our health board services using patient experience surveys.

In the last 12 months the 90% target of patients who report their experience has been excellent or very good, has been consistently achieved or exceeded.

This has been a challenging year, particularly in the areas of emergency medicine where demand has been exceptionally high and within our estate such as addressing the RAAC problems experienced in Withybush Hospital. Despite this, we are pleased that the majority of people reported a positive experience when receiving care or attending our facilities.

This is particularly notable in the area of emergency medicine and same day emergency care facilities who consistently achieved over 90% positive feedback. We are extremely grateful to the people who took the time to provide the feedback to us, without this we cannot improve our services and address any problems that may have impacted upon the experience of our service users. We are committed to listening carefully to all feedback we receive, continually improving and celebrating what is working well. One of the main areas of positive feedback we receive relates to the care, compassion and kindness of our staff, who we wish to thank for delivering such positive care and experiences.

## 5.8 Workforce

### % of sickness absence rate of staff

Our aim was to reduce the percentage of staff sickness absence, towards our target of 4.79%. In the last 12 months the target has not been met, performance varied between 6.15% and 6.43%. Sickness rates have reduced, and fluctuations stabilised compared to the previous year.

We continued to see higher levels of absence than seen prior to the pandemic. Anxiety, stress and/or depression continue to account for the highest reasons for absence accounting for some 30% of all days lost. We are working in partnership with our trade unions to consider both physical and psychological reasons for sickness absence and what more we can do as a health board to further support staff.

There are several strands to this work including research into underlying themes, an action plan to continuously improve our absence management process and a workstream mapping our key intentions to improve creativity for temporary deployment and reasonable adjustments. This work will be captured in an overarching action plan and key performance indicators will be developed with the overall aim of reducing levels of short and long-term absence.

## 5.9 End of year financial position

Our plan in 2023-24 was to meet a £66 million deficit by the end of the financial year. The health board's target control total from Welsh Government is to deliver a deficit of £44.8m, after savings of £30.8m. Our draft End of Year reported outturn is £65.8m. Our year-end figures are subject to audit and could change, therefore are not yet final.

### Key actions taken to improve performance and mitigate risks moving into 2024-25:

The following next steps and mitigating actions are being pursued across Executive Director portfolios, with ongoing reviews in place via Executive team discussions to evaluate progress and impact updates, de-risking the annual plan.

- Creation of the Value and Sustainability Group to systematically implement themed improvements ensuring working groups provide clear decision making across the organisation on a consistent basis
- Chief Executive Officer has indicated that an internal escalation framework will be implemented to manage a balanced criteria covering quality, safety, patient, performance and finance
- Further, with pace, the conversion of opportunities into accepted and deliverable operational plans to provide clarity of commitments in quarter 1 that will formally de-risk the current savings delivery gap
- Board seminar to further scrutinise progress and provide oversight of the expectations they set out as part of the Annual Plan endorsement on 28 March 2024
- Accountability letters are being issued in April to delegated Executive Directors inclusive of the savings expectations for their portfolios

For further details, please see the [Financial Accounts](#) section of this report.

## 5.10 Fraud, anti-corruption and anti-bribery

We employ two full time Accredited Local Counter Fraud Specialists and have in place a Counter Fraud Policy and Response Plan: <https://hduhb.nhs.wales/counter-fraud-bribery-and-corruption-policy/>. This plan, combined with a programme of staff training and promotional activity, includes the overall strategic aims of our counter fraud work. It also includes our operational response aligned to the NHS Counter Fraud Authority (NHSCFA) fraud, bribery, and corruption strategy and the Government Functional Standards 013 – Counter Fraud (GovS 013).

To meet these standards, our Counter Fraud team has developed an annual workplan that is aligned to the NHSCFA Strategy and GovS 013. The workplan is approved by our Director of Finance and the Chair of our Audit and Risk Assurance Committee. To ensure effective delivery and compliance against the plan, the team provides bi-monthly updates on activity undertaken to the Audit and Risk Assurance Committee. In addition, Counter Fraud Services Wales has oversight of all cases and collate and present quarterly activity statistics to Welsh Government.

To further meet these standards, our Standards of Behaviour Policy incorporates professional behaviour with reference to fraud, bribery and corruption. Executive approval of policies is provided via our policy review process.

In line with our counter fraud annual workplan, we have actively promoted awareness of key policies, emerging threats and an anti-fraud culture with staff by way of online mandatory training, awareness sessions and digital media. In addition, a series of preventative measures are undertaken to review and test existing controls to mitigate the risk of fraud, bribery and corruption and to identify emerging threats and potential controls. Where criminal activity is identified, our plan allows for concerns to be investigated and, if applicable, the prosecution of offenders, seeking financial redress where appropriate.

We continue to demonstrate compliance with the Government Directions on counter fraud measures, the service agreement under section 83 of the Government of Wales Act 2006, Welsh

Government directions and GovS 013. An annual self-review is also completed and monitored by the NHSCFA.

You can read our counter fraud annual reports, workplans and self-reviews here:

<https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/audit-and-risk-assurance-committee-arac/>

## 5.11 Quality and safety

Providing high quality care is a complex and fragile process. Throughout 2023-24, we have continued to review and identify areas for improvement to ensure we can meet our duty of quality and provide quality services for our patients across the health board. Further information on our quality governance arrangements can be found in the [Accountability section](#) of this Annual Report.

This year, we are producing our Annual Quality Report, our Duty of Candour Annual Report and our Putting Things Right Annual Report, all of which will be available once published, on our website: <https://hduhb.nhs.wales/quality-and-engagement-act/>. These reports detail the improvements we have made to ensure our services are safe, timely, effective, efficient, evidence-based and person-centred, in line with the Duty of Quality: <https://hduhb.nhs.wales/duty-of-quality/>

## 5.12 RAAC

Our hospital management team and staff at Withybush Hospital have been dealing with a serious problem caused by reinforced autoclaved aerated concrete (RAAC) planks discovered at the site.

Following an alert from NHS England in November 2019, the Welsh Government notified all health boards and trusts in Wales of a potential issue with the use of RAAC planks, which were commonly used in NHS building construction between 1960 and 1995. All health boards and trusts in Wales were required to determine whether RAAC planks were present on buildings in roofs, walls or floors and report back to Welsh Government with the findings and a management plan.

Further investigations in January 2022 and emerging guidance showed that the scale of the presence of RAAC planks in Withybush Hospital required an in-depth programme of investigations to determine the condition of the concrete planks and to provide the ongoing assurance around the safety of these planks. The Institute of Structural Engineers released a guidance document in April 2023 outlining risk factors, assessment of plank condition as well as remediation and management strategies.

As a result of this, we appointed a structural engineering company in May 2023 to undertake intensive surveys of the areas in question and provide a full report on each individual RAAC plank. Where structural issues were identified, the extent of the remedial work was assessed and some mitigations put in place, including structural props and temporary closure of the areas affected. Plans were implemented at the beginning of the survey process to manage the impact on the operation of day-to-day services at the hospital with the availability of hospital beds a priority.

On 15 August 2023 we declared an internal major incident at Withybush Hospital. This meant that we were able to prioritise the work of our teams to deal with the emerging issue and draw upon support from partner agencies.

Around 5,000 defective planks had been found in all six wards surveyed on the second floor and in areas on the ground floor and kitchen. Outpatients A had to be closed while repair work was completed. The kitchen was closed with a temporary service provided from the dining room until a field kitchen was opened at the end of 2023.

Dedicated pages were set up on our intranet and our website to keep staff, patients, the public and the press updated on the situation, with the latest press releases and frequently asked questions.

By the end of 2023, work had proceeded at pace, and we were finally able to report good progress at Withybush Hospital. Three of the six closed wards were re-opened and the new field kitchen was operational. All six wards were re-opened by spring 2024.

Staff at Withybush, South Pembrokeshire and community hospitals have been praised for quickly adapting to a fast-changing situation and for showing such incredible teamwork and resilience during a very challenging time. The internal major incident was brought to an end in January 2024, although survey and repair work will continue until Spring 2025. We will continue to engage with our staff, patients and the public and keep them informed of the latest developments.

## 6. Well-being of future generations

### 6.1 Our well-being objectives

Our well-being objectives are not confined to a single national outcome and align to more than one of the national goals. We recognise the need to show clear alignment between our strategic objectives and operational planning objectives, as shown on page 82.

While COVID-19 exposed and exacerbated persistent inequalities in health, this is also set against a backdrop of the climate and nature emergency. Improving public health and well-being will require us to work in partnership to address the challenges associated with poverty, environmental factors, poor housing, and social isolation.

Our well-being objectives were established as our long-term aims and ambitions to embed the implementation of the act, and these remain relevant for the year ahead. We set out below examples of how they link to our health board strategic objectives and our operational planning objectives for 2023-2024.

### 6.2 Our progress

The Well-being of Future Generations (Wales) Act 2015 establishes both individual and collective duties for forty-four public bodies, including health boards. Our health board is a member of three Public Services Boards (PSBs) one in each of our local authority areas of Carmarthenshire, Ceredigion, and Pembrokeshire.

Through our membership, we work jointly with a variety of local and regional partners and aim to improve the social, economic, environmental, and cultural well-being for our



population and future generations. For example, our award-winning Arts Boost programme is designed to reduce feelings of distress and improve mental health through the arts for children and young people.

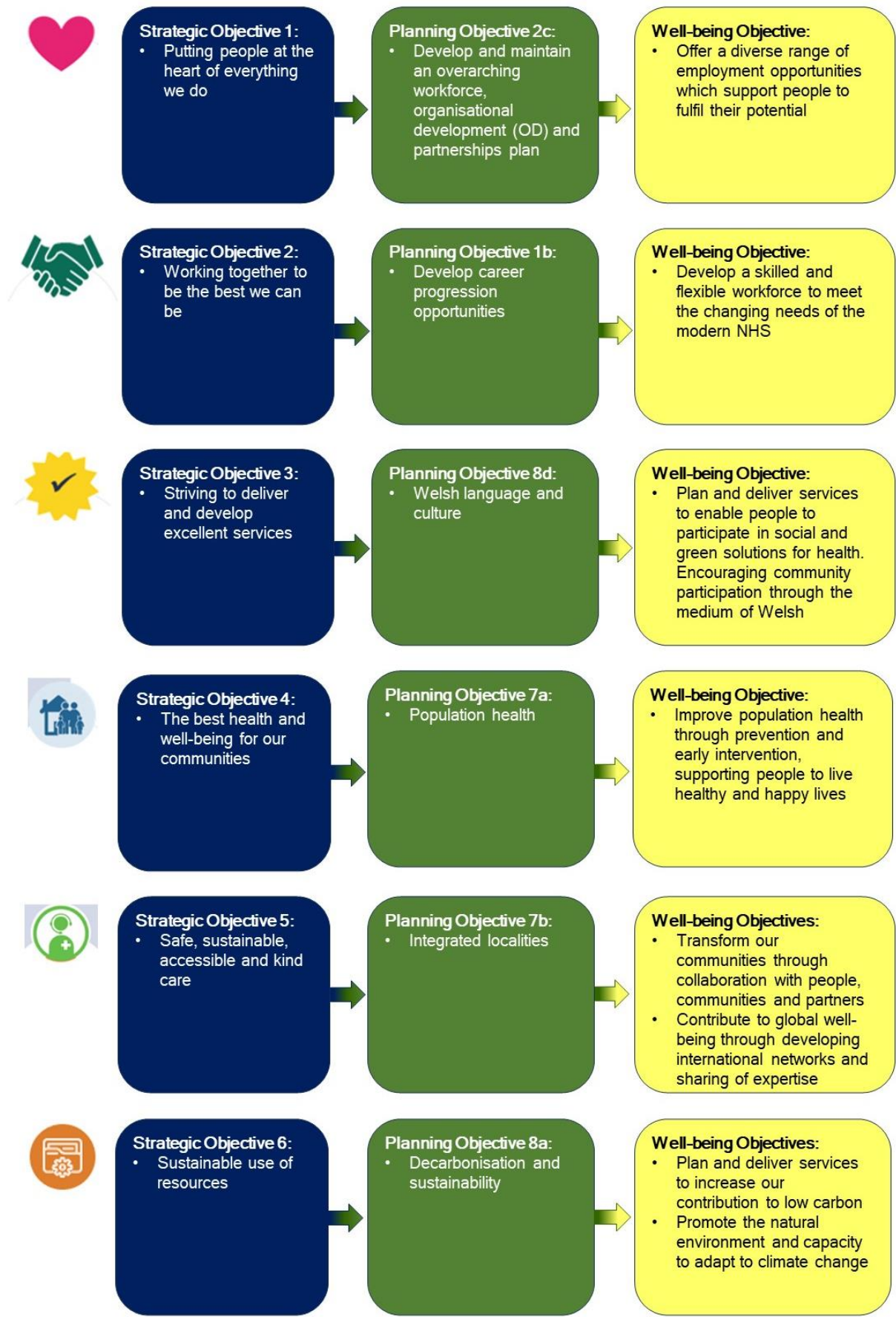
Our next Well-being Objectives Annual Report will be published in September 2024. This will provide details on how we have performed against our eight well-being objectives and how these are linked to our overall strategic and planning objectives.

It will also explain how we are seeking greater integration through our partnership arrangements, increasing effective involvement of the public and a wide range of stakeholders, planning for the long term to meet the future needs of our population, focusing on prevention of ill-health, and collaborating with other health boards and trusts across the NHS in Wales and the wider public sector. We are working effectively at a regional level through the Regional Partnership Board, and with our immediate public and voluntary sector partners through our Public Service Boards.

The Performance Report describes our strategic and planning objectives and associated activities. These are designed to support, sustain and improve the well-being

of our population, patients, staff and volunteers who together are Hywel Dda University Health Board.

We illustrate below how our eight well-being objectives link to our overall strategic and planning objectives.



## 7. Better together for health and care

### 7.1 Working with our partners

We believe that, by working together with our partners, we can improve our services to better support the health and well-being of our communities.

To achieve this, we have developed "Our Healthier Mid and West Wales Strategy". This strategy involves a whole system approach to health and well-being, with public sector, third sector and community networks working together towards a shared goal.

We work closely with our PSB colleagues in Carmarthenshire, Ceredigion and Pembrokeshire, and the West Wales Regional Partnership Board. Together, we aim to build a strong integrated community care service for Wales, giving people a better quality of life.

By working in partnership with others, we can improve access to the right level of care, closer to home. Here are some examples:

- The Health and Well-being Centre in Cross Hands, the Pentre Awel Project and Carmarthen Hwb
- The Delta Well-being and Home First team service
- Ceredigion patients receiving physiotherapy treatment closer to home



Minister for Health and Social Services Eluned Morgan and Deputy Minister for Social Care Julie Morgan visited South Pembrokeshire Community Hospital

- £5 million funded partnership research programme to explore solutions to rural challenges, with Cymru Wledig LPIP Rural

Wales, the Local Policy and Innovation Partnership for Rural Wales, researchers, communities and policymakers to support inclusive, sustainable development

- The 'Staying Well Together' scheme in Pembrokeshire
- The 'Further Faster' initiative based in the Co-ordination Centre at South Pembrokeshire Hospital
- The HealthPathways portal for healthcare professionals
- Arts Boost, an award-winning programme designed to reduce feelings of distress and improve mental health through the arts for children and young people known to our Specialist Children and Adolescent Mental Health Service (S-CAMHS)

We work closely with a number of national organisations, including:

- Health Education and Improvement Wales (HEIW), to support the delivery of the Health and Social Care Workforce Strategy aligned to A Healthier Wales. We are leading on the implementation of a number of important initiatives that cross planning, design, development and delivery of the workforce
- Digital Health and Care Wales, to embrace opportunities to have secure, resilient, accurate and timely information at the point of patient care, enabling us to deliver high quality, cost effective digital services
- A Regional Collaboration for Health (ARCH) is a unique collaboration between three strategic partners: Swansea Bay University Health Board, Hywel Dda University Health Board and Swansea University. It spans the local authority areas of Ceredigion, Pembrokeshire, Carmarthenshire, Neath Port Talbot and Swansea. The partnership enables us to work together to consider regional partnerships and regional solutions

We are a member of the Dyfed Powys Local Resilience Forum (LRF). This multi-agency partnership includes representatives from

local public services, including the emergency services, local authorities, the NHS, Natural Resources Wales, and others. It is also supported by other organisations, such as partners in the military and voluntary sectors, the Health and Safety Executive, transport and utilities companies, the Highways Agency and public utility companies. The LRF aims to plan and prepare for localised incidents, catastrophic emergencies and to develop collective resilience. Over the last year we have participated in training activities and live responses to a several incidents.

## 7.2 Research and innovation

We support research and innovation to improve patient care and services.

We work with universities, such as the University of Wales Trinity Saint David, Swansea University, and Aberystwyth University to deliver a healthier mid and west Wales. Here are some examples illustrating the value and benefit of these partnerships:

- Developing specialist virtual reality training and simulation-based learning for healthcare professionals, and a new service allowing patients with a secondary cancer diagnosis to have further investigations to find the source of the cancer and receive the most appropriate treatment
- Developing a low carbon district heat network design (subject to funding) in Aberystwyth including Bronglais Hospital, in collaboration with Aberystwyth University and Ceredigion County Council
- Operating the TriTech Institute, which supports the development of healthcare solutions on a local, national, and global level. The institute offers designers and manufacturers a single point of access to the NHS through a collaborative and agile approach. Tritech and Innovation work delivered during the reporting period has included:
  - The Tunstall Delivery Report project: the project involved an evaluation of the Tech Enabled Care solution provided by Tunstall and considered remote monitoring of respiratory patients in the community
  - The Tritech Challenge: delivered in collaboration with partners, the challenge found four winners which all completed projects in April 2023. The Tritech and Innovation team then commissioned Swansea University to complete an independent review of the whole Tritech challenge process and outcomes. This has resulted in a range of suggested improvements to the challenge
  - The Shades of Green project: with a focus on biophilic design, the project is concerned with the design of public buildings. Grants have been applied for and the bid for work with the National Botanical Garden of Wales was successful and is looking at building community gardens.



The ARCH partnership has:

- Launched a stakeholder engagement process to help shape the ARCH Innovation and Research Strategy, which remains in development
- Published the ARCH Review 2022-23, which celebrates the achievements of partnership working across our regional priority areas, including: NHS service transformation; workforce, education and skills; research, enterprise and innovation
- Completed the health needs assessment for the ARCH regional population (Ceredigion, Pembrokeshire, Carmarthenshire, Swansea and Neath Port Talbot) to support the Swansea Bay City Deal Campuses Project

Rural Health and Care Wales (RHCW) is hosted by Hywel Dda University Health Board. RHCW, together with the health board, was part of a consortium bid that has received over £5 million in funding to research and explore solutions to rural challenges. Researchers and policymakers will work with communities from across rural Wales to explore innovative solutions to a range of major challenges faced by rural communities, such as the 'rural premium' on poverty. Funded by UKRI, the research partnership aims to fill evidence gaps, explore innovative solutions, and enhance the use of research to support effective policies to foster a 'well-being economy'.

The health board is a member of the West Wales Regional Partnership Board (WWRPB)

and we work collectively with partners to transform services for adults and children with care and support needs and their unpaid carers.

Together we help to drive forward the development of innovative and integrated health and social care services, by promoting collaboration and integration at a regional level, ensuring that services are co-designed with the people using them and enable them to achieve the outcomes that matter to them. In the past 12 months, the WWRPB has:

- Published its Regional Capital Strategy, present a 10-year view of capital investment needs in the region
- Published its second five-year Area Plan
- Delivered its 2024 Conference and Awards

## 8. Our workforce

### 8.1 Our people and our culture

Building on our commitment to enabling healthy and happy working cultures in Hywel Dda University Health Board, our Organisational Development Relationship Managers (ODRMs) continued to provide proactive and responsive support to local teams, influencing and nurturing relationships as a catalyst for change and supporting teams to develop their own people culture plans.

#### 8.1.1 Recognition and appreciation

We continue to recognise outstanding commitment and dedication of staff through a number of ways.

#### Cymeradwyaeth Hywel's Applause staff awards event

Our Hywel's Applause Staff Awards events continued in 2023-24 with staff nominated for awards across a range of categories by colleagues, and shortlisted by independent staff panels, including trade union representatives. Feedback from nominees continues to be positive with many staff agreeing that being nominated made them

feel appreciated by their colleagues and the health board.

#### Long service awards

Our Long Service Awards package recognises 25+ and 40+ years' cumulative NHS service as a thank you for the loyalty of our workforce to our health board and the wider NHS. The awards consist of a personal card and specially designed bespoke pin.



Sarah Williams, Senior Practice Administrator, Tenby Surgery (pictured left with Jill Paterson, Director of Primary Care, Community and Long Term Care) and Lloyd Rowling, Radiographer at Withybush Hospital (pictured right) receiving their 25 years long service awards

## Chair's commendation awards

Chair's Commendation Awards provide an equitable and meaningful way of recognising staff who 'go above and beyond' and demonstrate our values to an exemplary level. Since the launch of the Chair's Commendation Awards in 2022, 238 nominations have been received.

## Measuring staff experience

Historically, we have relied heavily on the NHS Wales staff survey as the only way of capturing staff experience to benchmark internally and nationally. Our Culture Workforce Experience Team developed ways to gather more qualitative data, providing greater depth in our evidence and learning. This helps us to use staff experience to better inform our engagement and retention strategies.

## Board outcome survey

Our Board outcome survey provides a monthly check for the Board on staff engagement. Staff are invited to complete the survey once a year, providing an ongoing measurement to assess how our workforce is feeling.

## Culture survey

This survey aims to measure three areas: people and culture; engagement; and retention. It allows greater scrutiny and accurate assessment of specific culture change support needs within our teams. It also enables us to compare different cultures across the health board, identifying what is working elsewhere to 'spread and scale' where appropriate.

## Customer service programme 'Making a Difference'

Over 1,000 staff have accessed the 'Making a Difference' customer service programme, giving them the opportunity to consider how behaviour impacts patients, visitors, and colleagues and how they can manage their own health and well-being.

## 8.2 Recruitment and retention

### 8.2.1 International recruitment

Throughout 2023-24, we continued to take part in the All Wales ethical recruitment projects. This resulted in the recruitment of another 97 Internationally Educated Nurses (IENs) from across the globe, helping to stabilise our staffing pressures at Glangwili Hospital, and six doctors directly from Kerala, including three psychiatrists.

### 8.2.2 Inclusive and centralised recruitment

In a bid to support our local communities, as well as ensuring improved partnership working, inclusivity and accessibility, our recruitment teams continue to develop pragmatic approaches to recruitment. For example, using shorter or no application forms and offline application pathways for positions such as registered nursing, healthcare support workers and domestic staff.

These new approaches have increased our overall numbers of nursing and midwifery staff to 3,168.29 whole time equivalents in post and we received a record number of applications this year.

### 8.2.3 People effectiveness and stabilisation

We strengthened our controls to reduce nurse agency use and associated costs. The decision to stop travel and accommodation expenses, along with discontinuing off-framework agencies, resulted in a significant reduction of nurse agency usage. We will continue to further reduce agency use across all staff groups in 2024-25.

### 8.2.4 Retention

Our Organisational Development Team provide vital support to our attraction and retention plans by helping to establish the organisation as an attractive and desirable place to work. Specific projects overseen by our retention groups are a vital element of sustaining and growing our nursing and medical workforce to meet the increasing and changing demands on services.

Our Nurse Retention Group contributed to a significant reduction in turnover of nursing and midwifery staff, resulting in an estimated cost benefit of around £2 million in 2023. We are extremely proud to be the best performing NHS organisation across Wales for our registered nursing turnover rate.

Our Medical Retention Group was established in 2023 and, following the analysis of medical staffing data and intelligence, an action plan is being developed collaboratively to inform next steps in 2024-25.

### Discovery Report

Within the context of our unprecedented workforce supply challenges, we commissioned a further staff discovery report in 2023 to help us understand the experiences of working within the health board. It helped us determine what can be done to retain staff in our employment, where they can be supported to live healthy and happy lives. It allowed us to understand more about our culture, the impact this has on staff retention and how our workplace culture could evolve, making Hywel Dda a great place to work. A number of key themes were identified:

- Accelerate the ownership, pace, and impact of our cultural journey
- Leadership of people is fundamental to organisational success
- Be bolder and more courageous in our approach to retention
- An ambitious plan for modernisation

The report's recommendations have been embedded into the next phase of our values-based culture change journey programmes.

## 8.3 Our future workforce

Developing our workforce for the future remains a key priority, with a greater emphasis on making it go further, extending where possible to our social care colleagues.

Some of our key highlights include:

- The establishment of a Strategic People Planning and Education Group to co-ordinate, oversee and consider collective approaches to workstreams in education

and training, providing added value to enhance the education provision

- Greater collaboration between Powys Teaching Health Board and Hywel Dda University Health Board to maximise the effectiveness of development opportunities and resources
- Driving innovative learning approaches through moving towards interprofessional education and simulation-based learning, including a partnership with Swansea University towards creation of a Virtual Reality Simulation Project
- 197 Internationally Educated Nurses have passed their Objective Structured Clinical Examination (OSCE), contributing to the reduction in nursing agency use. The establishment of the Hywel Dda University Health Board OSCE centre provided the opportunity to support another health board with their delivery
- Recognising the importance of creating a future pipeline, collaborating with schools, colleges, training providers, the Job Centre and the Department of Work and Pensions, provided:
  - Programmes to support further education students with additional learning needs
  - Masterclasses and 'meet the profession' days for those considering a range of healthcare professions
  - Delivery of over 140 bilingual school engagement sessions across all three counties
  - Support for those not in employment, education and training to understand employment opportunities and providing employability skills, including application processes
  - Greater recognition of volunteers through celebration events and encouraging greater activities to create a volunteer community
- The creation of local opportunities for apprentices, which includes 34 healthcare apprentices on a nursing pathway. Our staff community as a whole includes 168 apprentices
-

## 8.4 Well-being

### 8.4.1 Raising Awareness

The Staff Psychological Well-being Service (SPWBS) has actively promoted a range of services, events and resources during the past year. Making use of different communication channels, the SPWBS team aims to ensure all staff are aware of what is available and how to access it.

SharePoint remains the central source and received nearly 45,000 hits in 2023-24. The Staff Health and Well-being Gateway was launched as a digital resource in May 2023, bringing all internal staff support services together into one place.

### 8.4.2 System solutions

Our SPWBS team are an essential part of our internal process in ensuring the right service and expertise for teams when they need it. It also ensures we proactively respond to requests to support specific teams and services. We continue to offer one-to-one management consultation, supporting leaders to address complex staff and team issues, and those who support and lead others. A series of mental health and well-being at work sessions were offered through a range of different programmes, including:

- Leadership and management programmes
- Nurse preceptorship and junior doctor programmes
- Induction and update training for well-being champions

During 2023-24, over 1,200 colleagues have engaged with and been supported through these activities.

### 8.4.3 Staff Psychological Well-being Service

The mental health and well-being of our staff continues to be a priority for us. In 2023-24, over 500 colleagues referred themselves for psychological support. Demand remained high and many staff were offered access to alternative services where appropriate. We took action to reduce waiting times to two weeks. We are working to ensure that staff

are well informed about the support available so they can make the appropriate choice. This includes signposting where possible and enhancing our clinical skills in delivering effective short-term therapy.

76 colleagues from a range of staff groups have attended our Recovery in Nature programme since it began. Evaluation of the programme shows a clinically significant improvement in mental health and a reduction in symptoms of burnout. Stories of personal transformation highlight the significant positive impact of the programme. A programme plan for 2024-25 is being scoped following growing interest in the Recovery in Nature Days.



### 8.4.4 Occupational Health Service

Our Occupational Health Service continues to support the health and well-being of our staff with individually tailored, occupational health advice. The diverse and specialised multi-disciplinary Occupational Health Team cleared over 3,026 pre-employment assessments, received over 1,867 management referrals, and supported 360 self-referral requests.

During the last year, the team administered over 3,600 immunisations and a further 4,361 flu vaccines, working with the community and mass vaccination centre staff. Additional vaccination clinics were provided to support the recruitment of international nurses, doctors and allied healthcare professionals.

The Occupational Health Service worked with colleagues across Wales to introduce a new occupational health management system. To date over 750 health board staff and

managers have been trained and set up to use this system.

### 8.4.5 Lifelong Learning Fund

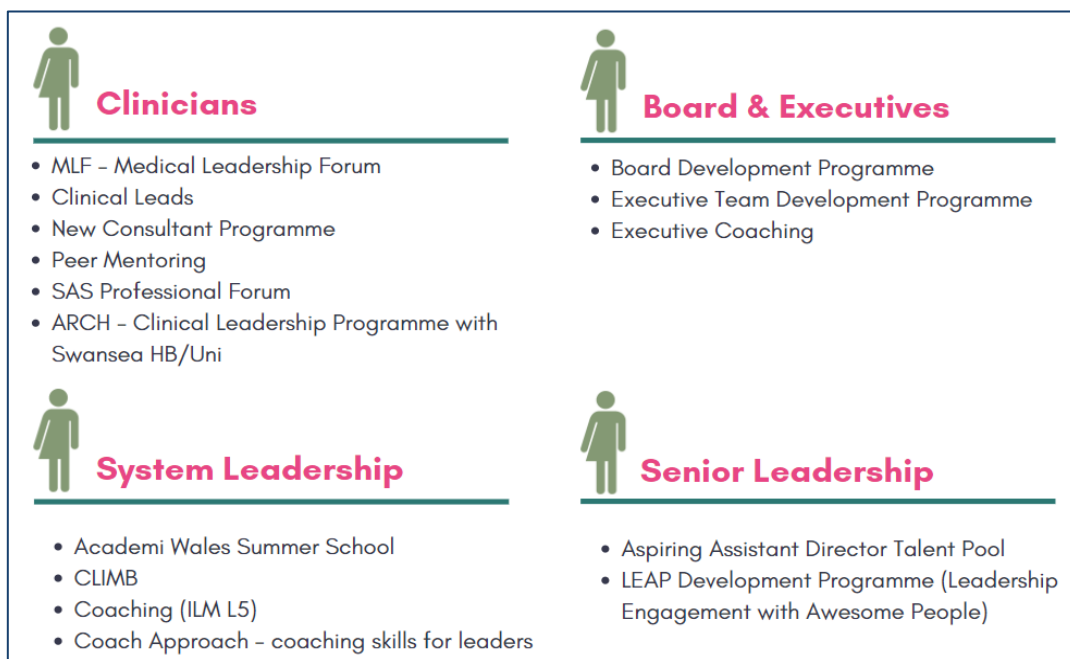
The Lifelong Learning Fund has enabled over 200 staff to access up to a maximum of £100

per person to learn a new skill/craft/hobby. The initiative aims to support staff well-being, boosting self-esteem, confidence and creating a learning culture.

## 8.5 Leadership and development

### 8.5.1 Leadership, talent management and coaching

Evidence continues to show that the biggest impact on organisational culture is leadership. As a result, our work in 2023 progressed to develop and enhance the leadership offering for our existing and aspiring leaders. The image below outlines the development opportunities available to our senior leaders, either directly through the Leadership and Development team or with partner organisations.



Following robust research and design work during 2022, we launched three new programmes in the last year:

- **LEAP (Leadership Engagement with Awesome People)**

Our leaders are leading a system that needs to be agile, vibrant, responsive, innovative, diverse, and regenerative. LEAP was created to develop and support leaders to enable them to respond and adapt to the challenges both now and in the future. It empowers leaders to build on their own and their teams' strength to develop individual and collective performance, provides challenge and critical awareness of personal approaches to leadership, its impact, and their

responsibilities. Four cohorts have been delivered to 67 of our senior leaders across the health board.

- **Talent management and succession planning**

To further enhance and develop our senior leadership body, a 'Leading Hywel Dda into the Future' framework was designed to provide guiding principles for aspiring and current senior leaders. This helps the continual assessment and development of competencies and behaviours that are aligned with our values. This framework led to the establishment of our leadership development centre in July 2023, which is designed to identify, develop and grow the careers of our talented leaders in the

health board. As a result, an Aspiring Assistant Director Talent Pool was launched and six leaders have gained membership. The Talent Management Team will continue to meet with members to support and monitor individual progress.

- **The coach approach**

Coaching in the workplace can result in staff feeling motivated, empowered and valued. This programme provides leaders with the principles and skills to develop a coaching style of leadership. Since its launch in Autumn 2023, seven cohorts have been delivered to 86 leaders from across the health board.

### 8.5.2 Coaching network

The Coaching Network was established to support change, build leadership capacity and help colleagues develop throughout their careers by creating a sustainable coaching culture in line with our organisation's values. Putting people as its heart, our coaching network ensures there is time and space to think, learn and develop, working together to build genuine, equal and supportive partnerships. 2023 saw significant growth in our coaching network, with 28 qualified coaches and 40 in training. The reach and provision into the organisation have diversified and expanded widely.

### 8.5.3 Learning and development

We have introduced efficiencies to our education and development processes. These include the introduction of automatic attendance for statutory and mandatory training programmes and a fully electronic system for accessing training including higher awards and study leave. These efficiencies also enable better insight and data reporting.

Compliance for statutory and mandatory training once again saw a marked improvement. We achieved 87% compliance requirements of the core skills training framework. This remained higher than the 85% benchmark set on a national level.

As an Agored Cymru accredited centre, 561 units have been achieved within a variety of areas including occupational therapy, physiotherapy, rehabilitation, speech and

language, perioperative support, ophthalmology, primary care, sexual health, and the NHS clinical induction. External Quality Assurance (EQA) highlighted the achievement of high standards, including learner support and ability to overcome obstacles.

Through our 'Grow Your Own' pathways, over 400 staff are at various stages of the academic nursing pathway, and over 20 are accessing various allied healthcare profession qualifications. In 2023-24 we celebrated our first cohort to complete the new Level 4 Therapy Assistant Practitioner Diploma, having led the pilot in partnership with University of Wales Trinity Saint David.

We supported staff in developing their digital skills through training, not only to improve their digital capability, but also to help identify efficiencies.

County roadshows were held to promote and engage our workforce, and to support access to learning opportunities.

### 8.5.4 Planning for our people and services

During 2023-24, we continued to evolve our approach to strategic people planning to support and develop services aligned to the aspirations in our health board wide plans. We incorporated recommendations from a Wales Audit Office review to help us improve and strengthen our approach, including the development of ambassador roles.

Strengthening our people planning team at the end of 2022-23 enabled greater capacity to support services in 2023-24, designing and delivering an approach to operational workforce planning across all health board services.

We worked jointly with our partners to support specific regional programmes including pathology, radiology and cancer. We overcame perceived boundaries, laying foundations to ensure we continue identifying critical workforce gaps and strengthening integrated education commissioning for primary and social care.

Our modelling of our future workforce continues to improve as we improve

intelligence and our appreciation of geographical differences, specialist needs and the unique challenges within services and professions. We have a clearer understanding on the gap between our funded establishment and our actual workforce, and how our contingent workforce is used across professional groups. We gained clarity on the questions that need to be asked and answered.

As we sought to apply the People Regeneration Framework to assess the validity of our people supply routes, we became aware of the challenge we now face in shaping our supply needs to manage future demand.

## 8.6 Equity and inclusion

We are committed to putting people at the centre of everything we do. Our vision is to create an accessible and inclusive organisational culture and environment for everyone. This includes staff, those who receive care (including their families and carers), as well as partners who work with us - whether this is statutory organisations, third sector partners or communities. This means thinking about people as individuals and taking a person-centred approach, so that everyone is treated fairly, with integrity, dignity and respect, whatever their background and beliefs.

Further information on the measures we have in place to ensure that our obligations under equality and human rights legislation are complied with, and progress against our strategic equality objectives can be found in the [Accountability section](#) of this Annual Report.

## 8.7 Welsh language

We want to be the first health board in Wales where both English and Welsh languages are treated with equal status (Health and Care Standards: Dignified Care). We strive to not

The Welsh language is one of the treasures of Wales.

It is part of what defines us as both people and as a nation.

only comply with the Welsh Language Standards, but to embrace their spirit.

The Welsh Language Standards, effective from 30 May 2019, are statutory requirements which clearly identify our responsibilities to provide excellent bilingual services. These can be accessed via the Welsh Language Services section on our website here: <https://hduhb.nhs.wales/welsh-language-services/>

Our organisation is passionate and ambitious to achieve and go beyond our statutory duties. However, we recognise that how we deliver this across our sites and teams is not always consistent. Our culture needs to evolve for us to deliver a seamless bilingual service to people who use the NHS and care services, and this is a long-term endeavour.

We aim to deliver a bilingual healthcare service to our public and enable our staff to use the Welsh language naturally within the workplace. We strive to be an exemplar in this area, leading by example by promoting and enabling more use of Welsh by our own workforce. Whether you are a fluent speaker, a speaker lacking in confidence, or a new speaker, the workplace provides opportunities to use, practise and learn Welsh.

A huge milestone towards this goal was achieved at the end of last year when we appointed a tutor to specifically work with staff with Level 3 and above Welsh language skills, but who lacked the confidence to use their skills. This appointment was made possible through funding from the National Centre for Learning Welsh and the tutor started at the end of February 2023. Funding has been secured for the second year of the project. The outcomes of this post have been measured and reviewed and can be found in the evaluation report here:

<https://hduhb.nhs.wales/welsh-language-services/>

We will report progress on this and other key actions to achieve our ambitions and statutory obligations for the Welsh language in our Annual Welsh Language Report, which will be published in summer 2024 on our website: <https://hduhb.nhs.wales/welsh-language-services/>

### 8.7.1 Staff language skills

The language skills of our staff, in accordance with Standard 116 and 117, are captured and recorded on the electronic staff management system (ESR). As of March 31, 2024, 97.59% of staff have recorded their Welsh language skills as follows:

Skill Level	0 - No Skills / Dim Sgiliau	1 – Entry / Mynediad	2 - Foundation / Sylfaen	3 - Intermediate / Canolradd	4 - Higher / Uwch	5 - Proficiency / Hyfedredd	Not Yet Recorded on ESR
Number	4,773	2,730	1,084	876	938	1,344	290
%	39.66%	22.68%	9.01%	7.28%	7.79%	11.17%	2.41%

### 8.7.2 Vacant posts

The number of new and vacant posts that were advertised during the year, recorded as per those where Welsh language skills were essential or desirable and the number where Welsh needs to be learnt or where Welsh was not necessary are reported below:

- Number of Welsh essential posts – 23
- Number of Welsh desirable posts – 2,702
- Number where Welsh to be learnt – 0
- Number where Welsh not necessary – 0
- Total number of posts – 2,725

Out of the 2,725 posts advertised, 2,659 posts were offered and 619 individuals appointed to these posts hold Welsh language skill levels 3 to 5.

### 8.7.3 Welsh language related complaints

Two Welsh language service complaints were received during 2023-24. One investigation has been conducted by the Welsh Language Commissioner within the year under section 71 of the Welsh Language Measure. Full details can be found in the Annual Welsh Language Report, which will be published on our website: <https://hduhb.nhs.wales/welsh-language-services/>

## 9. Sustainability Report

### 9.1 Environment, sustainability and carbon reduction

Over the last year, we have continued to contribute to reducing carbon and embedding sustainable practices through our day-to-day activities.

We have introduced several energy efficiency/decarbonisation initiatives, including switching on our award-winning solar farm development in Carmarthen (read more here: <https://hduhb.nhs.wales/solar-farm-wins-sustainability-achievement-award/>). Our 'Switch It Off' campaign encourages staff to switch off electrical items not in use and has been showcased by Climate Action Wales as an example of good practice.

We have maintained our performance and systems in line with the Environmental Standard ISO14001 and developed objectives and targets which are formally reviewed and monitored.

Our approach to agile working continues to be developed and we are reviewing our health board estate to make the best use of our resources, including changing to a fleet of electric vehicles.

Reducing waste and increasing recycling remains a key priority for the health board and we are exploring ways to improve our performance in these areas. For example, we are rolling out recycling absorbent hygiene products (AHP) to help reduce their carbon emissions by 96% and focusing on single-use plastic medicine pots and speculums, mobility and walking aids, and laundering/repurposing uniforms. We are leading across NHS Wales on successfully switching inhaler devices within primary and secondary care to dry powder inhalers, reducing harmful hydrofluorocarbon propellants.

An online platform 'Warp It' helps us to reuse furniture and equipment across the organisation, avoiding unnecessary purchases and reduced emissions from waste disposal. In addition, we separate

different types of solid waste on all our sites, with the exception of Glangwili Hospital which is expected to meet these legal requirements by 2025.

Some of our projects have been highlighted as good practice case studies in the Bevan Commission's Let's Not Waste programme, demonstrating successful waste reduction initiatives in health and social care across the UK. Read more here:

<https://bevancommission.org/lets-not-waste/>



Although still high, our spending on utilities has decreased, mainly due to the impact of unstable energy markets and improved performance of the biomass boiler. Our energy performance contract with Centrica, which ends on 31 March 2025, delivers guaranteed annual savings and carbon reduction. Since March 2015, this has achieved a reduction in carbon emissions of around 28,137 tonnes. Arrangements are in place for a new energy performance contract through the Re:Fit 4 Wales Framework route, to start in April 2024.

Following the publication of the All Wales NHS Decarbonisation Strategy in March 2021, we commissioned the Carbon Trust to develop the health board's Decarbonisation Delivery Plan. This sets out how we aim to meet the national targets for carbon management, buildings, transport, procurement, estate planning, land use, and clinical sustainability.

We have installed energy efficiency technologies to reduce our carbon footprint, contributing to Welsh Government's 2030 net carbon-neutral ambition. Examples include the solar canopies at South Pembrokeshire Hospital, switching the main boiler at Glangwili Hospital from gas oil to LPG, and surveying Prince Philip Hospital's energy centre to target heating efficiencies.

Carbon Literacy and Sustainable Healthcare training is available to all staff via HEIW's Climate Smart Champions with several staff members obtaining their accreditation (read more here: <https://heiw.nhs.wales/news/were-recruiting-nhs-staff-to-be-climate-smart-champions1/>). The 'Achieving Net Zero' e-learning module is also available, though this is not currently a mandatory training requirement. Our intranet-based Sustainability Hub provides staff with access to general information, case studies and links to other sources.

Looking ahead to 2024-2025, we plan to explore more opportunities to achieve our decarbonisation aims, for a better sustainable future. We aim to embed good practice and behaviours at the heart of our organisation's core business and day-to-day activities, so that we can bring to life the benefits of carbon reduction activities, while maintaining high quality services.

Our full Sustainability Report for 2023-24 is available to read here: <https://hduhb.nhs.wales/sustainability-report-June-2024/>. This more detailed report will include data on utility, waste, transport, sustainability and environmental management information.

## 9.2 Task Force on Climate-related Financial Disclosures (TCFD)

### 9.2.1 Our governance around climate-related issues

We maintain our steadfast commitment to environmental sustainability and carbon reduction accountability, aligned with The Climate Change (Wales) Regulations 2021 and the roadmap to net zero. We have a Decarbonisation Delivery Plan 2022-25 that

sets out 46 initiatives, along with an approved governance structure that reports to the Sustainable Resources Committee (SRC).

Our decarbonisation actions, which mitigate some of the risks of climate change by reducing carbon emissions, is currently reported in the following ways:

- Bi-monthly SRC reports (via Decarbonisation Task and Finish Group)
- Hywel Dda UHB Annual Report
- Hywel Dda UHB Annual Governance Statement
- Hywel Dda UHB Well-being Objectives Annual Report
- Welsh Government Annual Decarbonisation Qualitative Report
- Welsh Government Annual Net Zero Emission Quantitative Report
- Welsh Government Quarterly Decarbonisation Reporting (DCR)
- Annual Public Services Board (PSB) Report (as requested)

### 9.2.2 Our Board's oversight of climate-related issues

The Sustainable Resources Committee's oversight consists of delivery against the 46 initiatives within our Decarbonisation Delivery Plan. We are currently exploring where internal approvals will reside for the qualitative reporting relating to the newly proposed TCFD requirements.

To further support and embed our strategic response to the broader climate change emergency agenda into current/future policies, planning, improvement and operations, further time is required to develop the appropriate governance management and reporting structures responsible for driving forward our approach.

### 9.2.3 Management role in assessing and managing climate-related issues

Climate change is a cross-cutting agenda affecting all parts of the organisation. Managers across a number of directorates contribute to the decarbonisation and sustainability agendas.

The assignment of organisational delivery responsibilities regarding climate-related

outcomes and the roles for management-level positions or committees will be ascertained following an internal review of existing structures and resource. A subsequent description of the associated organisational structure(s) and the processes by which management is informed about climate-related issues will be provided via future reporting mechanisms.

#### **9.2.4 Metrics and targets used to assess and manage relevant climate-related issues**

A summary of the impact (where quantifiable and estimated) of the climate-related actions that will be implemented by the health board up to March 2025 is identified in the Decarbonisation Delivery Plan. The scope of this plan is limited to align with the NHS Wales Decarbonisation Strategic Delivery Plan and respective dates. The Delivery Plan currently addresses the reduction of carbon emissions across all greenhouse gas emissions scopes, with a specific focus on the emissions associated with construction and estate refurbishment. Our current trajectory reported in line with the Welsh Public Sector Net Zero Target Carbon Reporting Approach can be found on the most recent Integrated Performance Assurance Report.

#### **9.2.5 Assessing climate-related risks and opportunities in line with our strategy and risk management process**

To date the metrics and targets have not been set and approved in line with the organisation's strategy and risk management process.

#### **9.2.6 Greenhouse gas emissions and related risks**

2018/19 provides the baseline for carbon emissions during which time, we measured 98,854 tCO<sub>2</sub>e total emissions. This is 9.87% of the total NHS Wales footprint and positions Hywel Dda UHB as the health board with the second largest proportion of total emissions.

The overwhelming majority of emissions arise from the indirect, upstream value chain sources – scope 3. 14% (14,255 tCO<sub>2</sub>e) of

emissions are scope 1, from the direct creation or release of greenhouse gases, and 5% (4,972 tCO<sub>2</sub>e) of emissions arise from scope 2 sources, namely those associated with the consumption of electricity.

The Decarbonisation Delivery Programme risk register outlines challenges to the achieving the outcomes within the plan and includes existing control measures. This register is confined to the risks related to the delivery of the defined initiatives within the programme, and therefore further definition of the organisational risks faced by the climate emergency will require scoping within the Climate Action Plan (subject to internal approvals).

#### **9.2.7 Managing climate-related risks and opportunities and our performance against targets**

At this time, performance is measured against our greenhouse gas emissions and such targets are set out in our Decarbonisation Delivery Plan, which is due to be refreshed in March 2025. In response to requirements set out in the NHS Wales Decarbonisation Strategic Delivery Plan, this initial Decarbonisation Delivery Plan has been developed by the Carbon Trust on behalf of the health board. It sets the strategic direction of travel for the next ten years and the incorporated Decarbonisation Action Plan (section 5) summarises the deliverable decarbonisation actions that will be implemented over the next 2+ years (from March 2022). The Delivery Plan addresses carbon emissions across all greenhouse gas emissions scopes, with a specific focus on the emissions associated with construction and estate refurbishment.

#### **Examples of Decarbonisation Delivery Plan initiatives include:**

- In 2014 we entered into the first Energy Performance Contract (EPC) in Wales. An EPC is a contract with an external provider to implement energy efficiency measures and provides a guarantee that the savings predicted will be delivered. Our EPC provider is British Gas, and the contract term is 10 years. The EPC has supported a number of schemes including Combined Heat and Power (CHP) plants

at Prince Philip and Withybush hospitals that use mains gas to generate electricity on site and a biomass boiler at Glangwili Hospital, reducing the cost spent per kWh and greatly reducing our CO2 emissions. We are able to claim the Renewable Heat Incentive for each kWh generated and the boiler also uses woodchip sourced in Wales. The EPC guarantees a minimum annually saving of £600,000 and 4,000 tonnes of CO2

- We continue to work with the company ASDM to make savings against our water contract. They monitor our water systems, informing of us of any leaks ensuring

these can be rectified quickly, saving the health board money and reducing waste.

Addressing environmental issues is an important part of organisational management and we adhere to the ISO 14001 international standard, which outlines how to put in place an effective environmental management system to manage and improve environmental performance. We were awarded ISO 14001 Environmental Management accreditation in October 2020. Since then, we undergo an annual re-certification audit.

## 10. Conclusion and forward look

This report reflects the strength and resilience of our staff and partners, in a shared ambition to improve the health, care and well-being of our patients and local communities, while facing significant challenges throughout the year.

Staff from across the organisation have worked incredibly hard to do everything we can to address the many issues we have faced: from the backlog of patients waiting for care and treatment and our workforce challenges, through to our worsening financial position and an ever-increasing demand on our services.

We have taken action to make improvements across the system and also in planning for the years ahead. We are determined to better our financial health and our performance to that seen prior to the pandemic and importantly to the level we aspire to. We have therefore developed a one-year Annual Plan for 2024-25 as our initial step towards this, which is available to read here:

[hduhb.nhs.wales/annual-plan-2024-25-pdf/](https://hduhb.nhs.wales/annual-plan-2024-25-pdf/)

We have also made significant progress with the development of our strategy 'A Healthier Mid and West Wales' and the work on our culture, values and behaviours laying solid foundations for the organisation.

The scale of the financial, workforce and service challenges mean significant and fundamental change will be required. We

made progress during 2023-24 with our international recruitment programme, reducing vacancies and our use of agency staff, reducing the number of long-stay patients in hospital and the first phase of our Clinical Services Plan, including the Board decision on Urgent and Emergency Paediatrics in November 2023.

Achieving our vision (A Healthier Mid and West Wales) will require the organisation to have a clear focus (our strategic goals), a route map to the strategic vision (the planning objectives), a way of measuring progress (the priority measures for 2024-25 and the strategic outcome measures) and strong oversight and risk management (the Board Assurance Framework and our Committee Structure).

We are not in a position to submit a formal Integrated Medium-Term Plan (IMTP) to Welsh Government, mainly because more progress is needed on our financial deficit before it can be approved. Our anticipated financial deficit for the coming financial year demonstrates the significant challenges we face. These are driven partly by our configuration and the challenges of providing services spread across our area; by the challenges in delivering flow across the health and care system with the consequent demand on using high cost agency staff; and by the extraordinary inflationary environment in which we are currently operating.

However, we are clear on the areas that we intend to progress over the next three years, working with partners and responding to policy drivers, such as the new NHS Wales Executive; National Clinical Framework, Foundational Economy, Social Duty of Care, and the Future Generations Act; along with the Ministerial Priorities and outcomes.

As a large employer, and a significant contributor to the local economy, we want to support our population to develop rewarding careers, support our local businesses and the regeneration of our towns, and provide leadership in the resetting of our society as we seek to address societal challenges like decarbonisation.

### **During 2024-25, we will:**

- Improve access for patients across all planned care services and support patients whilst they wait through increased efficiencies in our system, and our work on a regional level
- Continue to support our workforce, and our focus on workforce sustainability, stabilisation plan, reducing agency usage
- Continue the redesign of our urgent and emergency care system, aligned to the six national policy goals
- Further strengthen our relationships with our partners, including our neighbouring health boards, through regional initiatives such as A Regional Collaboration for Health (ARCH) and the Mid Wales Joint Committee for Health and Care
- Improve our financial position as part of a longer-term drive towards financial balance, through delivering savings and working with Welsh Government on our route map to financial sustainability
- Continue work on our strategy 'A Healthier Mid and West Wales' and our Clinical Services Plan
- Develop our Primary and Community care strategy
- Accelerate our work in the digital; value-based healthcare; research and innovation; foundational economy and quality management spheres
- Continue to learn from our planning objectives and develop our approach to planning

- Implement a new organisational structure, enhanced clinical leadership, and revised governance arrangements with a focus on our organisation's capacity and capability to deliver on our key objectives

We recognise there is much to do and we do not underestimate the challenges we face as an organisation as we go into 2024-25.

Together with you, our staff, partners and communities, we can bring positive change and move towards our vision of A Healthier Mid and West Wales.



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

**Part Two:**

# **Accountability Report**

**2023-2024**

## 11. Accountability Report

The purpose of the accountability section of the Annual Report is to meet key accountability requirements to the Welsh Government, and to provide an overview of the governance, accountability arrangements and structures that were in place across the health board during 2023/24. It includes:

- **The Corporate Governance Report:** This report explains the composition and organisation of the health board and governance structures and how they support the achievement of the health board's objectives. The Corporate Governance Report itself is in three main parts; the Directors' Report, the Statement of Accounting Officer's Responsibilities, and the Governance Statement.
- **The Remuneration and Staff Report:** The Remuneration and Staff Report contains information about senior managers' remuneration. It will detail salaries and other payments, the health board's policy on senior managers' remuneration, and whether there were any exit payments or other significant awards to current or former senior managers. In addition, the Remuneration and Staff Report sets out the membership of the health board's Remuneration Committee, and staff information with regards to numbers, composition, and sickness absence, together with expenditure on consultancy and off payroll expenditure.
- **Senedd Cymru/Welsh Parliament Accountability and Audit Report:** The Senedd Cymru/Welsh Parliament Accountability and Audit Report provides information on such matters as regularity of expenditure, fees and charges, and the audit certificate and report.

### 11.1 Corporate Governance Report

#### 11.1.1 Introduction

The Corporate Governance Report provides an overview of the governance arrangements and structures that were in place across the health board during 2023/24. It includes:

- **The Directors' Report:** This provides details of the Board who have authority or responsibility for directing and controlling the major activities of the health board during the year. Some of the information which would normally be shown here is provided in other parts of the Annual Report and Accounts and this is highlighted where applicable.
- **The Statement of Accounting Officer's Responsibilities and Statement of Directors' Responsibilities:** This requires the Accountable Officer, Chair and Executive Director of Finance to confirm their responsibilities in preparing the financial statements and that the Annual Report and Accounts is fair, balanced, and understandable.
- **The Governance Statement:** This is the main document in the Corporate Governance Report. It explains the governance arrangements and structures within the health board and brings together how the organisation manages governance, risk and control.

### 11.2 Directors' Report

#### 11.2.1 The composition of the Board and membership

The Directors' Report provides details about the health board its independent members and executive directors, the structure of the

Board and components of its governance and risk management structure. The Board is made up of 11 independent members (who are appointed by the Cabinet Secretary for Health and Social Services through the public appointments process) and nine executive directors who are employees of the health board. All independent members and executive director members have full voting rights.

In addition, there are two associate members who have been appointed by the Cabinet Secretary for Health and Social Services following a recommendation from the health board in accordance with standing orders. Associate members have no voting rights. There are also three directors, who form part of the Executive Team and the Board but who have no voting rights.

### Our Board members as at 31 March 2024



Judith Hardisty,  
Interim Chair  
(voting)



Eleanor Marks,  
Vice-Chair  
(voting)



Maynard Davies,  
Independent Member  
(Information  
Technology) (voting)



Rhodri Evans,  
Independent Member  
(Local Authority)  
(voting)



Micheal Imperato,  
Independent Member  
(Legal) (voting)



Anna Lewis,  
Independent Member  
(Community) (voting)



Ann Murphy,  
Independent Member  
(Trade Union) (voting)



Chantal Patel,  
Independent Member  
(University) (voting)



Delyth Raynsford,  
Independent Member  
(Community) (voting)



Iwan Thomas,  
Independent Member  
(Third Sector) (voting)



Winston Weir,  
Independent Member  
(Finance Specialist)  
(voting)



Michael Gray,  
Associate Member  
Director of Social Services,  
Pembrokeshire County  
Council (non-voting)



Jeremy Hockridge,  
Associate Member,  
Chair of Stakeholder  
Reference Panel (non-voting)



Prof Phil Kloer,  
Interim Chief Executive  
(voting)



Lisa Gostling,  
Executive Director of Workforce  
and Organisational Development /  
Interim Deputy Chief Executive  
(voting)



Andrew Carruthers,  
Executive Director of  
Operations (voting)



Sharon Daniel,  
Interim Executive Director of Nursing,  
Quality and Patient Experience  
(voting)



Lee Davies,  
Executive Director of  
Strategy and Planning  
(voting)



Dr Ardiana Gjini,  
Executive Director of  
Public Health (voting)



Mark Henwood,  
Interim Executive Medical  
Director (voting)



Alwena Hughes-Moakes,  
Communications and  
Engagement Director  
(non-voting)



Jill Paterson,  
Director of Primary Care,  
Community and Long  
Term Care (non-voting)



Huw Thomas,  
Executive Director of Finance  
(voting)



James Severs,  
Executive Director of  
Therapies and Health  
Science (voting)



Joanne Wilson,  
Director of Corporate Governance  
(Board Secretary)  
(non-voting)

Further details of Board members for 2023-24 are detailed in [Appendix 1](#) of our Governance Statement. This will include Board and committee membership for 2023-24, the meetings attended during the year and the champion roles fulfilled by Board members. In addition, short biographies of all Board members can be found on the health board's website at:

<https://hduhb.nhs.wales/about-us/your-health-board/board-members/>

Changes to the composition of the Board throughout 2023-24 are outlined below:

- Dr Ardiana Gjini started as the new Executive Director of Public Health on 1 July 2023
- Alison Shakeshaft, Executive Director of Therapies and Health Sciences left the health board on 31 July 2023
- Michael Imperato started on 1 September 2023 as Independent Member (legal)
- Maria Battle, Chair, retired on 31 October 2023
- Judith Hardisty, Vice-Chair, agreed to take up the position of Interim Chair from 1 November 2023 until 31 May 2024 (at which point her tenure will end)
- Councillor Rhodri Evans agreed to take on the role of Interim Vice-Chair on a

temporary basis, from 27 November 2023 to 31 January 2024

- James Severs started in his role as Executive Director of Therapies and Health Sciences on 6 November 2023
- Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience retired on 31 December 2023
- Sharon Daniel started as Interim Executive Director of Nursing, Quality and Patient Experience on 1 January 2024 for up to 9 months
- Steve Moore, Chief Executive Officer, officially left the health board on 11 February 2024 (stepping down as Accountable Officer on 31 January 2024)
- Professor Philip Kloer, who was previously our Executive Medical Director/Deputy Chief Executive, was appointed as Interim Chief Executive Officer for a period up to 12 months from 1 February 2024
- Lisa Gostling, Executive Director of Workforce and OD, took on the additional responsibility of Interim Deputy Chief Executive for a period of up to 12 months from 1 February 2024
- Mark Henwood commenced as Interim Executive Medical Director on 5 February 2024 for a period of up to 12 months
- Eleanor Marks took up the position of Vice-Chair on 2 February 2024
- Mo Nazemi stood down as Associate Member and Chair of the Healthcare Professionals Forum on 31 August 2023
- Hazel Lloyd-Lubran stood down as Associate Member and Chair of the Stakeholder Reference Group on 9 December 2023
- Jeremy Hockridge, as the newly nominated Chair of the Stakeholder Reference Group, was confirmed as Associate member on 31 January 2024
- Michael Gray, Director of Social Services, was confirmed as Associate Member on 31 January 2024

Where roles were vacant, interim arrangements were in place to ensure

business continuity and effective governance arrangements. Deputising arrangements were in place to cover priority areas. Such arrangements supported the health board in maintaining stability and ensured the Board's duties could be discharged during the periods of absence of a substantive post holder. In the reporting period these were:

- Executive Director of Public Health
- Executive Director of Therapies and Health Sciences

### 11.2.2 Register of Interests

Details of company directorships and other significant interests held by members of the Board, which may conflict with their responsibilities, are maintained and updated on a regular basis. A register of interests is available on the health board's website at: <https://hduhb.nhs.wales/register-of-interests-gifts-sponsorship-and-hospitality/>. A hard copy can be obtained from the Director of Corporate Governance/Board Secretary on request.

### 11.2.3 Personal data-related incidents

Information on personal data-related incidents formally reported to the Information Commissioner's Office and serious untoward incidents involving data loss or confidentiality breaches are detailed in the [data security section](#) of the Governance Statement.

### 11.2.4 Environmental, social and community issues

These are outlined in pages 81 and 93 of the [Performance Report](#).

### 11.2.5 Statement for public sector information holders

This is contained in the [Senedd Cymru/Welsh Parliament Accountability and Audit Report](#) of the Accountability Report.

### 11.3 Statement of the Chief Executive's responsibilities as Accountable Officer of Hywel Dda University Health Board

The Welsh ministers have directed that the chief executive should be the accountable officer of Hywel Dda University Health Board.

The relevant responsibilities of accountable officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government.

I can confirm that:

- to the best of my knowledge and belief, there is no relevant audit information of which Hywel Dda University Health Board's auditors are unaware and I have taken all steps that ought to have been taken to make myself aware of any relevant audit information and established that the auditors are aware of that information
- Hywel Dda University Health Board's Annual Report and Accounts as a whole is fair, balanced, and understandable and I take personal responsibility for the Annual Report and accounts and the judgements required for determining that it is fair, balanced, and understandable

The accountable officer is responsible for authorising the issue of the financial statements on the date they are certified by the Auditor General for Wales.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

**Signed by:**

**Professor Philip Kloer**

**Chief Executive Officer (Interim)**

**Date: 11 July 2024**

## 11.4 Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year.

The Welsh ministers, with the approval of HM Treasury, direct that these accounts give a true and fair view of the state of affairs of Hywel Dda University Health Board and of the income and expenditure of Hywel Dda University Health Board for that period.

In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh ministers with the approval of HM Treasury
- make judgements and estimates which are responsible and prudent, and

- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts

The directors confirm that they have complied with the above requirements in preparing the accounts.

The directors are responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time, the financial position of the authority and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned direction by the Welsh ministers.

### By order of the Board

#### Signed by:

<b>Chair:</b>	..... <b>Dr Neil Wooding</b>	<b>Date:</b>	<b>11 July 2024</b>
<b>Chief Executive (Interim):</b>	..... <b>Professor Philip Kloer</b>	<b>Date:</b>	<b>11 July 2024</b>
<b>Executive Director of Finance:</b>	..... <b>Huw Thomas</b>	<b>Date:</b>	<b>11 July 2024</b>

## 11.5 Governance statement

### 11.5.1 Scope of responsibility

The Board is accountable for governance, risk management and internal control. As Interim Chief Executive of the Board, I have responsibility for maintaining appropriate governance structures and procedures, as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which I am personally responsible. These are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

The Annual Report outlines the different ways the organisation works both internally and with partners in response to the significant challenges of planning and providing services. It explains arrangements for ensuring standards of governance are maintained, risks are identified and mitigated, and assurance has been sought and provided. Where necessary, additional information is provided in the Governance Statement, however the intention has been to reduce duplication where possible. It is therefore necessary to review other sections in the Annual Report alongside this Governance Statement.

Our governance framework has continued to mature to enable us to operate in an open and transparent way and support the delivery of our strategic and planning objectives as we chart our course to a more sustainable position, including an ambition to

return to financial balance, aligned to our strategy: 'A Healthier Mid and West Wales'. Further detail on how we maintained good governance arrangements during 2023-24 are provided within this Governance Statement.

During 2023-24, the health board has seen significant challenges as it has responded to continued service pressures in the wake of the pandemic and the wider impact on our population. We continue to manage an aging estate and an unsustainable clinical model. We continue to contend with a number of external pressures which include workforce availability (including social care), affordability and the cost of living. These issues manifest as increased waiting lists and delays to care for patients, excessive strain on staff, reduced system efficiency and unprecedented financial pressures.

### 11.5.2 Escalation and intervention arrangements

The health board has been in targeted intervention for finance and planning, and enhanced monitoring for quality issues related to performance, resulting in long waiting times and poor patient experience since September 2022. However, due to the Welsh Government's concerns on our lack of sustained progress over a period of time on integrated planning, finance and delivery, in January 2024, the Welsh Government increased the escalation status to targeted intervention for the entire organisation. The escalation of the whole organisation into targeted intervention reflects escalating concerns in all of the six domains of the new oversight and escalation framework outlined below.



framework for the business conduct of the health board and define its ways of working.

These documents form the basis upon which our governance and accountability framework is developed and, together with the adoption of our standards of behaviour framework, are designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

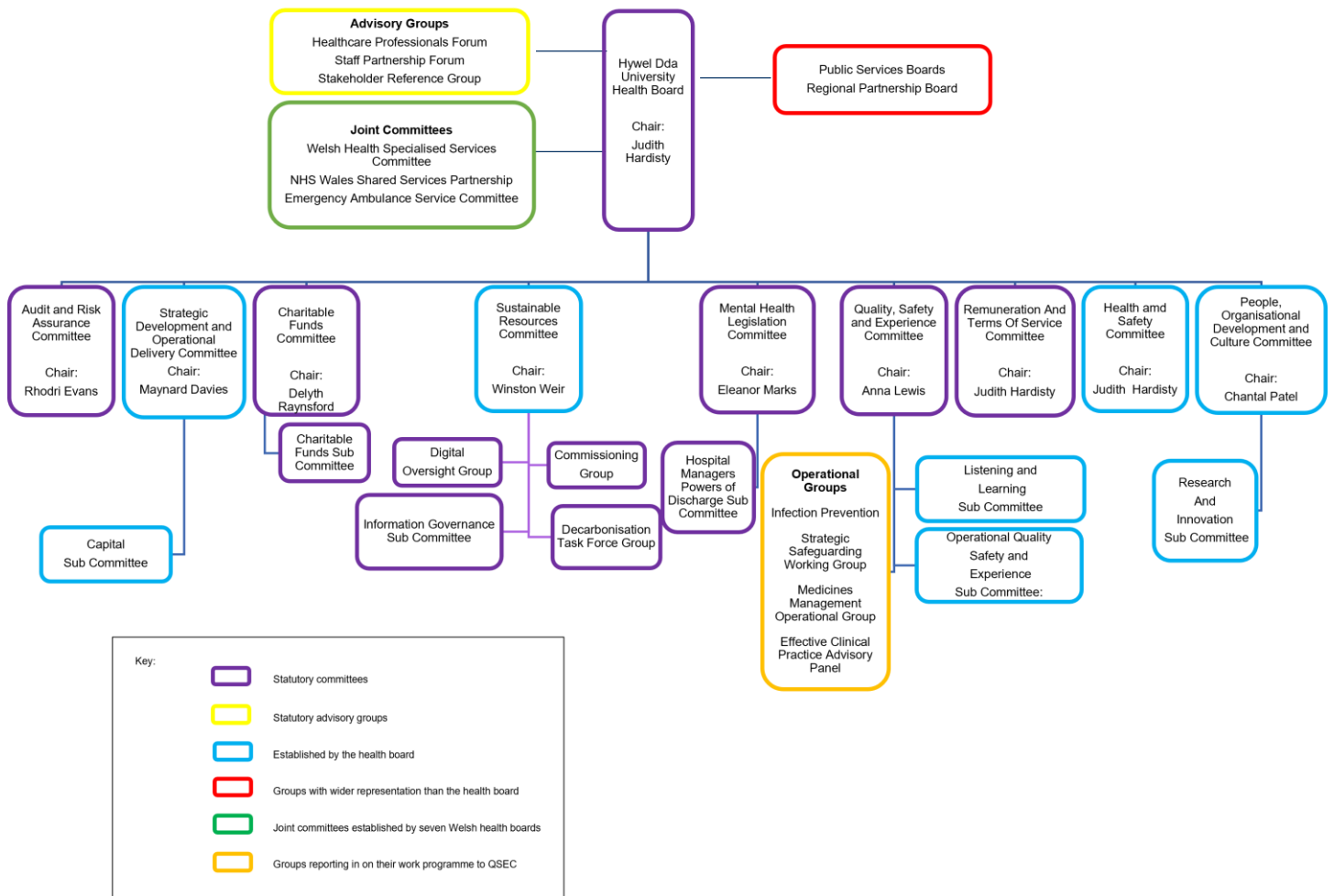
The Welsh Government has set out the key areas to be addressed by the health board over the coming months as part of the escalation framework and the expectations for improvement.

In addition to the routine performance management arrangements with the Welsh Government, which include regular Joint Executive Team (JET) and Integrated Quality and Planning and Delivery Group (IQPD) meetings, there will quarterly escalation meetings. The Welsh Government will also agree with the health board the ongoing frequency of interventions, support and monitoring.

### 11.5.3 Our governance framework

The health board has agreed standing orders for the regulation of proceedings and business of the organisation. These are designed to translate the statutory requirements set out in the LHB (Constitution, Membership and Procedures) (Wales) Regulations 2009 into day-to-day operating practice. Together with the adoption of a scheme of matters reserved to the Board, a scheme of delegation to officers and others and standing financial instructions, they provide the regulatory

## Board and committee structure:



### 11.5.4 Standing Orders

The health board approved the revised model Standing Orders and Standing Financial Instructions, issued by Welsh Government, at its Board in November 2023.

All variations to our Standing Orders are reported the Audit and Risk Assurance Committee (ARAC). During 2023-24, there were two variations to the Standing Orders:

- **Annual General Meeting (AGM):** Standing Orders state that the health board 'must hold an AGM in public no later than 31 July each year.' In light of the revised timetable for Audit Wales to submit final annual reports and

accounts to HSSG Finance for the reporting period 2022-23, the Welsh Government confirmed that AGMs will take place no later than 28 September 2023. ARAC was advised of this variation on 18 April 2023 directing that the health board: 'must hold its 2023 AGM in public no later than 28 September. This variation from the date of July will be reviewed on 31 March 2024.' This was reported to the Board in May 2023.

- **Sealing and signing documents:** While the health board has a robust process in place for signing and sealing of documentation, it was not followed on one occasion. ARAC was advised of this breach on 20 June 2023, and it was

reported to the Board on 27 July 2023. Procedures for sealing have been reinforced, with a reminder that governance advice must be sought, and processes followed in relation to awarding of contracts that require the application of the seal. An internal audit review was also undertaken on the sealings systems and processes which provided substantial assurance.

### 11.5.5 The Board

The Board provides leadership and direction to the organisation and is responsible for governance, scrutiny, and public accountability, ensuring that its work is open and transparent. The Board functions as a corporate decision-making body.

As outlined in our [Directors' Report](#), the Board is made up of individuals from a range of backgrounds, disciplines, areas of expertise.

The Board ensures that its work is open and transparent by holding its meetings in public. Meetings are also live-streamed, with recordings available on our website. While private meetings are kept to a minimum, where these are appropriate, meeting agendas are also published.

During 2023-24, the Board held:

- nine meetings in public (all were quorate)
- one annual general meeting
- seven seminar sessions

Attendance, detailing apologies received and nominated deputies, is formally recorded within the minutes. The dates, agendas and minutes of all public meetings can be found on the health board's website:

<https://hduhb.nhs.wales/about-us/your-health-board/>

The Board has a programme of work which was adapted during the year to respond to emerging events and circumstances. There is also a clear patient and staff-centred focus by the Board at its meetings, demonstrated by the presentation of patient and staff

stories at each meeting through the patient experience report.

Items considered by the Board during 2023-24 included:

- Year-end documentation, including Board effectiveness report, Head of Internal Audit Annual Report and Opinion, the health board's Annual Report and Accounts for 2022-23 and Audit Wales ISA 260 and Letter of Representation
- Standing Orders and Standing Financial Instructions
- Scheme of Delegation
- Annual Review of Committee Terms of Reference
- Nurse Staffing Levels (Wales) Act:
  - Annual Assurance Report 2022-23
  - Annual Presentation of Nurse Staffing Levels
- Paediatric Services Consultation for Urgent and Emergency Paediatric Services
- Clinical Services Plan
- Major Incident Plan
- Digital Transformation Plan
- Accommodation – estate development and rationalisation plans
- Winter planning
- Further, Faster, Together
- Public Services Boards (PSBs) well-being plans
- Reinforced Autoclaved Aerated Concrete (RAAC)
- Primary care contractual applications
- Provision of NHS primary care personal dental services, Tywi/ Taf, north Pembroke and Ceredigion
- Immunisation Report
- All Wales Control Framework for Flexible Workforce Capacity
- Risk Management Strategy
- Risk Appetite Statement
- Long Term Agreements – Values and processes for 2023-24
- Business cases:

- Sexual Assault Referral Centre (SARC) Business Justification Case (BJC)
- Digitally Enabled Transformation Programme Business Case (PBC)
- Electronic Prescribing Medicines Administration (EPMA) system Outline Business Case (OBC)
- Digital Cellular Pathology Programme BJC
- Laboratory Information Network Cymru (LINC) Update
- Radiology Informatics System Replacement Programme (RISP) Update
- Arts and Health Charter
- Patient Experience Charter
- Learning Disabilities Engagement
- Annual reports:
  - NHS Blood and Transplant (NHSBT) Organ Donation: Review of Actual and Potential Deceased Organ Donation
  - The health board's Well-being Objectives Annual Report 2022-23
  - West Wales Carers Development Group Annual Report 2022-23
  - The health board's Director of Public Health Annual Report 2022-23
- Strategic equality reports:
  - Strategic Equality Plan Annual Report 2022-23
  - Annual Workforce Equality Report 2022-23
  - Disability, Ethnicity and Gender Pay Gap Report 2022-23
- Audit Wales Annual Audit Report and Structured Assessment 2023
- Healthcare Inspectorate Wales (HIW) Annual Report
- Llais Annual Report

Regular items throughout the year to the Board included those listed above, as well as the following:

- Updates on implementing the Healthier Mid and West Wales Strategy, including PBC and land identification plan/consultation
- Operational update reports

- Reports on the Annual Plan 2023-24 and development of the Annual Plan 2024-25
- Reports on the financial performance and the related risks for discussion
- Reports on improving patient experience, providing feedback and activity, for assurance
- Integrated performance assurance reports identifying areas of concern for discussion
- Board Assurance Framework (BAF) dashboard providing a visual representation of the health board's progress against each strategic objective for assurance
- Corporate risk reports providing assurance on the management of risks, and any variances to agreed tolerance levels
- Reports from the Chair and Chief Executive (including the register of sealings for endorsement and status reports on consultations) for discussion, and
- Assurance reports and endorsement of any matters arising from the In-Committee Board, Board committees, joint committees, advisory groups and statutory partnerships of the Board.

### 11.5.6 Board committees

The Board is supported by a number of committees, each chaired by an independent member. These committees have an important role in providing scrutiny and seeking assurance in relation to the achievement of our strategic and planning objectives, provision of safe and effective services, compliance with legislation and standards, learning from lessons, and oversight of performance and risk. The health board has the following committees in place:

- Audit and Risk Assurance Committee (ARAC)
- Charitable Funds Committee (CFC)
- Health and Safety Committee (HSC)

- Mental Health Legislation Committee (MHLIC)
- People, Organisational Development and Culture Committee (PODCC)
- Quality, Safety and Experience Committee (QSEC)
- Remuneration and Terms of Service Committee (RTSC)
- Strategic Development and Operational Delivery Committee (SDODC)
- Sustainable Resources Committee (SRC)

The terms of reference for all Board committees are reviewed on at least an annual basis and can be found in the governance arrangements section on our website: <https://hduhb.nhs.wales/about-us/governance-arrangements/>)

Details of membership and the record of attendance at both Board and these committees is set out in [Appendix 1](#), with a table of quoracy at [Appendix 2](#).

Each committee has an executive director lead who works closely with the chair of the committee to set agendas, plan the business cycle and support good quality, timely information being relayed to the committee. As well as producing formal minutes and a decision log, each committee maintains a table of actions that is monitored at meetings.

The chair of each committee provides a written report to the Board following each meeting outlining key risks and highlighting areas, which need to be brought to the Board's attention to contribute to its assessment of assurance and provide scrutiny against the delivery of objectives or other matters. Each committee chair is also responsible for providing the Board with an annual report, setting out a helpful summary of its work throughout the year.

The committees, as well as reporting to the Board, also work together on behalf of the Board to ensure, where required, that cross reporting and consideration takes place, and assurance and advice, is provided to the

Board and the wider organisation. Committee chairs also meet regularly to support the connection and triangulation of information between committees, and to continually assess the effectiveness of the Board committees.

Throughout the year, each committee has undertaken a self-assessment and produced a meaningful development plan to ensure there is continual learning and improvement.

A new approach to committee self-assessment and annual reporting was introduced during 2023-24, which is intended to add value to the organisation's governance capability. It provides an opportunity for committees to reflect on the previous 12 months and to consider areas that the committee has helped to influence and drive improvements and learn from where the committee could have placed more focus. Outcomes from the process will be taken forward by committees to improve its effectiveness and governance arrangements, with themes from the committees self-assessment process informing the Board's development programme going forward.

A summary of key items considered by committees can be found in [Appendix 3](#).

### 11.5.7 Escalation status control structure

The Board established governance and scrutiny arrangements to ensure we were able to address and remedy, wherever possible, the key issues highlighted by the Welsh Government when the health board was escalated, in September 2022, to targeted intervention for finance and planning, and enhanced monitoring for some quality issues. These arrangements remained in place throughout 2023-24 to ensure there was effective oversight and accountability.

As part of the health board's response to the Welsh Government increasing the escalation status to targeted intervention for the entire

organisation in January 2024, these arrangements are under review.

### **11.5.8 Reinforced autoclaved aerated concrete (RAAC) control structure**

On 15 August 2023, the health board declared an internal major incident at Withybush Hospital to enable it to identify the scale and impact of the RAAC (faulty concrete planks) found in the hospital building. This enabled the establishment of internal command and control structures (gold, silver and bronze groups) to enable us to react quickly to survey work when substandard RAAC planks were discovered. It also made it possible to more effectively prioritise the work of operational teams to deal with the emerging issue and draw upon support from partner agencies that are members of the Dyfed Powys Local Resilience Forum.

The RAAC command and control structure was stood down on 19 January 2024 when the health board closed the internal major incident. A RAAC control group is in place to oversee the management and remediation of RAAC at Withybush Hospital and the anticipated critical decisions and associated business continuity challenges.

### **11.5.9 Advisory groups**

The health board has a statutory duty to 'take account of representations made by persons and organisations who represent the interests of the communities it serves, its officers and healthcare professionals'. This is achieved in part by three advisory groups to the Board.

#### **Healthcare Professionals' Forum (HPF)**

The HPF comprises of representatives from a range of clinical and healthcare professions within the health board and across primary care practitioners with the remit to provide advice to the Board on all professional and clinical issues it considers appropriate. It is one of the key forums used to share early service change plans,

providing an opportunity to shape the way the health board delivers its services. HPF met three times during 2023-24. The role of the HPF has been reinvigorated with executive leadership transferring to the Executive Director of Therapies and Health Science, with the expressions of interest being sought for the positions of chair and vice chair.

#### **Staff Partnership Forum (SPF)**

The SPF engages with staff organisations on key issues facing the health board. It provides the formal mechanism through which the health board works together with trade unions and professional bodies to improve health services for the population it serves. It is the forum where key stakeholders engage with each other to inform debate and seek to agree local priorities on workforce and health service issues. SPF met six times during 2023-24.

#### **Stakeholder Reference Group (SRG)**

The SRG is formed from a range of partner organisations from across the health board's area. It engages with and is involved in the strategic direction, advises on service improvement proposals and provides feedback to the Board on the impact of its operations on the communities it serves. The SRG met four times during 2023-24. The group also held a workshop to review how effective it was and will introduce a new way of working in 2024-25 which will help it focus on its key role to the Board.

### **11.5.10 Other advisory groups**

#### **Black, Asian, and Minority Ethnic (BAME) Advisory Group**

The BAME Advisory Group was established in July 2020 to advise the health board on mainstreaming equality, diversity and inclusion and provide a forum to empower and enable BAME staff to achieve their potential through creating positive change. The BAME Advisory Group now reports directly to PODCC, with the vice-chairs being invited to participate in Board

meetings as in-attendance members. The BAME Advisory Group met four times during 2023-24.

### 11.5.11 Joint committees

We are a member of the following joint committees established by NHS Wales.

#### Emergency Ambulance Services Committee (EASC)

EASC was established in 2014 to be a joint committee of the seven health boards, with the three NHS trusts as associate members. It has responsibility for the planning and commissioning of emergency ambulance services on an all-Wales basis. Hosted by Cwm Taf Morgannwg University Health Board, we are represented on the joint committee by the Chief Executive and regular reports are received by the Board supported by a more in-depth discussion, on an annual basis, at the Board seminar meeting.

#### Welsh Health Specialised Services Committee (WHSSC)

WHSSC was established in 2010 by the seven health boards to ensure the population has fair and equal access to the full range of specialised services. Hosted by Cwm Taf Morgannwg University Health Board, Hywel Dda is represented on the joint committee by the Chief Executive and regular reports are received by the Board supported by a more in-depth discussion, on an annual basis, at the Board seminar meeting and a joint executive-to-executive team meeting.

EASC and WHSSC have been replaced by a Joint Commissioning Committee from 1 April 2024 which will be responsible for:

- commissioning of specialised services
- services where there is agreement between the local health boards that they should be arranged on a regional and national basis
- emergency medical services
- non-emergency patient transport services

- emergency medical retrieval and transfer services
- NHS 111 services
- sexual assault referral centres, and
- other services as directed by the Welsh ministers

### 11.5.12 Partnership and collective working

#### Hywel Dda public service boards

We are a statutory member of the public services boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire. PSBs were established under the Well-being of Future Generations (Wales) Act 2015. Their purpose is to improve the economic, social, environmental and cultural well-being in its area by strengthening joint working across all public services in Wales. The effective working of PSBs is subject to overview and scrutiny by the Well-being of Future Generations Commissioner, Audit Wales, as well as designated local authority overview and scrutiny committees.

Well-being assessments formed the basis on which to build the 2023-28 well-being plans. These have been scrutinised and approved by all statutory member boards. During 2023-24, each local authority area has progressed with work around agreed priorities. Each PSB has set up a number of workstreams and subgroups, with various members of the health board being part of these groups as appropriate.

The Board has received updates from all PSBs on the work they are undertaking to progress their well-being objectives, outlined below:

Carmarthenshire PSB well-being objectives	Ceredigion PSB well-being objectives	Pembrokeshire PSB well-being objectives
<ul style="list-style-type: none"> <li>• Ensuring a sustainable economy and fair employment</li> <li>• Improving well-being and reducing health inequalities</li> <li>• Responding to the climate and nature emergencies</li> <li>• Tackling poverty and its impacts</li> <li>• Helping to create safe and diverse communities and places</li> </ul>	<ul style="list-style-type: none"> <li>• Working together to achieve a sustainable economy that benefits local people and builds on the strengths of Ceredigion</li> <li>• Work together to reduce inequalities in our communities and use social and green solutions to improve physical and mental health</li> <li>• Work together to deliver decarbonisation initiatives within Ceredigion to protect and enhance our natural resources</li> <li>• Work together to enable communities to feel safe and connected and will promote cultural diversity and increase opportunities to use the Welsh language</li> </ul>	<ul style="list-style-type: none"> <li>• Support growth, jobs and prosperity and enable the transition to a more sustainable and greener economy</li> <li>• Work with our communities to reduce inequalities and improve well-being</li> <li>• Promote and support initiatives to deliver decarbonisation, manage climate adaption and tackle the nature emergency</li> <li>• Enable safe, connected, resourceful and diverse communities</li> </ul>

### West Wales Regional Partnership Board

Regional partnership boards (RPBs), based on local health board footprints, became a legislative requirement under Part 9 of the Social Services and Well-being (Wales) Act 2014 (SSWBWA). Their core remit is to promote and drive the transformation and integration of health and social care within their areas. We are fully committed to integrating health and social care planning through a co-ordinated approach. Across west Wales we have a strong track record of joint planning between agencies and the approach set out by the Welsh Government this year builds upon the foundations already in place.

RPBs have an important role in co-ordinating integrated capital planning activity for their region. This includes the utilisation of dedicated funds for RPBs in addition to the

existing capital portfolios of local authorities and health boards. In west Wales, there is a RPB Capital Strategic Board and Operational Group for this purpose, jointly chaired by the Director of Communities for Carmarthenshire County Council and the Executive Director of Strategy and Planning for Hywel Dda University Health Board.

For 2023-24, £8,002,700 from the Housing with Care Fund (HCF) was available to the west Wales region. In addition, RPBs could also bid for funding from the Integration and Rebalancing Capital Fund (ICRF) capital programme, which supports the development of community hubs, establishment of integrated health and care centres and rebalancing of the residential care sector. Both capital funding streams are expected to complement the Regional Integration Fund (RIF). The total funding IRCF request from the RPB is £8,345,000.

The RPB is required to develop a 10-year strategic capital plan (SCP) that brings together health, social care, housing, third sector, education and regeneration partners to develop integrated service delivery facilities and integrated accommodation-based solutions, first drafts of which are submitted to the Welsh Government by 30 April 2023, alongside their 5-year strategic area plan. The RPB endorsed the 10 year

capital strategy at its meeting on 17 July 2023.

The Regional Integration Fund (RIF) allocation for 2023-24 has increased by £163,084 to incorporate an additional allocation towards carers short breaks. The financial and delivery performance will be monitored closely by the performance and finance group who will report monthly to the Integrated Executive Group (IEG).

RPB	WG Investment	RINGFENCED PROGRAMMES AND INFRASTRUCTURE							RIF core funding (accelerate, embed, mainstream)
		IAS	Dementia	Memory Assessment Services	Unpaid Carers Hospital Discharge Engagement	Short breaks for carers	Ringfenced total	Regional Infrastructure Fund (75% up to £750,000)	
West Wales	£18,838,124	£398,000	£1,249,000	£384,000	£121,000	£163,084	£2,315,084	£750,000	£15,773,040

Initial feedback from the Welsh Government on the 6-month evaluation of the RIF from the RPB was positive, identifying significant improvement from the initial submissions. A follow-up workshop which focused on learning from the submission has taken place. A RIF memorandum of understanding has been drafted and is awaiting sign off.

The RPB also co-ordinated bids for Further, Faster funding. These have now been signed off for 2023-24 and the RPB is awaiting confirmation of 2024-25 allocation.

A detailed report was provided detailing the work that has been undertaken to implement NEST in west Wales. The NEST framework is a planning tool for RPBs co-produced by the Together for Children and Young People and NHS Wales Collaborative. The NEST report and action plan has been submitted to the Welsh Government for feedback.

The Welsh Government commissioned Oxford Brookes to carry out self-assessments on all RPBs. This was conducted via an online survey, aimed at individuals/organisations who have 'a seat

around the RPB table'. It is designed to gather feedback on partners views of the work of the RPB, areas of strength, and areas requiring development. The findings, which are due in spring 2024, will be fundamental to the future work and direction of the RPB in supporting partners.

### NHS Wales Shared Services Partnership Committee (NWSSPC)

The NWSSPC was established in 2012 and is hosted by Velindre NHS Trust. It is responsible for the shared services functions for the NHS, such as procurement, recruitment, and legal services. Hywel Dda is represented by the Executive Director of Finance at this committee with regular reports received by the Board following each meeting.

### 11.5.13 Board development

During 2023-24, there have been a number of changes at Board level with a number of personnel changes including the retirements of the Chair, Maria Battle and that of two executive directors namely, Alison

Shakeshaft, Executive Director of Therapies and Healthcare Sciences and Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience. In addition, the Chief Executive of nine years, Steve Moore has moved on to a new CEO role in Devon.

The need to maintain organisational leadership and stability and preserve corporate memory and experience has needed to be balanced in attracting new talent and skill, motivation and commitment. Ensuring that the Board has been able to work together as new members have joined over time, has been a key feature of the Board Development work over the past 12 months.

A number of interim and substantive roles have been filled during this time. These are set out in the [Directors' Report](#).

One further substantive appointment has been made, that of a new chair of the health board, Dr Neil Wooding, who will start on 1 June 2024. At that time, our Interim Chair and previous Vice-Chair Judith Hardisty, will have completed her full independent membership term with the health board.

In order to manage these transitions in year, a number of personal development interventions have been put in place, such as a robust induction and on boarding process for new members and coaching and mentoring support where appropriate. Organisational and board level interventions have also been in place throughout the turbulent 18-month period including:

- Board seminars to drill down into specific topics and deepen knowledge and skills relating to subject areas
- Board development days focusing on strategy development and team dynamics and relationships
- A regular series of executive time-outs to work on strategy, organisational challenges and opportunities and team effectiveness

Talent management and succession planning has been at the forefront of the Board development work with two executive directors participating in the Health Education and Improvement Wales (HEIW) Aspiring Chief Executive Officer (CEO) programme; the organisation supporting the aspiring director offer led by HEIW and also Hywel Dda establishing its own internal talent pool for aspiring assistant directors. These are all important building blocks in relation to the success of the Board and its effective functioning in future years.

The appointment of the interim Chief Executive has seen a review undertaken of the organisational landscape through a series of discussions with key stakeholders such as the Welsh Government, Audit Wales, Health Inspectorate Wales (HIW), local authorities, Llais etc and this review has shaped part of the Board's development pathway for 2024-25.

In addition, given the targeted intervention status placed on the organisation in year, the Board development work is now very much focused on an assessment of the six domains within the escalation framework so that early opportunities for improvement can be taken and a clear way forward agreed with partners in the Welsh Government.

Audit Wales in their Structured Assessment 2023 Report commended our robust approach to Board development and improvement, stating it provided good foundations to manage the significant changes of the Board, and that the health board is doing all it can to ensure a smooth transition.

#### 11.5.14 Effectiveness of the Board and committees

The Board has strong arrangements for reviewing its effectiveness which demonstrate its commitment to learning and improvement. This was recognised by Audit Wales in their structured assessment in 2023.

Throughout 2023-24, a new approach to reviewing committee effectiveness was introduced. This involved a refreshed committee self-assessment survey, which was analysed alongside other sources of information including any audit/regulator feedback and independent member post-committee reflections. This analysis was followed up by a committee workshop for the Board’s main committees (PODCC, QSEC, SDODC and SRC only) and an outcome report produced for each committee setting out actions to be taken forward. The themes from the committee effectiveness work will be fed into the Board development programme in 2024-25.

When assessing its own effectiveness, the Board draws on internal and external sources of assurance, to help it to evaluate its annual effectiveness:

- Joint escalation and intervention arrangements status as the Welsh Government raised the escalation status of the health board to targeted intervention for the whole organisation (see [Escalation and intervention arrangements section](#) of the report)
- Audit Wales structured assessment (more information on this can be found in the [Audit Wales Structured Assessment section](#) of this report)
- Self-assessment against the Code of

- Corporate Governance (see [Code of Corporate Governance section](#) of the report)
- Feedback from the Board committee self-assessment programme
- IA reports received throughout 2023-24, including reviews of escalation status actions, board oversight, quality governance arrangements at Bronglais Hospital, NICE guidelines, strategic programme governance, and estates assurance (estate condition), and
- Current progress on work to address fire enforcement notices

Following due consideration of the sources of assurances and supporting documentation, the Board acknowledged that, while it has effective corporate arrangements in place, it considered the overall level of maturity in respect of governance and board effectiveness for 2023-24 has reduced to level 2, based on the criteria in the table below. This is in recognition of our increased escalation status and the work that needs to be taken forward to strengthen the Welsh Government's confidence in our ability to deliver the improvements to our integrated planning, finance and performance delivery.

Level 1	Level 2	Level 3	Level 4	Level 5
We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve	We are aware of the improvements that need to be made and have prioritised them but are not yet able to demonstrate meaningful action.	We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	We have well developed plans and processes and can demonstrate sustainable improvement throughout the service	We can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from

### 11.5.15 The purpose of the system of internal control

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

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically. The system of internal control has been in place for the year ended 31 March 2024 and up to the date of approval of the Annual Report and Accounts.

The Board is accountable for maintaining a sound system of internal control which supports the achievement of the organisation's objectives. The system of internal control is based on a framework of regular management information, administrative procedures including the segregation of duties and a system of delegation and accountability. It has been supported in this role by the work of the main committees, each of which provides regular reports to the Board, underpinned by a sub-committee structure, as shown in [Our Governance Framework](#) section of this statement.

### 11.5.16 Capacity to handle risk

The Board is responsible for the effective management of the organisation's risks in pursuance of its aims and objectives. The Board collectively has responsibility and accountability for setting the organisation's objectives, defining strategies to achieve those objectives, and establishing governance structures and processes to best manage the risks in accomplishing those objectives.

The Chief Executive, as accountable officer, has overall responsibility for ensuring that the

health board has an effective risk management framework and system of internal control, however executive directors have responsibility for the ownership and management of principal, corporate and operational risks within their portfolios.

The health board's lead for risk is the Director of Corporate Governance/Board Secretary, who has responsibility for leading on the design, development, and implementation of the Board Assurance Framework (BAF) (view here: <https://hduhb.nhs.wales/board-assurance-framework-pdf/>) and Risk

Management Framework (view here: <https://hduhb.nhs.wales/risk-management-framework/>).

### 11.5.17 Risk management framework

The risk management framework aims to help the health board understand, evaluate and take action on its risks in order to increase the probability of success and reduce the likelihood of failure, and forms a part of the overall governance framework of the organisation. It aims to facilitate better decision-making and improved efficiency. Risk management can also provide greater assurance to our stakeholders. It is important that it adds value to ensure the health board reduces uncertainty, informs decision-making and prioritisation, and achieves the best possible outcomes.

Our risk management framework clearly sets out the components that provide the foundation and organisational arrangements for supporting risk management processes in the organisation. It clarifies roles and responsibilities, communication, escalation of risks and reporting lines, while also outlining other components, such as the risk strategy and risk protocols.

It is based on the 'Three Lines of Defence' model, which advocates that management control is the first line of defence in risk management. The various risk control and compliance oversight functions established by management are the second line of

defence, and independent assurance is the third. Each of these three lines plays a distinct role within the health board’s wider governance framework. However, all three lines need to work interdependently to be effective.

Procedures, guidance, systems, and tools are in place to assist management to identify, assess and manage risks on a day-to-day basis. This is supported with training, support and advice from the health board’s assurance and risk team, which has the role to embed the risk management framework and process,

and to facilitate a risk aware culture across the organisation via business partnering arrangements.

A risk maturity self-assessment was undertaken during 2023-24 in accordance with the Orange Book, a recognised risk management standard for the public sector.

The assessment covered seven key areas relating to risk management which were assessed using the following maturity matrix:

Level 1	Level 2	Level 3	Level 4	Level 5
Awareness and understanding	Implementation planned and in progress	Implementation in all key areas	Embedding and improving	Excellent capability established
<ul style="list-style-type: none"> <li>• People</li> <li>• Partnerships</li> <li>• Outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Risk handling</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership</li> <li>• Risk Strategy and policies</li> <li>• Processes</li> </ul>		

The self-assessment demonstrated that leadership promotes risk management and that the health board has a risk management framework in place, supported by a range of strategies, policies and processes. Further collaboration with service leads across the organisation will take place when undertaking the next assessment to determine if colleagues across the wider health board feel they are adequately supported to manage their risks in order to achieve outcomes. Further work is also required to develop and enhance the role of risk management in its contribution to effective planning and target setting, and to better support the achievement of strategic and operational outcomes.

The outcomes of the assessment have informed the objectives included in the revised Risk Management Strategy, available to read here: <https://hduhb.nhs.wales/risk-management-strategy/>. It was approved by

Board at its meeting in March 2024. The Risk Management Strategy ensures it supports the achievement of our strategic objectives, and align with our committee structures, the BAF and corporate risk register. The health board will undertake this self-assessment on an annual basis, with input from colleagues across the organisation in order to fully assess its risk maturity and risk culture.

The assurance and risk team continued to support Directorate Improving Together Sessions (DITS) throughout 2023-24, which retained a continued focus on risk. Despite an increase in the number of identified risks, DITS have supported in a 12.4% improvement in risks being reviewed within required timescales, enabling the health board to ensure appropriate mitigating actions are identified and acted upon.

Audit Wales reported in their structured assessment in 2023 that the health board continues to have mature approach to

overseeing its BAF and has further strengthened oversight and assurance on its risk management arrangements by renewing the Risk Management Strategy and introducing the Risk Assurance Report to ARAC on a six-monthly basis.

#### 11.5.18 Risk appetite

The health board's Risk Appetite Statement (available to read here: <https://hduhb.nhs.wales/risk-appetite-statement-pdf/>) provides staff with guidance as to the boundaries on risk that are acceptable and provides clarification on the level of risk the health board is prepared to accept. It is integrated with the control culture of the organisation to encourage more informed risk taking at strategic level with more exercise of control at operational level, as well as recognition of the nature of the regulatory environment the organisation operates within.

During 2023-24, the Board reviewed and refreshed its Risk Appetite Statement through detailed discussions at Board seminar and Executive Risk Group, to describe the level of risk it is willing to tolerate according to the type of risk presented, and in line with its capability to manage risk. The health board's capacity to manage risk is impacted by financial and other resources.

The aim is that this will support the further development of our roadmap to financial balance, while at the same time managing increasing demands on our services along with external challenges. The revised Risk Appetite Statement describes the level of risk the health board is prepared to tolerate according to the type of risk presented and was approved by the Board at its meeting in January 2024.

#### 11.5.19 Risk management process

Our risk management framework supports the health board's risk management process. This is a continuous process that should methodically address all the significant risks associated with all the activities of the health

board. All risks are assessed in terms of likelihood and impact using the health board's risk scoring matrix which helps to facilitate a level of consistency and understanding of the scoring and ranking of risks throughout the organisation.

Risks are identified in a bottom-up and top-down approach throughout the health board. Each corporate and operational directorate is responsible for ensuring risks to achieving their objectives, delivering a safe and effective service and compliance with legislation and standards, are identified, assessed and managed to an acceptable level, i.e. within the Board's agreed risk tolerance, and escalated or de-escalated as appropriate.

Communicating and consulting with internal and external stakeholders and partners is an important part of the risk management process, and this is one area we will be looking to strengthen over the next 12 to 18 months. The frequency of the communication will vary depending upon the severity of the risk and is discussed and agreed with the stakeholders and partners. For example, our risk related to the delivery of integrated community and acute unscheduled care services requires a whole system approach, and the health board has been working with its partners in Welsh Ambulance Services NHS Trust (WAST), local authorities and domiciliary providers to take forward work to try to improve flow within our hospitals. Communication with various unions has also been key in managing and mitigating the risk of industrial action during the year.

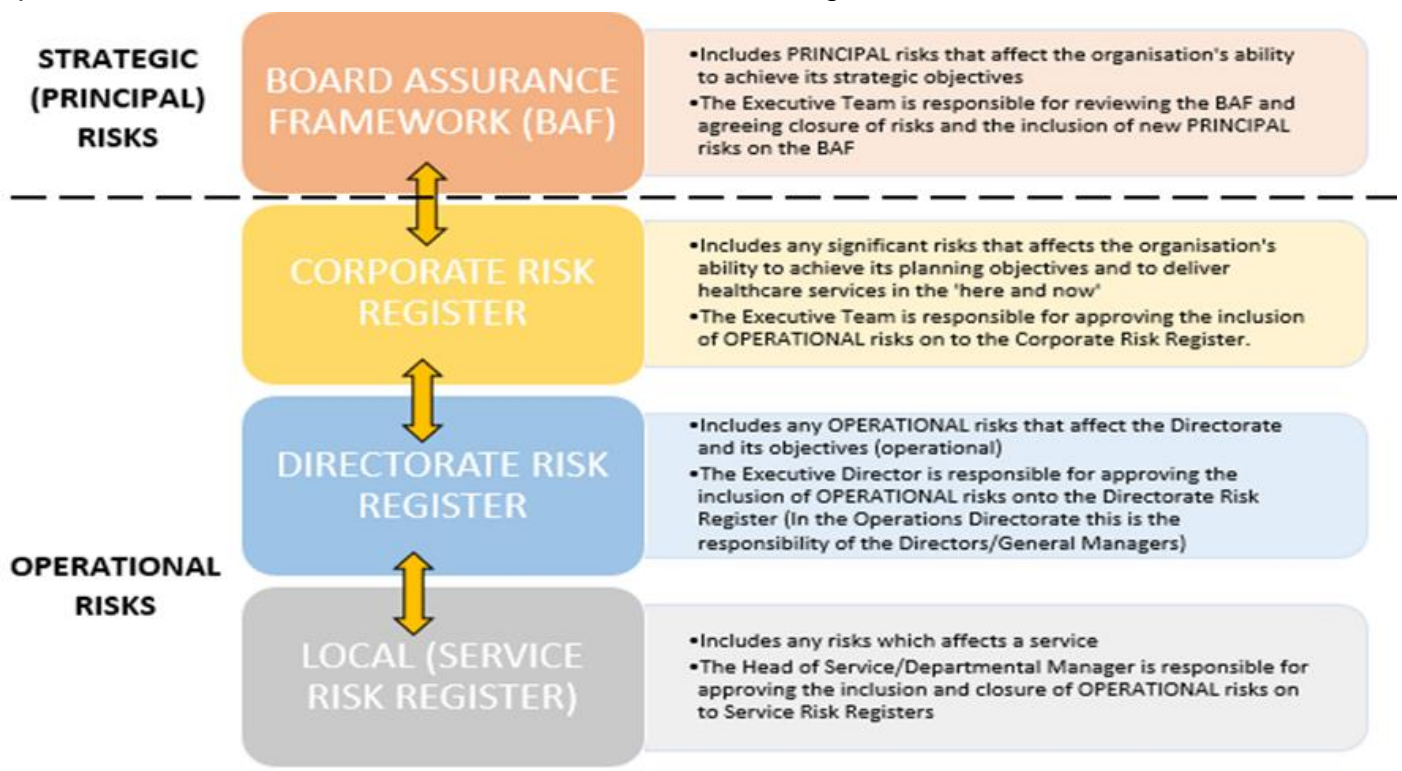
Engagement of stakeholders has also taken place through multi-agency partnership working. The Regional Partnership Board is part of the health board governance structure that helps to support the management of risk facing the organisation through collective dialogue.

The executive team has identified several principal risks, those that may affect the achievement of our strategic objectives.

These principal risks, are refreshed annually, following approval of our Annual Plan, and form part of our Board Assurance Framework (BAF) to support the implementation of the health board’s strategy, through the delivery of its planning objectives, and provide the Board with ongoing assurance on the achievement of its objectives.

Executive directors are also responsible for identifying significant operational risks for the Corporate Risk Register (CRR). These corporate risks can reflect new or emerging risks from discussions or risks escalated by individual executive directors from their directorate to be collectively agreed by the Executive Risk Group for entry onto the CRR.

The chart below details how the CRR interacts with the principal risks on the BAF and the operational risks that are on directorate and service risk registers.



**11.5.20 Oversight and reporting of risk**

In following the three lines of defence model described above, the health board ensures that operational management are supported in their role of day-to-day risk management by specialist functions who have expertise and knowledge to help them control risk.

Corporate and operational risks that are over the health board’s current agreed tolerance level, are aligned to the health board’s committees, whose role it is to provide assurance to the Board that risks are being

managed appropriately. The application of tolerance will be reviewed during 2024-25 in light of the revised Risk Appetite Statement as agreed by Board in January 2024, to ensure the continued appropriate reporting to the Board’s committees. The executive team review the BAF on a bi-monthly basis and hold a monthly Executive Risk Group meeting to review the CRR.

**11.5.21 Risk profile**

Delivering healthcare through the current clinical model through an ageing estate in a large, rural geographical area presents

significant quality, service, workforce, and financial challenges to the health board. The health and care system within Hywel Dda is facing intense challenges, which are being felt across Wales.

For us as a health board, the drivers of these pressures typically fall into the categories of workforce availability (including social care), affordability and cost of living, inflationary pressures on public finances, an ageing estate, population health and need for health care. These issues manifest as backlogs and delays to care for patients, the inability to achieve ministerial priorities, excessive strain on staff, reduced system efficiency and unprecedented financial pressures. Our most significant operational risks are outlined in the CRR section below.

The health board’s strategic and planning objectives set out how it will address some of these issues going forward whilst considering the learning, developments and changes of practice implemented during the pandemic. The BAF section below outlines the risks and controls in place for achieving its objectives.

**11.5.22 Board Assurance Framework (BAF)**

Our BAF reflects the revised strategic and planning objectives and is presented to the Board three times a year. The most recent BAF report can be accessed here: <https://hduhb.nhs.wales/board-assurance-framework-pdf/> and provides a link to our BAF dashboard. Audit Wales has identified the interactive BAF as a model of good practice. As well as identifying the principal risks to delivery of our objectives, the controls and assurances, the BAF also seeks to align outcomes against strategic objectives, and delivery against our planning objectives. An internal audit on risk management and BAF issued in May 2022 provided substantial assurance, noting the BAF is robust and aligned to strategic objectives.

There are 16 principal risks that have been aligned to our six strategic objectives.

Total number of risks on BAF on 1 April 2023	16
New risks added during 2023-24	0
De-escalated/closed during 2023-24	0
Total number of risks on BAF of 31 March 2024	16

The most significant risks to achieving our strategy are listed below:

**Principal risk 1199 - achieving financial sustainability (risk score 25)**

Achieving financial balance on a three-year rolling basis is a statutory requirement for the Board and a clear requirement from the Welsh Government. Our financial deficit has continued to deteriorate. The significant underlying financial deficit in the current and future years is likely to result in our inability meet our cash obligations as they fall due, with strategic and operational changes required to improve this position, and we remain in targeted intervention status with the Welsh Government.

The key drivers for our underlying deficit are well understood, with considerable business intelligence available to identify areas of concern which require action. We have a Planning Steering Group in place to co-ordinate planning activities across key corporate functions, and an Improving Together programme in place to monitor delivery. The aim is to develop an ongoing balanced approach as to how resources are used and invested and dis-invested in, to achieve workforce, clinical service and financial sustainability.

Dialogue has continued with the Welsh Government during 2023-24 to monitor the agreed actions to achieve a de-escalation in our monitoring status, and planning objectives including the creation and implementation of an escalation framework to work in harmony with the Improving Together

sessions to support under-performing directorates to improve financial trajectories and savings plans.

**Principal risk 1191 – Underestimation of excellence (risk score 16)**

Significant challenges remain in our ability to maintain safe, sustainable care across some of our services, which undermine our ambition to strive for excellence. We need to strengthen clinical engagement in embedding and maximising clinical effectiveness systems and processes against the backdrop of increased staffing and operational pressures, delivering our recovery plan post-COVID, current clinical configuration and resource constraints. There is also an over-reliance on external funding for research, development and innovation (RDI) activities and stretching cost recovery targets for the innovation work of Tritech.

Quality assurance systems are in place across the health board to monitor compliance with NICE guidelines, and peer reviews undertaken. An RDI strategy, approved by the Quality and Safety Experience Committee, is also in place. The Clinical Standards and Guidelines Group supports better engagement with service areas and promotes excellence through a focus on clinical effectiveness standards in order to identify gaps and improve services where required.

**Principal risk 1192 - wrong value set for best health and well-being (risk score 16)**

This risk reflects that our overall strategy may be limited by seeing health and well-being purely through the NHS lens, using incorrect measures, not effectively engaging with individuals and communities, and under and/or over-estimating potential for best health and well-being which may result in services which do not improve outcomes for individuals and communities.

Whilst we undertake engagement with our population, we are still defining our approach to continuous engagement, our approach to

tackling inequality/inequity, and our understanding of the social model of health and well-being and our arts in health and what this means to our local population and communities. Well-being assessments are being updated by the PSBs, however, we do not currently have an effective method of measuring the well-being of individuals, communities, and our population.

A number of planning objectives for 2023-24 which underpin the management and mitigation of this risk were prioritised. These include the development and implementation of public health plans which empower and enable people to live healthy lives through health improvement initiatives, and the development of a Board and Welsh Government approved financial roadmap.

**Principal risk 1196 - Insufficient investment in facilities / equipment / digital infrastructure (risk score 16)**

This risk reflects our inability to invest in appropriate facilities, medical equipment and digital infrastructure to appropriate standards in order to provide safe, sustainable, accessible services. We established a programme group to manage the production of our programme business cases (PBCs) to secure long term investment in support of our health and care strategy, however, until endorsed by the Welsh Government, we cannot assume investment is likely to be forthcoming at the scale or in the required timelines. Significant risks exist at present across the estates infrastructure as a result of concerns around reinforced autoclave aerated concrete (RAAC), fire safety and business continuity in terms of viability.

Actions to manage and mitigate this risk include the development and progression of a suite of plans to address the significant risks associated with current buildings and infrastructure, and the development of business continuity outline business cases to address major infrastructure backlog across our acute sites.

Further actions include the progression and implementation of our Clinical Services Plan (CSP), leading on the implementation of the digital agenda to support the agreed outcomes of the transformational programme, and to implement the Board-approved plan for decarbonisation; albeit the Board agreed to slow delivery of this in response to deteriorating financial conditions and mounting operational strains.

**Principal risk 1197 – implementing models of care that do not deliver our strategy (risk score 16)**

We have completed a clinical review as requested by the Welsh Government, with a strategic outline case (SOC) in progress to support the implementation of our strategy: 'A Healthier Mid and West Wales'. It is recognised, however, that our escalation to targeted intervention status by the Welsh Government could detrimentally impact on our ability to achieve this strategic objective.

Actions to address this risk include the progression and implementation of our CSP, develop a set of integrated locality plans with our local authority and third sector partners, develop and deliver a regional diagnostic plan with Swansea Bay University Health Board (SBUHB), and develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model.

**Principal risk 1198 - ability to support shifting of care in the community (risk score 16)**

Achieving our strategic objectives will depend on the ability to overcome complex and historical arrangements and systems. These will need to be worked through to support a new approach to the delivery of care in line with our strategy, as well as a need to support the population in changing their behaviour and the way they have previously accessed services.

Actions to address this risk include the development of a Primary and Community

Services Strategy and the implementation of the pathway interface programme that will transform and streamline clinical care pathways across the health board over the next three years, and to develop and implement the Transforming Urgent and Emergency Care Programme to deliver ministerial priorities by 2026.

**Principal risk 1186 - attract, retain and develop staff with the right skills (risk score 15)**

Our most significant challenge is to maintain the right number of people to be able to deliver safe, effective, and sustainable services. This is due to a number of factors, including geography, recognised national shortages in a number of professions, unappealing rotas and an ageing workforce that mirrors our population. Becoming an employer of choice and attracting people to work for Hywel Dda is therefore fundamental to the achievement of our workforce strategy, as is ensuring workforce planning and development identifies and supports the future capability we need.

Our plans to address this risk includes implementing a flexible and responsive recruitment process that:

- encourages local employment for local people
- constructs a comprehensive workforce development programme to encourage our local population into the NHS and care related careers
- implements an informative and supportive induction process
- has employee policies that support work-life balance and are person centred
- has equitable access and agile approaches to training regardless of personal and professional circumstances
- constructs a comprehensive talent, succession planning and leadership development programme, along with a robust workforce plan that will introduce new ways of working and new roles to

mitigate against national skills shortage professions.

We are implementing a multi-disciplinary clinical and non-clinical education plan, which includes expansion of our apprenticeship academy in terms of its scope, scale and integration with social care. In recognition of the critical importance of our workforce, a Strategic People Planning and Education Group was established in 2023-24.

Understanding our staff experience as we implement this work is essential. Staff pulse engagement surveys to sample 1,000 employees take place each month, selecting different staff each month.

The heat map below presents our principal risks (by their internal reference number) in respect of their likelihood and impact as at the end of March 2024:

Hywel Dda Risk Heat Map					
	Likelihood →				
Impact ↓	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
<b>Catastrophic 5</b>					1199
<b>Major 4</b>		1184	1185 1187	1191 1192 1196 1197 1198	
<b>Moderate 3</b>		1200	1188 1189 1193 1194 1195		1186
<b>Minor 2</b>					
<b>Negligible 1</b>					

### 11.5.23 Corporate Risk Register (CRR)

The health board’s CRR contains significant operational risks to the delivery of healthcare in the here and now and is reported to every other board meeting. Each risk has been mapped to a board level committee to provide assurance to the Board, through its update report, on the management of these risks.

During 2023-24, the CRR has been dynamic and responsive to new and emerging risks:

Total number of risks on CRR on 1 April 2023	17
New risks added during 2023-24	16
De-escalated/closed during 2022-23	10
<b>Total number of risks on CRR of 31 March 2024</b>	<b>23</b>

### Corporate risk 1642 - risk of the health board not meeting its statutory duty to break even in 2023-24 due to its significant deficit position (risk score 25)

Whilst processes for financial planning are in place, supported by arrangements for the managing and monitoring our financial position, the risk remains to the sustainability of our financial position.

This is driven primarily by continued operational pressures and the challenges associated with offsetting the required savings as agreed with the Welsh Government against variable pay, along with costs associated with drugs and continuing healthcare.

The health board entered targeted intervention in September 2022 for finance and planning, and remains in this status at March 2024. The forecast deficit remains unacceptable to the Welsh Government, leading to an unsupportable underlying deficit position that will impact future years.

Actions to mitigate this risk in-year included the creation of a control group in order to agree corrective actions, whilst balance with the risks inherent in the delivery of safe and timely care, and control targets of 10% improvement on planned deficits communicated to services across the organisation to realise the required financial improvements as set by the Welsh Government.

**Corporate risk 1027 – risk to delivery of timely urgent and emergency care due to demand exceeding current capacity across acute, primary care (including out of hours), community and social care services (risk score 20)**

Positive progress has been achieved throughout the year in reducing peak levels of pressure, with notable improvements achieved in key pathway metrics such as ambulance handovers and emergency department waiting times. However, significant pressures and the demand on our ‘front door’ remain high, with improvements noted earlier in the year not sustained over the winter period, with notable increase in the volume of patients with lengths of stay in excess of 21 days across all hospital locations during this period. Workforce deficits, bed occupancy rates and pressures on wider community and social care capacity continue to impact on our ability to deliver integrated community and acute unscheduled care services.

For addressing our urgent and emergency care, our plan sets out a number of priorities to mitigate the level of pressures anticipated. Work is currently underway across the three counties to develop a plan with local authority partners which sets out a model for integrated

community health and care provision for older adults.

**Corporate risk 1699 – risk of loss of service capacity at Withybush Hospital due to surveys and remedial work relating to reinforced autoclaved aerated concrete (RAAC) (risk score 20)**

Surveys undertaken at Withybush Hospital in 2023 identified a significant risk of harm to patients and staff, and to the physical infrastructure of the site due to the use of RAAC planks during the construction of the hospital. Immediate remedial works were required to address the risks, resulting in a major internal incident being invoked and the closure of six wards in September 2023, with affected services relocated.

The reduction in clinical space affected our ability to deliver elective, urgent and emergency inpatient and outpatient services at the hospital.

The status of major internal incident was stood down in January 2024 due to the sufficient mitigation of risks to inpatient services, and four of the six wards re-opened after completion of remedial works, with the remaining two due to re-open in March 2024. A RAAC Control Group remains in place to oversee the management and remediation of RAAC at Withybush Hospital and the anticipated critical decisions and associated business continuity challenges.

However, pressures remain on site with ongoing remedial work in the outpatients’ department, with the completion of remedial works expected in June 2024. Regular monitoring and inspection of affected planks will be required over the coming years, noting the possibility that these may deteriorate over time and require remedial work.

**Corporate risk 1810 – risk to delivering effective and timely cancer service due to aseptic unit facilities being non-compliant with Quality Assurance of Aseptic Preparation Services (QAAPS) (risk score 20)**

Ageing equipment and facilities at our sole aseptic unit within the health board gives rise to the risk of non-compliance with regulatory standards. Outsourcing of cancer treatments from third party suppliers at a significant cost to the health board may become our only option should the unit be closed prior to the development of a regional hub for cancer treatment preparation in south-west Wales, currently scheduled for 2028 NHS Wales Shared Services Partnership’s Transforming Access to Medicines (TrAMS) project.

Current controls in place to mitigate this risk include the procurement of new pharmaceutical isolators, the transferring of the radio pharmacy service to Singleton Hospital, and stringent standard operating procedures (SOPs) in place to minimise the risk of contamination and errors.

Further actions to manage and mitigate the risk include the commencement of a tender process to build a demountable aseptic unit at Withybush Hospital, and the preparation and submission of a business justification case to the Welsh Government.

**Corporate risk 1657 – risk to delivery of ministerial priorities relating to planned care recovery ambitions 2023-24 due to demand exceeding capacity (risk score 20)**

Challenges relating to recruitment, retention and workforce sustainability, financial resources and pressures on our urgent and emergency care pathways pose a risk to our ability to achieve ministerial priorities relating to planned care. This is reflected in our escalation to targeted intervention status by the Welsh Government for performance and quality. While positive progress has been achieved in increasing outpatient activity and capacity to levels comparable with pre-

pandemic volumes, significant staffing deficits continue to limit the volume of elective operating sessions undertaken and therefore continue to limit progress in expanding overall activity levels to match or exceed pre-pandemic levels. Achievement of the Welsh Government requirement of 99% of patients with waits less than 2 years on total pathways by March 2024 is not expected, with a forecast of 98.3%.

Actions to manage and mitigate this risk include reviewing opportunities to enhance dedicated elective pathway capacity across sites and exploring opportunities to maximise capacity regionally with SBUHB.

**Corporate risk 1664 – risk to ophthalmology service delivery due to a national shortage of consultant ophthalmologists and the inability to recruit (risk score 20)**

Recruitment challenges, a lack of physical space, and the absence of effective clinical and administrative systems are impacting on our ability to deliver a sustainable ophthalmology service. Increased demand and reduced capacity continue to be a challenge for the service, and is included within our Clinical Services Plan, highlighting its fragility.

Actions already undertaken to manage this risk include regional collaboration with SBUHB to strengthen pathways and to implement the National Electronic Patient Record for ophthalmology, and short-term funding obtained in order to reduce waiting lists. However, there remain areas of the service which still require investment such as age-related macular degeneration.

Further actions to mitigate this risk include a review of operational, workforce and sustainability models via A Regional Collaboration for Health (ARCH), the implementation of virtual review clinical for patients undergoing specific treatments, and an active recruitment drive for nursing staff and technicians.

**Corporate risk 1032 – risk of not providing timely diagnosis and treatment to mental health and learning disabilities clients due to demand and capacity (risk score 20)**

This risk reflects the increasing length of time mental health and learning disabilities (MHLDD) clients, specifically autism spectrum disorder (ASD) and psychological therapy clients, are waiting for timely assessment and diagnosis, and its impact on the health board's ability to meet ministerial targets. This is caused by increasing referral rates, lack of appropriate estates infrastructure, and recruitment challenges for psychologists.

Mitigation of this risk is dependent on continued successful recruitment into key posts, and the development of a 3-year 'Grow Your Own' programme for clinical psychologists, as well as having access to appropriate clinical venues and other agencies being able to undertake their associated assessments. Technological developments, including the use of virtual appointments and text messaging functionality for Neurodevelopmental Intensive Psychological Therapies Service clients, are in place to reduce 'Did Not Attend' (DNA) rates.

The trajectories agreed in 2023 for ASD, along with commissioned services and psychological services, are being monitored in key areas in order to further improve reporting and waiting list management and enable forward trajectories to be determined. The implementation of the Welsh Patient Administration System (WPAS) continues to be prioritised to further support these improvements.

**Corporate risk 1328 – risk of harm to staff, patients and critical assets due to insufficient physical security measures (risk score 20)**

Vulnerabilities have been identified in the security management arrangements and infrastructure at the health board, driven by a lack of a dedicated security personnel.

Controls in place to manage the risk include the undertaking of security assessments across high risk areas such as our emergency departments, and upgrades to the CCTV systems have been implemented during the year across all our acute sites. Arrangements are also in place to secure additional security resource on a short-term basis when required.

The risk is reliant on additional funding to mitigate further.

**Corporate risk 797 to the ability to deliver ultrasound services due to workforce pressures (risk score 20)**

The ability to deliver a sustainable ultrasound service across the health board remains challenging as a result of national shortages of sonographers, recruitment challenges, and demand exceeding current capacity.

Sonography training programmes have been developed during 2023-24, with further enrolment to follow. An Ultrasound Control Group has also been established with representation from radiology and maternity services to assess current demand and capacity, and to develop plans to meet all Wales screening standards and delivery of the Welsh Government mandate for foetal surveillance.

While positive progress has been made throughout 2023-24, further investment is required to ensure a sustainable service model that will enable the health board to meet expected diagnostic waiting time targets.

**Corporate risk 1352 – risk of business disruption and delays in patient care due to a cyber-attack (risk score 16)**

There are daily threats to systems which are managed by Digital Health Care Wales and the health board, with cyber-attacks becoming more prevalent.

The health board's Cyber Security Assurance Group provides assurance around cyber security remediation and reduction of cyber security risk, while working towards

compliance with the Network and Information Systems Regulation 2018 (NISR). Software is also utilised across the health board to ensure that the threat of a cyber-attack is reduced, and service business continuity plans are also in place. Regular monitoring of the cyber security position is undertaken via the Sustainable Resources Committee (SRC).

**Corporate risk 1708 – risk of increasing fragility in primary care contractor services due to recruitment challenges (risk score 16)**

Contract reform against the background of significant pressures on the wider system and financial pressures for the independent contractor business model are having a detrimental effect on patients gaining timely access to local primary care services. This is exacerbated by an inability to recruit new clinicians into salaried or partnership roles and inadequate estates.

Several managed practice contracts have been returned to the health board during 2023-24. With the implementation of a new optometry contract in October 2023, and new clinical pathways due to commence in April 2024, there is an expectation of a shift from hospital care to the community. However, the model is untested and the capacity of the health board to absorb further contract reform will impact on the ability to effectively deliver services, along with the impacts on staff welfare.

The health board has established a Primary Care Contract Review Group to monitor contracts. Nationally agreed branch management processes are also in place relating to community pharmacies. In addition, a programme of practice visits is in place to review the estates provision, with remedial action undertaken if required.

**Corporate risk 1649 – risk of an insufficiently skilled workforce to deliver services in the Annual Plan 2023/24 due to limited labour market (risk score 16)**

This risk reflects the insufficient skilled workforce levels in both acute and community settings which continue to operate below established levels, impacting the health board's ability to meet ministerial priorities across all areas, including urgent and emergency care, mental health and planned care. The scarce supply of healthcare professionals and a shrinking labour market, further exacerbated by the health board's current vacancy rates, is impacting the quality of care provided to patients as well as affecting the health and well-being of staff.

Actions undertaken throughout the year to manage this risk have included the development of critical issues papers for notable services impacted by workforce pressures including ophthalmology, pathology and radiology, supported by Improving Together sessions and continued guidance from the workforce planning team.

**Corporate risk 1745 – risk of not being able to safely deliver services due to ageing estate and infrastructure across the health board (risk score 16)**

We are operating within an ageing estate infrastructure, some of which is beyond its life expectancy, impacting on our ability to deliver care in line with expected standards. This is exacerbated by the limited availability of capital funding to address concerns, with reliance on revenue funding to address emerging issues whilst attempts continue to address the significant backlog.

A programme business case has been developed to modernise the estate, with Welsh Government advisers working with colleagues in estates to co-develop the next phase of identifying key priorities. Consultations have also been undertaken during 2023-24 on the proposals for the development of a new hospital in order to provide a sustainable hospital model fit for future generations. Work continues on priority areas, such as ward refurbishments and fire precautions upgrades at both Withybush and Bronglais hospitals.

**Corporate risk 684 – risk to the timely investment and replacement of radiology equipment and supporting infrastructure (risk score 16)**

There is a continued risk to the delivery of radiology services due to ageing equipment and its supporting infrastructure, resulting in delays in patient diagnosis and treatment, and negatively impacting on cancer pathways.

A National Imaging and Capital Priorities Group has been established to support a nationally sustainable and clinically focused capital equipment programme which will allow for timely equipment procurement and delivery to support healthcare demands. In addition, an equipment replacement programme is in place which is profiled by risk and usage, and service maintenance contracts are in place and reviewed regularly. However, confirmation of funding for the next financial year is still pending from discretionary capital.

**Corporate risk 1812 – risk of non-compliance with Medical Examiners (Wales) Regulations due to the failure to fully resource internal processes (risk score 16)**

New Medical Examiners (Wales) Regulations and death certification reforms are due to come in to force in April 2024, however, the health board is at risk of non-compliance due to the inability to fully resource internal processes to support these requirements.

The health board has established a Care After Death Steering Group, and a Multi-disciplinary Review Panel is also in place to manage this risk with a dedicated facilitator appointed to co-ordinate. Processes have also been developed and implemented in line with the All Wales Learning from Mortality Review Framework covering the four acute sites. However, due to current capacity these are not yet fully embedded at Glangwili Hospital.

Further actions to mitigate this risk include the development and delivery of training to ensure effective communication of the requirements of the regulations, and to explore the possibility of utilising the Internal Scanning Bureau once operational to achieve a long-term sustainable solution for the health board.

**Corporate risk 813 - failure to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO) (risk score 15)**

Phased fire safety improvement works continue across the health board, with significant investments being made to address the recommendations as raised in Letters of Fire Safety Matters (LOFSM) and Enforcement Notices (ENs) previously issued by the Mid and West Wales Fire and Rescue Service (MWWFRS).

The fire safety team provide support to the organisation with their expertise and technical knowledge, with training needs analysis and individual fire risk assessment in place. Work also continues to address the physical backlog, however, despite significant investments already in place, additional funding is required to address fire safety defects at all sites within the health board to ensure full compliance with the order.

Other actions taken to mitigate this risk include delivery of fire training virtually to improve attendance across the health board, and fire training information packs have been developed for agency staff across all four acute sites to ensure appropriate standards are met.

**Corporate risk 1548 – risk to the health board maintaining service provision due to industrial action (risk score 15)**

While unions, including the Royal College of Nursing (RCN) and the Chartered Society of Physiotherapists (CSP), continued to favour industrial action throughout 2023-24, negotiations with the Welsh Government, along with our mitigation and contingency

measures and local, regional and national command and control structures, have ensured a co-ordinated response to minimise the impact of strike action. However, the British Medical Association (BMA) have mandated industrial action for the period 8 January to 17 June 2024, which applies to junior doctors. Work continues to develop specific response plans to future strike actions, and a range of contingency measures also to be developed in instances of last minute changes in service plans occur, including emergency derogations if necessary.

**Corporate risk 1531 – risk of being unable to safely support consultant on-call rotas at two hospital sites due to workforce pressures (risk score 15)**

Vacancies across the general surgery consultant rota continue, highlighting the

fragility of the service, particularly at Withybush Hospital. Clinical pathways are in place, and Board approval was received to commence a one in four 24/7 surgical consultant on-call rota in November 2023.

However, there is reliance on both agency locum and current staff to provide backfill to ensure it is maintained.

Recommendations as raised in the Getting It Right First Time (GIRFT) report on general surgery are being reviewed by the service to inform the review of longer-term sustainability of the on-call rota across the health board.

The heat map below presents the health board’s corporate risks (by their internal reference number) in respect of their likelihood and impact as at the end of March 2024:

Hywel Dda Risk Heat Map					
	LIKELIHOOD →				
Impact ↓	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
<b>Catastrophic 5</b>			1531 1745	1027 1328 1664 1699	1642
<b>Major 4</b>			1350 1433	684 1352 1649 1708 1812	797 1032 1657 1810
<b>Moderate 3</b>			1335 1821	1822	813 1548
<b>Minor 2</b>					
<b>Negligible 1</b>					

Further information on corporate risks in 2023-24 can be found in our Board papers, as follows:

- Corporate Risk Register Report at May 2023 Board meeting in public: <https://hduhb.nhs.wales/may-2023/corporate-risk-register-pdf/>
- Corporate Risk Register Report at September 2023 Board meeting in public: <https://hduhb.nhs.wales/september-2023/corporate-risk-register-pdf/>
- Corporate Risk Register Report at January 2024 Board meeting in public: <https://hduhb.nhs.wales/january-2024/corporate-risk-register-pdf/>

### 11.5.24 Emergency preparedness/civil contingencies

The health board had emergency plans and business continuity arrangements in place during the financial year 2023-24, in accordance with the statutory duties under the Civil Contingencies Act 2004 and Emergency Planning Guidance issued by the Welsh Government. An annual Emergency Planning Report, signed by our Chief Executive, was submitted to the Welsh Government in February 2023 detailing compliance, together with the latest version of the health board's Major Incident Plan which was last ratified by the Board in July 2023.

### 11.5.25 The control framework

#### Performance management arrangements

Our Improving Together Framework sets out the health board's approach to embedding performance improvement through our governance. The framework is enabled by data at every level to support decision making and to drive service change. Its successful implementation will help us to focus on what is important to the health board and enable us to provide efficient and effective services.

The framework outlines performance improvement arrangements at each level in the organisation.

At the most strategic level, the Board Assurance Framework (BAF) and Integrated Performance Assurance Report provide the Board, committees and the executive team with data and evidence to help us understand whether we are achieving and working towards the ministerial and local ambitions. We have worked hard on developing a small set of outcomes aligned to our six strategic objectives which are reported through the BAF. They help us to understand whether we are driving towards our strategic objectives and goals as an organisation.

At the directorate level, we have established Directorate Improving Together Sessions (DITS). These sessions provide dedicated

time for teams to meet with their executive director and corporate executive directors throughout the year to:

- outline the priorities/goals for the year
- outline current challenges and support required
- flag highlights or lowlights relating to quality, safety, workforce, performance, finance, procurement and risk data. The 'Our Performance and Our Safety' dashboards provide our staff with easy access to this data

DITS aim to help ensure that we are aligning support to key priorities within the health board. The ultimate aim is to improve outcomes for our patients, staff, visitors and those living within Hywel Dda.

Over the last 12 months we have seen reductions in the average times incidents and complaints are open. We will continue to focus on these areas over the next 12 months to ensure incidents and complaints are investigated in a timely manner and corrective action is taken to reduce the chance of a recurrence. There has been an improvement in risks being reviewed in a timely manner. We have also seen improvements in staff sickness, turnover, and an improvement in the number of staff receiving an appraisal. We have also met the target for staff completing mandatory training.

#### Quality governance arrangements

Providing high quality care is an inherently complex and fragile process, which needs to be underpinned by robust quality governance arrangements. A key purpose of these quality governance arrangements, and our mechanisms to ensure we meet our duty of quality, is to monitor and, where necessary, improve standards of care.

Our Quality Management System (QMS) Strategic Framework was approved by our Board on 30 March 2023. This is our overarching formalised system that helps us achieve continuous improvement across the organisation. The QMS is supported in its

delivery through several different mechanisms, some of which are described below. Further detail will be provided in our Annual Quality Report, our Putting Things Right Annual Report and our Duty of Candour Annual Report on our website at:

<https://hduhb.nhs.wales/quality-and-engagement-act/>

### **Quality, Safety and Experience Committee (QSEC)**

Quality governance is led by the Executive Director of Nursing, Quality and Patient Experience. Our QSEC provides timely evidence-based advice to the Board to assist it in discharging its functions and meeting its responsibilities with regards to quality and safety, as well as providing assurance in relation to improving the experience of all those that come into contact with our services. Reports presented to QSEC in 2023-24 are available on our website at:

<https://hduhb.nhs.wales/quality-safety-and-experience-committee-qsec/>.

QSEC receive a regular assurance report which provides an overview of quality and safety across the health board. The health board uses several assurance processes and quality improvement strategies to ensure high quality care is delivered to patients. The report provides information on improvement work linked to themes within patient safety incident reporting, externally reported patient safety incidents, mortality reviews, and external inspections, for example Healthcare Inspectorate Wales (HIW).

QSEC is supported by two sub-committees:

- The Operational Quality, Safety and Experience Sub-Committee (OQSESC), which is responsible for monitoring the acute, mental health and learning disabilities services, primary and community services quality and safety governance arrangements at an operational level.
- The Listening and Learning Sub-Committee provides clinical teams across the health board with a forum to share and

scrutinise learning from concerns, and to share innovation and good practice. The learning may arise from a complaint, an incident, a claim, a patient story or experience feedback, external inspection and peer reviews.

### **Improving Together**

Improving Together is a vehicle which aligns the team vision to our strategic objectives. It also empowers teams to improve quality and performance across the organisation by setting key improvement measures aligned to their team vision. Visualisation of key data sets, including improvement measures and regular team huddles, help drive decision-making. The approach embraces coaching discussions and supports staff to develop solutions, embedding the principles of continuous improvement. The framework offers a common approach to how we can adapt, adopt and spread good practice in a systematic way.

### **Quality and safety intelligence meetings and quality panels**

The Executive Director of Nursing, Quality and Patient Experience, the Interim Executive Medical Director, and the Executive Director of Therapies and Health Sciences hold weekly quality and safety intelligence meetings which consider significant issues which have arisen or that have the potential to impact on patient safety and identify any areas where immediate attention is required to protect safety of patients and staff. The clinical executive directors also continue to hold quality panels when required. Quality panels are the opportunity for the directors, directorate triumvirate teams and service management teams to explore quality governance issues. In 2023-24, the following quality panels have been held:

- Theatres
- Mental health and learning disabilities – learning from the HIW review of Cwm Taf Morgannwg review
- PICC and mid-line management
- Maternity theatres

- Monitoring of HIW recommendations and introduction of audit management and tracking software (AMAT)
- Mental health and learning disabilities services
- Upper gastrointestinal surgery

### Quality governance arrangements within our directorates

During the year, our directorates have continued to strengthen the quality governance arrangements within their areas. Each directorate uses a template terms of reference and agenda to ensure that all quality governance areas are considered. A review of quality governance arrangements has also been undertaken by Internal Audit and the findings shared with the directorate whose arrangements were reviewed. A management response and action plan has been developed and completed by the directorate. The report has been shared with our Audit and Risk Assurance Committee and all directorates to ensure there is organisation-wide learning. With the introduction of a new operations directorate structure in 2024-25, further work will take place to review and align operational quality and governance arrangements.

### Safety dashboard

Our safety dashboard has continued to develop over 2023-24 to help identify potential patient safety issues. Operational leaders and managers continue to use it to identify safety hotspots needing further investigation/action, triangulate data at an operational level, facilitate further discussion or escalation, support deep dives, benchmark against our services to help identify outliers and inform report and papers. The dashboard has been used to inform discussions at our QSEC meetings, executive team meetings and DITS.

### Healthcare Inspectorate Wales (HIW)

The Board is provided with independent and objective assurance on the quality, safety and effectiveness of the services it delivers

through reviews undertaken by and reported on by HIW. The outcomes of any such reviews and any emanating improvement plans are discussed with any lessons learnt shared throughout the health board.

During 2023-24, HIW published five reports following assurance and inspection work in our health board. The work involved a variety of off-site checks and on-site work. There was one ionising radiation inspection, three reviews in an acute hospital setting, and one review in a mental health and learning disability service.

Improvement and learning actions plans are implemented following each assurance and inspection HIW visit. Delivery of the action plans are monitored through directorate quality and governance arrangements, through OQSESC, QSEC and ARAC. The themes arising from HIW visits are also reported to the Listening and Learning Sub Committee and also QSEC. In year, a HIW SharePoint site has been developed to ensure that the themes arising are readily available across the organisation. The health board has also strengthened its relationship with HIW through regular meetings with its HIW engagement partner.

### Clinical audit

The Clinical Audit Programme for 2023-24 has been the largest since the pandemic. This reflects the health board's desire to engage more in clinical audit activity for both assurance and quality improvement purposes. There have been a number of repeated audits undertaken this year, demonstrating a commitment to long-term improvements. Whilst clinical audit activity should always remain responsive to current needs, it is very encouraging to be able to show how continued commitment to key areas can drive the quality of our services even further.

Most national clinical audits and outcome reviews are in progress in the health board, with any areas of concern being investigated and supported by the Clinical Audit Scrutiny

Panel, as well as the new Clinical Director for Clinical Audit. The Clinical Audit Department is working with the services involved to drive increased participation and improvements and examples of this have already been achieved in 2024.

The Clinical Audit Department is now implementing the audit management and tracking software (AMAT). A large number of clinicians are already signed up to the system and using it for clinical audit projects, as well as other elements that the software covers. All projects are now captured by this system, greatly increasing transparency and accountability. Improvement activity is also monitored through this system and the full audit cycle can be captured and completed more effectively. A number of audits in 2024 are also utilising the system for data collection, making audit far more accessible within the health board.

The Clinical Audit Department has continued with the programme for whole hospital audit meetings which includes two annual whole health board meetings. These are chaired by the Clinical Director for Clinical Audit and focus primarily on the mandatory national audits outlined by the Welsh Government, as well as appropriate local projects that have a wide-reaching impact. Whilst these forums only capture a small number of audit projects there are many more audit forums where audit projects can be presented.

### **Information governance (IG) arrangements**

We have well-established arrangements through an information governance framework to ensure that information is managed in line with relevant information governance law, regulations, and Information Commissioner's Office (ICO) guidance. The framework includes the following:

- An Information Governance Sub Committee (IGSC) to support and drive the information governance (IG) and cyber security agenda and provide the health board with the assurance that effective IG and cyber security best practice

procedures are in place within the organisation

- A Caldicott Guardian who is the responsible person for protecting the confidentiality of patient and service-user information and enabling appropriate information sharing
- A Senior Information Risk Owner (SIRO) who is responsible for setting up an accountability framework within the organisation to achieve a consistent and comprehensive approach to information risk assessment
- A Data Protection Officer (DPO) whose role it is to ensure the health board is compliant with data protection legislation
- Information Asset Owners (IAOs) are in place for all service areas and information assets held by the health board. They have been assisting the IG team in a programme of compiling a full asset register for the health board, where all information asset registers have been now drafted
- The Information Asset Owners Group, Caldicott Guardian Group and Cyber Security Assurance Group have been established and meet regularly throughout the year to support the IGSC.

We have responsibilities in relation to freedom of information, data protection, subject access requests and the appropriate processing and sharing of personal identifiable information. Assurances that the organisation has compliant IG practices are evidenced by:

- quarterly reports to the IGSC, including key performance indicators
- a detailed operational IG compliance work plan, taken to IGSC quarterly, detailing progress made against actions required to ensure compliance with data protection legislation
- a suite of IG and information security policies, procedures and guidance documents
- IG intranet pages for health board staff for guidance and awareness

- a comprehensive bi-annual mandatory IG training programme for all staff, including proactive targeting of any staff non-compliant with their IG training
- a robust management of all reported personal data breaches, including proactive reporting to the ICO
- regular monitoring of the health board's systems for inappropriate accesses to patients' personal data through the National Intelligent Integrated Audit Solution (NIIAS) platform
- an Information Asset Register (IAR) used to manage information across the health board, and
- escalating all IG issues through the Sustainable Resources Committee. The Committee papers can be viewed here: <https://hduhb.nhs.wales/sustainable-resources-committee-src/>.

NIIAS, which audits staff access to patient records, has been fully implemented within the organisation, with an associated training programme for staff and procedures for managing any inappropriate access to records. In addition to the above training, there are regular staff communications, group training sessions, as well as IG drop-in sessions held across the health board. Posters, leaflets and staff briefings have all been used to disseminate information to staff around the importance of confidentiality, appropriate access to patient records and ensuring information is shared in an appropriate way.

During 2023-24 the IG team carried out audits across health board sites and the first set of IG audits across Glangwili, Witybush, Bronglais and Prince Philip hospitals have now been completed. The purpose of the audit has been to identify any information governance, information security and patient confidentiality risks to seek assurance that the relevant procedures and protocols in relation to information governance have been adhered to and that actions are being taken to protect data and assets held.

As a health board we have undertaken a full review of our position against the Welsh Information Governance Toolkit and the assessment has demonstrated a good level of assurance of information governance risks. Caldicott Principles into Practice Assessment (CPIP) assessment has been retired across NHS Wales.

Staff compliance with information governance and cyber training is currently at 77.98%, over the past 12 months.

We continue to reinforce awareness of key principles of data protection legislation. This includes the overarching principle that users must only handle data in accordance with people's data protection rights.

#### 11.5.26 Planning arrangements

The health board has a clear strategic direction through 'A Healthier Mid and West Wales' which sets out the investment and infrastructure requirements to secure world class and sustainable health services for the long-term. Our strategy, built on the principles of care closer to home and a shift to primary and preventative care, includes a set of design assumptions which articulate how services will improve to realise this vision.

As a health board we have a statutory duty to develop a three-year Integrated Medium-Term Plan (IMTP) to deliver care and support the health of our population within the resource envelope provided by the Welsh Government. Since its formation, Hywel Dda University Health Board has regrettably never been able to submit an IMTP, primarily due to our inability to break-even. This is a breach of our statutory duty and therefore an unacceptable position for ourselves and the Welsh Government.

The factors contributing to this position are long-standing and deeply embedded into the fabric of the health and care system for mid and west Wales. Financial and workforce challenges have existed for decades, in part due to difficulties with recruitment and retention and partly due to models of care (an

over-reliance on acute hospitals for example) and the duplication and inefficiencies associated with rural health care. The route out of this situation will take some time and will require us to find practical solutions to these issues.

As a result, we were not in a position to submit an IMTP for the period 2023-26 and failed to meet our statutory duty to develop an IMTP. While this was disappointing, we have continued to develop a way forward that aligns our desire to see the outcomes of our strategy become reality. Continuity in these aspects is important for our staff, patients and public and provide strong foundations for us to make the progress required. It is also clear, however, that the health board needs to improve.

Our plan for 2023-24 therefore had two primary aims. First, to set out what we were able to achieve in response to the above issues over the next 12 months, with a particular focus on the ministerial priorities. Secondly, to lay out the foundations for us to chart a course to a more sustainable position, including an ambition to return to financial balance, aligned to our strategy 'A Healthier Mid and West Wales'. As a result, the development of our plan for 2023-24 was based upon the following principles:

- The health board would submit an annual plan
- The core philosophy of the plan was one of stabilisation and laying the foundations for a medium-term recovery plan, aligned to our strategy
- The majority of plans were to be based upon existing resources (workforce and funding), with the nursing workforce stabilisation plan being the main exception to this

- The plan and organisational priorities were focused on delivery of the ministerial priorities
- The plan was a continuation of the organisation's journey to date, consistent with the strategy and building on the methodology of strategic objectives, planning objectives and our Board Assurance Framework (BAF)
- A more focused plan, with fewer planning objectives, and more ambitious.

The basis of year 1 stabilisation were the ministerial priorities and our priority planning objectives. Examples of this approach included the work on transforming urgent and emergency care; our planned care, diagnostic and cancer recovery; ensuring appropriate primary and community care access; alongside key enablers, such as our workforce stabilisation plan; our roadmap to financial sustainability; digital transformation; and our continued work towards our strategy: 'A Healthier Mid and West Wales'.

The plan was submitted to the Welsh Government in March 2023, with a supplementary document providing more clarity of the expected outcomes and trajectories associated with the ministerial priorities submitted to the Welsh Government in May 2023.

Given our financial position and the raising of our targeted intervention status to the entire organisation in January 2024, the health board also submitted its Annual Plan for the period 2024-25.

For 2024-25, we have ten priority programmes of change, termed planning objectives (POs), aligned with the Welsh Government planning framework and ministerial priorities:

Value and sustainability		
Planning objective 1	Workforce stabilisation	Critical enabler
Planning objective 2	Financial recovery and route map	Statutory duty
Quality and performance		
Planning objective 3	Transforming urgent and emergency care	Ministerial priority
Planning objective 4	Planned care, diagnostics and cancer	Ministerial priority
Planning objective 5	Mental health and CAHMS	Ministerial priority
A Healthier Mid and West Wales		
Planning objective 6	Clinical services plan	Service fragilities
Planning objective 7	Primary and community strategic plan	Ministerial priority Service fragilities
Planning objective 8	Estates plans	Estate fragilities
Planning objective 9	Digital plan	Critical enabler
Planning objective 10	Population health	Long-term sustainability

We expect these areas of work will deliver the following.

**Our aims for 2024-25:**

- Financial stability - this year is about strengthening our financial footing. We plan to reverse the downtrend and move closer to meeting our control total by year two, marking a significant step towards lasting financial sustainability
- Nursing workforce stabilisation - entering the second year of our three-year plan, we are focused on reducing nursing vacancies and reliance on agency staff. The goal is to build a robust, permanent nursing team
- Improved planned care performance – we are prioritising delivering the best and most efficient care standards, with an immediate focus on cancer care and reducing waiting times in key areas, including diagnostics and outpatient services. This also includes the eradication of 104-week waits in most specialties
- Transforming urgent and emergency care - our urgent and emergency care

programme is advancing into its second year. We will expand the Wthybush Hospital frailty model throughout the health board and aim to improve patient flow by minimising long stays, contributing to the efficiency of our 80-bed target

- Clinical Services Plan: Phase 2 - by September 2024, we will complete the development of the next options phase of our Clinical Services Plan. This phase is crucial as it will inform the operational changes that we'll initiate throughout the year
- Primary Care and Community Services Strategic Plan - a new strategic plan for primary care and community services will be developed through the year. This strategic plan is key to bringing resilience to our primary and community services and our commitment to preventive care and community-based service delivery
- Organisational restructure - to support the delivery of these aims, we are restructuring our internal business arrangements focusing on enhancing clinical leadership and governance. These changes are fundamental to our

capacity and capability to meet our objectives and deliver the high quality care our communities deserve. These changes include an internal performance framework and operational structure change.

Whilst the above represents significant progress, we accept that it does not resolve the substantial financial, workforce and service fragilities present in Hywel Dda within the next 12 months. A critical task during the early part of next year will be to deliver on the 2024-25 plan and, in parallel, set out the key milestones for 2025-26 and beyond.

### 11.5.27 Disclosure statements

#### Corporate Governance Code

Corporate governance is, in simple terms, the way in which organisations are directed, controlled and led. Good corporate governance is fundamental to an effective and well-managed organisation. The UK Corporate Governance Code (2017) is the primary reference and overview of good practice for corporate governance in central government departments.

While there is no requirement to comply with all elements of the Corporate Governance Code for Central Government Departments (2017), an assessment was undertaken in March 2024 against the main principles as they relate to an NHS public sector organisation in Wales. This assessment was informed by the Audit Wales structured assessment in 2023. We are satisfied that we are complying with the main principles of, and are conducting our business in an open and transparent manner in line with, the code. There were no reported or identified departures from the Corporate Governance Code during the year.

#### Fire safety

The health board closed one enforcement notice issued by Mid and West Wales Fire and Rescue Service (MWWFRS) and continues to address three outstanding enforcement notices. Of these three

enforcement notices, two relating to Glangwili Hospital have received formal extensions from MWWFRS in February 2024. One additional enforcement notice at Bro Cerwyn has had all works completed, with the MWWFRS invited to inspect the completed work. Extensive fire safety improvement works are being undertaken at Withybush, Glangwili and Bronglais hospitals with Welsh Government funding, with regular progress updates reported to the Health and Safety Committee (HSC), which provides assurance to the Board on the work undertaken towards improving compliance.

#### Equality, diversity, and inclusion

We are committed to putting people at the centre of everything we do. Our vision is to create an accessible and inclusive organisational culture and environment for everyone. This includes staff, those who receive care (including their families and carers), as well as partners who work with us - whether this is statutory organisations, third sector partners or communities. This means thinking about people as individuals and taking a person-centred approach, so that everyone is treated fairly, with integrity, dignity and respect, whatever their background and beliefs.

Control measures are in place to ensure that our obligations under equality and human rights legislation are complied with, and include:

- The requirements of the Armed Forces Covenant Duty, which came into effect on 22 November 2022, has been embedded into our strategic decision-making process. The Equality Impact Assessment (EqIA) process was reviewed to incorporate the Armed Forces Covenant Duty
- An EqIA training programme is available for all staff which supports them to enhance their knowledge and skills to support service and policy developments or changes

- Equality and Human Rights e-learning is mandatory and, as part of the corporate induction, all staff can access training delivered by the diversity and inclusion team to enhance the e-learning content
- A strategic equality plan annual report is published annually, alongside a workforce equality report and pay gap reports focusing on gender, ethnicity and disability
- During the course of the year, we carried out extensive engagement with our population, staff and other stakeholders to help develop a refreshed strategic equality plan and equality objectives for 2024–28 that continue to advance equality of opportunity and eliminate discrimination

### Equality objectives

The work to progress the equality agenda is interlinked with our work around the Well-being of Future Generations (Wales) Act 2015 (WFGA) and the Social Services and Well-being (Wales) Act 2014. For more information on the Strategic Equality Plan and objectives and progress outlined in the annual reports, visit

<https://hduhb.nhs.wales/about-us/governance-arrangements/equality-diversity-and-inclusion/equality-diversity-and-inclusion-documents/>.

Key highlights for 2023-24 include:

- a well-established Menopause Café for staff which has provided input by specialists on nutrition, anxiety and stress and Q&A sessions with our specialist menopause consultant. An information session targeted at our male staff was also arranged to educate them about the menopause and how they can offer support to those around them
- a 50+ café has been established to offer peer support to staff members that may be in the later stages of their careers. Information and discussions on topics such as support with increasing caring responsibilities, new digital technology and pensions have taken place over the past year
- Our Respectability staff network (catering for staff members with a disability or long-term condition, recognising staff with both physical and neurodiversity needs) continues to go from strength to strength. Arts in Health, maternity experience, an introduction to the national neurodivergence team and autism burnout are some of the topics that have been discussed in sessions over the past year
- Our ENFYS LGBTQ+ staff network continues to offer peer support to our LGBTQ+ staff members and allies. Network members have represented the health board at several Pride events across south and west Wales. Network members have been joined by staff from sexual health, smoking cessation, immunisations and vaccinations and workforce and organisational development at these events to engage with the public, offer advice on our healthcare services and promote recruitment opportunities
- The BAME Advisory Group continues to grow in popularity and is meeting regularly to discuss issues in the workplace. The network reports activity to the health board's Black, Asian and Minority Ethnic Advisory Group. A subgroup within the Black, Asian and Minority Ethnic Staff Network is in the process of being established. This subgroup will lead on the planning and supporting of various social events throughout the year. These social events offer an opportunity to support and integrate new overseas staff, who are looking to settle into the area after joining the health board. A successful Diwali celebration event was held in November 2023 where both existing and new network members were in attendance. Network members also took part in a multi-faith Christmas Service in December

- 36 equality, diversity and inclusion (EDI) training sessions have been offered to staff throughout 2023-24 on a range of topics. These have included formal training delivered by external training providers, webinars and in-house training delivered by health board staff. The diversity and inclusion team have also been working with the learning and development team to develop and deliver a training package with a focus on inclusive leadership to new and aspiring leaders. The aim of these modules will be to equip staff in leadership roles with the skills and knowledge to implement best practice and demonstrate respectful and non-discriminative values. The diversity and inclusion team will also be contributing to the management skills programme which will be launched in spring 2024
- 87% of our staff have completed the Paul Ridd Learning Disabilities Awareness Training which aims to improve knowledge and raise awareness of the issues that people with a learning disability face when accessing healthcare services. The training enables healthcare staff to understand the specific needs of the individual and to make reasonable adjustments that will meet those needs
- We remain committed to conducting appropriate equality impact assessments to support good governance and decision making and this work is closely linked with our commitment towards continuous engagement. 162 equality impact assessments have been undertaken during 2023-24

### **NHS Pension Scheme**

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance

with the scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations. The health board confirms that it acts strictly in compliance with the regulations and instructions laid down by the NHS Pension Scheme and that control measures are in place about all employer obligations. This includes the deduction from salary for employees, employer contributions and the payment of monies. Records are accurately updated both by local submission (Pensions Online) and from the interface with the Electronic Staff Record (ESR). Any error records reported by the NHS Pension Scheme which arise are dealt with in a timely manner in accordance with data cleanse requirements.

### **Carbon reduction delivery plans**

We have undertaken risk assessments and carbon reduction delivery plans to demonstrate compliance with the requirements of the emergency preparedness and civil contingency elements of the UK Climate Impacts Programme (UKCIP) 2009 weather projections to ensure that the organisation's obligation under the Climate Change Act and the Adaptation Reporting.

From a climate change viewpoint, we recognise the impact of climate change in the work we do around severe weather planning and highlight this within the Dyfed Powys Local Resilience Forum (LRF) severe weather arrangements. These arrangements cover four elements: flooding, severe winter weather, heatwave, and drought. The arrangements cover elements such as risk, alerting mechanisms, multi-agency command and control structures, warning and informing and training/exercising.

### **Data security**

We have adopted and implemented a robust procedure for managing personal data breaches across the organisation, that ensures incidents are reported in line with statutory requirements and lessons are learnt to improve future practice. We have had

contact with the Information Commissioner's Office (ICO) in relation to five incidents during the year (self-reported by the health board). Incidents involved:

- misfiling paper records
- access to medical records by unauthorised individuals
- records lost in transit
- information disclosed in error

Two incidents have been closed by the ICO with no further action required and three incidents are still being investigated by the ICO.

Additionally, the cyber security team continues to provide security architecture advice, ensuring designs follow security best practice and follow the requirements of the Network and Information Systems Regulations (NISR). The cyber security team has also made progress with the tools and capabilities available to Hywel Dda. NISR is designed to protect critical national infrastructure against cyber-attacks. This regulation applies to all parts of the UK and EU and came into force in May 2018, alongside the UK GDPR/Data Protection Act. As part of NHS Wales, the health board is an operator of essential services and has a legal obligation to comply with NISR.

### Quality of data

We make every attempt to ensure the quality and robustness of our data and have regular checks in place to assure the accuracy of information relied upon. However, the multiplicity of systems and data inputters across the organisation means that there is always the potential for variations in quality, and therefore always scope for improvement. We have an ongoing data quality improvement plan which routinely assesses the quality of our data across key clinical systems.

Good quality clinically coded data plays a fundamental role in the management of hospitals and services. Coded data underpins much of the day-to-day management

information used within the NHS and is used to support healthcare planning, resource allocation, cost analysis, assessments of treatment effectiveness and can be an invaluable starting point for many clinical audits. The Clinical Coding Development Plan has taken root and we are now regularly achieving 95% completion within one month of discharge.

Work continues to be undertaken to drive towards reducing the reliance on physical case notes and pushing the use of electronic documentation in line with the development of the Clinical Record Keeping Policy. This will further support the improvement of the clinical coding data and its uses.

### Ministerial directions

The Welsh Government has issued a number of non-statutory instruments during 2023-24. Details of these and a record of any ministerial direction given is available via the following link:

<https://www.gov.wales/publications>

A schedule of the directions, outlining the actions required and our response to implementing these was presented to the ARAC as an integral element of the suite of documents evidencing governance of the organisation for the year. From this work it was evidenced that we were not impeded by any significant issues in implementing the actions required as has been the situation in previous years. All directions issued have been fully considered by the Sustainable Resources Committee on behalf of the Board, and, where appropriate, implemented (see [Appendix 4](#)).

In accordance with a ministerial direction issued on 18 December 2019, the Welsh Government has taken action to support circumstances where pensions tax rules are impacting upon clinical staff who want to work additional hours, and have determined that clinical staff who are members of the NHS Pension Scheme and who, as a result of work undertaken in the 2019-20 tax year, face a tax charge on the growth of their NHS

pension benefits, may opt to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement.

The Welsh Government, on behalf of the health board, will pay the members who opt for reimbursement of their pension a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction.

A Scheme Pays provision of £633k has been included in the 2023-24 Annual Accounts (2022-23: £604k).

### Welsh health circulars

Welsh health circulars (WHCs) are published by the Welsh Government to provide a streamlined, transparent and traceable method of communication between NHS Wales and NHS organisations. WHCs relate to different areas such as policy, performance and delivery, planning, legislation, workforce, finance, quality and safety, governance, information technology, science, research, public health and letters to health professionals. Details of WHCs are available via the following link:

<https://www.gov.wales/health-circulars>

Following receipt, these are assigned to a lead director who is responsible for the implementation of required actions. The Board has designated oversight of this process to board level committees, with an end-of-year report provided to the ARAC.

#### 11.5.28 Review of effectiveness

As accountable officer, I have responsibility for reviewing the effectiveness of the system of internal control. The review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

The Board and committees rely on a number of sources of internal and external

assurances which demonstrate the effectiveness of the health board's system of internal control and advise where there are areas of improvement. These include:

- feedback from the Welsh Government and the specific statements issued by the Cabinet Secretary for Health and Social Services
- local counter fraud and post payment verification activity
- inspections by Healthcare Inspectorate Wales
- peer reviews (including Getting it Right First Time (GIRFT))
- accreditation, licensing and regulatory bodies
- Royal College and Deanery visits
- clinical, internal and external audit reports
- feedback from statutory commissioners
- feedback from staff, patients, service users and members of the public
- patient safety walkabouts
- engagement visits by independent members
- assurance provided by ARAC and other committees of the Board
- integrated performance assurance reports
- whistleblowing and speaking up safely
- incidents reports
- concerns and compliments

#### 11.5.29 Internal audit

Internal Audit (IA) provide me as accountable officer, and the Board through the audit committee, with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the audit committee and is focused on significant risk areas and local improvement priorities.

The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk-based audit programme and contributes to the picture of

assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The internal audit plan has needed to be agile and responsive to ensure that key developing risks are covered. The Head of Internal Audit meets weekly with the Director of Corporate Governance/Board Secretary and when required, the Executive Director of Finance to discuss and consider any changes to the internal audit plan, either to accommodate fluctuations in operational demand or changing priorities.

As a result of this approach and, with the support of officers and independent members across the health board, the plan has been delivered substantially in accordance with the agreed schedule and changes required during the year.

**11.5.30 Head of Internal Audit opinion**

The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period to provide the Head of Internal Audit Annual opinion in line with the requirements of the Public Sector Internal Audit Standards. In forming the opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

The Head of Internal Audit has concluded for 2023-24:

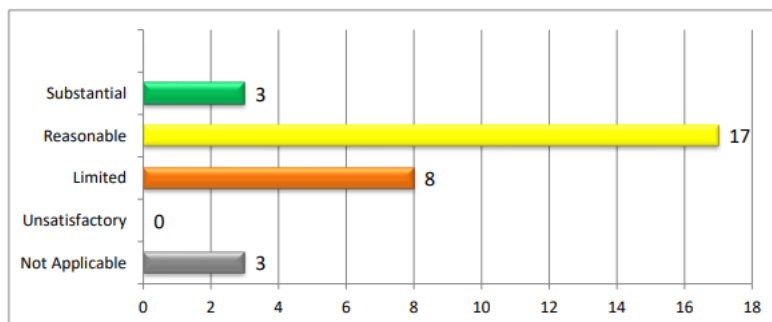
<b>Limited Assurance</b>	
<p>The Board can take <b>Limited Assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</p>	

In reaching this opinion, the Head of Internal Audit considers that the health board has adequate arrangements at a corporate level however, arrangements across areas and services within the organisation show variation, with weaknesses frequently identified from a control, risk and governance perspective.

The opinion is predominantly based on the number/percentage of limited assurance audit ratings, the significance of the areas/findings, and also the broader position regarding overall governance, risk management and control and any improvements made to address agreed management actions.

The audit plan is prepared on the basis of a risk based planning approach, including areas that the health board had specifically identified as know risks areas and areas of potential concerns. The audit plan was also reviewed and updated during the year to re-focus audit work on to areas of emerging or increasing risk and responding to the health board's increased escalation status. In the current year, this included areas that have been allocated a limited assurance rating e.g. Bronglais Hospital quality and safety governance and consultant job planning.

Summary of 2023-24 audit assurance ratings:



Overall, IA has provided the following assurances to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the areas in the table below.

**Summary of audits 2023-24:**

Substantial Assurance	Reasonable Assurance
<ul style="list-style-type: none"> <li>• Board oversight</li> <li>• Withybush Hospital RAAC capital scheme</li> <li>• NICE guidance follow-up</li> </ul>	<ul style="list-style-type: none"> <li>• Governance - targeted intervention actions</li> <li>• Quality and safety governance Bronglais Hospital follow up</li> <li>• Agency and rostering</li> <li>• Transforming urgent and emergency care</li> <li>• Records digitisation follow up</li> <li>• Deprivation of Liberty Safeguards</li> <li>• Mental health and learning disabilities service - timely access</li> <li>• Elective waiting list management</li> <li>• IT digital - technical resilience</li> <li>• Theatres loan trays follow up</li> <li>• Strategic programme governance</li> <li>• Withybush Hospital RAAC internal major incident</li> <li>• Cross Hands Health and Well-being Centre capital scheme</li> <li>• Planning matrix</li> <li>• Industrial action planning</li> <li>• Health and Care Quality Standards</li> <li>• Accelerated cluster development</li> </ul>
Limited Assurance	Advisory/Non-Opinion
<ul style="list-style-type: none"> <li>• Quality and safety governance – Bronglais Hospital</li> <li>• NICE guidance arrangements</li> <li>• Decarbonisation</li> <li>• Estates assurance – estate condition</li> <li>• Consultant job planning follow up</li> <li>• Transforming urgent and emergency care – discharge management</li> <li>• Standards of cleanliness</li> <li>• Glangwili Hospital fire precautions scheme</li> </ul>	<ul style="list-style-type: none"> <li>• Quality and safety governance – Bronglais Hospital - initial follow up</li> <li>• Contracts under seal</li> <li>• Bronglais Hospital chemotherapy project</li> </ul>
No Assurance	
N/A	

While there were no audited areas that resulted in no assurance, the following audit reports were issued with a conclusion of limited assurance:

**Quality and safety governance - Bronglais Hospital**

This audit reviewed operational quality and

safety governance arrangements to provide assurance that issues fundamental to the quality and safety of services are managed, monitored, and escalated. It raised significant matters which required management attention including the lack of a clear governance structure and reporting arrangements from informal groups and

meetings through to the health board, gaps in the quality and safety topics expected to be reviewed at directorate level and reports /representation at meetings, and a high open incident numbers with no clear plan or action to identify the root issue and address the backlog. Given the significant concerns, Internal Audit were asked to undertake an initial follow up to review progress, with a full follow up also undertaken which concluded reasonable assurance in February 2024. This reported that action remained ongoing for three recommendations, which relate to ensuring key risks and issues from support groups are reported through to the Quality Forum, addressing the overdue risks highlighted to the Quality Forum, and reducing the number of open incidents assigned to the directorate.

### **NICE guidance arrangements**

This audit related to the operation of arrangements in place for assessing and ensuring compliance with NICE guidelines and is not a reflection of the extent to which the health board is compliant with these guidelines. Two high priority matters were raised in respect of leads not being assigned to complete statements of compliance and therefore compliance assessments were not completed, and no oversight of NICE guideline compliance or progress in assessing this across the health board. This has been followed up, and in recognition of the work progressed, provided reasonable assurance.

### **Decarbonisation**

This audit considered progress against the NHS Wales Decarbonisation Strategic Delivery Plan and the health board's Decarbonisation Action Plan, demonstrating how they will implement the Strategic Delivery Plan initiatives. Following on from the advisory review delivered in 2022-23, the scope of the audit included governance, strategy progress and implementation. The audit found that a lack of funding impact's the health board's ability to:

- produce a fully costed plan;
- establish a long-term financial model for the funding required to support the decarbonisation programme;
- implement structural changes to address the insufficient staffing resource dedicated to decarbonisation; and
- complete the key actions assigned to the initiatives set out in the Strategic Delivery Plan in a timely manner.

This financial shortfall, has been highlighted by the Executive Director of Strategy and Planning to the Welsh Government, will impact on the organisation's ability to meet national decarbonisation targets in 2025 and 2030.

### **Estates assurance - estate condition**

The audit sought to evaluate the arrangements to identify and manage key risks associated with the existing estate and the implementation of resulting strategies to manage/mitigate the risk. An overall limited assurance rating was determined due to the concerns that identified estate risks cannot be managed within existing funding. This assurance opinion is in line with that determined across NHS Wales, given the common challenges faced by each organisation. Seven of the eight matters arising are currently being progressed.

### **Consultant job planning**

This review has sought to establish progress made by management to implement agreed actions arising from the previous internal audit over the arrangements across the health board for management of the systems and controls in place for consultant job planning. While there was an increasing trend in job plan compliance (up to 67% as at February 2024) following the work undertaken by the medical directorate team in engaging with service directorate management, a limited assurance was concluded overall. A number of matters remain, including mechanisms to ensure job plans are regularly reviewed, rollout of an audit programme to review consultant

sessions and additional pay, and the prompt investigation and resolution of potential under and over payment identified in this and the previous audit report.

### **Transforming urgent and emergency care – discharge management**

This audit sought assurance that discharge planning and management processes in place are effective and compliant with policies and guidance. An overall limited assurance rating was concluded as, while progress was evident in the roll out of the Optimal Hospital Patient Flow Framework across a sample of wards to support the reduction in discharge delays, a number of high priority matters arising were identified. These included no evidence of review to align discharge processes in the three counties into a single process, an incomplete and outdated roll-out action plan, and incomplete and inaccurate information retained in the Frontier system. A number of recommendations from the previous report had also not been fully implemented.

### **Standards of cleanliness**

This audit reviewed arrangements for ensuring compliance with the National Standards for Cleaning in NHS Wales. Several significant matters were raised and required management attention. These included limited evidence of scrutiny of cleaning audit; no evidence of written assurance reporting or escalation of issues through the health board's governance structures; inconsistent training manuals across acute sites with no central record of training maintained; no service level agreements in place, and the frequency of cleaning audits is not compliant with standards or policy.

### **Glangwili Hospital – fire precautions phase 1**

This audit reviewed the delivery and management arrangements in place to progress the fire precautions programme at Glangwili Hospital and the performance

against its key delivery objectives. An overall limited assurance was determined as a result of the financial risk associated with the unfunded forecasted overspend c£5m, and being currently unaffordable from existing financial resources. The additional funding request has since been approved by the Welsh Government since the completion of the audit, and the health board is currently awaiting feedback.

All limited assurance reports are subject to follow up reviews and these will form part of the 2023-24 Internal Audit plan if they have not already been followed up.

Management responses that detail the actions to address gaps in control were included in all final IA reports presented to ARAC. The delivery of these actions is tracked via the health board's audit tracker which is overseen by ARAC. The minutes and all final IA reports can be found within the ARAC section of the website:

<https://hduhb.nhs.wales/audit-and-risk-assurance-committee-arac/>

Where audit assignments planned, this year did not proceed to full audits following preliminary planning work, these were either removed from the plan, and replaced with another audit, or deferred until a future audit year.

The following audits were deferred:

<b>Review Title</b>	<b>Reason</b>
Out of hours	Deferred as part of reprioritisation of plan. The risk was on the corporate risk register at the time of planning, with the risk being reassessed by the health board in-year in a paper to the September 2023 Board meeting, and it was incorporated in the corporate risk relating to the unscheduled care system. Could have had impact as health board has known challenges in this area. To be considered as part of future audit planning.
Medical locums	Deferred as part of reprioritisation of plan. Could have had impact on opinion as the health board has known challenges in this area regarding management of expenditure, although noting some additional control measures implemented during the year. Included in 2024/25 plan.
Financial management	Deferred as planned scope overlapped with financial efficiency work by Audit Wales. Some of the drivers of financial position e.g. agency, rostering and job planning covered separately. Could have had impact on opinion as health board has significant ongoing financial challenges. Included in 2024/25 plan.
Workforce strategies – site stabilisation	Deferred as part of reprioritisation of plan. No significant impact on opinion anticipated. Potential improvement with health board in this area. To be considered as part of future audit planning.
IT digital – Cloud migration	Discussion with management and IT audit. Cloud migration not progressing as planned. No significant impact on opinion anticipated. To be considered as part of future audit planning.
Managed practices	Deferred as part of reprioritisation of plan. No significant impact on opinion anticipated. Included in 2024/25 plan.
New directorate governance arrangements	Deferred as part of reprioritisation of plan. No significant impact on opinion anticipated. Included in 2024/25 plan.
Mental health contracting and commissioning	Deferred as part of reprioritisation of plan. No significant impact on opinion anticipated. To be considered as part of future audit planning.
Mental health and learning disabilities, Department of Work and Pensions– patients affairs and monies	Deferred as part of reprioritisation of plan. No significant impact on opinion anticipated. To be considered as part of future audit planning.
Mortuary (joint with SBUHB)	Deferred as part of reprioritisation of plan. No significant impact on opinion anticipated. Included in 2024/25 plan.
Medicines management	Deferred as part of reprioritisation of plan. No significant impact on opinion anticipated. To be considered as part of future audit planning.
Integrated localities	Deferred as part of reprioritisation of plan. No significant impact on opinion anticipated. To be considered as part of future audit planning.

### 11.5.31 Audit Wales structured assessment

The Audit Wales structured assessment is a process that looks at whether we have made proper arrangements to secure economy, efficiency, and effectiveness in our use of resources.

The structured assessment in 2023 (available to read here:

<https://www.audit.wales/publication/hywel-dda-university-health-board-structured-assessment-2023>) focused on our corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. The overall assessment concluded that “the health board has generally effective corporate arrangements, however, it is facing significant performance and financial challenges”. The full report can be accessed on the health board’s website here:

<https://hduhb.nhs.wales/structured-assessment-2023/>

Audit Wales noted that “the Board and its committees continue to operate effectively, maintaining focus on public transparency, good governance, and continuous improvement. There are opportunities to further enhance arrangements for patient safety walkabouts, and whilst the Board is cohesive, a period of significant change will need to be well managed to ensure this is maintained”. Other key messages in the report relating to Board transparency, effectiveness and cohesion included:

- We continue to have a strong commitment to public transparency
- We have robust arrangements to support the effective conduct of Board and committee business
- Our Board and committee meetings are conducted appropriately and effectively and remain focused on strategic risks and objectives
- Our Board and committees continue to receive good quality, timely papers, and interactive tools to support effective scrutiny, assurance and decision making

- Our Board has maintained its commitment to hearing from patients and staff, but there are opportunities to enhance arrangements for patient safety walkabouts
- We have a robust approach to Board development and improvement which provides good foundations to manage the significant changes currently being experienced

Audit Wales found that in relation to corporate systems of assurance “the health board has maintained and enhanced corporate systems of assurance related to risk and recommendation tracking, and there is appropriate Board oversight. The approach to overseeing the quality and safety of services is improving. Whilst corporate oversight of organisational performance is strong, there is scope to strengthen assurance on the effectiveness of performance management systems”. Key messages in the report also include:

- We continue to have a mature approach to overseeing our Board Assurance Framework and have further strengthened oversight and assurance on our risk management arrangements by renewing our Risk Management Strategy and introducing a six-monthly risk assurance report
- We have strong corporate level oversight and scrutiny of organisational performance, and we have approved the Improving Together performance management framework, with scope to strengthen the assurance on the effectiveness of these systems
- We are improving our approach to overseeing the quality and safety of services, with the Quality Improvement Strategic Framework revised in the year. Appropriate steps are being taken to ensure compliance with the new duties of quality and candour, and
- We continue to have robust arrangements for tracking audit and review recommendations

In respect of the corporate approach to planning, Audit Wales found that “the health board has maintained its focus on its long-term vision, and development and delivery of the Annual Plan is supported by appropriate oversight. However, opportunities remain to strengthen the oversight of other corporate plans, further improve the planning objectives and review capacity to support planning activities”. Key messages in the report include:

- We continue to have a focus on delivering our long-term vision, and development of plans such as the Annual Plan and Clinical Services Plan, supported by appropriate corporate oversight and Board scrutiny
- We have robust arrangements to oversee the delivery of our Annual Plan which is supported now by streamlined planning objectives. However, we have opportunities to articulate expected outcomes for planning objectives and to strengthen the oversight of other corporate plans and realign planning objectives to the overarching, longer term strategic objectives

In respect of managing its financial resources, Audit Wales found that “despite a clear process for financial planning, and reasonable arrangements for managing and monitoring the financial position, the health board’s financial position is extremely challenging for 2023-24”. Key messages in the report included:

- We were unable to meet our financial duties for revenue in 2022-23 and will continue not to achieve them in 2023-24
- We have clear process for financial planning with good Board involvement, although the development and delivery of our savings plan is a challenge
- We have appropriate arrangements for financial management and controls, but ongoing pressures are resulting in overspends

- We continue to have good arrangements for monitoring and scrutinising our financial position, although greater scrutiny on those with delegated responsibility for overspent budgets is needed

Audit Wales reviewed our progress against recommendations made in previous reports and issued five new recommendations in the structured assessment for 2023. These related to enhancing public transparency, Board member patient safety walkabouts, performance management arrangement assurance, aligning planning and strategic objectives, and financial scrutiny. The management response can be accessed in the ARAC papers here:

<https://hduhb.nhs.wales/structured-assessment-2023-management-response/>.

During 2023-24, Audit Wales also completed the following reviews:

- Audit of the Charitable Funds Accounts 2022-23
- Audit of the Annual Report and Accounts 2022-23
- Follow-up review of primary care
- Review of workforce planning arrangements
- Review of operational governance arrangements – mental health and learning disabilities directorate

### 11.5.32 Conclusion

The health board was unfortunately unable to produce a financially balanced IMTP for 2023-24, which was a breach of our statutory duties. The health board continues to face significant challenges with longstanding workforce, estate and financial pressures, significant service fragilities and significant performance issues. This has led to the organisation being escalated to targeted intervention by the Welsh Government in January 2024 for whole organisation due to their escalating concerns in all of the six domains of the oversight and escalation framework. I will ensure that we rise to this

challenge by responding positively, and at pace, to the escalation plan set out by the Welsh Government.

The health board's structured assessment in 2023 undertaken by Audit Wales provided a positive view of the organisation's corporate arrangements to support good governance and the efficient, effective, and economical use of resources in most areas. It was pleasing to note the Audit Wales's recognition that, despite our significant performance and financial challenges, our corporate arrangements are generally effective, notwithstanding the five recommendations issued this year relating to:

- enhancing public transparency
- Board member patient safety walkabouts
- performance management arrangement assurance
- aligning planning and strategic objectives
- financial scrutiny

We are also aware that we need to streamline our operational structure and governance arrangements.

During 2023-24, we have proactively identified areas requiring improvement and requested Internal Audit to undertake detailed assessments in order to manage and mitigate associated risks. Several reports issued by Internal Audit concur with our view and have consequently provided the health board with clear recommendations to ensure that focused and urgent management actions are in place to address identified shortcomings.

The health board received eight Internal Audit reports with a limited assurance rating during 2023-24. This has resulted in the Head of Internal Audit issuing a limited assurance rating having considered that, while the health board has adequate arrangements at a corporate level, arrangements across areas and services within the organisation show variation, with weaknesses frequently identified from a control, risk and governance perspective. Robust action plans have been agreed to address the recommended areas of

improvement, with follow-up reviews to ensure appropriate action is taken.

As a board, we have continued to make progress against our strategic objectives even though several of our planning objectives were slowed or paused in year in response to deteriorating financial conditions and mounting operational strains.

Progress has included:

- the approval of our digital strategic and management case
- the launch our HealthPathways programme with around 45 pathways currently included
- the submission of the regional 10-year capital plan to the Welsh Government
- the development of an Interprofessional Education Plan
- further work on understanding how we can retain staff
- a new and refreshed Welsh language course
- development of our One Health approach to sustainability, including working with local universities and partner organisations
- the continued success of our Tritech Institute, and
- delivery of phase 1 of our Clinical Services Plan

Whilst we have made some progress, the Board's own assessment of its effectiveness recognised our increased escalation status, as well as the improvements we need to make to our integrated planning, finance and performance delivery.

Our Annual Plan for 2024-25 is our initial step to reverse the deteriorating trajectory of our financial position and, secondly, to agree a clear and deliverable route map to financial balance. Our plan describes our key objectives and deliverables for the next 12 months and lays the foundations for further progress beyond that. The scale of the financial, workforce and service challenges

mean significant and fundamental change will be required.

Based on the above, I have therefore, concluded, that Hywel Dda University Health Board has:

- improvements to make to its system of internal control to enable it to identify and prioritise the risks to the achievement of the policies, aims and objectives
- to evaluate the likelihood of those risks being realised and the impact should they be realised, and
- to manage them efficiently, effectively, and economically

The health board will therefore need to continually reflect and respond to the unprecedented demands and challenges it faces in 2024-25 and beyond, and I will ensure our governance framework considers and responds to this need.

**Signed by:**

**Professor Philip Kloer**

**Chief Executive Officer (Interim)**

**Date: 11 July 2024**

### Appendix 1 - Board and committee membership and the record of attendance for the period 1 April 2023 – 31 March 2024

Name	Position and area of representation	Board committee membership and record of attendance	Champion role
Maria Battle	Chair until 31 October 2023	Board (Chair) 5/5 RTSC (Chair) 3/3 CFC 0/2	Raising concerns (staff)
Judith Hardisty	Interim Chair from 01 November 2023	Board (Chair) 4/4 RTSC (Chair) 5/5 CFC 0/2	Raising concerns (staff)
	Vice Chair (Mental health, learning disabilities, primary care and community services) until 31 October 2023	Board (Vice Chair) 5/5 ARAC 6/6 HSC (Chair) 3/3 MHLC (Chair) 2/2 PODCC (Vice-Chair) 2/3 QSEC 4/4	Mental health Carers
Eleanor Marks	Vice Chair (Mental health, learning disabilities, primary care and community services) from 02 February 2024	Board (Vice-Chair) 1/1 ARAC 1/1 HSC 1/1 MHLC (Chair) 1/1 SDODC 1/1 SRC 1/1	Mental health Carers
Cllr Rhodri Evans	Independent Member (Local authority) Interim Vice Chair from 27 November 2023 to 31 January 2024	Board 9/9 ARAC (Chair) 8/8 MHLC 1/1 SDODC 5/6 SRC 5/6 RTSC (Vice-Chair from Sep23) 7/8	Equality
Anna Lewis	Independent Member (Community)	Board 9/9 CFC 3/4 PODCC (Vice-Chair from Sep23) 5/5 QSEC (Chair) 6/6 RTSC (Vice-Chair Apr23-Aug23) 6/8 SDODC 1/1	Duty of Quality and Duty of Candour Speaking up safely

Chantal Patel	Independent Member (University)	Board 9/9 ARAC 1/1 HSC 3/3 MHLC (Vice-Chair Nov-Feb24) 1/1 PODCC (Chair) 5/6 QSEC 5/5 SDODC (Vice-Chair Apr to Aug23) 3/3	Infection prevention and control Putting Things Right
Winston Weir	Independent Member (Finance)	Board 7/9 ARAC (Vice-Chair) 6/8 MHLC 0/4 SDODC 3/3 SRC (Chair) 6/6	
Maynard Davies	Independent Member (Information technology)	Board 9/9 ARAC 6/8 MHLC 1/1 SDODC (Chair) 4/6 SRC (Vice-Chair) 4/6 RTSC 8/8	Older persons
Michael Imperato	Independent Member (Legal) from 01 September 2023	Board 5/5 ARAC 3/3 SDODC (Vice Chair from Sep23) 3/3 SRC 2/3	
Iwan Thomas	Independent Member (Third sector)	Board 8/9 CFC (Vice-Chair) 3/4 HSC 2/4 MHLC (Chair Nov-Feb24 & Vice-Chair Apr-Nov23 & from Feb24) 4/4 SDODC 2/3	
Delyth Raynsford	Independent Member (Community)	Board 9/9 CFC (Chair) 4/4 HSC (Vice-Chair from Nov23) 6/6 PODCC 5/6 QSEC (Vice-Chair) 6/6 SRC 5/6	Welsh language Armed Forces and veterans Children and young people
Ann Murphy	Independent Member (Trade union)	Board 9/9 CFC 4/4 HSC (Vice-Chair until Oct 2023 & Chair from Nov 2023) 6/6 MHLC 3/4 PODCC 6/6 QSEC 6/6	

Michael Gray from 31 January 2024	Associate Member	Board 1/1	
Hazel Lloyd-Lubran	Associate Member until 09 December 2023	Board 1/8 SRG (Chair) 3/3	
Jeremy Hockridge	Associate Member from 31 January 2024	Board 0/1 SRG 1/1	
Mo Nazemi	Associate Member until 31 August 2023	Board 0/3 HPF (Chair) 3/3	
Steve Moore	Chief Executive Officer until 31 January 2024	Board 8/8 RTSC 5/8	Welsh language
Professor Philip Kloer	Interim Chief Executive Officer from 01 February 2024	Board 1/1	Welsh language
	Executive Medical Director/Deputy Chief Executive until 31 January 2024	Board 7/8 QSEC 5/5 HPF 3/3 PODCC 5/6	Caldicott Guardian
Lisa Gostling	Executive Director of Workforce and Organisational Development Interim Deputy Chief Executive from 01 February 2024	Board 9/9 PODCC 6/6 RTSC 8/8	Raising concerns (staff) Speaking up safely
Mark Henwood	Interim Executive Medical Director from 05 February 2024	Board 1/1 PODCC 1/1 QSEC 1/1	Caldicott Guardian
Huw Thomas	Executive Director of Finance	Board 9/9 ARAC 8/8 CFC 4/4 SDODC 6/6 SRC 6/6	
Mandy Rayani	Executive Director of Nursing, Quality and Patient Experience until 31 December 2023	Board 7/7 CFC 3/3 HSC 4/4 PODCC 6/6 QSEC 5/5	Violence and aggression Children and young people
Sharon Daniel	Interim Executive Director of Nursing, Quality and Patient Experience from 01 January 2024	Board 3/3 CFC 1/1 HSC 2/2 PODCC 1/1 QSEC 1/1	Violence & Aggression Children & Young People
Alison Shakeshaft	Executive Director of Therapies and Health Science until 31 July 2024	Board 3/3 QSEC 2/2	Emergency planning

James Severs	Executive Director of Therapies and Health Science from 06 November 2023	Board 4/4 HSC 2/2 PODCC 2/2 QSEC 2/2	
Andrew Carruthers	Executive Director of Operations	Board 8/9 HSC 5/6 MHLC 2/4 QSEC 6/6 SDODC 5/6 SRC 5/6	Fire safety
Lee Davies	Executive Director of Strategy and Planning	Board 8/9 SDODC 6/6	
Dr Ardiana Gjini	Executive Director of Public Health from 01 July 2023	Board 6/6 PODCC 4/4 QSEC 4/4 SDODC 4/4	Emergency planning
Joanne Wilson	Director of Corporate Governance/Board Secretary	Board 9/9 ARAC 8/8 HSC 6/6 PODCC 5/6 SDODC 6/6 QSEC 6/6 RTSC 7/8 SRC 6/6	Counter fraud
Jill Paterson	Director of Primary Care, Community and Long-Term Care	Board 9/9 QSEC 5/6 SDODC 5/6 SRC 4/6	
Alwena Hughes-Moakes	Communications and Engagement Director	Board 9/9 SRG 4/4	

Deputy representation for executive directors is included in figures above.

## Appendix 2 – Table of quoracy

The following table outlines dates of Board and committee meetings held during 2023-24, with all meetings being quorate:

Month	Board	Audit and Risk Assurance Committee	Charitable Funds Committee	Health and Safety Committee	Mental Health Legislation Committee	People, Organisational Development and Culture Committee	Strategic Development and Operational Delivery Committee	Sustainable Resources Committee	Quality, Safety and Experience Committee	Remuneration and Terms of Service Committee
Apr23		18.04.23				03.04.23	27.04.23	25.04.23	11.04.23	
May23	25.05.23 31.05.23(e)	11.05.23(e)	23.05.23	09.05.23						18.05.23
Jun23		20.06.23			16.06.23	19.06.23	26.06.23	27.06.23	13.06.23	
Jul23	27.07.23	26.07.23		10.07.23						31.07.23
Aug23		15.08.23				17.08.23	31.08.23	29.08.23	08.08.23	
Sep23	14.09.23(e) 28.09.23		26.09.23	11.09.23	05.09.23					
Oct23		17.10.23				10.10.23	26.10.23	24.10.23	05.10.23	31.10.23
Nov23	30.11.23		28.11.23	13.11.23						09.11.23
Dec23	14.12.23(e)	12.12.23			04.12.23	11.12.23	21.12.23	19.12.23	07.12.23	05.12.23
Jan24	26.01.24			08.01.24						08.01.24 11.01.24 17.01.24
Feb24		20.02.24				15.02.24	29.02.24	27.02.24	13.02.24	
Mar24	28.03.24		12.03.24	04.03.24	26.03.24					

(e) – Extraordinary meetings

## Appendix 3 - A summary of key items considered by committees in 2023-24

### Audit and Risk Assurance Committee (ARAC)

The role of the Audit Committee is to advise and assure the Board, and the accountable officer, on whether effective arrangements are in place to support them in their decision taking and in discharging their accountabilities in accordance with the standards of good governance determined for the NHS in Wales. Items considered:

- Changes to standing orders and standing financial instructions
- Changes to scheme of delegation
- Escalation status update reports
- IA plans were submitted to each meeting providing details relating to outcomes, key findings and conclusions
- Audit Wales reports on current and planned audits
- Internal and external audit tracking reports
- Post payment verification reports
- Counter fraud reports (including annual report and forward workplan)
- Annual accounts, accountability and remuneration reports for 2022-23
- Financial assurance reports including single tender actions, special losses and payments
- Audit, inspectorate and regulator tracker reports
- Risk assurance reports
- Risk management strategy
- Clinical audit reports
- Declarations of interest report
- Capital governance arrangements internal review

### Charitable Funds Committee (CFC)

The CFC is charged with providing assurance to the Board in its role as corporate trustees of the charitable funds (CF) held and administered by the health board. It makes and monitors arrangements for the control and management of the Board's charitable funds within the budget, priorities and

spending criteria determined by the Board and consistent with the legislative framework. Items considered:

- Charitable Funds Sub Committee update reports
- Charitable Funds risk reports
- Integrated Hywel Dda Health Charities performance reports
- Review of apportionment of governance and support costs and investment income and gains
- Review of the rationalising of Charitable Funds
- Update on the Hydrotherapy Pool: JC Williams (Elizabeth Williams Endowment) Trust Fund
- Presentations on the impact of recent Charitable Funds expenditure
- Hywel Dda Health Charities performance reports
- Charitable Funds annual accounts reports for 2022-23
- Investment advisor performance updates (the Investment Advisor Sub-Committee was disestablished in July 2023)
- Evaluation reports of expenditure approved by the Charitable Funds Committee

### Health and Safety Committee (HSC)

The HSC provides assurance on the arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers, contractors etc.

It provides advice on compliance with all aspects of health and safety legislation, as well as advises and assures the Board on whether effective arrangements are in place to ensure organisational wide compliance of the health board's health and safety policy, approves and monitors delivery against the Health and Safety Priority Improvement Plan and ensures compliance with the relevant Standards for Health Services in Wales. It

also provides assurance on the health board's Emergency Management Plan. Items considered:

- Committee Self-Assessment Outcomes Report
- Corporate and operational risk reports
- Health and safety update reports
- Security management update reports
- Fire safety update reports
- Fire Safety Audit System Report 2023-24
- Fire Safety Training Update Report
- Monitoring staff exposure to environmental hazardous substances - requirement of the Control of Substances Hazardous to Health Regulations 2002
- Prevent and Contest Update Report
- Estates and Facilities Welsh Health Technical Memorandum (WHTM) – Governance Arrangements Report
- Reinforced Autoclaved Aerated Concrete (RAAC) update reports
- Major Incident Plan
- Lifting Operations and Lifting Equipment Regulations (LOLER) Update Report
- Mental Health 136 Suite Accommodation Update Report
- RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013): Six Month Update Report
- Estates Maintenance Update: deep dive (Risk 1745)
- Electricity Compliance Update Report
- Health and Safety Regulations – Estates low voltage (LV) electricity compliance – audit tracker
- Health and Safety Regulations – Working at Height Regulations
- Health and Safety Regulations – Contractor Control Regulations
- Health and Safety Regulations – Bariatric Care Regulations
- Health and Safety Regulations – Manual Handling Regulations
- Health and Safety related policies and procedures for approval

## **Mental Health Legislation Committee (MHLC)**

The MHLC assures the Board that those functions of the Mental Health Act 1983 as amended, which have been delegated to officers and staff, are being carried out correctly, and that the wider operation of the 1983 Act in relation to the health board's area is operating properly, the provisions of the Mental Health (Wales) Measure 2010 are implemented and exercised reasonably, fairly and lawfully, the health board's responsibilities as hospital managers are being discharged effectively and lawfully, and that the health board is compliant with the Mental Health Act Code of Practice for Wales.

The MHLC also advises the Board of any areas of concern in relation to compliance with mental health legislation and agrees issues to be escalated to the Board with recommendations for action. Items considered:

- Mental Health Act 1983 Data Quarterly Performance Report S-CAMHS Update Report for CYSUR
- Mental Health Act Measure 2010 reports
- Mental Health Act 1983 quarterly performance reports
- Updates from Power of Discharge Sub-Committee
- Updates from the Mental Health Legislation Scrutiny Group
- Mental health legislation related policies and procedures for approval
  - Section 5 (4) Nurses Holding Power Policy
  - The Provision and Access to the Independent Mental Health Advocacy Policy
  - Section 5(2) Doctors Holding Power Policy
  - Community Treatment Order Policy
- Risk Report
- Hospital Manager Scheme of Delegation
- Mental Health Standards of Care (Wales) Bill

## People, Organisational Development and Culture Committee (PODCC)

PODCC was established to receive an assurance on all relevant planning objectives falling in the main under strategic objective 1 (putting people at the heart of everything we do), objective 2 (working together to be the best we can be), and objective 3 (striving to deliver and develop excellent services).

The committee has a focus on education and development of staff, recruitment, retention and talent management, becoming an employer of choice, performance and quality management systems, business intelligence capabilities and improvement training, patient experience, engagement and empowerment, workforce related policies, diversity and inclusion, carers support, regulatory and professional bodies compliance, arrangements to support ongoing transformation and board assurance framework development and research, development and innovation planning/deliver. Items considered:

- Staff stories relating to managing performance, experience and impact of participation in staff networks, staff retention (“why I stayed”), apprenticeships within Hywel Dda University Health Board, physician associates in primary care
- Staff experience: transforming staff feedback into positive change progress report and integrated action plan/staff well-being plan update
- Staff Value and Appreciation Update Report
- Performance, Appraisal and Development Review (PADR) Update Report
- Workforce Plan
- Workforce planning – all Wales workforce plans and alignment to local approaches
- Workforce Efficiency Report
- Research and Innovation Sub Committee update reports
- Research and Innovation Sub Committee Annual Report 2022-23
- Research and Innovation Sub Committee
- Terms of Reference
- Research and Innovation university partnerships update reports
- Research and Development Framework update
- Tritech Business Plan
- Outcome of Advisory Appointments Committee reports
- Medical Staff Recruitment Audit Update Report
- Job Planning Update Report
- Strategic People Planning and Education Group (SPPEG) Update Report and Terms of Reference
- BAME Advisory Group Update Report (including Bullying and Harassment and Anti-racist Wales Action Plan) and Terms of Reference
- Strategic Equality Plan Annual Report (including workforce equality and pay gap reports)
- Strategic Equality Plan and Objectives 2024-2028
- LGBTIQ+ Action Plan and Stonewall Assessment Update
- Welsh Language and Culture Discovery Report
- Welsh Language Annual Report 2022-23
- Contractual and Legislative Changes Update Report
- Policy Approval Schedule Report
- Corporate and employment policies for approval
- Employee Relations Performance Statistics Report
- Counter Fraud Annual Report 2022-23: Compliance with Mandatory Training Report
- Performance assurance and workforce metrics - integrated performance assurance report (IPAR) reports
- Welsh health circulars bi-annual reports
- Corporate and operational risk reports
- Planning objective update reports
- Planning objective deep dive reports
- GP Physicians Associate Report
- GP Trainees Update Report
- Community Nursing Annual Report

- Working in Confidence Platform Report
- Evaluation of Enhanced Pay Report
- Band 4 Training for Therapies Practitioners Report
- Withybush Hospital Medical Staff Update Report
- Educational Initiatives Uptake Report
- Industrial Action: Feedback and Learning Report
- Health Education and Improvement Wales (HEIW): quality assurance process reports
- Health Education and Improvement Wales (HEIW) quality assurance visit – revalidation and appraisal
- Evaluation of Making a Difference Customer Care Programme Report
- Training Accommodation Update Report
- Revised Annual Report and Self-Assessment Process for 2023-24
- Discovery Report and Action Plan
- Apprenticeships Update Report

### **Quality and Safety Experience Committee (QSEC)**

The QSEC is responsible for providing evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities about the quality and safety of healthcare and services provided and secured by the health board. It provides assurance to the Board in relation to the organisation's arrangements for safeguarding vulnerable people, children and young people and improving the quality and safety of healthcare to meet the requirement and standards determined for the NHS in Wales. Items considered:

- Quality and safety assurance reports
- Infection Prevention and Control Enhanced Monitoring Update
- Healthy Weight, Healthy Wales Plan
- Liberty Protection Safeguards Update
- Planning Objective Update Report and deep dive: Healthcare Acquired Infection Delivery Plan
- Staff and patient stories
- Operational Plan and Public Health Wales Plan in response to Llwynhendy

- tuberculosis (TB) findings
- Enabling Quality Improvement in Practice (EQliP) Update
- The health board's response to the neonatal findings relating to the Thirwall Inquiry
- Health Inspectorate Wales reports and recommendations
- Update on the Health and Social Care Quality Engagement Act and Duty of Candour
- Corporate risks reports
- Patient impact assessments for Withybush Hospital emergency surgery
- Deep dive reports into health visiting staffing, MHLD outcome of self-assessment for adult inpatient discharge arrangements, commissioning CAMHS Tier 4
- Commissioning for Quality Outcomes Report
- Quality and safety policies for approval
- QSEC Self-Assessment Outcome Report and Action Plan 2023-24
- NHS Executive all Wales Review of Neurodevelopment Services, Psychology and Psychological Interventions for Children and Young People
- WHC/2023/036 - Speaking Up Safely Framework - NHS Wales
- Digital Referral Management Update
- Nosocomial Transmission Review Closure Report
- National Collaborative Commissioning Unit Quality Improvement Service Annual Position Statement 2022-23
- Revised Operational Governance Arrangements Update
- Epilepsy in Learning Disabilities Outcome of Service Review
- Clinical audit reports
- Operational Quality, Safety and Experience Sub-Committee update reports
- Listening and Learning Sub-Committee update reports
- Communication themes and actions from the Listening and Learning Sub-

### Committee

- Infection Prevention Strategic Steering Group update reports
- Strategic Safeguarding Working Group update reports, including a specific report on the Women's Rights Network Report on Rapes and Sexual Assaults in Hospital
- Effective Clinical Practice Advisory Panel update reports
- Medicines Management Operational Group update reports
- Assessing and prioritising fragile services
- Enabling quality, improvement in practice
- Nurse Staffing Levels (Wales) Act: Annual Report and review of establishment
- Decisions relating to Nurse Staffing Levels (Wales) Act
- Quality impact assessment - reinforced aerated autoclave concrete, financial savings and nurse staffing establishment
- Arts in Health Charter
- WHSCC Chair's Report: Quality and Patient Safety

### Strategy Development and Organisational Delivery Committee (SDODC)

SDODC was established to receive an assurance on all relevant planning objectives falling in the main under strategic objective 4 (the best health and well-being for our individuals, families, and our communities) and strategic objective 5 (safe, sustainable, accessible, and kind care). The committee has a focus on NHS Delivery Framework requirements, public health, health inequalities and screening services, Transformation Fund, delivery of the 'A Healthier Mid and West Wales Strategy' and Bronglais Hospital plan, Transforming Mental health and Transforming Learning Disabilities plans, integrated locality plans, children's and young people plan, out-of-hours care, national clinical audits compliance, fragile services plans, care home/domiciliary care market support and development. Items considered:

- Integrated Medium Term Plan (IMTP)
- Planned Care Update

- Pharmaceutical Needs Assessment Annual Review
- Public Health Update
- Continuous engagement implementation
- Annual Plan 2023-24
- A Healthier Mid and West Wales programme business case reports
- A Healthier Mid and West Wales Forward Look Governance Review (advisory review)
- A Healthier Mid and West Wales (land): Update
- Strategic Outline Case: A Healthier Mid and West Wales
- SDODC Terms of Reference
- SDODC Self-Assessment of Committee Effectiveness: Process
- Self-assessment timelines
- Integrated performance assurance reports
- Evaluation of Winter Plan 2022/23
- Long Term Care Performance Report
- Capital Sub-Committee update reports and Annual Report 2023-24
- Discretionary capital programme 2023-24 update reports
- Sexual Assault Referral Centre (SARC) Business Justification Case
- Planning Objectives: plans on a page
- Quarterly annual plan monitoring reports
- Stroke: Business Case and Assessment of the Stroke Pathway
- Urgent and Emergency Care Update
- A Regional Collaboration for Health (ARCH) Update
- Discharge Update Report: including governance
- Planned Care Update and Cancer Recovery
- Planned Care and Managing Outpatients
- Vaccination Programme for Prevention and Response Plan 2022-23, Update 2023-24: progress update, key priorities and Delivery Plan
- Palliative Care Strategy
- Dementia Strategy Update
- Community and Long Term Care Quarterly Service Report

- Transforming Urgent and Emergency Care Programme
- Mental Health Recovery Plan
- Well-being of Future Generations Act Annual Report
- Estates Property Strategy
- Review of Clinical Pharmacy Services at NHS Hospitals in Wales
- Social Model for Health and Well-being
- Primary and Community Services Strategy
- Regional Integration Fund (RIF)
- Regional Diagnostics Plan
- Population Health
- Public Services Boards (PSBs) Well-being Assessments (Well-being of Future Generations (Wales) Act 2015)
- Ophthalmology Performance: Getting It Right First Time (GIRFT)
- Business Justification Case for Phase 2 Fire Enforcement Notices / Letters of Fire
- Safety matters at Worthybush Hospital

### **Sustainable Resources Committee (SRC)**

SRC was established to receive an assurance on all relevant planning objectives falling in the main under strategic objective 6 (sustainable use of resources), with a focus on financial plans and delivery of the route map to financial recovery, improving value, PROMS/FROMS roll-out and impact, carbon reduction and green health initiatives, foundational economy work, national IT programmes delivery, and budget setting. Items considered:

- Monthly financial performance and forecast reports
- Capital financial management reports
- Core Delivery Group and Financial Control Group update reports
- Integrated Medium Term Plan (IMTP) development
- Long Term Agreement (LTA) contract process 2023-24
- Monthly monitoring returns and commentary reports
- Review of Financial Outlook 2023-24 Report

- Balance sheet analysis reports
- Healthcare contracting and commissioning update reports
- Value-based health care update reports
- Financial Recovery Report
- Cyber security reports
- NWSSP performance quarterly reports
- Commissioning Group update reports
- Agile Digital Business Group update reports (the Agile Digital Business Group was disestablished in October 2023)
- Digital Oversight Group update reports (the Digital Oversight Group was established in October 2023)
- Information Governance Sub-Committee update reports
- Procurement Plan and update reports
- Decarbonisation Task and Finish Group update reports
- Financial procedures for approval
- Integrated performance assurance reports
- Welsh health circulars
- Ministerial directions reports
- Corporate and operational risk reports
- Planning objective update reports
- Planning objective deep dive reports
- Report on the Finance Targeted Intervention Actions
- Review of the Integrated Performance Assurance Report
- Consultancy Review
- Review of Savings Productivity and Benefits Realisation
- Developing a long-term financial projection as an enabler for a roadmap to financial balance
- Review of Transforming Urgent and Emergency Care Programme
- Review of the Electronic Prescribing and Medicines Administration System
- Public sector carbon emissions reports
- Review of the Financial Implications of the Nurse Staffing Levels (Wales) Act
- Review of business partnering arrangements
- Reinforced Autoclaved Aerated Concrete (RAAC) Update Report

**Appendix 4 - Ministerial directions**

<b>Ministerial Directions (MDs)</b>	<b>Date/Year of adoption</b>	<b>Action to demonstrate implementation/response</b>
2021. No.59 – The Directions to Local Health Boards and NHS Trusts in Wales on the Delivery of Autism Services 2021	July 2021	This Ministerial Direction is currently being implemented, with an implementation date of October 2025. The health board continues to work with the Regional Partnership Board (RPB) in the development and delivery of the Code of Practice Implementation Plan which requires a multi-agency response to address the recommendations outlined in the code.
2023. No.8 – Local Health Boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023	March 2023	This Ministerial Direction is currently being implemented, with an implementation date of April 2024, and aligned with Welsh Health Circular 032-22 relating to the extension of the use of Blueteq in secondary care. There is a delay in the implementation of this Ministerial Direction on an All-Wales basis, with discussions ongoing nationally to resolve and progress.
2023. No.27 – The Primary Care (E-Prescribing Pilot Scheme) Directions 2023	June 2023	This Ministerial Directions came into force in June 2023, with overall responsibility for implementation by Digital Health Care Wales (DHCW). The health board is represented on DHCW's advisory group overseeing this Ministerial Direction. Progress in implementing the Ministerial Direction is reliant on national roll-out.
2023. No.42 – Primary Care Contracted Services: Immunisations (PCCS:I) Amending Directions	August 2023	This Ministerial Direction has been enacted.
2023. No.14 - Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2023	August 2023	This Ministerial Direction is currently being implemented, with payments to eligible General Medical Services (GMS) practices scheduled for June 2024.
2023. No.47 - The National Health Service (Wales Eye Care Services) (Wales) Directions 2023	October 2023	To update once response received from service
2024. No.1 - Wales Eye Care Services (Administrative List) (Wales) Directions 2024	January 2024	To update once response received from service

2024. No.2 - The National Health Service (Wales Eye Care Services) (Wales) Directions 2024	January 2024	To update once response received from service
2024. No.4 - Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2024	February 2024	To update once response received from service

## 11.6 Remuneration and Staff Report

### 11.6.1 Remuneration Report

The HM Treasury's Government Financial Reporting Manual (FReM) requires that a remuneration report shall be prepared by NHS bodies providing information under the headings in SI 2008 No 410 <https://www.legislation.gov.uk/ukxi/2008/410/contents> made to the extent that they are relevant. The Remuneration Report contains information about senior manager's remuneration. The definition of 'senior managers' is:

"Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments."

#### The Remuneration and Terms of Service Committee (RTSC)

The RTSC will comment specifically upon the following:

- The remuneration and terms of service for the chief executive, executive directors, other very senior managers (VSMs) and others not covered by Agenda for Change; ensuring that the policies on
- remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently
- The objectives for executive directors and other VSMs and their performance assessment
- The performance management systems in place for those in the positions mentioned above and its application
- The proposals to make additional payments to medical consultants outside of normal terms and conditions
- The proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance
- The consideration and ratification of voluntary early release (VER) scheme applications and severance payments in respect of executive director posts, in line with standing orders and extant Welsh Government guidance. The committee will be advised also of all VER scheme applications and severance payments, and
- The approval of the health board's honours submission recommendations

The membership of the RTSC committee during 2023-24 was as follows:

Name	Position	Role on RTSC
Maria Battle	Chair until 31 October 2023	Chair until 31 October 2023
Judith Hardisty	Interim Chair from 1 November 2023	Chair from 1 November 2023
Anna Lewis	Independent Member and Chair of Quality, Safety and Experience Assurance Committee QSEC	Vice-Chair
Rhodri Evans	Independent Member and Chair of ARAC	Member
Maynard Davies	Independent Member and Chair of SDOCD	Member

### Independent members' remuneration

Remuneration and tenures of appointment for independent members is decided by the Welsh Government.

### Senior managers' remuneration

The remuneration of senior managers who are paid on the very senior managers pay scale is determined by the Welsh Government and the health board pays in accordance with these regulations. For the purpose of clarity, these are posts which operate at board level and hold either statutory or non-statutory positions. In accordance with the regulations, the health board can award incremental uplift within the pay scale and, should an increase be considered outside the range, a job description is submitted to the Welsh Government for job evaluation. There are clear guidelines in place with regards to the awarding of additional increments and during the year there have not been any additional payments agreed. No changes to pay have been considered by the committee outside these arrangements. The health board does

not have a system for performance related pay for its very senior managers.

The health board can confirm that it has not made any payment to past directors as detailed within the guidance.

The health board issues all Wales executive director contracts which determine the terms and conditions for all very senior managers. The health board has not deviated from this. In rare circumstances where interim arrangements are to be put in place a decision is made by the committee with regards to the length of the interim post, whilst substantive appointments can be made.

Any termination payments would be discussed and agreed by the committee in advance and where appropriate the Welsh Government's approval would be made. No termination payments were made during 2023-24. During 2022-23, one termination payment of £27,998 was made to the former Executive Director of Public Health in respect of a payment in lieu of notice.

**Service contract details for senior managers:**

<b>Name</b>	<b>Position</b>	<b>Date of Contract</b>	<b>Date of Expiration</b>	<b>Compensation for early termination</b>
Steve Moore	Chief Executive Officer	05/01/2015	11/02/2024	N/A
Philip Kloer	Interim Chief Executive Officer	01/02/2024	No later than 31/01/2025	N/A
	Executive Medical Director/Deputy Chief Executive	25/06/2015	31/01/2024	N/A
Lisa Gostling	Executive Director of Workforce and Organisational Development and Interim Deputy Chief Executive Officer	09/01/2015	N/A	N/A
Mark Henwood	Interim Executive Medical Director	05/02/2024	No later than 31/01/2025	
Mandy Rayani	Executive Director of Nursing, Quality and Patient Experience	19/06/2017	31/12/2023	N/A
Sharon Daniel	Interim Executive Director of Nursing, Quality and Patient Experience	01/01/2024	No later than 30/09/2024	N/A
Ardiana Gjini	Executive Director of Public Health	01/07/2023	N/A	N/A
Alison Shakeshaft	Executive Director of Therapies and Health Science	01/01/2018	31/07/2023	N/A
James Severs	Executive Director of Therapies and Health Science	06/11/2023	N/A	N/A
Huw Thomas	Executive Director of Finance	10/12/2018	N/A	N/A
Andrew Carruthers	Executive Director of Operations	01/12/2019	N/A	N/A
Lee Davies	Executive Director of Strategic Development and Operational Planning	26/04/2021	N/A	N/A

Joanne Wilson	Director of Corporate Governance/Board Secretary	01/01/2018	N/A	N/A
Jill Paterson	Director of Primary Care, Community and Long-Term Care	19/01/2018	N/A	N/A
Alwena Hughes-Moakes	Communications and Engagement Director	01/03/2023	N/A	N/A

Changes to Board membership are outlined in the [Directors Report](#).

### Single total figure of remuneration

The amount of pension benefits for the year which contributes to the single total figure is calculated similar to the method used to derive pension values for tax purposes and is based on information received from the NHS BSA Pensions Agency. The value of pension benefit is calculated as follows: (real increase in pension x 20) + (the real increase in any lump sum) – (contributions made by member).

The real increase in pension is not an amount which has been paid to an individual by the health board during the year, it is a calculation which uses information from the pension benefit table. These figures can be influenced by many factors such as changes in a person's salary, whether or not they choose to make additional contributions to the pension scheme from their pay, and other valuation factors affecting the pension scheme as a whole.

## 2023-24

Name	Full year equivalent salary (Bands of £5k)	Salary (Bands of £5k)	Bonus payments (Bands of £5k)	Benefits in kind (To nearest £100)	Pension benefits £000	Total (Bands of £5k) £000
	£000	£000	£000	£	£000	£000
<b>Executive members and directors</b>						
Steve Moore (to 11/02/2024)	220-225	190-195	0	0	0	190-195
Mandy Rayani (to 31/12/2023)	150-155	110-115	0	0	0	110-115
Lee Davies	145-150	145-150	0	0	0	145-150
Lisa Gostling	150-155	150-155	0	0	0	150-155
Phil Kloer	200-205	200-205	0	0	0	200-205
Andrew Carruthers	150-155	150-155	0	0	0	150-155
Alison Shakeshaft (to 31/07/2023)	140-145	45-50	0	0	0	45-50
Huw Thomas	160-165	160-165	0	0	1	160-165
Jill Paterson	135-140	135-140	0	3.3	0	140-145
Joanne Wilson	125-130	125-130	0	0	0	125-130
Alwena Hughes-Moakes	100-105	100-105	0	0	24	125-130
Ardiana Gjini (from 01/07/2023)	130-135	95-100	0	0	12	105-110
James Severs (from 06/11/2023)	130-135	50-55	0	0	46	95-100
Mark Henwood (from 05/02/2024)	250-255*	35-40	0	0	-	35-40
Sharon Daniel (from 01/01/2024)	145-150	35-40	0	0	-	35-40

Independent members						
Maria Battle (to 31/10/2023)	55-60	30-35	0	0.9	0	35-40
Judith Hardisty	50-55	50-55	0	3.3	0	55-60
Delyth Raynsford	10-15	10-15	0	0	0	10-15
Anna Lewis	10-15	10-15	0	0	0	10-15
Maynard Davies	10-15	10-15	0	0.9	0	10-15
Ann Murphy	15-20	15-20	0	0.5	0	15-20
Iwan Thomas	10-15	10-15	0	0	0	10-15
Winston Weir	10-15	10-15	0	0.1	0	10-15
Chantal Patel	10-15	10-15	0	0	0	10-15
Cllr Rhodri Evans	20-25	20-25	0	0	0	20-25
Michael Imperato (from 01/09/2023)	10-15	5-10	0	0.9	0	5-10
Eleanor Marks (from 01/02/2024)	45-50	5-10	0	0	0	5-10

\* The full year equivalent salary for Mark Henwood consists of £190-195k in respect of duties as Interim Executive Medical Director, £30-35k protected pay attributable to clinical duties and payments of £20-25k under the All-Wales Employer Pension Contributions Alternative Payment Policy - this policy enables employees who have opted out of the NHS Pension Scheme, on the basis that they would have been impacted by the pension tax annual allowance, to receive an alternative payment equivalent to the amount that the employer would have paid into the relevant NHS Pension Scheme had the employee remained a member.

\*\*The Salary of Ann Murphy consists of £5-10k in respect of duties as an Independent Board Member and £10,600 in respect of duties under a separate contract of employment as a trade union representative.

The benefit in kind which arose in respect of Jill Paterson related to Miss Paterson's part-year participation in a lease car scheme available to all employees whereby an

employee makes payments from net pay in exchange for the private use of a lease car.

Steve Moore, Lee Davies, Andrew Carruthers, Huw Thomas, Jill Paterson and Mark Henwood participated in a salary sacrifice scheme available to all employees whereby an element of an employee's salary is 'swapped' for the use of a car. Resulting taxable benefits-in-kind (to the nearest £100) arising as a result of these employees' participation in the scheme are as follows:

- Steve Moore £1,400
- Lee Davies £900
- Andrew Carruthers £1,100
- Huw Thomas £1,000
- Jill Paterson £700 (part-year participation)
- Mark Henwood £243 (part-year participation)

These amounts are not included within the single total figure of remuneration table as salary is stated gross before the deduction of the related sacrificed salary.

The benefits in kind which arose to independent members related to the taxable reimbursement of travel expenses.

Details regarding the pension position of Sharon Daniel at 31 March 2023 have not been received. As a consequence, it has not

been possible to calculate the pension benefits accrued during the year in respect of this individual.

Mark Henwood did not participate in the NHS Pension Scheme during the reporting year.

**2022-23**

Name and title	Full year equivalent salary	Salary	Bonus payments	Benefits in kind	Pension benefits	Total
	(Bands of £5k)	(Bands of £5k)	(Bands of £5k)	(To the nearest £100)	(To the nearest £1k)	(Bands of £5k)
	£000's	£000's	£000's	£'s	£000's	£000's
<b>Executive members and directors</b>						
Steve Moore	205-210	205-210	0	0	34	240-245
Mandy Rayani	140-145	140-145	0	0	0	140-145
Lee Davies	130-135	130-135	0	0	7	135-140
Lisa Gostling	140-145	140-145	0	0	19	155-160
Phil Kloer	185-190	185-190	0	0	53	235-240
Andrew Carruthers	140-145	140-145	0	0	0	140-145
Alison Shakeshaft	130-135	130-135	0	0	14	145-150
Ros Jervis (to 01/04/2022)	120-125	25-30	0	0	0	25-30
Huw Thomas	155-160	155-160	0	0	55	210-215
Jill Paterson	130-135	130-135	0	8.2	19	155-160
Joanne Wilson	110-115	110-115	0	0	22	135-140
Alwena Hughes-Moakes (from 1 March 2023)	100-105	5-10	0	0	-	5-10

Independent members						
Maria Battle	55-60	55-60	0	0	0	55-60
Judith Hardisty	45-50	45-50	0	0	0	45-50
Prof John Gammon (to 31/07/22)	10-15	0-5	0	0	0	0-5
Paul Newman (to 31/03/23)	10-15	10-15	0	0	0	10-15
Delyth Raynsford	10-15	10-15	0	0	0	10-15
Anna Lewis	10-15	10-15	0	0	0	10-15
Maynard Davies	10-15	10-15	0	0	0	10-15
Ann Murphy	15-20	15-20	0	0	0	15-20
Cllr Gareth John (to 14/06/22)	10-15	0-5	0	0	0	0-5
Iwan Thomas	10-15	10-15	0	0	0	10-15
Winston Weir	10-15	10-15	0	0	0	10-15
Chantal Patel (from 01/08/22)	10-15	5-10	0	0	0	5-10
Cllr Rhodri Evans (from 15/11/22)	10-15	5-10	0	0	0	5-10

The single total figure of remuneration table for 2022-23 has been restated to include the remuneration of Alwena Hughes-Moakes and to include the remuneration of Ann Murphy for duties undertaken separately to her management role.

The salary of Ann Murphy consists of £5-10k in respect of duties as an Independent Board Member and £9,500 in respect of duties under a separate contract of employment as a trade union representative.

Steve Moore, Lee Davies, Andrew Carruthers, and Huw Thomas participated in a salary sacrifice scheme available to all employees whereby an element of an employee's salary is 'swapped' for the use of a car. In the single total figure of

remuneration table, salary is stated gross, before the deduction of sacrificed salary. Resulting taxable benefits-in-kind (to the nearest £100) arising as a result of these employees' participation in the scheme are as follows:

- Steve Moore £1,700
- Lee Davies £900
- Andrew Carruthers £1,000
- Huw Thomas £1,000

Included within salary for Ros Jervis is a payment in lieu of notice of £27,998.

Details regarding the pension position of Alwena Hughes-Moakes at 31 March 2022 have not been received. As a consequence, it has not been possible to calculate the

pension benefits accrued during the year in respect of this individual.

### Remuneration relationship

The details of the remuneration relationship are reported in the financial statements in section 9.6.

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation’s workforce.

The 2023-24 financial year is the third year that disclosures in respect of:

- the 25th percentile pay ratio and 75th percentile pay ratio are required including the requirements for prior year comparatives
- the percentage change in the remuneration of the highest paid director or minister and the percentage change in the remuneration of the employees of the entity taken as a whole are required.

The banded remuneration of the highest-paid director in the health board in the financial year 2023-24 was £220,000 - £225,000 (2022-23: £205,000 - £210,000). This was eight times (2022-23: seven times) the median remuneration of the workforce, which was £28,834 (2022-23: £29,180).

In 2023-24, 35 (2022-23:41) employees received remuneration in excess of the highest-paid director. Remuneration for staff

ranged from £22,123 to £451,381 (2022-23: £20,758 to £367,923). The staff who received remuneration greater than the highest paid director are all medical and dental who have assumed additional responsibilities to their standard job plan commitments and in some cases medical managerial roles, necessitating extra payment.

	2023-24	2022-23
Band of highest paid director’s total remuneration £000	220 - 225	205 - 210
Median total remuneration £000	29	29
Median ratio	7.69:1	7.17:1
25th percentile pay £000	23	23
25th percentile pay ratio	9.70:1	9.04:1
75th percentile pay £000	43	43
75th percentile pay ratio	5.19:1	4.84:1

\* As disclosed in the health board’s Annual Accounts Note 9.6.

Total remuneration includes salary, non-consolidated performance-related pay, and benefits in kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

**Pension benefits disclosure**

<b>Name and title</b>	<b>Total accrued pension at pension age at 31 March 2024</b>  <b>(bands of £5,000)</b> <b>£000</b>	<b>Lump sum at pension age related to accrued pension at 31 March 2024</b>  <b>(bands of £5,000)</b> <b>£000</b>	<b>Real increase in pension at age</b>  <b>(bands of £2,500)</b> <b>£000</b>	<b>Real increase in pension lump sum at pension age</b>  <b>(bands of £2,500)</b> <b>£000</b>	<b>Cash Equivalent Transfer Value at 31 March 2024</b>  <b>£000</b>	<b>Cash Equivalent Transfer Value at 31 March 2023</b>  <b>£000</b>	<b>Real increase in Cash Equivalent Transfer Value</b>  <b>£000</b>
Steve Moore, Chief Executive Officer (to 11/02/2024)	70-75	185-190	0	25-27.5	1,597	1,250	166
Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience (to 31/12/2023)	65-70	265-270	0	40-42.5	112	1,695	0
Lee Davies, Executive Director of Strategy and Planning	35-40	95-100	0	32.5-35	713	469	177
Lisa Gostling, Executive Director of Workforce & Organisational Development, Interim Deputy Chief Executive Officer (from 01/02/2024)	55-60	150-155	0	27.5-30	1,347	1,113	101
Phil Kloer, Executive Medical Director/Deputy Chief Executive Officer (to 31/01/2024), Interim Chief Executive Officer (from 01/02/2024)	65-70	180-185	0	40-42.5	1,549	1,250	146
Andrew Carruthers, Executive Director of Operations	35-40	100-105	0	27.5-30	772	595	98
Alison Shakeshaft, Executive Director of Therapies and Health Science (to 31/07/2023)	35-40	205-210	0	72.5-75	0	1,215	0

Huw Thomas, Executive Director of Finance	30-35	5-10	0-2.5	2.5-5	458	317	88
Jill Paterson, Director of Primary Care, Community & Long Term Care	50-55	145-150	0	0	313	42	249
Alwena Hughes-Moakes, Communications and Engagement Director	0-5	0	0-2.5	0	58	28	13
Joanne Wilson, Director of Corporate Governance/Board Secretary	30-35	90-95	0	27.5-30	699	514	116
Ardiana Gjini, Executive Director of Public Health (from 01/07/2023)	25-30	70-75	0-2.5	0	653	564	10
James Severs, Executive Director of Therapies & Health Science (from 06/11/2023)	20-25	0	2.5-5	0	286	175	30
Sharon Daniel, Interim Executive Director of Nursing, Quality & Patient Experience (from 01.01.2024)	45-50	135-140	-	-	1,192	-	-

Steve Moore, Lee Davies, Lisa Gostling, Phil Kloer, Andrew Carruthers, Huw Thomas, Jill Paterson, Joanne Wilson, Ardiana Gjini, James Severs and Sharon Daniel are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted with a zero.

Mandy Rayani and Alison Shakeshaft took pension benefits upon their retirement.

Mark Henwood did not participate in the NHS Pension Scheme during the reporting year.

Details regarding the pension position of Sharon Daniel at 31 March 2023 have not been received. As a consequence, it has not been possible to calculate the real increases in 2023-24 in respect of the pension, lump sum and CETV for this individual.

## 11.6.2 Staff Report

### Staff numbers

As of 31 March 2024, the health board employed 13,291 staff including bank and locum staff; this equated to 10,456.49 full time equivalent (FTE). The numbers (headcount) of female and male Board members and employees are as follows:

	Female	Male	Total
<b>Board members</b>	12	11	<b>23</b>
<b>Employees</b>	10,498	2,770	<b>13,268</b>
<b>Total</b>	<b>10,510</b>	<b>2,781</b>	<b>13,291</b>

\*Included in the Board members figures are three additional directors (all non-voting) who are members of the executive team and attend Board meetings.

	Female		Male		Total	
	FTE	Head count	FTE	Head count	FTE	Head count
<b>Executive team</b>	6.00	6	6.00	6	<b>12.00</b>	<b>12</b>
<b>Independent members</b>	6.00	6	5.00	5	<b>11.00</b>	<b>11</b>
<b>Total</b>	<b>12.00</b>	<b>12</b>	<b>11.00</b>	<b>11</b>	<b>22.00</b>	<b>23</b>

### Staff composition as at 31 March 2024

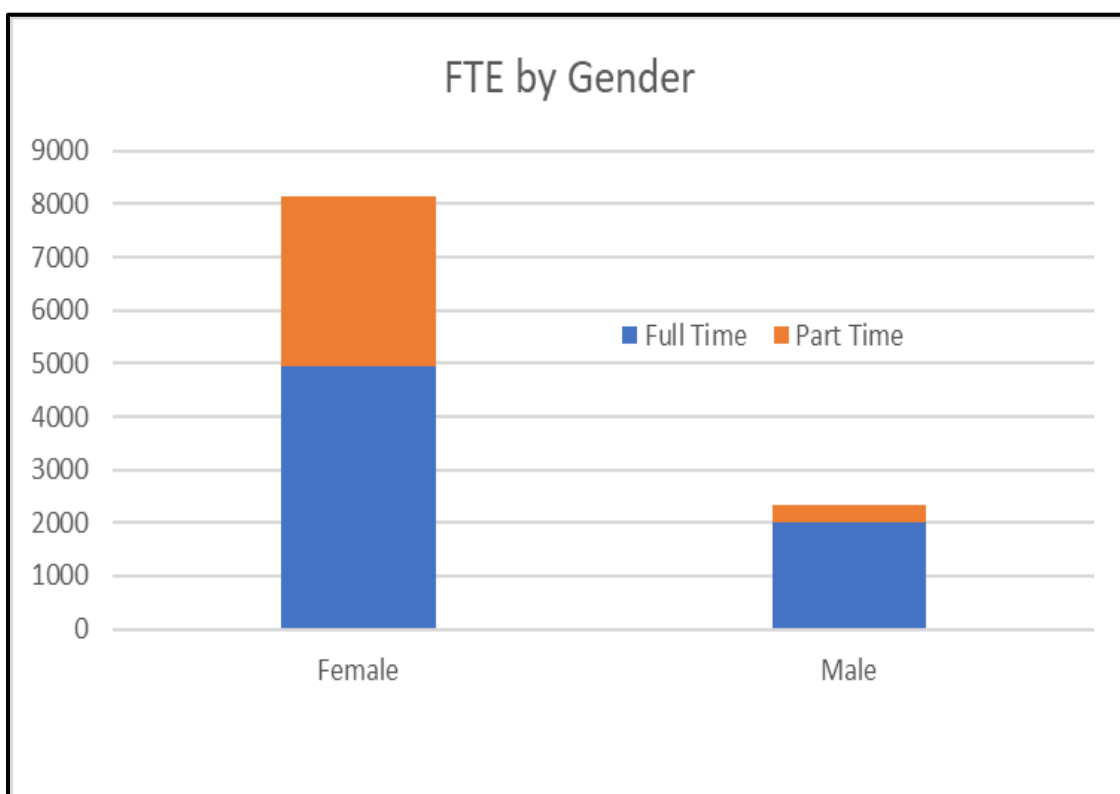
	Female		Male		Total	
	FTE	Head count	FTE	Head count	FTE	Head count
<b>Add prof scientific and technic</b>	280.24	328	90.31	102	<b>370.55</b>	<b>430</b>
<b>Additional clinical services</b>	1,861.88	2,736	395.57	500	<b>2,257.45</b>	<b>3,236</b>
<b>Administrative and clerical</b>	1,778.44	2,050	420.11	444	<b>2,198.55</b>	<b>2,494</b>
<b>Allied health professionals</b>	543.70	653	168.33	185	<b>712.03</b>	<b>838</b>
<b>Estates and ancillary</b>	410.59	689	437.33	550	<b>847.92</b>	<b>1,239</b>
<b>Healthcare scientists</b>	105.70	118	93.90	100	<b>199.60</b>	<b>218</b>
<b>Medical and dental</b>	231.57	321	453.88	601	<b>685.45</b>	<b>922</b>
<b>Nursing and midwifery registered</b>	2,923.37	3,615	261.57	299	<b>3,184.94</b>	<b>3,914</b>
<b>Total</b>	<b>8,135.49</b>	<b>10,510</b>	<b>2,321.00</b>	<b>2,781</b>	<b>10,456.49</b>	<b>13,291</b>

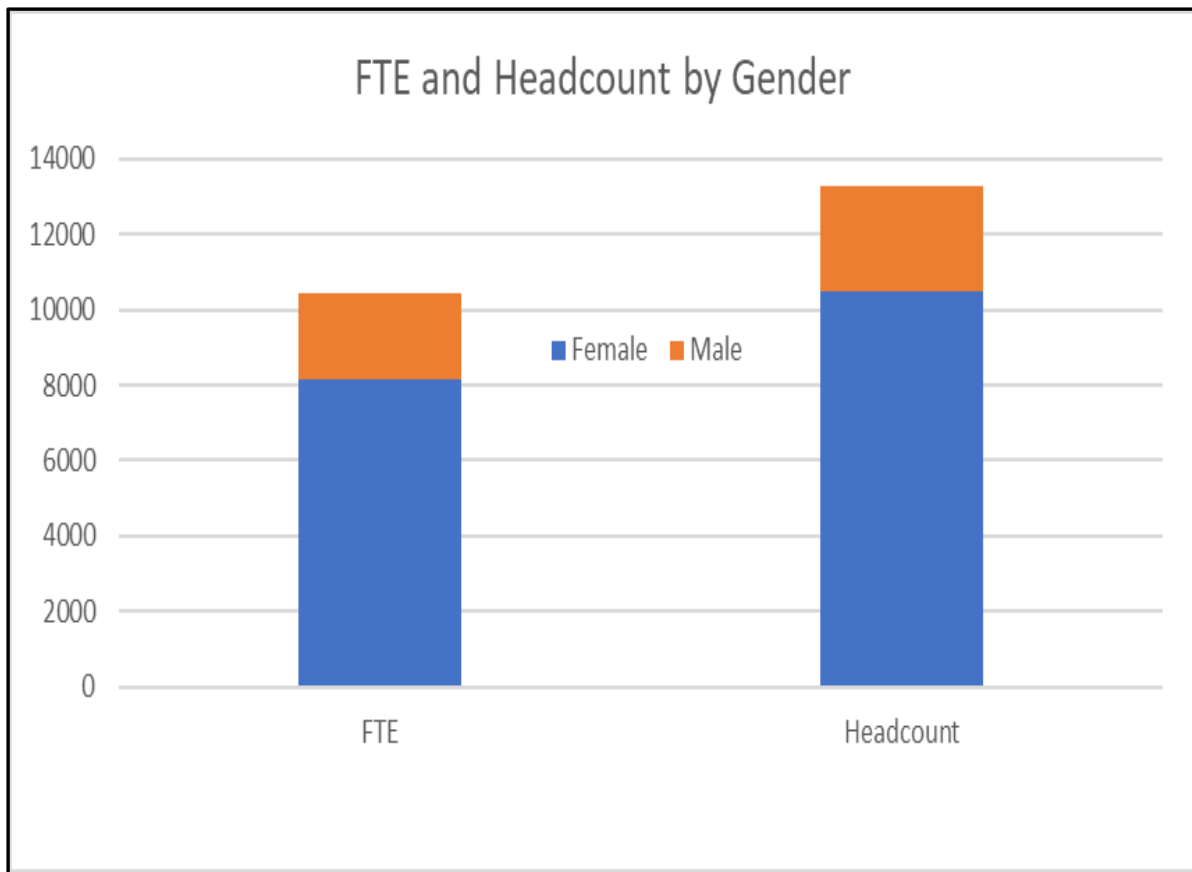
At the end of March 2024, the health board employed 13,291 staff including bank and locum staff; this equated to 10,456.49 full time equivalents (FTE). 78% of the workforce was female by FTE and 22% male. The staff covered a wide range of professional, technical and support staff groups. Over 50% (by headcount and FTE) were within the nursing and midwifery and additional clinical services staff groups. Senior Manager (admin and clerical band 8a and above) were 1.84% of the workforce by headcount - 62% of these by FTE were female and 38% male.

Senior managers are administrative and clerical staff (Bands 8a to 9)

	Female		Male		Total	
	FTE	Head count	FTE	Head count	FTE	Head count
<b>Band 8a</b>	68.85	70	37.95	38	<b>106.80</b>	<b>108</b>
<b>Band 8b</b>	47.60	50	22.85	23	<b>70.45</b>	<b>73</b>
<b>Band 8c</b>	19.00	20	17.00	17	<b>36.00</b>	<b>37</b>
<b>Band 8d</b>	8.60	8	3.61	4	<b>12.21</b>	<b>12</b>
<b>Band 9</b>	5.00	5	9.45	10	<b>14.45</b>	<b>15</b>
<b>Total</b>	<b>149.05</b>	<b>153</b>	<b>90.86</b>	<b>92</b>	<b>239.91</b>	<b>245</b>

The Board does not have any issue with its staff composition.





### Staff sickness data

The following table provides information on the number of days lost due to sickness:

	2023/24	2022/23
Days lost (long term)	159,408.83	143,859.00
Days lost (short term)	78,522.61	88,982.00
Total days lost	237,931.44	232,840.00
Total staff years as of 31 March	10,319.29	9,812.60
Average working days lost	14.38	14.87
Total staff employed as of 31 March (headcount)	13,291	13,140
Total staff employed in period with no absence (headcount)	3,944	4,005
<b>Percentage of staff with no sick leave</b>	<b>33.04%</b>	<b>32.98%</b>

We continue to see higher levels of absence than seen prior to the pandemic even though some services have made significant improvements in their absence rates over the past 12 months.

Industrial action has also had a slight impact on our absence rates and may increase if the action continues into the spring and summer months, albeit the action is currently paused.

Anxiety/stress/depression continues to feature strongly as one of the highest reasons for absence accounting for some 30% of all days lost over a number of the reporting periods in the past year. During 2023-24, a health and well-being workstream was established in partnership with our trade unions and we are currently scoping our baseline offer before developing an action

plan. The sickness absence elements of this workstream will be monitored in terms of our future reporting requirements to see if they result in a positive influence on absence rates into 2024-25.

The most up-to-date data for 2023-24 indicates that the all-Wales average was 6.1% whereas Hywel Dda rates were 6.31%. The workforce team, which includes operational workforce, occupational health and the well-being teams have continued to provide support for individuals and managers in managing sickness absence and helping people to remain in or return to work.

### Staff policies

The operational workforce team continue to apply a disrupted approach to our three-year cyclical schedule of review of our local employment related policy framework. This continues to focus on the individual at the centre of the matter, aligns better with health board strategic priorities and ensures a far more widespread engagement exercise in both the review of existing and formulation of new policies.

During 2023-24, 22 local policy reviews were completed:

- 15 were reviewed and approved
- seven were removed (three were reviewed and streamlined into guidance documents and two further policies were incorporated into another existing policy)
- two local reviews were not undertaken as these policies are in the process of being reviewed at an all-Wales level. Once agreed at the All-Wales Partnership Forum Business Committee they will be put forward for adoption and then replace our existing local policies.
- one all-Wales policy was also adopted by the health board.

In June 2023, the Welsh Partnership Forum Business Committee adopted a new approach to the review of all Wales policies and procedures. The core element of this new approach is to move away from using a

review date as a prompt for review of an existing policy. In future the work will be driven by key prompts for review and provide an option for a transactional review where changes or updates to an existing policy are more administrative than material. Agreement was also reached that all Wales workforce and organisational development policies would remain extant until replaced by an updated version approved by the Welsh Partnership Forum.

Four other local policies had minor reviews in year to take account of changes, for example, to supporting documentation/hyperlinks or feedback received. Due to the minor nature of these changes, they did not require a full consultation process to be followed, however, they were shared for information with our county and health board wide partnership forums and noted by our People, Organisational Development and Culture Committee as updated.

Our trade union representatives continue to support our revised approach to policy review and continue to be integral to it.

As part of the local review of policies, the health board agreed a 10-year pledge to reduce all our local policies to five pages or less (excluding the corporate governance requirements that are standard to each policy) to make them easier for staff to follow and be more principles led than prescriptive in approach. Of the 41 local policies that remain in force, 30 have thus far met the five page pledge. Of the remaining 11, four are yet to be reviewed. Work will continue to achieve this pledge in our policy review work over the coming year.

### Trade union relationships

We have continued to build on the good work over the last couple of years with our trade union colleagues and have separated out strategic and operational discussions into distinct pathways which enable issues to be considered and resolved in a more streamlined manner and at the appropriate level.

The health board and trade unions have also started to work more closely on policy work and the structure of our agenda with our medical and dental trade union representatives via the Local Negotiating Committee.

Trade union colleagues have been integral to the revised policy review process and their contribution continues to be of critical importance to us.

**Expenditure on consultancy and temporary staff**

Consultancy services are a provision for management to receive objective advice and assistance relating to strategy, structure, management or operations of an organisation in pursuant of its purposes and objectives. During the year the health board spent £410,255 (2022-23: £1,628,603) on consultancy services as follows:

<b>Transforming clinical services</b>	<b>£320,133</b>
<b>Estates planning advice regarding new hospital site</b>	<b>£10,626</b>
<b>IT consultancy</b>	<b>£56,721</b>
<b>Other service reviews/advice</b>	<b>£22,775</b>

Expenditure on temporary staff during 2023-24 amounted to £28,389,767 (2022-23: £34,678,791), including £26,963,051 (2022-23: £33,833,456) in respect of registered nurses.

**Tax assurance for off-payroll appointees**

In response to the Welsh Government’s review of the tax arrangements of public sector appointees, which highlighted the possibility for artificial arrangements to enable tax avoidance, the Welsh Government has taken a zero tolerance approach and produced a policy that has been communicated and implemented. Tax assurance evidence has been sought and scrutinised to ensure it is sufficient from all off-payroll appointees. Details of these off-payroll arrangements will be published on the health board’s website following publication of the Annual Report.

**Table 1: Highly paid off-payroll worker engagements as at 31 March 2024, earning £245 per day or greater.**

<b>Number (No.) of existing engagements as of 31 March 2024</b>	<b>2</b>
<b>Of which, no. that existed:</b>	
for less than 1 year	0
for between 1 and 2 years	1
for between 2 and 3 years	1
for between 3 and 4 years	0
for 4 or more years	0

All existing off-payroll engagements, outlined above, have been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax, and where necessary, that assurance has been sought.

**Table 2: All highly paid off-payroll workers engaged at any point during the year ended 31 March 2024, earning £245 per day or greater**

<b>No. of temporary off-payroll workers engaged during the year ended 31 March 2023</b>	<b>6</b>
<b>Of which...</b>	
Not subject to off-payroll legislation	6
Subject to off-payroll legislation and determined as in-scope of IR35	0
Subject to off-payroll legislation and determined as out-of-scope of IR35	0
No. of engagements reassessed for compliance or assurance purposes during the year	0
Of which: No. of engagements that saw a change to IR35 status following review	0

**Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024**

No. of off-payroll engagements of board members, and /or, senior officials with significant financial responsibility, during the financial year.	0
Total no. of individuals on payroll and off-payroll that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure should include both on payroll and off- payroll engagements.	27

### Exit packages

There have not been any costs associated with redundancy in the last year. Redundancy and other departure costs have been paid in accordance with the provisions of the NHS voluntary early release scheme (VERS). £4,000 exit costs were paid in 2023-24 in relation to settlement claims, the year of departure (2022-23: £50,634). The exit costs detailed below are accounted for in full in the year of departure on a cash basis as specified in EPN 380 Annex 13C.

Where the health board has agreed voluntary early retirement, the additional costs are met by the health board and not by the NHS Pension Scheme. Ill-health retirement costs are met by the NHS Pension Scheme and are

not included in the table below. This disclosure reports the number and value of exit packages taken by staff leaving in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

The health board receives a full business case in respect of each application supported by the line manager. The Executive Director of Finance and Executive Director of Workforce and Organisational Development approve all applications prior to them being processed. Any payments over an agreed threshold are also submitted to the Welsh Government for approval prior to health board approval.

Details of exit packages and severance payments are as follows:

Exit packages cost band (including any special payment element)	2023-24	2023-24	2023-24	2023-24	2022-23
	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Number	Number	Number	Number	Number
less than £10,000	0	1	1	0	1
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	1
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>
Exit packages cost band (including any special payment element)	2023-24	2023-24	2023-24	2023-24	2022-23
	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£s	£s	£s	£s	£s
less than £10,000	0	4,000	4,000	0	1,295
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	49,338
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>4,000</b>	<b>4,000</b>	<b>0</b>	<b>50,633</b>

**11.6.3 Senedd Cymru/Welsh Parliament Accountability and Audit Report**

**Regularity of expenditure**

Common with the public sector in general the health board continued to face exceptional challenges in 2023-24. The health board has a financial duty to break even over a three-year period, but it has not been able to deliver this balanced position. The expenditure of £150m which it has incurred in excess of its resource limit over that three-year period is deemed to be irregular, as is the 2023-24 expenditure in excess of its resource limit, which amounted to £66m. The health board will continue to identify efficiency and cost reduction measures in order to mitigate against future cost and service pressures and to establish financial balance in due course.

**Fees and charges**

The health board levies charges or fees on its patients in a number of areas. Where the health board makes such charges or fees, it does so in accordance with relevant Welsh health circulars and charging guidance.

Charges are generally made on a full cost basis. None of the items for which charges are made are by themselves material to the health board, however, details of some of the larger items (dental fees, private and overseas patient income) are disclosed within Note 4 of the Annual Accounts.

**Managing public money**

This is the required statement for public sector information holders. In line with other Welsh NHS bodies, the health board has developed standing financial instructions which enforce the principles outlined in HM Treasury on managing public money. As a result, the health board confirms it has complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

**Material remote contingent liabilities**

Remote contingent liabilities are those liabilities which due to the unlikelihood of a resultant charge against the health board are therefore not recognised as an expense nor as a contingent liability. Detailed below are the remote contingent liabilities as of 31 March 2024:

	<b>2023-24</b>	<b>2022-23</b>
	<b>£000s</b>	<b>£000s</b>
Guarantees	0	0
Indemnities*	300	1,147
Letters of Comfort	0	0
<b>Total</b>	<b>300</b>	<b>1,147</b>

\* Indemnities include clinical negligence and personal injury claims against the health board. Where these claims progress, the majority of the costs incurred (in excess of the £25k per claim attributable to the health board) will be recovered from the Welsh Risk Pool.

## 11.7 The Certificate of the Auditor General for Wales to the Senedd

### Opinion on financial statements

I certify that I have audited the financial statements of Hywel Dda University Health Board (the Health Board) for the year ended 31 March 2024 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Hywel Dda University Health Board as at 31 March 2024 and of its net operating costs for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

### Opinion on regularity

In my opinion, except for the matter(s) described in the Basis for Qualified Regularity Opinion section of my report, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

### Basis for Qualified Opinion on regularity

I have qualified my opinion on the regularity of Hywel Dda University Health Board's financial statements because the Health Board has breached its revenue resource limit by spending £149.859 million over the amount that it was authorised to spend in the three-year period 2021-2022 to 2023-2024. This spend constitutes irregular expenditure.

Further detail is set out in my Report on page 187.

### Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

### Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Hywel Dda University Health Board is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

### **Other Information**

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

### **Opinion on other matters**

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers' directions; and;
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with Welsh Ministers' guidance.

### **Matters on which I report by exception**

In the light of the knowledge and understanding of the Health Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;

- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

### **Responsibilities of Directors and the Chief Executive for the financial statements**

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities set out on pages 103 and 104, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Health Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Health Board will not continue to be provided in the future.

### **Auditor's responsibilities for the audit of the financial statements**

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the Head of Internal Audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Health Board's policies and procedures concerned with:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and

- the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: management override of controls and the posting of unusual journals;
- Obtaining an understanding of the Health Board's framework of authority as well as other legal and regulatory frameworks that the Health Board operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Health Board;
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit Risk and Assurance Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Health Boards controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

### **Other auditor's responsibilities**

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

**Report** – Please see my Report on page 187.

**Adrian Crompton, Auditor General for Wales**  
1 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ  
**12 July 2024**

## 11.8 Report of the Auditor General to the Senedd

### Introduction

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Hywel Dda University Health Board's (the Health Board) financial statements. I am reporting on these financial statements for the year ended 31 March 2024 to draw attention to two key matters for my audit. These are the failure against the first financial duty and consequential qualification of my 'regularity' opinion and the failure of the second financial duty. I have not qualified my 'true and fair' opinion in respect of any of these matters.

### Financial duties

Health Boards are required to meet two statutory financial duties – known as the first and second financial duties.

For 2023-24, the Health Board failed to meet both the first and the second financial duty.

### Failure of the first financial duty

The **first financial duty** gives additional flexibility to Health Boards by allowing them to balance their income with their expenditure over a three-year rolling period. The three-year period being measured under this duty this year is 2021-2022 to 2023-2024.

As shown in Note 2.1 to the Financial Statements, the Health Board did not manage its revenue expenditure within its resource allocation over this three-year period, exceeding its cumulative revenue resource limit of £3,368.889 million by £149.859 million.

Where a Health Board does not balance its books over a rolling three-year period, any expenditure over the resource allocation (i.e. spending limit) for those three years exceeds the Health Board's authority to spend and is therefore 'irregular'. In such circumstances, I am required to qualify my 'regularity opinion' irrespective of the value of the excess spend.

### Failure of the second financial duty

The **second financial duty** requires Health Boards to prepare and have approved by the Welsh Ministers a rolling three-year integrated medium-term plan. This duty is an essential foundation to the delivery of sustainable quality health services. A Health Board will be deemed to have met this duty for 2023-24 if it submitted a 2023-24 to 2025-26 plan approved by its Board to the Welsh Ministers, who were required to review and consider approval of the plan.

As shown in Note 2.3 to the Financial Statements, the LHB did not meet its second financial duty to have an approved three-year integrated medium-term plan in place for the period 2023-24 to 2025-26.

**Adrian Crompton**  
Auditor General for Wales

12 July 2024



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Part Three:

# Financial Accounts

2023-2024

# HYWEL DDA UNIVERSITY HEALTH BOARD

## FOREWORD

These accounts have been prepared by the Local Health Board under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

### **Statutory background**

The Local Health Board was established on 1 June 2009 and became operational on 1 October 2009 and comprises the former organisations of Hywel Dda NHS Trust and Carmarthenshire, Ceredigion and Pembrokeshire Local Health Boards.

### **Performance Management and Financial Results**

Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2023-24. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-17.

Local Health Boards in Wales must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the Primary Statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by the LHB which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

Under the National Health Services Finance (Wales) Act 2014, the annual requirement to achieve balance against Resource Limits has been replaced with a duty to ensure, in a rolling 3 year period, that its aggregate expenditure does not exceed its aggregate approved limits.

The Act came into effect from 1 April 2014 and under the Act the first assessment of the 3 year rolling financial duty took place at the end of 2016-17.

## Statement of Comprehensive Net Expenditure for the year ended 31 March 2024

	Note	2023-24 £000	2022-23 £000
Expenditure on Primary Healthcare Services	3.1	223,827	217,876
Expenditure on healthcare from other providers	3.2	275,025	259,628
Expenditure on Hospital and Community Health Services	3.3	839,854	748,787
		<b>1,338,706</b>	<b>1,226,291</b>
Less: Miscellaneous Income	4	(74,323)	(71,422)
<b>LHB net operating costs before interest and other gains and losses</b>		<b>1,264,383</b>	<b>1,154,869</b>
Investment Revenue	5	(11)	0
Other (Gains) / Losses	6	(17)	(17)
Finance costs	7	183	140
<b>Net operating costs for the financial year</b>		<b>1,264,538</b>	<b>1,154,992</b>

See note 2 on page 27 for details of performance against Revenue and Capital allocations.

The notes on pages 8 to 73 form part of these accounts.

**Other Comprehensive Net Expenditure**

	<b>2023-24</b>	2022-23
	<b>£000</b>	£000
Net (gain) / loss on revaluation of property, plant and equipment	<b>(7,425)</b>	<b>(27,943)</b>
Net (gain)/loss on revaluation of right of use assets	<b>0</b>	0
Net (gain) / loss on revaluation of intangibles	<b>0</b>	0
(Gain) / loss on other reserves	<b>0</b>	0
Net (gain)/ loss on revaluation of PPE & Intangible assets held for sale	<b>0</b>	0
Net (gain)/loss on revaluation of financial assets held for sale	<b>0</b>	0
Impairment and reversals	<b>0</b>	0
Transfers between reserves	<b>0</b>	0
Transfers to / (from) other bodies within the Resource Accounting Boundary	<b>0</b>	<b>(582)</b>
Reclassification adjustment on disposal of available for sale financial assets	<b>0</b>	0
Other comprehensive net expenditure for the year	<b>(7,425)</b>	<b>(28,525)</b>
<b>Total comprehensive net expenditure for the year</b>	<b><u>1,257,113</u></b>	<b><u>1,126,467</u></b>

The notes on pages 8 to 73 form part of these accounts.

**Statement of Financial Position as at 31 March 2024**

		<b>31 March 2024 £000</b>	31 March 2023 £000
	<b>Notes</b>		
<b>Non-current assets</b>			
Property, plant and equipment	11	<b>369,729</b>	358,516
Right of Use Assets	11.3	<b>8,967</b>	9,285
Intangible assets	12	<b>2,422</b>	2,096
Trade and other receivables	15	<b>54,664</b>	77,539
Other financial assets	16	<b>974</b>	1,121
<b>Total non-current assets</b>		<b>436,756</b>	448,557
<b>Current assets</b>			
Inventories	14	<b>11,616</b>	11,542
Trade and other receivables	15	<b>76,429</b>	57,188
Other financial assets	16	<b>147</b>	145
Cash and cash equivalents	17	<b>2,141</b>	3,944
		<b>90,333</b>	72,819
Non-current assets classified as "Held for Sale"	11	<b>0</b>	0
<b>Total current assets</b>		<b>90,333</b>	72,819
<b>Total assets</b>		<b>527,089</b>	521,376
<b>Current liabilities</b>			
Trade and other payables	18	<b>(180,188)</b>	(186,627)
Other financial liabilities	19	<b>0</b>	0
Provisions	20	<b>(27,370)</b>	(14,923)
<b>Total current liabilities</b>		<b>(207,558)</b>	(201,550)
<b>Net current assets/ (liabilities)</b>		<b>(117,225)</b>	(128,731)
<b>Non-current liabilities</b>			
Trade and other payables	18	<b>(7,798)</b>	(8,401)
Other financial liabilities	19	<b>0</b>	0
Provisions	20	<b>(53,014)</b>	(78,359)
<b>Total non-current liabilities</b>		<b>(60,812)</b>	(86,760)
<b>Total assets employed</b>		<b>258,719</b>	233,066
<b>Financed by :</b>			
<b>Taxpayers' equity</b>			
General Fund		<b>194,091</b>	174,600
Revaluation reserve		<b>64,628</b>	58,466
<b>Total taxpayers' equity</b>		<b>258,719</b>	233,066

The financial statements on pages 2 to 7 were approved by the Board on 11 July 2024 and signed on its behalf by:

Interim Chief Executive and Accountable Officer ..... Date:  
11 July 2024

The notes on pages 8 to 73 form part of these accounts.

## Statement of Changes in Taxpayers' Equity For the year ended 31 March 2024

	General Fund	Revaluation Reserve	Total Reserves
	£000	£000	£000
<b>Changes in taxpayers' equity for 2023-24</b>			
Balance as at 31 March 2023	174,600	58,466	233,066
NHS Wales Transfer	0	0	0
RoU Asset Transitioning Adjustment	0	0	0
Impact of IFRS 16 on PPP/PFI Liability	0	0	0
<b>Balance at 1 April 2023</b>	<b>174,600</b>	<b>58,466</b>	<b>233,066</b>
Net operating cost for the year	(1,264,538)		(1,264,538)
Net gain/(loss) on revaluation of property, plant and equipment	0	7,425	7,425
Net gain/(loss) on revaluation of right of use assets	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other Reserve Movement	0	0	0
Transfers between reserves	1,263	(1,263)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBS	0	0	0
<b>Total recognised income and expense for 2023-24</b>	<b>(1,263,275)</b>	<b>6,162</b>	<b>(1,257,113)</b>
Net Welsh Government funding	1,257,707		1,257,707
Notional Welsh Government Funding	25,059		25,059
<b>Balance at 31 March 2024</b>	<b>194,091</b>	<b>64,628</b>	<b>258,719</b>

Notional Welsh Government funding line includes the 6.3% staff employer pension and Pensions Annual Allowance Charge Compensation Scheme (PAACCS) costs paid centrally by Welsh Government.

### Notional Welsh Government funding split;

Notional 6.3% staff employer pension £25,057,000

Pensions Annual Allowance Charge Compensation Scheme (PAACCS) £2,000

The notes on pages 8 to 73 form part of these accounts.

**Statement of Changes in Taxpayers' Equity  
For the year ended 31 March 2023**

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
<b>Changes in taxpayers' equity for 2022-23</b>			
<b>Balance at 31 March 2022</b>	168,450	32,200	200,650
NHS Wales Transfer	0	0	0
RoU Asset Transitioning Adjustment	187	0	187
<b>Balance at 1 April 2022</b>	<u>168,637</u>	<u>32,200</u>	<u>200,837</u>
Net operating cost for the year	(1,154,992)	-	(1,154,992)
Net gain/(loss) on revaluation of property, plant and equipment	0	27,943	27,943
Net gain/(loss) on revaluation of right of use assets	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other reserve movement	0	0	0
Transfers between reserves	1,677	(1,677)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	582	0	582
<b>Total recognised income and expense for 2022-23</b>	<u>(1,152,733)</u>	<u>26,266</u>	<u>(1,126,467)</u>
Net Welsh Government funding	1,136,697	-	1,136,697
Notional Welsh Government Funding	21,999	-	21,999
<b>Balance at 31 March 2023</b>	<u>174,600</u>	<u>58,466</u>	<u>233,066</u>

The notes on pages 8 to 73 form part of these accounts.

**Statement of Cash Flows for year ended 31 March 2024**

	2023-24 £000	2022-23 £000 Restated
<b>Cash Flows from operating activities</b>		
Net operating cost for the financial year	(1,264,538)	(1,154,992)
Movements in Working Capital	27 (2,714)	539
Other cash flow adjustments	28 63,565	73,992
Provisions utilised	20 (8,331)	(12,736)
<b>Net cash outflow from operating activities</b>	<b>(1,212,018)</b>	<b>(1,093,197)</b>
<b>Cash Flows from investing activities</b>		
Purchase of property, plant and equipment	(45,092)	(38,569)
Proceeds from disposal of property, plant and equipment	78	213
Purchase of intangible assets	(327)	(872)
Proceeds from disposal of intangible assets	0	0
Payment for other financial assets	0	0
Proceeds from disposal of other financial assets	0	0
Payment for other assets	0	0
Proceeds from disposal of other assets	0	0
<b>Net cash inflow/(outflow) from investing activities</b>	<b>(45,341)</b>	<b>(39,228)</b>
<b>Net cash inflow/(outflow) before financing</b>	<b>(1,257,359)</b>	<b>(1,132,425)</b>
<b>Cash Flows from financing activities</b>		
Welsh Government funding (including capital)	1,257,707	1,136,697
Capital receipts surrendered	0	0
Capital grants received	0	0
Capital element of payments in respect of finance leases and on-SoFP PFI Schemes	0	0
Capital element of payments in respect of on-SoFP PFI	0	0
Capital element of payments in respect of Right of Use Assets	(2,151)	(1,893)
Cash transferred (to)/ from other NHS bodies	0	0
<b>Net financing</b>	<b>1,255,556</b>	<b>1,134,804</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>(1,803)</b>	<b>2,379</b>
<b>Cash and cash equivalents (and bank overdrafts) at 1 April 2023</b>	<b>3,944</b>	<b>1,565</b>
<b>Cash and cash equivalents (and bank overdrafts) at 31 March 2024</b>	<b>2,141</b>	<b>3,944</b>

The notes on pages 8 to 73 form part of these accounts.

The cash flow for 2022-23 has been restated. A non-material Statement of Financial Position audit adjustment relating to Welsh Risk Pool was not reflected in the cash flow and associated note (Note 28). There was no affect to the overall financial position.

	Original	Restated
<b>Note 28</b>		
Non-cash movement in provisions	18,147	13,559
All other	60,433	60,433
<b>Total</b>	<b>78,580</b>	<b>73,992</b>

**Statement of Cash Flows for year ended 31 March 2023**

<b>Cash flows from operating activities</b>		
Net operating costs for the financial year	(1,154,992)	(1,154,992)
Movements in Working Capital	539	539
Other cash flow adjustments	78,580	73,992
Provisions utilised	(12,736)	(12,736)
<b>Net cash outflow from operating activities</b>	<b>(1,088,609)</b>	<b>(1,093,197)</b>
<b>Net cash inflow/(outflow) from investing activities</b>	<b>(39,228)</b>	<b>(39,228)</b>
<b>Net cash inflow/(outflow) before financing</b>	<b>(1,127,837)</b>	<b>(1,132,425)</b>
<b>Net financing</b>	<b>1,134,804</b>	<b>1,134,804</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>6,967</b>	<b>2,379</b>
<b>Cash and cash equivalents (and bank overdrafts) at 1 April 2022</b>	<b>1,565</b>	<b>1,565</b>
<b>Cash and cash equivalents (and bank overdrafts) at 31 March 2023</b>	<b>8,532</b>	<b>3,944</b>

## Notes to the Accounts

### 1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Local Health Boards (LHB) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2023-24 Manual for Accounts. The accounting policies contained in that manual follow the 2023-24 Financial Reporting Manual (FRoM) in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the LHB Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the LHB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the LHB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

#### 1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

#### 1.2. Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

#### 1.3. Income and funding

The main source of funding for the LHBs are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the LHB. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the LHB and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the LHB for the Welsh Government such as funding provided to agencies and non-activity costs incurred by the LHB in its provider role. Income received from LHBs transacting with other LHBs is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FRoM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

## 1.4. Employee benefits

### 1.4.1. Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

### 1.4.2. Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated from 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency).

However, NHS Wales' organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

### 1.4.3. NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

### 1.5. Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

### 1.6. Property, plant and equipment

#### 1.6.1. Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

#### 1.6.2. Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use

- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However, IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

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

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

### **1.6.3. Subsequent expenditure**

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

## **1.7. Intangible assets**

### **1.7.1. Recognition**

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

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

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

## Measurement

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

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

### 1.8. Depreciation, amortisation and impairments

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

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

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

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

### 1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

### 1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale,

within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

### 1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: Hywel Dda UHB has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application Hywel Dda UHB has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16. Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16. There are further expedients or election that have been employed by Hywel Dda UHB in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

Hywel Dda UHB will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in section 1.7 instead.

The LHB is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 Hywel Dda UHB has assessed that in all other respects these arrangements meet the definition of a lease under the standard.

The LHB is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

#### **1.11.1 Hywel Dda UHB as lessee**

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The entity employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset Hywel Dda UHB applies a revised rate to the remaining lease liability.

Where existing leases are modified Hywel Dda UHB must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by Hywel Dda UHB.

#### **1.11.2 Hywel Dda UHB as lessor**

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of Hywel Dda UHB's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Hywel Dda UHB's net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Where Hywel Dda UHB is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition Hywel Dda UHB has reassessed the classification of all of its continuing subleasing arrangements to include peppercorn leases.

## 1.12. Inventories

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

## 1.13. Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

## 1.14. Provisions

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

### 1.14.1. Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in both 2023-24 and 2022-23. The WRP is hosted by Velindre NHS University Trust.

### **1.14.2. Future Liability Scheme (FLS) - General Medical Practice Indemnity (GMPI)**

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GMP services in Wales.

In March 2019, the Minister issued a Direction to Velindre NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

GMP Service Providers are not direct members of the GMPI FLS, their qualifying liabilities are the subject of an arrangement between them and their relevant LHB, which is a member of the scheme. The qualifying reimbursements to the LHB are not subject to the £25,000 excess.

### **1.15. Financial Instruments**

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

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

### **1.16. Financial assets**

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

#### **1.16.1. Financial assets are initially recognised at fair value**

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

#### **1.16.2. Financial assets at fair value through SoCNE**

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

### **1.16.3 Held to maturity investments**

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

### **1.16.4. Available for sale financial assets**

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

### **1.16.5. Loans and receivables**

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

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

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

At the SOFP date, the NHS Wales organisation assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

## **1.17. Financial liabilities**

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

### **1.17.1. Financial liabilities are initially recognised at fair value**

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

### **1.17.2. Financial liabilities at fair value through the SoCNE**

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

### **1.17.3. Other financial liabilities**

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

### **1.18. Value Added Tax (VAT)**

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

### **1.19. Foreign currencies**

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

### **1.20. Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

### **1.21. Losses and Special Payments**

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the NHS Wales organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Wales organisation accounts for all losses and special payments gross (including assistance from the WRP).

The NHS Wales organisation accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

#### **1.22. Pooled budget**

The NHS Wales organisation has entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by one NHS Wales's organisation. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

#### **1.23. Critical Accounting Judgements and key sources of estimation uncertainty**

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

#### **1.24. Key sources of estimation uncertainty**

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the Welsh Risk Pool.

Significant estimations are also made for continuing care costs resulting from claims post 1 April 2003. An assessment of likely outcomes, potential liabilities and timings of these claims are made on a case by case basis. Material changes associated with these claims would be adjusted in the period in which they are revised.

Estimates are also made for contracted primary care services. These estimates are based on the latest payment levels. Changes associated with these liabilities are adjusted in the following reporting period.

##### **1.24.1. Provisions**

The NHS Wales organisation provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisation, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

**1.24.2. Probable & Certain Cases – Accounting Treatment**

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

<b>Remote</b>	Probability of Settlement	0 – 5%
	Accounting Treatment	Remote Contingent Liability.
<b>Possible</b>	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision*
	Contingent Liability for all other estimated expenditure.	
<b>Probable</b>	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
<b>Certain</b>	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

\* Personal injury cases - Defence fee costs are provided for at 100%.

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary’s Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of minus 0.25%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

**1.24.3 Annual leave accrual**

Individual approved requests from staff to carry forward leave are used to derive the annual leave accrual.

**1.24.4 Primary Care Expenditure**

There are a number of estimates due to the way practices are reimbursed for their services through claim forms sent to NWSSP. Therefore, primary care expenditure disclosed contains significant estimates where the value of the actual liabilities were not available prior to the date for accounts submission. Claims for a service could be paid a month or a quarter in arrears, therefore for these claims, accruals are based on a rolling three-month average. This is the case for General Medical Services (GMS) and Community Pharmacy, with the exceptions being:

- a) PADMs (Prescribing and Dispensing GPs) within the GMS contract - accruals were based on average monthly spend earlier in the year as the flu vaccination programme distorts a three month average, in the period October to December. This would not be a suitable enough period to base an accrual for February and March on.
- b) The Quality Access standards within the GMS contracts – this service is paid as an annual payment in June of the following financial year. In line with the previous two years where full achievement of the quality standard was met, it is also assumed that this will be case in 2023-24 (as advised by the service), the maximum achievable value has been accrued.

#### **1.24.4 Primary Care Expenditure (continued)**

In terms of prescribing cost for 2023-24, the Health Board has used the accrual methodology consistent with previous years.

The cost per item for all items excluding Vaccinations, Immunisations and Stoma (Net Prescribing Audit Reports – PARS) was derived by using the average cost per item from the November to January 2024 PARS reports.

The number of items (growth) used to calculate net PARS items was derived from a comparison between YTD items to data received in respect of December 2023 and January 2024. The resultant growth estimation rate for 2023-24 was 0% (2022-23 – 0%)

Vaccination and Immunisation costs were calculated by applying the prior year percentage of spend to January 2023 to the YTD spend to January 2024.

Stoma costs were calculated on a straight-line basis based on the YTD cost to January 2024.

#### **1.25 Discount Rates**

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

**1.26 Private Finance Initiative (PFI) transactions - Hywel Dda UHB has no PFI transactions**

**1.26.4 Impact of IFRS 16 on on-balance sheet PFI/PPP Schemes**  
**As from 1st April 2023 - Hywel Dda UHB has no PFI transactions**

### **1.27. Contingencies**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value. Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

### **1.28. Absorption accounting - not applicable**

### **1.29. Accounting standards that have been issued but not yet been adopted**

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts

Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 17 Insurance Contracts

Application required for accounting periods beginning on or after 1 January 2023, Standard is not yet adopted by the FReM which is expected to be from April 2025: early adoption is not permitted.

### **1.30. Accounting standards issued that have been adopted early**

During 2023-24 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

### 1.31. Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, Hywel Dda UHB has established that as it is the corporate trustee of Hywel Dda Health Charities, it is considered for accounting standards compliance to have control of Hywel Dda Health Charities as a subsidiary and therefore is required to consolidate the results of Hywel Dda Health Charities within the statutory accounts of Hywel Dda UHB.

The determination of control is an accounting standard test of control and there has been no change to the operation of Hywel Dda Health Charities or its independence in its management of charitable funds.

However, Hywel Dda UHB has with the agreement of the Welsh Government adopted the IAS 27 (10) exemption to consolidate. Welsh Government as the ultimate parent of the Local Health Boards will disclose the Charitable Accounts of Local Health Boards in the Welsh Government Consolidated Accounts. Details of the transactions with the charity are included in the related parties' notes.

## 2. Financial Duties Performance

The National Health Service Finance (Wales) Act 2014 came into effect from 1 April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1 April 2014 section 175 of the National Health Service (Wales) Act places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The first assessment of performance against the 3 year statutory duty under section 175 (1) was at the end of 2016-17, being the first 3 year period of assessment.

Welsh Health Circular WHC/2016/054 "Statutory and Financial Duties of Local Health Boards and NHS Trusts" clarifies the statutory financial duties of NHS Wales bodies effective from 2016-17.

### 2.1 Revenue Resource Performance

	Annual financial performance			
	2021-22	2022-23	2023-24	Total
	£000	£000	£000	£000
<b>Net operating costs for the year</b>	1,093,409	1,154,992	1,264,538	<b>3,512,939</b>
Less general ophthalmic services expenditure and other non-cash limited expenditure	1,547	2,431	1,831	<b>5,809</b>
Less unfunded revenue consequences of bringing PFI schemes onto SoFP	0	0	0	<b>0</b>
Less any non funded revenue consequences of IFRS 16	0	0	0	<b>0</b>
Total operating expenses	1,094,956	1,157,423	1,266,369	<b>3,518,748</b>
Revenue Resource Allocation	1,069,956	1,098,379	1,200,554	<b>3,368,889</b>
<b>Under / (over) spend against Allocation</b>	<b>(25,000)</b>	<b>(59,044)</b>	<b>(65,815)</b>	<b>(149,859)</b>

Hywel Dda University LHB has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2021-22 to 2023-24.

The health board received non-repayable strategic cash support of £66m in 2023-24 (£52.3m in 2022-23).

### 2.2 Capital Resource Performance

	2021-22	2022-23	2023-24	Total
	£000	£000	£000	£000
<b>Gross capital expenditure</b>	62,677	34,256	47,760	<b>144,693</b>
Add: Losses on disposal of donated assets	0	0	0	<b>0</b>
Less NBV of property, plant and equipment, right of use and intangible assets	(553)	(196)	(61)	<b>(810)</b>
Less capital grants received	0	0	(8)	<b>(8)</b>
Less donations received	(1,073)	(476)	(805)	<b>(2,354)</b>
Less IFRS16 Peppercorn income	0	0	0	<b>0</b>
Less <b>initial recognition</b> of RoU Asset Dilapidations	0	0	0	<b>0</b>
Charge against Capital Resource Allocation	61,051	33,584	46,886	<b>141,521</b>
Capital Resource Allocation	61,113	33,653	46,919	<b>141,685</b>
<b>(Over) / Underspend against Capital Resource Allocation</b>	<b>62</b>	<b>69</b>	<b>33</b>	<b>164</b>

Hywel Dda University LHB has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2021-22 to 2023-24.

**2.3 Duty to prepare a 3 year integrated plan**

The submission of a three-year Integrated Medium Term Plan (IMTP) to Welsh Government (WG) is a statutory obligation. For an IMTP to be approvable, it must show financial balance over the lifecycle of the Plan and, as such, Hywel Dda UHB has not had an approvable plan to date.

Hywel Dda UHB has been in ‘targeted intervention’ for planning and finance since September 2022 and ‘enhanced monitoring’ for the organisation as a whole. Following agreement at the January 2023 Board meeting, Hywel Dda UHB wrote to WG in February 2023, to provide formal notification through an accountability letter that unfortunately it would not be in a position to submit a financially balanced IMTP by 31 March 2023 and instead would produce an Annual Plan for 2023-24.

In recognition of the financial challenge, the 2023-24 Annual Plan was predicated on no additional workforce and/or further investments (outside of the nursing workforce stabilisation). The UHB’s Annual Plan set out how its key priorities and revised Planning Objectives aligned to the national priorities and the key opportunities and challenges facing Mid and West Wales. The UHB is also developing a Clinical Services Plan, which will begin to bridge the operational challenges it is facing today and the plans for a new hospital network and realisation of its strategy *A Healthier Mid and West Wales*. This approach was expected to support improved and sustainable operational performance and equally be the basis of a revised roadmap to financial sustainability.

However, due to WG concerns on the lack of sustained progress over a period of time on integrated planning, finance and delivery, on 23 January 2024, WG increased the escalation status to ‘targeted intervention’ for the entire organisation. This ministerial decision followed the tripartite process of Healthcare Inspectorate Wales, Audit Wales and Welsh Government officials’ discussing collective intelligence of NHS Wales organisations.

The Minister for Health and Social Services extant approval

**Status**  
**Date**

**Not Approved**

The LHB has not met its statutory duty to have an approved financial plan.

**2.4 Creditor payment**

The LHB is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The LHB has achieved the following results:

	<b>2023-24</b>	2022-23
Total number of non-NHS bills paid	<b>274,883</b>	282,778
Total number of non-NHS bills paid within target	<b>263,334</b>	270,188
Percentage of non-NHS bills paid within target	95.8%	95.5%

**The LHB has met the target.**

### 3. Analysis of gross operating costs

#### 3.1 Expenditure on Primary Healthcare Services

	Cash limited £000	Non-cash limited £000	2023-24 Total £000	2022-23 Total £000
General Medical Services	85,345		85,345	79,855
Pharmaceutical Services	22,981	(6,577)	16,404	14,837
General Dental Services	20,079		20,079	23,308
General Ophthalmic Services	1,699	4,746	6,445	5,206
Other Primary Health Care expenditure	6,956		6,956	7,972
Prescribed drugs and appliances	88,598		88,598	86,698
<b>Total</b>	<b>225,658</b>	<b>(1,831)</b>	<b>223,827</b>	<b>217,876</b>

GMS includes £8.174m for managed practices staff costs

#### 3.2 Expenditure on healthcare from other providers

	2023-24 £000	2022-23 £000
Goods and services from other NHS Wales Health Boards	52,017	47,949
Goods and services from other NHS Wales Trusts	5,826	9,423
Goods and services from Welsh Special Health Authorities	0	0
Goods and services from other non Welsh NHS bodies	2,156	1,612
Goods and services from WHSSC / EASC	129,262	121,541
Local Authorities	19,143	20,059
Voluntary organisations	4,515	4,003
NHS Funded Nursing Care	3,410	3,325
Continuing Care	54,226	49,203
Private providers	4,381	2,473
Specific projects funded by the Welsh Government	0	0
Other	89	40
<b>Total</b>	<b>275,025</b>	<b>259,628</b>

**3.3 Expenditure on Hospital and Community Health Services**

	2023-24	2022-23
	£000	£000
Directors' costs	2,628	2,351
Operational Staff costs	610,185	552,152
Single lead employer Staff Trainee Cost	16,539	14,882
Collaborative Bank Staff Cost	0	0
Supplies and services - clinical	105,366	92,113
Supplies and services - general	10,925	7,160
Consultancy Services	410	1,629
Establishment	11,872	8,631
Transport	1,626	1,410
Premises	31,385	28,108
External Contractors	28	498
Depreciation	24,533	23,000
Depreciation Right of Use assets (RoU)	2,263	1,932
Amortisation	718	750
Fixed asset impairments and reversals (Property, plant & equipment)	16,390	11,973
Fixed asset impairments and reversals (RoU Assets)	0	0
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments & reversals of financial assets	0	0
Impairments & reversals of non-current assets held for sale	0	0
Audit fees	418	412
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	1,790	1,030
Research and Development	0	0
Expense related to short-term leases	171	178
Expense related to low-value asset leases (excluding short-term leases)	493	583
Other operating expenses	2,114	(5)
<b>Total</b>	<b>839,854</b>	<b>748,787</b>

**3.4 Losses, special payments and irrecoverable debts: charges to operating expenses**

	2023-24	2022-23
	£000	£000
<b>Increase/(decrease) in provision for future payments:</b>		
Clinical negligence;		
Secondary care	(3,673)	22,475
Primary care	690	161
Redress Secondary Care	97	189
Redress Primary Care	0	0
Personal injury	(776)	(159)
All other losses and special payments	306	468
Defence legal fees and other administrative costs	958	1,057
Gross increase/(decrease) in provision for future payments	(2,398)	24,191
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	120	147
<b>Less: income received/due from Welsh Risk Pool</b>	<b>4,068</b>	<b>(23,308)</b>
<b>Total</b>	<b>1,790</b>	<b>1,030</b>

	2023-24	2022-23
	£	£
Permanent injury included within personal injury £:	32,538	(609,907)

#### 4. Miscellaneous Income

	2023-24 £000	2022-23 £000
Local Health Boards	23,727	22,605
Welsh Health Specialised Services Committee (WHSSC)/Emergency Ambulance Services Committee (EASC)	3,391	3,079
NHS Wales trusts	9,682	8,587
Welsh Special Health Authorities	5,597	4,540
Foundation Trusts	0	0
Other NHS England bodies	3,688	4,289
Other NHS Bodies	36	148
Local authorities	6,197	5,603
Welsh Government	2,454	2,623
Welsh Government Hosted bodies	0	0
Non NHS:		
Prescription charge income	1	2
Dental fee income	1,674	1,813
Private patient income	27	24
Overseas patients (non-reciprocal)	292	145
Injury Costs Recovery (ICR) Scheme	748	701
Other income from activities	303	513
Patient transport services	0	0
Education, training and research	8,108	8,235
Charitable and other contributions to expenditure	1,304	1,266
Receipt of NWSSP Covid centrally purchased assets	0	0
Receipt of Covid centrally purchased assets from other organisations	0	0
Receipt of donated assets	805	476
Receipt of Government granted assets	8	0
Right of Use Grant (Peppercorn Lease)	0	0
Non-patient care income generation schemes	707	517
NHS Wales Shared Services Partnership (NWSSP)	0	0
Deferred income released to revenue	1,042	619
Right of Use Asset Sub-leasing rental income	0	0
Contingent rental income from finance leases	0	0
Rental income from operating leases	345	345
Other income:		
Provision of laundry, pathology, payroll services	205	190
Accommodation and catering charges	1,412	1,290
Mortuary fees	184	195
Staff payments for use of cars	221	209
Business Unit	0	0
Scheme Pays Reimbursement Notional	31	(319)
Other	2,134	3,727
<b>Total</b>	<b>74,323</b>	<b>71,422</b>
<b>Other income Includes;</b>		
Creche Fees	166	161
Design Fees Recharge	481	482
Drugs Rebate	292	662
Contribution from Ty Bryngwyn Hospice	80	207
Werndale Recharge of CSSD packs	133	140
Energy performance contract	0	578
	0	0
<b>Total</b>	<b>1,152</b>	<b>2,230</b>

Injury Cost Recovery (ICR) Scheme income	2023-24 %	2022-23 %
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	23.76	23.76

**5. Investment Revenue**

	2023-24	2022-23
	£000	£000
<b>Rental revenue :</b>		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
<b>Interest revenue :</b>		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	11	0
<b>Total</b>	<u>11</u>	<u>0</u>

**6. Other gains and losses**

	2023-24	2022-23
	£000	£000
Gain/(loss) on disposal of property, plant and equipment	17	17
Gain/(loss) on disposal other than by sale of right of use assets	0	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
<b>Total</b>	<u>17</u>	<u>17</u>

**7. Finance costs**

	2023-24	2022-23
	£000	£000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	11	12
Interest on obligations under Right of Use Leases	124	92
Interest on obligations under PFI contracts;		
main finance cost	0	0
contingent finance cost	0	0
Impact of IFRS 16 on PPP/PFI contracts	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
<b>Total interest expense</b>	<u>135</u>	<u>104</u>
Provisions unwinding of discount	48	36
Other finance costs	0	0
<b>Total</b>	<u>183</u>	<u>140</u>

8. Future charges to Statement of Comprehensive Net Expenditure (SoCNE)

**LHB as lessee**

As at 31st March 2024 the LHB had 689 leases agreements.

	2023-24	2023-24	2023-24	2022-23
	Low Value & Short Term	Other	Total	Total
	£000	£000	£000	£000
<b>Payments recognised as an expense</b>				
Minimum lease payments	664	3,045	3,709	2,913
Contingent rents	0	0	0	0
Sub-lease payments	0	0	0	0
<b>Total</b>	<b>664</b>	<b>3,045</b>	<b>3,709</b>	<b>2,913</b>
<b>Total future minimum lease payments Payable</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Not later than one year	111	2,234	2,345	1,518
Between one and five years	180	2,397	2,577	1,661
After 5 years	0	0	0	0
<b>Total</b>	<b>291</b>	<b>4,631</b>	<b>4,922</b>	<b>3,179</b>

**LHB as lessor**

	2023-24	2022-23
	£000	£000
<b>Rental revenue</b>		
Rent	292	292
Contingent rents	0	0
<b>Total revenue rental</b>	<b>292</b>	<b>292</b>
<b>Total future minimum lease payments Receivable</b>	<b>£000</b>	<b>£000</b>
Not later than one year	292	292
Between one and five years	1,461	1,461
After 5 years	268	561
<b>Total</b>	<b>2,021</b>	<b>2,314</b>

**9. Employee benefits and staff numbers**

9.1 Employee costs	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2022-23
	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	466,648	3,332	28,390	13,300	0	7,159	518,829	467,540
Social security costs	46,739	0	0	1,587	0	641	48,967	45,154
Employer contributions to NHS Pension Scheme	80,595	0	0	1,651	0	0	82,246	72,652
Other pension costs	305	0	0	0	0	0	305	319
Other employment benefits	0	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0	0
<b>Total</b>	<b>594,287</b>	<b>3,332</b>	<b>28,390</b>	<b>16,538</b>	<b>0</b>	<b>7,800</b>	<b>650,347</b>	<b>585,665</b>

Charged to capital							889	835
Charged to revenue							649,458	584,830
							<b>650,347</b>	<b>585,665</b>
Net movement in accrued employee benefits (untaken staff leave)							99	(11,969)

'Other' costs relates to Medacs -Medical & Dental and AHP pay £7,167k and Scheme Pays (PAACS) £633k

**9.2 Average number of employees**

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2022-23
	Number	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	2,188	4	1	0	0	0	2,193	2,166
Medical and dental	685	5	4	226	0	25	945	889
Nursing, midwifery registered	3,185	2	360	0	0	0	3,547	3,418
Professional, Scientific, and technical staff	371	0	0	0	0	0	371	358
Additional Clinical Services	2,257	0	5	0	0	0	2,262	2,268
Allied Health Professions	712	0	3	0	0	16	731	706
Healthcare Scientists	200	1	0	0	0	0	201	195
Estates and Ancillary	848	0	5	0	0	0	853	845
Students	0	0	0	0	0	0	0	0
<b>Total</b>	<b>10,446</b>	<b>12</b>	<b>378</b>	<b>226</b>	<b>0</b>	<b>41</b>	<b>11,103</b>	<b>10,845</b>

**9.3. Retirements due to ill-health**

	2023-24	2022-23
Number	10	10
Estimated additional pension costs £	294,321	555,270

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

**9.4 Employee benefits**

The Health Board has no employee benefit schemes.

9.5 Reporting of other compensation schemes - exit packages

	2023-24	2023-24	2023-24	2023-24	2022-23
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	1	1	0	1
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	1
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>

	2023-24	2023-24	2023-24	2023-24	2022-23
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£	£	£	£	£
less than £10,000	0	4,000	4,000	0	1,295
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	49,338
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>4,000</b>	<b>4,000</b>	<b>0</b>	<b>50,633</b>

Exit costs paid in year of departure	Total paid in year	Total paid in year
	2023-24	2022-23
	£	£
Exit costs paid in year	4,000	50,633
<b>Total</b>	<b>4,000</b>	<b>50,633</b>

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS).

Where the LHB has agreed early retirements, the additional costs are met by the LHB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

**9.6 Fair Pay disclosures**

**9.6.1 Remuneration Relationship**

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

The Accountability Report shows that the full year equivalent salary for the Interim Medical Director was in the band £250 -255k. However, only £190-£195k of this related to the salary for the executive role of Interim Medical Director. Therefore the Chief Executive is the highest paid Director.

Steve Moore stood down from his role as Chief Executive on 31 January 2024 (and left the Health Board on 11 February 2024). The full year equivalent salary for the role of Chief Executive is reflected below.

	2023-24 £000 Chief Executive	2023-24 £000 Employee	2023-24 £000 Ratio	2022-23 £000 Chief Executive	2022-23 £000 Employee	2022-23 £000 Ratio
<b>Total pay and benefits</b>						
25th percentile pay ratio	223	23	9.70:1	208	23	9.04:1
Median pay	223	29	7.69:1	208	29	7.17:1
75th percentile pay ratio	223	43	5.19:1	208	43	4.84:1
<b>Salary component of total pay and benefits</b>						
25th percentile pay ratio	223	23	9.70:1	208	23	9.04:1
Median pay	223	29	7.69:1	208	29	7.17:1
75th percentile pay ratio	223	43	5.19:1	208	43	4.84:1

In 2023-24, 35 (2022-23, 41) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £22,123 to £451,381 (2022-23, £20,758 to £367,923).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

**Financial year summary**

The median pay of the workforce has remained consistent year on year.

**9.6.2 Percentage Changes**

	2022-23 to 2023-24 %	2021-22 to 2022-23 %
% Change from previous financial year in respect of Chief Executive		
Salary and allowances	7	2
Performance pay and bonuses	0	0
% Change from previous financial year in respect of highest paid director		
Salary and allowances	0	0
Performance pay and bonuses	0	0
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	0	0
Performance pay and bonuses	0	0

## 9.7 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

### **a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

### **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

**c) National Employment Savings Trust (NEST)**

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2023-24 tax year (2022-23 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1st April 2017.

## 10. Public Sector Payment Policy - Measure of Compliance

### 10.1 Prompt payment code - measure of compliance

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the Health Board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

	2023-24	2023-24	2022-23	2022-23
	Number	£000	Number	£000
<b>NHS</b>				
Total bills paid	3,667	340,738	3,776	316,452
Total bills paid within target	3,070	336,857	3,610	315,273
Percentage of bills paid within target	<b>83.7%</b>	<b>98.9%</b>	95.6%	99.6%
<b>Non-NHS</b>				
Total bills paid	274,883	665,346	282,778	616,240
Total bills paid within target	263,334	643,214	270,188	603,658
Percentage of bills paid within target	<b>95.8%</b>	<b>96.7%</b>	95.5%	98.0%
<b>Total</b>				
Total bills paid	<b>278,550</b>	<b>1,006,084</b>	286,554	932,692
Total bills paid within target	<b>266,404</b>	<b>980,071</b>	273,798	918,931
Percentage of bills paid within target	<b>95.6%</b>	<b>97.4%</b>	95.5%	98.5%

### 10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2023-24	2022-23
	£	£
Amounts included within finance costs (note 7) from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

## 11.1 Property, plant and equipment

## 2023-24

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost at 31 March bf	24,829	264,063	8,629	27,866	94,554	265	34,878	13,815	468,899
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
<b>Cost or valuation at 1 April 2023</b>	<b>24,829</b>	<b>264,063</b>	<b>8,629</b>	<b>27,866</b>	<b>94,554</b>	<b>265</b>	<b>34,878</b>	<b>13,815</b>	<b>468,899</b>
Indexation	(403)	6,985	515	0	0	0	0	0	7,097
Additions									
- purchased	0	1,058	0	34,204	4,775	63	3,385	479	43,964
- donated	0	0	0	110	675	0	3	11	799
- government granted	0	0	0	0	0	0	8	0	8
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	28,130	0	(28,645)	515	0	0	0	0
Revaluations	0	0	426	0	0	0	0	0	426
Reversal of impairments	0	8,794	0	0	0	0	0	0	8,794
Impairments	(365)	(26,819)	0	0	0	0	0	0	(27,184)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(2,785)	0	(4,873)	(1,035)	(8,693)
<b>At 31 March 2024</b>	<b>24,061</b>	<b>282,211</b>	<b>9,570</b>	<b>33,535</b>	<b>97,734</b>	<b>328</b>	<b>33,401</b>	<b>13,270</b>	<b>494,110</b>
Depreciation at 31 March bf	0	9,211	464	0	65,870	102	25,238	9,498	110,383
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
<b>Depreciation at 1 April 2023</b>	<b>0</b>	<b>9,211</b>	<b>464</b>	<b>0</b>	<b>65,870</b>	<b>102</b>	<b>25,238</b>	<b>9,498</b>	<b>110,383</b>
Indexation	0	261	28	0	0	0	0	0	289
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	(143)	0	(48)	0	0	0	(191)
Reversal of impairments	0	289	0	0	0	0	0	0	289
Impairments	0	(2,289)	0	0	0	0	0	0	(2,289)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(2,734)	0	(4,873)	(1,026)	(8,633)
Provided during the year	0	10,572	494	0	8,351	34	3,551	1,531	24,533
<b>At 31 March 2024</b>	<b>0</b>	<b>18,044</b>	<b>843</b>	<b>0</b>	<b>71,439</b>	<b>136</b>	<b>23,916</b>	<b>10,003</b>	<b>124,381</b>
<b>Net book value at 1 April 2023</b>	<b>24,829</b>	<b>254,852</b>	<b>8,165</b>	<b>27,866</b>	<b>28,684</b>	<b>163</b>	<b>9,640</b>	<b>4,317</b>	<b>358,516</b>
<b>Net book value at 31 March 2024</b>	<b>24,061</b>	<b>264,167</b>	<b>8,727</b>	<b>33,535</b>	<b>26,295</b>	<b>192</b>	<b>9,485</b>	<b>3,267</b>	<b>369,729</b>
<b>Net book value at 31 March 2024 comprises :</b>									
Purchased	23,854	259,388	8,727	33,425	24,400	192	9,438	3,213	362,637
Donated	207	4,779	0	110	1,222	0	34	54	6,406
Government Granted	0	0	0	0	673	0	13	0	686
<b>At 31 March 2024</b>	<b>24,061</b>	<b>264,167</b>	<b>8,727</b>	<b>33,535</b>	<b>26,295</b>	<b>192</b>	<b>9,485</b>	<b>3,267</b>	<b>369,729</b>
<b>Asset financing :</b>									
Owned	24,061	264,167	8,727	33,535	26,295	192	9,485	3,267	369,729
On-SoFP MIMS Funded PPP contracts	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
<b>At 31 March 2024</b>	<b>24,061</b>	<b>264,167</b>	<b>8,727</b>	<b>33,535</b>	<b>26,295</b>	<b>192</b>	<b>9,485</b>	<b>3,267</b>	<b>369,729</b>

The net book value of land, buildings and dwellings at 31 March 2024 comprises :

	£000
Freehold	293,964
Long Leasehold	2,991
Short Leasehold	0
	<b>296,955</b>

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account.

0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1 April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

## 11.1 Property, plant and equipment

2022-23

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost at 31 March bf	25,456	253,270	8,424	37,369	95,575	129	33,137	12,567	465,927
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
<b>Cost or valuation at 1 April 2022</b>	<b>25,456</b>	<b>253,270</b>	<b>8,424</b>	<b>37,369</b>	<b>95,575</b>	<b>129</b>	<b>33,137</b>	<b>12,567</b>	<b>465,927</b>
Indexation	(468)	6,269	391	0	0	0	0	0	6,192
<b>Additions</b>									
- purchased	0	3,198	0	23,551	3,289	136	1,735	1,223	33,132
- donated	0	0	0	0	445	0	6	25	476
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	582	0	0	0	582
Reclassifications	0	30,359	0	(30,405)	46	0	0	0	0
Revaluations	326	(5,242)	(186)	0	0	0	0	0	(5,102)
Reversal of impairments	8	(1,652)	0	0	0	0	0	0	(1,644)
Impairments	(493)	(22,139)	0	(2,649)	0	0	0	0	(25,281)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(5,383)	0	0	0	(5,383)
<b>At 31 March 2023</b>	<b>24,829</b>	<b>264,063</b>	<b>8,629</b>	<b>27,866</b>	<b>94,554</b>	<b>265</b>	<b>34,878</b>	<b>13,815</b>	<b>468,899</b>
Depreciation at 31 March bf	0	39,270	1,882	0	63,661	95	21,411	8,056	134,375
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
<b>Depreciation at 1 April 2022</b>	<b>0</b>	<b>39,270</b>	<b>1,882</b>	<b>0</b>	<b>63,661</b>	<b>95</b>	<b>21,411</b>	<b>8,056</b>	<b>134,375</b>
Indexation	0	(2)	2	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	(24,794)	(1,878)	0	(181)	0	0	0	(26,853)
Reversal of impairments	0	(13,027)	0	0	0	0	0	0	(13,027)
Impairments	0	(1,925)	0	0	0	0	0	0	(1,925)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(5,187)	0	0	0	(5,187)
Provided during the year	0	9,689	458	0	7,577	7	3,827	1,442	23,000
<b>At 31 March 2023</b>	<b>0</b>	<b>9,211</b>	<b>464</b>	<b>0</b>	<b>65,870</b>	<b>102</b>	<b>25,238</b>	<b>9,498</b>	<b>110,383</b>
<b>Net book value at 1 April 2022</b>	<b>25,456</b>	<b>214,000</b>	<b>6,542</b>	<b>37,369</b>	<b>31,914</b>	<b>34</b>	<b>11,726</b>	<b>4,511</b>	<b>331,552</b>
<b>Net book value at 31 March 2023</b>	<b>24,829</b>	<b>254,852</b>	<b>8,165</b>	<b>27,866</b>	<b>28,684</b>	<b>163</b>	<b>9,640</b>	<b>4,317</b>	<b>358,516</b>
<b>Net book value at 31 March 2023 comprises :</b>									
Purchased	24,615	250,133	8,165	27,866	26,963	163	9,563	4,224	351,692
Donated	214	4,719	0	0	879	0	70	93	5,975
Government Granted	0	0	0	0	842	0	7	0	849
<b>At 31 March 2023</b>	<b>24,829</b>	<b>254,852</b>	<b>8,165</b>	<b>27,866</b>	<b>28,684</b>	<b>163</b>	<b>9,640</b>	<b>4,317</b>	<b>358,516</b>
<b>Asset financing :</b>									
Owned	24,829	254,852	8,165	27,866	28,684	163	9,640	4,317	358,516
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
<b>At 31 March 2023</b>	<b>24,829</b>	<b>254,852</b>	<b>8,165</b>	<b>27,866</b>	<b>28,684</b>	<b>163</b>	<b>9,640</b>	<b>4,317</b>	<b>358,516</b>

The net book value of land, buildings and dwellings at 31 March 2023 comprises :

	£000
Freehold	284,900
Long Leasehold	2,946
Short Leasehold	0
	<b>287,846</b>

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account. 0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1 April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

**11. Property, plant and equipment (continued)****Disclosures:****i) Donated Assets**

Hywel Dda UHB received the following donated assets during the year:

Hywel Dda General Fund Charity (1147863) Plant and Machinery	£626,928
Hywel Dda General Fund Charity (1147863) Furniture and Fittings	£ 16,956
Hywel Dda General Fund Charity (1147863) Assets Under Construction	£109,965
Hywel Dda General Fund Charity (1147863) Information Technology	£ 2,831
Other Contributions	£ 41,756

**ii) Valuations**

The LHB's land and Buildings were revalued by the Valuation Office Agency with an effective date of 1 April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

The LHB is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

**iii) Asset Lives**

Depreciated as follows:

- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency, or 35 years for new expenditure not yet covered by valuations.
- Equipment 5-15 years.

**iv) Compensation**

There has been no compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

**v) Write Downs**

There have been no write downs.

vi) The LHB does not hold any property where the value is materially different from its open market value.

**vii) Assets Held for Sale or sold in the period.**

There are no assets held for sale or sold in the period other than surplus Plant and Machinery.

**viii) IFRS 13 Fair value measurement**

There are no assets requiring Fair Value measurement under IFRS 13.

**11. Property, plant and equipment****11.2 Non-current assets held for sale**

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
<b>Balance brought forward 1 April 2023</b>	0	0	0	0	0	<b>0</b>
Plus assets classified as held for sale in the year	0	0	0	0	0	<b>0</b>
Revaluation	0	0	0	0	0	<b>0</b>
Less assets sold in the year	0	0	0	0	0	<b>0</b>
Add reversal of impairment of assets held for sale	0	0	0	0	0	<b>0</b>
Less impairment of assets held for sale	0	0	0	0	0	<b>0</b>
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	<b>0</b>
<b>Balance carried forward 31 March 2024</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Balance brought forward 1 April 2022</b>	0	0	0	0	0	<b>0</b>
Plus assets classified as held for sale in the year	0	0	0	0	0	<b>0</b>
Revaluation	0	0	0	0	0	<b>0</b>
Less assets sold in the year	0	0	0	0	0	<b>0</b>
Add reversal of impairment of assets held for sale	0	0	0	0	0	<b>0</b>
Less impairment of assets held for sale	0	0	0	0	0	<b>0</b>
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	<b>0</b>
<b>Balance carried forward 31 March 2023</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

11.3 Right of Use Assets

2023-24	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Cost or valuation at 31 March</b>	223	7,704	0	0	2,249	545	496	0	11,217
Lease prepayments in relation to RoU Assets	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
<b>Cost or valuation at 1 April</b>	<b>223</b>	<b>7,704</b>	<b>0</b>	<b>0</b>	<b>2,249</b>	<b>545</b>	<b>496</b>	<b>0</b>	<b>11,217</b>
Additions	0	294	0	0	516	737	398	0	1,945
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	(171)	0	0	(171)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
<b>At 31 March</b>	<b>223</b>	<b>7,998</b>	<b>0</b>	<b>0</b>	<b>2,765</b>	<b>1,111</b>	<b>894</b>	<b>0</b>	<b>12,991</b>
<b>Depreciation at 31 March</b>	11	1,199	0	0	317	228	177	0	1,932
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
<b>Depreciation at 1 April</b>	<b>11</b>	<b>1,199</b>	<b>0</b>	<b>0</b>	<b>317</b>	<b>228</b>	<b>177</b>	<b>0</b>	<b>1,932</b>
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	(171)	0	(171)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
Provided during the year	14	1,245	0	0	396	323	285	0	2,263
<b>At 31 March</b>	<b>25</b>	<b>2,444</b>	<b>0</b>	<b>0</b>	<b>713</b>	<b>551</b>	<b>291</b>	<b>0</b>	<b>4,024</b>
<b>Net book value at 1 April</b>	<b>212</b>	<b>6,505</b>	<b>0</b>	<b>0</b>	<b>1,932</b>	<b>317</b>	<b>319</b>	<b>0</b>	<b>9,285</b>
<b>Net book value at 31 March</b>	<b>198</b>	<b>5,554</b>	<b>0</b>	<b>0</b>	<b>2,052</b>	<b>560</b>	<b>603</b>	<b>0</b>	<b>8,967</b>
<b>RoU Asset Total Value Split by Lessor</b>									
<b>Lessors</b>	<b>Land</b>	<b>Land</b>	<b>Buildings</b>	<b>Dwellings</b>	<b>Plant and</b>	<b>Transport</b>	<b>Information</b>	<b>Furniture</b>	<b>Total</b>
	<b>£000</b>	<b>&amp;</b>	<b>£000</b>	<b>£000</b>	<b>machinery</b>	<b>equipment</b>	<b>technology</b>	<b>&amp; fittings</b>	<b>£000</b>
		<b>£000</b>			<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
NHS Wales Peppercorn Leases	0	3	0	0	0	0	0	0	3
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Peppercorn Leases	33	0	0	0	0	0	0	0	33
Other Public Sector Market Value Leases	0	636	0	0	0	0	0	0	636
Private Sector Peppercorn Leases	139	0	0	0	0	0	0	0	139
Private Sector Market Value Leases	26	4,915	0	0	2,052	731	432	0	8,156
<b>Total</b>	<b>198</b>	<b>5,554</b>	<b>0</b>	<b>0</b>	<b>2,052</b>	<b>731</b>	<b>432</b>	<b>0</b>	<b>8,967</b>

11.3 Right of Use Assets

2022-23	Land £000	& buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Cost or valuation at 31 March</b>	0	0	0	0	0	0	0	0	0
Lease prepayments in relation to RoU Assets	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	182	7,617	0	0	2,048	288	496	0	10,631
<b>Cost or valuation at 1 April</b>	<b>182</b>	<b>7,617</b>	<b>0</b>	<b>0</b>	<b>2,048</b>	<b>288</b>	<b>496</b>	<b>0</b>	<b>10,631</b>
Additions	41	87	0	0	201	257	0	0	586
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
<b>At 31 March</b>	<b>223</b>	<b>7,704</b>	<b>0</b>	<b>0</b>	<b>2,249</b>	<b>545</b>	<b>496</b>	<b>0</b>	<b>11,217</b>
<b>Depreciation at 31 March</b>	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
<b>Depreciation at 1 April</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
Provided during the year	11	1,199	0	0	317	228	177	0	1,932
<b>At 31 March</b>	<b>11</b>	<b>1,199</b>	<b>0</b>	<b>0</b>	<b>317</b>	<b>228</b>	<b>177</b>	<b>0</b>	<b>1,932</b>
<b>Net book value at 1 April</b>	<b>182</b>	<b>7,617</b>	<b>0</b>	<b>0</b>	<b>2,048</b>	<b>288</b>	<b>496</b>	<b>0</b>	<b>10,631</b>
<b>Net book value at 31 March</b>	<b>212</b>	<b>6,505</b>	<b>0</b>	<b>0</b>	<b>1,932</b>	<b>317</b>	<b>319</b>	<b>0</b>	<b>9,285</b>
<b>RoU Asset Total Value Split by Lessor</b>		<b>Land &amp; buildings</b>	<b>Buildings</b>	<b>Dwellings</b>	<b>Plant and machinery</b>	<b>Transport equipment</b>	<b>Information technology</b>	<b>Furniture &amp; fittings</b>	<b>Total</b>
	<b>Land</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
NHS Wales Peppercorn Leases	0	4	0	0	0	0	0	0	4
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Peppercorn Leases	177	0	0	0	0	0	0	0	177
Other Public Sector Market Value Leases	0	1,792	0	0	0	0	0	0	1,792
Private Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Private Sector Market Value Leases	35	4,709	0	0	1,932	317	319	0	7,312
<b>Total</b>	<b>212</b>	<b>6,505</b>	<b>0</b>	<b>0</b>	<b>1,932</b>	<b>317</b>	<b>319</b>	<b>0</b>	<b>9,285</b>

## 11.3 Right of Use Assets continued

## Quantitative disclosures

	2023-24	2023-24	2023-24	2023-24	2022-23
	LAND	BUILDINGS	OTHER	TOTAL	
	£000	£000	£000	£000	£000
<b>Maturity analysis</b>					
<b>Contractual undiscounted cash flows relating to lease liabilities</b>					
Less than 1 year	9	1,386	984	2,379	2,091
2-5 years	18	3,776	2,208	6,002	5,885
> 5 years	0	1,766	281	2,047	2,772
Less finance charges allocated to future periods	-1	-229	-147	-377	-345
<b>Total</b>	<b>26</b>	<b>6,699</b>	<b>3,326</b>	<b>10,051</b>	<b>10,403</b>
<b>Lease Liabilities (net of irrecoverable VAT)</b>				<b>2023-24</b>	<b>2022-23</b>
Current				2,253	2,001
Non-Current				7,798	8,401
<b>Total</b>				<b>10,051</b>	<b>10,402</b>
<b>Amounts Recognised in Statement of Comprehensive Net Expenditure</b>				<b>2023-24</b>	<b>2022-23</b>
Depreciation				2,263	1,932
Impairment				0	0
Variable lease payments not included in lease liabilities - Interest expense				124	92
Sub-leasing income				0	0
Expense related to short-term leases				171	178
Expense related to low-value asset leases (excluding short-term leases)				493	583
<b>Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT )</b>					
Interest expense				(124)	(92)
Repayments of principal on leases				(2,151)	(1,893)
<b>Total</b>				<b>(2,275)</b>	<b>(1,985)</b>

## 12. Intangible non-current assets

### 2023-24

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2023	6,009	0	77	0	0	0	6,086
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	1,038	0	0	0	0	0	1,038
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	6	0	0	0	0	0	6
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Gross cost at 31 March 2024</b>	<b>7,053</b>	<b>0</b>	<b>77</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,130</b>
Amortisation at 1 April 2023	3,913	0	77	0	0	0	3,990
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	718	0	0	0	0	0	718
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Amortisation at 31 March 2024</b>	<b>4,631</b>	<b>0</b>	<b>77</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,708</b>
<b>Net book value at 1 April 2023</b>	<b>2,096</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,096</b>
<b>Net book value at 31 March 2024</b>	<b>2,422</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,422</b>
<b>NBV at 31 March 2024</b>							
Purchased	2,410	0	0	0	0	0	2,410
Donated	6	0	0	0	0	0	6
Government Granted	6	0	0	0	0	0	6
Internally generated	0	0	0	0	0	0	0
<b>Total at 31 March 2024</b>	<b>2,422</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,422</b>

## 12. Intangible non-current assets 2022-23

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 1 April 2022</b>	<b>5,947</b>	<b>0</b>	<b>77</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,024</b>
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	62	0	0	0	0	0	62
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Gross cost at 31 March 2023</b>	<b>6,009</b>	<b>0</b>	<b>77</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,086</b>
Amortisation at 31 March bf	<b>3,163</b>	<b>0</b>	<b>77</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,240</b>
NHS Wales Transfers	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0
<b>Amortisation at 1 April 2022</b>	<b>3,163</b>	<b>0</b>	<b>77</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,240</b>
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	750	0	0	0	0	0	750
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Amortisation at 31 March 2023</b>	<b>3,913</b>	<b>0</b>	<b>77</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,990</b>
<b>Net book value at 1 April 2022</b>	<b>2,784</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,784</b>
<b>Net book value at 31 March 2023</b>	<b>2,096</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,096</b>
<b>NBV at 31 March 2023</b>							
Purchased	2,088	0	0	0	0	0	2,088
Donated	0	0	0	0	0	0	0
Government Granted	8	0	0	0	0	0	8
Internally generated	0	0	0	0	0	0	0
<b>Total at 31 March 2023</b>	<b>2,096</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,096</b>

## Additional Disclosures re Intangible Assets

### Disclosures:

#### i) Donated Assets

The Health Board received £6,000 of donated intangible assets in 2023-24.

#### ii) Recognition

Intangible assets acquired separately are initially recognised at fair value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred to date when the criteria for recognising internally generated assets has been met (see accounting policy 1.7 for criteria).

#### iii) Asset Lives

The useful economic life of Intangible non-current assets are assigned on an individual asset basis. Software is generally assigned a 5 year UEL and the UEL of internally generated software is based on the professional judgement of LHB professionals and Finance staff.

#### iv) Additions during the period

There were £1,038,000 of software additions in 2023-24 (excluding donated additions).

#### v) Disposals during the period

There were no disposals during the year.

The gross carrying amount of fully amortised intangible assets still in use at 31 March 2024 was £3,435,659.

**13 . Impairments**

	2023-24	2023-24	2023-24	2022-23	2022-23	2022-23
	Property, plant	Right of	Intangible	Property, plant	Right of	Intangible
	& equipment	Use Assets	assets	& equipment	Use Assets	assets
	£000	£000	£000	£000	£000	£000
Impairments arising from :						
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment in the course of construction	0	0	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	0	0	0	0	0	0
Others (specify)	25,298	0	0	24,176	0	0
Reversal of Impairments	(8,506)	0	0	(11,383)	0	0
<b>Total of all impairments</b>	<b>16,792</b>	<b>0</b>	<b>0</b>	<b>12,793</b>	<b>0</b>	<b>0</b>

**Analysis of impairments charged to reserves in year :**

Charged to the Statement of Comprehensive Net Expenditure	16,389	0	0	11,973	0	0
Impairments as a result of revaluation/indexation Charged to Revaluation Reserve	403	0	0	820	0	0
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
<b>Total</b>	<b>16,792</b>	<b>0</b>	<b>0</b>	<b>12,793</b>	<b>0</b>	<b>0</b>

## Others comprised of:

- Indexation of land	£ 768,000
- Impairments arising from the presence of RAAC at Worthybush Hospital	£ 4,461,000
- First time revaluations on completion of significant capital schemes:	
Worthybush Fire Prevention Phase 1	£ 17,794,000
Bronglais Fluoroscopy Room	£ 980,000
Women & Children's	£ 713,000
Solar Farm (Hafan Derwen)	£ 296,000
Bro Myrddin	£ 286,000

### 14.1 Inventories

	<b>31 March</b>	31 March
	<b>2024</b>	2023
	<b>£000</b>	£000
Drugs	<b>6,040</b>	5,843
Consumables	<b>5,378</b>	5,442
Energy	<b>198</b>	257
Work in progress	<b>0</b>	0
Other	<b>0</b>	0
<b>Total</b>	<b>11,616</b>	11,542
Of which held at realisable value	<b>0</b>	0

### 14.2 Inventories recognised in expenses

	<b>31 March</b>	31 March
	<b>2024</b>	2023
	<b>£000</b>	£000
Inventories recognised as an expense in the period	<b>0</b>	0
Write-down of inventories (including losses)	<b>0</b>	0
Reversal of write-downs that reduced the expense	<b>0</b>	0
<b>Total</b>	<b>0</b>	0

## 15. Trade and other Receivables

<b>Current</b>	<b>31 March 2024 £000</b>	31 March 2023 £000
Welsh Government	737	166
WHSSC / EASC	362	728
Welsh Health Boards	1,714	2,301
Welsh NHS Trusts	3,096	1,907
Welsh Special Health Authorities	1,139	653
Non - Welsh Trusts	0	39
Other NHS	516	829
2019-20 Scheme Pays - Welsh Government Reimbursement	633	604
<b>Welsh Risk Pool Claim reimbursement</b>		
NHS Wales Secondary Health Sector	41,097	29,662
NHS Wales Primary Sector FLS Reimbursement	910	182
NHS Wales Redress	1,347	1,268
Other	0	0
Local Authorities	3,452	1,469
Capital receivables - Tangible	0	0
Capital receivables - Intangible	0	0
Other receivables	15,141	12,618
Provision for irrecoverable debts	(1,050)	(930)
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	7,335	5,692
Other accrued income	0	0
<b>Sub total</b>	<b>76,429</b>	<b>57,188</b>
<b>Non-current</b>		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0
<b>Welsh Risk Pool Claim reimbursement;</b>		
NHS Wales Secondary Health Sector	54,652	77,539
NHS Wales Primary Sector FLS Reimbursement	12	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital receivables - Tangible	0	0
Capital receivables - Intangible	0	0
Other receivables	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	0	0
Other accrued income	0	0
<b>Sub total</b>	<b>54,664</b>	<b>77,539</b>
<b>Total</b>	<b>131,093</b>	<b>134,727</b>

**15. Trade and other Receivables (continued)****Receivables past their due date but not impaired**

	<b>31 March 2024 £000</b>	<b>31 March 2023 £000</b>
By up to three months	1,072	764
By three to six months	484	78
By more than six months	129	116
	<b>1,685</b>	<b>958</b>

**Expected Credit Losses (ECL) / Provision for impairment of receivables**

Balance at 1 April	(930)	(1,077)
Transfer to other NHS Wales body	0	0
Amount written off during the year	51	80
Amount recovered during the year	0	0
(Increase) / decrease in receivables impaired	(171)	67
Bad debts recovered during year	0	0
Balance at 31 March	<b>(1,050)</b>	<b>(930)</b>

In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.

**Receivables VAT**

Trade receivables	1,969	658
Other	0	0
Total	<b>1,969</b>	<b>658</b>

**16. Other Financial Assets**

	Current		Non-current	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
<b>Financial assets</b>				
Shares and equity type investments				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Deposits	0	0	0	0
Loans	0	0	0	0
Derivatives	0	0	0	0
Other (Specify)				
Right of Use Asset Finance Sublease	147	145	974	1,121
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
<b>Total</b>	<b>147</b>	<b>145</b>	<b>974</b>	<b>1,121</b>

	2023-24	2022-23
<b>RoU Sub-leasing income Recognised in Statement of Comprehensive Net Expenditure</b>		
RoU Sub-leasing income	0	0

**17. Cash and cash equivalents**

	2023-24 £000	2022-23 £000
Balance at 1 April	3,944	1,565
Net change in cash and cash equivalent balances	(1,803)	2,379
Balance at 31 March	<b>2,141</b>	<b>3,944</b>
Made up of:		
Cash held at GBS	923	3,680
Commercial banks	1,200	245
Cash in hand	18	19
<b>Cash and cash equivalents as in Statement of Financial Position</b>	<b>2,141</b>	<b>3,944</b>
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
<b>Cash and cash equivalents as in Statement of Cash Flows</b>	<b>2,141</b>	<b>3,944</b>

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

Lease Liabilities (Right of Use Assets) (£0.351m).

The movement relates to cash, no comparative information is required by IAS 7 in 2023-24.

**18. Trade and other payables**

Current	31 March	31 March
	2024	2023
	£000	£000
Welsh Government	1	19
WHSSC / EASC	2,316	2,533
Welsh Health Boards	2,599	1,941
Welsh NHS Trusts	2,937	2,480
Welsh Special Health Authorities	1,318	58
Other NHS	9,969	9,268
Taxation and social security payable / refunds	6,100	6,530
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	6,210	6,850
Non-NHS payables - Revenue	34,891	30,547
Local Authorities	18,884	12,256
Capital payables- Tangible	12,902	14,030
Capital payables- Intangible	938	227
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	2,253	2,001
Obligations under finance leases, HP contracts	0	
Imputed finance lease element of on SoFP PFI contracts	0	0
Impact of IFRS 16 on SoFP PFI contracts	0	0
Pensions: staff	0	0
Non NHS Accruals	65,374	80,436
Deferred Income:		
Deferred Income brought forward	1,031	620
Deferred Income Additions	1,223	1,030
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	(1,042)	(619)
Other creditors	12,284	16,420
PFI assets –deferred credits	0	0
Payments on account	0	0
<b>Sub Total</b>	<b>180,188</b>	<b>186,627</b>
<b>Non-current</b>		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Other NHS	0	0
Taxation and social security payable / refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS payables - Revenue	0	0
Local Authorities	0	0
Capital payables- Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	7,798	8,401
Obligations under finance leases, HP contracts	0	
Imputed finance lease element of on SoFP PFI contracts	0	0
Impact of IFRS 16 on SoFP PFI contracts	0	0
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income :		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
<b>Sub Total</b>	<b>7,798</b>	<b>8,401</b>
<b>Total</b>	<b>187,986</b>	<b>195,028</b>

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

**18. Trade and other payables (continued).**

Amounts falling due more than one year are expected to be settled as follows:	<b>31 March</b>	31 March
	<b>2024</b>	2023
	<b>£000</b>	£000
Between one and two years	<b>2,140</b>	1,830
Between two and five years	<b>3,651</b>	3,860
In five years or more	<b>2,007</b>	2,711
Sub-total	<b>7,798</b>	8,401

**19. Other financial liabilities**

Financial liabilities	<b>Current</b>		<b>Non-current</b>	
	<b>31 March</b>	31 March	<b>31 March</b>	31 March
	<b>2024</b>	2023	<b>2024</b>	2023
	<b>£000</b>	£000	<b>£000</b>	£000
Financial Guarantees:				
At amortised cost	<b>0</b>	0	<b>0</b>	0
At fair value through SoCNE	<b>0</b>	0	<b>0</b>	0
Derivatives at fair value through SoCNE	<b>0</b>	0	<b>0</b>	0
Other:				
At amortised cost	<b>0</b>	0	<b>0</b>	0
At fair value through SoCNE	<b>0</b>	0	<b>0</b>	0
<b>Total</b>	<b>0</b>	0	<b>0</b>	0

20. Provisions

	At 1 April 2023	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2024
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Current</b>									
Clinical negligence:-									
Secondary care	8,956	(13,309)	(2,932)	25,293	9,789	(4,918)	(616)	0	22,263
Primary care	161	0	0	0	815	(80)	(125)	0	771
Redress Secondary care	1,013	0	(43)	0	485	(113)	(388)	0	954
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	3,801	0	0	0	176	(905)	(965)	48	2,155
All other losses and special payments	0	0	0	0	306	(306)	0	0	0
Defence legal fees and other administration	835	0	0	299	1,025	(794)	(298)		1,067
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	6			0	9	(15)	0	0	0
2019-20 Scheme Pays - Reimbursement	9			4	0	(2)	0	0	11
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	142		0	0	272	(160)	(105)		149
<b>Total</b>	<b>14,923</b>	<b>(13,309)</b>	<b>(2,975)</b>	<b>25,596</b>	<b>12,877</b>	<b>(7,293)</b>	<b>(2,497)</b>	<b>48</b>	<b>27,370</b>

**Non Current**

Clinical negligence:-									
Secondary care	76,988	0	0	(25,293)	844	(948)	(381)	0	51,210
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	13	0	0	0	13
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	776	0	0	(299)	260	(90)	(29)		618
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	595			(4)	31	0	0	0	622
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	0		0	0	551	0	0		551
<b>Total</b>	<b>78,359</b>	<b>0</b>	<b>0</b>	<b>(25,596)</b>	<b>1,699</b>	<b>(1,038)</b>	<b>(410)</b>	<b>0</b>	<b>53,014</b>

**TOTAL**

Clinical negligence:-									
Secondary care	85,944	(13,309)	(2,932)	0	10,633	(5,866)	(997)	0	73,473
Primary care	161	0	0	0	815	(80)	(125)	0	771
Redress Secondary care	1,013	0	(43)	0	485	(113)	(388)	0	954
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	3,801	0	0	0	189	(905)	(965)	48	2,168
All other losses and special payments	0	0	0	0	306	(306)	0	0	0
Defence legal fees and other administration	1,611	0	0	0	1,285	(884)	(327)		1,685
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	6			0	9	(15)	0	0	0
2019-20 Scheme Pays - Reimbursement	604			0	31	(2)	0	0	633
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	142		0	0	823	(160)	(105)		700
<b>Total</b>	<b>93,282</b>	<b>(13,309)</b>	<b>(2,975)</b>	<b>0</b>	<b>14,576</b>	<b>(8,331)</b>	<b>(2,907)</b>	<b>48</b>	<b>80,384</b>

**Expected timing of cash flows:**

	In year to 31 March 2025	Between 1 April 2025 and 31 March 2029	Thereafter	Total
				£000
Clinical negligence:-				
Secondary care	22,263	51,210	0	73,473
Primary care	771	0	0	771
Redress Secondary care	954	0	0	954
Redress Primary care	0	0	0	0
Personal injury	2,155	13	0	2,168
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	1,067	618	0	1,685
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	0	0	0	0
2019-20 Scheme Pays - Reimbursement	11	622	0	633
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	0	0	0	0
Other Capital Provisions	0	0	0	0
Other	149	551	0	700
<b>Total</b>	<b>27,370</b>	<b>53,014</b>	<b>0</b>	<b>80,384</b>

20. Provisions (continued)

	At 1 April 2022	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2023
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Current</b>									
Clinical negligence:-									
Secondary care	15,323	0	(10,126)	(527)	14,642	648	(11,004)	0	8,956
Primary care	0	0	0	0	161	0	0	0	161
Redress Secondary care	939	0	(10)	0	638	(105)	(449)	0	1,013
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	4,592	0	0	18	580	(686)	(739)	36	3,801
All other losses and special payments	0	0	0	0	468	(468)	0	0	0
Defence legal fees and other administration	811	0	0	103	1,009	(615)	(473)		835
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	11			0	11	(16)	0	0	6
2019-20 Scheme Pays - Reimbursement	18			2	0	(11)	0	0	9
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	706		(53)	0	248	(329)	(430)		142
<b>Total</b>	<b>22,400</b>	<b>0</b>	<b>(10,189)</b>	<b>(404)</b>	<b>17,757</b>	<b>(1,582)</b>	<b>(13,095)</b>	<b>36</b>	<b>14,923</b>
<b>Non Current</b>									
Clinical negligence:-									
Secondary care	68,496	0	0	527	27,775	(10,872)	(8,938)	0	76,988
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	18	0	0	(18)	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	640	0	0	(103)	586	(282)	(65)		776
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	905			(2)	0	0	(308)	0	595
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
<b>Total</b>	<b>70,059</b>	<b>0</b>	<b>0</b>	<b>404</b>	<b>28,361</b>	<b>(11,154)</b>	<b>(9,311)</b>	<b>0</b>	<b>78,359</b>
<b>TOTAL</b>									
Clinical negligence:-									
Secondary care	83,819	0	(10,126)	0	42,417	(10,224)	(19,942)	0	85,944
Primary care	0	0	0	0	161	0	0	0	161
Redress Secondary care	939	0	(10)	0	638	(105)	(449)	0	1,013
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	4,610	0	0	0	580	(686)	(739)	36	3,801
All other losses and special payments	0	0	0	0	468	(468)	0	0	0
Defence legal fees and other administration	1,451	0	0	0	1,595	(897)	(538)		1,611
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	11			0	11	(16)	0	0	6
2019-20 Scheme Pays - Reimbursement	923			0	0	(11)	(308)	0	604
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	706		(53)	0	248	(329)	(430)		142
<b>Total</b>	<b>92,459</b>	<b>0</b>	<b>(10,189)</b>	<b>0</b>	<b>46,118</b>	<b>(12,736)</b>	<b>(22,406)</b>	<b>36</b>	<b>93,282</b>

**21. Contingencies****21.1 Contingent liabilities**

	<b>2023-24</b>	2022-23
	<b>£'000</b>	£'000
Provisions have not been made in these accounts for the following amounts :		
Legal claims for alleged medical or employer negligence:-		
Secondary care	<b>128,790</b>	91,824
Primary care	<b>2,767</b>	1,175
Redress Secondary care	<b>0</b>	0
Redress Primary care	<b>0</b>	0
Doubtful debts	<b>0</b>	0
Equal Pay costs	<b>0</b>	0
Defence costs	<b>2,169</b>	1,817
Continuing Health Care costs	<b>606</b>	494
Other	<b>0</b>	0
Total value of disputed claims	<b>134,332</b>	95,310
Amounts (recovered) in the event of claims being successful	<b>(131,486)</b>	<b>(92,479)</b>
<b>Net contingent liability</b>	<b>2,846</b>	2,831

<b>21.2 Remote Contingent liabilities</b>	<b>2023-24</b>	2022-23
	<b>£000</b>	£000
Guarantees	<b>0</b>	0
Indemnities	<b>300</b>	1,147
Letters of Comfort	<b>0</b>	0
	<hr/>	<hr/>
<b>Total</b>	<b>300</b>	<b>1,147</b>
	<hr/>	<hr/>

Remote contingent liabilities include one clinical negligence case (2022-23: four). Where these claims progress, the majority of the costs incurred (in excess of the £25k per claim attributable to the Health Board) will be recovered from the Welsh Risk Pool.

<b>21.3 Contingent assets</b>	<b>2023-24</b>	2022-23
	<b>£000</b>	£000
	<b>0</b>	0
	<hr/>	<hr/>
<b>Total</b>	<b>0</b>	<b>0</b>
	<hr/>	<hr/>

## **22. Capital commitments**

### **Contracted capital commitments at 31 March**

The disclosure of future capital commitments not already disclosed as liabilities in the accounts.

	<b>2023-24</b>	2022-23
	<b>£000</b>	£000
Property, plant and equipment	<b>5,209</b>	11,663
Right of Use Assets	<b>0</b>	0
Intangible assets	<b>0</b>	0
	<hr/>	<hr/>
<b>Total</b>	<b>5,209</b>	<b>11,663</b>
	<hr/>	<hr/>

### 23. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, the payments in this note are prepared on a cash basis.

#### Gross loss to the Exchequer

##### 23.1 Number of cases and associated amounts paid out during the financial year

	Amounts paid out during period to 31 March 2024	
	Number	£
Clinical negligence	63	16,249,193
Personal injury	28	905,150
All other losses and special payments	204	473,755
<b>Total</b>	<b>295</b>	<b>17,628,098</b>

##### 23.2 Analysis of number of cases and associated amounts paid out during the financial year

	Case Type	In year claims in excess of £300,000		Cumulative amount £
		Case Number	£	
<b>Cases in excess of £300,000:</b>				
13RYNMMN0041	Clinical Negligence	1	6,172,999	8,042,999
17RYNMMN0072	Clinical Negligence	1	1,375,000	2,300,000
18RYNMMN0037	Clinical Negligence	1	1,331,904	1,542,500
20RYNMMN0019	Clinical Negligence	1	1,200,000	1,200,000
20RYNMMN0023	Clinical Negligence	1	843,235	1,057,751
13RYNMMN0091	Clinical Negligence	1	773,993	795,000
16RYNPI0017	Personal Injury	1	545,000	605,000
15RYNMMN0048	Clinical Negligence	1	490,500	490,500
<b>Sub-total</b>		<b>8</b>	<b>12,732,631</b>	<b>16,033,750</b>
<b>All other cases paid in year</b>		<b>287</b>	<b>4,895,467</b>	<b>11,484,554</b>
<b>Total cases paid in year</b>		<b>295</b>	<b>17,628,098</b>	<b>27,518,304</b>

##### 23.3 Analysis of number of cases and associated amounts where no payments were made in financial year

	Number	£
Cumulative amount up to £300k	44	1,963,730
Cumulative amount greater than £300k (as below)	15	24,908,513
<b>Total</b>	<b>59</b>	<b>26,872,243</b>

**24. Right of Use leases obligations**

**24.1 Obligations (as lessee)**

Amounts payable under right of use asset leases:

**2023-24**

	<b>LAND</b>	<b>BUILDINGS</b>	<b>OTHER</b>	<b>TOTAL</b>
	<b>31 March</b>	<b>31 March</b>	<b>31 March</b>	<b>31 March</b>
	<b>2024</b>	<b>2024</b>	<b>2024</b>	<b>2024</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Minimum lease payments</b>				
Within one year	9	1,386	984	2,379
Between one and five years	18	3,776	2,208	6,002
After five years	0	1,766	281	2,047
Less finance charges allocated to future periods	(1)	(229)	(147)	(377)
<b>Minimum lease payments</b>	<b>26</b>	<b>6,699</b>	<b>3,326</b>	<b>10,051</b>
Included in:				
Current borrowings	9	1,323	921	2,253
Non-current borrowings	17	5,376	2,405	7,798
	<b>26</b>	<b>6,699</b>	<b>3,326</b>	<b>10,051</b>
<b>Present value of minimum lease payments</b>				
Within one year	9	1,357	952	2,318
Between one and five years	17	3,607	2,055	5,679
After five years	0	1,617	250	1,867
<b>Present value of minimum lease payments</b>	<b>26</b>	<b>6,581</b>	<b>3,257</b>	<b>9,864</b>
Included in:				
Current borrowings	9	1,357	952	2,318
Non-current borrowings	17	5,224	2,305	7,546
	<b>26</b>	<b>6,581</b>	<b>3,257</b>	<b>9,864</b>

**2022-23**

	<b>LAND</b>	<b>BUILDINGS</b>	<b>OTHER</b>	<b>TOTAL</b>
	<b>31 March</b>	<b>31 March</b>	<b>31 March</b>	<b>31 March</b>
	<b>2023</b>	<b>2023</b>	<b>2023</b>	<b>2023</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Minimum lease payments</b>				
Within one year	9	1,393	689	2,091
Between one and five years	27	4,340	1,518	5,885
After five years	0	2,321	451	2,772
Less finance charges allocated to future periods	(1)	(270)	(74)	(345)
<b>Minimum lease payments</b>	<b>35</b>	<b>7,784</b>	<b>2,584</b>	<b>10,403</b>
Included in:				
Current borrowings	9	1,328	665	2,002
Non-current borrowings	26	6,455	1,919	8,400
	<b>35</b>	<b>7,783</b>	<b>2,584</b>	<b>10,402</b>
<b>Present value of minimum lease payments</b>				
Within one year	9	1,375	679	2,063
Between one and five years	26	4,195	1,461	5,682
After five years	0	2,139	421	2,560
<b>Present value of minimum lease payments</b>	<b>35</b>	<b>7,709</b>	<b>2,561</b>	<b>10,305</b>
Included in:				
Current borrowings	9	1,375	679	2,063
Non-current borrowings	26	6,334	1,882	8,242
	<b>35</b>	<b>7,709</b>	<b>2,561</b>	<b>10,305</b>

**24.2 Right of Use Assets lease receivables (as lessor)**

The Local Health Board has two finance leases receivable as a lessor.

<b>Amounts receivable under right of use assets leases:</b>	<b>2023-24</b>	2022-23
	<b>31 March</b>	31 March
	<b>2024</b>	2023
	<b>£000</b>	£000
<b>Gross Investment in leases</b>		
Within one year	157	157
Between one and five years	626	626
After five years	378	535
Less finance charges allocated to future periods	(40)	(51)
Minimum lease payments	<u>1,121</u>	<u>1,267</u>
Included in:		
Current financial assets	147	145
Non-current financial assets	974	1,121
	<u>1,121</u>	<u>1,266</u>
<b>Present value of minimum lease payments</b>		
Within one year	153	154
Between one and five years	597	603
After five years	350	497
Less finance charges allocated to future periods	(40)	0
Present value of minimum lease payments	<u>1,060</u>	<u>1,254</u>
Included in:		
Current financial assets	143	154
Non-current financial assets	917	1,100
	<u>1,060</u>	<u>1,254</u>

**25. Private Finance Initiative contracts**

**25.1 PFI schemes off-Statement of Financial Position**

The LHB has no PFI Schemes

Commitments under off-SoFP PFI contracts	Off-SoFP PFI contracts 31 March 2024 £000	Off-SoFP PFI contracts 31 March 2023 £000
Total payments due within one year	0	0
Total payments due between 1 and 5 years	0	0
Total payments due thereafter	0	0
Total future payments in relation to PFI contracts	<u>0</u>	<u>0</u>
Total estimated capital value of off-SoFP PFI contracts	<u>0</u>	<u>0</u>

**25.2 PFI schemes on-Statement of Financial Position**

Capital value of scheme included in Fixed Assets Note 11	£000 0
Contract start date:	
Contract end date:	

**Total obligations for on-Statement of Financial Position PFI contracts due:**

	On SoFP PFI Capital element 31 March 2024 £000	On SoFP PFI Imputed interest 31 March 2024 £000	On SoFP PFI Service charges 31 March 2024 £000
Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	<u>0</u>	<u>0</u>	<u>0</u>
	On SoFP PFI Capital element 31 March 2023 £000	On SoFP PFI Imputed interest 31 March 2023 £000	On SoFP PFI Service charges 31 March 2023 £000
Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	<u>0</u>	<u>0</u>	<u>0</u>
	<b>31/03/2024</b> £000		
Total present value of obligations for on-SoFP PFI contracts	0		

**25.3 Charges to expenditure**

	<b>2023-24</b>	2022-23
	<b>£000</b>	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	<b>0</b>	0
Total expense for Off Statement of Financial Position PFI contracts	<b>0</b>	0
The total charged in the year to expenditure in respect of PFI contracts	<b>0</b>	0

The LHB is committed to the following annual charges

<b>PFI scheme expiry date:</b>	<b>£000</b>	£000
Not later than one year	<b>0</b>	0
Later than one year, not later than five years	<b>0</b>	0
Later than five years	<b>0</b>	0
<b>Total</b>	<b>0</b>	0

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

**25.4 Number of PFI contracts**

	<b>Number of on SoFP PFI contracts</b>	<b>Number of off SoFP PFI contracts</b>
Number of PFI contracts	0	0
Number of PFI contracts which individually have a total commitment > £500m	0	0
	<b>On / Off- statement of financial position</b>	
<b>PFI Contract</b>		
Number of PFI contracts which individually have a total commitment > £500m	0	
<b>PFI Contract</b>		On/Off

**25.5 The LHB has no Public Private Partnerships**

## **26. Financial risk management**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The LHB is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The LHB has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the LHB in undertaking its activities.

### **Currency risk**

The LHB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The LHB has no overseas operations. The LHB therefore has low exposure to currency rate fluctuations.

### **Interest rate risk**

LHBs are not permitted to borrow. The LHB therefore has low exposure to interest rate fluctuations.

### **Credit risk**

Because the majority of the LHB's funding derives from funds voted by the Welsh Government the LHB has low exposure to credit risk.

### **Liquidity risk**

The LHB is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The LHB is not, therefore, exposed to significant liquidity risks.

**27. Movements in working capital**

	2023-24 £000	2022-23 £000
(Increase)/decrease in inventories	(74)	(1,143)
(Increase)/decrease in trade and other receivables - non-current	23,022	(9,756)
(Increase)/decrease in trade and other receivables - current	(19,243)	(4,048)
Increase/(decrease) in trade and other payables - non-current	(603)	8,401
Increase/(decrease) in trade and other payables - current	(6,439)	11,247
<b>Total</b>	<b>(3,337)</b>	4,701
Adjustment for accrual movements in fixed assets - creditors	417	(4,155)
Adjustment for accrual movements in fixed assets - debtors	0	0
Adjustment for accrual movements in right of use assets - creditors	351	0
Adjustment for accrual movements in right of use assets - debtors	(145)	0
Other adjustments	0	(7)
	<b>(2,714)</b>	539

**28. Other cash flow adjustments**

	2023-24 £000	2022-23 £000
		Restated
Depreciation	26,796	23,000
Amortisation	718	750
(Gains)/Loss on Disposal	(17)	(17)
Impairments and reversals	16,390	11,973
Release of PFI deferred credits	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0
Covid assets received credited to revenue but non-cash	0	0
Donated assets received credited to revenue but non-cash	(805)	(476)
Government Grant assets received credited to revenue but non-cash	(8)	0
Right of Use Grant (Peppercorn Lease) credited to revenue but non cash	0	0
Non-cash movements in right of use assets	0	
Non-cash movements in provisions	(4,568)	13,559
Other movements	25,059	25,203
<b>Total</b>	<b>63,565</b>	73,992

Other movements are Notional funding received for the

- LHB notional 6.3% Staff Employer Pension Contributions £25,027,000
- 2019/20 Pensions Annual Allowance Charge Compensation Scheme £2,000

funded directly to the NHSBA Pensions Division by Welsh Government.

**29. Events after the Reporting Period**

*TBC - awaiting agreed Audit Wales disclosure*

**30. Related Party Transactions**

A number of the LHB's Board members have interests in related parties as follows:

Name	Details	Interests
Alwena Hughes Moakes	Communications and Engagement Director	Close family member is employed by Aberystwyth University
Andrew Carruthers	Director of Operations	Close family member is employed by NHS Wales Executive
Chantal Patel	Independent Member	Associate Professor, Swansea University Independent Member of Welsh Health Specialised Services Committee
Delyth Raynsford	Independent Member	Close family member is employed by HDdUHB
Hazel Lloyd-Lubran	Associate Member, Chair, Stakeholder Reference Group (stood down 9 December 2023)	Ceredigion Association of Voluntary Organisations (CAVO)
Huw Thomas	Director of Finance	Close family member is employed by Carmarthenshire County Council Honorary Professor in Aberystwyth University
Iwan Thomas	Independent Member	Independent Board Member on Pembrokeshire College Board (Chair) Chief Executive of PLANED
Joanne Wilson	Director of Corporate Governance / Board Secretary	Close family member is employed by HDdUHB
Judith Hardisty	Independent Member and Vice Chair (until 31 October 2023) Interim Chair (from 1 November 2023)	Member of Academi Wales Expert Advisory Board
Lee Davies	Director of Strategy and Planning	Close family member is employed in a GP practice within HDdUHB
Lisa Gostling	Director of Workforce and OD and Interim Deputy Chief Executive (from 1 February 2024)	Governor at Pembrokeshire College Close family members employed by HDdUHB
Mandy Rayani	Executive Director of Nursing, Quality and Patient Experience (until 31 December 2023)	Close family member is a GP adhoc locum cover for HDdUHB
Maria Battle	Chair (until 31 October 2023)	Social Care Wales Board Member
Mark Henwood	Interim Medical Director (from 5 February 2024)	Clinical Chair of the Werdale hospital
Maynard Davies	Independent Member	Member of the Information Governance Review Panel for the SAIL Databank run by Swansea University
Michael Gray	Associate Member	Director of Social Services Pembrokeshire County Council
Mohammed Nazemi	Associate Member, Chair Healthcare Professionals Forum (stood down 31 August 2023)	Director & Shareholder & Ownership in Magawell Ltd Shareholder & Ownership in Jamo Group Ltd Board member of Community Pharmacy Wales Close family member is a Director and shareholder in Jamo Group Ltd
Philip Kloer	Medical Director and Deputy CEO (until 31 Jan 2024) Interim Chief Executive (from 1 February 2024)	Honorary Professor, Swansea University Medical School
Rhodri Evans	Independent Member and Interim Vice Chair (27 November 2023 - 31 January 2024)	Ceredigion County Councillor Close family member is employed by Audit Wales
Steve Moore	Chief Executive (stepped down 31 January 2024)	Honorary Professor, University of Wales Trinity St David
Winston Weir	Independent Member	Non-Executive Director - Birmingham & Solihull Mental Health Foundation NHS Trust Close family members is an associate professor, at the University of Birmingham

Total value of transactions are with entities at which Board members and key senior staff have influential interests in 2023-24:

List of suppliers from above	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Social Care Wales	-	18	-	-
Ceredigion County Council	9,310	521	1,452	142
Audit Wales	593	-	-	-
Swansea University	758	37	-	-
Pembrokeshire College	8	10	-	-
Academi Wales	8	-	-	-
CAVO	42	-	-	-
University of Wales Trinity St David	365	104	49	68
Magawell Ltd	6,506	-	-	-
Community Pharmacy Wales	147	-	-	-
Aberystwyth University	25	11	-	-
Carmarthenshire County Council	26,433	2,056	6,225	957
Birmingham & Solihull Mental Health Foundation	3	-	-	-
University of Birmingham	15	3	3	-
PLANED*	0	-	-	-
Jamo Group	10	-	-	-
Werdale Private Hospital	125	301	-	-
Pembrokeshire County Council	14,451	3,810	3,330	264
	<b>58,799</b>	<b>6,871</b>	<b>11,059</b>	<b>1,431</b>

\*Expenditure less than £1,000

Hywel Dda University Health Board is the Corporate Trustee of Hywel Dda Health Charities. During the year, the Health Board received £768,523 of donated assets from the Charity.

During the year the Health Board made payments on behalf of the Charity. As at 31 March 2024 a balance of £91,609 was owed to the Health Board by the Charity and a balance of £1,167 was owed to the Charity by the Health board.

The Welsh Government is regarded as a related party. During the year the LHB has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	8	1,261,716	1	737
Aneurin Bevan University Health Board	346	1,253	41	544
Betsi Cadwaladr University Health Board	394	5,378	66	113
Cardiff & Vale University Health Board	7,790	782	735	86
Cwm Taf Morgannwg University Health Board	991	608	156	28
Digital Health & Care Wales (DHCW)	6,248	712	1,304	42
Powys Teaching Health Board	195	10,258	-	541
Public Health Wales NHS Trust	2,485	3,111	398	548
Swansea Bay University Health Board	44,176	5,448	1,602	416
Velindre NHS Trust	30,955	6,286	2,488	2,409
Welsh Ambulance Services Trust	2,623	211	51	126
Welsh Health Specialised Services Committee	129,259	3,391	2,317	362
Health Education & Improvement Wales (HEIW)	14	11,375	14	1,097
	<b>225,484</b>	<b>1,310,529</b>	<b>9,173</b>	<b>7,049</b>

### 31. Third Party assets

The LHB held £1,308,415 cash at bank and in hand at 31 March 2024 (31 March 2023, £1,277,138) which relates to monies held by the LHB on behalf of patients. Cash held in patient Investment Accounts amounted to £1,035,355 at 31 March 2024 (31 March 2023, £960,305). This has been excluded from the Cash and Cash equivalents figure reported in the accounts.

## 32. Pooled budgets

The Health Board has entered into a pooled budget with Carmarthenshire County Council on the 1 October 2009. Under the arrangement funds are pooled under section 33 of the NHS (Wales) Act 2006 for the provision of an integrated community joint equipment store. The pool is hosted by Carmarthenshire County Council and a memorandum note to the final accounts will provide details of the joint income and expenditure. The financial operation of the pool is governed by a pooled budget agreement between Carmarthenshire County Council and the Health Board. Payments for services provided by Carmarthenshire County Council in the sum of £648,941 are accounted for as expenditure in the accounts of the Health Board. The Health Board accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

The Health Board has entered into an agreement with Carmarthenshire County Council on the 3 March 2011 under section 33 of the NHS (Wales) Act 2006 for the provision of Carmarthenshire Community Health and Social Care services. The section 33 agreement itself will initially only provide the framework for taking forward future schedules and therefore references all community based health, social care (adults & children) and related housing and public protection services so that if any future developments are considered a separate agreement will not have to be prepared. There are currently no pooled budgets related to this agreement.

The Health Board has entered into a pooled budget with Ceredigion County Council on the 1 April 2009. Under the arrangement funds are pooled under section 33 of the NHS (Wales) Act 2006 for the provision of an integrated community joint equipment store. The pool is hosted by Ceredigion County Council and a memorandum note to the final accounts will provide details of the joint income and expenditure. The financial operation of the pool is governed by a pooled budget agreement between Ceredigion County Council and the Health Board. Payments for services provided by Ceredigion County Council in the sum of £418,000 are accounted for as expenditure in the accounts of the Health Board. The Health Board accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

The Health Board has entered into an agreement with Pembrokeshire County Council on the 31 March 2011 under section 33 of the NHS (Wales) Act 2006 for the provision of an integrated community joint equipment store and from 1 October 2012 the agreement has operated as a pooled fund. The pool is hosted by Pembrokeshire County Council and a memorandum note to the final accounts will provide details of the joint income and expenditure. The financial operation of the pool is governed by a pooled budget agreement between Pembrokeshire County Council and the Health Board. The Health Board accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement and the sum of £312,309 has been accounted for as expenditure in the accounts of the Health Board.

### **33. Operating segments**

IFRS 8 requires bodies to report information about each of its operating segments.

The Health Board has no operating segments requiring disclosure.

**34. Other Information****34.1. 6.3% Staff Employer Pension Contributions - Notional Element**

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2023 to 31 March 2024. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2023 and February 2024 alongside Health Board data for March 2023.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

	<b>2023-24</b>	<b>2022-23</b>
	<b>£000</b>	<b>£000</b>
<b>Statement of Comprehensive Net Expenditure for the year ended 31 March 2024</b>		
Expenditure on Primary Healthcare Services	343	285
Expenditure on Hospital and Community Health Services	24,714	21,714
<b>Statement of Changes in Taxpayers' Equity For the year ended 31 March 2024</b>		
Net operating cost for the year	25,057	21,999
Notional Welsh Government Funding	25,057	21,999
<b>Statement of Cash Flows for year ended 31 March 2024</b>		
Net operating cost for the financial year	25,057	21,999
Other cash flow adjustments	25,057	21,999
<b>2.1 Revenue Resource Performance</b>		
Revenue Resource Allocation	25,057	21,999
<b>3. Analysis of gross operating costs</b>		
<b>3.1 Expenditure on Primary Healthcare Services</b>		
General Medical Services	343	224
<b>3.3 Expenditure on Hospital and Community Health Services</b>		
Directors' costs	210	224
Staff costs	24,349	21,320
Single Lead Employer staff trainee costs	498	455
<b>9.1 Employee costs</b>		
<b>Permanent Staff</b>		
Employer contributions to NHS Pension Scheme	25,057	21,999
Charged to capital	71	68
Charged to revenue	24,986	21,931
<b>18. Trade and other payables</b>		
<b>Current</b>		
Pensions: staff	0	0
<b>28. Other cash flow adjustments</b>		
Other movements	25,057	21,999

**THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY**

**LOCAL HEALTH BOARDS**

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2011 and subsequent financial years in respect of the Local Health Boards (LHB)<sup>1</sup>, in the form specified in paragraphs [2] to [7] below.

**BASIS OF PREPARATION**

2. The account of the LHB shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year in which the accounts are being prepared, and has been applied by the Welsh Government and detailed in the NHS Wales LHB Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

**FORM AND CONTENT**

3. The account of the LHB for the year ended 31 March 2011 and subsequent years shall comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied by the Welsh Assembly Government, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

**MISCELLANEOUS**

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst

Dated :

1. Please see regulation 3 of the 2009 No.1559 (W.154); NATIONAL HEALTH SERVICE, WALES; The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009.